





IEHP University 2011



INLAND EMPIRE HEALTH PLAN

Welcome to the Casino!

Be a Winner!

Learn A Lot!

Have Fun!

# IEHP CASINO DEALERS

**Karen Dibrell- Director of Financial Analysis**

**Jeannette Fleming- Claims Audit & Recovery Manager**

**Nikkisha Lewis- Provider Auditor**

**Norma Mariscal- Administrative Assistant**

**Regina Rodriguez- Administrative Assistant**

## Audit Program Changes

- Payment Policy Changes
- Contract Changes
- Rebuttal Changes
- Reporting Changes
- Data Submission Changes

# Payment Policy Changes

Dealer Jeannette Fleming

A photograph of three stacks of casino chips on a green felt table. The tallest stack is white, the middle is blue, and the shortest is red. The table has white markings and red circular patterns.

# Contract Rate vs. Billed Amount

## Pay Contract Rate:

- Even If Higher than Billed Charges

## Refunds

- Should Be Accepted

## Contract Language

- Amend to State "Not To Exceed Billed Charges"

# Family Planning Rates



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## Family Planning Augmented Rates

- Updated in 6/22/10 All Plan Letter
- Now Include Rates for Clinics

**Table 1- Physician Rates (POS 11)**

| Procedure Code | Per-Visit Rate |
|----------------|----------------|
| 99201          | \$ 43.72       |
| 99202          | \$ 65.48       |
| 99203          | \$ 109.20      |
| 99204          | \$ 131.53      |
| 99211          | \$ 22.91       |
| 99212          | \$ 34.55       |
| 99213          | \$ 45.82       |
| 99214          | \$ 71.59       |

**Table 2- Clinic Rates (POS 71)**

| Procedure Code | Per-Visit Rate |
|----------------|----------------|
| 99201          | \$ 54.12       |
| 99202          | \$ 81.06       |
| 99203          | \$ 135.18      |
| 99204          | \$ 162.83      |
| 99211          | \$ 28.36       |
| 99212          | \$ 42.78       |
| 99213          | \$ 56.72       |
| 99214          | \$ 88.63       |



# Contract Changes

Dealer Karen Dibrell

# Penalties for Failed Audit

## Old Policy

- Enrollment Freeze
- Verification Audit

## New Policy

- No Enrollment Freeze
- 2% Deduction from Monthly Cap Payment for Six Months
- Weekly Monitoring for Six Months



# Weekly Monitoring

## Auditing

- Submit Small Universe
- Claims will be Selected for Audit
- Focus on Overall Process (Not Individual Claims)
- No Rebuttal or CAP
- IEHP will make Recommendations

## Reporting

- IEHP May Request Current Reports
- IEHP May Recommend Additional New Reports

## Goal

- Improve the Processes & Systems
- Help IPA Pass Future Audits



# IPA Report Card

## Scoring Affects Contract Renewal

## Scoring Affected by Monthly Reports

- Timeliness
- Accuracy
- Completeness

## New Points Added for Submission of Audit Universe & Documentation

- Timeliness
- Accurately
- Completeness

## Verify Audit Due Dates

- Audit Program Guide Timelines
- Audit Confirmation Letter



# Audit Timeline

| WHAT'S DUE   | WHEN IT'S DUE                                      | WHO'S RESPONSIBLE |
|--|--|-------------------|
| Audit Notification Letter  | 90 days prior to the start of the audit            | IEHP              |
| Claims Universe Reports  | 60 days prior to the start of the audit            | IPA               |
| List of selected claims  | 45 days prior to the start of the audit            | IEHP              |
| Audit Documentation (Claims, P&Ps, etc.)                                     | 1 week prior the start of the audit                | IPA               |
| On-Site Visit  | Last day of the scheduled audit                    | IEHP              |
| Preliminary Findings Letter  | 30 days from the on-site visit                     | IEHP              |
| Rebuttal Letter  | 10 days from the date of the Preliminary Letter    | IPA               |
| Rebuttal Response Letter (If Rebuttal not accepted)                          | 10 days from the receipt of the Rebuttal Letter    | IEHP              |
| Final Findings Letter & Corrective Action Plan Request (CAPR), if applicable | 15 days from the rebuttal due date                 | IEHP              |
| CAP  | 30 days from the date of the Final Findings Letter | IPA               |
| CAP Response   | 30 days from the receipt of the CAP                | IEHP              |
| Audit Closed   | 30-45 days from the receipt of the CAP             | IEHP              |

