

Indiana Health Coverage Programs (IHCP)

2024 Indiana Fraud and Abuse Detection System (FADS) Webinar

Self-Audit Guidance



Introductions

Sponsor

Office of Medicaid Policy and Planning (OMPP)

Presenters

Ben Ford

OMPP Investigations Manager

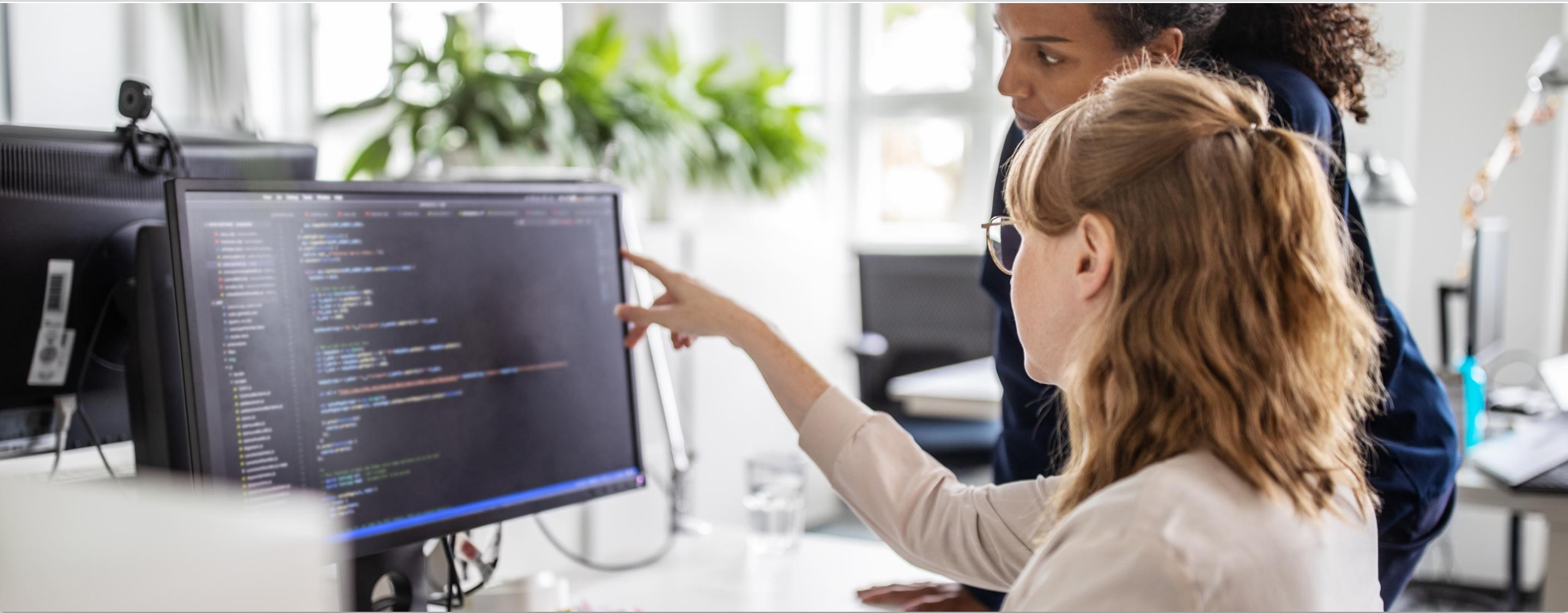
Rita Davis

OMPP Audit Manager



Objectives

- 1 Define the purpose of a Self-Audit
- 2 Highlight key CMS and IHCP regulations for Self-Audit
- 3 Review key differences in Self-Audit and Self-Disclosure
- 4 Discuss the steps of the Self-Audit Medical Chart Review
- 5 Complete the Self-Audit Attachment A Spreadsheet
- 6 Identify common Self-Audit errors and prevention



UNDERSTANDING SELF-AUDIT

Self-Audit Purpose

Self-audits are the review of claims and medical records “for compliance with applicable coding, billing, and documentation requirements ... ideally [to] include the person in charge of billing ... and a medically trained person.” ~CMS

