

Program Integrity Updates

August 9 and 10, 2023



Health & Human Services

Housekeeping

A few things to keep in mind

- Please use the Q & A section to put in questions and comments
- Both the slide show, recording and any Q&A will be saved to our education <u>webpage</u>
- If you think of questions after the update, please email the audit inbox at auditresponse@nd.gov
- No specific cases or situations will be addressed in the provider update

Qualified Service Provider (QSP)



Revalidation Changes

QSPs are now required to revalidate (renew) enrollment every five years instead of every two years!

If your expiration is 2024 or later, three years will be added to the end of each current enrollment span to equal a five-year period. Example: A QSP with a previous expiration date of 11/30/24 will now be set to expire on 11/30/27.

Why revalidate?

 Revalidations must be done to maintain QSP enrollment. If you do not revalidate your QSP enrollment, it may result in automatic closure of your QSP enrollment. Payments will be stopped if ND Medicaid does not get your completed revalidation packet by the due date.

How will I know if I need to revalidate?

A notice of revalidation will be sent to you before your QSP enrollment expires.
 Agency revalidation will be sent by email. All other revalidation information will be sent by mail. It is your responsibility to ensure all forms are correct and returned in a timely manner for processing.

How do I revalidate?

- Revalidations require much of the same paperwork you used for your initial enrollment. You must complete and submit a new forms packet and all required documentation. Some services require additional forms to complete revalidation. Make sure you are using the most current forms version!
- Specific changes can be found in the <u>Agency, Individual, Family Home Care and Family Personal Care QSPs handbooks</u>.

Competency Revalidation

Individual QSPs

- Competency initially verified by: SFN 750 Documentation of Competency, or current CNA certificate/LPN/RN licensure.
- Must now update competency every 30 months or at expiration of certificate or licensure.
- If enrolled by submitting an SFN 750, a new SFN 750 will need to be completed by a licensed healthcare provider.
- If enrolled using a CNA certificate or LPN/RN license, will be required to show proof that license has renewed.
- You will be notified when this information is due; updated documentation will be required when requested.
- If you do not comply with this requirement, your enrollment will be closed.

Agency QSPs

- Employee competency is initially verified by either an SFN 750 Documentation of Competency, or current CNA certificate/LPN/RN licensure.
- If agency is currently enrolled as a DD (Developmentally Disabled) Licensed provider with ND Medicaid, this is not required.
- The SFN 750 is valid for thirty (30) months; a new form is required before the expiration for each employee. Keep this form in your employee file unless sent at revalidation or requested during an audit.
- If enrolled using a CNA certificate or LPN/RN license, will be required to show proof that license has renewed.
- If you do not comply with this requirement, your enrollment will be closed.

If you are audited, the Department may ask you for these records. If the documents cannot be provided, the Department may recoup funds paid for services rendered by an employee(s) missing the required verifications.





What is the QSP Hub?

- A resource center for agency and individual QSPs
- Our goal is to create a network that provides support, educational tools, and training opportunities to walk QSPs and QSP agencies through all stages of the QSP process.

Article:

Helping Those Who Help Others - Focus on Rural Health (und.edu)

How to contact:

- Website https://www.NDQSPHub.org
- Email Info@NDQSPHub.org
- Phone 701-777-3432
- Facebook https://www.facebook.com/NDQSPHub/

What do they do?

- Enrollment Services
- Technical Assistance
- Events & Training
 - Orientation
 - Building Connections Group
 - HCBS Services
 - Quick Guides & How-To Videos
 - Train ND
 - Caregiving, Brain Injury, Health & Wellness, Native American Elders



Handbook & Form Packet Updates

- Individual 5/2023
- Agency 4/2023
- Family Home Care 5/2023
- Family Personal Care (New) 5/2023
- https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service

How to Enroll

Enrollment information, handbooks & forms

https://www.hhs.nd.gov/human-services/providers/adults-and-aging/qualified-service

Submit enrollment information to

Email: QSPEnrollment@noridian.com
Phone: 701-277-6933 (Voicemail only)

Noridian Healthcare Solutions

Attn: ND Medicaid Provider Enrollment QSP PO Box 6055 Fargo, ND 58108-6055







Self Audits

Definition: Audit, examination, review or other inspection preformed by and within a physician's or other health care professional's business.

