

(3) For a service already paid for by Medicaid; or

(4) In an amount above the allowable reimbursement level for that service.

Eligibility error means that Medicaid coverage has been authorized or payment has been made for a beneficiary or family under review who—

(1) Was ineligible when authorized or when he received services; or

(2) Was eligible for Medicaid but was ineligible for certain services he received; or

(3) Had not met beneficiary liability requirements when authorized eligible for Medicaid; that is, he had not incurred medical expenses equal to the amount of his excess income over the State's financial eligibility level or he had incurred medical expenses that exceeded the amount of excess income over the State's financial eligibility level, or was making an incorrect amount of payment toward the cost of services.

Negative case action means an action that was taken to deny or otherwise dispose of a Medicaid application without a determination of eligibility (for instance, because the application was withdrawn or abandoned) or an action to deny, suspend, or terminate an individual or family.

State agency means either the State Medicaid agency or a State agency that is responsible for determining eligibility for Medicaid.

§ 431.806 State plan requirements.

(a) *MEQC program*. A State plan must provide for operating a Medicaid eligibility quality control program that meets the requirements of §§ 431.810 through 431.822 of this subpart.

(b) *Use of PERM data*. A State plan must provide for operating a Medicaid eligibility quality control program that is in accordance with § 431.978 through § 431.988 of this part to meet the requirements of § 431.810 through § 431.822 of this subpart when a State is in their PERM year.

(c) *Claims processing assessment system*. Except in a State that has an approved Medicaid Management Information System (MMIS) under subpart C of part 433 of this subchapter, a State plan must provide for operating a Medicaid quality control claims processing as-

essment system that meets the requirements of §§ 431.830 through 431.836 of this subpart.

[55 FR 22166, May 31, 1990, as amended at 75 FR 48847, Aug. 11, 2010]

§ 431.808 Protection of beneficiary rights.

Any individual performing activities under the MEQC program or the claims processing assessment system specified in this subpart must do so in a manner that is consistent with the provisions of §§ 435.902 and 436.901 of this subchapter concerning the rights of beneficiaries.

MEDICAID ELIGIBILITY QUALITY CONTROL (MEQC) PROGRAM

SOURCE: Sections 431.810 through 431.822 appear at 55 FR 22167, May 31, 1990, unless otherwise noted.

§ 431.810 Basic elements of the Medicaid eligibility quality control (MEQC) program.

(a) *General requirements*. The agency must operate the MEQC program in accordance with this section and §§ 431.812 through 431.822 and other instructions established by CMS.

(b) *Review requirements*. The agency must conduct MEQC reviews in accordance with the requirements specified in § 431.812 and other instructions established by CMS.

(c) *Sampling requirements*. The agency must conduct MEQC sampling in accordance with the requirements specified in § 431.814 and other instructions established by CMS.

§ 431.812 Review procedures.

(a) *Active case reviews*. (1) Except as provided in paragraph (a)(2) of this section, the agency must review all active cases selected from the State agency's lists of cases authorized eligible for the review month, to determine if the cases were eligible for services during all or part of the month under review, and, if appropriate, whether the proper amount of beneficiary liability was computed.

(2) The agency is not required to conduct reviews of the following cases:

(i) Supplemental Security Income (SSI) beneficiary cases in States with