



WISCONSIN DEPARTMENT
of HEALTH SERVICES

Community Support Programs Audits

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Office of the Inspector General

Agenda

- Partnership and Audit Development Process
- Audit Process Overview
- Audit Tips
- Questions

Partnerships and Audit Development Process

About Community Support Programs (CSP) Audits

- The Office of the Inspector General (OIG) is responsible for preventing, identifying, and addressing fraud, waste, and abuse in Medicaid programs.
- The OIG's County/Institutional Team is responsible for program integrity oversight of CSP, as well as several other provider types.

CSP Audit Status Update

- The OIG's efforts to date include:
 - Reviewing CSP program policy outlined in the provider handbook and in Wisconsin Administrative Code.
 - Running and reviewing data pertaining to the procedure codes and modifiers used to bill for CSP services.
 - Contacting our partners in Division of Quality Assurance (DQA) and Division of Care and Treatment Services (DCTS) who have oversight over the CSP program.

CSP Audit Status Update

- Attended bimonthly CSP network meeting hosted by DCTS to share the OIG's role and introduce staff.
- Developed a plan to coordinate program integrity efforts with our DQA partners.
- Developed audit scope and sample sizes for upcoming CSP audits, which will begin in Fall 2022.

CSP Audit Status Update

- Developed a fact sheet on the CSP audit process.
- Will continue to look for opportunities to educate CSP providers in partnership with DQA and DCTS.

CSP Audit Purpose

- Ensure providers were reimbursed appropriately for the services provided to members.
- Ensure the appropriate procedure codes, modifiers and number of units were billed correctly to Wisconsin Medicaid and that providers received the appropriate reimbursement.

CSP Audit Scope and Sample Size

- The OIG plans to conduct two or three CSP audits per year.
- Audits will be small in scope and will include reviewing records for approximately 10 members.

Audit Process Overview

Audit Process Stages

1. Records Collection
2. Records Review
3. Preliminary Review
4. Rebuttal
5. Notice of Intent to Recover (NIR) Letter
6. NIR Response
7. Provider's Right to Appeal

Records Collection

- The OIG obtains records by sending a records request letter to CSP providers.

Records Review

The OIG auditor completes the records review to ensure compliance with:

- Code of Federal Regulations;
- Wisconsin Administrative Code;
- Wisconsin State Statutes;
- Medicaid Handbooks; and the
- Medicaid Provider Agreement.

Preliminary Review

- During this stage, the provider either receives a **No Findings** or **Preliminary Findings** letter.
- If the provider agrees with the **Preliminary Findings** letter, they may respond by:
 - Submitting payment;
 - Requesting payments be withheld; or
 - Establishing a payment plan.
- If the provider disagrees, they can submit additional documentation.

Rebuttal

- The auditor reviews documentation submitted in timely response to the Preliminary Findings letter.
- The auditor adjusts findings and recoupment amounts appropriately.
- When an audit recoupment amount is reduced, the auditor mails an Amended Preliminary Findings letter.

NIR Letter

- NIR letters are mailed in the following situations:
 - The provider does **not** submit additional documentation in response to the **Preliminary Findings** or **Amended Preliminary Findings** letters.
 - The audit findings do **not** change after reviewing rebuttal documentation submitted in response to the **Preliminary Findings** letter.
 - After review of documentation submitted in response to the Amended Preliminary Findings letters.

NIR Letter Response

Providers may provide NIR letter responses in one of several ways:

- Submitting payment;
- Requesting payments be withheld;
- Establishing a payment plan; or
- Requesting a hearing from the Division of Hearing and Appeals (DHA) by submitting the basis for contesting the proposed recovery in writing.

Provider's Right to Appeal

Once a provider submits a written appeal to DHA:

1. A DHS Office of Legal Counsel (OLC) attorney is assigned to the case.
2. The provider and the auditor communicate to see if the case can be resolved prior to litigation.
3. If a resolution is not agreed upon, an Administrative Law Judge (ALJ) is assigned to the case.
4. A hearing will be scheduled with the ALJ.

Audit Tips

Make Audits a Positive Experience

- All pertinent dates are in the letters and CSP providers must be mindful of deadlines for submitting initial documentation, rebuttal documentation, and filing an appeal.
- Let your auditor know if you agree with the OIG's findings.
- Review the final audit letter and report(s).
- Comply with all Medicaid laws and regulations.
- Ask questions! The OIG wants you to be successful CSP providers, and we are willing to answer your audit-related questions.

QUESTIONS

A group of ten hands, each holding up a large, three-dimensional blue letter to form the word 'QUESTIONS'. The hands are wearing various colored sleeves, including dark grey, light blue, and white. The background is plain white.

Thank you for your time!

If you have additional questions about CSP audits, please contact:

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