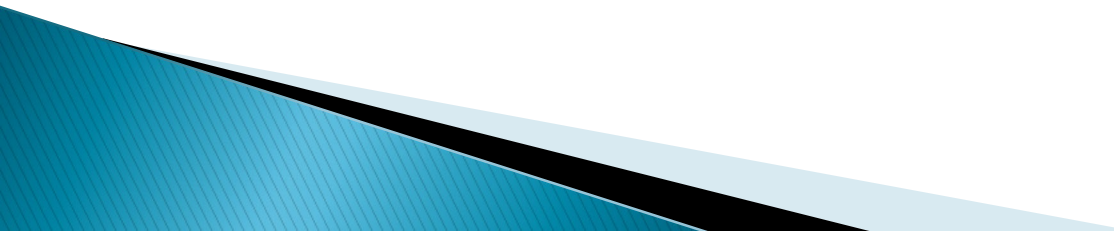


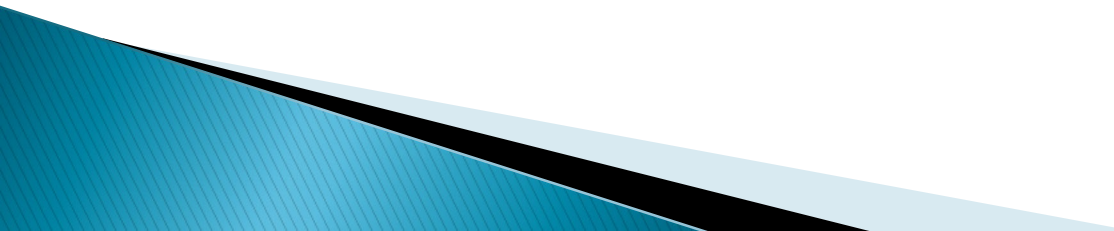
# Missouri Medicaid Audit and Compliance Unit

Julie Kinneman

# What is MMAC?

- ▶ Director: Dale Carr
  - ▶ Consists of five sections:
    - Provider Enrollment
    - Financial
    - Investigations
    - Provider Review/Lock-in
    - Administration
- 

# Provider Review

- ▶ We monitor program compliance with MO HealthNet polices and procedures for their fee-for-service providers
  - ▶ Perform desk and on-site post-payment reviews
- 

# On-site Reviews

- ▶ Provider generally given 1–2 days notice before the visit.
  - \*notice does NOT have to be given
- ▶ Records can be requested for any dates within the past 5 years. We generally pull within the last 2 to 3 years. Although we can go back 5.
- ▶ Day of Review: we ask for a place to set up a laptop and scanner– records are pulled and scanned to our encrypted laptop and thumb drive.

# On-site Reviews

## ▶ Electronic Records

- Make sure you know how to extract documents from whatever program you are using.
- We suggest working with your program before our arrival and practice attempting to move files to a CD or thumb drive.

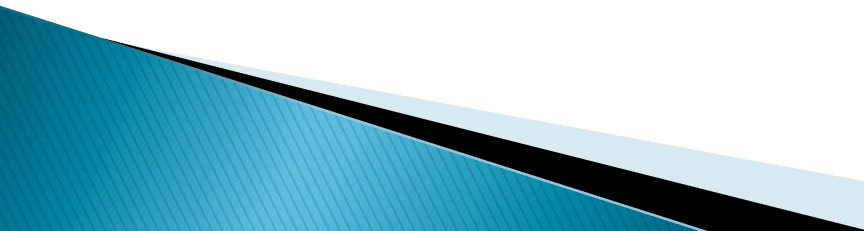
# On-site Reviews– Documentation

- ▶ What do we specifically look/ask for:
  - Diagnostic assessments
    - Current and past
  - Treatment Plans
    - Current and past
  - Progress Notes
    - Clearly identify the schedule of services planned and the individuals delivering the services
  - Additional Items that might be helpful
    - Testing Data (if billing testing hours)
    - Appointment Books
    - Time logs

# On-site Reviews

- ▶ Once all the records have been collected, an exit conference will be held to go over some of the possible errors found while collecting records. At that point anything we have told you should be considered education moving forward.
- ▶ A more thorough review of the records is done back in the office. You will be notified of findings in writing once the review is complete.
  - Typical time frame is 4–6 months before completion

# Desk Reviews

- ▶ Works the same way as on-site review: A request for records is sent via mail and/or email to your office. Please make sure your address and emails are current with Provider Enrollment.
  - ▶ A list of patients and time period is included with the letter.
  - ▶ Results of the review are sent to you in writing.
  - ▶ Desk Reviews are generally only done due to extraordinary circumstances.
- 



# Common Errors

- ▶ **No Documentation**
  - All progress notes must be completed and in the participants file within 5 business days of the date of service.
- ▶ **No Diagnostic Assessment**
  - The assessment must be completed within 5 business days of billed assessment hours
- ▶ **No Treatment Plan**
  - The Treatment Plan must be completed before the 5<sup>th</sup> therapy hour is held (excluding assessment hours)

# Common Errors

- ▶ Same/Overlapping Times
  - Documenting that two therapy sessions were held at the exact same time (i.e. both at 2:00–3:00pm) or that the therapy sessions' beginning or end times overlap (i.e. 2:00–3:00pm, 2:30–3:30pm).
- ▶ No Travel Time
  - One session ending at 3:00pm and second session starting at 3:00pm across town.

# Common Errors

- ▶ Documentation Not Meeting Requirements
  - Diagnostic Assessment
    - Commonly missed: Personal and social resources and strengths, current medications and medication allergies or adverse reactions.
    - General Rule: if None/No, still document.
  - Treatment Plan
    - Commonly missed: MEASURABLE Goals
  - Progress Notes
    - Commonly missed: Simple things– Time, date, therapy type, place of service, people present in session
    - Therapist intervention and patient response. Just stating DBT, TFCBT, etc. does not meet this requirement it should be expanded upon by stating what was actually done in the session not just the title of the intervention used.

# Possible Sanctions

- ▶ Education– You would receive a letter informing you of errors found
- ▶ Recoupment– Payment for non–allowed services would be paid back to MMAC
- ▶ Pre–payment Review– claims are submitted via paper and reviewed before payment
- ▶ Suspension– Provider is temporarily placed on hold from billing MO HealthNet
- ▶ Termination–Provider is removed from MO HealthNet Program
- ▶ \* These sanctions are taken very seriously and not issued lightly. Each case is handled individually and all information is considered before issuing a sanction

# Important Information

## ▶ MMAC's Website:

- [www.mmac.mo.gov](http://www.mmac.mo.gov)
- Contains important forms and a link to the provider manuals and state regulations
  - State regulations :13 CSR 70-3.030 Sanctions for False or Fraudulent Claims for MO HealthNet Services, 13 CSR 70-98 Behavioral Health Services
  - Behavioral Health Services Provider Manual

## ▶ MMAC Numbers:

- Phone: 573/751-3399
- Fax: 573/526-4375

## ▶ Provider Enrollment:

- Email: [mmac.providerenrollment@dss.mo.gov](mailto:mmac.providerenrollment@dss.mo.gov)

# Questions?

