Steps for a Successful Monitoring
Routine LIP Monitoring

• Provider monitoring process designed for:
  o Entry into provider network
  o Evaluation of service providers against quantitative and qualitative measures

• Monitors both Medicaid and State-funded behavioral health services

• Training covers routine LIP monitoring process
  o Not the same as an investigated or targeted review
Prior to Monitoring

• Implement Quality Management strategies now
  o Conduct regular record reviews
  o Agencies should consider conducting peer reviews within HIPAA guidelines

• Explore Alliance website
  o Look under the “For Providers” tab for provider monitoring
  o Website contains tools and other trainings
Prior to Monitoring

• Subscribe through Alliance website to receive email updates

• Review Communication Bulletins, Medicaid updates and information updates carefully

• Network with others

• Attend Alliance All-Provider meetings

• Check Alliance website for trainings pertinent to the solo/group LIP practice
Prior to Monitoring

- To ensure agencies have the same amount of time to prepare:
  - Alliance will contact the provider 21-28 days prior to the review
  - We will make all attempts to help you select the best possible day for your practice within the proposed week
  - Information about the monitoring provided in writing by email and/or registered mail depending on your practice’s needs
Prior to Monitoring

• To ensure agencies have the same amount of time to prepare:
  o Review your contract
  o Confirm your contact information with Alliance

• If it is inaccurate according to our records, you will be asked to complete a Notice of Change form and submit it to the Credentialing Department
Prior to Monitoring

• To ensure agencies have the same amount of time to prepare:
  o Review the monitoring tool and guidelines
  o Research citations
    • Ask questions!
    • Review Clinical Coverage policy 8C
    • Review APSM 45-2 (Records Management and Documentation Manual for MH/SA/IDD services in NC)
  • If you have staff, make sure they are trained and informed as well
Claims Sample

• 7 calendar days prior to the monitoring:
  • You will receive a list of consumer names
  • Alliance will not provide specific dates but will inform you of the time period included in the review
  • Sample is random and from a period 6 months prior to review date through the following 90 days
  • Sample for solo practices includes 10 claims and for group practices includes 30 claims
Claims Sample

• 7 calendar days prior to the monitoring:
  o If your practice does not have enough claims in the period we are looking at, Alliance can go up to one year to get the appropriate number
Preparing for the Review

• Alliance will send a list of consumer names and the timeframe in which we are looking approximately 7 calendar days prior to review
  - Organize the medical records so that information is easily accessible
  - Some choose to flag items in the file to make the review flow smoothly
Preparing for the Review

• If your practice uses electronic records:
  o Consult with the Provider Network Evaluator to come up with a plan for the review of records
  • For example, printing out information, logging staff in as an auditor, having staff available to walk monitor through the record (for agencies)
  o If you use an electronic medical records system, we will email the practice the specific dates of service the morning of the monitoring
During the Initial Monitoring

• The morning of the monitoring, please have prepared:
  o All medical files from the list of consumers that was sent to you
  o Blank copies of rights notification, consents, releases of information, client handbooks, etc.
  o A copy of your policies and procedures
During the Initial Monitoring

• At least two Alliance staff will be at your facility during the review so ensure adequate space and privacy
  – If you cannot provide this, the review can occur at an Alliance site

• Entrance interview will be conducted before the review starts
  – Good time to familiarize Alliance staff with how your files are organized and to ask any questions
During the Initial Monitoring

• Have staff available to help navigate records/documentation if needed
  o They do not necessarily need to stay in the same room
During the Initial Monitoring

• Have staff available to help navigate records/documentation if needed
  o They do not necessarily need to stay in the same room

• If the monitor cannot locate an item in the file, we will ask you for it
During the Initial Monitoring

• If documentation for a specific item not immediately available, it will be accepted any time during the on-site review and until 5:15pm the next day
  - For Friday reviews the deadline will be 5:15pm that Saturday to allow each provider has the same amount of time for submission

• While we appreciate the hospitality, we are not allowed to accept any food or drink
Exit Interview

• Occurs following the on-site review to provide you with some immediate feedback
  o Review of any missing items
    • You will be given a list of missing items for reference
  o General information on any major findings, trends, etc.
  o Expectations, if any, for technical assistance needed, plan of correction and follow-up
  o Verify contact(s) for receipt of report
Results Report and POCs

- Comprehensive findings will be sent to you within 15 calendar days
  - You will receive an action letter outlining results of the monitoring
  - Read this letter carefully for next steps

- Possible outcomes:
  - Completed successful monitoring
  - Plan of Correction
  - Recoupment
  - Plan of Correction and recoupment
Results Report and POCs

- Comprehensive findings will be sent to you within 15 calendar days
  - You will receive a completed monitoring tool with comments
  - If recoupment required you will receive an improper payment chart detailing which claims are a payback and why
  - You will receive a payment form that will need to be submitting to the Alliance Finance Department
Results Report and POCs

• Comprehensive findings will be sent to you within 15 calendar days
  o If a POC is required you will receive a statement of deficiencies detailing which items are out of compliance. In addition, we will send you a POC self check list to help with the development of the plan
Results Report and POCs

• Ensure POC is specific and detailed, and addresses all systemic areas noted in findings

• Fully implement the POC
  o Seek technical assistance as warranted

• Letter sent to you will detail steps to be completed to request a reconsideration
  o Includes completing request and submitting supporting documentation
  o Time sensitive as detailed in the action letter
In Summary

• Being prepared ensures a smooth monitoring process

• Ask lots of questions
  - Alliance Evaluators here to provide ongoing technical assistance throughout the process

• Educate yourself on state/federal regulations, HIPAA requirements, clinical coverage policies, and documentation requirements
References

• APSM 45-2 Records Management and Documentation Manual
• DMA CCP 8C