

Provider Certification Non-compliance Policy

Objective:

Establish a consistent process to assist providers in maintaining a certification program with a non-compliance rate below ten percent (10%) of the total review volume.

Performed By:

Non-compliance Process Coordinator, Inpatient Review Supervisor with oversight by the Project Manager, or designee

Policy:

Providers are required to request precertification on all planned and elective admissions prior to the proposed date of service for the following types of inpatient admissions: acute care, non-emergency medical/surgical, non-emergency inpatient psychiatric care, non-emergency chemical/drug dependency treatment, swing-bed, physical rehabilitation, and psychiatric residential treatment facility (PRTF).

Admissions that are either emergent or urgent in nature may be submitted to HSM for review on the first business day after admission.

Continued stay requests (concurrent reviews) should be submitted to HSM for review on or prior to the last day certified.

HSM monitors and tracks the number of times a provider requests late certification.

Late requests for certification are considered non-compliant in the following instances:

- the patient was eligible for Medicaid benefits at the time of admission, but precertification review was not requested,
- the admission was neither urgent or emergent based on the clinical documentation submitted for certification, and
- the concurrent review request was not submitted on or prior to the last day certified.

Procedure: Provider Certification Non-compliance

1. On the fifth business day following the end of each quarter, HSM generates a report of all Medicaid providers' non-compliance rates. The report lists each non-compliant review indicating the service date and the date HSM received the review request.
2. HSM issues the report to each provider either on a quarterly or annual basis according to the following guidelines:
 - **Providers receive quarterly reports if any of the following apply:**
 - ⇒ The provider submits greater than one hundred and sixty (160) reviews per year
 - ⇒ The provider submits greater than forty (40) non-compliant reviews per year
 - ⇒ The provider is within the first year of provider eligibility and submitted greater than forty (40) reviews in the first quarter of eligibility, or

⇒ The provider is within the first year of eligibility and submitted greater than ten (10) non-compliant reviews in the first quarter of eligibility.

NOTE: When assigned to quarterly reporting periods, providers remain assigned to quarterly reporting periods until the requirements for annual reporting periods have been met for eighteen (18) months.

• **Providers receive annual reports if any of the following apply:**

- ⇒ The provider submitted any number of reviews up to and including one hundred and forty (140) per year
- ⇒ The provider submitted forty (40) or less non-compliant reviews per year,
- ⇒ The provider has completed a year of provider eligibility and submitted 40 or less reviews per quarter, or
- ⇒ The provider has completed a year of provider eligibility and submitted ten (10) or less non-compliant reviews per quarter.

NOTE: When assigned to annual reporting periods, providers remain assigned to annual reporting periods until the requirements for quarterly reporting periods have been met for eighteen (18) months.

3. Reports are sent to providers on quarterly reporting periods on the seventh business day of the month following the close of each quarter.
4. Reports are sent to providers on annual reporting periods on the first business day of February following the end of the calendar year. Quarterly reports may be obtained by providers on annual reporting periods by calling HSM's non-compliance process owner after the seventh business day of the month following the close of each quarter.
5. The non-compliance rate for each provider is calculated by dividing the total number of review requests submitted for the quarter by the number of non-compliant review requests submitted for the quarter.
6. From the quarterly report, HSM identifies those providers with non-compliance rates of greater than ten percent (10%).
7. HSM notifies providers in writing via a verifiable delivery method (i.e. certified mail) when intervention is indicated and this notification is included with the applicable report.
8. Interventions are implemented on a quarterly basis for providers on quarterly reporting periods and annually for providers on annual reporting periods. Interventions are successive as follows:
 - Step 1 - HSM requests that the provider attend, host, or otherwise participate in an educational offering by HSM that focuses on the review program requirements. HSM will specify the timeframe for which the provider is expected to complete the intervention.
 - Step 2 - HSM requests that the provider submit a corrective action plan (CAP) outlining the provider's plan, intention, and implementation methodology and timeframe. HSM will notify a provider in writing within ten (10) business days of receipt of the CAP as well as whether or not the CAP is acceptable.

Step 3 - HSM requests that the provider attend a meeting at HSM or participate in a teleconference with HSM to outline for the provider further interventions and to develop alternate strategies to decrease non-compliance rates to less than ten percent (10%). The notification will include two alternative dates for a meeting and instructions regarding participation.

9. Written notification to providers includes instructions for completing the appropriate step of intervention and the timeframe for completion.
10. Providers on quarterly reporting periods are required to respond to the request for intervention within fifteen (15) business days of notification.
11. Providers on annual reporting periods are required to respond by the first business day after May fourth (4th) following the date of notification.
12. If a provider has reached Step 3 intervention and then attains and maintains a non-compliance rate of ten percent (10%) or less for three (3) consecutive reporting periods (quarterly or annually as assigned), subsequent interventions begin with Step 1 intervention if required (greater than ten percent (10%) non-compliance rate).
13. HSM is required to report to the Division of Medicaid (DOM) any provider with a non-compliance rate greater than ten percent (10%) of their total review volume sustained over four (4) consecutive quarters for assessment of further action and/or intervention.
14. If a provider has maintained an unacceptable level of non-compliance and has been reported to the DOM for assessment or further action, HSM is required to formally report further non-compliance to the DOM in each successive reporting period of occurrence.