# Audit Confirmation Letter

April 20, 2011

*Via Certified Mail*

Audit Contact  
Audit Contact Title  
Compliance MSO for  
Good Health IPA  
123 Health Care Way  
Managed Care, CA 12345

RE: Notification of Annual Claims and Compliance Audit

Dear Mr. Audit Contact

This letter confirms that the Inland Empire Health Plan (IEHP) Annual Claims and Compliance Audit is scheduled for Monday, July 18, 2011. A portion of this audit will be performed off-site, at IEHP's office. IEHP will assess the capability of Compliance MSO, on behalf of Good Health IPA to process claims and disputes within the established timeframes, and in a manner as required in the IEHP contract. We will select a random sample of claims and disputes, as outlined in The Audit Guide, for review. Other claims or disputes that appear unusual may also be selected for review at the time of the audit. In addition to reviewing specific claims, our audit will entail a review of your overall claims processing system and dispute resolution mechanism.

The specified Audit Period is **August 1, 2010 through April 30, 2011**. In order to select claims for the audit, please provide the following information and reports to **IEHP no later than June 6, 2011**, using the attached format guidelines.

- 1) A paid and denied report for IEHP claims. Include identifier for Family Planning, Emergency Services
- 2) A report of claims for which Interest was paid
- 3) A report of Overpayments Requested and Recovered (refunded, retracted, disputed or other)
- 4) A report of Adjusted (post-payment only) claims
- 5) A Disputed Claims Report (Resolved disputes only)
- 6) A Contracts count of PCPs, Specialists and Ancillary providers.
- 7) A Pre-Audit Questionnaire (use ICE version)

Once IEHP has reviewed these reports, IEHP will select the claims to be audited. A list of the selected claims will be sent to you on **June 10, 2011**. At the time the selection is sent, IEHP will also forward a checklist of the required supporting documentation for all selected claims and disputes to be provided for the audit. This information must be sent to **IEHP no later than July 11, 2011**.

In addition, the following must be available at the time of the on-site visit, to be scheduled at the time of your audit:

- Open claims report, which includes all outstanding claims
- Current pending claims report
- Log of Redirected Claims
- Claims Received Report (Include identifier for ER Claims) for last 90 days of the audit period
- Signed contracts for PCPs, Specialists and Ancillary providers. **IEHP will let you know the number to pull at the time your selection list is provided.**
- Current claims related policies and procedures pertinent to IEHP business

Please send ALL required documentation via Federal Express to my attention at 303 E. Vanderbilt Way San Bernardino, CA. 92408, Please bill these charges to IEHP using Federal Express # 1917-3011-9.

Please note that failure to provide requested information for any claim, at the time of the audit, results in the claim being considered non-compliant.

Should you have questions regarding the audit, please call me at 909-890-2180. Your cooperation is appreciated.

Sincerely,

Jeannette Fleming  
Claims Audit & Recovery Manager



# Rebuttal Process Changes

Dealer Jeannette Fleming

# Rebuttal Process

- Submission Requires New Rebuttal Form
- Only New Information is Considered
- Auditor Reviews Rebuttal
- If the Auditor Agrees, the Issue will be Rescored
- Remaining Issues Forwarded to Delegation Oversight Committee



# New Rebuttal Form

- Standardized and Structured for Fast and Easy Submission
- Form to be Used for Each Claim/Finding
- Check Box for Attestation of New Material Submitted
- Signature Required





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## IPA Rebuttal

As stated in the IEHP Audit Guide; if the Capitated Provider disputes one or more of the audit findings the Capitated Provider has the right to submit a rebuttal. Only new information not previously provided (or requested but not provided) will be considered when reviewing the rebuttal.

