Article 20 Section 1 – Performance Standards

Table of Contents

20.01.01 Overview

A. General

County Performance Standards (CPS) is an evaluation process used by DHCS Program Review Section (PRS) for review and verification of a County Welfare Department compliance with Medi-Cal policies and procedures. DHCS is required to monitor county performance based on the CPS evaluation process. The monitoring includes evaluation of the county through a review of the self-certification process for application processing, annual redetermination processing and Med-Cal to Healthy Families bridging processing. The PRS will also conduct independent performance reviews of the self certifications as well as the MEDS alert processing.

MEPM Article 25

Senate Bill X1 26 (Chapter 9, Statutes of 2003, 1st Extraordinary Session) established the CPS for eligibility determinations and annual redeterminations. Senate Bill 1103 (Chapter 224, Statutes of 2004) established the CPS for MEDS Reconciliations and Alerts. W&I Code Section 14154 (c)(3)(D) established the CPS for Medi-Cal to Healthy Families Bridging (Bridging).

If the county does not meet the performance standards it may be subject to a two percent reduction in the county administration allocation.

MPG Letter #667 (4/09)

B. Compliance Requirements

The table below is a summary of the performance standards and includes the percentage of cases that must meet the standards in order for the county to be in compliance with the CPS requirements.

MEPM Article 25

Performance Standard	Components	%
Application processing	• Regular Applications – within 45 days of application • Applications based on disability – within 90 days of application	90
Annual Redetermination (RV) processing	• RV form mailed to recipient by anniversary date • RV completed within 60 of the last day of the annual redetermination month. • NOA mailed within 45 days of when redetermination form was due	90
Bridging (**INACTIVE)**	The following must occur within 5 days of the share of cost determination for eligible	90

ACWDL 11-23

	children: • Notice sent informing family of Healthy Families Program (HFP) • RV forms sent to HFP if parent consents • Request to consent sent if parent has not consented	
HFP to Medi-Cal Transition	Applications received from Single Point of Entry (SPE) complete, not enrolled in Accelerated Enrollment (AE) or Medi-Cal must be completed within 10 working days of receipt at the county.	90
MEDS Alerts processing	• MEDS daily and renewal alerts • MEDS reconciliation/worker alerts	90 95

ACWDL 12-23

ACWDL 12-29

MPG Letter # 771 (12/12)

C. Review Schedule

Self-Certification Schedule

Performance Standard	Schedule
Application and RV processing	Every two years beginning October 2009.
Bridging **(INACTIVE)**	Every two years beginning October 2008.
HFP to Medi-Cal Transition	Semi-Annually beginning April 2013.
MEDS Alerts processing	There is no self-certification process at this time

ACWDL 03-42

ACWDL 07-03

ACWDL 12-33

State Review

DHCS Program Review Section (PRS) also completes independent performance evaluations of the CPS. At this time, they do have a specified schedule for these reviews. PRS sends a notification of review letter two months in advance of the planned onsite review. A confirmation letter will include a list of the cases requested for the review. Entrance conferences are scheduled for the first day of the onsite review and the county receives a report of its performance at the exit conference.

MPG LTR 667 (4/09)

D. Sampling Methodology

Geographic Sampling Project(GSP)

ACWDL 07-05

Prior to approval of the GSP pilot project, the PRS annually reviewed random samples of Medi-Cal cases for all 58 counties. The number of Medi-Cal Eligibility Quality Control (MEQC) case reviews selected for each county was proportionate to its share of the statewide Medi-Cal beneficiary population. Small counties had only limited numbers of

cases reviewed annually. These limited numbers of case reviews may not have accurately reflected the performance of these counties in determining Medi-Cal eligibility. The GSP sampling strategy provides for MEQC case reviews in the 25 largest counties in terms of Medi-Cal population.

ACWDL 08-45

Minimum Sample Requirements

The sample sizes for PRS review of self certification and independent performance reviews will normally be 75 cases for any CPS review. However, in some instances, there may be fewer than 75 cases to select from for one or more of the self-certification or independent reviews. When it is determined that any one component of any one performance standard has less than 21 cases, that component will not require a corrective action plan (CAP) if the performance is below the required threshold. This applies to the review of self certifications, independent PRS review and follow-up reviews associated with potential two percent sanctions.

MPG LTR 667 (4/09)

E. Corrective Action Plans

MEPM Article 25

When the county self-certifies or when DHCS determines, whether through review of a self-certification or an independent performance review, that a county has failed to meet the mandatory performance percentages, the county is required to complete a CAP. The CAP provides an opportunity for the county to implement changes and improvements. It also allows time for the county to meet the mandatory performance requirements and avoid being subject to the two percent reduction in county funding.

