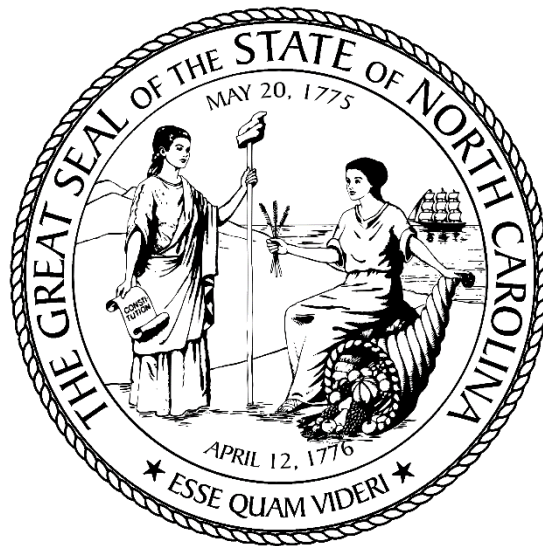


# **2022 Recipient Eligibility Determinations Audit**

**NCGS 108A-70.51**



**Report to the**

**Joint Legislative Oversight Committee on  
Medicaid and NC Health Choice**

**Fiscal Research Division**

**State Auditor**

**by**

**North Carolina Department of Health and Human Services**

**June 21, 2023**

# Contents

I. Introduction .....	3
II. Methodology .....	4
III. Cycle II - Year 1 Accuracy and Quality Assurance Results .....	4
IV. Cycle II - Year 1 Summary .....	9
V. Recommendation .....	10
VI. Appendices .....	11
Appendix A: Medicaid Eligibility Determinations Accuracy and Quality Assurance .....	11
Appendix B: Quality Assurance Standard .....	12
Appendix C: County Audit Results for Medicaid Eligibility by County.....	13
Appendix D: Accuracy Improvement Intervention Results.....	14
Appendix E: Joint State/Local Agency Accuracy Improvement Plan.....	15

## I. Introduction

North Carolina General Statute 108A-70.51, as amended by Session Law 2018-5 Section 11H.5(c) (see **Appendix A**), requires the North Carolina Department of Health and Human Services (the Department) to annually audit all county Departments of Social Services (DSS) for compliance with the accuracy standards adopted under G.S. 108A-70.47 for Medicaid eligibility determinations made within a 12-month period.

The Department consulted with the North Carolina Office of the State Auditor to develop a fair and equitable Medicaid eligibility sample size and agreed on an acceptable error rate by adopting the Centers for Medicare & Medicaid Services (CMS) eligibility error rate of 3.2%. The error rate threshold is applied as follows:

- Error rate threshold of 3.2% per fiscal year for each county for accuracy errors that cause Medicaid applicants to be approved for Medicaid benefits when the applicants are truly ineligible.
- Error rate threshold of 3.2% per fiscal year for each county for accuracy errors that cause Medicaid applicants to be denied Medicaid benefits when the applicants are truly eligible.
- Error rate threshold of 10% per fiscal year for each county for internal control errors made during the eligibility determination process that did not impact the outcome of the eligibility determination decision.

Additionally, due to the effort required to conduct an effective review, each audit cycle of the 100 counties is divided over a three-year period.

The resulting audit is referred to as the NC Medicaid Recipient Eligibility Determination Audit (“REDA”).

This report reflects the results of Year 1 (CY2022) of the 2022-2024 audit cycle (Cycle II).

## II. Methodology

The audit plan was developed and executed by the NC Medicaid Office of Compliance & Program Integrity Member Compliance unit (OCPI QA). The OCPI QA staff has significant experience in eligibility determinations in the county setting and as compliance analysts with the State, including conducting eligibility reviews for the CMS Medicaid Eligibility Quality Control audits.

