

Medicaid Provider Compliance Program & Provider Self Audits



***Fraud Prevention and Compliance Unit
May 2011***

How Do I Ask Questions?

- Any questions that arise during the teleconference may be emailed to: Kelly Bennett, at: Kelly.Bennett@ahca.myflorida.com
- While we will answer as many questions as possible during the teleconference, responses to all questions will be posted at:

http://www.fdhc.state.fl.us/Medicaid/deputy_sec_reтары/recent_presentations/index.shtml

Objectives

- Present a high level overview of a Compliance Program.
- Increase understanding of the value of self audits.
- Provide details on how to perform a self audit and submit it to Medicaid Program Integrity.

Why a Compliance Program?

- Federal and state law requires that providers ensure that the claims they submit to the Medicaid program are correct and properly reimbursed.
- Federal and state law requires that providers ensure that they are operating their businesses in compliance with governing laws.
- Having a compliance program in place and operating it satisfies this obligation.

Why a Compliance Program?, cont'd

- Mechanism to **prevent** and **detect** violations of law and/or policy.
- Defines **expectations** for employees for ethical and proper behaviors when conducting business.
- Demonstrates **commitment** to “doing the right thing.”
- Encourages problems to be **reported**.
- Provides mechanism for **ongoing** monitoring.

Seven Basic Elements of Effective Compliance Programs

1. Written Policies and Procedures
2. Designation of a Compliance Officer
3. Employee Screening
4. Education and Training
5. Internal Monitoring and Auditing
6. Discipline and Incentives
7. Investigation and Corrective Action

HHS, OIG Compliance Guidance/Federal Sentencing Guidelines.

Compliance Program

For further information access the website of the U.S. Department of Health & Human Services Office of Inspector General at:

<http://oig.hhs.gov/>



The screenshot shows a Windows Internet Explorer browser window displaying the website for the U.S. Department of Health & Human Services Office of Inspector General. The address bar shows the URL <http://oig.hhs.gov/>. The website header includes the title "U.S. Department of Health & Human Services Office of Inspector General" and the agency logo. Below the header, there are several sections: "OIG.HHS.GOV/Recovery" with a "Stop Medicare Fraud" alert, "Quick Links" for Exclusions Program, Online Exclusions Database, News Room, Fight Back Against Medical Identity Theft, Self-Disclosure Information, and Enforcement Actions, a "REPORT FUGITIVES" section titled "OIG's List of Most-Wanted Health Care Fugitives" with a sub-headline "Check out OIG's first-ever list of most-wanted health care fugitives. These 10 individuals have allegedly defrauded taxpayers of millions of dollars. For OIG, tracking more than 170 health care fugitives is a challenge, but you can help. If you have a tip about a featured most-wanted fugitive, send the information our way!", a "HEAT Provider Compliance Training" section titled "Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training" with a sub-headline "Office of Inspector General and other government experts are educating health care providers, compliance officers, and their legal counsel about the realities of Medicare fraud and the importance of implementing an effective compliance program. OIG will host our final free in-person training and webcast on May 18, 2011. Read more about the training and webcast.", a "REPORT FRAUD" section with "Email List" and "RSS" links, and a "REPORT FRAUD" button. A sidebar on the right contains a "REPORT FRAUD" button and a list of links: "OIG Home", "About OIG", "Publications", "Reports", "Testimony & Speeches", "Fraud Prevention & Detection", "Freedom of Information Act (FOIA)", "HHS Recovery Act Oversight", "Authorities & Federal Register Notices", "Career Opportunities", and "Site Map". At the bottom of the sidebar is a "Search OIG Web Site" box with an "Advanced Search" button. The Windows taskbar at the bottom shows the Start button, several application icons, and the system tray with the time 2:10 PM.

Medicaid Compliance & Documentation

- A provider is required to perform services or provide goods in accordance with Medicaid policy and appropriately document the service.
- A provider **certifies** compliance with the regulations when they **submit** a claim.
- Provider documentation **must demonstrate** compliance or non-compliance with Medicaid policy.

