

Outline of “Surviving a Medical Audit” PPT Presentation to CSNO

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Surviving a Medical Audit ...

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...Without Wiping Out!

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Proper Documentation and Claiming to Ensure Awesome Audit Results

Presented by:

Lindy Summers-Bair, M.D., Medical Consultant I
California Department of Health Care Services
for the California School Nurses Organization
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Learning Objectives

Participants will:

- Review the basics of the Local Educational Agency (LEA) Medi-Cal Billing Option Program (BOP)
- Gain an understanding of legal requirements for proper documentation of medical claims
- Identify the most common medical audit findings
- Gain confidence in ability to sail through an audit successfully

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Overview of the LEA Billing Option Program

In 1989, Congress provided an option for school districts to recover a portion of the costs of providing Medicaid services to eligible and enrolled children, and the LEA Billing Option Program was developed to allow school districts to claim federal dollar reimbursement to match the education dollars already being spent for health services.

http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA/Program_Req_and_Info/2016_LEA_Onboard_Handbook_REV2.pdf

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Overview of the LEA Billing Option Program

The LEA BOP was established in conjunction with the California Department of Education. It allows LEAs to become Medi-Cal providers and bill for covered services provided by qualified employed or contracted practitioners, to Medi-Cal eligible students who have an Individualized Education Plan (IEP)/ Individualized Family Services Plan (IFSP).

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Services Covered Under the LEA Billing Option Program

(a) Reimbursement to LEA Providers is limited to the specified set of LEA Services defined in Section 51190.4 and set forth in Section 51360.

(b) LEA Services shall be reimbursable only when provided to an LEA eligible beneficiary, as defined in Section 51190.1; by an LEA Practitioner, as defined in Section 51190.3; and subject to the limitations of this section.

(22 CCR § 51535.5)

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Services Covered Under the LEA Billing Option Program (Students in a Medi-Cal Managed Care Plan)

(c) When a beneficiary is covered by a managed care plan contract the following applies:

(1) If the beneficiary does not have an IEP or an IFSP, the LEA Provider may be reimbursed for LEA Services for which the plan is not capitated under the managed care plan contract; [with limitations, see link]

(2) If the beneficiary has an IEP or an IFSP, the LEA Provider may be reimbursed for LEA Services rendered according to the IEP or IFSP as well as LEA Services for which the plan is not capitated under the managed care plan contract.

[https://govt.westlaw.com/calregs/Document/I558632B0D4B911DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/I558632B0D4B911DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

(22 CCR § 51535.5)

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Centers for Medicare and Medicaid (CMS) Guidelines

“A school, as a provider, must keep organized and confidential records that detail client specific information regarding all specific services provided for each individual recipient of services and retain those records for review.”

“CMS Technical Assistance Guide” available on the LEA Program website at:

<http://www.dhcs.ca.gov/provgovpart/Documents/ACLSS/LEA/CMSTechGuide.pdf>

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Sample ISHP

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Requirements to Bill Medi-Cal for LEA Services

- Student is eligible for Medi-Cal - [22 CCR § 51535.5](#)
- For most services, an IEP/IFSP identifying medically necessary treatment - [22 CCR § 51535.5](#)
- A referral/prescription authorizing treatment
 - [5 CCR § 3051.12](#) Health and Nursing Services
 - [22 CCR § 51309](#) Psychology, PT, OT, SLP, Audiology Services
- LEA Medi-Cal Billing Option Program service performed by a qualified practitioner - [22 CCR § 51491](#)

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Regulations Regarding Documentation

(c) LEA Providers shall maintain records as necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary.

(d) LEA Providers shall maintain records showing that all LEA Practitioners, which it employs or with which it contracts, meet and shall continue to meet all appropriate licensing and certification requirements.

California Code of Regulations Title 22 § 51270

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Regulations Regarding Documentation

a) Each provider shall keep, maintain, and have readily retrievable, such records as are necessary to fully disclose the type and extent of services provided to a Medi-Cal beneficiary. Required records shall be made at or near the time at which the service is rendered. Such records shall include, but not be limited to the following: (See Regulation for details)

California Code of Regulations

22 CCR 51476. Keeping and Availability of Records.

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What is meant by “Type and Extent” of Service?

Documentation tells a story which answers questions like:

- What was done?
- What were the test results/observations?
- How much time was spent/miles driven?
- How did the student respond?
- How did the professional respond/intervene?
- Who was notified/included in discussions?
- What options were considered/planned?

