

REV – Department of Inspections and Appeals (DIA) Adjustments Procedure

Purpose:

The Department of Inspections and Appeals (DIA) conducts audits of nursing facilities (NF) each year. DIA may discover that the NF billed Title XIX incorrectly, therefore either owing payments back to Medicaid or receiving additional payment from Medicaid. In order to process DIA's findings, an adjustment must be performed after the checks are received by Revenue Collections. The majority of DIA audit results are received at the Iowa Medicaid Enterprise (IME) with a check from the provider and are processed as adjustment or credit histories.

Identification of Roles:

Department of Inspections and Audits

- a) Sends live checks to Revenue Collections
- b) Sends weekly email with spreadsheets for DIA Adjustments to Revenue Collections.

IME Revenue Collections

- a) Prints off Excel spreadsheets from the DIA Check Classification Queue from OnBase.

IME Mailroom

- a) Receives DIA checks and documentation and scans into Revenue Collections' OnBase CK01- Misc. Queue. **There are two (2) separate check classifications for DIA checks in the log adjustment queue.**

Performance Standards: Daily

Path of Business Procedure:

Step 1: Department of Inspections and Audits sends via inter-office mail live DIA Audit checks to Revenue Collections, with attached spreadsheets of claims that need to be adjusted. Only the providers with activity get sent to

Revenue Collections. *If no adjustments are received for a given week please contact **DIA at 515-281-7115.***)

Step 2: CORE unit scans and submits the live checks into OnBase.

Step 3: DIA sends the State Revenue Collections Unit Lead, Revenue Collections Account Manager, and assigned Revenue Collections Representatives a weekly email. This email includes a list of all providers and the corresponding checks they submitted to the IME, and the types of audits performed for each of the providers with adjustments that need to be performed to the original payment. Audit types can be one or more of the following:

- a) **Payment Errors:** The Payment Errors spreadsheet located in the Revenue Collections shared drive on the IME Universal site lists adjustments that need to be made to a provider account because Medicaid overpaid the NF for other reasons as detailed in the Remarks Section. Payment Errors often occur when the client participation is calculated incorrectly or when a crossover payment is paid by other insurance or the patient dies.
- b) **Patient Days:** The patient days spreadsheet located in the Revenue Collections shared drive on the IME Universal site lists adjustments that need to be made to the most current claim in Medicaid Management Information Systems (MMIS), because the audit found that Medicaid paid the nursing facility for more days than the patient was present in the nursing facility.

Patient Days adjustments occur for a variety of reasons including:

1. Patient moved from one level of care to another
2. Patient moved out of facility temporarily, then readmitted (Ex. Jail time)
3. Patient discharged to a Skilled Nursing Facility (SNF) and excess days paid at reserve bed rate
4. Patient discharged to Hospice or SNF
5. Excess hospital days (in excess of 10-day limit, not covered by Medicaid)
6. Patient died (expired)
7. Incorrect admit or re-admit date
8. Incorrect admit and discharge dates
9. Missing discharge date
10. No facility dates for the patient

- c) **Nursing Facility Exception to Reserve Bed:** The Nursing Facility Exception to Reserve Bed spreadsheet located in the Revenue Collections shared drive on the IME Universal site lists adjustments that need to be made to the updated claims because Medicaid paid the full per-diem amount for days that the patient was away from the facility instead of the reserve bed rate, a percentage of the full per-diem amount. Although the patient left the nursing facility for a period of time (often to receive inpatient services at a hospital) and did not require care from the facility, Medicaid still must pay a reserve bed rate to “hold” their bed in the facility until the patient returns. Adjustments must be made when the nursing facility overcharges Medicaid for the reserve bed days.
- d) **ICF/MR Facility Exception:** Intermediate Care Facility for the Mentally Retarded (ICF/MR). The ICF/MR spreadsheet lists adjustments that need to be made to claims because Medicaid paid the full per-diem amount for days that the patient was away from the facility instead of the lower reserve bed rate.

Step 4: Core scans the checks and accompanying documentation into the CK01 Queue in OnBase.

Step 5: Revenue Collections prints out all documentation from OnBase. The usual weekly volume is:

- a) 10-15 checks
- b) 20-30 Excel spreadsheets per email
- c) 5 – 10 Adjustments for each Excel Spreadsheet

Step 6: The purpose of DIA adjustments is to create a credit/adjustment request in OnBase to be sent to Core, which will then make the adjustment to the most current claim in MMIS.

- a) Revenue Collections creates credit/adjustment requests in OnBase
- b) Log into MMIS. Research the patient’s claims history to verify that the adjustment is not a duplicate and has not already been credited back to Medicaid.
- c) Locate the correct transaction control number (TCN) that requires the credit/adjustment request.
- d) Open OnBase and create a credit/adjustment request using established adjustment request procedures.

Step 7: A selection of 3% of adjustments is pulled randomly per worker in OnBase.

