

Section 1: General Information

State Name:	
Name of Pilot:	
Date of Submission:	
Reporting Period:	

Section 2: State Background Information

Date State Implemented MAGI Determinations	
State Marketplace Model During Pilot Timeframe. Please specify if state changed models during pilot timeframe.	

Please discuss aspects of the state's implementation of new ACA requirements that had an impact on the pilot and may help interpretation of pilot results. For example, discuss any delay in implementing eligibility determinations based on MAGI, interim solutions used (i.e. manual MAGI calculations, MAGI in a cloud), timeframes for implementing inbound and outbound transfers with the FFM if relevant, changes in eligibility systems, targeted enrollment strategies etc. Please include relevant dates.

Has anything changed about the pilot since approval of the pilot proposal? If yes, please describe.

Please include any other information that may help interpretation of the pilot results

Section 3: Overall Findings

Please describe the sampling unit and the level at which the state is reporting errors (e.g. sampled at the individual level but reviewed entire household and reporting out on each individual in the household; treating the household as one unit for both sampling and reporting). The level at which the state is reporting errors is how the state defines a "case" throughout reporting:

Medicaid Active

Number of Medicaid Active Cases Reviewed	
Number of Medicaid Active Cases Correct	
Number of Medicaid Active Cases in Error	
Dollar Value of Improper Payments Identified	
Dollar Value of Payments for Correct Cases (optional)	

Medicaid Negative

Number of Medicaid Negative Cases Reviewed	
Number of Medicaid Negative Cases Correct	
Number of Medicaid Negative Cases in Error	

CHIP Active

Number of CHIP Active Cases Reviewed	
Number of CHIP Active Cases Correct	
Number of CHIP Active Cases in Error	
Dollar Value of Improper Payments Identified	
Dollar Value of Payments for Correct Cases (optional)	

CHIP Negative

Number of CHIP Negative Cases Reviewed	
Number of CHIP Negative Cases Correct	
Number of CHIP Negative Cases in Error	

Section 4: Analysis by Error Code

Medicaid Active

Please list all of the error codes/classifications that the state used	# of errors	\$ Improper Payments

Medicaid Negative

Please list all of the error codes/classifications that the state used	# of errors

CHIP Active

Please list all of the error codes/classifications that the state used	# of errors	\$ Improper Payments

CHIP Negative

Please list all of the error codes/classifications that the state used	# of errors

*Note: Reporting website will automatically expand if states need to enter more error code rows

Section 5: Was the decision about program eligibility correct?

# decision about program eligibility correct:	Medicaid	
	Active	Negative

# decision about program eligibility incorrect:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
CHIP		
	Active	Negative
# decision about program eligibility correct:		
# decision about program eligibility incorrect:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
Section 6: Was the decision about eligibility group correct?		
Medicaid		
	Active	Negative
# decision about eligibility group correct:		
# decision about eligibility group incorrect:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
CHIP		
	Active	Negative
# decision about eligibility group correct:		
# decision about eligibility group incorrect:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
Section 7: If the decision has been finalized and denied, was the case transferred to the FFM appropriately?		
Medicaid		
# transferred appropriately:		
# not transferred appropriately:		
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
CHIP		
# transferred appropriately:		
# not transferred appropriately:		
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
Section 8: If the decision has been finalized and denied, have appropriate final notices been sent?		
Medicaid		
# appropriate final notices sent:		
# appropriate final notices not sent:		
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
CHIP		
# appropriate final notices sent:		
# appropriate final notices not sent:		
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
Section 9: If the application was transferred from a FFM, were appropriate steps taken to ensure reuse of application and verification information?		
Medicaid		
	Active	Negative
# of cases where appropriate steps were taken to ensure reuse of information:		
# of cases where appropriate steps were not taken to ensure reuse of information:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		

Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
CHIP		
	Active	Negative
# of cases where appropriate steps were taken to ensure reuse of information:		
# of cases where appropriate steps were not taken to ensure reuse of information:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
Section 10: Were the appropriate attestations or verifications made for data collected in the application as identified in the state's verification plan before disposition?		
Medicaid		
	Active	Negative
# of cases where appropriate attestations/verifications made:		
# of cases where appropriate attestations/verifications not made:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
CHIP		
	Active	Negative
# of cases where appropriate attestations/verifications made:		
# of cases where appropriate attestations/verifications not made:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
Section 11: If additional information was sought from the applicant or beneficiary, was such information properly requested based on attestations and verifications, or existing data, and utilized properly in the eligibility determination?		
Medicaid		
	Active	Negative
# of cases where additional info was properly requested and utilized:		
# of cases where additional info was not properly requested or utilized:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
CHIP		
	Active	Negative
# of cases where additional info was properly requested and utilized:		
# of cases where additional info was not properly requested or utilized:		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
Section 12: Based on the information supplied, attested and verified, was the household composition and income level for the applicant properly established?		
Medicaid		
	Active	Negative
# of cases where household composition properly established		
# cases where household composition not properly established		
\$ Improper Payments due to household composition not properly established:		N/A
# of cases where income level properly established		
# of cases where income level not properly established		
\$ Improper Payments due to income not properly established:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		
Provide corrective actions for each root cause of error		
CHIP		
	Active	Negative
# household composition and income level properly established		
# household composition or income level not properly established		
\$ Improper Payments due to this measure:		N/A
# household composition and income level properly established		
# household composition or income level not properly established		
\$ Improper Payments due to this measure:		N/A
Provide general description of each error identified		
Provide the root cause for each error identified		

Provide corrective actions for each root cause of error

Section 13: Based on the information supplied, attested and verified, was the citizenship and immigration status for the applicant properly established?