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Documentation of Medical Necessity and “Type and Extent”

Supporting documentation describing the type and extent of services and medical necessity may include:

- IEP/IFSP, Multidisciplinary Assessments
- Nursing assessments, healthcare plans, and Protocols
- Progress, Procedure, Therapy and Targeted Case Management notes, which may reference IEP, Health Care Plans, and Protocols
- Contact Logs, Meetings with Parents and treatment staff, review of records, and contact with outside medical and service providers, Review of records, etc.
- Transportation Trip and Mileage Logs
- Blood sugars, Carbohydrate Counts, Insulin dosages

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Other Documentation

Examples of other documentation that may be requested include:

- Claims Denials from OHC Insurance Carriers
- Copies of licenses/credentials of rendering providers
- Copies of Supervisory Agreements (such as speech pathologist)
- Documentation of THCA training by school nurse
- Physician prescriptions and signed Protocols

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Prescriptions/Referrals for Treatment

Written prescriptions or referrals for Treatments must be maintained in the student's files and include:

- Patient history and diagnoses
- Reason for treatment and/or expected outcomes
- Specific Treatments and/or monitoring needed (including frequency, duration, amounts, protocols, etc.)
- Name, title, date, and signature of the referring/prescribing practitioner

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“Treatment Type” and “Who must provide the Recommendation/Referral/Prescription” follow:

- Speech-Language Therapy
22 CCR, 51309(a)
 - Physician or Dentist
 - Licensed SLP*
*If physician-based protocols are in the LEA file, with signature and contact information of the physician in the student's file.
- Occupational or Physical Therapy
22 CCR, 51309(a)
 - Physician or Podiatrist
- Psychology & Counseling
42 CFR, 440.130[d]
 - Physician
 - Registered Credentialed School Nurse
 - Licensed: Clinical Social Worker, Psychologist, Educational Psychologist, or Marriage & Family Therapist
- School Health Aide Services
5 CCR, 3051.12
 - Physician

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Physician based standards protocol

LEAs may use an overall Physician Based Standards Protocol when Speech Pathology and Audiology treatment services are referred by an SLP.

- Protocol must be reviewed and approved by a Physician no less than once every two years
- Specific contents of the protocol may vary with each LEA, and must be available for audit, with physician's signature page for protocol kept in student's file.
- If a physician protocol is used in lieu of a physician's prescription, there still must be a written referral from a Speech Language Pathologist.

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Documentation of Prescriptions/Referrals for Assessments

Written prescriptions and referrals for Assessments must be maintained in the student's file and include:

- Student's name + DOB
- Type of assessment and why needed
- Parent, teacher or practitioner observations and reason(s) for assessment
- Name, title, date, and signature of person making referral

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Which Assessments Can Be Referred by a Parent or Teacher?

- Health/Nutrition?
- Hearing?
- Vision?
- Developmental?
- Speech/Language?
- Nursing?
- Health Education?
- Psychology?
- Occupational Therapy?
- Physical Therapy?
- Psychosocial?

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School Health Aide Services

- Specialized physical health care, as defined in the California Code of Regulations (CCR) Title 5, Section 3051.12, means those health services prescribed by the child's physician (Licensed Physician and Surgeon) requiring medically related training for the individual who performs the services, and which are necessary during the school day to enable the child to attend school.
- Specialized physical health care requires medically related training for the individual who performs the services. School personnel who are trained to perform such services are referred to as Trained Health Care Aides (THCA's).

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School Health Aide Services

School Health Aide Services, as defined in the California Education Code 49423.5, are all of the following:

- Routine for the pupil
- Pose little potential harm for the pupil
- Performed with predictable outcomes, as defined in the individualized education program of the pupil
- Do not require a nursing assessment, interpretation, or decision-making

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School Health Aide Services

- Trained Health Care Aides must be trained in the administration of specialized physical health care, and may render LEA services only if supervised by a Licensed Physician or Surgeon, a Registered Credentialed School Nurse or a Certified Public Health Nurse, as described in CCR, Title 22, Section 51941(g).
- The supervisor must be available to the Trained Health Care Aide either in person or through electronic means at all times, to provide necessary instruction, consultation, and referral to appropriate care as needed. 5 CCR, Section 3051.12

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School Health Aide Services

- Detailed requirements for qualifications, training, protocols, and supervision, are described in 5 CCR, Section 3051.12.
- School Health Aide Services require a prescription from the child's physician, and the nursing treatment plan must be documented in the IEP as described in 5 CCR, Section 3051.12 (b)(1)(A) and 22 CCR, Section 51350 (b)(7).