Self-Audit examines and reviews a Provider’s:

- Processes, procedures and documentation
- Internal controls for claim and medical record processes

Self-Audit evaluates if:

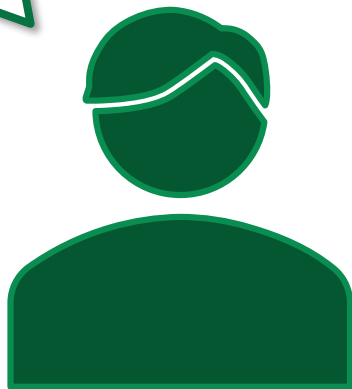
- Documentation supports services billed
- Adheres to Federal and State Medicaid policies

Self-Audit helps to:

- Assess
- Correct
- Enhance efficiency

Self-Audit can:

The U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) advises periodic internal monitoring and auditing among its list of elements for a sound compliance program.



**Reduce
Improper
Payments**



**Lower chances
of external
audit**



**Improve over
all patient
care**



**Create robust
culture of
compliance**



CMS AND INDIANA MEDICAID REGULATIONS

Federal Self-Audit Regulations Made Simple:

42 CFR 456 Utilization Control: Subpart A and B



Authorizes state-wide utilization control unit that will monitor the Medicaid program to include a post-payment review process.



Implementation of processes and procedures to ensure Medicaid dollars are being used properly and the program is working effectively.

