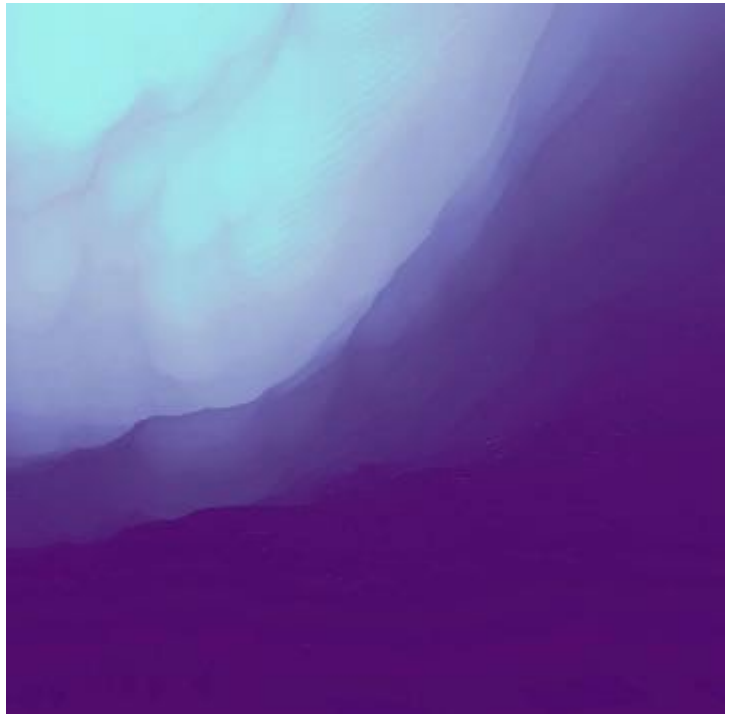
Into the Deep:
Exploring the Depths of MEQC Case Readings

Beth Wozniak, QC Medicaid Specialist
Jennifer Kessler, QC Medicaid Supervisor.
VDSS Compliance Division-Quality Control
October 29, 2026

Medicaid Eligibility Quality Control (MEQC)

- Federally mandated program that ensures accuracy and integrity of Medicaid eligibility determinations.
- Supports Centers for Medicare & Medicaid Services' (CMS) payment reduction mandates.
- Compliments the Payment Error Rate Measurement (PERM) program.
- Provides a state-level quality control layer to the eligibility determinations.
- VDSS MEQC team has 5 Medicaid QC case reviewers (one per region), a supervisor, and a specialist.

Medicaid Eligibility Quality Control (MEQC)



How does MEQC work?

- MEQC runs in 3 cycles. Each cycle lasting 12 months.
- VA is a cycle 1 state. We just wrapped up the 2025 MEQC cycle for Virginia.
- MEQC is required to provide 800 case reviews (400 CHIP, 400 Medicaid) to CMS over a 12-month period. The MEQC team reviews a sample of 1000 cases in an MEQC cycle to allow for any cases that we are unable to review. We review a wide universe of cases. Positive and negative actions on applications, renewals, changes, as well as ongoing active coverage.
- VDSS MEQC sends the case reviews to DMAS for a secondary review prior to being sent to CMS.
- Once the cycle is wrapped up, QC works with DMAS and Benefit programs to create a Corrective Action Plan (CAP) to show that VA is making an effort to correct the most frequent errors or vulnerable areas.

What do we do?

During MEQC- We review approximately 84 MEQC reviews each month. A thorough review is completed. We receive a random sample each month of negative and positive actions. Our sample is based on one EDG for each review. So, we are not reviewing an entire case, we are reviewing all of the actions the LDSS takes for one individual whose eligibility was determined or was ongoing for the sample month.
QC analyzes every screen, every verification source, and the corresponding verifications in DMIS. We check to ensure that the attestations on the applications match what is in VaCMS. We also check MES/MMIS for accurate bridging.

Positive Case: A selected individual determined to be currently authorized as eligible for Medicaid or CHIP by the state, to be reviewed for correct eligibility determination.

Negative Case: A selected individual denied or terminated eligibility for Medicaid or CHIP by the state, to be reviewed for correct eligibility determination.

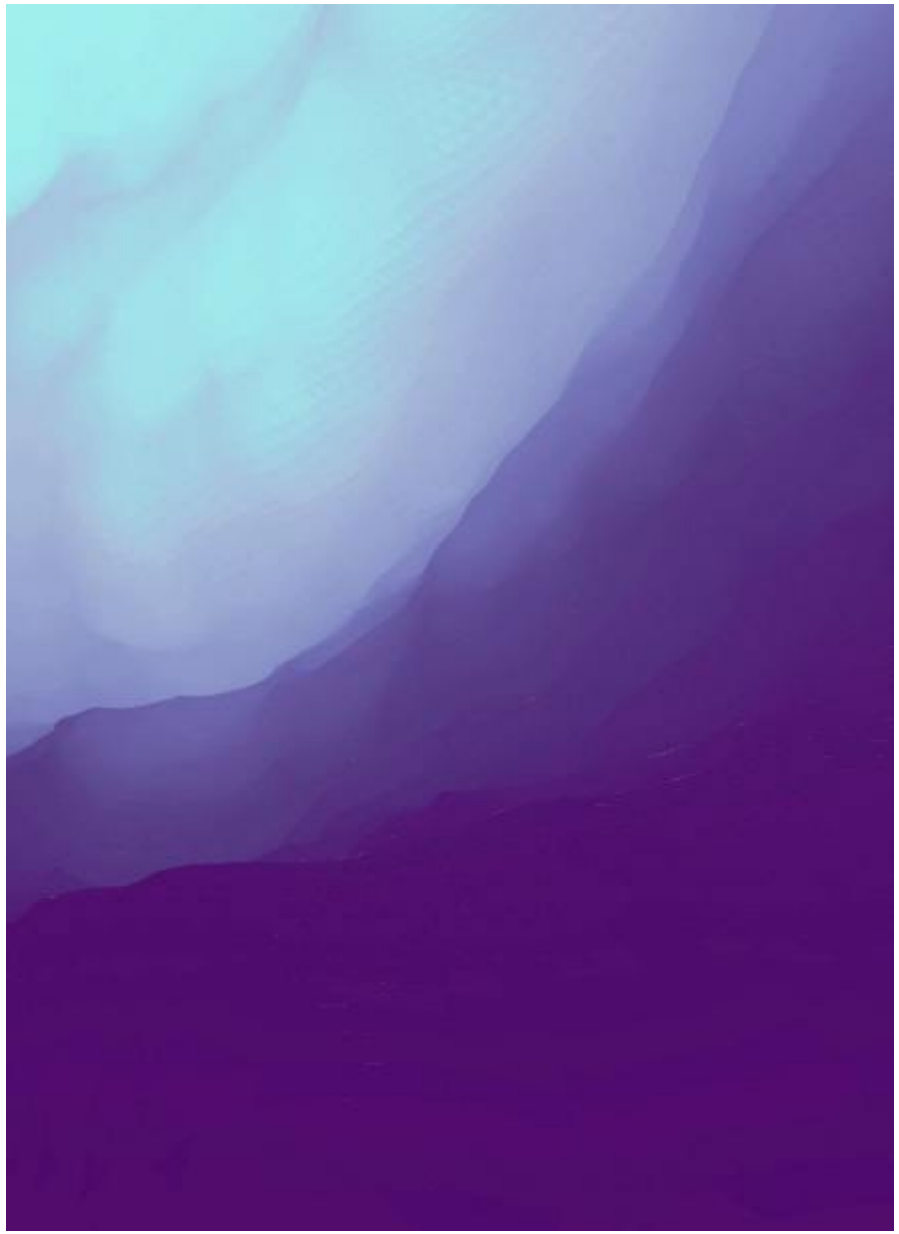
What do we do in between MEQC cycles?