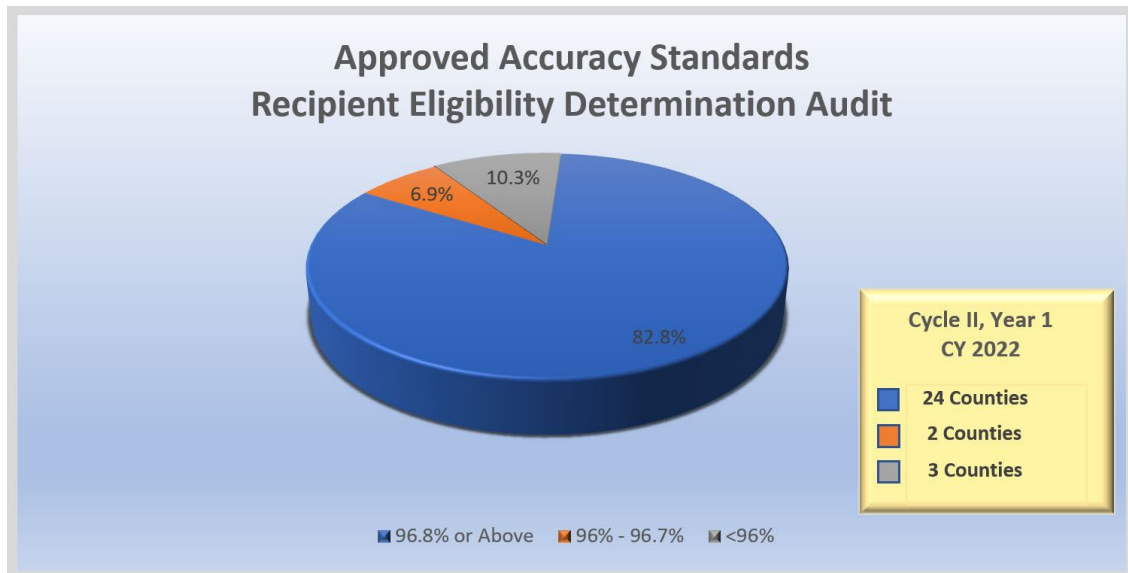
As previously noted, each audit cycle of the 100 counties is divided over a three-year period, as follows: Year 1 includes 30 counties; Year 2 includes 35 counties; and Year 3 covers the remaining 35 counties. A sample size of 200 eligibility determinations made in a 12-month period is audited for each county. The sample includes 100 Medicaid eligibility approvals and 100 Medicaid denials/terminations. The audit procedures are designed to determine the county DSS's compliance with the following accuracy standards:

- Only eligible applicants are approved for Medicaid benefits 96.8% of the time.
- Eligible applicants are not denied/terminated 96.8% of the time.
- The eligibility determination process is free of technical errors that do not change the outcome of the eligibility determination 90% of the time.

## III. Cycle II – Year 1 Accuracy and Quality Assurance Results

### 1. Statewide annual percentage of county DSSs that met the accuracy standards

A. Approved – The overall accuracy rate for Cycle II - Year 1 is 97.8%. The Department reviewed 29 counties in Year 1 for Medicaid eligibility determination accuracy. The 96.8% accuracy rate of approved determinations was met by 24 (82.8%) counties. Another 2 (6.9%) counties fell just shy of the standard, achieving a 96.7%- 96% accuracy. The remaining 3 (10.3%) counties achieved at or just below a 95% accuracy rate.

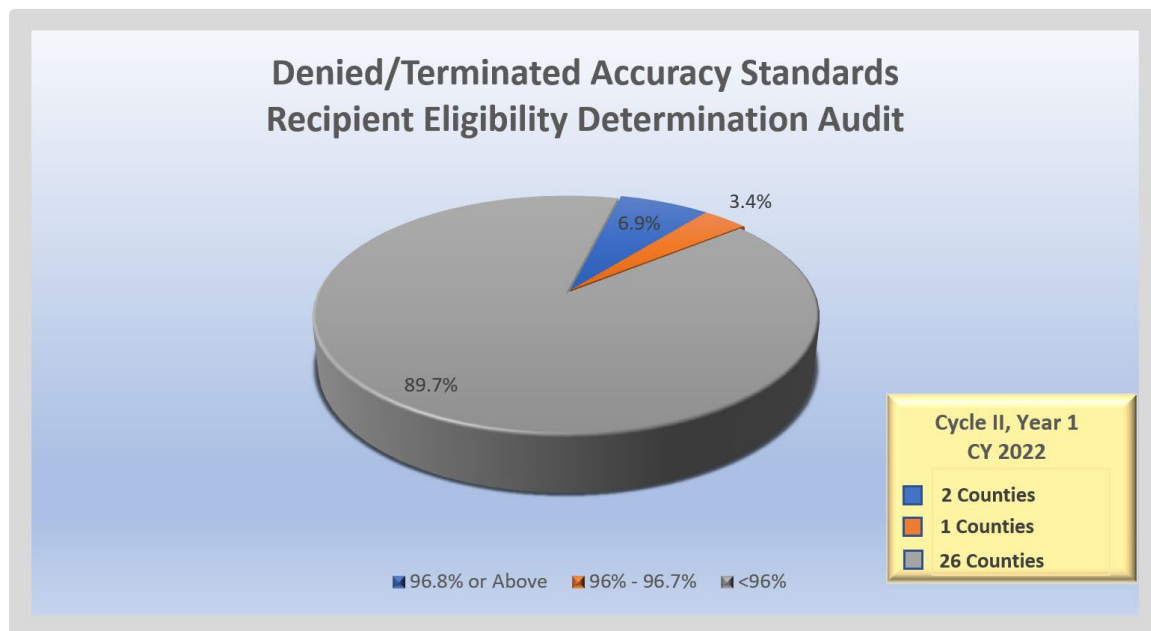


The Department has seen an increase in the accuracy approval rate from Cycle I to Cycle II for the counties reviewed in Year 1. We attribute this improvement to the state's effort in conducting training workshops on creating agency Standard Operating Procedures (SOP) with additional emphasis on monitoring the internal controls to identify gaps and

mitigate the risks by the counties. Counties were trained to take proactive steps to mitigate the risk in Medicaid eligibility. Additional policy training modules were provided to the county with a focus on errors previously identified in Cycle I.