- a) The auditor will go to Quality Analysis (Q.A.) Queue in OnBase and work a percentage of the daily work that is dropped into the queue for the Posting Specialist staff.
- b) The auditor will work up the adjustments for each check to ensure the accuracy of the adjustment. Any discrepancies found will be brought to the attention the Posting Specialist. If additional training is needed, it is the responsibility of the auditor to meet with the individual.
- c) If any errors are found, it is the responsibility of the Posting Specialist to correct these errors. Once corrected, they will bring the Adjustment Audit Form back to the auditor. The auditor will then review to ensure that the adjustment is correct.
- d) Errors will be tracked on an individual basis and results will be provided to the Account Manager via email on a weekly and monthly basis.

**Forms/Reports:
List of Audit Checks**

Date	Facility	Vendor #	Check #	Amount	Total	
3/10/2006	Pleasant View	0803254	32555	\$ 3,919.42		
3/10/2006	Morning Side Nursing & Rehab	0804948	2726	\$ 4,636.84		
3/10/2006	Ottumwa Manor	0803056	11951	\$11,490.21		
3/15/2006	SW Iowa Residential Facility dba Monroe Grp	0894279	2315	\$ 852.17		
3/15/2006	Wesley Retirement dba Parke Centre	0808840	415981	\$ 2,057.47		
3/15/2006	Mercy Medical Center	0806703	89366	\$ 6,270.80		
3/15/2006	Care Initiatives dba State Center Nursing	0805317	813574	\$ 157.68		
3/15/2006	Maple Heights Care	0802488	23747	\$ 6,914.45		
3/16/2006	Good Samaritan Center Forest City	0801456	18676	\$ 604.26		
3/16/2006	ABCM dba Emmetsburg Care Center	0807396	3975	\$ 205.10		
						IME 03/17/06
						<u>\$37,108.40</u>

Field	Description
Date	Date of check
Facility	Name of NF provider
Vendor #	Provider #
Check #	Number on check
Amount	Amount of check
Total	Sum total amount of DIA adjustment checks

Patient Days

State of Iowa		PATIENT DAYS										Page 1 of 1	
Department of Inspection & Appeals		EXHIBIT # II										FACILITY: G & G Living Westside #0881003	
Audit Period: 2/1/04 TO 9/30/05		Health Facility Records			State Office Records								
I. D. NUMBER	NAME	Beginning Claim Date	Ending Claim Date	Days of Service	Beginning Claim Date	Ending Claim Date	Days of Service	Days Overpaid	Per Diem	Amount Due D H S	TCN	REMARKS:	
		08/01/05	08/26/05	25	08/01/05	08/27/05	26	1	\$267.57	\$267.57	520001503	Discharged CP s/b \$0.0	
TOTAL										\$267.57			

Field	Description
I.D. Number	Medicaid recipient's ID #
Name	Medicaid recipient's name
Health Facility Records	
Beginning Claim Date	Date NF shows as start date
Ending Claim Date	Date NF shows as end date
Days of Service	Number of days patient stayed in NF
State Office Records	
Beginning Claim Date	Date Medicaid shows as start date
Ending Claim Date	Date Medicaid shows as end date
Days of Service	Number of days patient stayed in NF
Days Overpaid	Number of days for which Medicaid overpaid
Per Diem	Amount Medicaid allows providers to charge per day
Amount due DHS	Days overpaid x Per diem
TCN	Tracking Control Number for original claim that Medicaid paid
Remarks	Details about adjustment

State per Diem	Amount Medicaid allows per day
Amount Due D.H.S	Facility per diem x % listed in remarks x days absent
TCN	Tracking Control Number of original claim
Remarks	Details about adjustment

