

# Information Memorandum Transmittal Developmental Disabilities Services



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**Number: APD-IM-19-070**

**Issue date: 9/30/2019**

**Topic:** Developmental Disabilities

**Due date:**

**Subject:** Provider Claim Audits

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                               | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging: {Select type}           | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Aging and People with Disabilities              | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS)                                   |
| <input type="checkbox"/> Self Sufficiency Programs                       | <input checked="" type="checkbox"/> ODDS Children's Intensive In Home Services                                  |
| <input checked="" type="checkbox"/> County DD program managers           | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)   |
| <input checked="" type="checkbox"/> Support Service Brokerage Directors  | <input checked="" type="checkbox"/> Other ( <i>please specify</i> ): Foster Care Providers and Agency Providers |
| <input checked="" type="checkbox"/> ODDS Children's Residential Services |   |
| <input type="checkbox"/> Child Welfare Programs                          |   |

**Message:**

As of January 1, 2019, ODDS began the task of reviewing a random sample of provider claims for all agency providers and foster providers. This task was formerly performed by the Brokerages and CDDPs prior to approving payments.

ODDS' first audit was for claims paid in the months of January 1, 2019 through March 31, 2019. Our sample consisted of over 1400 claims. A list of applicable claims were submitted to the rendering provider with a request for documentation of the services performed on the claim dates in question. The audit team simultaneously emailed CME's for the corresponding ISP to determine if the documentation meets the goals identified in the ISP. Providers will be issued reminders via emails and letters requesting the information. This audit is very similar to the PERM audit that will be performed by the Center for Medicaid and Medicare Services (CMS).

The goal of this audit is two-fold; to insure the individuals served are getting the services identified in the ISP and to insure providers are meeting all state and federal requirements for paid claims (as described below).

**As Medicaid providers providing services under a State Plan or Waiver , CMS requires per Federal Regulation Title 42:**

every person or institution providing services under the State plan under which such person or institution agrees (A) to keep such records as are necessary fully to disclose the extent of the services provided to individuals receiving assistance under the State plan, and (B) to furnish the State agency or the Secretary with such information, regarding any payments claimed by such person or institution for providing services under the State plan, as the State agency or the Secretary may from time to time request;

ODDS' second audit for claims paid in the months of April 1, 2019 through June 30, 2019 is now underway. You may receive additional requests please pay close attention to the claim dates and individuals on the spreadsheets. Because this is a random sample your Agency/FC may have claims in this second round as well.

Attached to this transmittal are Frequently Asked Questions we have received during the first audit round. Please feel free to email the contacts below with additional questions.

*If you have any questions about this information, contact:*

Contact(s): Karen Allen or Drew Stryer

Phone:

Fax:

Email: karen.e.allen@dhsosha.state.or.us or Drew.Strayer@dhsosha.state.or.us

## **FREQUENTLY ASKED QUESTIONS**

### **What do you mean by progress notes?**

This is all documentation that verifies the services provided for the time period of the claim. You may provide your own hand written, typed or calendar notes depending on how you track the progress with the individual you serve. The notes should reflect the goals identified in the ISP.

### **Where do I send my progress notes?**

You can scan or attach them in a “reply” email using the email sent to you securely. The email sent to you is a secure email, therefore, attaching and replying to the original email will come back as a secure email.

### **Are Foster Home Care providers included in this process?**

Yes

### **Why am I included in this audit, and what is this about?**

In prior billing the progress notes were reviewed by the CDDP or brokerage prior to payment. This was a large workload on the Case Management entities and therefore, the State has implemented a post payment, claim audit program to meet federal requirements and eliminate payment delays.

### **Foster Care providers are only required to do one progress note month, what if I don't have a progress note for those exact dates of services?**

Your progress notes should correspond with the claim you submit through the eXPRS billing system. If you only submit one claim a month then you should have a progress note to support that claim for that month. If you submit claims weekly, you should have a weekly progress note to support those claims submitted. The goal is that your progress notes support each claim submitted. If you are only noting once a month, please include the monthly note that will cover the time period in question.