# FREQUENTLY ASKED QUESTIONS

**Provider Survey:**

1. Is the survey to be completed with current data or data from SFY 2013? **The intent of the survey is to collect current provider information. Information provided will trigger a utilization review.**

**Provider/ Case/Claim Selection:**

2. How will cases be selected within the 30% TO 50%? **Cases will be selected based on data analysis and data mining criteria such as patient growth, intensity of services per patient, patient discharge trends, episode of care attributes and potential billing errors.**
4. Is the list of individuals and documentation to be reviewed be forwarded in the letter notifying the provider of the On-Site review? **The lists of individuals to be reviewed will be sent to the providers via Fed Ex one (1) business day prior to the scheduled On-Site review.**
5. Even though Magellan has issued a SA for medical necessity will HMS review the case again for medical necessity? **The review by HMS of a case that has already been authorized by Magellan will focus on whether there is documentation of an authorization number and whether the documentation provided to Magellan is corroborated within the medical record. Magellan SA approvals may be for an extended period of time. It is the provider's responsibility to continue to provide service only when they are medically necessary.**
6. Will more than one service type be reviewed at the same time? **This may occur.**
7. Will HMS ever review more than a 50% sample, and will extrapolation be utilized if a larger issue is identified. **Situations may occur where initial findings suggest the need for an expanded review scope. In these situations, HMS will work with DMAS to determine the appropriate expansion scope and next steps. The use of extrapolation is NOT used by DMAS.**
8. Can you explain how the providers are paired with the data mining process? **Among their peers, they are compared with regard to patient growth, intensity of services per patient, patient discharge trends, episode of care attributes and potential billing error indicators.**
9. If someone has Medicaid as secondary insurance are they eligible for review? **These reviews will not be excluded.**
10. Are psychological testing/assessment eligible for review? **Under psychiatric services, this diagnostic code may be selected for review.**
11. If you have a case that is covered by both DMAS criteria and criteria that does not meet DMAS criteria, but has been paid for by CSA funding, will you look at both files? **DMAS and HMS will only review the claims paid by VA Medicaid. The FAPT and localities can agree to fund IIH. We have no authority to review how CSA or FAPT funds care.**

# FREQUENTLY ASKED QUESTIONS

**Frequency of Reviews/Overlap of Other Reviews:**

12. Will reviews be duplicated, if they were conducted by DMAS? **Providers will only be reviewed once per year, per service and those already reviewed by DMAS will not be selected to be reviewed by HMS for the upcoming audit year. Please be advised DMAS/HMS are not the only agencies conducting audit. Other agencies may include DBHDS or Magellan. You may be audited by HMS and other agencies within the same year.**
13. Will DMAS continue to perform reviews or will they stop now that HMS will be conducting review? **DMAS will continue to review providers as they have in the past. DMAS needs additional manpower to perform needed reviews thus has contracted with HMS.**
14. If a provider has already been audited this year will they be audited again? **A provider will be audited only once a year unless a need for additional review has been determined based on a complaint or quality of care issue.**
15. Will HMS be identifying underpayments as well as overpayments? **Underpayments will not be listed on findings reports; reviewers will identify situations to providers so that they can correct billing errors.**
16. Regarding the interaction of services, if it is unknown that another provider is providing IIH, specifically CM, is there any insight regarding who would be retracted - the IIH or the CM agency? **CM is inherent in IIH so CM should not be billed separately and although the providers should coordinate with each other, the retraction will be from the CM agency**
17. Will HMS and DMAS be reviewing services together? **HMS is augmenting DMAS' efforts.**
18. Will the CSBs be targeted since they serve the most severely mentally ill populations? **No, the CSBs will not be specifically targeted. All providers have the same chance for selection for review based on consistently applied data mining criteria.**

**Desk vs. on-site Review:**

19. How is it determined whether an On-Site or a Desk Review will be conducted? **HMS has contracted to review at least 30% of providers On-Site and the decision regarding which type of review will be conducted will be based on geographical information, organization size, as well as data mining results.**
20. Can a provider have both on-site and desk reviews at the same time or within the one year time frame? **More than likely it would be one review type or the other. Based on complaints or quality of care issues, providers may be reviewed more than once per year.**

**Retrieval/Submission of Medical Records:**

21. Will the provider be reimbursed for copies made of medical records? **No.**
22. Does the provider have to be on site during the audit? S**omeone from the organization does need to be on-site to gather documentation and answer questions.**

22. Should a copy of the approved SA be kept in the documentation? **This is encouraged as it will be helpful for review purposes as HMS will verify services that required SA.**

**Electronic Medical Record Review:**

23. Do HMS reviewers have experience reviewing electronic medical records? Will they review electronically while onsite or will paper copies have to be made? **HMS reviewers are experienced with electronic medical records and can perform the review in this format if the provider so chooses.**

**Progress Notes:**

24. How should the progress notes be documented to reflect actual time spent with the recipient and treatment progress**? It is recommended that start and stop times should be included, as well as treatment progress on goals and objectives and session content. DMAS trains regularly on services and providers may reference training information from the DMAS Learning Network for further clarification.**
25. If during a desk review something is missing, do the providers have an opportunity to submit the missing information? **The provider will have the opportunity to submit additional documentation once he/she receives the Preliminary Findings Letter.**

**Assessment:**

26. Will the same documentation be required for onsite and desk audits? **Yes. For desk audits, HMS will provide the specific documentation required in the review notification letter.**

# FREQUENTLY ASKED QUESTIONS

**Appeal Process:**

27. Will the appeals process be the same as we are accustomed to? **Yes, the appeals process remains the same.**
28. What is the Fiscal Accounts Receivable Unit's phone # @ DMAS? **804-786-5433 Medical Necessity Determination:**

**Medical Necessity Determinatiion:**

29. With regard to the changes made to the DMAS manuals over the past years, will the HMS audits be performed according to the information provided in the manuals for that time frame? Can the providers have access to the DMAS manuals? **The manuals covering the period under review will be used. Providers may request the manuals from DMAS if they do not have them and they can be found on the DMAS website. Patient Release for Information:**

30. Will a provider be required to have their clients sign a release for information in order for HMS to conduct their reviews? **No- DMAS has contracted with HMS and the provider has a signed provider agreement allowing DMAS or it designee to review medical records. HMS will also bring onsite with them an introductory letter from DMAS. Also the recipient in signing for acceptance of Medicaid coverage also agrees to medical record review by DMAS.**

# FREQUENTLY ASKED QUESTIONS

# FREQUENTLY ASKED QUESTIONS

# FREQUENTLY ASKED QUESTIONS