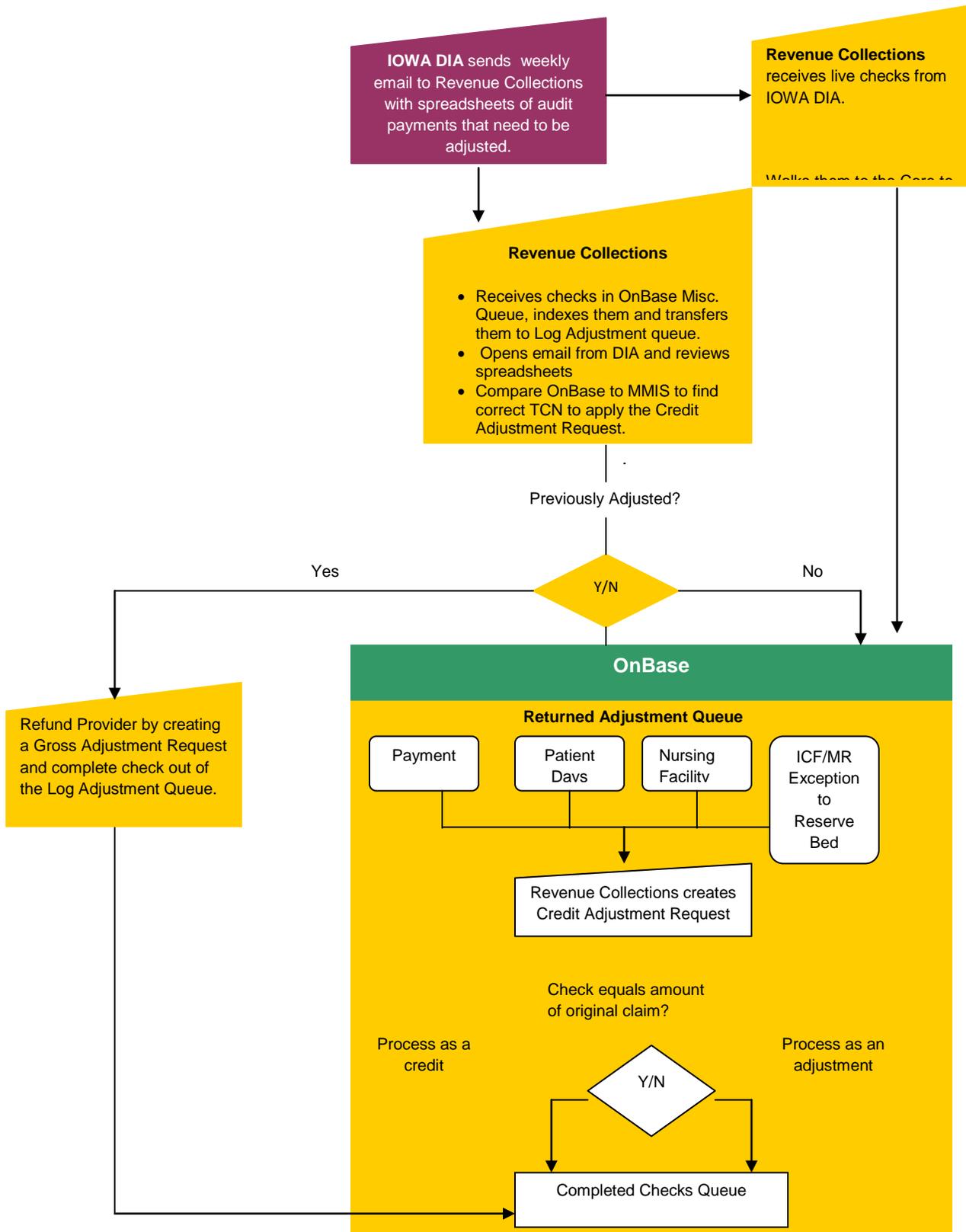
ICF/MR (Intermediate Care Facility for the Mentally Retarded): Exception to Reserve Bed

State of Iowa		F/MR EXCEPTION TO RESERVE BED							FACILITY: G & G Westside #0881003		
Department of Inspection & Appeals		EXHIBIT # 1									
Audit Period: 2/1/04 to 9/30/05											
I.D. NUMBER	NAME	TYPE OF LEAVE	DATE LEFT	DATE RETURN	DAYS ABSENT	DAYS ALLOWED	EXCESS DAYS PAID	FACILITY PER DIEM <small>w/ incentive factor</small>	STATE PER DIEM	AMOUNT DUE D H S	TCN
		Visit	07/18/05	07/24/05	6	0	6	\$267.57	\$267.57	\$75.36	30521600015076100
REMARKS					6 days paid incorrectly. Amount due reflects difference between per diem and reserve bed rate.						
									TOTAL	\$75.36	

Iowa Department of Human Services
Iowa Medicaid Enterprise (IME)
Revenue Collections

Field	Description
I.D. Number	Medicaid recipient's ID #
Name	Medicaid recipient's name
Month and Year	MM-YY
Facility Records (C.P. Paid)	Amount the client should have paid on the original claim
DHS Records (C.P. withheld)	Amount the client actually paid on the original claim
Net Payments	Amount NF owes Medicaid
Due Resident	Amount (if any) owed to the facility
Due DHS	Running total of amount NF owes Medicaid
TCN	Tracking Control number of original claim
Remarks	Details about adjustments

DIA Adjustments Flowchart



Adjustment Audit Form - This form is sent to the Posting Specialist noting errors and corrective actions to be made.

Revenue Collections Adjustments Audit Form	
Date of Audit:	
Auditor:	
Adjustor:	
Category of Error:	
DCN:	No Errors Present _____
<input type="checkbox"/> No adjustments done for check	
<input type="checkbox"/> Adjustment amounts did not equal check amount	
<input type="checkbox"/> Credit versus Adjustment	
<input type="checkbox"/> Wrong adjustment reason	
<input type="checkbox"/> Check should not have been adjusted	
<input type="checkbox"/> Adjustment done on incorrect claim	
<input type="checkbox"/> Needs to do a gross adjustment	
<input type="checkbox"/> Gross adjustment without looking for credit balance	
<input type="checkbox"/> Other	
Action Taken: _____	
Auditors Comments: _____	

RFP References: N/A

Interfaces: CORE, DIA

Attachments: N/A

Acronyms:

CP- Client Participation

DIA - Department of Inspections and Appeals

ICF- Intermediate Care Facility

MR- Mental Retardation

RB- Reserve Bed

AC- Actual Cost

NF- Nursing Facility

SNF-Skilled Nursing Facility