The CAP must contain a plan with interim benchmarks for improvement throughout the year that will be met by the county in order to avoid a reduction of two percent of its county administrative funds.

MPG LTR 667 (4/09)

F. Administrative Sanctions

MEPM Article 25

If the county does not meet the CPS, DHCS may reduce the allocation of county administration funds beginning in July of the year that the final corrective action plan review is completed. Any funds reduced may be restored by DHCS if sufficient improvement has been made by the county in meeting the CPS during the year for which the funds were reduced.

MPG LTR 667 (4/09)

20.01.02 Eligibility Determinations and Redeterminations

A. General

DHCS established performance standards, which measure whether counties are meeting the Medi-Cal application and annual redetermination timelines mandated by Federal law. ACWDL 03-42

Federal law requires that:
- Applications for Medi-Cal must be processed within 90 days for applications that are disability based, requiring a DDSD evaluation and 45 days for all other applications; and
- Eligibility for Medi-Cal must be reevaluated on a yearly basis.

Note: The process time can be extended if unusual circumstances occur and the worker cannot reach a determination of eligibility because of delays caused by the applicant, DDSD, examining physician, or other factors not within the worker's control.

Counties are required to report to DHCS the percentage of applications and redeterminations which have been processed within the timeframes specified by Federal law. The reported information will be evaluated for compliance and will require corrective action and counties will be subject to sanctions if not in compliance.

MPG LTR 667 (4/09)

B. Eligibility Determin-ations

The Medi-Cal application performance standards require: ACWDL 03-42

- General Medi-Cal applications to be processed within 45 days of the application date; and
- Applications based on disability (a DDSD evaluation is required) to be processed within 90 days of the application date.

Applications are excluded from the 45/90-day processing requirement if:
- The applicant provides partial information/verification, is attempting to comply and requests additional time to provide; or
- DDSD has received the application prior to the 90 day timeframe, but is unable to provide a determination within 90 days of the application date.

MPG LTR 667 (4/09)

C.

The Medi-Cal redetermination performance standards require: ACWDL 03-42

Redetermin-ations

Annual redetermination forms to be mailed to the beneficiary by the due date (the first day of the month in which the redetermination is due);

- Annual redeterminations, which are **complete** and have been returned **timely**, to be processed within 60 days starting from the last day of the annual redetermination month (RV month). ACWDL 11-23
- Annual redeterminations for which the packets have not been returned, to have a Notice of Action (NOA) mailed to the beneficiary within 45 days after the date the forms were due.

For the purpose of these redetermination performance standards:

- "**Complete**" means all questions on the RV form were answered, all verifications were provided, and no further action is required from the recipient. Only County action is required because the County has the information necessary to make a determination.
- "**Timely**" means that the recipient has returned the RV form by the due date specified on the RV notice. Use an RV due in October for example: October 1 (10/01/07) or by the last day of the month that the RV is to be completed by the recipient (October 31, 2007).

Redeterminations will be excluded from the 60-day requirement if:

- Redetermination forms/verifications are incomplete and the SB 87 process results in a delay or if the beneficiary requests additional time to provide and is given good cause.
- Redetermination forms/verifications are returned complete within 30 days of the discontinuance date.

MPG LTR 736 (9/11)

D. Required Actions

Applications ACWDL 03-42

Workers are required to:

Step	Action
1	Complete the eligibility determination within the 45 day timeline.
2	Document delays caused by unusual circumstances in the case file narrative.
3	Complete entries in the automated system to assist in the monitoring and tracking of the performance standards (see appendix A for monitoring and tracking information).

Redeterminations

Workers are required to:

Step	Action
1	Ensure that RV forms are mailed to the beneficiary by the due date (the first day of the month in which the RV is due).
2	Process annual RVs that have been returned complete and timely within 60 days of the RV due date.
3	Send a NOA to beneficiaries who do not return the intake packet within 45 days of the RV due date.
4	Document the reasons for delays in processing the annual RV within 60 days of the RV due date in the case file narrative. For example, the forms were returned incomplete and the SB 87 process causes a delay.
5	Complete entries in the automated system to assist in the monitoring and tracking of the performance standards (see appendix A for monitoring and tracking information).

MPG LTR 667 (4/09)

E. Monitoring and Tracking

See Appendix A for Monitoring and Tracking information for the application and redetermination performance standards.

MPG LTR 667 (4/09)

20.01.03 Medi-Cal to Healthy Families (HFP) Bridging (INACTIVE)

A. Inactive

Assembly Bill 1494 required the transition of HFP to Medi-Cal beginning 1/1/13. ACWDL 12-23

The discontinuance of the Bridging Performance standard is effective 9/1/12.

