Medical Assistance Performance

Quarterly Overview: HCPF EQA Performance Data & Trends

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COLORADO
Department of Health Care Policy & Financing

HCPF Eligibility Quality Assurance (EQA) - Overview

🔍 What is EQA?

📊 Deep Dive into MAP Dashboard Performance Measures Top Trends

✅ Douglas County Best Practices

Background - EQA Quarterly Overview

🛠️ **Why This Overview Was Created:**
The need for an EQA overview was identified following Fall 2024 discussions with County representatives, focusing on County Incentive scoring—specifically within the **accuracy** incentives. HCPF formed an internal workgroup to address accuracy in MAP performance measures, driven by county input and shared priorities.

🎯 **Our Goals:**

- Elevate **accuracy** to the same level of focus as **timeliness** and **backlog**
- Share **top trends** for Counties and MA/EAP staff
- Highlight **best practices** across counties
- Support **continuous improvement** in HCPF's accuracy performance measures

What is EQA?

🗂️ **Monthly Review Volume:**
120–125 eligibility determinations reviewed

🎯 **Purpose:**
Provide timely information to identify and address errors in the eligibility determination process

📊 **MAP EQA Performance Measures:**

- **Incorrect Eligibility Determinations:**
  Impact whether an individual qualifies for assistance (e.g., income miscalculation, incorrect household size)

- **Errors Not Impacting Eligibility :**
  Procedural Errors Do *not* affect eligibility, but reflect process or documentation issues (e.g., missing case comments, late entries)

✅ **Goal:**

Support accurate case processing, policy compliance, and continuous improvement

What is EQA ?

🔄 **What is the EQA Rebuttal Process?**

Counties have the opportunity to **review and dispute** EQA findings before they are finalized.

⏱️ **Timeline:**

- **Counties:** Up to 10 working days to submit a rebuttal after receiving case findings
- **HCPF:** Responds to rebuttals by the last working day of the month in which the rebuttal was submitted

🗓️ **Impact on MAP Dashboard Accuracy Performance Measures:**

Due to the rebuttal timeline, **MAP Dashboard performance measures** will always reflect data with a **4-month delay** to ensure accuracy and incorporate final, validated results.

Key Resource: EQA Process Manual

📘 **What it is**

The EQA Process Manual outlines our procedures and review standards, with four appendices covering review elements

🆕 **What's new:**

Updated **September 1, 2025**, including refreshed attachments and updated appendices

🌐 **Where to find it:**

https://hcpf.colorado.gov/eligibility-quality-assurance

Performance Measure
Incorrect Eligibility Determinations

Errors Impacting Eligibility

⚠️ **What Constitutes a Error Impacting Eligibility?**

An error that results in one of the following:

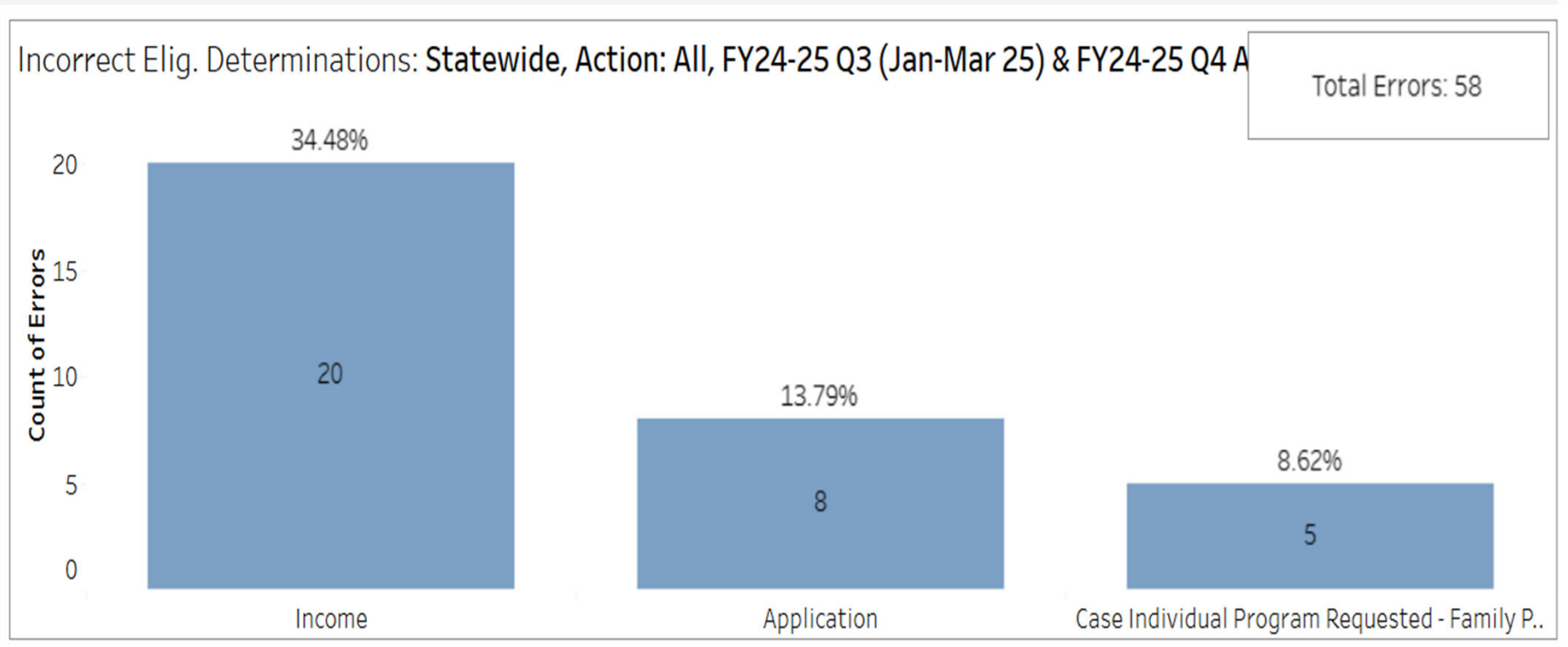
- An individual is **enrolled when they should have been denied**
- An individual is **denied or terminated when they should have been approved**
- An individual is **enrolled in the wrong aid code**

