Preparing for Alaska's Medicaid coverage and payment provider reviews: Are You Ready?

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Discuss Alaska's New Regulation Regarding Medicaid Coverage and Payment, Audits and Reviews

Effective Date: June 7, 2018

7 AAC 160.115: Duty of a provider to identify and repay self-identified overpayments

- (a) An enrolled provider who bills the department for services rendered during a calendar year shall conduct, once every two years, a review or audit of a statistically valid random sample of claims submitted to the department for reimbursement, unless the provider is being audited under AS 47.05.200 (a).
- Providers are required to complete a self-audit once every two years. The first self-audit is due on or before June 7, 2020.
- The universe of claims from which the random sample is drawn must be all claims that are billed with dates of service during the calendar year for the provider and that may be identified at the taxpayer identification level.
- Appropriate correction action must be taken for identified deficiencies.

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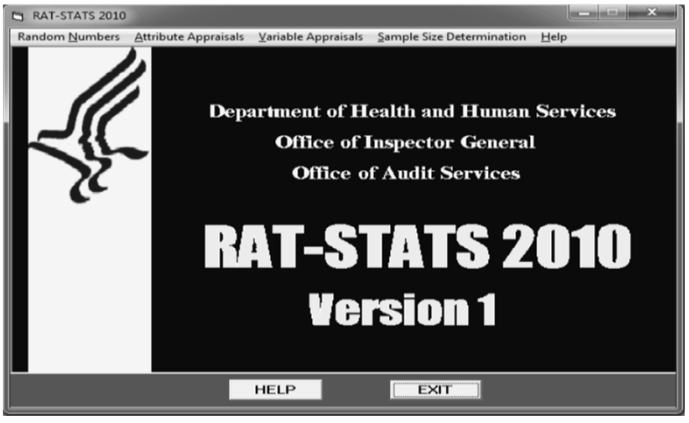
- (b) A biennial review or audit conducted under this section shall be conducted not earlier than one year following the end of the calendar year to allow for timely filing of all claims.
- (c) The provider may use any widely accepted statistical software, such as RAT-STATS, to assist in sample size determination, and sample selection, using a minimum of a 90% confidence interval.
- (d) If overpayments are identified, the provider shall report each overpayment to the department not later than 10 business days after identification of that overpayment.

RAT-STATS (https://oig.hhs.gov/organization/oas/ratstats/UserGuide2010_04js.pdf)



Excel Sampling

7 AAC 160.115: Duty of a provider to identify and repay self-identified overpayments

- (e) Provider reimbursed $30,000 or greater for services during the year shall submit a report to the department detailing the claims audited or reviewed together with the results of that review or audit.
- A provider who was reimbursed $10,000 or greater but less than $30,000 is not required to submit the report to the department bur must have the report available for review by the department.
- A provider who was reimbursed less than $10,000 is not required to produce a report but shall have a attestation form on file (in writing on form prescribed by the department) and available for review by the department.

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- (f) A provider shall retain audit documents and reports created as a result of the review for at least seven calendar years following completion.
- (g) Not later than 30 days after identification of the overpayment, the provider shall enter into a repayment agreement with the department. The repayment could be any one of the following:
  - a lump sum payable not later than two months after the date of the discovery of the overpayment;
  - a payment plan not to exceed two years in length; the department can extend;
  - By offsetting future billings by the provider, the amount offset must be repaid not later than two years from the date of the agreement.

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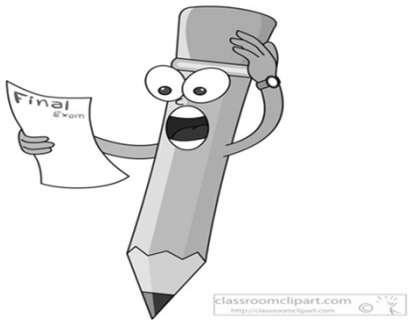
- (h) If a provider defaults on a repayment in (g) of this section, the department may require immediate payment of the total amount due. If a provider defaults on paying the total amount, the provider is subject to sanctions under 7 AAC 105.4000 – 7 AAC 105.490. Sanctions may include termination from the Medicaid program.
- (i) The department may review the results of a provider-conducted self-review for accuracy. If the provider does not provide an opportunity for department determines that the provider's self-review is inaccurate, the provider is subject to sanctions.

Discuss How to Plan for These Provider Audits

Planning for the Audits

- Analyze providers Medicaid reimbursement to determine reporting responsibilities.
- Who is going to conduct the audits (internal vs. external)?
- What time period are you going to audit?
- What sampling method will be used?
- What dates will you perform the audits?
- Does your record retention policy provide for retention of the audits in accordance with the statute?

Discuss How to Prepare Your Providers for These Audits



Preparing Providers

- Develop communication plan
- Meet with your leaders
- Educate your providers regarding the process

Resources

- http://dhss.alaska.gov/Commissioner/Documents/medicaid/JU2017200285-Medicaid-Coverage-Payment-Audits-and-Reviews.pdf
- http://dhss.alaska.gov/Commissioner/Documents/medicaid/72hr-Contemporaneous-Documentation-and-Provider-Self-Audit-FAQs.pdf
- http://dhss.alaska.gov/Commissioner/Documents/medicaid/PV-Self-Audit-Attestation.pdf
- http://dhss.alaska.gov/Commissioner/Documents/medicaid/CMS-Self-Audit-Booklet-Feb-2016.pdf