

Audits and Reviews of Medicaid Providers in Alaska

Name of audit/review:	Agency requesting/ Authority	What is measured by this audit/review:	What is reviewed	Subcontractor conducting audit/review:	Type of provider affected:	Number of providers affected:	Timeline
Payment Error Rate Measurement (PERM)	Centers for Medicare and Medicaid Services (CMS) Improper Payment Information Act	States' rate of Medicaid payment errors	Review of Provider's Medical and Billing Records, State data processing and recipient eligibility	A+ Government Solutions and HealthDataInsights are the medical review contractors	All Alaska providers that bill Medicaid	260 claims for Medicaid and 520 claims for Denali Kid Care (DKC). Plus 30 claim special batch for Home & Community Based Waivers (HCBW)	Each State audited once every 3 years. Alaska's next base period is 10/1/2013 - 9/30/2014.
Medicaid Integrity Program audits AKA Medicaid Integrity Contractor (MIC) audits	Centers for Medicare and Medicaid Services (CMS) Deficit Reduction Act	Medicaid Overpayment Identification	Provider claims based on reviews by CMS review contractor	Health Management Services (HMS) DBA Integriguard	All Alaska providers that bill Medicaid	3 Audits currently in progress	Annually, generally covering 2- 5 years of claims data
Disproportionate Share Audit (DSH)	Centers for Medicare and Medicaid Services (CMS) 42 CFR 455 Subpart D	Appropriateness of DSH Payments	States' processes; Provider documentation	Myers & Stauffer	Hospitals receiving state DSH payments	Varies from year to year	Annually, start in July, end in September
Myers and Stauffer Audits	Alaska State Legislature, via AS 47.05.200	Improper Medicaid payments	Provider Claims	Myers and Stauffer	All Alaska providers	80 per year	Annually covering 1 calendar year
Financial statement and State and Federal Single Audit	Federal through OMB Circular A-133, State of Alaska through 2 AAC 45.010 and DHSS through 7 AAC 78.230	Compliance with applicable laws, regulations and grant provisions, accuracy of financial reporting.	Accounting and program processes.	Independent CPA firms.	Providers that are grant funded and HCBW Providers	Most grant funded and HCBW providers	Annually if provider meets single audit threshold. Otherwise, biennially.
Cost report audit	Office of Rate Review 7 AAC 150.200	Facility cost and statistics.	Medicare cost report/Medicaid forms.	None	Facilities (nursing homes, long-term care hospitals, etc)	All hospitals, nursing homes and FQHC's	1 to 4 year audit cycle.
Credit Balance Audit	DHSS Div of Health Care Services 42 CFR 433 Subpart D	Medicaid credit balances	Provider Claims	HMS	All Alaska Medicaid providers	All	Annually

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Surveillance and Utilization Review (SURS) audit	Centers for Medicare and Medicaid Services (CMS) 42 CFR 433 Subpart C	Medicaid payments, specifics vary by review	Provider Claims	Xerox at the direction of Health Care Services	All Alaska Medicaid providers	All	varies
Focused review or audit by DHSS Program Integrity	DHSS 7 AAC 160.110	Medicaid payments, specifics vary by review	Varies by engagement	None	All Alaska Medicaid providers	All	varies
Recovery Audit Contractor (RAC) Audits	Required by the Affordable Care Act 42 CFR 455 Subpart F	Medicaid improper payments	Provider Claims	(HMS) Health Management System	All Alaska Medicaid providers	All	Contract start 7/01/12
Electronic Health Records (E.H.R.) Incentive payment audit	DHSS	Incentive payment accuracy and eligibility.	Program eligibility and payment accuracy	Myers and Stauffer	All Alaska Medicaid providers receiving E.H.R. incentive payments	Providers receiving E.H.R. incentive payments	Program participation from January 2011
Department Program Approval Quality Assurance	DHSS Behavioral Health 7 AAC 70. 70 AAC 105-165	Compliance with program requirements	Provider records; patient/staff interviews	None	All Community Behavioral Health Treatment Medicaid providers	All	Varies depending on Certification dates
Inspection of Care	DHSS Behavioral Health 7 AAC 140.400-415 42 CFR 483.350 42 CFR 456-600-456.614	Compliance with Federal and State Regulations/Quality of Care	Provider records; patient/staff interviews	None	All enrolled Residential Psychiatric Treatment Centers (RPTC)	All	Annually
Various Licensure, Certification, Grant Reviews	DHSS	Compliance with program standards	Provider records; patient/staff interviews	None	All Facilities & Agencies required to be licensed or certified; all grant DHSS agencies	All	Varies