



Medicaid and CHIP Eligibility Pilot Round 3 Guidance FAQs

Q1: The Round 3 guidance provides a list of finding codes but there is no finding code that matches the error our state has identified in pilot reviews. Should this finding be reported as other- 99?

A1: States should review the finding codes and use the code that best fits based on the elements or process reviewed. We are aware that there may not be a code that clearly matches the finding. For clarification, CMS will also be reviewing your state's explanation of the root causes of the findings in the corrective action section. The finding code of "other" should only be used as a last resort and for findings related to an additional element or process reviewed that is not listed in the chart. States will be required to provide additional explanation if the finding code of "other" is used.

Q2: Our state includes other non-MAGI eligibility groups in addition to aged, blind and disabled. Should these groups be included in the review?

A2: If your state has other non-MAGI groups in addition to the aged, blind and disabled category, the state can include these groups in the review unless cases are a required exclusion. If cases will be included in the review, states should list the additional non-MAGI groups in the proposal.

Q3: SSI cases are included in the list of exclusions according to Round 3 guidance. Could CMS please provide clarification about this Round 3 SSI exclusion?

A3: SSI cases should be excluded only in states that have an agreement with the Social Security Administration (SSA) under Section 1634 of the Social Security Act.

Q4: Will states be required to respond to the specific questions listed as considerations in Table A & Table B of the Round 3 guidance?

A4: No, states will not be required to respond to specific questions for each element or process reviewed. The questions are provided as examples of what state should be considering during the review process. States are required to review all aspects of the determination process. Each state responsible for conducting a thorough review process that is applicable to their individual state.

Q5: Do the finding codes listed in the Round 3 guidance to report errors or deficiencies apply to both case worker and systems issues?

A5: Yes, some of the findings codes are related to both systems and case worker issues. When reporting, states will have the option to identify each finding as case worker or system issue.

Q6: In our state the OIG office is responsible for conducting pilot reviews. Can the OIG director be the designee that attests to the accuracy of the reviews?

A6: Yes, it is acceptable for the OIG director to be the designee that attests to the accuracy of the reviews. States should specify the name of the state official (State Medicaid/CHIP Director or designee) that is attesting to the accuracy of the reviews.