SURS Provider Self-Audit Protocol

TABLE OF CONTENTS

Provider Self-Audit Protocol

The Department encourages all provider types to conduct internal self-audits and to voluntarily disclose any overpayments of Medicaid funds. To ensure uniformity of the self-disclosure process, SURS has established this protocol for provider self-audits. While providers are obligated to repay to the Department all Medicaid payments to which the provider was not entitled [ARM 37.85.406(10)], use of the protocol is voluntary.

The protocol provides guidance to providers on the preferred methodology to return improper payments to the Department and is intended to facilitate the resolution of matters that, in the provider's reasonable assessment, may involve overpayments and/or errors that potentially violate state and federal rules and regulations. It is possible that the Department may, upon review of information submitted by the provider or upon further investigation, determine that the matter may violate state criminal or federal law. In such instances, the Department will refer the matter to the appropriate state or federal agency. The flexibility built into this protocol reflects both the desire of the Department to encourage voluntary disclosure and our commitment to openness and cooperation.

When, either in the course of regular business or by using one of the options specified below, providers believe that they have been inappropriately paid, they should promptly contact the Program Compliance Bureau, Surveillance Utilization Review Section (SURS) to expedite the return of improper payments.

Examples of Improper Payments Suitable for Self-Audits

DPHHS, Program Compliance Bureau has identified many improper payments to Medicaid providers. Some may involve failing to maintain records in accordance with applicable regulations (ARM 37.85.414), performing or providing inappropriate or unnecessary services (ARM 37.85.410), or billing for services that were not rendered. Specific violations may include the following;

- Services performed by an OIG excluded individual or entity
- Provider system errors
- Up coding (billing with code where the payment amount is more than for the code which was actually used or was necessary)
- Unbundling bundled codes
- Unqualified person providing services
- Time based codes missing in and out or full amount of time spent on services in the record
- Signature and date missing on progress or services notes

Provider Inquiries

The Department recognizes that the application of this protocol to the various improper payment situations may raise numerous questions and concerns. DPHHS will work closely with providers to assist in this process. Providers or their representatives that have questions regarding this protocol may contact the Department at (406) 444-4586 to discuss this protocol with the SURS Supervisor.

Provider Options for Self-Audits

Providers have several options for conducting self-audits and expediting the return of improper payments to the Department:

Option 1 – 100 Percent Claim Review

A provider may identify improper payments by performing a 100 percent review of claims. To the extent that payments can be returned through the claim adjustment process, the provider should follow the claim adjustment instructions in the applicable provider manual and the General Information for Providers manual. Otherwise, providers should send refund checks made payable to DPHHS using the following address:

Department of Public Health and Human Services
Quality Assurance Division
Supervisor, Surveillance and Utilization Review
P.O. Box 202953
Helena, MT 59620-2953

Refund checks should be accompanied by a cover letter that provides:

- An overview of the issues identified
- The time period covered by the review, including the reason for the time period selected
- The actions that have been or will be taken to ensure that these errors do not reoccur in the future.

Note that providers may be asked to work with the Department to ensure that correct paid claims information is maintained. Acceptance of payment by the Department does not constitute agreement as to the amount of loss suffered.

Option 2 – Utilize the Office of Inspector General's (OIG) Self-Disclosure Protocol

A provider may find this policy on the OIG's website;
http://oig.hhs.gov/compliance/self-disclosure-info/index.asp

Provider Self-Audit Protocol: Information to Be Included in Self-Audit Report for Each Claim Reviewed

1. NPI (National Provider Identification Number) of the provider who billed and received the improper payment.
2. ICN (Individual Claim Number)
3. DOS (Date of Service)
4. The error being reviewed, list the actual billed item to DPHHS for the service. (for example; a procedure code, units of service, and/or diagnosis code).
5. The amount the provider charged/billed DPHHS for the service.
6. The amount paid by DPHHS for the service.
7. The correction to the error, which should have been billed based on the review of the claim performed as part of the self-audit process.
8. The amount which should have been paid by DPHHS based on the review of the claim performed as part of the self-audit process.
9. The selected diagnosis(es) or Diagnosis-Related Group (DRG), if applicable to the self-audit.
10. The amount of improper payment associated with the claim for each procedure code identified.
11. The specific individual(s) that performed the review of the claim.
12. Completion of the Attachment A attestation for each person involved with the audit.

