FREQUENTLY ASKED QUESTIONS

Q. <u>Is a copy of the PowerPoint available?</u>

A. *PDF copy of the PowerPoint Presentation will be emailed to you from Oklahoma Hospital Association. The presentation will also be posted on their website.*

Q. <u>What address will HMS use to contact providers?</u>

A. *The address that is in the provider profile within the MMIS system. Providers may change their designated address using the HMS Provider Portal.*

Q. <u>Can the hospital designate a specific contact for HMS to contact?</u>

A. *Yes, the provider portal can be updated with the specific person who will be the contact person.*

❖ *Each provider may have 5 User ID's.*

Q. <u>Can providers access portal prior to audit?</u>

A. *Yes, once you establish your login you must login at least monthly or the next time you login you will be locked out and will need to reset the password. Please visit https://ecenter.hmsy.com and follow the User Registration instructions.*

Q. <u>When is the portal available to enter contact information for RAC?</u>

A. *The portal is available now and is currently also used by TPL. You may contact the provider portal and request to expand your access to the Recovery Audit Program.*

Q. <u>When will the 30 month look back start?</u>

A. *The 30 month look back will start on the date the audit is approved by OHCA.*

Q. <u>Will OHCA still be doing audits every year?</u>

A. *Yes.*

Q. <u>When will audits start?</u>

A. *The Credit Balance Audits will start in November. The Automated and Complex audits will be approved by OHCA after the data has been reviewed*

and audit scenarios approved. Once dates of those audits are set they will be announced.

Q. <u>20 days to respond to medical record requests is not a long time, are you going to work with providers?</u>
A. *We will work with providers to ensure we have the correct address and point person so that letters are being addressed to the right person.*
❖ OHCA has taken into consideration the concern of providers that 20 days is not sufficient time to provide medical records and has changed the requirement to 30 days.

Q. <u>Where did the 20 days come from?</u>
A. *20 days is the stated amount of time that OHCA requests medical records be submitted to them after requested.*
❖ OHCA has taken into consideration the concern of providers that 20 days is not sufficient time to provide medical records and has changed the requirement to 30 days.

Q. <u>What is the maximum number of medical records that will be requested?</u>
A. *The Maximum number of Medical Records would be 300 in a 45 day period. OHCA will approve the medical records request schedule which will take into account, type of review, provider size and provider type. Providers should not anticipate a high volume of medical records requests.*

Q. <u>How can I find out status of a claim during an audit?</u>
A. *During the audit, you can access the status on the HMS Web Portal. HMS will also notify providers of the outcome via letter. For the Credit Balance Audit, please contact your auditor directly.*

Q. <u>Can we upload records via the Web Portal?</u>
A. *Not at this time, but HMS is currently testing a process using Health Port which will allow providers to upload files through Health Port.*

Q. <u>Can providers only send HMS hard copies of medical records?</u>
A. *No, HMS also accepts Encrypted CD and transfer through a FTP.*

Q. Is HMS website different than the HMS Portal?

A. *Yes, the portal is specific to the provider's log in and is specific to the RAC audits, the Oklahoma RAC website will contain announcements and links to reference materials. HMS also has general RAC information, http://www.medicaid-rac.com*

Q. Please explain the Appeals Process.

A. *Providers will have the opportunity to request an informal reconsideration with HMS. If the Provider is still dissatisfied with the outcome you may file an appeal with the OHCA pursuant to Oklahoma Administrative Code (OAC) 317:2-1-7. To view OHCA rules regarding your appeal rights please access the OHCA website at WWW.OKHCA.ORG, select Policies & Rules within the provider's window and then select Chapter 2 Grievance Procedures and Process.*

Q. Can HMS share sample letters?

A. *Yes, HMS will provide same letters to the Oklahoma's Hospital Association to publish on their website.*

Q. Can you share the reason codes that will be on the remits?

A. *The codes have not been finalized, but will be provided on the HMS website when they are available.*

Q. Will Providers receive a request for medical records every 45 days?

A. *There is not a set interval; audits are dependent on data analytics. If a provider is selected for more than one audit there will be 45 days between requests.*

Q. For the Credit Balance Audits will each claim have a CBA worksheet?

A. *Yes.*

Q. Are Credit Balance Audits also requiring response within 20 days?

A. *Yes.*

Q. Will Skilled Nursing Facilities be included for audits?

A. *SNF's are included in the scope but there are no approved audit scenarios at this time.*

Q. <u>Concerning the 30 month look back, will a provider be subject to an audit only once for that 30 month look back time period?</u>

A. *The RAC project is a multiyear project and some audit scenarios may be selected for a different time period. It is the hope of OHCA that facilities would correct any billing practices that led to errors for future claims.*

Q. <u>Do we need a corrected action plan to follow the audit?</u>

A. *Not to provide to OHCA, but OHCA expects the facilities to correct the cause of overpayments.*

Q. <u>Will the policies used to identify overpayments, be from the time period the claim was paid?</u>

A. *Yes, HMS will only use policies that were relevant the time the claim was submitted and paid.*

Q. <u>Will HMS request the same claim information as Telligen?</u>

A. *No, OHCA will coordinate audits. The RAC cannot request the same records for the same type of review. The same claim can be reviewed for different audit reasons.*

Q. <u>Is HMS going to focus only on claims where Medicaid is the primary payer?</u>

A. *For Complex and Automated reviews this will be the case. For the Credit Balance Audits, all accounts where Medicaid was the primary, secondary, or tertiary will be reviewed.*

❖ Indicates updated answers to the question that were not provided during the original presentation.