

Standard:

AccessCNY is committed to ensuring that the agency's documentation, coding and billing practices comply with all federal and state laws and regulations. AccessCNY will ensure that a sample of required documentation supporting billing is audited monthly prior to submission to Medicaid.

Procedure:

1. The Quality Enhancement (QE) Department will choose and identified number of files from each Medicaid funded program monthly, rotating through their roster. Participants new to services will be prioritized.
2. The QE Auditors will send an email listing the names of the participant's files that were chosen, to the Program Director between the 1st and 3rd of the month.
3. Program Directors or designees will ensure Monthly and Daily documentation is accurate and completed by the 10th of each month. Directors will send signed billing sheets to the auditor by the 10th of the month or after all documentation is complete. The Consumer Directed Personal Services Managers will send the requested documentation bi-weekly with the pay schedule.
4. The QE Auditors will review the files using designated audit tools that comply with current OMIG, OPWDD, OMH and DOH billing standards. The files will be reviewed by the 10th of the month, or up until all required documentation is completed.
5. Billing related issues identified will be compiled into an Audit Summary. The QE Auditor will email the summary to the appropriate Program Director between the 10th and the 12th of each month. If no billing related issues are found, a notification letter will be sent in its place.
6. Any immediate billing issues identified will be communicated to the Program Manager immediately and must be corrected within 2 business days.
7. The Program Director and Managers are responsible for correcting issues identified on the audit summary within 10 days of receiving it. The Program Director will then email the completed audit summary back to the QE Auditor. If billing should be retracted or not submitted due to compliance issues, the Program Director will notify the Billing Manager of the Finance department of those changes by the 20th of the month. **Any compliance issues discovered will be addressed using the agency's progressive disciplinary process.*
8. The QE Compliance Specialist will email the names of the files chosen to the Billing Manager in the Finance Department by the end of the month.

9. The Billing Manager will email the billing sheets for the designated participant's files to the QE Compliance Specialist each month. The QE Compliance Specialist will save the billing sheets in the appropriate Audit folder labeled Financial Billing Sheet.
10. QE Auditors will compare the billing sheets to the daily notes, if no discrepancies are found, Finance will submit the monthly billing to Medicaid. If discrepancies are found, Finance will be notified immediately by the QE auditor and billing will be held until corrections can be made.
11. When appropriate, a compliance investigation will be initiated.
12. Results from these audits will be shared with the Compliance Committee on a quarterly basis. Results are also shared with each program area during their regular compliance meetings.