Focus: Assessing, correcting, and maintaining controls to promote compliance with applicable laws, rules, and regulations.

Self Audits can help:

- Reduce fraud and improper payments;
- Improve patient care; and
- Create a robust culture of compliance.

The ND Program Integrity Unit may request a provider to conduct a self-audit in which directions and further guidance would be provided in a letter to the provider.



Self Audits

HHS-OIG recommends providers start with a baseline audit of the claims development and submission process. Helpful details on how to collect a statistically valid random sample are set forth in HHS-OIG's Provider Self-Disclosure Protocol.

https://oig.hhs.gov/authorities/docs/physician.pdf

The professional who rendered the care should not review his or her own records. Providers should use the results of the baseline audit to identify the areas that should be the subject of ongoing monitoring and periodic self-audits



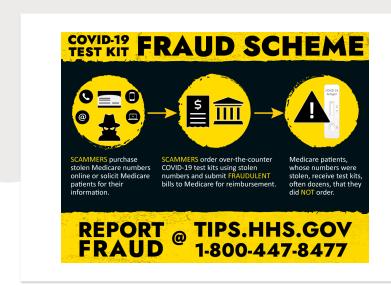
Self Audits

- If a provider uncovers possible fraud or material noncompliance with Medicaid requirements during a voluntary self-audit, they should self-disclose the information to the ND Program Integrity Unit (PIU).
- A provider has an obligation to ensure that claims submitted to ND Medicaid are accurate. Overpayments should be returned, along with supporting documentation that will allow the PIU to validate the self disclosure findings. The PIU may conduct an expanded audit to see if additional findings are present.

For more information on self audits from HHS-OIG, see the "Self-Audit" Toolkit posted to https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html



National COVID-19 Health Care Fraud Enforcement Action





- The Department of Health and Human Services, Office of Inspector General participated alongside key law
 enforcement partners in the 2023 National COVID-19 Health Care Fraud Enforcement Action. This action
 resulted in criminal charges brought against doctors and providers for false billings and Provider Relief Fund
 (PRF) fraud, manufacturers of fake COVID-19 vaccination record cards, and individuals who fraudulently
 charged Medicare for over-the-counter COVID-19 testing kits, with losses exceeding \$203 million.
- 18 defendants across 9 federal districts were charged for their alleged participation in these fraud schemes, resulting in \$490 million false billings to federal programs as well as theft from pandemic assistance programs.

Provider Enrollment



ND Medicaid Provider Webpage

https://www.hhs.nd.gov/healthcare-coverage/medicaid/provider



Reporting Fraud and Abuse

Find out what is Medicaid fraud and how to report it.

Find out more >



Enrollment Information

Find enrollment and revandation information, forms and instructions.

Get more info >

Provider Enrollment



Education and Training

Learn about programs and processes as a ND Medicaid provider.

Learn more >



Guidelines, Manuals and **Policies**

Click here for ND Medicaid manuals and coverage guidelines.

Learn more >



Provider Updates

Click here for the latest news and important announcements from ND Medicaid.

Learn more >



Medicaid School-Based Care

ND Medicaid provides coverage for qualifying students in a school setting.

Learn more >

Additional Information and Resources

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Checkwrite Dates ND Health Enterprise MMIS Information

COVID-19 Program & Policy ND Medicaid Expansion

Durable Medical Equipment Providers Nursing Home Rates

Faces of Medicaid Initiative Payment Error Rate Measurement (PERM)

Facility Cost Reporting Pharmacy Providers

Health Tracks Publications

Medicaid 1915(i) Services Qualified Service Providers

Medicaid Data Dashboards Rates & Fee Schedules (including DME)

Medicaid Medical Advisory Committee State Forms

State Plan Amendments

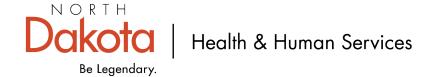




Enrollment Updates

- SFN 615 Provider Agreement version June 2023
- North Dakota Provider Enrollment captures contact information in the North Dakota MMIS web portal. Staff
 are able to include names for a variety of contact categories within your organization. If you would like to
 make an update to your provider profile with any names in your facility who would be the most appropriate
 person for these categories, please have your organization administrator send an email
 to NDMedicaidEnrollment@noridian.com or fax to 701-433-5956, Attention: ND Medicaid Provider
 Enrollment.