💡 **Why These Errors Matter:**

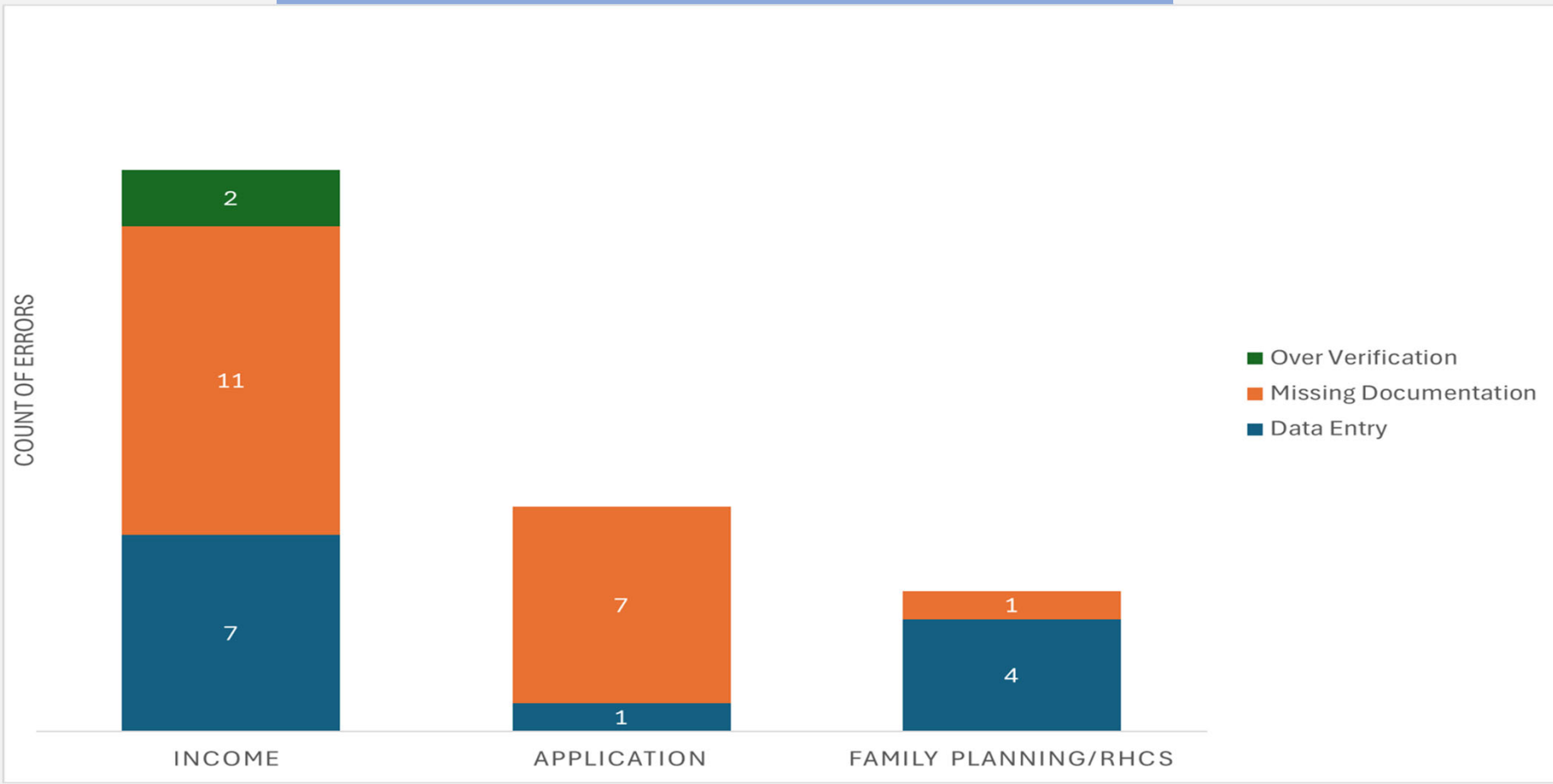
These errors have significant **member impacts** (loss or delay of coverage) and potential **financial implications** for the program, making them a priority for review and correction.

**The data in slides # show the number of errors cited during a specific timeframe. It does not show the number of determinations/cases that were incorrect overall; just the number of errors. One case can have multiple errors.