**Note:** There are 29 counties represented in the Cycle II – Year 1 accuracy results. One county remained under a Cycle I Accuracy Improvement Plan (AIP) for the duration of the Cycle II – Year 1 audit period. While undergoing the formal AIP, the county director accepted the state’s offer to conduct a LEAN & Six Sigma (L&SS) project, which identifies inefficient processes and wasteful activities in the eligibility determination process. The project and AIP results concluded in October 2022, for both Approval and Denial/Termination Eligibility Standards. During the L&SS project, standard operating procedures were implemented, roles and responsibilities identified/communicated, and new training techniques implemented by the county Staff Development team. Additional controls implemented include an internal control framework designed to conduct risk assessments and mitigate risk to reduce eligibility errors. The county was successful in obtaining a 100% accuracy rate for both standards, exceeding the 96.8% objective, at the conclusion of the AIP.

- B. Denied/Terminated – The overall accuracy rate for Cycle II – Year 1 is 88.8%. The 96.8% accuracy rate of denied/terminated determinations was met by 2 (6.9%) counties. Another 1 (3.4%) fell just below 96.8% to 96.0%. The remaining 26 (89.7%) counties achieved an accuracy rate at or below 96%.

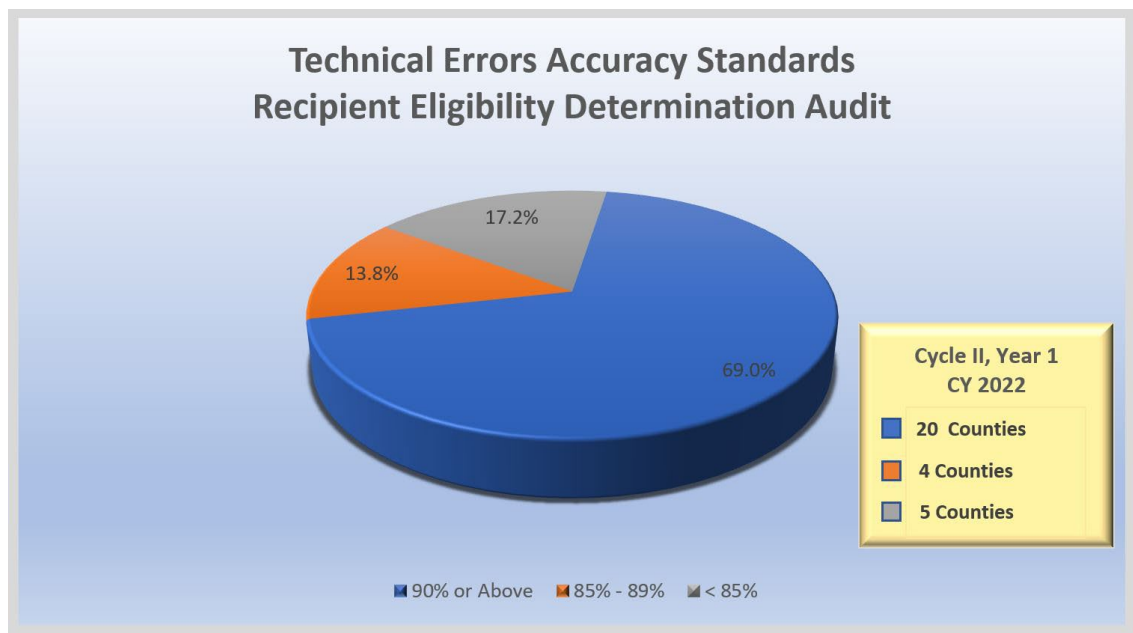


The Department has seen a decrease in the accuracy denial/termination rate from Cycle I to Cycle II for the counties reviewed in Year 1. The errors are around evaluating North Carolina residents for all Medicaid programs prior to denial/termination and failure to follow timeliness guidelines consistently according to Medicaid policy. North Carolina residents were not always afforded the allowable timeframes to provide verification to complete their Medicaid eligibility applications/redeterminations before denial/termination actions were taken. The state further identified county operational structure was separated between the Non-MAGI Adult Medicaid program and the MAGI (Family & Children) Medicaid program due to complexity of the adult program; however, no standard operational procedures were in place to transfer applications/redeterminations between the two programs to evaluate for other benefits prior to denial/termination of the applicant/beneficiary. The North Carolina Families

Accessing Services through Technology (NC FAST) system, used to determine eligibility, is currently looking for ways to enhance the system to automatically evaluate an individual for all Medicaid programs. The State believes this feature will eliminate the “failure to evaluate for all Medicaid programs” error.