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School Health Aide Services

- All school health aide services must be performed on a one-to-one basis for a single student, in order to be billable to Medi-Cal. This requirement also applies to continuous monitoring services that are ordered by a physician and documented in the student's IEP/IFSP.
- It is not acceptable for the Trained Health Care Aide to be engaged in another task, such as monitoring another student or teaching a class, when rendering continuous monitoring, or any other school health aide service.

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School Health Aide Services

- A nursing treatment log, which specifically documents the nature of the treatment services provided by the Trained Health Care Aide, should be maintained for each student. The log must include the supervising practitioner's signature, title, and date signed. In order to be billable, the documentation must include the beginning clock time, and total continuous minutes spent in the care of an individual student. Any prescribed continuous monitoring required to perform specialized physical health care services should be documented every 15 minutes.

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Billing for School Health Aide Services

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Billing for School Health Aide Services

Billed in 15 minute units

- Must be 7 or more continuous minutes of physical health care services to bill 1 unit. (Cannot add smaller time increments throughout the day to make a unit.)
- Continuous minutes = 1:1 care (cannot bill for more than one student for the same time period.)
- Does not include behavioral supervision or personal care services (such as diaper changing, unless there are medical complications or issues that require specialized training.)
- Does not include 1:1 tutoring.
- Start time and amount of time or stop time are recommended and much less likely to be questioned in an audit.

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Transportation Services

In order to bill for medical transportation services, the LEA must:

- Provide transportation in a specially adapted medical vehicle that contains lifts, ramps, and restraints.
- Document the need for health and transportation services in the students' IEP/IFSP.
- Provide a transportation trip log that includes the date, student's full name, trip mileage, origination and destination points for each student.
- Verify the student received an approved LEA school-based Medi-Cal service, other than transportation, on the date the transportation was provided.

Provider Manual "Local Educational Agency (LEA) Service: Transportation (Medical)"

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Targeted Case Management Services

Targeted case management (TCM) services assist eligible children and eligible family members to access needed medical, social, educational and other services when TCM is covered by the student's IEP or IFSP.

Provider Manual "Local Educational Agency (LEA) Service: Targeted Case Management"

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Components of TCM

The components of TCM include:

- Comprehensive assessment and periodic reassessment of student needs to determine the need for any medical, educational, social or other services. These assessment activities include:
 - Reviewing student's records, such as cumulative files, health history and/or medical records;
 - Interviewing the student and/or parent/guardian;
 - Observing the student in the classroom and other appropriate settings; and
 - Writing a report to summarize assessment results and recommendations for additional LEA services.

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Components of TCM (continued)

- Assessment and/or periodic reassessment to be conducted on an annual, triennial and as-needed basis
- Development (and periodic revision) of a specific care plan
- Referral and related activities to help student obtain needed services
- Monitoring and follow-up activities

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Components of TCM (continued)

- Assessment and/or periodic reassessment to be conducted on an annual, triennial and as-needed basis
- Development (and periodic revision) of a specific care plan
- Referral and related activities to help student obtain needed services
- Monitoring and follow-up activities

See Provider Manual for more details of activities included. TCM does not include diagnostic or treatment services, educational activities that may be reasonably expected in the school system, administrative activities or program activities that do not meet the definition of TCM.

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Audits

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How Are Audits Generated?

- Random Claim Reviews
- Payment Error Studies Suggests Areas of Vulnerability (i.e. high rate of errors)
- Specific types of providers selected for review as a group (Special Projects)

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How Audits are Generated (Continued)

- Suspicious claiming patterns
- Outside information, such as from other agencies, insurance companies, etc.
- In California, complaints often come via the Medi-Cal Fraud Hot-line 1-800-822-6222

stopmedicalfraud@dhs.ca.gov

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WHY Does DHCS audit LEA's?

- DHCS is required by the Centers for Medicare and Medicaid Services (CMS) to audit all Medicaid provider types to be sure that federal money is spent appropriately.
- Providers send claims without supporting documentation, so post-payment audits are necessary.
- Most providers are trustworthy and honorable...
- ...but a few are not

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DHCS Medical Review Branch Audits

- MRB has doctors, nurses, pharmacists, auditors, researchers, program specialists, and statisticians.
- Audits are focused on medical services.

