*As required by 10 CCR 2505-5 1.202.3.4.a and* [*OM 22-053*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2022-053%20State%20Requirements%20for%20Eligibility%20Site%20Quality%20Assurance%20Programs.pdf)*, Eligibility Sites are responsible for*

*organizing operations and establishing adequate internal control processes related to*

*ensuring quality, accuracy and compliance with audits. The Department is providing this sample template for eligibility sites to adapt to meet the requirement for a Quality Assurance (QA) plan.*

*This template provides an example to meet the minimum requirements of an eligibility site QA Plan. This template may not be an exact fit for your eligibility site size and operations. Many sites, especially larger sites, have developed more comprehensive plans that address multiple programmatic expectations for QA that may still meet the requirements of 10 CCR 2505-5 1.202.3.4.a and OM 22-053.*

*—*

**County/Eligibility Site**

**Address**

**City, State ZIP**

**Phone/FAX**

**Policy Title**: Quality Assurance & Quality Control Plan

**Reference**: [HCPF Operational Memo (OM) 22-053](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2022-053%20State%20Requirements%20for%20Eligibility%20Site%20Quality%20Assurance%20Programs.pdf): [10 CCR 2505-5](https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=10090&fileName=10%20CCR%202505-5) 1.202.3.4.a

**Effective Date**: (upon approval)

**Director’s Approval**: (Name, Title with signature if possible)

**Revision Date**: (Month Day, Year)

**Reason for Policy/Plan (Purpose)**

To establish County/SiteName internal control processes and procedures to ensure quality, accuracy and compliance with audits to meet quality standards and reduce the cost of (poor) quality by capturing errors sooner in the eligibility process rather than waiting for errors to be found by the state-level quality reviews, audits, and/or by members.

**Definitions**

* EQA - Eligibility Quality Assurance
* MA - Medical Assistance
* OM – Operational Memo issued by the Department of Health Care Policy & Financing
* QA/QC - Quality Assurance and Quality Control
* HCPF - Health Care Policy & Financing (or “the Department”)

**Policy Statement**

County/SiteName QA internal reviews will be used as a management tool to ensure that the agency is following best practices, to identify training needs, or other areas needing attention by supervisors and/or management. Sources will include all up-to-date HCPF rules and regulations, CBMS build training(s), HCPF memo series as well as state emails and training(s).

The County/SiteName Staff Title(s) and medical assistance technicians are responsible for adhering to this policy.

The County/SiteName identified QA/QC contact for implementing and maintaining the QA/QC plan is (Staff Name, Staff Title, Email Address).

**Procedures**

County/SiteName reviews are completed monthly on or by DATE(s) of each month and entered into the County/SiteName internal QA tracker. The tracker includes data entry errors and case file documentation (including self-attestation allowances). When an error is discovered, the tracker includes the error reason(s).

Reviews may be completed by (Staff Title), or as assigned by (Staff Title). Name of the staff person completing the review will be entered into the internal QA tracker.

County/SiteName reviews will include all categories included on the County/SiteName internal tracker. This includes categories of Non-Financial and Financial Eligibility Criteria (including but not limited to Income, Resources, Household Composition/MBU, Citizenship, Immigration, Residency, Social Security, etc.). Reviews can target specific eligibility criteria (for instance: income, MBU, resources, etc.) based on analysis of trends. County/SiteName will continue to conduct wide cast reviews that align with the HCPF EQA Program (as reflected in the categories on the internal tracker).

County/SiteName reviews may comprise both pre- and post- authorization and may consist of both MA only and combo cases. Reviews will include active cases, such as approvals from Applications, RRRs, and changes. Reviews will include negative actions, such as denials/terminations from Applications, RRRs, and changes. Reviews will include Incorrect Eligibility Determinations and Errors That Did Not Impact Eligibility. Reviews will include errors for over-verifications and under-verification for both MAGI and Non-MAGI, as well as a sample random selection to include Long Term Care and Home and Community Based Services.

Errors will be determined by comparing documents, CBMS data entry and case comments. Documentation to support the error finding includes the case review, CBMS data entry and documents found in the county imaging file. System errors will be documented in case comments when help desk tickets are required for those errors.

The staff (QA tracker manager and/or lead) will review the tracker after completion of the internal review. Findings will be reviewed with the technician who made the error when errors are identified (or with the manager/supervisor for review with the technician who made the error).

**Number of cases (sample size) to be reviewed monthly by eligibility site (**County/SiteName should adapt this section to meet their county/site size and expectations as outlined on page 7 of OM 22-053 and the County and Eligibility Site Size)**.**

County/SiteName to determine the number of medical assistance full-time equivalent (FTE) position workers employed by the eligibility site (FTE generalist who works medical assistance and other programs would be determined based on the amount of time processing medical assistance cases). Number of cases to be included in the County/SiteName eligibility site self-review is (Large/Medium/Small). When possible, County/SiteName will complete a minimum of two reviews per FTE worker up to the maximum reviews by eligibility site size.

* Based on this requirement County/SiteName current technician count is 48 eligibility technicians and seven lead positions. Total reviews 55 \*2= 110.
* All reviews must be included on the County/SiteName review tracker (division statistic spreadsheet).

**Monitoring**

County/SiteName QA Contact reviews the MAP Accuracy Dashboard and HCPF EQA case reviews monthly to review the findings, analyze the data and adjust business processes based on state-level QA findings and site-level QA reviews for improvement.

* The County/SiteName tracks individual technician errors on internal QA tracker.
* This data and analysis is communicated to our processing teams and leadership.
* The managers are responsible to identify their track trends and respond as necessary using monthly error/accuracy to work on appropriate training and one-on-one support with processing technicians.
* The County/SiteName training staff send out bi-weekly division-wide emails including error trends and steps to adjust processing to align with HCPF rules/regulations and correct accuracy at the systemic level.
* Managers are responsible to address individual based root cause error corrections.

**The QA Plan must be reviewed annually (and updated if necessary)** and submitted to HCPF\_CountyRelations@state.co.us (and applicable EAP/MA contract manager) **by March 1, 2023**, and annually thereafter.

**Staff Training**

Managers are responsible to communicate errors to the technicians and develop individualized plans to prevent future errors. All errors are tracked on the County/SiteName internal tracker and over time trend analysis can be completed for County/SiteName and each technician.

Training and review of OM 22-053 was completed with all medical assistance County/SiteName staff on DATE. Record of this training is recorded (County/SiteName location).