C. Technical Errors – The overall technical accuracy rate for Cycle II – Year 1 is 91.2%, exceeding the standard. The 90% accuracy rate was met by 20 (69%) counties. Another 4 (13.8%) counties fell shy of the standard achieving 89% to 85% technical accuracy. The remaining 5 (17.2%) counties achieved an accuracy rate below 85%. Technical error findings were a combination of the following issues:

- Data entry errors around mathematical calculations
- Inadequate notification to applicants/beneficiaries
- Household/Family Size misapplied policies/procedures



The Department has seen an increase in the technical errors accuracy rate from Cycle I to Cycle II for the counties reviewed in Year 1. We attribute this improvement to the state’s effort incorporating more automation in the NC FAST eligibility system during CY 2022. The new automated straight-through eligibility process limits manual caseworker keying errors.

**2. Statewide percentage of county DSSs that met the quality assurance standards adopted under G.S. 108A-70.48 in the prior fiscal year**

The quality assurance standards issued by the Department direct the county to conduct second party quality assurance reviews quarterly and submit review details to the State in a quarterly report. The requirements for compliance include documenting the review on the State-issued template, using a minimum sample size as designated by the State and taking corrective action based on an analysis of the review results.

The State is pleased to note that 100% of the 30 Cycle II -Year 1 counties successfully completed and met the Medicaid quality assurance minimum standards for calendar

year 2022. Minimum sample sizes are based on county population. (see Appendix B: Quality Assurance Standards). OCPI QA reviewed the county submitted templates and noted three main training issues that were identified by the counties:

- Earned income is not consistently calculated/budgeted or verified correctly.
- Electronic sources not checked for resources owned by applicant/beneficiary.
- Failure to check available records in the agency prior to requesting from beneficiary.

Counties followed up by using the review findings to conduct in-house Medicaid policy training. The Department is undertaking policy revisions in Medicaid manuals to ensure relative policies can be successfully implemented.

**3. The annual audit results for each standard (eligible or ineligible) for each county DSS are as follows:**

The review of Medicaid eligibility determinations actions conducted by the county DSSs were completed for calendar year 2022 by February 2023. Cycle II -Year 1 tested roughly 5,890 individuals to verify Medicaid eligibility determinations were performed accurately and timely. (see **Appendix C: Annual Recipient Eligibility Determination Audit results by county**).

**4. The number of years in the preceding five-year period that each county DSS failed to meet the standards in G.S. 108A-70.47 or G.S. 108A-70.48.**

The State is in its 2<sup>nd</sup> year reviewing county Medicaid eligibility determination decisions under G.S. 108A 70.48. Cycle II -Year 1 chart below provides the percentage changes from Cycle I to Cycle II. As noted below, both approvals and internal control standards accuracy rates improved. Additionally, none of the counties in Cycle II -Year 1 failed to successfully complete the quality assurance reviews implemented for CY 2022.

<b>Eligibility Standards</b>	<b>Cycle I, Year 1 CY 2019</b>	<b>Cycle II, Year 1 CY 2022</b>	<b>Change</b>
<b>Approvals</b>	96.5%	97.8%	<b>increase 1.3%</b>
<b>Denials/Terminations</b>	95.0%	88.8%	<b>decrease 6.2%</b>
<b>Technical</b>	85.4%	91.3%	<b>increase 5.9%</b>

**5. Corrective action activities conducted by the Department and county DSSs.**

Early in the CY 2022 audit, the state identified a pattern of counties failing to “evaluate residents for all Medicaid programs” and determined if the pattern continued, it would negatively impact NC residents from receiving Medicaid to which they are entitled. The Department enhanced the REDA audit protocol by implementing the Accuracy Improvement Plan (AIP) process during the CY 2022 audit rather than at the conclusion of the annual audit. By introducing this process in the 7<sup>th</sup> month of the annual audit, collaboration between the state and county DSS agencies resulted in improvement measures that achieved an increase in the denials/terminations accuracy rates for the final 3 months. During the final few months of the 10-month audit, analysts met with county staff for a discussion on identifying gaps in “evaluating residents for all Medicaid programs” which led to incorporation of control activities and modification of the counties’ Standard Operating Procedures. The implemented process modifications positively impacted the quality of eligibility determinations.