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DHCS Financial Audits Branch Audits

- Note that the DHCS Financial Audits Branch (FAB) does the federally mandated CRCS audits.
- FAB auditors look at documentation, and verify that expenses were reported accurately. They do not have medical experts of their own, but they may consult with MRB.

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Review of Documents

Reviewers study documents and compare them to claims to determine if services were:

- Documented as claimed
- Medically necessary
- Included in the IEP
- Performed by qualified practitioners
- Performed up to community standards of care
- Referred, prescribed, & supervised as required by law

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What Are Auditors Looking For?

- Is the required prescription or referral in the file?
- Is the type and extent of the service documented?
- Is the amount of time documented?
- Is the service performed according to an IEP/IFSP?
- Does the service meet minimum standards of quality?

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The Best Documents Can Stand Alone

Each document of a medical service should include the full name of student, date of birth, name of school, date and time of service; reason for service, type and extent of service; name, title, and signature of rendering provider, signature of supervising provider.

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Why Are Schools Held to a “Medical Model”?

This is a Frequently Asked Question: “We are a school. Why are we being held to a Medical Model?”

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What is the “Medical Model?”

Comparing the Two Models

- Educational Model
 - Services authorized by persons with credentials
 - Services meet educational needs of students
- Medical Model
 - Services authorized & supervised by medical personnel
 - Services meet medical needs (i.e., treating a diagnosis)

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Answer to Why a “Medical Model?”

22 CCR § 51303. a) Health care services ... which are reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury are covered by the Medi-Cal program, subject to utilization controls, Such utilization controls shall take into account those diseases, illnesses, or injuries which require preventive health services or treatment to prevent serious deterioration of health. Nothing in this section shall preclude payment for family planning services, or for early, periodic screening, diagnosis and treatment services (EPSDT), provided under the Child Health and Disability Prevention (CHDP) Program. Authorization may only be granted when fully documented medical justification is provided that the services are medically necessary. ...

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How Does A&I Decide Which Claims to Audit?

A “Medical Model” of Claims Sampling

A small sample of claims, like a biopsy, may suggest that there is something wrong with the system.

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Example of an Audit “Biopsy”

Here is a sample Speech Therapy note: “Jane has been in group speech therapy for 6 months. She keeps to herself. Always looks angry. No change. Plan: Continue treatment” [Unsigned]

Questions:

- Who is treating this student?
- What are the goals of her treatment?
- How is her progress measured?
- What speech therapy techniques were used?
- Why is treatment continuing without change when she is not making progress?
- Does she need referral to another professional?

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Common Audit Findings

- Unqualified personnel, and/or supervision not documented
- No physician prescription for treatments
- Medical Necessity not established
- Treatments not included in the IEP

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Common Audit Findings

- No service on date of service claimed
- Only documentation is a billing log or attendance log
- Nature of service not recorded

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Common Audit Findings

- Audiology thresholds not recorded
- No documentation of Health Care Assistant training or supervision
- Beginning and end times not recorded for timed services
- Reports not signed

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Common Audit Findings

- Inadequate information on the IEP and Assessment Reports
 - Multidisciplinary reports do not specify who did what and when
 - Multidisciplinary reports lack recommendations
 - Frequency and Duration of Treatment not in IEP
 - Nurse's healthcare plans not included in the IEP

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Common Audit Findings

- Licensed or certified person who performed or supervised the service is not identified
- Student is not identified in progress notes
- "Continuous monitoring" billed for more than one student at the same time (same provider)

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MRB Potential Actions

- Minor Problem Letter
- Civil Money Penalty Warning (CMP)
- Audit for Recovery (AFR)
- Pre-Payment Monitoring (PPM)
- Payment Suspension

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Samples of Documentation

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Problems with Documentation: Wrong Date

Date of service claimed 2/21/07. Actual date of testing 11/20/06

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Problems with Documentation: Nature of Service Not Documented

An Attendance Roster was the ONLY documentation for this claim. The claim is not payable.

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Problems with Documentation: No Physician Prescription or Protocol for Speech Therapy

IEP was signed by SLP, but no physician protocol or prescription was on file, so claim is not payable.

