

*Note: Please refer to BMS ADW/TBI/PC COVID-19 Reopening Plan 7/1/2020.  
Provider Quality reviews are being conducted remotely. On-site reviews may be conducted if determined necessary by BMS.*

### **TBI Waiver Provider On-Site Quality Review Process**

TBI Waiver Providers will be required to participate in an on-site review every year. Any provider who enrolls at least one program member during a calendar year will be queued for on-site retrospective review the subsequent year and each year thereafter.

Provider agencies who receive a Provisional Certification will be required to have an on-site review by Kepro prior to full re-certification.

#### **Notification to Providers**

**2-Week Notice** – Agency Executive Director(s) and Waiver Contact person(s) will receive an email at least 2 weeks (14 calendar days) prior to the start date of the agency’s review. This email will inform the agency of the dates of review, tentative names of reviewers and general instructions.

#### **Review Samples**

**Choosing Participant Sample** - Each review will be assigned a Provider Educator responsible to send the necessary notifications, prepare the member(s) queued to be reviewed, and compile final reports. The Bureau for Medical Services (BMS) has determined that 100% of enrolled program members will receive a quality and utilization record review.

**Choosing Staff (Qualified Provider) Sample** – Provider Educators will review the personnel files associated to the member(s) to verify information submitted by the agency during their continuing certification.

#### **Provider Preparation**

Prior to the arrival of Kepro Provider Educator(s), providers should prepare by:

- Ensuring there is available space for Provider Educator(s) for the duration of the review;
- Having copies of written policies and procedures; Competency-based curriculum; Trainer personnel file; Incident Management reports for the past year and
- Having program participants, qualified provider files accessible, and organized, with all the necessary information filed appropriately.

#### **On-Site Reviews: During the Review**

**Qualified Provider/Program Member Files** - At the beginning of the review, a short introduction meeting will be conducted. At that time, providers will be given their program Members and qualified provider listing so that records can be made available to the reviewers.

**Length of Review** - Review lengths will vary based upon the size of the agency and the amount of documentation being reviewed. With current TBI enrollment number, most reviews will last no longer than two or three days.

**Provider Interaction and Technical Assistance** - It is requested that the provider have someone available to the reviewers consistently throughout the review process (every hour or so). Providers are offered a daily exit interview, in which the reviewers explain review results for the day on a case-specific level. On the final day of the review, a final exit interview occurs. Typically, the reviewers explain the systemic issues and any remaining case-specific issues. Any additional provider questions are answered, and providers are offered an opportunity to request training specific to their needs.

**Validation of Site-monitoring Review Tool** - Provider Educators will validate the information from the most recent completed site-monitoring tool with a review of the agency policy and procedures, the agency Quality Management Plan, Personal Attendant competency-based training curriculum, and a walk through of the agency office setting to monitor office criteria compliance. The walk through will include digital verification (digital photos) that the physical office meets policy requirements.

**Choosing Which Notes to Review** – The BMS Office of Program Integrity (OPI) provides claims data for a 3-month review period. Kepro will review all notes for all services billed during that 3-month period for the enrolled program members. Please note that the review period **only** pertains to service notes. Provider Educators will review documentation for qualified providers as well as for services provided **outside** the review period, such as the Assessments, Service Plans, and required monthly contact with program member(s) to verify that they were completed as required.

## **Review Reports**

**If there are no recommended disallowances** – Within 10 business days of the conclusion of the review Kepro will email the reports to BMS. BMS TBI Waiver Program Manager will forward the following reports to the provider via email:

- Provider Review Report
- Final Disallowance Report – This report will indicate that there are no disallowances.
- Plan of Correction – If any quality items were found to be deficient during a provider's review, a plan of correction must be submitted within 30 calendar days to Kepro. If applicable, the provider must request an electronic Plan of Correction from Kepro. **If not submitted in the specified period, BMS may place a hold on claims until an approved Plan of Correction is in place.** The Plan of Correction must be submitted in the electronic format provided. Any corrections/additions requested will be communicated to the provider. Once the Plan of Correction is considered approved, Kepro will send the final Plan of Correction to BMS for final review. Kepro will email the provider the approved Plan of Correction. Kepro will begin the Plan of Correction by outlining all areas found to be deficient during the review. The provider will be expected to complete the Plan of Correction by describing:

- How the deficient practice(s) will be corrected;
- What system will be put into place to prevent recurrence of the deficient practice(s);
- How service delivery will be monitored in the future to ensure compliance and who will be responsible; and
- When the Plan of Correction will be implemented and completed.

NOTE: BMS will request in red text through the email that the provider respond back to inform them that you have received the email.

**If there are recommended disallowances** – Within 10 business days of the conclusion of the exit interview, Kepro will email the following draft reports to the provider and to BMS:

- Provider Review Report – Identifies issues found regarding a qualified provider (personnel), health, and welfare, Incident Management, Assessment and Service Plans, and additional documentation associated with individual services provided.
- Plan of Correction — If any quality items were found to be deficient during a provider’s review, a plan of correction must be submitted within 30 calendar days to Kepro. **If not submitted in the specified period, BMS may place a hold on claims until an approved Plan of Correction is in place.** The Plan of Correction must be submitted in the electronic format provided. Any corrections/additions requested will be communicated to the provider. Kepro will begin the Plan of Correction by outlining all areas found to be deficient during the review. The provider will be expected to complete the Plan of Correction by describing:
  - How the deficient practice(s) will be corrected;
  - What system will be put into place to prevent recurrence of the deficient practice(s);
  - How service delivery will be monitored in the future to ensure compliance and who will be responsible; and
  - When the Plan of Correction will be implemented and completed.

