
Use of a New Software Tool to Enhance Utilization Compliance Reviews

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and

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Technology

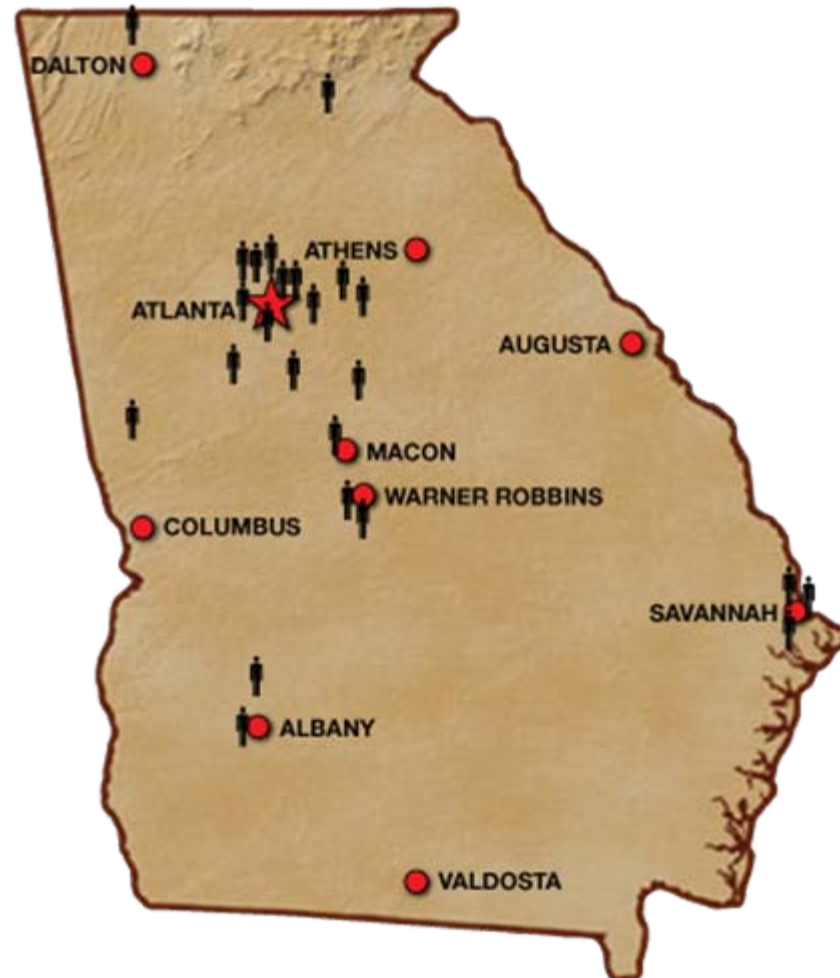
History of the UCR Contract

- Contract between The Georgia Department of Community Health and Georgia Medical Care Foundation, Inc. for Administrative Service Organization Services for Selected Medicaid Members: Utilization and Compliance Review
- “Go live” date July 1, 2007
- Approximately 700 reviews per year
- Implementation phase-reviews performed in coordination with DCH Program Integrity section reviewers
- Operational phase-Independent nurse review by GMCF-began about 6 months later
- After some initial lag due to implementation phase, training of personnel, and determining staffing needs-total reviews July 1, 2007 to March 31, 2009 is **1424**
- Total recoupable funds at initial review FY '09-**\$6,331,522.27.**

Developing a Methodology

- For each review type, the Department of Community Health Provider Manual was carefully reviewed to establish policy citations, and these were loaded into the MedGuard system
- Reviewers were trained intensively in one area of review, with general training in policies, procedures, and use of the MedGuard system
- As new reviewers were added, they received in-house training on the MedGuard system and were assigned to a reviewer in the field for orientation
- Subsequent cross-training has allowed reviewers to review additional waiver types