MPG LTR 7XX (12/12)

20.01.04 MEDS Alerts

A. General

Unlike the CPS for eligibility and annual redeterminations which require the counties to self report, the CPS for the worker and error alerts require DHCS to make a finding of compliance. ACWDL 08-09

Performance standards require counties to submit quarterly reconciliation files. Quarterly reconciliation submissions must be based upon a schedule determined by DHCS and in a format prescribed by DHCS. The intent is to identify any discrepancies between eligibility files in the county records and eligibility as reflected in the MEDS. Quarterly reconciliation performance will be continuously monitored by the Medi-Cal Eligibility Division.

Eight MEDS daily and renewal error alerts deemed to be critical alerts and three worker alerts were identified through this process and will be used to determine if counties are meeting worker and error alert performance standards.

MPG LTR 667 (4/09)

B. Error Alerts

CPS for the worker and error alerts will be monitored by the Program Review Section (PRS). ACWDL 08-09

MEDS daily and renewal error alerts subject to review are:

Alert Number	Alert Definition
1503	CLIENT INDEX NUMBER/MEDS-ID CONFLICT
1504	CLIENT INDEX NUMBER/MEDS-ID VS COUNTY-ID/MEDS-ID CONFLICT
1510	TRANSACTION FAILED MEDS NAME/BIRTHDATE MATCH CRITERIA
2005	TRANSACTION COUNTY-ID DOES NOT MATCH MEDS
9532	OVER 3 EDWARDS MONTHS - MEDI-CAL DETERMINATION OVERDUE
9546	OVER 2 MONTHS ACCEL ENROLL - APP DETERMINATION OVERDUE
9548	OVER 2 MONTHS EXTENDED ELIG - MEDI-CAL DETERM OVERDUE
9550	ONGOING BURMAN ELIGIBLE - MEDS ELIGIBILITY UPDATE

	OVERDUE

Workers are required to process 90 percent of these error alerts within the following designated timeframes:

- The MEDS daily and renewal error alerts received on or before the tenth working day of the month must be processed in time for the change to be effective the beginning of the following month.
- The MEDS daily and renewal error alerts received after the tenth working day of the month must be processed in time for the change to be effective the beginning of the month after the following month.

Some of the alerts listed above are not generated by a specific county action. However, the county must process the alert in order to initiate steps to identify and document the source of the error and initiate steps to address the error.

For example, alert number 9546 is created when a child is aided through the Accelerated Enrollment process under aid code 8E. The alert identifies that the child has been in aid code 8E for over two months and an evaluation of ongoing Medi-Cal eligibility is required. An evaluation of this alert would include the determination of whether the county took timely action to process the alert within the guidelines specified above.

MPG LTR 667 (4/09)

C. MEDS Worker Alerts

The reconciliation worker alerts subject to review are:

ACWDL 08-09

Alert Number	Alert Definition
6005	RECON RECORD ON MEDS/NOT ON COUNTY - RECON HOLD GENERATED
6006	DUP RECORDS ON COUNTY RECON FILE - RECON HOLD GENERATED
6008	DUP RECORDS ON COUNTY RECON FILE - NO MATCH ON MEDS

Workers are required to process 95 percent of worker alerts that stem from records that are on the county files but not on MEDS or on MEDS but not on the county files within the following timeframes:

- Reconciliation worker alerts received by the tenth working day of the month must be processed in time for the change to be effective the beginning of the following month.

- Reconciliation worker alerts received after the tenth working day of the month must be processed in time for the change to be effective the beginning of the month after the following month.

MPG LTR 667 (4/09)

D. DHCS monitoring

PRS has the responsibility for performing the evaluations for CPS. The first counties selected for review will be notified by DHCS. The review will be initiated approximately two months after the county has been notified of the impending review. The sample that will be used for the CPS evaluation will include all alerts from the daily, renewal, and quarterly reconciliation processes. The specific dates for the alerts will depend on the actual dates determined for the onsite reviews.

ACWDL 08-09

MPG LTR 667 (4/09)

E. Worker Actions

Workers must review their MEDS alerts daily and process them within the timelines specified above in sections B and C. Guides for resolving critical MEDS alerts can be found on the CalWIN intranet at the following address:

ACWDL 08-09

http://usplvucsd030/calwin/MediCal/MEDSPerformanceStandards/tabid/171/Default.aspx

MPG LTR 667 (4/09)

F. Monthly Reports

A listing of the critical alerts for each office is updated monthly and can be found on the county S drive at the following location:

S:\ENTERPRISE\MEDS Alerts

MPG LTR 667 (4/09)

20.01.05 HFP Transition Applications

A. General

Assembly Bills 1494 and 1468 require the transition of the Healthy Families program to the Medi-Cal program. HFP is an insurance program with premium payments for children under the age of nineteen who are ineligible to zero SOC Medi-Cal and income below 250% of FPL.