Although the REDA AIP intervention occurred in the latter months of the annual audit, it eliminated barriers for NC Medicaid applicants accessing benefits for which they are eligible. The statistics projected that 27 counties would have been required to undergo a formal AIP; however, due to the state's early intervention, only 9 counties require a focused, formal AIP at the conclusion of the CY 2022 audit. Based on these successful results, this same approach will be applied in Cycle II – Year 2 but will be implemented earlier in the audit process.

Furthermore, the Cycle II-Year 1 counties (9) who failed to meet the state accuracy rate were placed under an Accuracy Improvement Plan (AIP) according to the requirements of GS 108A-70.49. (see **Appendix D**). The AIP includes County leadership, the County Department of Social Services Director, County Manager, Chair of County Commissioners (or designee), Social Services Board Chair or other Board Member and other attendees requested by the county working toward quality standards.

The Department continues to provide Medicaid and NC Health Choice formal policy training through the NC FAST Learning Gateway portal. To further ensure that Medicaid and NC Health Choice policies are understood and adhered to at the county level, the Department has instituted the NC FAST Certification program. Certification results are provided to the state to verify the process is in place and the steps to monitor actions are received monthly. All 100 counties are scheduled to complete the certification training by June 2023.

NC FAST implemented three system enhancements to aid in streamlining the eligibility determination process based on Medicaid audit findings to mitigate risks in the eligibility determination process. Those enhancements are:

- Three phases of the straight-through processing (automated approval/denial) without caseworker intervention were implemented.
  - 1<sup>st</sup> Phase: NC FAST system to call online verification systems to obtain verification of eligibility criteria.
  - 2<sup>nd</sup> Phase: Verification integrated into the NC FAST evidence record (eliminating caseworker data entry errors and miscalculation of income when determining eligibility),
  - 3<sup>rd</sup> Phase: Requiring the NCFAST system to run eligibility rules without caseworker intervention once applicant/beneficiary demographic information is entered for Modified Adjusted Gross Income (MAGI) programs. The straight-through process affects over 80% of the Medicaid population.
- Providing post-partum coverage for 12 months for both newborn and mother of newborn after delivery
- Telephonic Signatures on prepopulated forms.

The above enhancements provide more automation for eligibility decisions by reducing manual worker interaction input and electronically populating data from the source. The enhancements are expected to reduce county staff workload activities and reduce findings of eligibility errors.

In August 2022, the Department conducted a Social Services Institute workshop on “Working Beyond Limits to Mitigate Risks for Continuous Improvement”. The subject entailed internal control processes and evaluating existing controls to provide structured recommendations for implementing eligibility determination decisions. The presentation is posted on the North Carolina Association of County Department of Social Services (NCACDSS) website for future reference and training for all 100 counties and the



Department. The State continues to share the “Compliance and How to Strengthen Internal Control Processes” that is posted on the [NCACDSS website](#) for reference and training for those counties subject to an Accuracy Improvement Plan.

- 6. For every county in which the performance metrics for processing Medicaid applications in an accurate manner do not show significant improvement compared to the previous fiscal year, a description of how the Department plans to assist county departments of social services in accuracy and quality assurance standards for Medicaid applications.**

As noted above in Item 4, measured improvement was identified in the approvals accuracy rate and the technical errors accuracy rate. The Department will continue to enhance Medicaid policy manuals, provide counties access to training modules, and execute additional system automation processes to assist counties in improving the terminations/denial accuracy rate.

#### **IV. Cycle II - Year 1 Summary**

The overall accuracy rate for Cycle II – Year 1 is 97.8% for approvals and 88.8% for denials/terminations. The Department continues to update and issue policy guidance and clarification while the counties focus on implementing the Department’s recommendations for enhancing their internal control processes. As eligibility determination is a shared responsibility between the Department and County DSSs, the audit identified opportunities for improvement for both. The common and significant challenge for both the Department and the counties is a shortage of qualified staff. The Department has a shortage of qualified staff to write, maintain, and adequately train counties on eligibility policy, while counties continually experience a shortage of qualified staff to execute policy against the thousands of Medicaid applications received annually. Additionally, some counties struggle with maintaining strong internal controls over the eligibility determination process.

As noted above in Section III. Item 5, the Department and counties are working diligently to strengthen the eligibility process overall, despite staffing and resource challenges. The Department continues to invest in the NC FAST system to implement automation enhancements to streamline the eligibility determination process, including electronic source verifications.