Outside of our MEQC cycle, our team continues to assist DMAS with the CAP project. We complete 45 CAP case reviews per quarter during MEQC and 250 CAP case reviews per quarter in the two years between MEQC cycles. The CAP reviews are based on the areas found to have the most errors or vulnerabilities during the last MEQC cycle.

Targeted areas our team is currently reviewing:

- -Documentation
- -Electronic Sources
- -TPL
- -Earned income
- -Self Employment
- -Bridging from VaCMS to MMIS

Our team also completes refresher trainings as needed, and we all attend each Medicaid monthly call or readiness call that the LDSS do.



Identified areas of concern in 2025 MEQC

- 1. Processing Timeliness Standards
- 2. Household Composition or tax filing status
- 3. Overall Application, Renewal and Change Processes and Procedures
- 4. Income/Resource calculations, attestation, general verifications and data source
- 5. Citizenship/Alien requirements
- 6. TPL
- 7. Deemed Newborn
- 8. PARIS match
- 9. Case Documentation and record retention

Let’s Deep Dive into QC’s Voyage to see where cases encounter rough waters….

Drop Anchor: Eligibility Summary

Stop at the Eligibility Summary before sailing on.

As Quality Control reviewers, we drop anchor and take a closer look at the Eligibility Summary! This screen is a navigational chart for verifying the accuracy of the eligibility determination.

This screen provides a critical snapshot of the case, identifying benefits approved or denied and the reasons for the determination. It shows the household size and composition and the income counted for the action.

As we navigate our reviews, we compare the information displayed on the Eligibility Summary against the original application/renewal and the data entered into VaCMS.

By anchoring our reviews in these details, we can identify discrepancies and ensure the case stays the course with program requirements.

Summary | Notice Reasons | Income | Electronic Source Income

Medicaid Eligibility - EDG Summary

Eligibility Summary

Case Name: [redacted] Case #: [redacted] Case Mode: Ongoing Case Status: Approved

EDG #: [redacted]
Eligibility Result: Approved
Redetermination Date: 12/31/2026
Program/TOA: MA-FAMIS
Eligibility Status: Certified
Continuous Eligibility End Date: 12/31/2025
Eligibility/Service Period: 12/01/2024-11/30/2025
Interim Report Date: N/A

EDG Information

Eligibility Begin Date: 12/01/2024 Eligibility / Patient Pay End Date: 11/30/2025

Non Financial:	Resource:	Financial:	Gap Filling:	Verification:
Pass	N/A	Pass	N/A	Pass

Institutionalized Status: Non - Institutionalized	Home Equity: N/A	Adjusted Patient Pay Amount: N/A	Original Spenddown Amount: N/A	Remaining Spenddown Amount: N/A	Spenddown Met: N/A	Incarcerated Status: No

	Name	Certified Group	Relationship	Aid Code	Participation Status	Gap Filling Participation Status	Program/TOA	Coverage
EDG	[redacted]	N	Self		Countable Adult		MA-FAMIS	
		Y	Son	007	Eligible Child		MA FAMIS	

Medical Assistance - Income Eligibility

Case Name: [redacted] Case #: [redacted] Case Mode: Ongoing Case Status: Approved

EDG #: [redacted]
Eligibility Result: Approved
Redetermination Date: 12/31/2026
Program/TOA: MA-FAMIS
Eligibility Status: Certified
Continuous Eligibility End Date: 12/31/2025
Eligibility/Service Period: 12/01/2024-11/30/2025
Interim Report Date: N/A

Eligibility Summary

Total Self Employment	=	$	0.00
Total Earned Income	=	$	3083.34
Total Unearned Income	=	$	0.00
Income reported as yearly income	=	$	0.00
Total Deductions	=	$	0.00
Adjusted Gross Income	=	$	3083.34
Adjusted Gross Income after 5% Disregard	:		N/A
Budget Group Size	:		2
Income Limit	=	$	3407.00
Financial Eligibility Result	:		Pass
CHIP Copay Status	:		2

Summary | Notice Reasons | Income | Electronic Source Income

Medicaid Eligibility - Notice Reasons

Eligibility Summary

Case Name: [redacted] Case #: [redacted] Case Mode: Ongoing Case Status: Approved

EDG #: [redacted]
Eligibility Result: Approved
Redetermination Date: 12/31/2026
Program/TOA: MA FAMIS
Eligibility Status: Certified
Continuous Eligibility End Date: 12/31/2025
Eligibility/Service Period: 12/01/2024-11/30/2025
Interim Report Date: N/A

EDG Information

Eligibility Begin Date: 12/01/2024 Eligibility / Patient Pay End Date: 11/30/2025

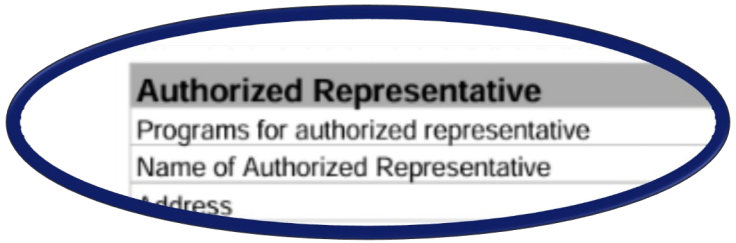
Notice Reason(s) for EDG:

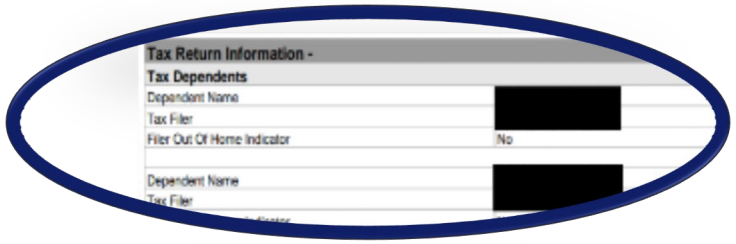
1 Child Eligible for Continuous Coverage
2 Income returned from Electronic sources is less than or equal to Medicaid Eligibility Threshold
3 Individual does not meet eligibility requirement under FAMIS Plus (Categorically Needy Children (6-19))

Notice Reason(s) for Client(s):

Eligibility Summary

Through the QC Spyglass: Reviewing Application and Renewal Details





- As you process Medicaid cases, remember that QC could be looking at the case through our spyglass. When your cases are up for review, QC takes a closer look at key details. QC is comparing the information provided on applications and renewals to the data entered in VaCMS. A thorough application or renewal review helps us see the full picture before reviewing the eligibility determination.
- From household composition and tax filing information to income, third party liabilities, additional comments, and authorized representatives, even the smallest missed detail can make waves.
- Review carefully and remember QC has its spyglass trained on the details!