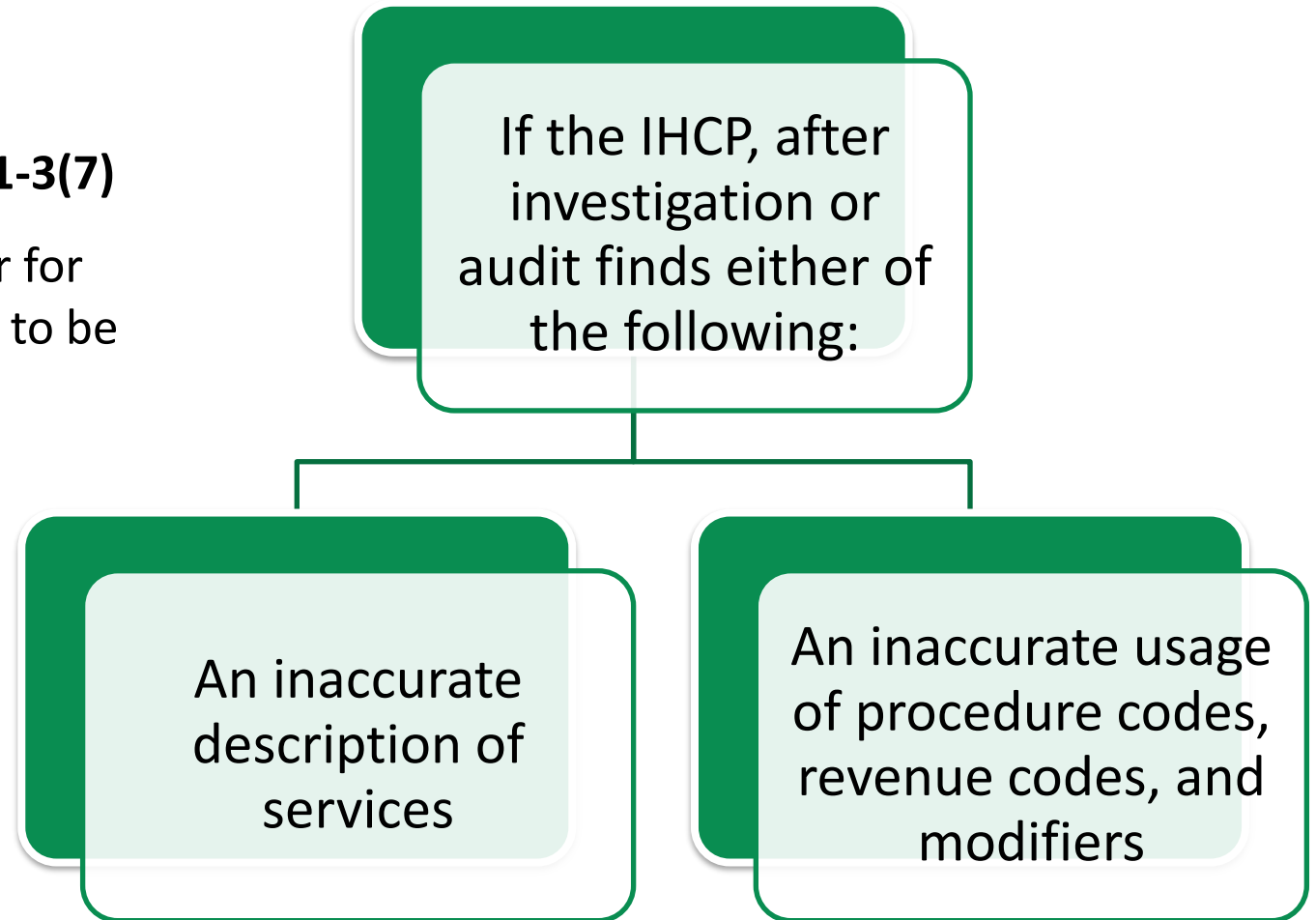


Establishes the external procedures outlining the agency's requirements from providers regarding the appropriateness and quality of Medicaid Services.

Indiana Self-Audit Regulations Made Simple:

405 IAC 1-1.4-9, IC 12-15-21-3(5), IC 12-15-21-3(7)

IHCP may recover payment from any provider for services rendered to an individual or claimed to be rendered to an individual.





IHCP Bulletins



[INDIANA MEDICAID](#) / [INDIANA MEDICAID FOR PROVIDERS](#) / [PROVIDER REFERENCES](#) / [BULLETINS, BANNER PAGES AND REFERENCE MODULES](#) / [IHCP BULLETINS](#)

Alert: After June 13, 2023, IHCP bulletins will be used to convey news and billing information that would previously have been published in an IHCP banner page. The IHCP banner page was retired June 13, 2023.

Indiana Health Coverage Programs (IHCP) bulletins provide official notice of:

- New and revised policies
- Changes and reminders related to coverage, billing and claim processing
- Program updates
- Information about special initiatives
- Provider education opportunities

Bulletin Spotlight

- [BT202461: Medicaid cost sharing restarts July 1, 2024](#)
- [BT202460: IHCP announces launch of OMPP HCBS Certification Portal](#)
- [BT202459: IHCP notifies providers of change to prior authorization notification letters](#)
- [BT202449: LRI documentation and billing guidance clarified for certain A&D waiver services](#)
- [BT202443: IHCP clarifies NEMT responsibilities for nursing facilities and hospitals](#)
- [BT202420: FSSA announces health plan selection and enrollment period for PathWays program](#)

Bulletins are issued on an as needed basis and



SELF-AUDIT VS. SELF-DISCLOSURE

Self-Audit vs. Self-Disclosure

Self-audit is an examination, or review, performed both by and within a given provider's office or business on their own processes, procedures, and internal controls as it relates to claim and medical record processes.

Self-Audit

1. Initiated by Indiana FADS
2. Completed by Providers
3. Similar to Post Payment audits

1. Issues identified by the Provider
2. Process is initiated by the Provider
3. Improper payments identified and reported to the State

Self-Disclosure

Self-Disclosure is defined as the process that enables Medicaid providers to notify Indiana Health Coverage Programs (IHCP) of any inappropriate Medicaid payments.

What is Self-Disclosure?

Self-Disclosure is the process that enables Medicaid providers to notify Indiana Health Coverage Programs (IHCP) of any inappropriate Medicaid payments received and return any overpayments.