Fraud, Abuse, and Overpayment

- “Fraud” is an intentional deception or misrepresentation that includes any act that constitutes fraud under applicable federal or state laws.
- “Abuse” is any practice that is inconsistent with generally accepted practices (both clinically and from a business standpoint) which results in unnecessary costs to the Medicaid program.
- “Overpayment” is any amount that is not authorized to be paid by the Medicaid program regardless of whether it was paid as a result of a mistake or simple error, as well as fraud or abuse, or any unacceptable practices.

Florida Statutes definitions (found at s. 409.913(1), Florida Statutes)

Resolving Overpayments

- A provider can **void** or **adjust** a claim in the Florida Medicaid Management Information System (FMMIS).
- An **adjustment** is needed if the correction to the payment would result in a **partial refund** or the claim was underpaid. Only paid claims can be adjusted.
- A **void** is needed if the correction to the payment would result in a **complete refund** of the Medicaid payment to the fiscal agent.

Resolving Overpayments, cont'd

Instructions for how to void and adjust claims are included in:

- Florida Medicaid Provider Reimbursement Handbook, CMS-1500
- Florida Medicaid Provider Reimbursement Handbook, UB-04



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Recipients

Public Information for Recipients

- [Medicaid Options](#)
- [Help](#) COMING SOON!
- [Provider Directory Search](#) COMING SOON!
- [Recipient Notices](#) COMING SOON!
- [DCF ACCESS](#)

Secure Information for Recipients COMING SOON!

- Recipient Messages
- Child Health Check-up (CHCUP) Informing Letter
- Child Health Check-up (CHCUP) Recommendations
- Explanation of Medicaid Benefits (EOMB)
- Prior Authorization Status
- Referral Authorizations
- Proof of Insurance
- Replacement Medicaid Identification Card
- Medicaid Options Online Enrollment

Providers

• [Public Information for Providers](#)

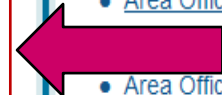
- Contact Us
- Bulletins
- Handbooks
- Fee Schedules
- Forms
- Training
- Provider Enrollment
- Out-of-State Provider Enrollment

• [Secure Information for Providers](#)

- Provider Demographic Maintenance
- Prior Authorization Search
- Recipient Eligibility
- Claims Status
- Claims Submission - Dental, Institutional, and Professional
- Provider Reports
- Trade Files Area
- Third Party Liability

Area Offices

- [Area Office Map](#)
- [Area Office 1](#)
- [Area Office 2a](#)
- [Area Office 2b](#)
- [Area Office 3a](#)
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REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTAR FRAUDE

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FLORIDA MEDICAID

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Providers

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Provider Fee Schedules

The current Medicaid Provider Fee Schedules are to furnish the Medicaid provider with the appropriate fee schedules for covered services provided to eligible Florida Medicaid recipients.

HP provides the Medicaid Provider Fee Schedules in PDF, Microsoft Excel, and ASCII delimited format.

IMPORTANT: Fee Schedules not posted on this page can be found in the provider specific Coverage and Limitations Handbook. Navigate to [Provider Handbooks](#) to view or download its contents. Also, to improve the viewing, saving, and printing of the Fee Schedules on this page, please review the following instructions.

To access the following documents, you must have [Adobe Acrobat Reader](#) installed on your machine.

To save a document from the list below, right-click the link and then select "Save Target As..."