The Most Common Three Errors Statewide

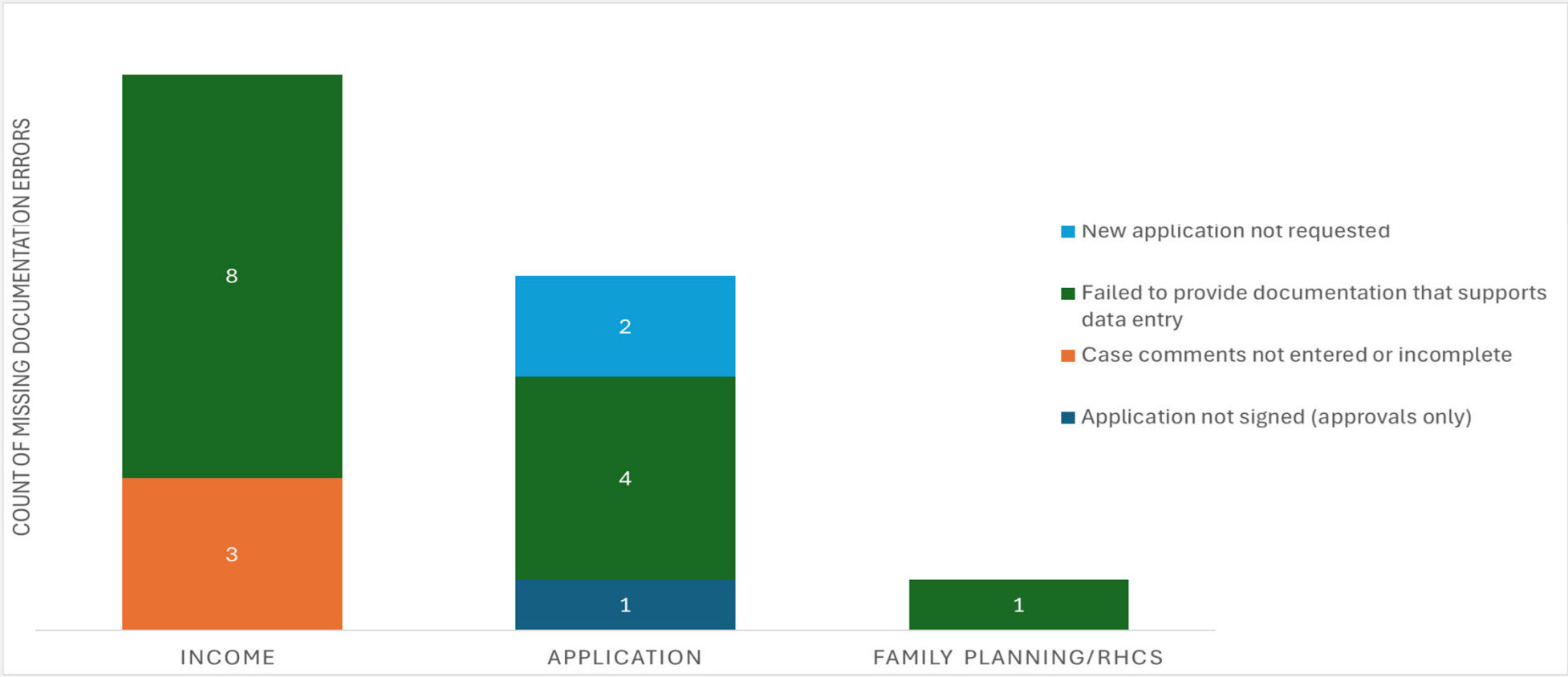


Top Errors by Area & Root Cause



EQA review timeframes:January - June 2025
Sample Size: 611

Missing Documentation by Root Cause Explanation



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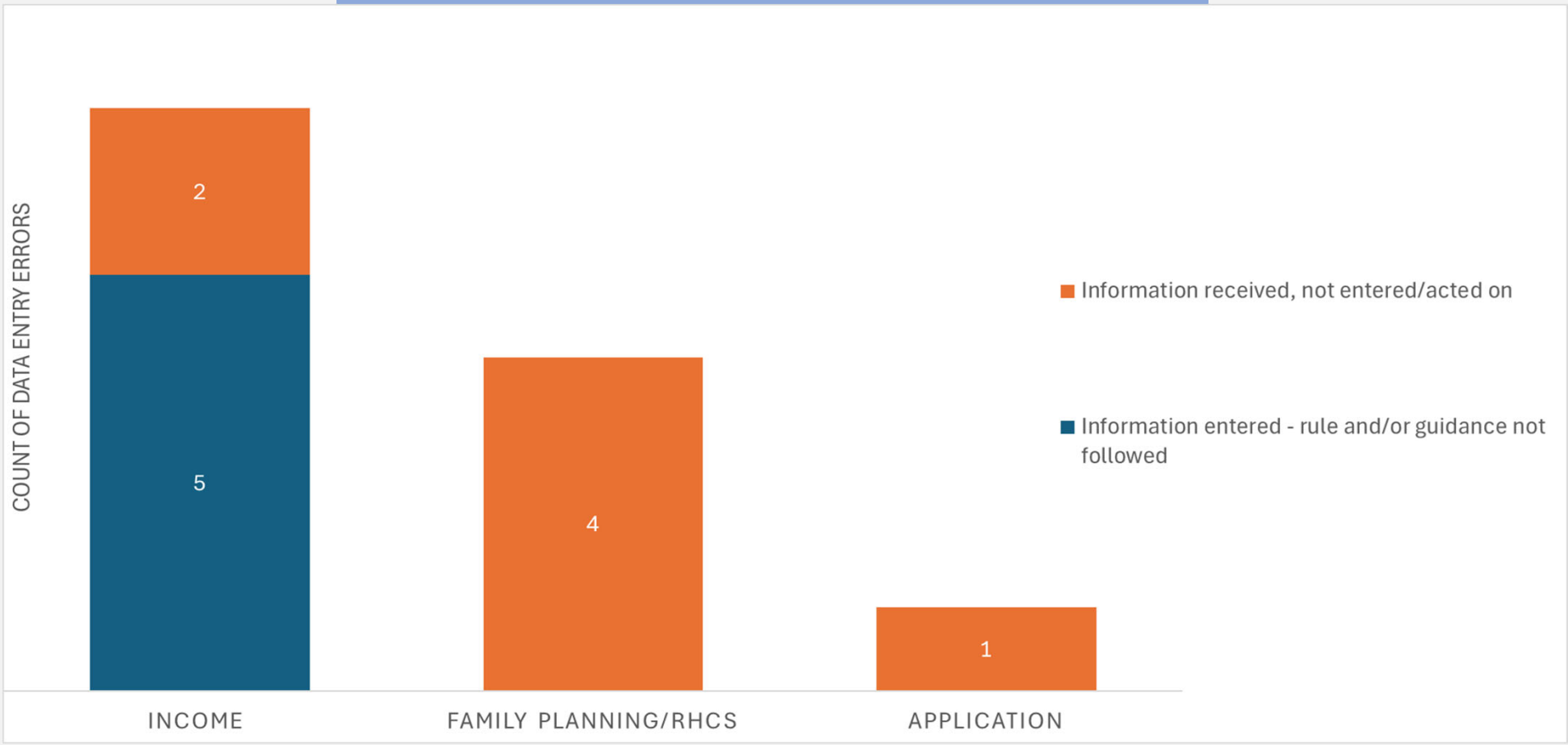
Data Entry by Root Cause Explanation



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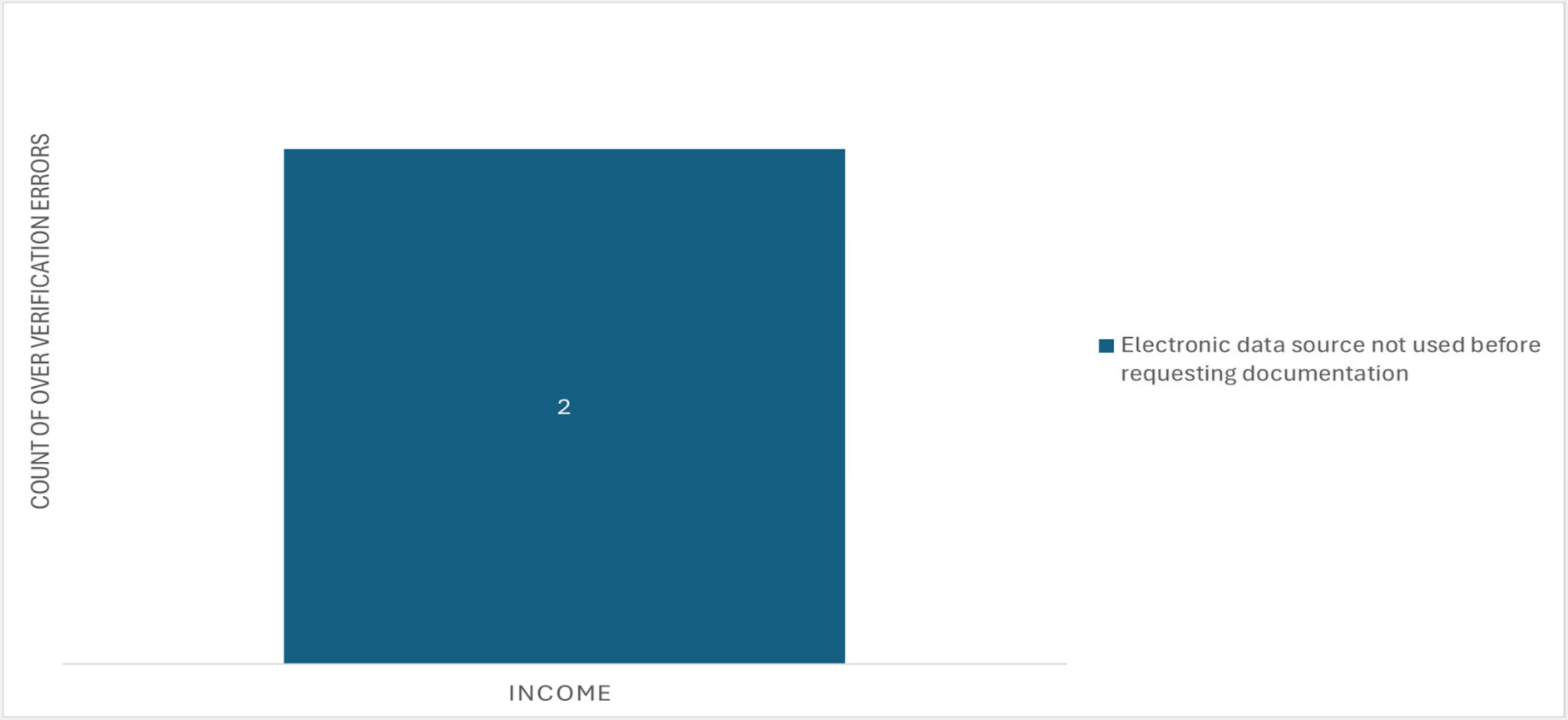
Over Verification by Root Cause Explanation



