Calendar Year 2017 SWMBH Compliance Auditing and Monitoring Plan

The Program Integrity and Compliance Calendar Year 2017 Audit and Monitoring Plan reviews services delivered by CMHSPs as well as contracted service providers to assess compliance with applicable Federal and State billing and licensing rules, applicable contracts, and SWMBH policies and procedures. The reviews are also designed to monitor and detect deficiencies in processes used for coverage determinations and claims adjudication. The Audit and Monitoring Plan focuses on review of services that fall under the following business lines: Medicaid, Healthy Michigan, MI Child, Autism Waiver, SED Waiver, and MI Health Link. SAPT Block Grant and P.A.2 funds are monitored by SWMBH Provider Network and SWMBH SUD departments through the following: 1) Site reviews that include a review of services paid for with Block Grant funds; and 2) Work Plan submission, approval, and outcomes monitoring for Block Grant FSR contracts and P.A.2 funds.

	Audit Topic	Audit Mechanism	Known Risks and/or Purpose of Audit	Frequency of Audits	Responsibility
1	a. Medicaid Services Verfication Review	Review Medicaid covered services using the Medicaid Services Verification Review Tool. Combines the Verification of Delivery of Medicaid Services and the External Claims Review tools. Tool will identify those items for which scores will be reported to the State. Reviews both CMHSP and externally provided Medicaid services for documentation and claims/payment accuracy.	1) Required through PIHP/MDHHS contract.	Quarterly audit (based on Fiscal Year Quarters beginning 10/01/2016) consisting of a sample for CMHSPs of 15 internal services and 15 external services. CMHSP sampling universes will be stratified to remove the top providers that will be independently audited. Audit will consist of a sample of 30 dates of service from SUD providers collectively, 15 dates of service for each of the top three hospital providers (by dollar figure), 15 dates of service for each of the top three external providers (by unit volume), and a 30 date of service sample for the remaining providers in the region. Samples pulled utilizing sampling specifications consistent with the OIG Self Reporting Protocol.	Program Integrity & Compliance

Resources:
OIG 2016/2017 Work Plans
OIG Audit Reports

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3	2017 Documentation Review Plan		1) State Medicaid Director Letter 10/1/2010 requiring each State to develop and implement a Medicaid Recovery Audit Contractor program. 2) 11/10/2010 Draft Federal Register providing guidance to States related to Federal/State funding of State start-up, operation and maintenance costs of Medicaid Recovery Audit Contractors (Medicaid RACs) and the payment methodology for State payments to Medicaid RACs in accordance with section 6411 of the Affordable Care Act.		
	a. Residential personal care and community living services	Review of personal care and community living services through the annual documentation review plan.	1) Continued OIG review due to current and anticipated increased spending. 2) Past audit findings through SWMBH. 3) Issue again cited by OIG in 2017 Work Plan	This sample is included in the claims sample for each CMHSP as part of the Medicaid Services Verification Audit. Please see that audit topic for further detail.	Program Integrity & Compliance
	b. SUD services	Review of SUD services through the annual documentation review plan. Includes SUD Providers and CMHSP SUD Providers.	1) Past audit findings through SWMBH.	Annual sample size of 5% of individuals served OR 8 consumers minimum, per Provider. If Provider operates multiple service locations, then 5% or 5 consumers per site, whichever is greater. This sample demographic is also included with the Medicaid Services Verification Review, please see that audit topic for additional detail.	Provider Network

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	c. Inpatient hospital services E/M Code Audit	Review of inpatient psychiatric hospital services paid for by Medicaid through the annual documentation review plan.	1) Services have been subject to minimal review in the past. High cost service. 2) Past audit findings regarding coding accuracy & documentation sufficiency.	Annual sample of 100 DOS utilizing sampling specifications consistent with the OIG Self Reporting Protocol. Universe to be stratified to select 50 DOS with a bundled code, and 50 DOS with a reviewable physician E/M code. Contracted Code Auditor to perform code audit of 50 DOS physician E/M codes.	Program Integrity & Compliance
	d. CMHSP provided services	Review of participant CMHSP provided services through the annual documentation review plan.	1) Past and continued OIG focus on home and community based services and specific audit findings. 2) Past audit findings through SWMBH.	Annual sample size of minimum 30 consumer records, up to 1% of individuals served, per CMHSP. Provider Network with stratify within Universe to determine focus areas. Not dos specific, rather review will focus on entire scope of care.	Provider Network
	e. HCBS provided in the consumer's home.	Review HCBS provided in the consumer's home through the annual documentation review plan.	1) Past and continued OIG focus on home and community based services and specific audit findings. 2) Prevalence of fraud cited in 2017 OIG Work Plan.	Annual sample of 50 DOS utilizing sampling specifications consistent with the OIG Self Reporting Protocol. This sample demographic is also included with the Medicaid Services Verification Review, please see that audit topic for further detail	Program Integrity & Compliance
8	Medicare claims audit (Duals)	Review of Medicare provider claims. Review of supporting documentation as necessary.	Required as set forth in the contracts with Aetna and Meridian to audit for 1) financial accuracy by looking at under/over payments related to claims, 2) to maintain an acceptable level of correctly paid/denied claims, and 3) to maintain an acceptable percentage of claims that were properly coded	Monthly sample of 100 DOS (or more to include at least 1 DOS from each Provider who submitted a claim) utilizing sampling specifications consistent with the OIG Self Reporting Protocol.	Program Integrity & Compliance

Prioritization of Audit Items:

Resources:
OIG 2016/2017 Work Plans
OIG Audit Reports

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Audit Topic	Audit Mechanism	Known Risks and/or Purpose of Audit	Frequency of Audits	Responsibility

Red: These audit items are of highest priority based upon known risks identified through prior compliance analysis or investigations and/or they are contractual requirements. Compliance resources will be allocated to these items in such a way as to complete the audits before the end of the calendar year 2017 and/or pursuant to contractual requirements.

Orange: These audit items are moderate priority based upon known risks identified through prior compliance analysis or investigations and State/Federal audits. Compliance resources will be allocated to these audits in such a way as to complete the audits before the end of the calendar year 2017.

Yellow: These audit items are of lowest priority. At a minimum, these audits will be started during calendar year 2017.

Resources:
OIG 2016/2017 Work Plans
OIG Audit Reports