

~~-Revised 11/13/12-~~

Operations Memorandum - Medicaid OPS121004

SUBJECT: "Ex Parte" Review of Medical Assistance (MA) Cases at Renewal and Semi-Annual Review (SAR)
TO: Executive Directors
FROM: Richard Wallace, Acting Director, Bureau of Operations

PURPOSE

1. To introduce the term "Ex Parte" review, which is to be completed at MA renewals and SARs. The "Ex Parte" review term is new to the County Assistance Offices (CAOs); however, the process in completing an "Ex Parte" review is a process that the CAOs should be familiar with when completing MA renewals and SARs.
2. To reinforce the requirements to perform an "Ex Parte" review of case eligibility information at MA renewal and SAR.
3. To outline the process the caseworker will follow when completing an "Ex Parte" review at MA renewal and SAR.

BACKGROUND

An "Ex Parte" review is a Federal requirement that helps avoid unnecessary requests of verification when the information is already available to the Department of Public Welfare (DPW) through existing case records and data sources. When information can be electronically verified, the individual is not required to provide additional paper verification. "Ex Parte" review is defined as "an action by one party without the involvement of the other party in obtaining verification or information."

Currently, when MA budgets are due for renewal and SAR, caseworkers perform a review of the MA budget. The renewal packet or SAR is sent to the individual and when the packet is returned, the caseworker reviews the renewal packet or SAR to ensure that the form is completed and signed. If any information is missing or unverified, the caseworker should first check all available data sources: IEVS, BENDEX, SDX, PACSES, AIMS and The Work Number. If necessary information can be verified through electronic sources, the caseworker should not request that the individual provide paper verification.

For an MA renewal, if the caseworker is unable to obtain the missing or unverified information using the existing case record or data sources, the caseworker should contact the individual and give the individual 15 days to provide the information that

cannot be obtained from existing data sources or the case record. If the renewal packet or requested information is not returned by the due date, the caseworker closes the MA budget with a 15-day advance notice.

For an MA-only SAR, if the caseworker is unable to obtain the missing or unverified information using the existing case record or data sources, the SAR form is tracked as incomplete and the system creates and sends a Late/Incomplete Notice (L/IN). If the L/IN or missing information is not returned by the extended due date on the L/IN, the caseworker takes the action to close the MA budget with a 15-day advance notice.

Caseworkers are required to utilize the full range of information available to DPW prior to closing the MA budget. The individual has the responsibility to provide the required information if verification cannot be obtained through collateral contacts, the existing case record or data sources. If the individual is cooperating in providing the requested information, the caseworker must allow MA benefits to remain open while waiting for information at both renewal and SAR.

DISCUSSION

In an effort to ensure that all appropriate steps have been taken to verify eligibility information during MA renewals and SARs, caseworkers are required to conduct an “Ex Parte” review using information found in the existing case record and information provided from the data sources available to DPW. In order to assure continuous eligibility and to reduce “churning” (the cycle of budgets closing and reopening), DPW is increasing its efforts to ensure that those who meet the eligibility requirements for MA continue to receive benefits. For steps to take at an MA Renewal see [Attachment 1](#). For steps to take at an MA SAR see [Attachment 2](#).

[See Attachment 3 – CAO Ex-Parte Review Checklist](#)

NEXT STEPS

1. Share and review this information with appropriate staff members.
2. Contact your Area Manager with any questions.
3. The policy and procedures in this Operations Memorandum are effective immediately upon posting.
4. This Operations Memorandum will become obsolete when the information is updated in the Medical Assistance Eligibility Handbook.

Attachments (3)