Current Year

Handbooks

Category	Title	Size (KB)	Effective Date	Version
PROVIDER GENERAL	Provider General Handbook	5946	7/1/2008	1.3
COVERAGE AND LIMITATIONS	Advanced Registered Nurse Practitioner	364	1/1/2005	1.0
COVERAGE AND LIMITATIONS	Aged and Disabled Adult Waiver Services	13212	5/1/2009	1.0
COVERAGE AND LIMITATIONS	Ambulance Transportation	1044	2/1/2006	1.0
COVERAGE AND LIMITATIONS	Ambulatory Surgical Centers	1029	1/1/2006	1.0
COVERAGE AND LIMITATIONS	Assistive Care Services	1501	7/1/2009	1.0
COVERAGE AND LIMITATIONS	Birth Center and Licensed Midwife Service	321	1/1/2005	1.0
COVERAGE AND LIMITATIONS	Child Health Check-Up (formerly EPSDT)	468	10/1/2003	1.0
COVERAGE AND LIMITATIONS	Chiropractic Services	1196	1/1/2010	1.0
COVERAGE AND LIMITATIONS	Community Behavioral Health Services	2895	10/1/2004	1.0
COVERAGE AND LIMITATIONS	County Health Department Certified Match Program	140	10/1/2003	1.0
COVERAGE AND LIMITATIONS	County Health Department Clinic Services	1877	4/1/2008	1.2
COVERAGE AND LIMITATIONS	Dental	3618	1/1/2007	2.1
COVERAGE AND LIMITATIONS	Developmental Disabilities Waiver Services	2119	5/1/2010	1.0
COVERAGE AND LIMITATIONS	Durable Medical Equipment/Medical Supply Services	2153	6/1/2010	1.0
COVERAGE AND LIMITATIONS	Early Intervention Services	1332	8/1/2007	1.3
COVERAGE AND LIMITATIONS	Federally Qualified Health Services	2037	4/1/2008	1.2
COVERAGE AND LIMITATIONS	Freestanding Dialysis Center	976	5/1/2009	1.1
COVERAGE AND LIMITATIONS	Hearing Services	2470	7/1/2006	1.1
COVERAGE AND LIMITATIONS	Home Health Services	1715	7/1/2008	1.2
COVERAGE AND LIMITATIONS	Hospice Services	4652	1/1/2007	1.2
COVERAGE AND LIMITATIONS	Hospital Services	3562	6/1/2005	1.0
COVERAGE AND LIMITATIONS	Independent Laboratory Services	613	1/1/2007	1.1
COVERAGE AND LIMITATIONS	Intermediate Care Facility for the DD	740	10/3/2003	1.0
COVERAGE AND LIMITATIONS	Medicaid Certified School Match Program	1369	1/1/2005	1.0
COVERAGE AND LIMITATIONS	Medical Foster Care	1020	2/1/2007	1.1
COVERAGE AND LIMITATIONS	Mental Health Targeted Case Management	1059	6/1/2007	2.2
COVERAGE AND LIMITATIONS	Nursing Facility Services	1583	7/1/2004	1.0
COVERAGE AND LIMITATIONS	Optometry	1102	1/1/2007	2.1
COVERAGE AND LIMITATIONS	Physician	2116	11/16/2010	1.0
COVERAGE AND LIMITATIONS	Physician Assistant	413	1/1/2005	1.0
COVERAGE AND LIMITATIONS	Podiatry Services	489	1/1/2010	1.0
COVERAGE AND LIMITATIONS	Portable X-Ray Services	147	1/1/2005	1.0
COVERAGE AND LIMITATIONS	Prescribed Pediatric Extended Care Centers	765	2/1/2007	1.1
COVERAGE AND LIMITATIONS	Project AIDS Care Waiver Services	2169	12/1/2005	1.1
COVERAGE AND LIMITATIONS	Registered Nurse First Assistant	263	1/1/2005	1.0
COVERAGE AND LIMITATIONS	Rural Health Clinic Services	2697	1/1/2007	1.1
COVERAGE AND LIMITATIONS	State Mental Health Hospital Services	1009	7/1/2010	1.0
COVERAGE AND LIMITATIONS	Therapy Services	322	7/1/2008	1.1
COVERAGE AND LIMITATIONS	Traumatic Brain and Spinal Cord Injury Waiver Services	1457	4/1/2006	1.0
COVERAGE AND LIMITATIONS	Visual Services	1312	1/1/2010	1.0
PROVIDER REIMBURSEMENT	ADA Dental Claim Form	4652	7/1/2008	1.1
PROVIDER REIMBURSEMENT	CMS 1500 Claim Form	11203	7/1/2008	1.4
PROVIDER REIMBURSEMENT	Prescribed Drug Services	2997	5/1/2008	1.2
PROVIDER REIMBURSEMENT	Transportation	2416	7/1/1997	1.0
PROVIDER REIMBURSEMENT	UB-04 Claim Form	9481	7/1/2008	1.3