**Example:**

<b>Issue Found:</b>	<b>1. How will the deficient practice be corrected?</b>	<b>2. What system will be put into place to prevent recurrence of the deficient practice?</b>	<b>3. How will service delivery be monitored in the future to ensure compliance? Who will be responsible?</b>	<b>4. When will the Plan of Correction (POC) be implemented?</b>
Current First Aid Certification: A copy of the actual certification card must be present, or a training signature list with date, pass/fail, and the instructor's signature.	This staff was removed from providing services immediately and did not provide services until certification was completed on July 10, 2021.	An email notification system has been implemented. All staff training s-dates have been added to the system. Staff and staff supervisor will receive calendar notifications via email one month prior to certification expiration.	Staff supervisor will monitor certification due date's spreadsheet on a weekly basis, in addition to receiving calendar notification.	Spreadsheet, email notifications and monitoring will be fully implemented by August 1, 2021

- Draft Disallowance Report – Identifies issues for which Kepro found the provider to be out of compliance that may result in potential disallowance. The draft report will not include dollar amounts related to potential disallowance. It will, however, indicate the claim information (including amount paid) for those items related to the specific members reviewed. The report will include only potential disallowance service units. If the provider wishes to make comments associated with the recommended potential disallowances, those must be placed on the draft report in the space provided and submitted along with the Plan of Correction. At this time, providers may submit additional information related to the review. **Please note: If additional claims data is requested, it is the responsibility of the provider to provide this information to Kepro within 7 days of receipt of their draft disallowance report.**

The provider will have 30 days to submit the POC and Comments to the Draft Disallowance Report. Once received, Kepro will coordinate results and make final

recommendations to be presented to the Review Committee (see description below). Following the review committee, Kepro will finalize the Disallowance report (per committee recommendations) and send to BMS. BMS will send the final disallowance report to provider with instructions for repayment.

### **Review Committee**

Review Committee – BMS, OPI, Kepro, and any other entity deemed necessary by BMS will meet as a Review Committee to consider the provider’s comments related to the Draft Disallowance Report and the provider’s approved Plan of Correction. The group may make changes to the Draft Disallowance Report based on additional information submitted by the provider.

### **6 Month POC Follow up Review**

BMS requires that Kepro conduct a six (6) month follow-up review for all approved POCs on quality items found to be deficient during the annual on-site review. The six-month follow-up review will be performed through either a desk review of requested evidence or an on-site review. The type of review conducted will be determined based on the number and severity of issues identified on the original POC. Specifically, if more than 25% of the original staff records was cited for not meeting the following qualifications, an on-site review will occur:

- Criminal Background Check (CIB) and/or Office of Inspector General (OIG) Exclusion List Check
- CPR and/or First Aid
- Training in Recognition/Reporting of Abuse, Neglect, and Exploitation
- Training on program participant’s-specific health needs-direct care skills

In addition, if the provider was cited for not conducting monthly contacts with the participants for more than 25% of the original sample, an on-site review will be performed.

Office criteria deficiencies noted from Chapter 512, will result in an on-site review.

Follow-up for all other types of deficiencies will occur via desk review.

During the review, Kepro will verify that the provider addressed the deficiencies as identified on the original POC for a randomly chosen 50% of the original sample.

Kepro will notify providers via email forty-eight (48) hours prior to the review. This email notification will include how the review will be conducted (desk or on-site) and, for desk reviews, will serve as the request-for specified evidence to be submitted within 48 hours.

Within 10 business days of the conclusion of the 6-month POC follow up review, Kepro will email the following report to the provider and to BMS:

- 6-month POC Follow-up Findings: Identifies compliance and/or noncompliance with the strategies outlined in the provider's approved POC and recommendations for improvement.

In addition to the 6-month POC Follow-up Findings report, the agency will be provided with Technical Assistance as necessary and requested during and after the review.

#### **Additional Information**

**Office of Program Integrity (OPI) and Expanding Review Findings** - If upon review, OPI finds a disallowance issue to be potentially systemic, they may issue a request for an additional self-review. **Non-compliance with OPI's request for a self-review may result in removing a provider's ability to submit claims into Gainwell ("pay hold")**. Depending on the severity and rate of occurrence of the issue, OPI may also conduct an on-site follow-up at the provider agency to ascertain the extent of the deficiency and to recommend additional disallowances.

**Medicaid Fraud Reporting** - If at any time Kepro suspects Medicaid fraud, a referral will be made to OPI.

**Fiscal Employer Agent** - As a sub-contractor of the Bureau for Medical Services, Public Partnerships, LLC will not be subject to disallowances cited in their report. However, a portion of the Per Member Per Month fee may be sought for any deficits found in the performance of duties of the Resource Coordinators. In addition, any deficits related to a program member that would have resulted in a disallowance must be addressed with the program member for them to continue self-directing their services in the future.