Claim # \_\_\_\_\_

Audit Finding \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IPA Rebuttal \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New supporting information or documentation included.

Date \_\_\_\_\_ Signature \_\_\_\_\_



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# Reporting Changes

Dealer Nikkisha Lewis

# Monthly Timeliness Report

- Updated to Include New Fields
- Data From Multiple Reports Consolidated Into One
- Sample Report Appears In the Revised Audit Guide "At a Glance" Section



IPA Name: Inland Empire Health Plan  
 RBO Reporting No.: 933-0346  
 Management Company:

**Report Preparer**

Name:  Phone:   
 Title:  Fax:   
 Email:

**Principal Officer**

Name:  Phone:   
 Title:   
 Email:

**Claims Count**

| Year | Quarter End Month | Month 1                         | Month 2 | Month 3 | Quarter |
|------|-------------------|---------------------------------|---------|---------|---------|
| 2011 | 3                 | January                         |         |         |         |
|      |                   | Paid                            |         |         | 0       |
|      |                   | Pended                          |         |         | 0       |
|      |                   | Denied                          |         |         | 0       |
|      |                   | Contested                       |         |         | 0       |
|      |                   | Total                           |         |         | 0       |
|      |                   | <b>Non-Contracted Claims</b>    |         |         |         |
|      |                   | # Claims Rec'd                  |         |         | 0       |
|      |                   | # Paid in 30 Calendar Days      |         |         | 0       |
|      |                   | % Paid in 30 Calendar Days      | #DIV/0! | #DIV/0! | #DIV/0! |
|      |                   | DROH                            |         |         |         |
|      |                   | <b>Contracted Claims</b>        |         |         |         |
|      |                   | # Claims Rec'd                  |         |         | 0       |
|      |                   | # Paid in 45 Working Days       |         |         | 0       |
|      |                   | % Paid in 45 Working Days       | #DIV/0! | #DIV/0! | #DIV/0! |
|      |                   | DROH                            |         |         |         |
|      |                   | <b>Total Claims</b>             |         |         |         |
|      |                   | Claims Received                 |         |         | 0       |
|      |                   | Claims on Hand                  |         |         | 0       |
|      |                   | Claims Paid on Time             | 0       |         | 0       |
|      |                   | Late Claims w/Interest          |         |         | 0       |
|      |                   | ER Claims                       |         |         | 0       |
|      |                   | ER Claims Paid on Time          |         |         | 0       |
|      |                   | Average Claims Turnaround Time: |         |         | 0       |

**Corrective Action Plan**

Indicate below any corrective action the provider has instituted. Check each box below that is applicable:

- Contracted for outside vendor claims assistance   
  Contracted for outside training   
  Instituted additional staffing  
 Instituted additional internal auditing   
  Weekly Internal Reporting

Other: (Please describe)

**Attestation**

I certify that I have read and reviewed the above quarterly submission, including attachments and know the contents thereof, and that the statements therein are true and correct to the best of my knowledge.

Principal Officer Signature

Date

# Key MTR Definitions

- **Pended Claims**

Any claims received in the reporting month that are on hold for further development from internal sources i.e., sent for medical review, eligibility determination, etc.

- **Denied Claims**

Any claim in which the entire payment is disallowed in the reporting month. **Do Not Include Contested Claims**

- **Contested Claims**

Total number of claims in which requests for documentation have been made to the provider in order to develop the claim

- **Claims Received**

Total number of all contracted and non-contracted claims received in reporting month

- **Claims on Hand**

Total of all claims on hand that have not yet been paid, contested, pended, or denied. Include claims received but not entered in the computer system or otherwise awaiting adjudication

# New Submission Requirements

## Data Submitted Via FTP Server

- MTR Forms
- Audit Universe Files
- Weekly Monitoring Documentation
- Corrective Action Plans