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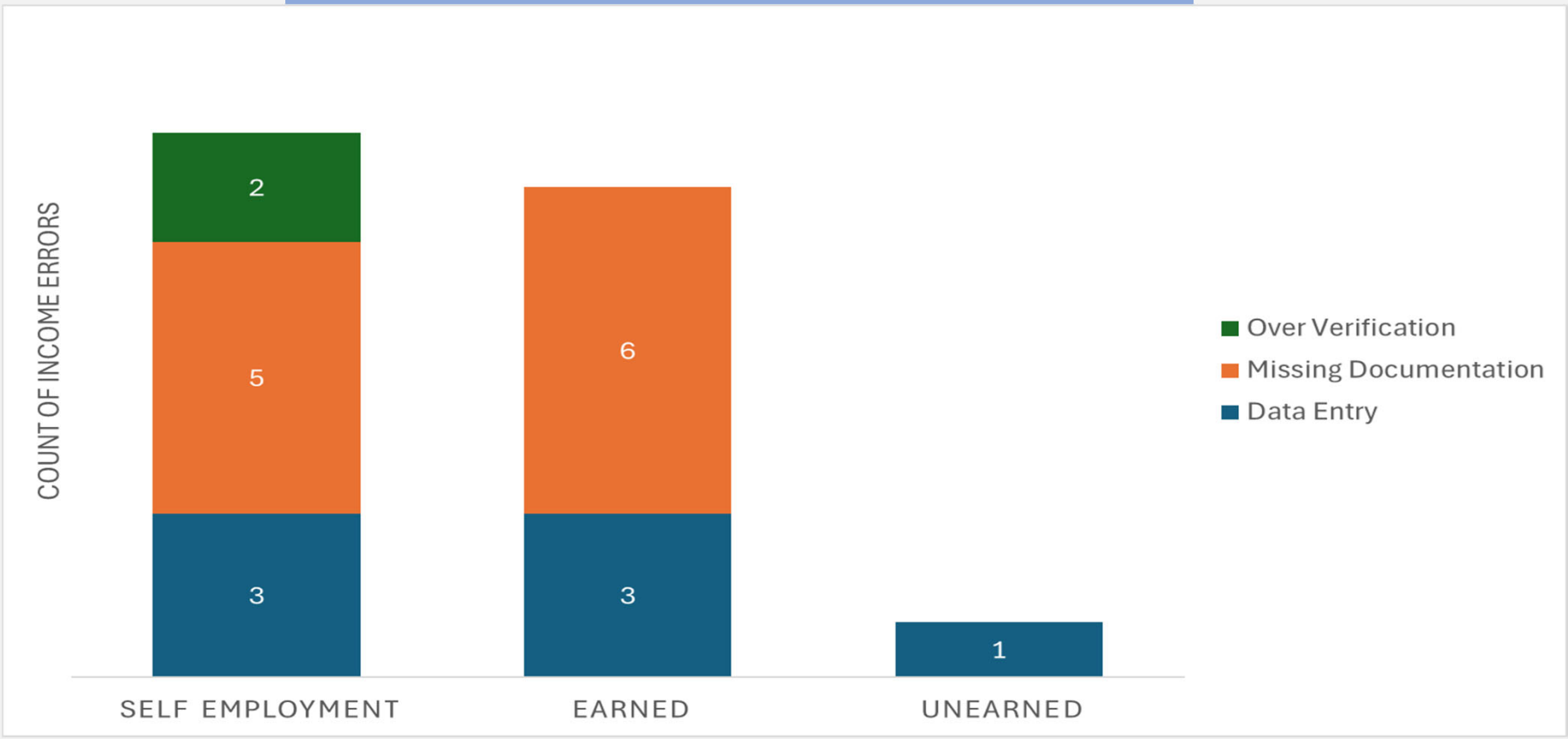
Income Errors by Type of Income & Root Cause



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Key Takeaways - EQA Statewide Trends

📌 Top 3 Error Categories (33 Total Errors):

1. Income (20)
    a. Most of the errors occurred on self-employment (10) and earned income (9)

1. Application Processing (8)

2. Family Planning (5)

Questions?

Performance Measure
Errors That Did Not Impact Eligibility

Errors that Did Not Impact Eligibility

🛠️ **What are Errors that Did Not Impact Eligibility?**

These are procedural errors made during case processing that **did not affect the final eligibility decision.**

✔️ The member would have still been **approved, denied, terminated, or enrolled** in the same aid code even if the error hadn't occurred.

💡 **Why These Errors Still Matter:**

- May affect **other household members' eligibility** under certain circumstances
- Can still lead to **negative impacts for the member**, such as delays, confusion, or inaccurate records
- Highlight areas for **process improvement and staff training**

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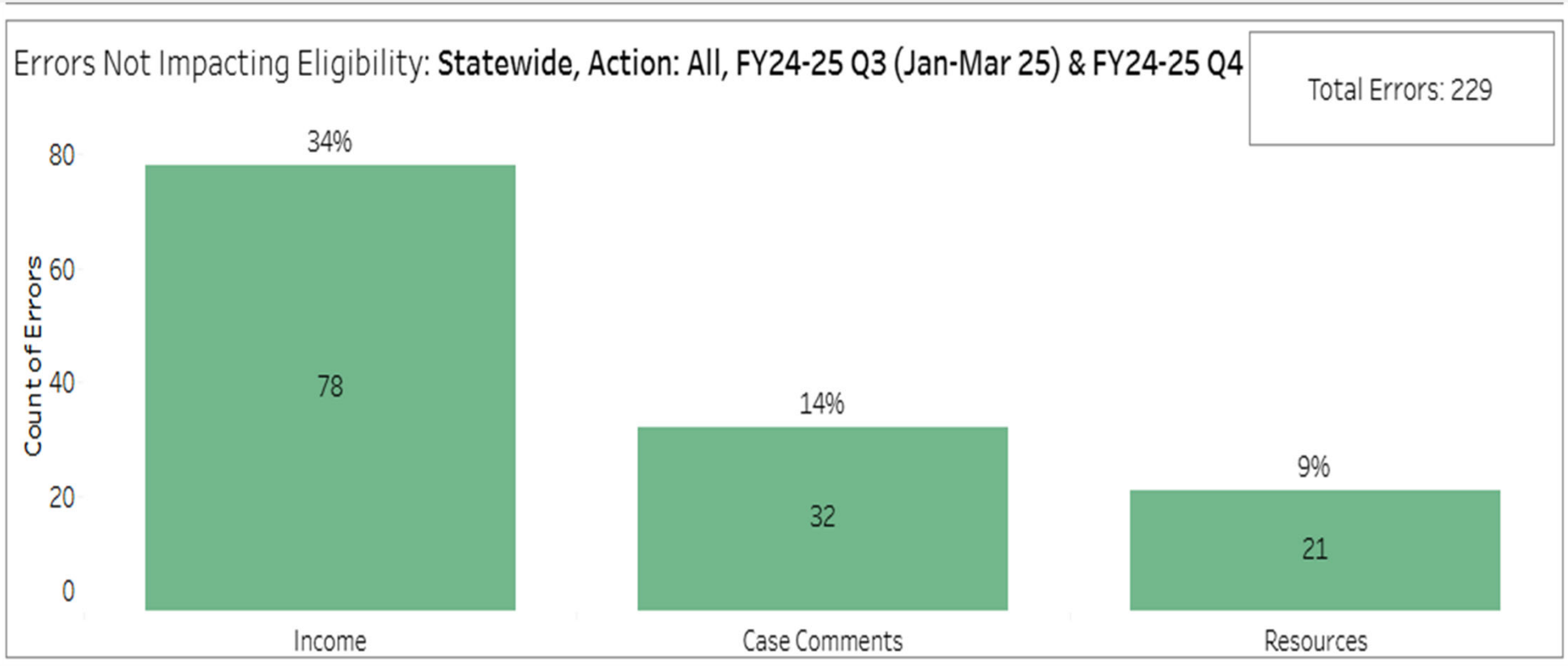
The Most Common Three Errors Statewide