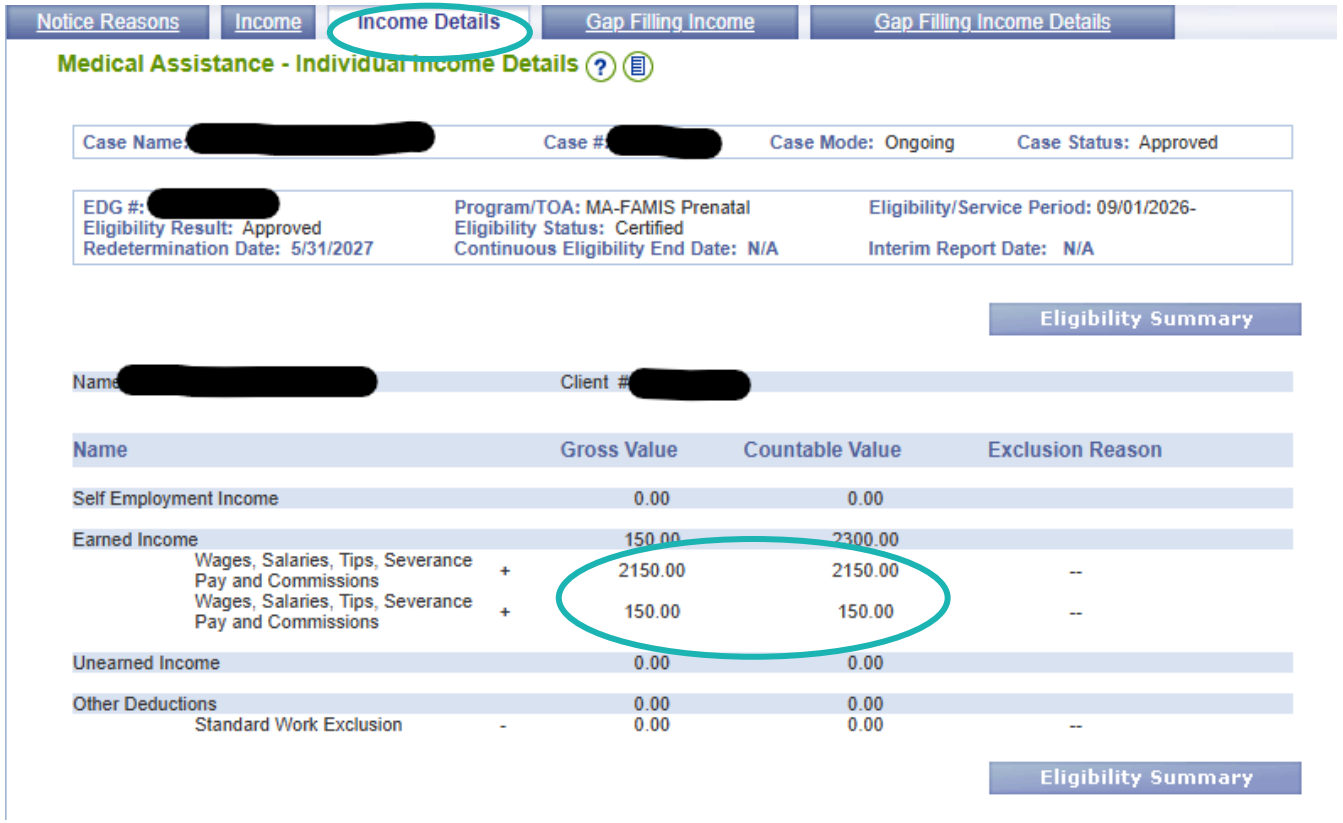
Income: How QC Doesn't Get Tangled in This Net

- When charting the course to correct calculations, let's explore areas that QC finds errors:
  - Projection Period – Any income entered during this time is counted, even multiple entries for the same date
  - Bonuses – bonuses entered on this screen will continue to count
  - Same job, multiple entries
  - Terminated job, continues to count
  - Verification source – not in the case record, selecting "other (document source)" when using attested income
- To break down the income counted, QC looks at *Medical Assistance – Individual Income Details*. This is a quick way to see what income is counted for each person on the case.

Let's reel in an example on the next slide

How to Navigate to the *Medical Assistance – Individual Income Details* screen

- Once you have clicked on the EDG you want to evaluate, you will see the list of household members in blue. Once you click on a person, you will then see a list of tabs. Click on *Income Details.*
- You have reached your destination! This screen shows a breakdown of income countable in the sample month, and is how QC determines what income to evaluate. Here, the income is broken down to show if there are multiple employers.



Uncharted Waters – What's Hiding on the Paystubs

- We don’t just skim the surface – paystubs reveal more than gross income. When QC is reviewing paystubs for MAGI cases, we are looking for pre-tax deductions, IRA's/HSA's, and TPL clues.
- MAGI Pre-tax deductions – examples like health insurance, FSA's, retirement accounts (401k). These are not included as income.
- TPL clues = health insurance deductions that may indicate other health insurance coverage requiring further review

Grab your compass! Let's navigate some paystubs to locate MAGI pre-tax deductions and potential TPL information.

County of Fairfax
Statement of Earnings
12000 Government Center Pkwy Fairfax VA 22035

Pay Period: 07
Pay Date: 04/17/2026
Pay Period Start: 03/21/2026
Pay period End: 04/03/2026

Fed Filing Status: H 00
Add'l tax withheld:$ 0.00
State & Filing Status: VA H 02
Add'l tax withheld:$ 0.00
Local:

Employee ID: [redacted]
Agency: Neighborhood & Community Svcs

Pay/Biweekly Rate: 34.0875
PayScale Group/Level: S20 /00

Hours & Earnings

Earnings	Assignment	Hours	Current	YTD Earning
Regular Hours	00375458	40.00	1,363.51	17,998.28
Sick Leave	00375458	40.00	1,363.50	1,363.50
Admin - Emergency	00375458			818.10
Volunteer Activity Leave	00375458			272.70
Holiday Leave	00375458			1,363.50

Taxable Income Added

Description	Amount	YTD
EE GTLI Taxable	6.77	54.16

Tax Deductions

Description	Tax Amount	YTD
FED TX Withholding Tax	127.67	1,026.23
FED TX EE Social Security Tax	148.05	1,186.91
FED TX EE Medicare Tax	34.62	277.58
VA TX Withholding Tax	87.74	704.25

Pre-Tax & Tax Deferred Deductions

Description	Current Amount	YTD Total
OAP 90% EE	311.14-	2,448.52-
Delta Dental	19.68-	157.44-
Optional Life	15.07-	120.56-
457	136.35-	1,090.80-
FCERS Plan E	145.35-	1,162.80-

QC would deduct all pre-tax contributions to determine monthly countable income

Post-Tax Deductions

Description	Current Amount	YTD Total
T Rowe Price - Loa	213.31-	1,691.76-
457 ROTH	109.08-	872.64-
SLT Levy		875.09-