Self-Disclosure process covers ALL Medicaid-program providers



Discover

- Provider discovers inappropriate payment
- Provider uncovers possible fraud or material noncompliance with Medicaid requirements



Review

- Providers should follow IHCP protocols for Self-Disclosures
- Providers need to report any fee-for-service (FFS) and Children's Health Insurance program (CHIP) overpayment identified



Disclose

- Providers are mandated by Federal and State laws to return overpayments
- Providers should Self-Disclose the information using the steps outlined in the [Indiana Medicaid for Providers](#) website

Examples of Issues to Self-Disclose:

- Provider billing system errors or issues that result in overpayments
- Potential violations of federal, state, or local laws
- Potential violations of regulations
- Potential violations of billing, coding, or other healthcare policies
- Overpayments involving specific compliance issues
- Overpayments involving cumulative amounts greater than \$1,000
- Overpayments involving fraud or violations of law
- Discovery of an employee on the Excluded Provider list



What is Provider Fraud?

Intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Provider Fraud Examples:

- Altering medical records to generate fraudulent payments
- Billing for services/supplies not rendered or provided
- Billing for more costly services than those that were rendered (upcoding)
- Billing for group vs. individual sessions
- Misrepresenting services (e.g., billing a covered procedure code but providing a noncovered service)
- Billing more than the charge to the public
- Services provided by unqualified or unlicensed personnel
- Soliciting, offering or receiving a kickback, bribe or rebate from medical providers for referrals or use of a product or service

Identifying Overpayment and Protocol for Self-Disclosure

The Self-Disclosure Protocol (SDP) is used to self-report Fee for Service (FFS) Medicaid improper payments that involve possible fraud, waste, abuse, or inappropriate payment of funds identified through self-review, compliance programs, or internal controls.

Steps to Identify Overpayments

- Swiftly conduct an effective internal investigation
- Identify the root cause of the overpayment or violation
- Quickly develop and implement an effective corrective action plan
- Identify and quantify any overpayments

Protocol for Reporting to IHCP

- Submit Self-Disclosure packet without payment within **60 days** of discovery
- Explain root cause
- **Wait** for Final Calculation of Overpayment (FCO) from IHCP to submit payment
- Return overpayment within **60 days** of FCO letter

Voluntary Self-Disclosure Form



Eric Holcomb, Governor
State of Indiana

Office of Medicaid Policy and Planning
MS 07, 402 W. WASHINGTON STREET, ROOM W382
INDIANAPOLIS, IN 46204-2739

Voluntary Self-Disclosure of Provider Overpayments Form

Date self-disclosure form completed: _____

Section 1: Provider Information			
<i>Complete the following fields for the rendering or billing provider.</i>			
*Provider or Group Name			
*Street Address (Line 1)			
Street Address (Line 2)			
*City	*State	*ZIP Code	
*Office Telephone			
*Rendering or Group National Provider Identifier (NPI)**			

*Mandatory fields required to process self-disclosure
**Submit one NPI per disclosure.

Please note that the submission of address changes via this process does not modify your provider enrollment information. See the [Update Your Provider Profile](#) page at in.gov/medicaid/providers for information on how to update your provider enrollment information.

Page 1 of 4
Voluntary Self-Disclosure of Provider Overpayments Form
Indiana Health Coverage Programs
August 2022





SELF-AUDIT DOCUMENTATION

Self-Audit Notification Letter:

- Page 1: Identified as a self-audit under the section RE: Self-Audit Notification (SAN)
 - Self-Audit Focus
- Page 2: Self-Audit Process
 - Claim determination
 - Submit medical record documentation
- Attachment A
 - List of claims and members included in the audit
- Attachment B
 - Instructions for completing Attachment A



Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs

111 MONUMENT CIRCLE, SUITE 4200
INDIANAPOLIS, IN 46204-5108

INDIANA MEDICAID HOTLINE
1-800-457-4515

www.in.gov/medicaid

May 13, 2024

SENT VIA CERTIFIED MAIL

Golden Palace
Attn: Stanley Zbornak
6161 Richmond Street
Indianapolis, IN 46224

Certified Mail Tracking Number:

RE: Self-Audit Notification (SAN) ←
Rendering Provider: Golden Palace
Indiana Provider Identification Number: 1234567891
National Provider Identification (NPI) Number: 123456789A
Internal Tracking Number: I-Post-Payment-Audit-2020-0001

Dear Stanley Zbornak,

As part of our ongoing program monitoring efforts, the Indiana Family and Social Services Administration (FSSA), Office of Medicaid Policy and Planning (OMPP) routinely conducts data mining activities; performs detailed analyses of provider claims data; and reviews feedback we receive from our members, healthcare providers, and other individuals. Utilization review safeguards against unnecessary care and services and ensures that payments are appropriate according to the coverage policies established by the Indiana Health Coverage Programs (IHCP) (Indiana Administrative Code 405 IAC 5-1).