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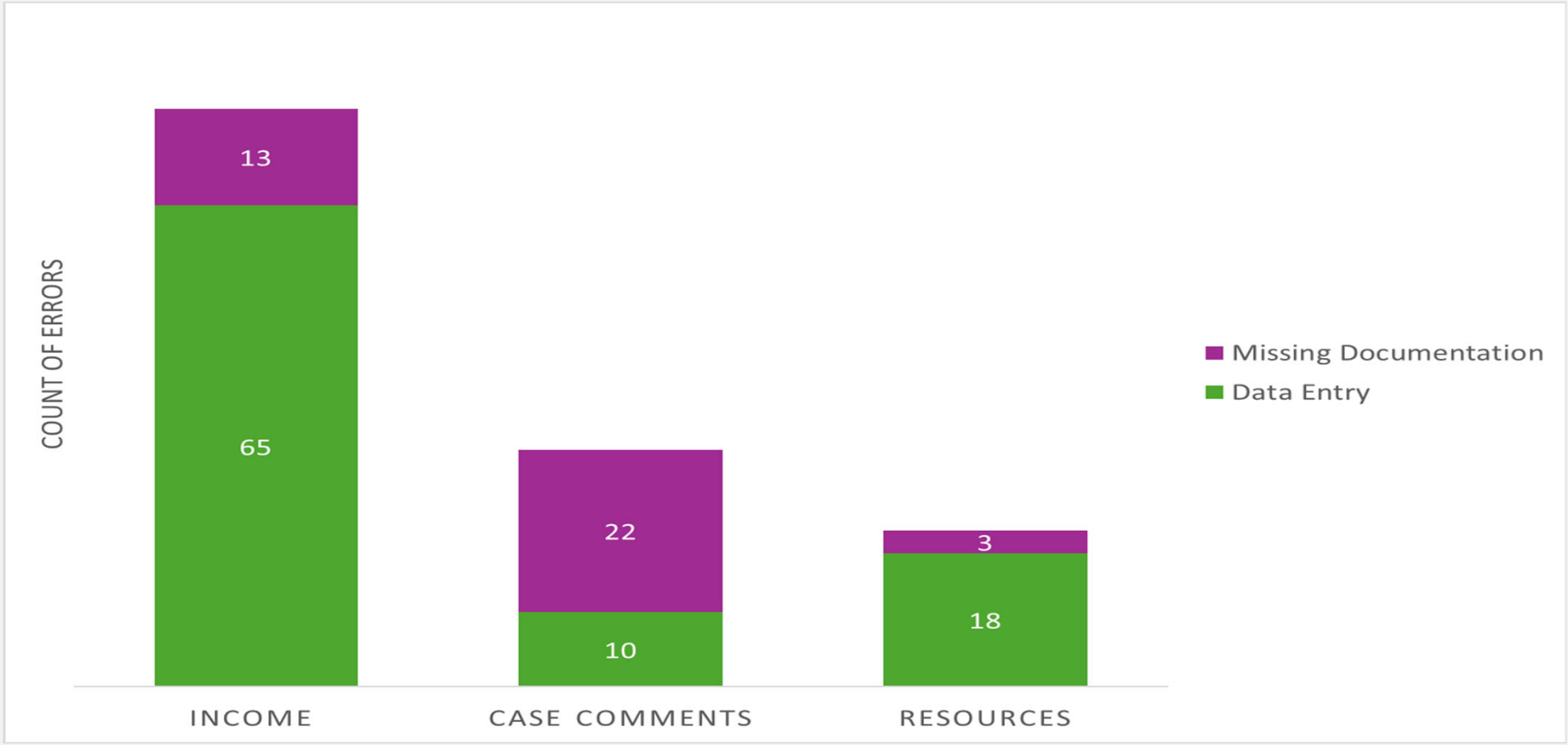

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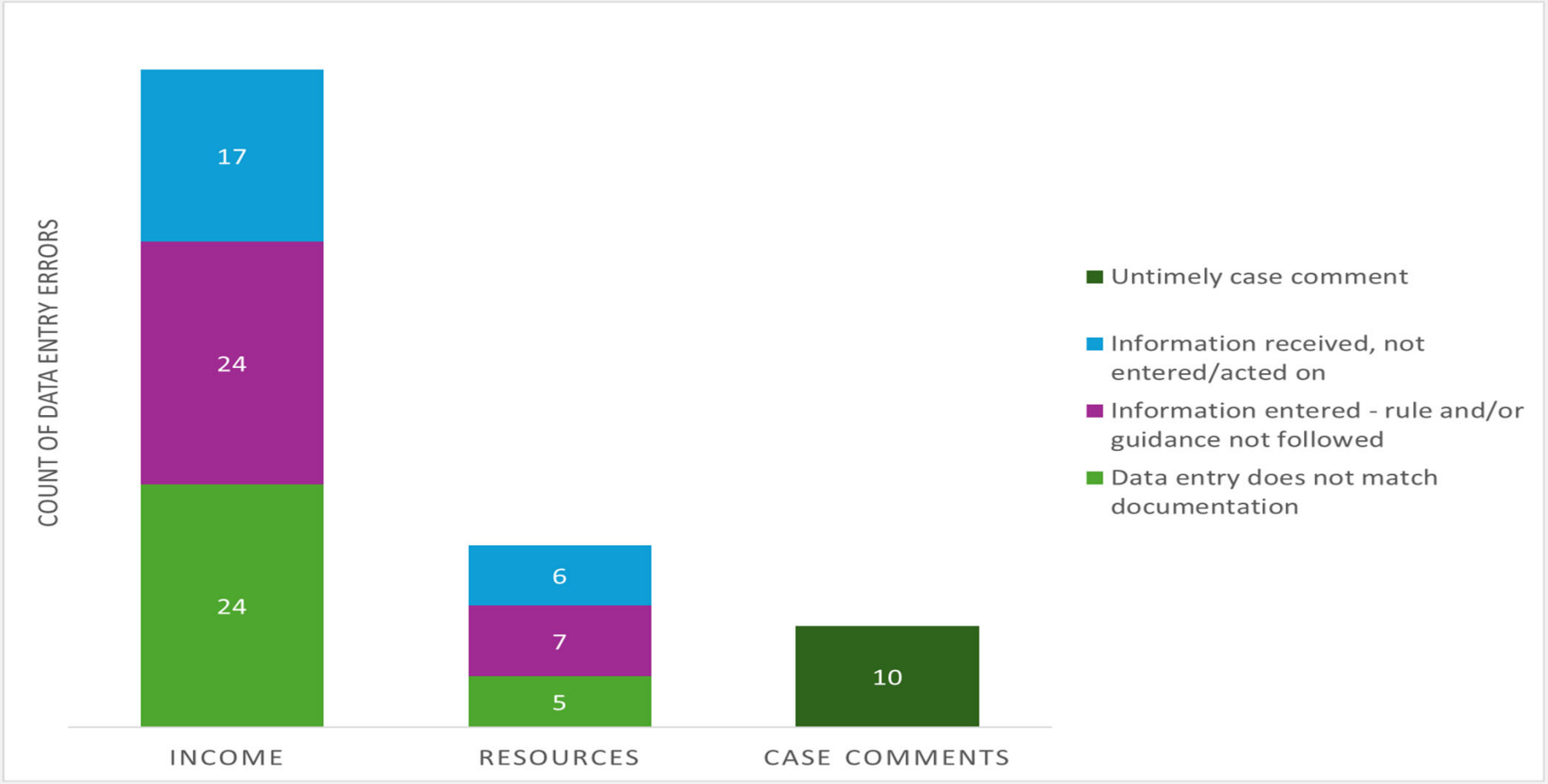