## V. Recommendation

As we embark on the intense work of the COVID-19 Public Health Emergency unwinding and look just a few months ahead to the launch of Medicaid expansion, the Department recognizes the need to provide enhanced support to the County DSS's in their efforts to manage the volume and accuracy of eligibility determinations set to occur over the next 18-24 months. The Department recommends suspending the REDA audit requirement for CY 2023-2024 and restarting with CY2025 as Cycle II-Year 2. The suspension would allow the Department to redeploy the audit staff resources to work collaboratively with all 100 counties to develop/enhance adequate internal controls over the eligibility determination process. As outlined in the previous legislative report, during the CY2022 audit cycle<sup>1</sup>, the audit staff worked diligently with four (4) counties to enhance their internal control processes, resulting in those counties succeeding in meeting their accuracy standards. However, the time required to conduct such internal control reviews with all counties is not possible concurrently with the accuracy review effort. Having completed a full cycle of all 100 counties, the Department believes the best investment of the audit staff's time would be to collaborate with each of the 100 counties to ensure an adequate set of internal controls are in place and working consistently.

Additionally, the Department is requesting additional resources to maintain this required audit effort. Currently, the audit team consists of 31 permanent and temporary staff members under a single manager (Associate Director), who has responsibilities beyond the REDA audit. More than half of the audit staff members are temporary workers, many of whom are looking for permanent positions. Turnover continues to be a major challenge in this space and staff are working excessive hours to maintain the work schedules. Two manager positions at an annual salary of \$80,000 each, along with the ability to convert at least 5 temporary workers to permanent positions at annual salaries of \$60,000 would significantly reduce stress and fatigue on the team. This will better enable them to provide the level of support and oversight to the counties necessary to ensure NC eligibility determinations are conducted accurately. Additionally, a lump sum appropriation of \$47,690 would allow the salary adjustment needed to get the 15 permanent staff members to \$60,000.

The Department is committed to partnering with the county DSSs to ensure Medicaid beneficiaries receive accurate and timely eligibility services.

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<sup>1</sup> <https://www.ncdhhs.gov/sl-2018-5-section-11h5c-medicaid-eligibility-determinations-audit/download?attachment>

## VI. Appendices

### Appendix A: Medicaid Eligibility Determinations Accuracy and Quality Assurance

#### Session Law 2017-57, Section 11.H.22(c)

**SECTION 11H.22.(c)** Article 2 of Chapter 108A of the General Statutes is amended by adding a new Part to read: "Part 11. Medicaid Eligibility Determinations Accuracy and Quality Assurance"  
**"§ 108A-70.51. Reporting.**

Beginning with the calendar year 2020, no later than March 1 of each year, the Department shall submit a report to the Joint Legislative Committee on Medicaid and NC Health Choice, the Fiscal Research Division, and the State Auditor that contains the following information about the prior calendar year:

- a. The annual statewide percentage of county departments of social services that met the accuracy standards adopted under G.S. 108A-70.47 in the prior fiscal year.
- b. The annual statewide percentage of county departments of social services that met the quality assurance standards adopted under G.S. 108A-70.48 in the prior fiscal year.
- c. The annual audit result for each standard adopted under G.S. 108A-70.47 for each county of department services.
- d. The number of years in the preceding five-year period that each county department of social services failed to meet the standards in G.S. 108A-70.47 or G.S. 108A-70.48.
- e. A description of all corrective action activities conducted by the Department and county departments of social services in accordance with G.S.108A-70.49.
- f. For every county in which the performance metrics for processing Medicaid applications in an accurate manner do not show significant improvement compared to the previous fiscal year, a description of how the Department plans to assist county departments of social services in accuracy and quality assurance standards for Medicaid applications."

#### Session Law 2018-5, Section 11.H.5(c)

G.S. 108A-70.51 reads as rewritten: Beginning with the calendar year 2020, no later than March 1 of each year, the Department shall submit a report to the Joint Legislative Committee on Medicaid and NC Health Choice, the Fiscal Research Division, and the State Auditor that contains the following information about the prior calendar year:

- (1) The ~~annual statewide~~ percentage of audited county departments of social services that met the accuracy standards adopted under G.S. 108A-70.47 in the prior fiscal year.
- (2) The ~~annual statewide~~ percentage of audited county departments of social services that met the quality assurance standards adopted under G.S. 108A-70.48 in the prior fiscal year.
- (3) The ~~annual~~ audit result for each standard adopted under G.S. 108A-70.47 for each county of department services in the prior fiscal year.
- (4) The number of years in the preceding ~~five-year~~ 10-year period that ~~each any~~ county department of social services failed to meet the standards in G.S. 108A-70.47 or G.S. 108A-70.48.
- (5) A description of all corrective action activities conducted by the Department and county departments of social services in accordance with G.S. 108A-70.49.
- (6) For every county in which the performance metrics for processing Medicaid applications in an accurate manner do not show significant improvement compared to the previous ~~fiscal year~~ audit of that county, a description of how the Department plans to assist county departments of social services in accuracy and quality assurance standards for Medicaid applications."

