

Michigan Department of Community Health

Plan to reduce Medicaid Eligibility Errors as required by Michigan Public Act 154 of 2005

Sec. 1725. The department shall work with the department of human services to implement a plan to reduce Medicaid eligibility errors related to basic eligibility requirements and income requirements. The department shall submit the plan to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director by March 15, 2006.

In November 2005, the Department of Community Health and the Department of Human Services convened a joint workgroup to develop, implement and monitor results of a jointly developed plan to reduce Medicaid eligibility errors related to basic eligibility requirements and income requirements. The workgroup consists of representatives of both departments, including but not limited to DHS Medicaid Eligibility Policy staff, Medicaid Eligibility Quality Control staff, DHS field operations staff, DCH Medicaid Eligibility Policy staff, Eligibility Quality Assurance staff, and other key staff.

The joint workgroup has developed the following strategies to address the issues as identified in Article 3, Section 1725 of P.A. 154 of 2005:

Target Date	Strategy
April 2005	The need to reduce Medicaid error rates was recognized by DCH prior to the establishment of this current legislation. In response to this recognized need, DCH initiated the development of a joint DCH/DHS "MEQC" Error Review Committee in April 2005, to review and evaluate all eligibility errors identified as a result of MEQC audits. This committee recommends a course of action to reduce errors based on findings. For example, to incorporate general or specific training components, clarify policy, or send other forms of communication to local workers, to assist in reducing errors.
March 2006	Augment caseworker staff, adding up to 30 additional workers. Data will be evaluated to identify 'high incidence' errors. Additional staffing and support will be allocated to geographic areas with higher error rates. As of 3-1-06, over half of the positions have been filled.
March 2006	Establish new DHS Program Specialist position to review and process "complex" asset determinations for the local DHS staff.
March 2006	Establish new DHS Medicaid Payment Accuracy Specialist. This position will be responsible for gathering and reviewing data

Target Date	Strategy
	related to Local Office Medicaid mispayments and making recommendations to reduce errors. This includes development of reports and programs designed to analyze data, coordinate policy and provide oversight to the overall initiative.
April 1, 2006	Initiate overtime to allow DHS caseworkers to review all cases where eligibility requirements have been modified as a result of P.A. 154.
April 2006	Develop and provide “e-learning” interactive training on a regular basis to provide additional ‘help and assistance’ to staff.
April 1, 2006	Implement in the “Find and Fix” technology to review, identify and correct Medicaid eligibility errors. Earned and unearned income is a principal cause of errors. Automated systems will identify discrepancies between case budgets and computer matches with SSI, RSDI, Child Support, New Hires, Quarterly Wage Match, etc. Staff will receive reports that identify only those cases that may have an error so they can spend their time on these error prone cases.
May 2006	DHS Program Specialist will present monthly report to DCH MSA/Eligibility Quality Assurance Manager identifying the number, status and analysis of complex asset determinations. DHS Program Specialist will initially meet monthly with DCH MSA/Eligibility Quality Assurance Manager to review report.
May 2006	DHS Medicaid Payment Accuracy Specialist will develop monthly report transmitted to DCH MSA/Eligibility Quality Assurance Manager providing analysis of data related to Local Office Medicaid mispayments. DHS Medicaid Payment Accuracy Specialist will initially meet monthly with DCH MSA/Eligibility Quality Assurance Manager to review report.
June 1, 2006	DHS will provide a monthly report to DCH MSA/Eligibility Quality Assurance section identifying the monthly status, results and analysis of the Find and Fix strategy.

DCH/DHS collaborative efforts to identify errors, determine their cause, develop and implement strategies to correct and more importantly prevent errors are the primary goals of this endeavor. Increased DCH oversight will contribute to a more effective approach to reducing the error rates as DCH and DHS work mutually to achieve these goals. In combination, these strategies will facilitate Medicaid error rates reduction.