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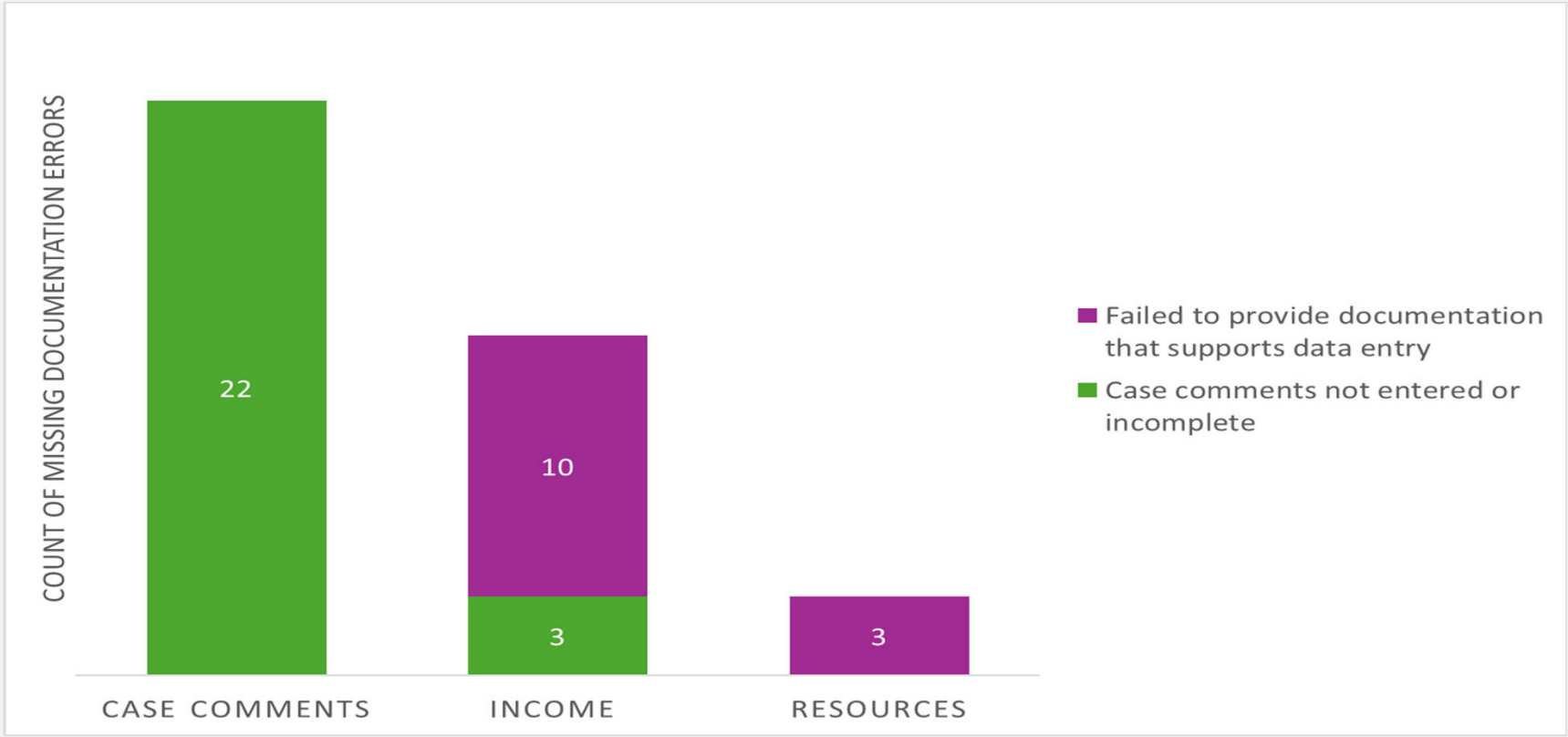
Missing Documentation by Root Cause Explanation