Fishing For Facts – How QC determines if Deductions are Pre-Tax

Taxable Earnings

Pay Type	Hours	Pay Per Hour	Total This Period	Wages YTD
Regular	86.67	-	$2,083.33	$21,070.31
Worked Hours	62.67	-	-	-
PTO	24.00	-	-	-
Additional Regular Pay	-	-	-	$215.40
Total Taxable Earnings	**86.67**		**$2,083.33**	**$21,285.71**

Taxes

Tax Type	Taxes This Period	Wages This Period	Taxes YTD	Wages YTD
Federal	$77.08	$2,020.83	$689.68	$20,647.13
Medicare	$30.21	$2,083.33	$308.64	$21,285.71
Social Security	$129.16	$2,083.33	$1,319.71	$21,285.71
State (VA)	$82.88	$2,020.83	$820.67	$20,647.13
Total Taxes Paid	**$319.33**		**$3,138.70**	

Federal - Filing Status: Married Filing Jointly; Two Jobs: N/A; Other Income: $0.00; Dependents Amount: $0.00; Extra Withholding: 0.00%
State - State: VA; Filing Status: NONE; Exemptions: N/A; Additional Withholding: $0.00

Deductions

Deduction Type	Employee This Period	Employer This Period	Employee YTD	Employer YTD
Vanguard 401(k)	$62.50	$0.00	$638.58	$0.00
Total Deductions	**$62.50**	**$0.00**	**$638.58**	**$0.00**

$2083.33 total earnings - $62.50 401K = $2020.83. Now QC knows that the 401K was pre-tax, since the federal taxable wages do not include the $62.50 amount

Charting a New Course – Another Way QC Spots Pre-Tax Deductions

Anything with an asterisk is pre-tax and therefore QC would not count as income

LIBERTY UNIVERSITY.

[redacted]

Taxable Marital Status:
Federal: Single

Exemptions/Allowances:
Federal: 4

Period Beginning: 09/16/2021
Period Ending: 09/30/2021
Pay Date: 09/30/2021

[redacted]

Earnings	rate	hours	this period	year to date
Regular	1541.67		1,541.67	27,750.06
	Gross Pay		**$1,541.67**	27,750.06

Deductions	Statutory		
	Federal Income Tax	-56.91	1,027.38
	Social Security Tax	-93.11	1,677.46
	Medicare Tax	-21.78	392.31
	VA State Income Tax	-55.96	1,008.72
	Other		
	Adlfch	-0.35	
	Adlfee	-2.75	
	Dental	-3.98*	71.64
	Grplfedis	-14.79	266.22
	Med-Lumvisbup	-35.94*	622.56
	Tapretaxpct	-77.08*	1,387.44
	Net Pay	**$1,179.02**	
	Checking Acct	-1,179.02	
	Net Check	**$0.00**	

Other Benefits and Information	this period	total to date
A	77.08	1,387.44
Sum 403B Deds	77.08	1,387.44

Important Notes

YOUR COMPANY PHONE NUMBER IS 434-592-7330

Additional Tax Withholding Information

Exemptions/Allowances:
VA: 2

*** Excluded from federal taxable wages**

Your federal taxable wages this period are $1,424.67

Let's Take a Voyage Through Actual QC Reviews to See Where We Went Off Course

Voyage 1: Manual Ex-Parte Renewal

Sample Month: September 2025
Review Type: Ongoing Eligibility

Case Background:

- On 01/02/2025, the LDSS conducted an ex-parte renewal on FAMIS Plus coverage with a certification end date of 12/31/2024, closing coverage effective 01/31/2025 and approving FAMIS coverage effective 02/01/2025 and ongoing.
- VEC was used to verify wages: $11983.48/3 = $3994.49/2 = $1997.24 X 2.15 = $4294.07 counted as the 9/25 monthly amount
- Evaluated as a household of three, as the recipient's father was marked out of the household effective 01/01/2023

Employer Information

Employer Name:	Trade Name:	In care of Name:	
DVA RENAL HEALTHCARE INC		CORPORATE COST CONTROL	
Mail Street Address:	**City:**	**State:**	**Zip:**
PO BOX 173836	DENVER	CO	802171180
Local Street Address:	**City:**	**State:**	**Zip:**
PO BOX 1180	LONDONDERRY	NH	030531180
NAICS Industry Code:	**Empl ID:**	**Fed ID:**	**Phone Number:**
621492	4112563	621323090	615-352-7991

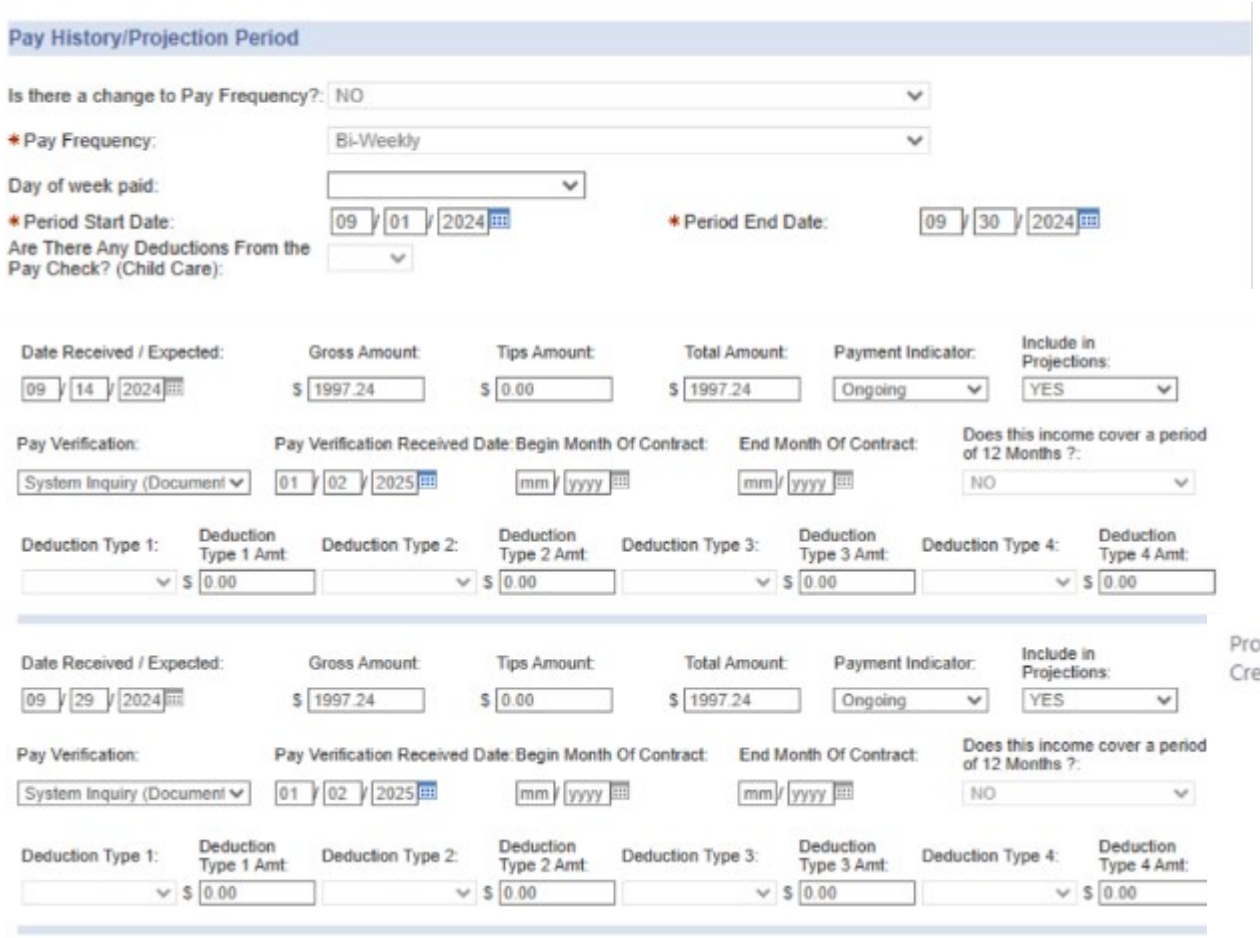
Quarter/Year:	Wages:
32025	$12915.28
22025	$16079.16
12025	$13530.68
42024	$15606.05
32024	$11983.48
22024	$13294.98
12024	$9927.46
42023	$13182.02

