

Sample Self-Audit EQA Tracker

The QA/QC Plan Tracker is a formal system to track and quantify results. Google sheets is a track data, and creating a Google form makes data entry easier. It's how the HCPF EQA Program tracks their reviews! This is a sample Google form only, offering a snapshot of how the sample spreadsheet tracker can be converted to a Google form.

How a county tracks its EQA self reviews is up to that individual county. This Google form is only an example of how to track reviews.

* Required

Review & Case Information

1. Reviewer *

Name of staff person completing the review (first and last name)

2. Reviewee *

Name of employee being reviewed - i.e. the person that processed the application/renewal/change under review. Include first and last name of the employee being reviewed

3. ReviewDate *

The date the reviewer conducted this review - typically today's date

Example: January 7, 2019

4. CaseNumber *

This is the case number that was reviewed.

5. State ID *

State ID of the client that was sampled for review, if reviewing at an individual level

6. AuthorizationDate *

The date that eligibility was determined and the case was authorized in CBMS. EQA samples this information from MA Individual Eligibility in CBMS.

Example: January 7, 2019

7. AuthorizationResult *

Enter the result of the authorization. Did the client PASS and start receiving benefits? EQA collects this information from MA Individual Eligibility history for the authorization date sampled for review.

Mark only one oval.

- PASS
- DENIED
- FAIL
- PENDING

8. SampledAidCode *

Enter the specific aid code associated with the authorization date. If the sampled client was terminated from MAGI Parent/Caretaker on the authorization date, enter MAGI Parent/Caretaker. If the sampled client was denied MAGI Adult on the authorization date, enter MAGI Adult.

9. ActionType *

Indicate the type of action taken on the authorization date. Was it a New Application, Annual Redetermination, or Change on an ongoing case?

Mark only one oval.

New Application

Annual Redetermination

Change

Eligibility
Areas
Reviewed

Use this section to check off all of the areas that you reviewed on the case. This is just a suggestion. You can customize a check-box grid to list out all of the areas your site intends to review on a case. This is just to show all of the information you reviewed on a specific case to ensure the determination was accurate, and not all of them will always apply.

10. EligibilityAreasReviewed *

Check all that apply.

	Data Entry	Documentation	N/A
Citizenship/Identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Citizen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Medical Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Planning/Reproductive Health Opt-In Questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retroactive Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Comp/MBU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earned Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unearned Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasonable Compatibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Resources/Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer of Assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of Care Assessment (LOC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5615 Information Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RRR Details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination Accuracy

Use this section to indicate if the eligibility determination you reviewed was correct or incorrect. This is a high-level report of eligibility determination accuracy. This section includes several different options to use to narrow down the impact errors had on the case, if any were identified.

11. ReviewResult *

If you did not identify errors select Correct No Errors. If you identified errors that DID NOT IMPACT eligibility, select Incorrect with Errors that Do Not Impact Eligibility. The remaining options on the list indicate that the case had errors that DID IMPACT ELIGIBILITY and those errors caused the individual to be approved when they should have been denied (Incorrect Approval), denied when they should have been approved at New Application (Incorrect Denial), terminated from Medical Assistance when they should have remained enrolled (Incorrect Termination/Fail), or enrolled in the wrong aid code (Incorrect Program/Category)

Mark only one oval.

- Correct, No Errors
- Incorrect with Errors that Do Not Impact Eligibility *Skip to question 12*
- Incorrect Approval *Skip to question 12*
- Incorrect Denial *Skip to question 12*
- Incorrect Termination/Fail *Skip to question 12*
- Incorrect Program Category *Skip to question 12*

Error Information

Use this section to capture specific error details.

12. ErrorArea

Which eligibility element or area had an error?

Mark only one oval.

- Citizenship/Identity
- Non-Citizen
- Age/DOB
- SSN
- Residency
- Out-of-State Benefits/PARIS
- Pregnancy
- Household Composition/MBU
- Income - Earned
- Income - Unearned
- Income - Self Employment

13. ErrorRootCause

Where in the eligibility determination process did the error occur?

Mark only one oval.

- Data Entry
- Missing Documentation
- Over Verification

14. ErrorRootCauseExplanation

Mark only one oval.

- Data Entry - Information received, not entered/acted on
- Data Entry - Information entered, CBMS data entry instructions not followed
- Missing Documentation - Case does not have documents or case comments that support data entry
- Missing Documentation - Application not signed (approvals only)
- Over Verification - Denied/terminated/delayed eligibility for verification of information that does not require verification
- Data Entry - Data entry does not match documentation
- Missing Documentation - New application not requested after gap in eligibility
- Over Verification - AVP hit not worked, resource verification requested from household

15. ErrorImpact

Mark only one oval.

- Impacts Eligibility
- Does Not Impact Eligibility

16. ErrorExplanation

Explain why this is an error. This helps provide context for later or for when you're sending the results to staff.

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