Surveillance, Utilization and Review Section (SURS)



General Information for Providers Manual January 2023 Summary of Changes

The July 2023 ND Medicaid provider manual updates contain various changes to chapters/sections listed below. While providers should review chapters that are specific to their specialty, all enrolled Medicaid providers are responsible to understand and comply with program requirements contained in generic chapters such as provider enrollment, provider information, Medicaid eligibility of a member, noncovered Medicaid services and primary care case management.



General Information for Providers Manual January 2023 Summary of Changes

1. Provider Enrollment	11. Physical Therapy
2. Provider Information	12. Physician Services
3. Federally Qualified Health Centers (FQHC)	13. Speech Language Pathology
4. Forensic Examinations	
5. Home Health and Private Duty Nursing	
6. IEP Services Billed by Schools	
7. Intermediate Care Facilities (ICF/IID)	
8. Non-IEP Services rendered in Schools	
9. NP, Certified Nurse Mid-wives, CNS, and PA	
10. Occupational Therapy	



Provider Updates

- The General Information for Providers Manual
- Discipline specific manuals
- State practice act
- Standards of practice for your profession
- Billing/coding guidelines
- Billing and coding and documentation need to align
- Payment for services does not mean money cannot be taken back in an audit
- An audit finding may lead to a follow up audit
- Education will most often result in an audit at some point in the future
- An audit finding based on a documentation error will not be overturned, on appeal, even if the documentation error has been corrected.



Behavioral Health Services

LEVEL	SERVICE	BILLING CODE	REVENUE CODE
ASAM 1	Outpatient Services (Individual)	Use individual psychotherapy codes (professional fee schedule)	N/A
ASAM 1	Outpatient Services (Group)	H2035	N/A
ASAM 2.1	Intensive Outpatient Services	H0015	0906
ASAM 3.1	Clinicall Managed Low- Intensity Residential Care	H2034	1003
ASAM 3.7	Medically Monitored Intensive Inpatient Services	H0011	1002



Medicaid Renewals - Stay Covered ND

Starting April 1, 2023, North Dakota will begin regular Medicaid renewals for people whose coverage was temporarily extended due to the COVID-19 public health emergency to make sure they still qualify.

Providers can go to https://www.hhs.nd.gov/staycoverednd for more information.

The state has 14 months to initiate and complete all renewals (April 2023 - May 2024). Member renewals will be spread over that timeframe, according to the month that their renewal is coming due.



Therapy Evaluations Reminder

Posted 2-1-2018

Attention PT, OT and Speech Providers - CORRECTION: A misprint in the provider update published 1-5-2017 has been brought to the attention of the Department.

Inadvertently, evaluations were included as not requiring prior authorization for ND Medicaid recipients under the age of 21. The correction to the wording will apply to all dates of service.

Currently, ND Medicaid recipients are allowed 1 evaluation per calendar year, any additional evaluations and all re-evaluations require a prior authorization.

Providers have 90 days from the date of service to request a retro authorization. Effective for dates of service on or after January 1, 2017, service limits will not apply for physical, occupational and speech therapy visits for ND Medicaid recipients under the age of 21.

All services submitted to ND Medicaid for payment must continue to be supported by medical records and documentation of medical necessity.



How well do you know your EMR/EHR System?

- The use of an EMR/EHR does not change provider responsibility when it comes to what is outlined in Medicaid policy
- The EMR/EHR system utilized by your clinic is your responsibility
- If you are not sure which system to purchase, then we suggest asking clinics what they use and why
- An EMR/EHR can save time, improve clinic efficiency and be a valuable asset but there are limitations to any product and your clinic needs to know what these are



How well do you know your EMR/EHR System?