[redacted]

999970375	MA-FAMIS Plus	12/01/2021 - 12/31/2023	3	Approved	Authorized	10/23/2021	NA	NA	NO
999970375	MA-FAMIS Plus	01/01/2024 -	0	Closed	Authorized	11/25/2023	NA	NA	NO
1038998428	MA-FAMIS Plus	01/01/2024 - 01/31/2025	4	Approved	Authorized	11/25/2023	NA	NA	NO
1010869329	MA-FAMIS	02/01/2025 - 12/31/2025	3	Approved	Authorized	01/02/2025	NA	NA	NO
1038998428	MA-FAMIS Plus	02/01/2025 -	0	Closed	Authorized	01/02/2025	NA	NA	NO

Voyage 1: Manual Ex-Parte Renewal

Sample Month: September 2025
Review Type: Ongoing Eligibility



Pay History/Projection Period

Is there a change to Pay Frequency?: NO
* Pay Frequency: Bi-Weekly
Day of week paid:
* Period Start Date: 09/01/2024 * Period End Date: 09/30/2024
Are There Any Deductions From the Pay Check? (Child Care):

Date Received / Expected:	Gross Amount:	Tips Amount:	Total Amount:	Payment Indicator:	Include in Projections:
09/14/2024	$ 1997.24	$ 0.00	$ 1997.24	Ongoing	YES

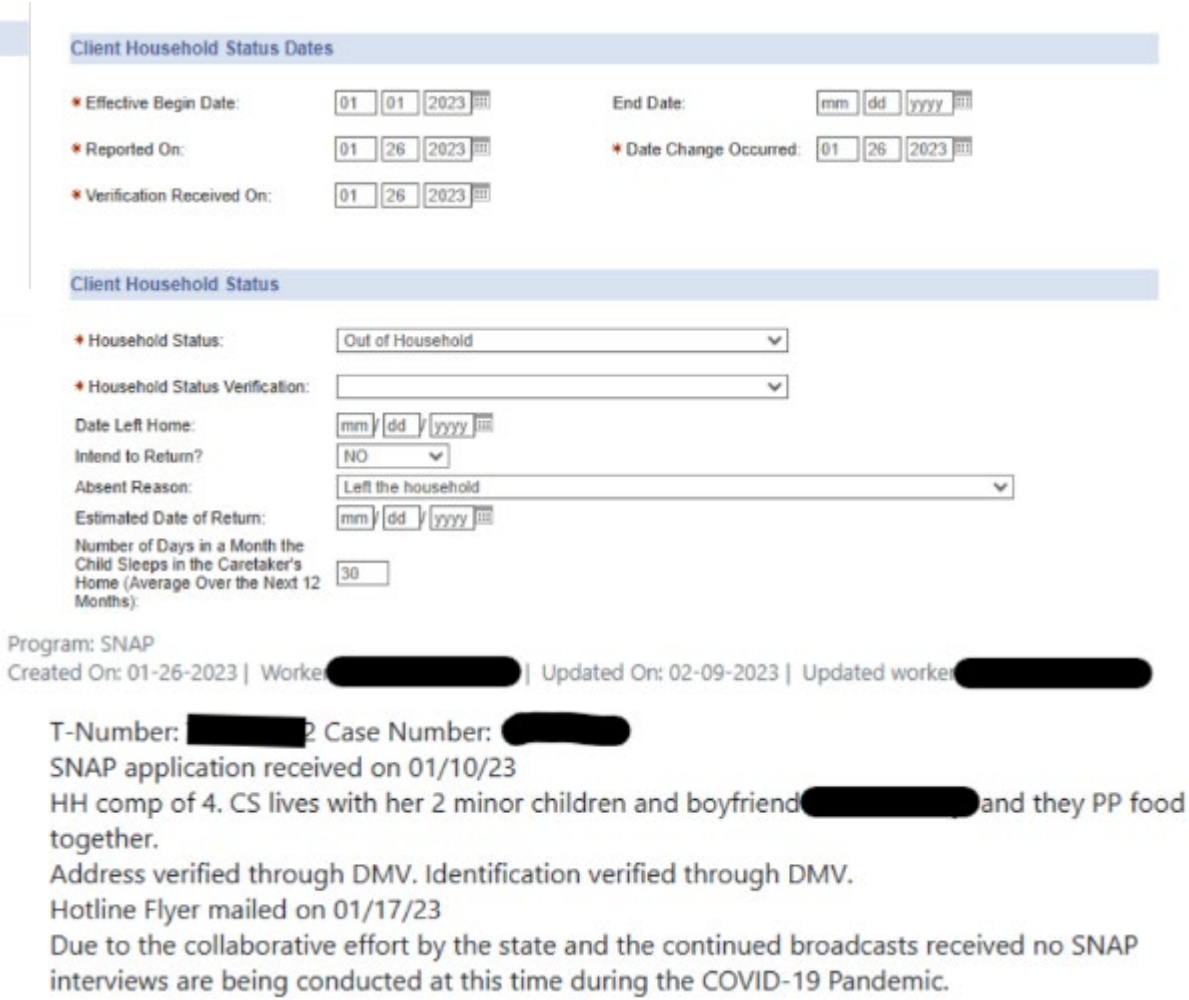
Pay Verification:	Pay Verification Received Date:	Begin Month Of Contract:	End Month Of Contract:	Does this income cover a period of 12 Months ?:
System Inquiry (Document	01/02/2025	mm/yyyy	mm/yyyy	NO

Deduction Type 1:	Deduction Type 1 Amt:	Deduction Type 2:	Deduction Type 2 Amt:	Deduction Type 3:	Deduction Type 3 Amt:	Deduction Type 4:	Deduction Type 4 Amt:
	$ 0.00		$ 0.00		$ 0.00		$ 0.00

Date Received / Expected:	Gross Amount:	Tips Amount:	Total Amount:	Payment Indicator:	Include in Projections:
09/29/2024	$ 1997.24	$ 0.00	$ 1997.24	Ongoing	YES