Disclaimer: The handbooks containing ACS information will be updated to reflect HP information in the



Elizabeth Dudek
Secretary



Medicaid



Health Quality Assurance



Florida Center for Health Information



Welcome to the Agency for Health Care Administration's Web site. Our mission is Better Health Care for All Floridians, and together we are responsible for the administration of the Medicaid program, for the licensure and regulation of health facilities and for providing information to Floridians about the quality of the health care they receive in Florida... [more information](#)

Every day we look for ways to improve health care in this state, and we appreciate your partnership in that effort. Thank you for the opportunity to serve you.

[FloridaHealthFinder.gov](#)

[Florida Health Information Network](#)

[Agency Alerts](#)

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[Public Meetings](#)

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- [Emergency Rules as Filed](#) (5mb): 59GER11-01, Developmental Disabilities Waiver Provider Rate Table; 59GER11-02, Developmental Disabilities Waiver Services Procedure Codes; 59ER11-03, Developmental Disabilities Waiver Residential Habilitation Services in a Licensed Facility Provider Rate Table; 59GER 11-04 Family and Supported Living Waiver Provider Rate Table; and, 59GER11-05 Family and Supported Living Waiver Services Procedure Codes.
- [Health Alerts](#) – Alerts provided by the US Food and Drug Administration (FDA), Department of Health and Human Services Centers for Disease Control and Prevention (CDC), and other entities regarding food, pharmacy, and provider health problems.
- [Provider Emergency Actions](#) – a listing of all regulated health facilities that have been placed under a moratorium on

Record Retention

Documentation must be up to date.

Providers must maintain

- medical
- professional
- financial
- business records



for at least **5 years** from the date of service.

Key Reminders

- Providers **must** maintain complete and accurate documentation for the delivery of goods and services.
- Keep your provider enrollment information updated with the Medicaid Fiscal Agent:
 - Change of Address
 - Change of Ownership
 - Change of Officers, Directors, Managing Employees
- Cooperate fully with records requests from Medicaid.

Tips to Minimize Non-Compliance

- Understand Medicaid policy and bill for Medicaid reimbursement according to policy.
- Void improper claims where that is reasonably practical.
- Conduct self audits on a routine basis.
- If you are under investigation DO NOT take action to void claims or submit a self audit.

Self Audits

What is a Self Audit?

- Audit of the provider's claims to Medicaid **for a specified period of time** performed by the provider.
- Audit should be a **detailed** evaluation of the provider's claims to Medicaid.
- It may be **focused** on particular issues or **comprehensive**.

What is a Self Audit?, cont'd

- Provider will specify audit period as well as issues to be addressed.
- A summary of the audit work plan, including the audit methodology, should be written.
- If the provider is interested in using statistics, the Self Audit Coordinator will help with the statistical sampling.

If a provider is under investigation by any federal or state agency, please do not submit a self audit without first speaking to the Self-Audit Coordinator.



Self Audit Types

- Voluntarily by a provider, unsolicited by the Agency for Health Care Administration.
- In response to a request by the Agency pursuant to an amnesty program under Section 409.913(25)(e), Florida Statutes.

Rule 59G-9.070 F.A.C.

The Agency's sanction rule (Rule 59G-9.070, Florida Administrative Code), is available electronically at the Department of State's searchable website.

www.flrules.org



The screenshot shows the website www.flrules.org in a Windows Internet Explorer browser. The page features a header with the Florida Department of State logo and navigation links. The main content area includes a search bar for rules and notices, with options to search by chapter number or FAW issues. There are also sections for 'I Want To' (with links like 'Leave a Comment' and 'Subscribe for notifications'), 'For Agencies only' (with links like 'Submit a Rule/Notice'), and 'Related Resources' (with links like 'Laws of Florida' and 'Florida Statutes'). A 'MyFLRules' section provides a login form. The browser's taskbar at the bottom shows several open applications, including Microsoft Outlook, Message, and PowerPoint.