## Instructions for FTP Uploads

<http://ww2.iehp.org/IEHP/Providers/Information+Resources/HandbooksandManuals/EDIManual.htm>



**PROVIDERS** ▼

- BEHAVIORAL HEALTH ▶
- CLINICAL PRACTICE GUIDELINES ▶
- EDUCATIONAL OPPORTUNITIES ▶
- FLU UPDATES
- FORMS ▶
- IEHP UNIVERSITY
- INFORMATION RESOURCES ▼
  - ADA AND BEYOND ▶
  - CALIFORNIA CHILDREN SERVICES
  - FRAUD PREVENTION
  - HANDBOOKS AND MANUALS** ▼
    - BENEFIT MANUALS
    - EDI MANUAL
    - PROVIDER PNP MANUALS
    - PROVIDER PNP MEDI-CAL
    - VISION PROVIDER HANDBOOK
  - SERVICES FOR TEEN PATIENTS
  - MEDI-CAL RATES AND CODES
  - PROVIDER PNP MANUALS-COMMERCIAL
- JOIN OUR PROVIDER TEAM ▶
- NEWSLETTERS ▶
- P4P PROGRAM ▶
- PHARMACEUTICAL SERVICES ▶
- VISION PROVIDERS ▶
- SITE HELP ▶

Home » Providers » Information Resources » Handbooks and Manuals

**Handbooks and Manuals**

Inland Empire Health Plan (IEHP) is committed to help our Contracted Entities (Providers) remain current on IEHP policies, as governed by the California Department of Corporations (DOC), California Managed Risk Medical Insurance Board (MRMIB) and the Centers for Medicare and Medicaid Services (CMS). To access specific policies and procedures, refer to the handbooks/manuals below.

- 2011 Benefit Manuals **NEW!**
- 2011 EDI Manual **NEW!**
- 2011 Provider PNP Manual **NEW!**



Section II- File Transfer Procedures

# FTP Uploads

## Claims Audit Folder

- Claims Universe
- Audit Documentation
- Rebuttal Forms
- CAP

## Claims Timeliness Reports Folder

- MTR Forms
- Quarterly Reports
- Deficiency Statements

## Claims Compliance Monitoring Folder

- Weekly Monitoring Universe
- Audit Documentation



Questions??



# IEHP CASINO



Name two reasons IEHP now requires all reports and audit forms to be submitted via FTP server.

- To Protect PHI
- To Comply with HIPAA regulations



On the IEHP server, in what folder would the new Rebuttal form be placed?

- A. Claims Timeliness Reports Folder
- B. Claims Compliance Monitoring Folder
- C. Claims Audit Folder



# Where can you find a copy of the new MTR form and definitions?

- Revised Audit Guide “At a Glance” section



How many monthly reports are now required from the IPA for each line of business?

- One form per line of business



# Where can you find the instructions to upload files to the FTP server?

- The IEHP Provider EDI Manual-  
Section II File Transfer Procedures



True or False: If the provider bills less than the contracted rate, it is ok to pay only the billed charges.

- False



# Name one consequence for failing an audit.

- Weekly Monitoring
- Financial Penalties



If a contracted provider submits a refund for an amount over the billed charges, what should the IPA do with the refund?

- Accept the Refund



# What is the difference between the two family planning augmented rate tables?

- POS 11 (Physician Rates)
- POS 71 (Clinic Rates)



True or False: The IPA only needs to submit one rebuttal form for all claims/findings.

- False. One form per claim/finding



True or False: The IEHP Auditor can overturn a finding after the review of the IPA Rebuttal.

- True. The Auditor can review the Rebuttal and overturn any finding



If you receive a failing score on the Annual Audit, how long will you be placed on Weekly monitoring ?

- 6 Months



True or False: If the IPA fails an audit, they will be penalized by freezing of enrollment.

- False. No more freezing of enrollment



# How much is the financial penalty for receiving a failing score on a audit?

- 2% of your Capitation Payment



# Instant Winner



# Instant Winner



# Instant Winner



# Instant Winner



# Instant Winner



# Instant Winner