Pay Verification:	Pay Verification Received Date:	Begin Month Of Contract:	End Month Of Contract:	Does this income cover a period of 12 Months ?:
System Inquiry (Document	01/02/2025	mm/yyyy	mm/yyyy	NO

Deduction Type 1:	Deduction Type 1 Amt:	Deduction Type 2:	Deduction Type 2 Amt:	Deduction Type 3:	Deduction Type 3 Amt:	Deduction Type 4:	Deduction Type 4 Amt:
	$ 0.00		$ 0.00		$ 0.00		$ 0.00



Client Household Status Dates

* Effective Begin Date: 01/01/2023 End Date: mm/dd/yyyy
* Reported On: 01/26/2023 * Date Change Occurred: 01/26/2023
* Verification Received On: 01/26/2023

Client Household Status

* Household Status: Out of Household
* Household Status Verification:
Date Left Home: mm/dd/yyyy
Intend to Return? NO
Absent Reason: Left the household
Estimated Date of Return: mm/dd/yyyy
Number of Days in a Month the Child Sleeps in the Caretaker's Home (Average Over the Next 12 Months): 30

Program: SNAP
Created On: 01-26-2023 | Worker [redacted] | Updated On: 02-09-2023 | Updated worker [redacted]

T-Number: [redacted]2 Case Number: [redacted]
SNAP application received on 01/10/23
HH comp of 4. CS lives with her 2 minor children and boyfriend [redacted] and they PP food together.
Address verified through DMV. Identification verified through DMV.
Hotline Flyer mailed on 01/17/23
Due to the collaborative effort by the state and the continued broadcasts received no SNAP interviews are being conducted at this time during the COVID-19 Pandemic.

Voyage 1: Manual Ex-Parte Renewal

Sample Month: September 2025
Review Type: Ongoing Eligibility

QC Findings: QC cited three errors and 2 technical deficiencies for this case

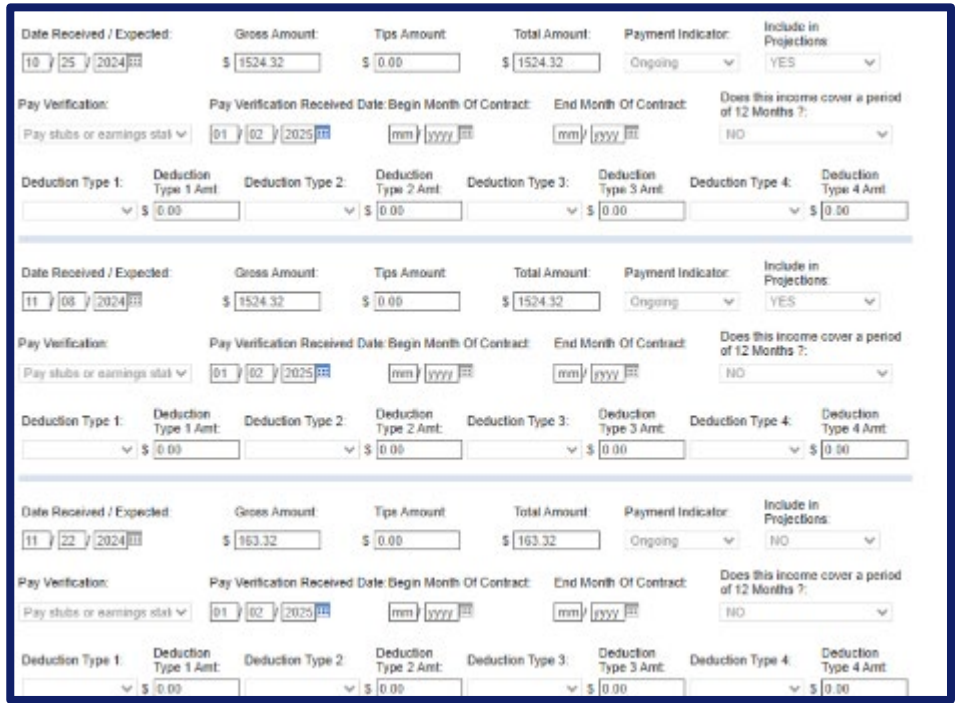
- **Income incorrectly calculated** - VEC income calculation should have stopped once the quarterly amount was divided by three. The monthly amount was then divided by two and multiplied by 2.15, calculating a larger amount than what should have been counted.
- **Household composition or tax filer unit incorrect** - The recipient's father was incorrectly marked as out of the household effective 1/1/2023. A SNAP application was filed on 1/10/2023 that stated he was in the household, and no additional documentation indicates otherwise.
- **Approval/redetermination not conducted/processed timely** - The certification period end date was 12/31/2024 and action was not taken until 01/02/2025.
- **Other eligibility decision process not followed** - The manual ex-parte action decreased coverage from FAMIS Plus to FAMIS.
- **Approval/renewal notice not sent/contained incorrect information** – Coverage decreased erroneously from the ex-parte action, causing the Notice to contain incorrect information.

Voyage 2: Case Change

Sample Month: September 2025
Review Type: Ongoing Eligibility

Case Background:

- Medicaid Renewal completed and approved for a mother and her five children, via Self Direct on December 16, 2024.
- Customer submitted paystubs and the income was updated on January 2, 2025. However, the action was processed as a renewal and the certification period was changed.
- Pays for the mother had overtime that was excluded.
- Father reported in the household in February 2025. He had income and a possible TPL on his pays.



