

**SWMBH FY2020 Payment Integrity and Clinical Quality Audit and Monitoring Plan**  
**October 1, 2019 - September 30, 2020**

The SWMBH FY2020 Payment Integrity and Clinical Quality 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 business 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, SED Waiver, and MI Health Link, SAPT Block Grant and P.A.2 funds both in Fee-for-Service claims and net cost contract formats.

	Audit Topic	Audit Mechanism	Known Risks and/or Purpose of Audit	Frequency of Audits	Responsibility
1	<p><b>Medicaid Services Verification Claims Review</b>  <b>CONTRACT REQUIREMENT:</b>                      Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY 20 Contract - Attachment P6.4.1.</p>	<p>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 CMHSP provided services, CMHSP provider services, and SUD services paid for utilizing Medicaid funds for documentation and claims/payment accuracy.</p>	<p>1) Required through PIHP/MDHHS contract; 2) Procedures prescribed by MDHHS Technical Advisory; and 3) Additional elements added to address known risk areas (overlapping billing, IOP, etc.).</p>	<p>Quarterly audit (based on Fiscal Year Quarters beginning 10/01/2019) consisting of a sample for CMHSPs of 15 internal services and 15 external services. CMHSP sampling universes will be stratified to remove the top external providers and top hospital providers that will be independently audited. Audit will consist of a sample of 30 dates of service from SUD providers collectively (stratified to remove any SUD provider that is also a top external provider), 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 60 date of service sample for the remaining providers in the region. Samples pulled utilizing sampling specifications consistent with the OIG Self Reporting Protocol.</p>	<p>SWMBH Program Integrity &amp; Compliance</p>
2	<p><b>MI Health Link (Medicare) Claims Review (Duals Demonstration)</b></p>	<p>Review of MI Health Link provider claims. Review of supporting documentation as necessary.</p>	<p>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.</p>	<p>Quarterly sample of 30 DOS for each CMHSP. 15 SUD 15 Mental Health as long as there enough SUD claims to monitor. 30 DOS for non-SUD service providers and 30 DOS for SUD service providers Quarterly. Total quarterly sample of 300 DOS.</p>	<p>SWMBH Program Integrity &amp; Compliance</p>

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3	<b>Block Grant FFS Claims</b>	Review of Block Grant Fee-for-Service claims including ATP process. SWMBH work plan included with contracts, and supporting documentation from Provider as necessary.	1) SWMBH Organizational Risk Assessment identified very minimal oversight of Block Grant funding stream; 2) Past findings concerning ATP process.	A review is to be conducted of Block Grant Fee For Service claims by using the SUD Block Grant Claims Audit tool approved by the SWMBH Corporate Compliance Committee. Compliance Specialist does a sample size made up of 60 dates of service randomly selected on a quarterly basis of SUD FFS providers in the region to utilize block grant funds.	SWMBH Program Integrity & Compliance
	<b>Net cost Contract Review</b>	Review of SUD Net Cost Contracts - review to include FSR (financial status reports) and Data Template review, SWMBH work plan included with contracts, and supporting documentation from Provider as necessary.	1) SWMBH Organizational Risk Assessment identified need for Funding Stream Oversight, prior there was no oversight if the data templates are being submitted.	Annual review of each provider during PNM site review. Providers that only hold a Net Cost Contract and do not undergo an annual site review - review to be scheduled by SWMBH PI/C. Further methodology to be developed.	Program Integrity & Compliance - to be coordinated with PNM and SUD site reviews to reduce provider burden and improve efficiency.
4	<b>a. Residential personal care and community living services</b>	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.	SWMBH Program Integrity & Compliance
5	<b>c. SUD Site Review</b>	Chart review of SUD services provided by SUD Providers, including CMHSP SUD Providers, paid for utilizing Medicaid, Healthy Michigan Plan (HMP), and Block Grant funds.	1) Past audit findings through SWMBH.	Annual sample size of 10% of staff for each provider or CMHSP with a minimum of 5 staff members.	SWMBH Provider Network and SWMBH Clinical Quality

