

Missouri Medicaid Audit & Compliance RCFs & ALFs Overview

Who is MMAC?

Missouri Medicaid Audit and Compliance Unit Mission

We protect the integrity of the Missouri State Medicaid Program by detecting and preventing fraud, waste and abuse, and recovering improperly expended Medicaid Funds, while ensuring high-quality care for Missouri citizens.

- Director: Richard Ferrari

- Sections within MMAC:
  - Administrative Unit
  - Financial Unit
  - Investigations/Terminations Unit
  - Provider Review and Lock-In Unit

  ***Provider Enrollment – Moved to MHD (Internal reorganization – operations remain the same)

Collaborating Partners

- Attorney General's Office (AGO)
- Contracted Vendors
- Department of Health and Senior Services (DHSS)
- Department of Mental Health (DMH)
- Medicaid Fraud Control Unit (MFCU)
- MO HealthNet Department (MHD)
- Secretary of State (SOS)

Provider Review Role for Auditing RCFs & ALFs

- Post-payment review of claims to ensure Providers are complying with federal and state laws, regulations, policies, and procedures found in the provider manuals.

- Ensure compliance with the Plan of Care

Where Audit Referrals Come From:

- MMAC receives referrals from:
    - Data Analytics, both internal by MMAC and external by CMS (new MEVIA Dashboard) and HFPP (analytics and dashboards)
    - DHSS
    - MMAC Hotline (email and phone)
    - MO HealthNet

Case Audit Process

- Determine a provider to review
  - Referral
  - Analytics/ Dashboards
  - Random- Provider has never been reviewed
- Run Claims reports
- Create participant list and send records request to provider
- Review the requested records

Case Audit Process Cont.

- Based on findings cases could have the following outcomes:
  - Findings of No Errors
  - Education or Overpayment
  - Referral to MMAC Investigations
  - Referral to Outside Agency such a professional registration, WIU, etc.
  - Pre-Payment Review (PPR)
  - Participation Suspension
  - Payment Suspension
  - Termination

Auditing Providers

- The following are used to assist MMAC in review and enforce compliance:
  - Code of Federal Regulations (CFR)
    - https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-456
  - State Statues- Revised Statutes of Missouri (RSMo)
    - https://revisor.mo.gov/main/OneChapter.aspx?chapter=198
  - 13 CSR 70-3.030 gives MMAC the authority to enforce compliance
    - https://www.sos.mo.gov/cmsimages/adrules/csr/current/13csr/13c70-3.pdf

Auditing Providers Cont.

- The following are used to assist MMAC in review and enforce compliance continued:
  - Code of State Regulations (CSR)
    - https://www.sos.mo.gov/cmsimages/adrules/csr/current/19csr/19c30-86.pdf
  - MO HealthNet Provider Manuals
    - https://dss.mo.gov/media/file/personal-care-provider-manual

Types of Audit Reviews

- **Desk Review**
  - Records request sent via mail, fax, or email to provider
  - List of participants with the types of records being requested as well as the time-period
  - Employee Records
  - Billing Checklist
  - Documentation Disclosure Statement

Types of Audit Reviews Cont.

- **On-Site Review**
  - Provider may be given a list of the participants names and dates of service a few days prior to review, or a list will be given once MMAC staff arrive.
  - Retrieve all records including employee records for employees providing services during requested time-period.
  - Confirm Records are stored in a locked file cabinet
  - Confirm medications are stored in at least one locked door or cabinet and accessible only to persons authorized to administer medications
  - Conduct an exit conference.
  - Ensure providers know where the regulations, manuals, bulletins, hot tips, etc. are located.
  - Billing Checklist
  - Documentation Disclosure Statement

Participant Records Reviewed

Participant Care Records

- The care plan authorization from the participant's electronic case record, which documents authorization for all units of service provided
- For RCFs and ALFs, the personal care aide's name, participant's name, dates of service delivery, and activities performed on each date. All paid units of service must be documented. Reference **13 CSR 70-91.010(4)(A)2.A-F** for additional documentation requirements. If these documents are not maintained in the participant's case record, they must be maintained in an area that is readily available for monitoring or inspection by DSS and DHSS.