Geographic Distribution of Field Reviewers



Tools for the Field



Abbreviations

CSB Community Service Board

CCSP Community Care Services Program

ICWP Independent Care Waiver Program

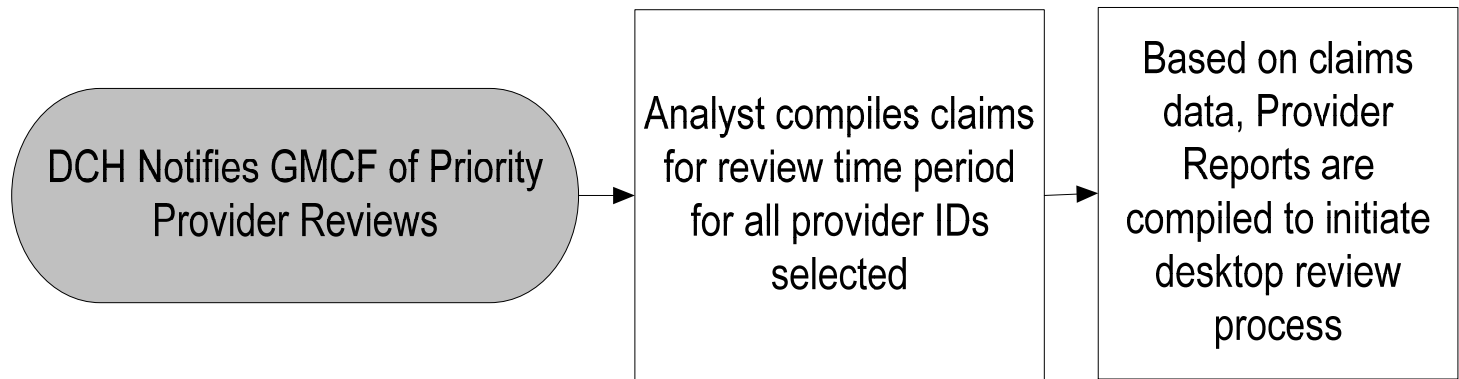
MRWP Mental Retardation Waiver Program

CHSS Community Habilitation Support Services

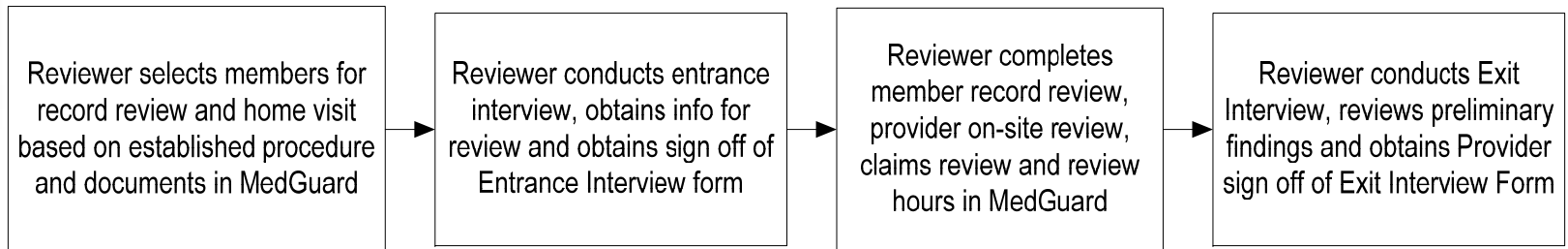
SOURCE Service Options Using Resources in
Community Environments