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<p><b>6</b></p> <p><b>e. Inpatient Psychiatric Hospital Services Clinical Review</b></p>	<p>Administrative and Clinical review of inpatient psychiatric services paid for utilizing Medicaid and Healthy Michigan Plan (HMP) funds.</p>	<p>1) Services have been subject to minimal review in the past and are a high cost service; 2) Review pursuant to the PIHP Statewide Provider Monitoring - Inpatient Protocol under the Statewide Reciprocity Agreement; 3) Claims/coding/payment/COB accuracy due to past audit findings regarding coding accuracy &amp; documentation sufficiency.</p>	<p>SWMBH Clinical Quality working with Statewide Reciprocity Workgroup re: Inpatient Review methodology, and working with CMHSP PNM/RR officers re: responsibility for auditing inpatient providers physically located within Region 4. Review will utilize approved Inpatient Protocol. PI/C will review Inpatient review tool to focus on remaining risks (claims accuracy/coding accuracy/payment appropriateness/COB). If additional claims review is indicated, PI/C will coordinate with PNM to audit at the same time as the Inpatient Review for an efficient approach. Methodology for out of Region contracted inpatient providers yet to be determined.</p>	<p>Coordinated by SWMBH Clinical Quality for entire Region pursuant to the PIHP Statewide Inpatient Reciprocity protocol</p>
<p><b>7</b></p> <p><b>Crisis Residential Administrative Services Review</b></p>	<p>Administrative and Clinical review of crisis residential services paid for utilizing Medicaid and Healthy Michigan Plan (HMP) funds.</p>	<p>1. Administrative oversight and monitoring as well as Clinical quality and adherence to the standards outlined in the Medicaid Provider Manual.</p>	<p>Annual sample size of 5% of staff for each provider with a minimum of 8 clinical files. Clinical sample size is 5% or no less than 8 files, staff file sample size is 5% or no less than 5 files. If multiple sites, files to be reviewed from each site. Provider Network with stratify within Universe to determine focus areas. Not DOS specific, rather review will focus on entire scope of care.</p>	<p>SWMBH Provider Network Managenet &amp; SWMBH Clinical Quality</p>

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<b>7</b>	<b>Annual CMHSP Site Review</b>	Administrative and Clinical review of functions delegated to participant CMHSP related to Medicaid and Healthy Michigan Plan (HMP) funds.	1) Title 42: Public Health PART 438—MANAGED CARE Subpart D—MCO, PIHP and PAHP Standards  \$438.230 Sub contractual relationships and delegation	Annual sample size of 5% of staff for each provider or CMHSP with a minimum of 8 clinical files. Clinical sample size is 5% or no less than 8 files, staff file sample size is 5% or no less than 5 files. If multiple sites, files to be reviewed from each site. Clinical Quality will stratify the information within the Universe to determine focus areas. Not DOS specific, rather review will focus on entire scope of care.	SWMBH Provider Network & SWMBH Clinical Quality Departments
<b>8</b>	<b>Business Associate/ Qualified Service Organization Agreement Annual Review</b>	Review of Business Associate Agreements. Internal	No current monitoring occurring on a regular basis. Risk Assessment indicated an annual audit of BAAQSOA to ensure they are current and that all applicable vendors have one as needed.	1. Annual review of all BAA/QSOAs 2. Make sure that each BAA/QSOA is valid and current. 3. If the agreement is deemed invalid or not current, additional review is needed. 4. This is an internal audit and will not incorporate cooperation from the BA/QSO unless agreement is deemed invalid.	SWMBH Program Integrity & Compliance
<b>9</b>	<b>Autism Provider Reviews</b>	Administrative review and brief clinical review for State of Michigan quality metrics.		Annual.	SWMBH Clinical Quality

**Prioritization of Audit Items:**

**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 2020 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 2020.

**Yellow:** These audit items are of lowest priority. At a minimum, these audits will be started during calendar year 2020.