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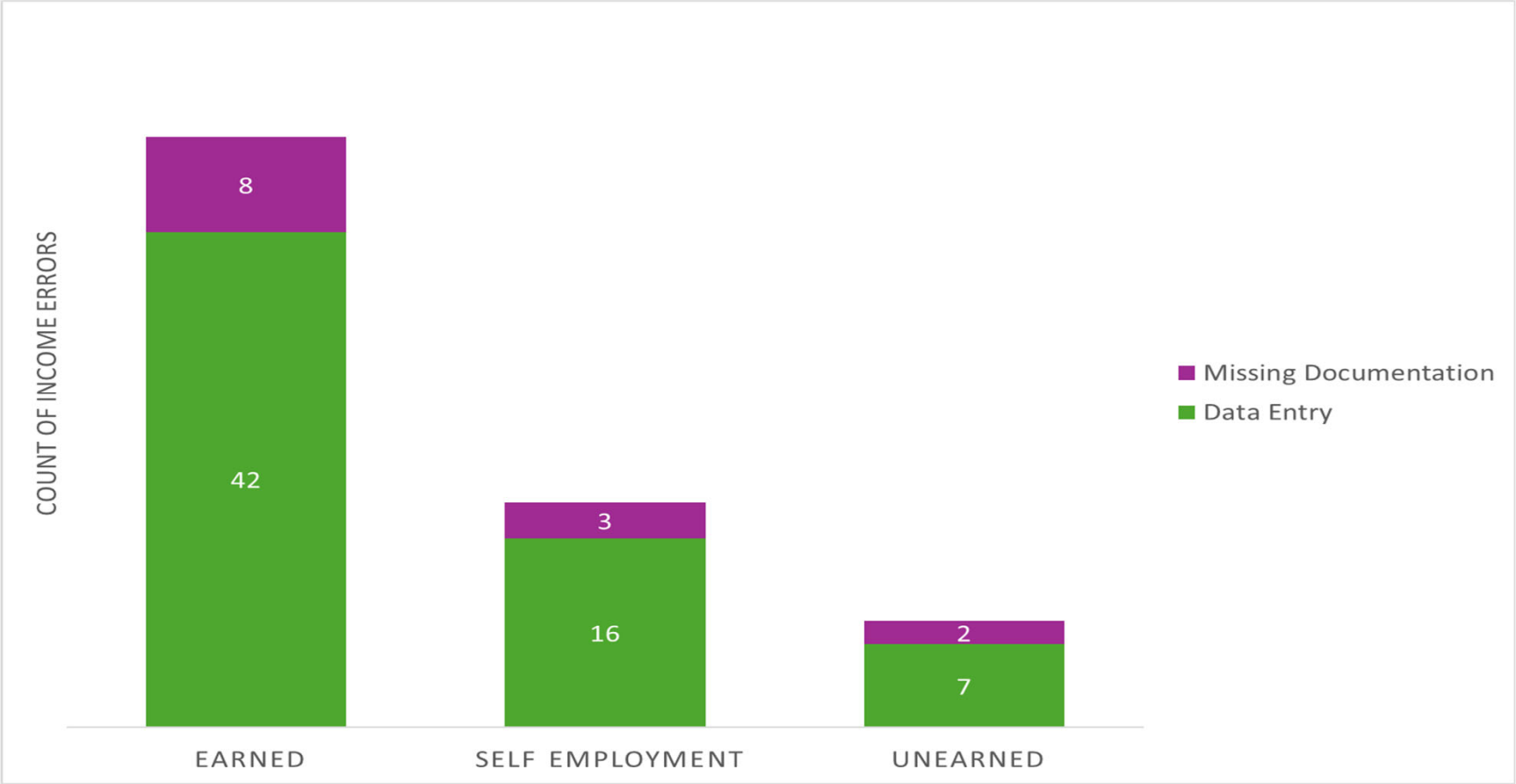

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Key Takeaways - EQA Statewide Trends

📌 Top 3 Error Categories (131):

1. Income (78)
2. Case Comments (32)
3. Resources (21)

Questions?

Douglas County QA Best Practices

- 🌟 **Introduction to Douglas County**

- 👥 **Presenters**
  - 💼 **Jeff Dahm** — *Quality Assurance Specialist*
    🏛️ *Douglas County Human Services*
  - 💼 **Erin Johnson** — *Assistant Director*
    🏛️ *Douglas County Human Services*

QA/QC Operational Structure

🏛️ Douglas County Eligibility Teams Overview

👥 Eligibility Teams

Teams:

- 🧩 *Adult*
- 👨‍👩‍👧 *Family*
- 🩺 *AF, LTC & Medicaid*

Team Composition:

- 👔 *24 Eligibility Case Managers*
- 💻 *4 Eligibility Clerks (PEAK & AI)*
- 🌟 *4 Leads*
- 🧭 *3 Supervisors*

Responsibilities:

- Case Managers handle *intake, ongoing case management, and calls*
- Lead Workers & Supervisors complete *pre-auth supervisor authorization reviews*

🔍 Program Integrity & Quality Assurance

Team Member:

- 📄 *1 Quality Assurance Specialist*

Responsibilities:

- Conducts *post-auth reviews* for all programs
- *2 reviews per worker, per month*

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OA Pre-Authorization Process

🧩 Supervisor Authorization Process

🔹 Process Steps	🎯 Purpose & Impact
New Hire Oversight • New hires set to **100% supervisor authorization** in **CBMS** • Lead or Supervisor reviews every case touched	Ensures **accuracy, consistency, and coaching** during onboarding
Review and Feedback • Leads/Supervisors **log review results** and **report findings** to the Case Manager	Provides **real-time feedback** to strengthen case handling and accuracy
Gradual Transition • Review percentage **reduced** as proficiency improves	Builds **confidence and autonomy** while maintaining quality
Ongoing Quality Assurance • All Case Managers remain on **5% supervisor authorization** indefinitely	Maintains **continuous oversight** and prevents performance drift
Data Tracking and Improvement • Results maintained in a **tracking spreadsheet** • Used to identify **trends and training needs**	Supports **targeted training, data-driven improvements**, and team growth

QC Post-Authorization Process

📄 Post-Authorization Case Review Outline

Program Integrity Department – Quality Assurance Specialist: Jeff Dahm

🔹 Process Overview

Scope:
- 24 Case Workers
- 2 cases reviewed each month for previous month's actions *(Applications, RRR eligibility actions)*

Supervisor Authorization Cases:
- Case Workers on supervisor authorization are QA'd **pre-authorization**
- **1 case post-authorization review** per month

Eligibility Clerk Reviews:
- **10 cases/month** *(PEAK and AI)*
- Reviews check **proper Application/RRR uploads** and **case comment procedures**

Review Tools:
- **Douglas County standardized forms** based on **Federal/State guidelines and directives**
- Data compiled automatically via **Business Intelligence program**

🎯 Review Responsibilities & Outcomes

Reviewer:
- QA Specialist conducts **Post-Authorization Reviews**

Findings Include:
- **Staff-specific errors**
- **Observations and reviewer comments** for coaching and improvement

Purpose:
- Enhance accuracy, compliance, and documentation standards across all programs

Impact:
- Provides **real-time, monthly statistics** to Eligibility and Program Integrity leadership for trend analysis

QC Post-Authorization Review Form

	Douglas County Food and Medical Case Review Form									
Date of Review:	10/8/2025									
Case Name and Number:	Bob Angler [redacted]									
Worker:	Douglas Johnson									
Reviewer:	QA Specialist									
Date of authorization:	9/9/9999									
Programs/Category Reviewed:	FA/MA									
Type of action reviewed:	9/2025 FA MA RRR									
Medicaid:										
		Observation ("Y" or "N", if applicable; "N/A", if not applicable) (mistake made that didn't lead to an eligibility determination or payment error)	Observation Cause: Data Entry	Observation Cause: Documentation	Observation Cause: System Issue	Eligibility Error ("Y" or "N", if applicable; "N/A" if not applicable) (Eligibility determination or payment error)	Error Cause: Data Entry	Error Cause: Documentation	Error Cause: System Issue	Observation or Error Description and/or Notes
	Sep-25									
Timeliness										
	Processed timely (within 45 days or 90 if Disability Determination needed. 16 days for discontinuation. Or was additional time requested/granted.) (8.100.3.D)	N				N				
Citizenship and Identity										
	Identity for all members (8.100.3.H)	N				N				
	Citizenship/Non-citizen for all members (8.100.3.H)	N				N				
Income										
	Income for all members (8.100.3.K)	N				N				
Resources										
	Resources for all members, if applicable (8.100.3.L)	N				N				
Long Term Care										
	ULTC 100.2 and Level of Care Screen	N/A				N/A				
	SIS completed and sent to the facility, if applicable	N/A				N/A				
	DSS1	N/A				N/A				
	Facility, if applicable	N/A				N/A				
	Spousal, if applicable	N/A				N/A				
	Transfer Without Fair Consideration (TWFC), if applicable	N/A				N/A				
	Trust, if applicable	N/A				N/A				
Miscellaneous										
	Additional information, if applicable	N				N				
	Case comments	N				N				
	Correct category for all members (8.100.4 7)	N				N				
	Correspondence	N				N				
	Disability Determination and Diary Date, if applicable (8.100.5.A)	N				N				
	Duplicate ID, Ticket submitted	N/A				N/A				
	Interfaces	N				N				
	Pregnancy, if applicable (8.100.4.G.5)	N/A				N/A				
	Reasonable Compatibility, if applicable (8.100.4.C)	N				N				
	Retro, if applicable (8.100.3.E)	N				N				
	Tax filer information (8.100.4.E MAGI)	N				N				
	Address (correct and matching for all household members)	N				N				
Medicaid Totals		0	0	0	0	0	0	0	0	