Through the course of our monitoring efforts, OMPP selects providers for detailed record review. OMPP data mining activities, and analysis of your claim submissions, resulted in the identification of certain claim lines which may be subject to recoupment due to non-compliance with "IAC", "IHCP", and/or "coding" guidelines.

Self-Audit Focus ←
OMPP has performed an analysis of provider compliance with the IHCP policy regarding the Laboratory Testing. As such, Golden Palace has been selected for a self-audit review of medical records. The claim lines selected for review have service dates from the period of August 1, 2022, through July 31, 2023.



Self-Audit Attachment A

- Comprehensive list of claim numbers, member IDs, beneficiary names, procedure codes, service dates, and total claim paid amounts
- “Agree/Disagree” column filled out by Provider

Deloitte.

Self-Audit Notification: Attachment A

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

Billing Provider Name Golden Palace
Billing Provider Number 1234567891
Review Period August 1, 2022 - July 31, 2023
Case Tracking Number I-Post-Payment-Audit-2020-0001

Attachment A: Kashif Mohsina, MD.

ICN	Member ID	Member Last Name	Member First Name	Claim Line Number	Procedure Code	Units Billed	Service Date From	Service Date To	Claim Paid Date	Total Claim Paid Amount	Agree/Disagree*
1234567891234	123456789123	Devereaux	Blanche	1	99310	1	1/13/2023	1/3/2023	1/18/2023	\$97.49	
1234567891233	123456789122	Nylund	Rose	1	99306	1	12/27/2022	10/27/2022	11/9/2022	\$121.27	
1234567891232	123456789121	Petrillo	Sophia	1	99310	1	1/28/2023	3/28/2023	4/5/2023	\$97.49	
1234567891231	123456789120	Zbornak	Dorothy	1	99306	1	11/20/2022	12/20/2022	1/18/2023	\$121.27	

*Note: Fields marked with an asterisk are to be utilized for the provider response.

Self-Audit Attachment B

Sample Attachment A

Self-Audit Notification: Attachment A

Disagree = Compliance with IHCP Policy. The violation occurred and that the claim submission was supported

Agree = Non-Compliance with IHCP Policy. The error, omission, or improper payment occurred

Date	Claim Paid Date	Total Claim Paid Amount	Agree/Disagree*
1/18/2023	1/18/2023	\$97.49	
11/9/2022	11/9/2022	\$121.27	
4/5/2023	4/5/2023	\$97.49	
1/18/2023	1/18/2023	\$121.27	



Eric Holcomb, Governor
State of Indiana

Indiana Health Coverage Programs

111 MONUMENT CIRCLE, SUITE 4200
INDIANAPOLIS, IN 46204-5108

INDIANA MEDICAID HOTLINE
1-800-457-4515

www.in.gov/medicaid

ATTACHMENT B

SELF-AUDIT NOTIFICATION INSTRUCTIONS

*Important Instructions and Timeframes for
Indiana Health Coverage Programs (IHCP) Provider Self-Audits*

1. CLAIMS TO REVIEW:

Please complete a review of your records by examining the claims included in Attachment A, which were billed under your provider number with dates of service from the period of May 1, 2019, through October, 31, 2022. Please see the enclosed Indiana FADS Secure Portal Instructions to obtain the claim(s) attachment(s).

A spreadsheet titled **Self-Audit Notification Attachment A** identifies the claims that the Indiana Family and Social Services Administration (FSSA), Office of Medicaid Policy and Planning (OMPP) determined may contain errors based on a review of IHCP policy. The spreadsheet is pre-populated and contains the following information/fields:

- Claim Internal Control Number (ICN)
- Member ID
- Member Last Name
- Member First Name
- Line Number
- Procedure Code
- Units Billed
- Service From Date
- Service To Date
- Claim Paid Date
- Total Claim Paid Amount
- Agree/Disagree*

*Note: Fields marked with an asterisk are to be utilized for the provider response.