## Appendix B: Quality Assurance Standard

<b>2nd Party Medicaid Eligibility Corrective Action, SFY 2022</b>							
<b>Number of Cases Reviewed by REDA Cycle II, Year 1 Counties</b>							
<b>County</b>	<b>Minimum Quarterly Sample Size</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>CY 2022 Cases Reviewed</b>	<b>Difference (+/-)</b>
Alamance	166	167	204	167	167	705	41
Caldwell	102	208	140	156	156	660	252
Catawba	161	207	194	161	161	723	79
Chatham	97	102	103	101	101	407	19
Durham	268	270	275	270	270	1085	13
Edgecombe	97	468	402	109	109	1088	700
Forsyth	382	480	382	382	382	1626	98
Franklin	136	154	158	136	136	584	40
Gaston	247	418	442	438	438	1736	748
Gates	30	30	30	30	30	120	0
Granville	100	158	164	186	186	694	294
Guilford	560	1070	887	795	795	3547	1307
Haywood	68	154	163	207	207	731	459
Henderson	88	258	228	195	195	876	524
Hertford	69	69	69	69	69	276	0
Iredell	141	147	186	185	185	703	139
Jackson	76	177	114	178	178	647	343
Madison	46	204	122	200	200	726	542
Martin	64	64	64	72	72	272	16
Mecklenburg	999	1004	1005	1006	1006	4021	25
Randolph	163	582	486	375	375	1818	1166
Rockingham	109	110	120	115	115	460	24
Rowan	162	292	168	188	188	836	188
Swain	86	86	90	90	90	356	12
Tyrrell	30	30	30	30	30	120	0
Union	158	168	158	158	158	642	10
Wake	661	849	669	784	784	3086	442
Warren	53	54	53	63	63	233	21
Wilkes	77	179	132	114	114	539	231
Yancey	40	40	40	40	40	160	0
<b>Statewide</b>	<b>5436</b>	<b>8199</b>	<b>7278</b>	<b>7000</b>	<b>7000</b>	<b>29477</b>	<b>7733</b>

## Appendix C: County Audit Results for Medicaid Eligibility by County

<b>Recipient Eligibility Determination Audit (REDA) – Year 1</b>			
<b>Cycle II – Calendar Year 2022 – 29 Counties</b>			
<b>Accuracy Standards</b>			
<b>County</b>	<b>Approved 96.8%</b>	<b>Denied/ Terminated/Inquiries 96.8%</b>	<b>Technical Errors 90.0%</b>
Alamance	99.0%	92.0%	90.5%
Caldwell	98.0%	97.0%	92.5%
Catawba	98.0%	87.0%	88.5%
Chatham	100.0%	91.0%	93.5%
Durham	99.0%	81.0%	97.0%
Forsyth	97.0%	92.0%	94.5%
Franklin	97.0%	89.0%	98.5%
Gaston	98.0%	94.0%	95.5%
Gates	98.0%	90.9%	92.0%
Granville	97.0%	87.0%	84.5%
Guilford	97.0%	82.0%	89.0%
Haywood	100.0%	97.0%	92.0%
Henderson	95.0%	93.0%	87.5%
Hertford	92.0%	78.0%	83.0%
Iredell	99.0%	91.0%	94.5%
Jackson	100.0%	84.0%	96.5%
Madison	96.0%	71.0%	92.0%
Martin	97.0%	82.0%	89.5%
Mecklenburg	97.0%	90.0%	80.5%
Randolph	99.0%	93.0%	95.0%
Rockingham	99.0%	96.0%	97.5%
Rowan	98.0%	92.0%	95.5%
Swain	98.9%	94.4%	96.7%
Tyrrell	100.0%	92.2%	99.3%
Union	96.0%	85.0%	83.5%
Wake	98.0%	93.0%	93.0%
Warren	98.0%	86.0%	79.0%
Wilkes	99.0%	84.0%	90.5%
Yancey	95.0%	92.0%	90.0%

## Appendix D: Accuracy Improvement Intervention Results

<b>Cycle II, Year 1 – Immediate AIP Impact – Resulting Accuracy Rates</b>		
<b>County</b>	<b>AIP Alternate ACTIVE Accuracy Rate</b>	<b>AIP Alternate NEGATIVE Accuracy Rate</b>
Alamance	99.0%	100.0%
Caldwell	98.0%	97.0%
Catawba	98.0%	100.0%
Chatham	100.0%	100.0%
Durham	99.0%	98.0%
Forsyth	97.0%	100.0%
Franklin	97.0%	100.0%
Gaston	98.0%	100.0%
Gates	98.0%	99.0%
Granville	97.0%	93.0%
Guilford	97.0%	87.0%
Haywood	100.0%	97.0%
Henderson	100.0%	95.0%
Hertford	100.0%	88.0%
Iredell	99.0%	98.0%
Jackson	100.0%	92.5%
Madison	100.0%	85.0%
Martin	97.0%	82.0%
Mecklenburg	97.0%	97.0%
Randolph	99.0%	95.0%
Rockingham	99.0%	100.0%
Rowan	98.0%	96.8%
Swain	98.9%	100.0%
Tyrrell	100.0%	100.0%
Union	100.0%	96.8%
Wake	98.0%	99.0%
Warren	98.0%	95.0%
Wilkes	99.0%	100.0%
Yancey	100.0%	100.0%
<b>AIP TOTALS</b>	<b>0</b>	<b>9</b>
	<b>Counties under Active AIP</b>	<b>Counties under Negative AIP</b>