Attachment A

I certify that, to the best of my knowledge, the information in this self-audit report is truthful and accurate and is based on a good faith effort to assist the State of Montana, DPHHS, in its inquiry and verification of the disclosed matter in accordance with DPHHS Provider Self-Audit Protocol.

_____

Print Name **Signature**

_____

Title

_____

Date

Attachment B

Example of SURS-Initiated Provider Self-Audit Letter and Enclosure
(This template may vary)

Month Day, Year

CERTIFIED MAIL

NAME
ATTN: NAME
ADDRESS
CITY MT ZIP

RE: Self- Audit

Dear NAME:

The Quality Assurance Division, Surveillance Utilization Review Section is offering PROVIDER NAME the opportunity to conduct a self-audit.

It has come to our attention that claims have been paid in error. DESCRIPTION OF BILLING ERRORS

As part of your review, please include:

- All paid claims identified with above noted billing error.
- Please disclose any other claims identified during your review for which improper payments have been received from Montana Medicaid.
- Describe your internal audit (self-audit) process.
- What steps you have or will take to ensure compliance with correct billing to Montana Medicaid.

Additional information has been enclosed to assist you in your self-audit. Please complete the self-audit and return overpayment by date, to the following address:

Department of Public Health and Human Services
Quality Assurance Division
Attention: Auditor Name, SURS Unit
2401 Colonial Drive

PO Box 202953
Helena, MT 59620-2953

Please feel free to contact me at INSERT EMAIL ADDRESS (406-444-XXXX) or Jennifer Tucker, SURS Supervisor, at (406) 444-4586 if you have any questions regarding this procedure.

Sincerely,

Auditor NAME
Program Integrity Auditor
Surveillance and Utilization Review

C: Jennifer Tucker, CPC, SURS Supervisor
NAME, Medicaid Program Officer

Encl: Self-Audit Information

Self-Audit Information

The Patient Protection and Affordable Care Act Section 1128J (d) provides specific guidance regarding identification of overpayments and their return to the entity from which the overpayment came. If an overpayment is identified and not returned to the correct entity within the time frame required by the PPACA, the provider may be liable for penalties as stated in United States Code, Title 31, section 3729 (False Claims).

Please access the following website for guidance on the methodology to return inappropriate payments to the Department, *Montana Medicaid Provider Self-Audit Protocol*: http://medicaidprovider.mt.gov/providertype under Other Resources.

You may also access the website for Office of Inspector General (OIG) provider self-disclosure protocol resource: https://oig.hhs.gov/compliance/self-disclosure-info/index.asp. ADD THE FOLLOWING LINK ONLY IF THE SELF-AUDIT RELATES TO PROVIDER EXCLUSIONS: and the Updated Special Advisory Bulletin on the Effect of Exclusions from Participation in Federal Health Programs, dated May 8, 2013: http://oig.hhs.gov/exclusions/advisories.asp.

In accordance with ARM 37.85.406 Billing, Reimbursement, Claims Processing, and Payment, and MCA 53-6-111, if a claim is paid and the Department later discovers that the service was incorrectly billed or paid or the claim was erroneous in some other way, the Department is required by federal regulation to recover any overpayment.

References

Montana.Gov Official State Website: http://dphhs.mt.gov/

Medicaid Provider Information: http://medicaidprovider.mt.gov/

ARM 37.85.401 Provider Participation:
http://mtrules.org/gateway/ruleno.asp?RN=37%2E85%2E401

ARM 37.85.406 Billing, Reimbursement, Claims Processing, And Payment:
http://mtrules.org/gateway/ruleno.asp?RN=37%2E85%2E406

ARM 37.85.414 Maintenance of Records And Auditing:
http://mtrules.org/gateway/ruleno.asp?RN=37%2E85%2E414

OIG Self-Disclosure Information: http://oig.hhs.gov/compliance/self-disclosure-info/index.asp