Voyage 2: Case Change

Sample Month: September 2025
Review Type: Ongoing Eligibility

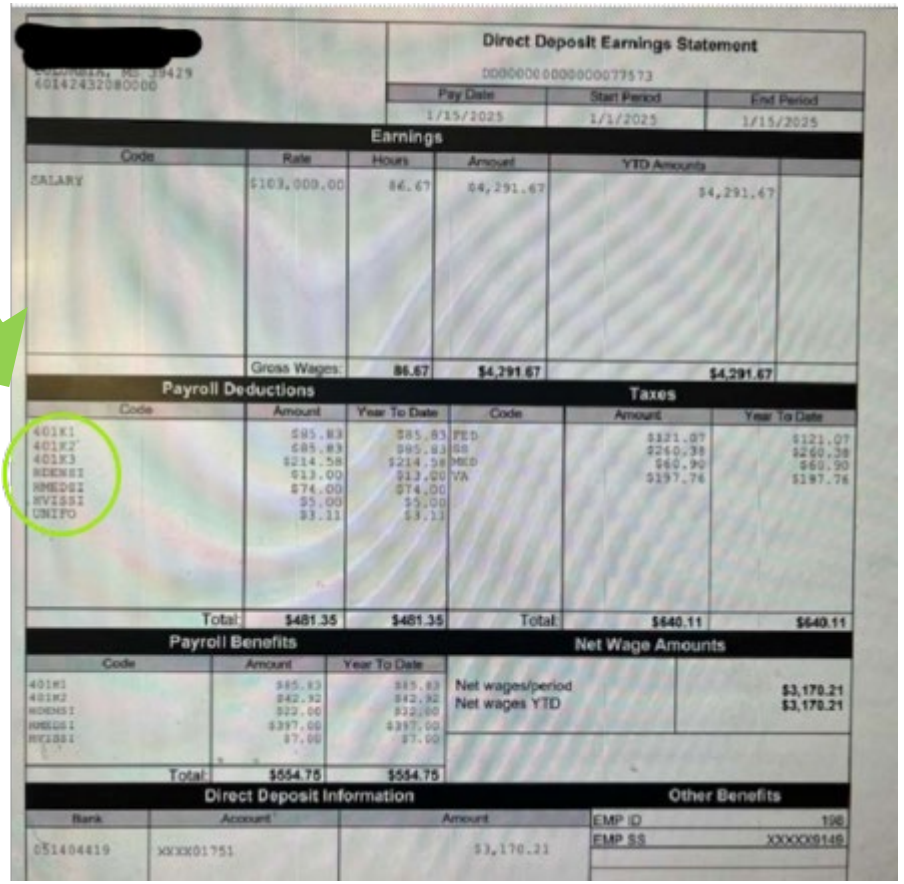
Health, Dental, & Vision

Household (1)

Program: SNAP, Medicaid
Created On: 02-19-2025 | Worker [redacted]

EW received notice that [redacted] has moved back into the home as of February 14th 2025

[redacted]	994588749	MA-FAMIS Plus	01/01/2025 -	0	Closed	Authorized	12/16/2024	NA	NA	NO
	994589572	MA-FAMIS	01/01/2025 - 01/31/2025	6	Approved	Authorized	12/16/2024	NA	NA	NO
	994589572	MA-FAMIS	02/01/2025 - 02/28/2026	6	Approved	Authorized	01/02/2025	NA	NA	NO
	994589572	MA-FAMIS	03/01/2026 - 03/31/2026	7	Approved	Authorized	03/12/2026	NA	NA	NO



[redacted]

Direct Deposit Earnings Statement

Pay Date	Start Period	End Period
1/15/2025	1/1/2025	1/15/2025

Earnings

Code	Rate	Hours	Amount	YTD Amounts
SALARY	$103,000.00	86.67	$4,291.67	$4,291.67
Gross Wages:		86.67	$4,291.67	$4,291.67

Payroll Deductions

Code	Amount	Year To Date
401K1	$85.83	$85.83
401K2	$85.83	$85.83
401K3	$214.58	$214.58
HDENSI	$13.00	$13.00
HMED2SI	$74.00	$74.00
HVISSI	$5.00	$5.00
UNIFO	$3.11	$3.11
Total:	$481.35	$481.35

Taxes

Code	Amount	Year To Date
FED	$121.07	$121.07
SS	$260.38	$260.38
MED	$60.90	$60.90
VA	$197.76	$197.76
Total:	$640.11	$640.11

Payroll Benefits

Code	Amount	Year To Date
401K1	$85.83	$85.83
401K2	$42.92	$42.92
HDENSI	$22.00	$22.00
HMED2SI	$397.00	$397.00
HVISSI	$7.00	$7.00
Total:	$554.75	$554.75

Net Wage Amounts

Net wages/period	$3,170.21
Net wages YTD	$3,170.21

Direct Deposit Information

Bank	Account	Amount
051404419	XXXX01751	$3,170.21

Other Benefits

EMP ID	198
EMP SS	XXXXX9149

Voyage 2: Case Change

Sample Month: September 2025
Review Type: Ongoing Eligibility

QC Findings: QC cited six technical deficiencies for this case.

- **Income incorrectly calculated-** Overtime overlooked for the mother. Paystubs provided reflected overtime earnings. The overtime was excluded by the LDSS. QC found the overtime to be historically consistent and therefore should have been included.
- **Household composition or tax filer unit incorrect-** Dad lost at sea. Father reported in the house in February. This change was not acted on; therefore, he was left out of the household composition for our sample month. His income was also not included.
- **Income from another household member or family member incorrectly included/excluded-** Father's income not included for the sample month.
- **Non-financial information provided, not acted on-** Third Party Liability- Father's pay indicated that there was health insurance being deducted from his check. This raises a concern that there is a potential third-party liability for the members receiving Medicaid.
- **Other eligibility decision process not followed-** Change completed as a renewal.
- **Approval/renewal notice (notice of determination) not sent/ contained incorrect information-** The notice contained incorrect information regarding the certification period since the action should have been processed as a change.

Voyage 3: Manual Ex-Parte Renewal

Sample Month: July 2025
Review Type: Ongoing Eligibility - Renewal

Case Background:

- A manual ex-parte renewal was completed on 07/09/2025 approving a 2-year-old child for ongoing MA-FAMIS Plus AC 091.
- MMIS has the child enrolled with AC-093 Deemed Newborn.
- On 12/27/2022 a narrative was entered stating a newborn had been added into MMIS only and an email was sent to the LDSS to take action to align VaCMS to MMIS. No action was taken.
- There is no social security number listed for the child and their citizenship is not verified by the HUB.

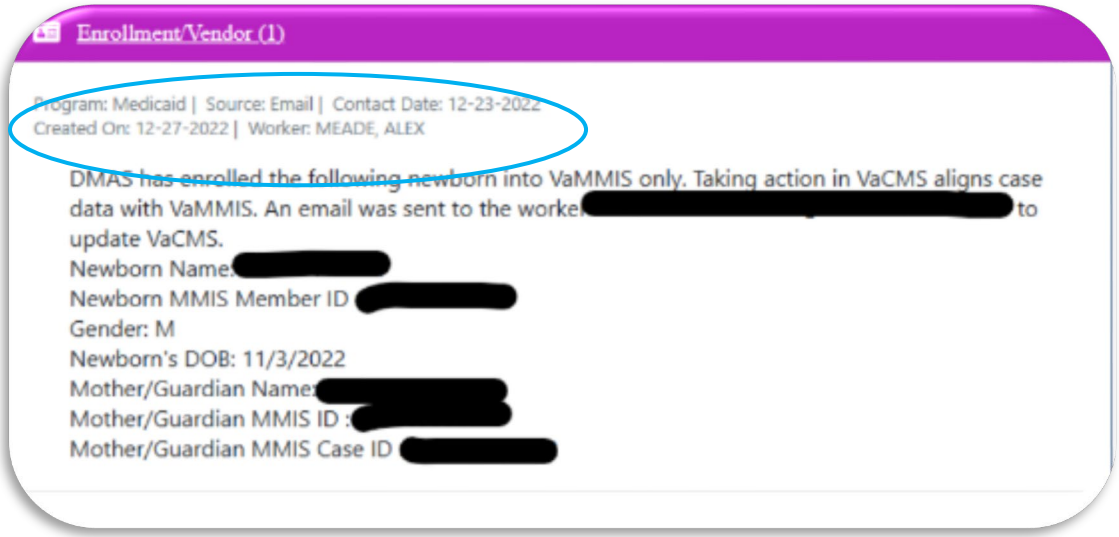
[redacted]