Participant Records Reviewed Cont.

Participant Care Records Cont.

- RCF/ALF personal assistant providers are not required to use EVV; however, they must document the following:
  - The date of service
  - The time spent providing the service, documented by one (1) of the following methods:
  - Actual clock time of the start and actual clock time of the end of any period of uninterrupted one (1)-on-one (1) service to a single individual. For example, if a personal care aide is providing services to one (1) individual and devotes undivided attention to the care required by that individual, the actual clock time the aide began the services is the start time, and the actual clock time the aide finished the care is the end time. (For example: 9:30 a.m. to 10:30 a.m.)

Participant Record Reviewed Continued

Participant Care Records Continued

- When the personal care aide divides their time among several individuals, all tasks performed for each participant by date of service and by staff shifts during each 24-hour period must be documented
- Any other method that includes all required elements of documentation listed in this section
- A description of the service (specific tasks)
- The name of the personal care aide who provided the service
- The participant's name and MO HealthNet ID/DCN

- Any other pertinent documentation regarding the participant

Employee Records Reviewed

Employee Records

- Written documentation maintained in the facility showing actual hours worked by each employee
- FCSR Check
- Tuberculosis Screening
- Proof of licensure by the MO Board of Nursing for the review period (For Nurse Staff)

Employee Records Reviewed Cont.

Employee Records Cont.

- Prior to or on the first day that a new employee works in the facility he or she shall receive orientation of at least one (1) hour appropriate to their job function. This shall include at least the following:
  - Job responsibilities
  - Emergency response procedures
  - Infection control and handwashing procedures and requirements
  - Confidentiality of resident information
  - Preservation of resident dignity
  - Information regarding what constitutes abuse/neglect and how to report abuse/neglect to the department (1-800-392- 0210)
  - Instruction regarding the rights of residents and protection of property
  - Instruction regarding working with residents with mental illness

Agency Records Reviewed

Agency Records

- Residential care facility with 12 or more residents-documentation of informing the residents of activities
- Admission information
- Monthly review of the residents
- Record of daily resident census
- Residential Care facility license

RCF/ALF Staffing Requirements

- The Facility shall employ a licensed Nurse eight (8) hours per week for every thirty (30) residents to monitor each resident's condition and medication.
- Staffing for Residential Care Facility
- The facility shall have an adequate number and type of personnel on duty at all times for the proper care of residents and upkeep of the facility. At a minimum, one (1) employee shall be on duty for every forty (40) residents to provide protective oversight to residents and for fire safety. I/II
  - Staff-Residents Ratio
    - 1 1–40
    - 2 41–80
    - 3 81–120
    - 4 121–160

Common Findings from RCF/ALF Reviews

- **Common Findings**

  - FCSR not completed prior to service delivery/ qualifying hits on FCSR without good cause wavier
  - Staff members not receiving proper training or training not being properly documented
  - Overlapping times with other services being provided or participants being in the hospital but provider bills for participant in the RCF/ALF
  - Providers billing for all available units on the authorized care plan instead of by the units actually rendered

Common Findings from RCF/ALF Reviews Cont.

- **Common Findings Continued**

  - Altered FCSR submissions or screenings – Falsified the document. This is an automatic referral to investigations for further review.
  - Lack of the documentation required to indicate participants received care while residing in the RCF/ALF
  - Lack of Authorized Care Plan being submitted or Authorized Care Plan not being followed

Administrative Actions

For identified deficiencies, MMAC may take actions pursuant to 13 CSR 70-3.030, which includes, but are not limited to:

- Education
- Recoupment
- Suspend MO HealthNet Payments
- Suspend MO HealthNet Participation
- Termination

Helpful Numbers/Emails

MMAC: 833.818.1183 (Phone)

573.526.4375 (Provider Review Fax)

MMAC HCBS Email:

MMAC.CDS@dss.mo.gov

Fraud Hotline: 573.751.3285

MMAC Fraud E-Mail:

MMAC.ReportFraud@dss.mo.gov

Participant Services: 800.392.2161

Helpful Numbers/Emails Cont.

Provider Education Unit: 573.751.6683

Provider Relations Communication Unit: 573.751.2896

Questions?

