



July 18, 2018

TO: Diane Pelts, AVCMH Chief Executive Officer
 FROM: Jodie Balhorn, NMRE Compliance Coordinator
 RE: Medicaid Encounter Verification-Final Memo
 CC: CMH Audit Coordinator- Kelli Unke, AVCMH Compliance and Qualify Specialist

Northern Michigan Regional Entity (NMRE) staff conducted a Medicaid services verification audit. This review included Medicaid and Healthy Michigan Plan services reported to the NMRE from 10/01/17-12/31/17. This is required through the NMRE Compliance Plan- 2018, Technical Requirement in the NMRE and CMHSP 2018 contract attachment P6.4.1 and Provider Contracts.

The Medicaid Encounter Verification process indicates a verification rate of 100% of total services, an error rate over 95% does not require a plan of correction. The summary data provided below shows overall performance for all encounters reviewed during the audit period, those provided by CMHSPs and those provided by sub-contractors.

CMH Encounters Summary – 1st Quarter FY 2017

Type	# Audited	# Valid	% # Valid	\$ Audited	\$ Valid	% \$ Valid
CMHSP	10	10	100%	\$1,529.05	\$1,529.05	100%
Sub-Contractors	10	10	100%	\$8,150.12	\$8,150.12	100%
Total	20	20	100%	\$9,679.17	\$9,679.17	100%

CMH Invalid Claims by Type – 1st Quarter FY 2017

Not an Approved Code	Not Medicaid Eligible	IPOS Issues	Missing Date/Time	Billed/Paid Exceeds Contract Amount	Not a qualified Practitioner	Total Invalid
0	0	0	0	0	0	0

OVER 95%

There were no real trends found in the audit results. Please see attached for a detailed report.

NOTE: There were 3 Verbal signatures on Plans of Service for ABA.



UNDER 95%

Explain Trends if any

Please submit evidence that each invalid encounter has been voided/deleted and submit to the PIHP within 30 days () to jbalhorn@nmre.org

UNDER 90% for a 12 month period

“PIHP will select a larger sample and require additional training and monitoring elements within the formal corrective action initiative including targeted monitoring activities by the PIHP.”

If you disagree with the determination of any invalid encounter included in this report, you may submit a request for an appeal to NMRE CEO within 30 days of receipt of this report. Please indicate the reason for the appeal and attach any substantiating documentation to support your request. The NMRE, CEO will respond in writing within 30 days after receipt of the appeal request. The decision of the CEO will be final. If the encounter is deemed valid, amended reports will be sent out. If the encounter remains invalid, it must be voided within 30 days after receipt of the appeal decision.

If you have any questions, please contact Jodie Balhorn, NMRE Compliance Coordinator, jbalhorn@nmre.org 231-383-6522.

Resources

1. NMRE/CMHSP 2018 Contract, Technical Requirement attachment P6.4.1.
2. NMRE Compliance Plan 2018
3. NMRE Medicaid Encounters verification plan-procedure