2. HOW TO COMPLETE THE SELF-AUDIT – AGREE OR DISAGREE?

Evaluate each claim (line) based on the policy statements outlined in the accompanying letter to determine if your claim submission was compliant with IHCP policy or was in error.

- a. If you agree that an error occurred, enter “Agree” on Attachment A, in the column titled “Agree/Disagree” to indicate the claim was non-compliant with IHCP policy.
- b. If your Self-Audit finding indicates that the claim submission was supported and there is a justifiable explanation to support the billing, enter “Disagree” on Attachment A, in the column titled “Agree/Disagree” to indicate the claim was compliant with IHCP policy.



Self-Audit Step-by-Step Process



1

Review the documentation received from OMPP



2

Identify the due date for documentation submission to OMPP



3

Ensure that medical records collected for submission are complete



4

Verify that documentation is legible and including all dates and records requested



5

Enter "Agree" or "Disagree" for each record on the Attachment A



6

Include the name and telephone number of the contact person for the request



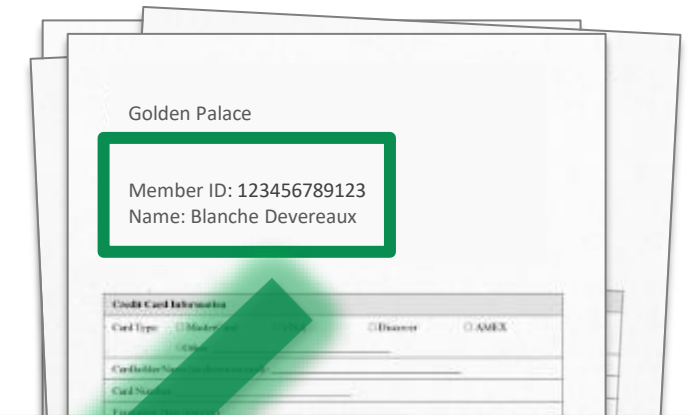
7

Providers upload documents to SFTP (Secure File Transfer Protocol)

The Right Way:

- Completed Agree/Disagree column
- Included a case-by-case explanation for any claim indicated as “Disagree”
- Included the name, telephone number, and email of contact person
- Provider uploaded the filled-out Attachment A and supporting documentation to the SFTP portal

Supporting Documents



Completed Attachment A

Deloitte. Self-Audit Notification: Attachment A

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

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Billing Provider Number: 1234567891
Review Period: August 1, 2022 - July 31, 2023
Case Tracking Number: I-Post-Payment-Audit-2020-0001

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1234567891234	123456789123	Devereaux	Blanche	1	99310	1	1/13/2023	1/3/2023	1/18/2023	\$97.49	Agree
1234567891233	123456789122	Nyhund	Rose	1	99306	1	12/27/2022	10/27/2022	11/9/2022	\$121.27	Disagree
1234567891232	123456789121	Petrillo	Sophia	1	99310	1	1/28/2023	3/28/2023	4/5/2023	\$97.49	Disagree
1234567891231	123456789120	Zbornak	Dorothy	1	99306	1	11/20/2022	12/20/2022	1/18/2023	\$121.27	Agree

*Note: Fields marked with an asterisk are to be utilized for the provider response.

The Wrong Way:

- Incomplete or blank Agree/Disagree section of the Attachment A
- Supporting documents aren't uploaded to SFTP
- The wrong documents are uploaded to SFTP
- Contact information for is missing or not the person that can answer OMPP questions

Wrong Documents

Blank Attachment A

Deloitte.

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

Billing Provider Name: Golden Palace
 Billing Provider Number: 1234567891
 Review Period: August 1, 2022 - July 31, 2023
 Case Tracking Number: I-Post-Payment-Audit-2020-0001

Attachment: Kashif Mohsin, MD.