Medicaid

Active

Negative

citizenship and immigration status properly established

citizenship and immigration status not properly established

\$ Improper Payments due to this measure:

N/A

Provide general description of each error identified

Provide the root cause for each error identified

Provide corrective actions for each root cause of error

CHIP

Active

Negative

citizenship and immigration status properly established

citizenship and immigration status not properly established

\$ Improper Payments due to this measure:

N/A

Provide general description of each error identified

Provide the root cause for each error identified

Provide corrective actions for each root cause of error

Section 14: Analysis by Point of Application (i.e. state agency; transferred from marketplace)

Medicaid

Active

Negative

Please list points of application captured

reviewed

in error

\$ improper payments

\$ correct payments (optional)

reviewed

in error

Applications received at state agency/delegated entity

Provide a high-level analysis of the accuracy of eligibility determinations by Point of Application. Was one point of application more problematic than others?

Provide the reasons for errors as they relate to the point of application

Provide corrective actions implemented focused on specific points of application

CHIP

Active

Negative

Please list points of application captured

reviewed

in error

\$ improper payments

\$ correct payments (optional)

reviewed

in error

Applications received at state agency/delegated entity

Provide a high-level analysis of the accuracy of eligibility determinations by Point of Application. Was one point of application more problematic than others?

Provide the reasons for errors as they relate to the point of application

Provide corrective actions implemented focused on specific points of application

Section 15: Analysis by Type of Application (i.e. single streamlined application; multi-benefit application)

Medicaid

Active

Negative

Please list types of applications captured

reviewed

in error

\$ improper payments

\$ correct payments (optional)

reviewed

in error

Provide a high-level analysis of the accuracy of eligibility determinations by Type of Application. Was one type of application more problematic than others?

Provide the reasons for errors as they relate to the type of application

Provide corrective actions implemented focused on specific types of application

CHIP

Active

Negative

Please list types of application captured

reviewed

in error

\$ improper payments

\$ correct payments (optional)

reviewed

in error

Provide a high-level analysis of the accuracy of eligibility determinations by Type of Application. Was one type of application more problematic than others?

Provide the reasons for errors as they relate to the type of application

Provide corrective actions implemented focused on specific types of application

Section 16: Analysis by Channel (i.e. in person; telephone; online; mail; transferred)

Medicaid

Please list channels captured	Active				Negative	
	# reviewed	# in error	\$ improper payments	\$ correct payments (optional)	# reviewed	# in error
In Person						
Online						

Provide a high-level analysis of the accuracy of eligibility determinations by Channel. Was one channel more problematic than others?

Provide the reasons for errors as they relate to the channel

Provide corrective actions implemented focused on specific channels

CHIP

Please list channels captured	Active				Negative	
	# reviewed	# in error	\$ improper payments	\$ correct payments (optional)	# reviewed	# in error
In Person						
Online						

Provide a high-level analysis of the accuracy of eligibility determinations by Channel. Was one channel more problematic than others?

Provide the reasons for errors as they relate to the channel

Provide corrective actions implemented focused on specific channels

Section 17: Additional Analysis/Findings

Did the state notice any trends by timeframes? (i.e. Oct-Dec findings different than Jan - March findings) If yes, please describe.	
Did the state observe any other trends in errors? If yes, please describe. Were the trends expected/unexpected?	
Were there any unexpected findings?	
Provide a description of any technical or procedural errors that were identified through the pilot along with actions your state took to address the issues.	
Did the errors identified through this pilot line up with previous PERM/MEQC errors identified in your state? What was different/similar about pilot findings to previous PERM/MEQC findings?	
For sections that had no or few errors identified, what processes does the state have in place that helped lead to accurate determinations? Are there any best practices that other states would benefit from?	
Include any additional analysis/findings/comments the state would like to report	
Section 18: Pilot Feedback	
Based on prior experiences with PERM and MEQC, did your state identify any differences or difficulties performing eligibility reviews for MAGI cases?	
What was the most useful information you gained from the pilot? What information is most likely to help you improve systems, processes, policies, etc.?	
Is there any information you wish you'd gained from this pilot?	
What were your thoughts on the overall pilot process? What factors would have made the pilot process easier for the State?	
Are there any elements this pilot did not review that would be worth including in future pilots?	
Did you identify any issues that would be beneficial to focus on in future pilots?	