Amnesty Program

Provider will receive notice from the Agency of a specific matter to be addressed by way of the self audit, along with other pertinent audit parameters.

- Self audit within a specified time frame if they wish to take advantage of the offer for amnesty from sanctions.
- Providers who avail themselves of the opportunity within the timeframe afforded by the Agency will benefit from the amnesty provisions.

Conducting a Self Audit

A provider has an obligation to ensure that claims submitted to the Agency are proper.

- When a provider determines that payments made to the provider were in excess of the amount due from the Medicaid program, the provider is obligated to **return the improper amounts**.
- Providers should return the improper amounts to the Agency along with **supporting information** that will allow validation of the overpayment amount.

Why Conduct a Self Audit?

- Medicaid provider has more control over the parameters of the audit.
- Less expenses for the provider who conducts a self audit.
- If accepted and overpayment repaid, no sanctions.

Example of Cost Savings

- Agency conducted audit includes expenses to the provider for the state performing the investigation (auditor, clinician, manager, and other necessary consultants).
- One missing medical record (supporting several Medicaid claims) could result in sanctions (in addition to the return of the reimbursement) of \$2,500 per claim.
- A routine comprehensive audit conducted by the Agency will result in fines that are minimally \$1,000 per non-compliant claim.

Documentation

Billing Provider information:

- Name
- Address
- Provider type
- Provider identification number(s)
- Tax identification number(s)
- Name, address, and telephone number of the designated contact for the provider regarding the self audit

Documentation, cont'd

Audit information:

- The provider should write a detailed description regarding the **audit methodology** and overpayment calculation used in the audit.
- Any other information that would allow verification of the claim(s).



AGENCY FOR HEALTH CARE ADMINISTRATION
SELF AUDIT WORKSHEET



PROVIDER NAME: _____ MEDICAID PROVIDER NUMBER: _____ DATE: ___/___/___
 PROVIDER TYPE: _____ CONTACT PERSON: _____ TELEPHONE NUMBER: _____
 ADDRESS: _____ TAX I.D.: _____ NPI: _____
 AUDIT PERIOD: _____ AUDIT TYPE: COMPREHENSIVE _____ FOCUS _____
 STATISTICS USED: (Y ___ N ___) CODES REVIEWED FOR FOCUS AUDIT: _____
 SAMPLE FROM AHCA: (Y ___ N ___)

DESCRIPTION OF AUDIT METHODOLOGY:

Recipient name	Recipient ID	Date of service	Date of payment	Code	Units of service	Treating provider	ICN	Findings	Reason

PROVIDER NAME – the name of the provider who received payment from AHCA

MEDICAID PROVIDER NUMBER – the nine (9) digit provider number to which AHCA made payment

DATE – the date the worksheet was prepared

PROVIDER TYPE – enter the type of provider you are enrolled as (for this provider number)

CONTACT PERSON – name of the person to contact about the self audit

TELEPHONE NUMBER – telephone number for contact person

ADDRESS – the address for written correspondence regarding the self audit

TAX I.D. – the federal tax identification number for the provider conducting the self audit

NPI – the national provider identifier for the provider conducting the self audit

AUDIT PERIOD – the time period covered by the audit (start date to end date)

**AGENCY FOR HEALTH CARE ADMINISTRATION
SELF AUDIT WORKSHEET**

PROVIDER NAME: _____ **MEDICAID PROVIDER NUMBER:** _____ **DATE:** ___/___/___

PROVIDER TYPE: _____ **CONTACT PERSON:** _____ **TELEPHONE NUMBER:** _____

ADDRESS: _____ **TAX I.D.:** _____ **NPI:** _____

AUDIT PERIOD: _____ **AUDIT TYPE:** COMPREHENSIVE ____ **FOCUS** ____

STATISTICS USED: (Y ___ N ___) **CODES REVIEWED FOR FOCUS AUDIT:** _____

SAMPLE FROM AHCA: (Y ___ N ___)