QA/QC Communication and Performance Integration

📋 Pre-Authorization Reviews

- Findings are shared directly with staff by their Lead or Supervisor.
- Purpose: Ensure staff understand why errors occurred and how to correct them going forward.

🔍 Post-Authorization Reviews

- Findings are shared with Supervisors by the QA Specialist.
- Supervisors then review results with their teams, promoting shared learning and accountability.

📈 Performance Evaluation

- Employee accuracy rates are integrated into annual performance assessments.
- This ensures quality metrics directly influence staff evaluations and professional development.

💬 Leadership Communication

- Leadership regularly reinforces the importance of accuracy in Eligibility work.
- State and local statistics are reviewed and discussed to show how each role impacts overall program accuracy and outcomes.

Training, Performance, and Data Integration

📘 Training & Resources

- Douglas County provides comprehensive training to all Eligibility Case Managers on how to locate, read, and interpret the Colorado Code of Regulations. This ensures staff can accurately apply the regulations to the cases and individual situations they encounter during case processing.
- In addition, Case Managers receive guidance on where to access and utilize the memo series from CDHS and HCPF to support consistent and compliant decision-making.

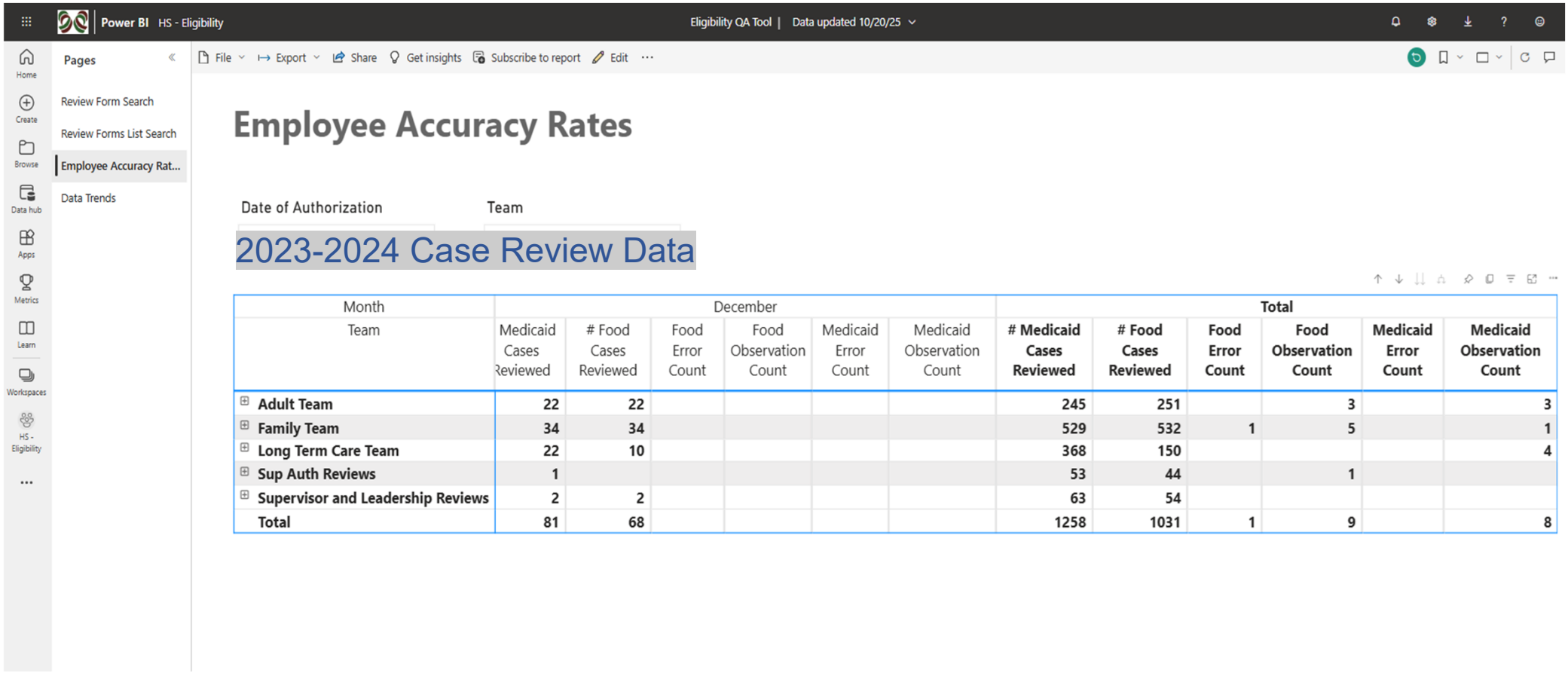
🎯 Performance Expectations & Accountability

- Douglas County established accuracy-based performance standards and monitoring processes for the Customer Service team.
- This approach encourages teamwide accountability, reinforces buy-in, and highlights that every role contributes to case accuracy and program integrity.

💻 Data Analytics & Reporting

- The IT team developed a Power BI report that automatically scrapes and aggregates data from review forms.
- This integration enables real-time data visualization on the Power BI dashboard, improving accessibility, transparency, and informed decision-making.

QA/QC Process Post-Auth - BI Report Tool



Month	December						Total					
Team	Medicaid Cases Reviewed	# Food Cases Reviewed	Food Error Count	Food Observation Count	Medicaid Error Count	Medicaid Observation Count	# Medicaid Cases Reviewed	# Food Cases Reviewed	Food Error Count	Food Observation Count	Medicaid Error Count	Medicaid Observation Count
Adult Team	22	22					245	251		3		3
Family Team	34	34					529	532	1	5		1
Long Term Care Team	22	10					368	150				4
Sup Auth Reviews	1						53	44		1		
Supervisor and Leadership Reviews	2	2					63	54				
Total	81	68					1258	1031	1	9		8

Questions?

Next EQA Quarterly Meeting

Date: April 30, 2026

Thank You

For your time and commitment to quality and accuracy.

Questions or Follow-Up?

Please contact:

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