305.0 Monitoring and Oversight of Provider SLA Billing

305.1 Policy Approval Clearance Record

___ Mental Health Policy __ Developmental Services Policy _X__ Rural Services Policy	This policy supersedes: NA	Number of pages in Policy: 5
Review by Representative from the Office of the Attorney General:	Date: n/a	Date Policy Effective: 6/7/11
Rural Services Director Approval Signature: *Barbara Legier*	Date: 6/7/11	Policy Lead: Eric Skansgaard

305.2 Statement of Purpose

305.2.1 **Policy Statement:** Rural Services will maintain a comprehensive process providing oversight, monitoring, and review of provider billing.

305.2.2 **Purpose:** To ensure agency and provider staff have a process to identify and correct billing errors in compliance with regulatory requirements of Nevada Medicaid and state law.

305.3 Authority

CMS Waiver for Persons with Mental Retardation and Related Conditions #0125.90.R3

NRS 435

Nevada Medicaid Chapter: 2103.2B.1.i

Nevada Medicaid Chapter: 2103.17

305.4 Definitions

305.4.1 **See Rural Services Policy 000 Standard Definitions**

305.5 Procedures

3055.1 Rural Services staff will coordinate resources to support the following monthly procedure:

A. A random sample is selected by Quality Assurance (QA) staff. Sample will include one individual served by each Supported Living (SLA) provider. Minimum sample size per month is 10.

B. QA staff e-mails names of individuals to be included in audit to the Fiscal Office and the assigned Developmental Specialist III (DS-III) and copies supervisors by the 5th fiscal day of the month for audits of the previous month's billing.

C. Fiscal office copies a) the billing packet and the SLA Agreement for individuals selected in the sample audit and, b) for 24 hour living arrangements, copies of roommates' SLA Agreements. Original invoice and packet will be forwarded to the DS-III for review.

D. DS-IIIs copy and send to designated QA staff current ISP and Service Authorization related to the sample individual and audit month within 3 fiscal days of notification.

E. Fiscal office convenes a team to review and tally the 24 hour shift logs and ancillary logs related to the sample individual and roommates as applicable.

F. QA staff schedules and notifies audit team of date and time of the audit process.

G. Audit team consists of QA, Fiscal Office and Community Services staff.

H. Team will review billing to include:

1. ISP
2. Service Authorization
3. SLA Agreement
4. Invoice
5. 24 Hour Logs
6. Direct Service Logs
7. Support Management Logs
8. Ancillary Logs
9. Habilitation Data Sheets
10. Nutritionist Report of service
11. Nursing Report of service
12. Behaviorist Report of service
13. SLA Agreements of sample individual's roommates.

I. Auditor will complete a "SLA Billing Audit Worksheet" for all individuals in sample

J. Worksheets are compiled by the QA staff and reviewed for accuracy. QA staff will enter data onto spread sheet and submit to QA III and Fiscal Office.

K. QA staff will send copies of audit worksheets to assigned DS-III supervisor for review and follow up with DS-III as needed. DS IV and DS III will work with provider to implement corrective action and document on the audit worksheet.

L. DS-IV will track status of all corrective actions until closure.

M. All applicable Audit Work sheets will be sent to the QA III by the DS-IV supervisor within 10 working days noting that corrective action has been completed. QA III will review and send to Fiscal Office for inclusion in auditing packet.

N. Fiscal office will generate "Financial Audit Findings" letter and submit to the provider for review and action as applicable. ASO III, QA III and Community Services Director will be copied. (Fiscal Office will review returned invoice from the DS-III and note any adjustments prior to finalizing letter the Fiscal office will generate a quarterly report summarizing financial audit findings which will be reported to MARS

O. DS-IV will notify Community Services Director, ASO, and QA staff of all delinquent or inadequate corrective action notifications on file for future review or additional auditing purposes.

P. Fiscal Office will notify the Community Services Director and QA III of all delinquent or inadequate corrective action.

Q. The Fiscal Office will notify the Agency Director, who will notify the Division of Mental Health / Developmental Services (MHDS) Director (or designee) prior to any requests to providers for reimbursement of payment related to billing discrepancies.

R. Upon acknowledgment from MHDS Director (or designee), the Fiscal Office will send final notification letter to applicable provider and will track until reconciliation of invoice is completed.

S. Upon completion of process, Fiscal Office will review and ensure billing to the Medicaid fiscal agent is/was accurate and make adjustments as applicable.

305.5.2 Timelines:

Table 305.1: Timelines for Monitoring and Oversight of Provider Billing Policy

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
305.5.1 A,B	5th fiscal day of each month	1st of each month	QAS III	Select audit sample including one person from each SLA provider, minimum size of 10. email sample to fiscal office and assigned DS-III
305.5.1.D	3 fiscal days	Notification of sample by QAS III	DS-III	Copy ISP, Service Authorization, Contract, and related logs and audit materials and submit to designated QA Staff
305.5.1.L	10 working days	Receipt of completed audit worksheet	DS-IV	Submit completed audit worksheet to QAS III showing corrective action has been taken

305.5.3 Documentation: The QAS III or designee will maintain audit worksheets in the Quality Assurance Office. Audit worksheets will be used as a data source for ongoing quality assurance reviews pertaining to provider certification.

305.5.4 Supervisory Responsibility: Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and procedures and understand the definitions and will revisit this policy periodically, but no less than annually for recommendations for improvement or additions.

305.6 Attachments

305.7.1 RS 305A – SLA Billing Audit Worksheet

Attachment A:
SLA Audit Worksheet

SLA Billing Audit Worksheet

Audit Date: _____

Type of Service: _____

Provider: _____

DRC SC: _____

DRC Supervisor: _____

Individual Name: _____

Direct Service Hours Billed	Direct Support (Awake) Hours Billed	Supplemental Supervised Support Hours Billed	Direct Support (Sleep) Hours Billed	Total Hours Billed

Names of Other Individuals Living in the Home:

Total Hours Documented on 24 Hour Direct Support Logs and Ancillary Service Logs_____

Total Hours Billed for Individuals Living in the Home _____

Plus or –Minus Hours _____ Billed

	Direct Support Management	Direct Services				Direct Support Hours (Awake) (Protective Oversight)	Supplemental Supervised Support	Direct Support Hours (Sleep)	Consulting (i.e. Nursing, Nutrition, Behavioral) Type: _____	Consulting (i.e. Nursing, Nutrition, Behavioral) Type: _____	Consulting (i.e. Nursing, Nutrition, Behavioral) Type: _____
		Health	Community Living	Home Living	Total Direct Service Hours						
Service Authorization Hours											
Contracted Amount											
Billed Amount											
Documented Amount						Total Hours Documented on 24 Hour Direct Support Logs and Ancillary Service Logs_____					

Discrepancies and Follow Up Needed: _____

_____

_____

_____

Auditor's Name: _____ Auditor's Signature: _____ Date: _____

Corrective Action Taken:_____

_____

_____

SC Supervisor Signature: _____ Date: _____

Form # Draft