DESCRIPTION OF AUDIT METHODOLOGY:

Recipient name	Recipient ID	Date of service	Date of payment	Code	Units of service	Treating provider	ICN	Findings	Reason

AUDIT TYPE – a comprehensive audit is a review of all claims (or a statistically valid sample of all claims); a focus review is an audit of a subset of the provider’s claims, such as specified services

SAMPLE FROM AHCA – if statistical sampling was used, indicate whether AHCA assisted with obtaining the sample

AUDIT FINDINGS -- identify the claims that were reviewed and the findings of the review (whether the claim should be allowed or denied, and reasons for the denial)

STATISTICS USED – indicate whether the audit involved the use of statistical sampling for purposes of reviewing claims

AUDIT METHODOLOGY – provide a written explanation about how the audit was conducted; be as detailed as possible

**AGENCY FOR HEALTH CARE ADMINISTRATION
SELF AUDIT WORKSHEET**

PROVIDER NAME: _____ **MEDICAID PROVIDER NUMBER:** _____ **DATE:** ___/___/___
PROVIDER TYPE: _____ **CONTACT PERSON:** _____ **TELEPHONE NUMBER:** _____
ADDRESS: _____ **TAX I.D.:** _____ **NPI:** _____
AUDIT PERIOD: _____ **AUDIT TYPE: COMPREHENSIVE** ___ **FOCUS** ___
STATISTICS USED: (Y ___ N ___) **CODES REVIEWED FOR FOCUS AUDIT:** _____
SAMPLE FROM AHCA: (Y ___ N ___)

DESCRIPTION OF AUDIT METHODOLOGY:

Recipient name	Recipient ID	Date of service	Date of payment	Code	Units of service	Treating provider	ICN	Findings	Reason

How to Explain Non-Compliant Claims

Detailed description of the non-compliance. Examples include:

- service not rendered
- up-coding
- unqualified staff performing service
- incorrect dates of service
- incorrect recipient
- duplicate services
- unbundling
- service not documented

Verification will depend on the **quality** and **thoroughness** of the provider's review and self audit report.

- The Agency will work closely with providers to answer any questions that they may have.
- Providers or their representatives may contact the Medicaid Program Integrity (MPI) Self Audit Coordinator for additional information and to submit self audits, at:
Pam.Fante@ahca.myflorida.com

Agency Verification, cont'd

Upon completion of the Agency's review of the self audit, the audit will either be accepted or declined.

- Accepted audits will result in the issuance of a letter stating the amount of money to be repaid and providing repayment instructions.
- Audits that are not accepted will be returned to the provider for corrections, with an explanation regarding why the audit could not be accepted.

Agency Verification, cont'd

- Participation in a self audit does not eliminate the possibility of further review by the Agency and does not affect in any manner the Agency's or other regulatory or law enforcement agencies' ability to pursue criminal, civil, or administrative remedies.
- **Provider shall maintain copies of all self audit information and documentation for future reference.**

Self Audit Submissions

Unless otherwise agreed upon, send self audit submissions to:

Agency for Health Care Administration
Medicaid Program Integrity
Attention: Special Audit Coordinator
2727 Mahan Drive, MS 6
Tallahassee, Florida 32308

Additional Resources

- For more information about conducting self audits, contact the Agency Office of Inspector General, Bureau of Medicaid Program Integrity Self Audit Coordinator, Pam Fante, at: Pam.Fante@ahca.myflorida.com
- Information about self audits and other compliance-related issues are published in the [Medicaid provider bulletins](#).
- The [Winter 2010 Bulletin](#) and the [Fall 2010 Bulletin](#) include articles addressing provider compliance and self audits.
- To obtain additional information about provider compliance or to submit questions that arise after this presentation, please contact Kelly Bennett at: Kelly.Bennett@ahca.myflorida.com