ICN	Member ID	Member Last Name	Member First Name	Claim Line Number	Procedure Code	Units B						
1234567891234	123456789123	Devaraux	Blanche	1	99310	1						
1234567891233	123456789122	Nyland	Rose	1	99306	1	12/27/2022	10/27/2022	11/9/2022		\$121.27	
1234567891232	123456789121	Petrillo	Sophia	1	99310	1	1/28/2023	3/28/2023	4/5/2023		\$97.49	
1234567891231	123456789120	Zbornak	Dorothy	1	99306	1	11/20/2022	12/20/2022	1/18/2023		\$121.27	

*Note: Fields marked with an asterisk are to be utilized for the provider response.



WRAP-UP

Key Take Aways

Self-Audits are part of a Provider's Compliance Plan

Self-Audit process enhances efficiencies by identifying areas of improvement

CMS and Indiana have regulations for Self-Audits

Self-Audit and Self-Disclosure are not the same, but both aim to identify, rectify, and mitigate potential compliance issues

Self-Audit information and steps for completion are outlined in the Self-Audit Notification Letter

IHCP website provides information related to policies, bulletins, and banners to stay up to date



References

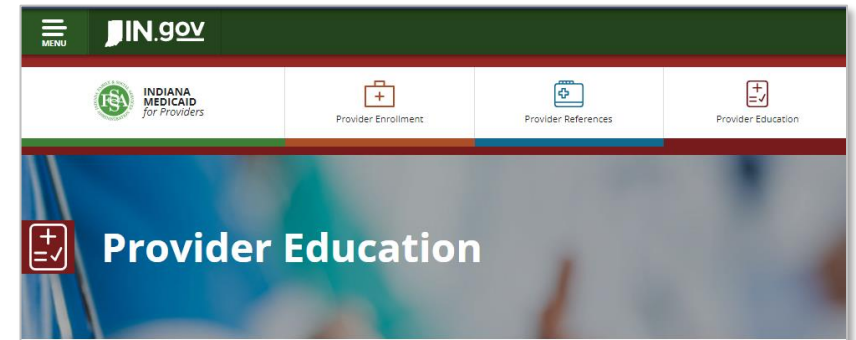
- [Provider Reference Module - Telehealth and Virtual Services](#)
- [IHCP - Program Integrity 101](#)
- [OIG Compliance Program for Individual and Small Group Physician Practices \(hhs.gov\)](#)
- [CMS - Conducting a Self-Audit: A Guide for Physicians and Other Health Care Professionals](#)
- [AAPC - The Importance of Self Audits](#)
- [E-Bulletin - Self-Audit Snapshot](#)
- [HHS-OIG Compliance Tools and Resources - Single Audit](#)
- [HHS-OIG - General Compliance Program Guidance](#)
- [Indiana FADs Q4 2023 Self-Disclosure Process Webinar](#)
- [in.gov - Medicaid Program Integrity Provider Education Training](#)
- [in.gov - Medicaid Providers bulletins, banner pages, and reference modules](#)

Program Integrity Provider Education Training

More training on Documentation and Billing is available on the Program Integrity website:

Training Resources

- [Top 10 Medical Records Review Findings \(June 2022 – June 2023\)](#)
- [Q2 2023 Indiana FADS Webinar: Education Level Modifier Review](#)
- [Q1 2023 Indiana FADS Webinar: Prolonged Services 2023 CPT Update](#)
- [Q3 2022 Indiana FADS Webinar: Attendance Care – Documentation and Payment Error Avoidance Techniques](#)
- [Targeted Probe and Educate \(TPE\)](#)
- [Q4 2021 Indiana FADS Webinar – Clinical Documentation: Standard Practice for Proper Payment](#)
- [Program Integrity 2021 Year in Review – Annual Audit Findings and Tips](#)
- [Fraud and Abuse Detection System \(FADS\) – Audit Process and New Vendor Update](#)
- [Stark Law Overview](#)
- [Dental Provider Documentation Requirements and Billing Guidelines](#)
- [Random Sampling and Extrapolation Process](#)



www.in.gov/medicaid/providers/provider-education/program-integrity-provider-education-training

Thank you!

Have questions?

ProgramIntegrity.FSSA@fssa.in.gov