As a result of this transition, counties will receive applications from SPE that previously were sent to HFP for evaluation to that program. As part of the transition, the law requires that counties meet a new performance standard.

MPG LTR 7XX (12/12)

ACWDL 12-29

B. Performance Standard

90% of applications received complete and without client error from SPE that are not on accelerated enrollment or currently enrolled in Medi-Cal, shall be processed within 10 working days of receipt.

MPG LTR 7XX (12/12)

ACWDL 12-29

C. Definitions

Processed

There has been a disposition of the application by an eligibility worker certifying eligibility or ineligibility with a timely NOA.

Complete and Without Client Error

- All questions on the application or RV form are answered
- No further action required from recipient for worker to make determination.
- The worker has the required information to make a determination

Start of Ten Day Timeframe

The ten day time frame begins when the county receives and date stamps the application.

MPG LTR 7XX

ACWDL 12-29

D. Special Routing for 10

SPE will indicate on the transmittal form that a case is eligible to the 10 day timeframe and forward to DPC. Directions for processing these cases can be found in MPG Article C, Processing Guide 03 – TLICP.

ACWDL 12-29

Day
Timeframe MPG LTR 771 (12/12)
Applications

Appendix A: Application Processing and Redetermination Performance Standards Self-Certification Monitoring and Tracking

Required Action for Application

Application Processing Requirements

Applications shall be processed according to the application performance standards, as stated in article 20.01.02.A. The 45/90-day time period starts on the date of the application, including mail-in applications and those sent from SPE, not the date of receipt.

Application Coding Requirements

Workers will use the Special Indicators in CalWIN (see Automation section below) to identify:

- Disability based applications (requires a DAPD evaluation)
- Applications not processed timely due to delays caused by the applicant who is attempting to comply
- Applications not processed timely due to delays by the State
- Craig vs. Bonta applications

Narrative Entries

Workers shall utilize CalWIN Case Comments to document intake activities and reason(s) for applications not processed within the 45-day or 90-day requirement.

Application Processing Reminders

To minimize delays and ensure timely processing of applications, staff are reminded to:

- Complete the Collect DED Referrals and Results Detail window in CalWIN for disability based applications (requires a DDSD evaluation). Do not forget to indicate "Pending" in the *Status* field of the Disability Evaluation Division section for those pending DDSD evaluation.
- Activate Medi-Cal benefits for children as soon as they are determined eligible to one of the Federal Poverty Level (FPL) programs. Do not delay enrollment of children if parents request Medi-Cal.
- Activate pregnancy-only Medi-Cal for pregnant women under the 200% FPL Program as soon as eligibility is established. Continue to evaluate for full-scope Medi-Cal if the pregnant woman requests.
- Activate full-scope or LTC benefits for individuals claiming PRUCOL status and who are determined otherwise eligible prior to the 30-day deadline in which the applicant must provide documentation of alien status.
- Complete the MC 223, Applicant's Supplemental Statement of

Facts for Medi-Cal, if needed, via an over-the-phone interview with the applicant and mail to the applicant for review and signature.

Required Action for Ongoing Cases

Redetermination Processing Requirements

Redeterminations shall be processed according to the Medi-Cal redetermination performance standards, as stated in 20.01.02.C.

Application Coding Requirements

Workers will use the Special Indicators in CalWIN (see Automation section below) to identify:

- Redeterminations that are received complete (no pending verifications) and timely.

Narrative Entries

Workers shall utilize CalWIN Case Comments to document redetermination activities and reason(s) for redeterminations not processed within 60 days of the redetermination due date.

Redetermination Processing Reminders

To minimize delays and ensure timely processing of redeterminations, staff are reminded that:

- The most recent pay stub available to the beneficiary is acceptable proof of income.
- The most recent bank statement available to the beneficiary is acceptable proof of current bank balance.

Automation

The following Special Indicators shall be used for all applications dated October 1 through October 31, 2007 and all cases with an October 2007 redetermination date. Special Indicators will be recorded on the **Collect Case Special Indicators** window, as shown below.

Type of Special Indicator	Description	When
MC PS-DAPD	Disability-based application	DDSD required
MC PS-Craig vs. Bonta	Craig vs. Bonta application	Open pended
MC PS-Client Error	App. over 45 or 90 days - Applicant caused	By 45th/90th day
MC PS-State Delay	Disability-based App. over 90 days – State caused	By 90th day
MC PS-Rec'd complete & timely	RV packet received in report month and is complete, with no pending verifications	By the last date of the report

		month

Note: Applications over 45 or 90 days without the aforementioned Special Indicators will be reviewed and recorded as worker error unless indicated otherwise.