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Problems with Documentation: Hearing Test

No hearing thresholds. Signed by nurse, not an audiologist

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Requirements for Audiology Services

- Hearing assessments are claimable when provided by a licensed or credentialed audiologist, licensed or credentialed speech language pathologist, registered school audiometrist, physician or psychiatrist. (LEA Provider Manual).
- Title 17, Section 2951 requires that hearing thresholds must be documented in the student's record.

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Auditor Conclusions for Example Audiology Service

- Service was not performed by a qualified individual
- The documentation was not sufficient to support the service claimed
- The claim is not payable
- Further audit may be needed, including audit for recovery

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Unacceptable documentation for "Continuous Monitoring"

- Amount of time not credible (no breaks?)
- No RN signature
- Medically necessary? (not in IEP, no Sz for >1 year, no doctor Rx, no healthcare plan)

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Unacceptable Documentation for "Continuous Monitoring"

- Same provider for same time periods as Student A
- Not 1:1 service

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Prescribed Protocol (for next example)

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Unacceptable Documentation

- Time spent may be questionable
- No action taken when protocol called for insulin to be given
- No carb count
- No documentation of amount eaten
- Not signed by RCSN

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UNACCEPTABLE Documentation

- No “skin integrity” assessment.
- Nature or service not described.
- No MD Rx.
- No RN signature.
- Appears to be personal care, not THCA service.
- Nothing was in IEP.

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Auditor Conclusions

- The requirement for Physician participation was not met. Therefore, the claim is not payable.
- The requirements for documentation of the service are not met, therefore, the claim is not payable.

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Unacceptable Occupational Therapy Documentation

- No signature or title
- What was the nature of the treatment provided?
- What intervention?
- Relationship to treatment goals?
- What is the therapist’s interim plan?

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How Can LEA’s Be More Confident of Passing Audits?

- Assign at least one person to study the billing codes, laws, and regulations and act as liaison with government agencies.
- Tell the vendor/biller what to bill, not the other way around. Do not pay as a percentage of claims. Keep copies of “superbills.”
- Don’t use the modifier “TM” unless the service is actually included in the IEP.

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How Can LEA’s Be More Confident of Passing Audits?

- Be sure the school nurse is involved in all IEP meetings when there is a health care plan, and that the health care plan is included in the IEP.
- Be sure there is a procedure in place that assures the school nurse trains all THCA’s for the specific student they will treat, is available for consultation when THCA’s are working, tracks student progress, and signs all treatment notes.

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How Can LEA’s Be More Confident of Passing Audits?

- Do periodic self-audits.
- Sample student records for completeness and claims for accuracy. Compare them with each other.
- Periodically check to see that professional licenses/ credentials are up to date.
- Reconcile the superbills with Payments.
- Correct errors ASAP.

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How Can LEA's Be More Confident of Passing Audits?

- Check IEP's for completeness, including signatures.
- Monitor health professionals' and aides' documentation to be sure it is complete, legible, and describes the nature and extent of each service.
- Check all treatment plans for appropriate and up-to-date referrals/prescriptions.

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How Can LEA's Be More Confident of Passing Audits?

- Have at least one person attend Training Seminars held by the DHCS LEA BOP.
- Assign someone from your district to attend the semi-monthly LEA Advisory Workgroup meetings, communicate to DHCS for your district, and report back.
- Request a visit by a DHCS representative.

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Know Your Resources: Medi-Cal Provider Manuals

http://files.medi-cal.ca.gov/pubsdoco/Manuals_menu.asp

To see all Medi-Cal Provider Manuals "google" "Medi-Cal Provider Manuals"

Then scroll down to the heading "Inpatient and Outpatient" and click on "[Local Educational Agency \(LEA\)](#)"

Once inside, scroll down to the titles beginning with: [Local Educational Agency \(LEA\) \(loc ed\)](#) to find the topic you need. (i.e. nursing, speech, psychology, etc.)

Or link directly from the LEA website:

<http://www.dhcs.ca.gov/provgovpart/Pages/LEAProviderManual.aspx>

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Other Resources

California Welfare and Institutions Code 14131-14138

California Code of Regulations, Title 22, Section 51270

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Many More Resources for LEA's

Including FAQ's, at:

DHCS Medi-Cal LEA Billing Option Program Website:

<http://www.dhcs.ca.gov/ProvGovPart/Pages/LEA.aspx>

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Any Questions or Comments?

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You Are READY!!!!!!!!!!!!!!