## Appendix E: Joint State/Local Agency Accuracy Improvement Plan

### Department of Social Services

**REQUIREMENT:** Accurate processing of Medicaid applications/redeterminations to meet the State standards.

#### ACCURACY STANDARDS

- Only eligible applicants are approved for Medicaid benefits 96.8% of the time.
  - Eligible applicants are not denied/terminated 96.8% of the time
- Note: The eligibility determination process is free of technical errors that do not change the outcome of the eligibility determination 90% of the time.

<b>STATE POINT OF CONTACT</b>		<b>COUNTY POINT OF CONTACT</b>			
Name: _____		Name: _____			
E-mail address: _____		E-mail address: _____			
Phone number: _____		Phone number: _____			
<b>COUNTY METRICS</b>		<b>COUNTY SELF-ASSESSMENT</b>			
[List programs and months out of compliance and associated accuracy metrics]		[Brief summary of county self-assessment that lists reasons for failure to meet accuracy standards]			
<b>CURRENT INITIATIVES</b>					
[Initiatives/improvements currently underway to address accuracy issues; steps already taken in months prior to implementing AIP]					
<b>ACTION PLAN</b>					
<b>KEY GOAL</b> (e.g. "Meet the 96.8% accuracy standard rate")					
<b>Strategies &amp; Actions for Improvement</b>					
<b>Strategy/Action #1 For Completing Goal</b> (detailed description):					
<b>Desired Outcome</b> <i>(including associated metrics):</i>	<b>Target Dates and Checkpoints</b> <i>(including targeted completion date):</i>	<b>Strategy/Action Owner</b>	<b>Resources Needed</b>	<b>State Actions/Support Required</b>	

**Strategy/Action #2 For Completing Goal** *(detailed description):*

<b>Desired Outcome</b> <i>(including associated metrics):</i>	<b>Target Dates and Checkpoints</b> <i>(including targeted completion date):</i>	<b>Strategy/Action Owner</b>	<b>Resources Needed</b>	<b>State Actions/Support Required</b>

**Strategy/Action #3 For Completing Goal** *(detailed description):*

<b>Desired Outcome</b> <i>(including associated metrics):</i>	<b>Target Dates and Checkpoints</b> <i>(including targeted completion date):</i>	<b>Strategy/Action Owner</b>	<b>Resources Needed</b>	<b>State Actions/Support Required</b>



Date of AIP Review: \_\_\_\_\_  
 Reviewed By: \_\_\_\_\_  
 Next Projected review of AIP: \_\_\_\_\_

**AIP PROGRESS REVIEW AND UPDATES**  
*Section to be completed by authorized reviewer [INSERT TIME FREQUENCY] and findings reviewed by [COUNTY NAME] Director.*

<b>SUMMARY (key findings of review):</b>	<b>KEY STEPS PRIOR TO NEXT REVIEW:</b>
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**TARGETED IMPROVEMENT UPDATES**  
*Complete 1 row for each targeted improvement identified in the original AIP*

**STRATEGY/ACTION #1 [List associated action]:**

Metrics	Status	Actions	Recommendations for Enhancement and Monitoring of AIP
<b>TARGET GOAL:</b>  <b>LAST REVIEW [insert status at last review]:</b>  <b>CURRENT:</b>	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	<input type="checkbox"/> Remove from AIP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	

**STRATEGY/ACTION #2 [List associated action]:**

Metrics	Status	Actions	Recommendations for Enhancement and Monitoring of AIP
<b>TARGET GOAL:</b>  <b>LAST REVIEW [insert status at last review]:</b>  <b>CURRENT:</b>	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	<input type="checkbox"/> Remove from AIP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	

**STRATEGY/ACTION #3 [List associated action]:**

Metrics	Status	Actions	Recommendations for Enhancement and Monitoring of AIP
<b>TARGET GOAL:</b>  <b>LAST REVIEW [insert status at last review]:</b>  <b>CURRENT:</b>	<input type="checkbox"/> Achieved <input type="checkbox"/> In Progress – On Schedule <input type="checkbox"/> In Progress – Behind <input type="checkbox"/> Not Started	<input type="checkbox"/> Remove from AIP <input type="checkbox"/> Revise/Re-evaluate goal <input type="checkbox"/> Continue to Implement <input type="checkbox"/> Continue to Monitor	