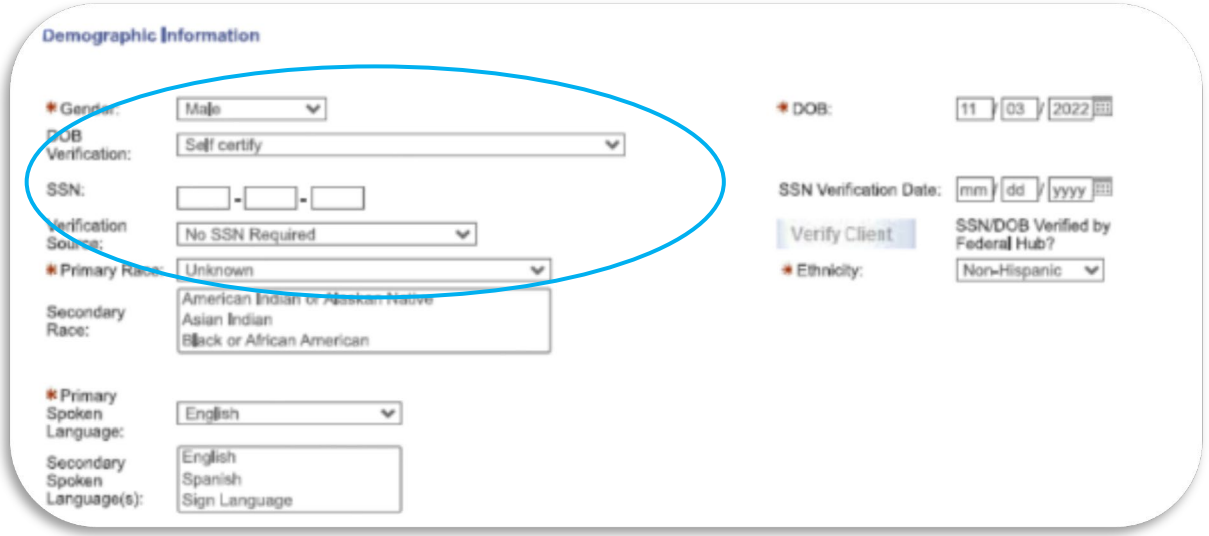
M	1064872863	MA-FAMIS Plus	12/01/2024 - 12/31/2024	3	Approved	Authorized	07/09/2025	NA	NA	NO
M	1064872863	MA-FAMIS Plus	01/01/2025 - 01/31/2025	3	Approved	Authorized	07/09/2025	NA	NA	NO
M	1064872863	MA-FAMIS Plus	02/01/2025 - 02/28/2025	3	Approved	Authorized	07/09/2025	NA	NA	NO
M	1064872863	MA-FAMIS Plus	03/01/2025 - 03/31/2025	3	Approved	Authorized	07/09/2025	NA	NA	NO
M	1064872863	MA-FAMIS Plus	04/01/2025 - 04/30/2025	3	Approved	Authorized	07/09/2025	NA	NA	NO
M	1064872863	MA-FAMIS Plus	05/01/2025 - 05/31/2025	3	Approved	Authorized	07/09/2025	NA	NA	NO
M	1064872863	MA-FAMIS Plus	06/01/2025 - 06/30/2025	3	Approved	Authorized	07/09/2025	NA	NA	NO
M	1064872863	MA-FAMIS Plus	07/01/2025 - 07/31/2025	3	Approved	Authorized	07/09/2025	NA	NA	NO
M	1064872863	MA-FAMIS Plus	08/01/2025 - 05/31/2026	3	Approved	Authorized	07/09/2025	NA	NA	NO

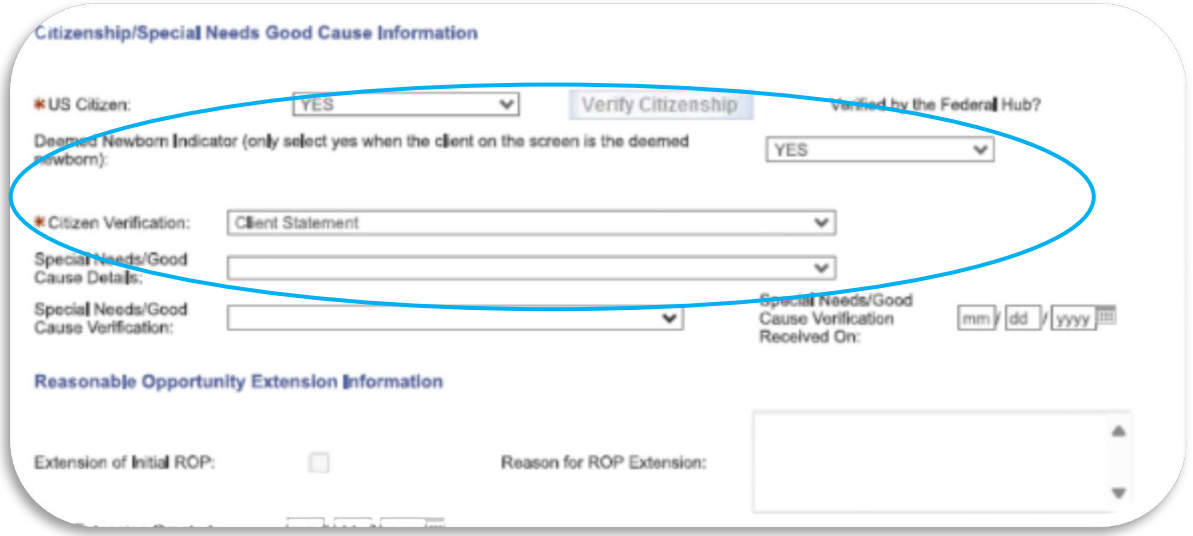
Select	Aid Category	Application Date	Begin Date	End Date	Cancel Reason	Cancel Date	Extension Reason	Reinstate Reason	Status
☐	093	11 03 2022	11 03 2022	12 31 9999	000		000	000	A

Voyage 3: Manual Ex-Parte Renewal

Sample Month: July 2025
Review Type: Ongoing Eligibility- Renewal







Voyage 3: Manual Ex-Parte Renewal

Sample Month: July 2025
Review Type: Ongoing Eligibility- Renewal

QC Findings: QC cited five errors for this case.

- **Citizenship\immigration requirements not met in accordance with verification plan-** Citizenship not verified by LDSS but should have been since the child is no longer a deemed newborn.
- **SSN requirement not met-** A Social Security number should have been requested since the child was added into VaCMS as a 2-year-old. SSN is required when deemed newborns reach 1 year old.
- **Approval/redetermination not conducted/processed timely-** Child should have been added into VaCMS when the email was sent back in December 2022.
- **Placed in wrong eligibility group, category or program for non-financial reasons-** Child approved in the wrong AC code in MMIS.
- **Approval or renewal notice (notice of determination) not sent or contained incorrect information-** The child being approved in the wrong AC code caused the notice to contain incorrect information about the approval.

ALL HANDS ON DECK!

Navigate With Care. Every Detail Matters. Keep Cases on Course.

Thank you for joining us on our deep dive into MEQC!

Remember to
Slow down. Look closely. Verify the details.

Your attention to detail keeps cases on course and
supports accurate eligibility decisions.

Any Questions before we debark?

Accuracy is Our Compass.
Quality is Our Destination.