VALIDATING BENEFICIARY INFORMATION

PERM RC FAST FACTS

PURPOSE OF VALIDATION

The beneficiary Data Processing (DP) review determines if the information in the state's financial system is accurate and if the claim paid appropriately according to that information. **The review does not determine whether a beneficiary's eligibility determination is accurate**, but only if that determination was accurately applied to the processing of the claim.

VALIDATING BENEFICIARY INFORMATION

The Review Contractor's (RC's) DP reviewers use information in a state's claims processing system, data extracts, claim submissions, and supporting documentation to verify required data elements for Medicaid and Children's Health Insurance Program (CHIP) DP reviews. The table below lists the elements and the validation methods. If the DP reviewer is not able to validate an element using the available systems, the RC will ask the state to provide the information.

Element	Validation Method
Date of Birth/Age	• Validate eligibility for age-specific services. • Validate eligibility for CHIP on date of service (DOS).
Date of Death (DOD)	• Validate DOD on or after DOS.
Citizenship	• Validate citizenship designation and review state policy to determine benefits for each citizenship code, e.g., Eligible Alien, Emergency Services Alien, Legal Permanent Resident, Refugee, U.S. Citizen.
County (City or ZIP Code for Managed Care Status)	• Fee-for-Service (FFS): Verify county matches detail screen. • Managed Care payments: Validate correct rate cell was used.
Gender	• FFS: Validate for gender-specific services. • Managed Care: Validate correct rate cell was used.
Living Arrangements	• Validate living arrangements, e.g., group home, hospice, nursing home, etc. by using all available information including aid categories.
Aid Category / Program Eligibility	• Verify the beneficiary was enrolled on the DOS. • Verify the eligibility aid code provided matches the code in the Medicaid Management Information System (MMIS).

Element	Validation Method
	• Validate the appropriate funding source was applied (i.e., Medicaid vs. CHIP).
Third Party Liability (TPL)	• Verify if the beneficiary under review had TPL on the DOS. • Verify if the claim processed any TPL correctly.
Eligibility Effective Dates	• Verify eligibility effective dates provided in the data extract or screen print match MMIS. • Validate eligibility on DOS.
Managed Care / Health Plan Enrollment	• Verify if the beneficiary under review was enrolled in a Managed Care Organization (MCO) on the DOS. • For FFS reviews, determine if service is a carve out (e.g., school-based services, pharmacy, or dental). • For FFS reviews, verify the beneficiary was not enrolled in Managed Care when an FFS was rendered. • If not enrolled in Managed Care, verify the beneficiary falls into one of the following categories that may qualify as an exception to Managed Care: ✓ Age. ✓ Aid category. ✓ County. ✓ Dual eligible - Medicaid and Medicare enrollment. ✓ Institutionalized-inpatient (Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), nursing facility). ✓ Native American. ✓ State does not have Managed Care. ✓ Type of program that does not allow beneficiary to enroll in Managed Care, e.g., Early and Periodic Screening, Diagnostic, and Treatment (EPSDT); Long Term Services and Support (LTSS). ✓ Voluntary: Based on the type of program or aid category, the beneficiary has an option to enroll in an MCO. ✓ Waiver program.