- How well do you know your own EMR?
 - The use of EMR/EHR systems is growing but these systems do not replace practice/documentation requirements as outlined by ND Health and Human Services
 - Clinics should be well versed in the EMR/EHR uses to insure, at a minimum, it produces the basics of documentation when printed/submitted
 - You should review documentation prior to submission as we've seen systems produce documentation with:
 - Missing signatures
 - Missing credentials
 - Incomplete documentation



How well do you know your EMR/EHR System?

From an audit standpoint your EMR/EHR should produce documentation that, at a bare minimum, meets the criteria outlined on page 15 of the GPM

DOCUMENTATION GUIDELINES FOR MEDICAID

SERVICES - Your documentation records must:

- Thoroughly document the extent of services rendered and billed. These records are used to decide medical necessity and correct billing.
- Be in their original or legally reproduced form. This may be electronic.
- Support the time spent rendering a service for all timebased codes.
- Be kept for a minimum of seven (7) years from the date of their creation or the date when they were last in effect, whichever is later. Note: state law may require a longer retention period for some provider types.

- Be signed by the ND Medicaid-enrolled provider rendering the service. Claims selected for an audit that don't have signed records, shall be denied.
- Be legible, promptly completed, dated and time, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided consistent with organization policy. Signatures must follow Medicare requirements.
- Be kept confidential.
- * **DISCLAIMER:** These are taken from page 15 in GPM but providers are subject to documentation requirements as outlined throughout the manuals and policies of ND Health and Human Services

Provider Communications

- Provider/stakeholder <u>email list</u>
- <u>Provider updates</u> webpage
- MMIS provider message center once you have logged in to MMIS you should see your messages pop up. The messages might be an update, a revalidation that is due, etc. Please make sure to read the messages.

Please encourage your partners and contacts to subscribe to our emails and view provider news and information and MMIS messages for updates.



Current Audits

- Chiropractic
- DME
- Psych Services
- Add on Code
- Speech Therapy
- Home Health
- PERM Follow up Audits
- Ambulance Layperson Review



Contact Information



Program Integrity Team Contact Information

Program Integrity Unit Administrator – vacancy

Steven McNichols – Medicaid Audit Coordinator

Phone: (701) 328 – 4831 Email: smcnichols@nd.gov

Denise Martino - Fraud Waste & Abuse/Managed Care Oversight Administrator

Phone: (701) 328 – 4011 Email: dmmartino@nd.gov

Sarah Schaaf – QSP Administrator

Phone: (701) 328 – 4682 Email: <u>slschaaf@nd.gov</u>



Program Integrity Team Contact Information (cont.)

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Missy Rosales – SURS Analyst

Phone: (701) 328 – 3507 Email: melrosales@nd.gov

Brenda Elwood – QSP Analyst

Phone: (701) 328 – 8760 Email: <u>belwood@nd.gov</u>

Stacey Koehly – FWA Analyst

Phone: (701) 328 – 8680 Email: skoehly@nd.gov



Program Integrity Contact Information – Fraud, Waste and Abuse

General fraud email medicaidfraud@nd.gov

Phone number (701) 328-4024 OR (800) 755-2604 – select option 3 to report Medicaid fraud

Suspected fraud form (SFN 20) submission link https://apps.nd.gov/itd/recmgmt/rm/stFrm/eforms/Doc/sfn00020.pdf



Program Integrity Contact Information – Provider Enrollment

General provider enrollment email NDMedicaidEnrollment@Noridian.com



Program Integrity Contact Information – Provider Audit

General audit email <u>auditresponse@nd.gov</u>



Program Integrity Contact Information – Qualified Service Provider

General QSP email QSPEnrollment@noridian.com

Phone number (701) 277-6933

Suspected fraud form (SFN 20) submission link https://apps.nd.gov/itd/recmgmt/rm/stFrm/eforms/Doc/sfn00020.pdf



Future Dates

2023 dates

- October 25 from 1:30 to 2:30 p.m.
- October 26 from 8:30 to 9:30 a.m.