GAPP Georgia Pediatric Program

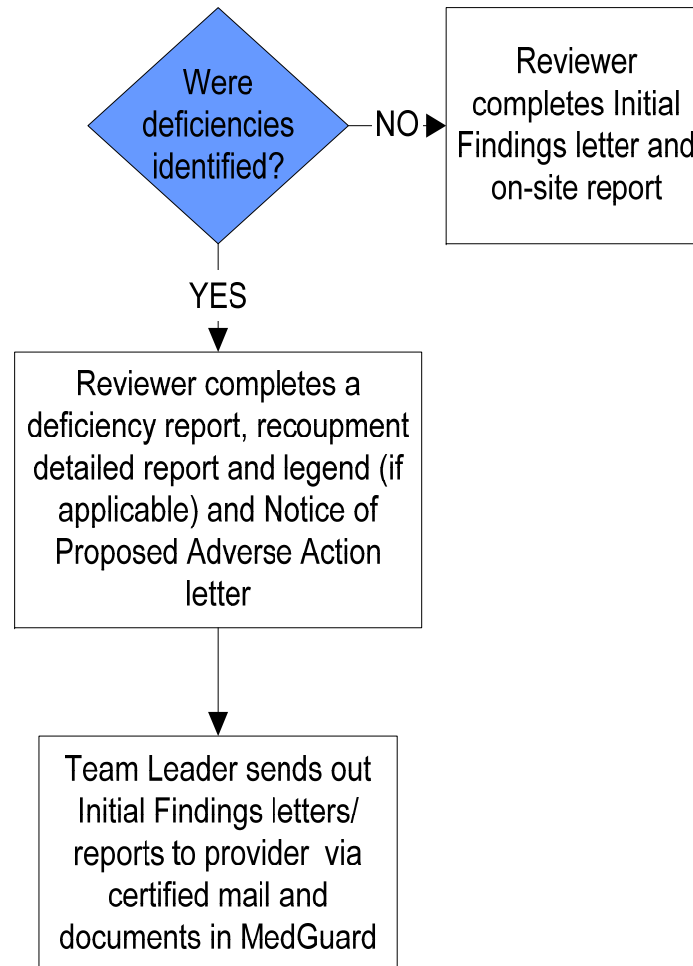
The Process



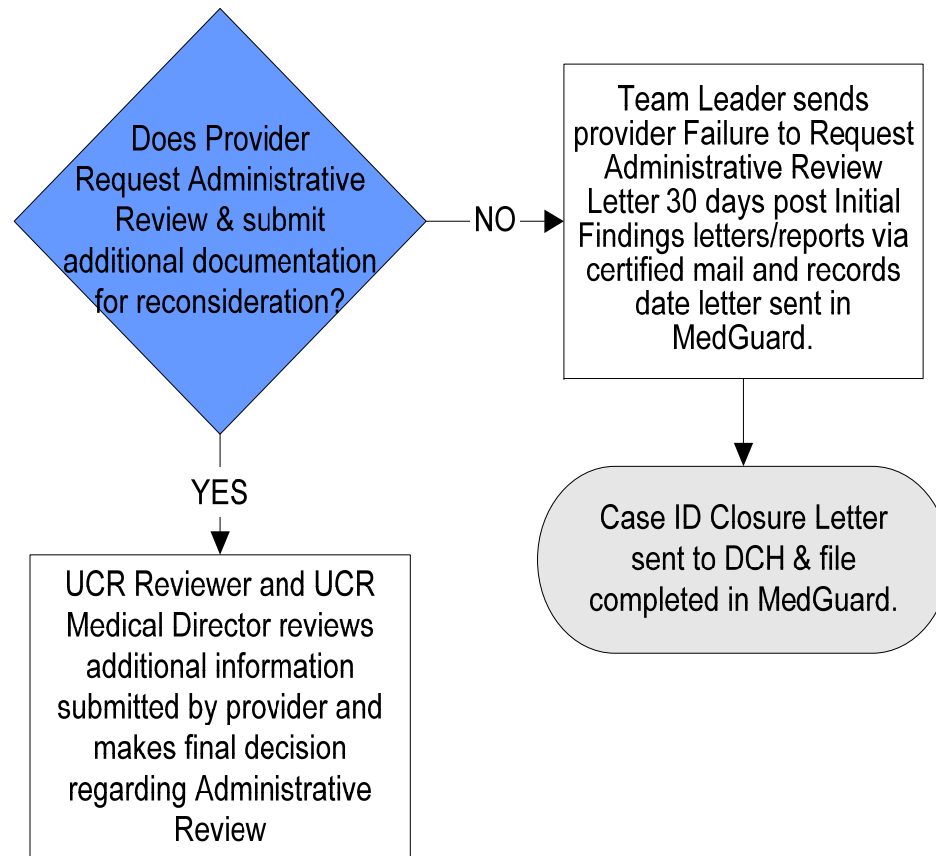
The Process



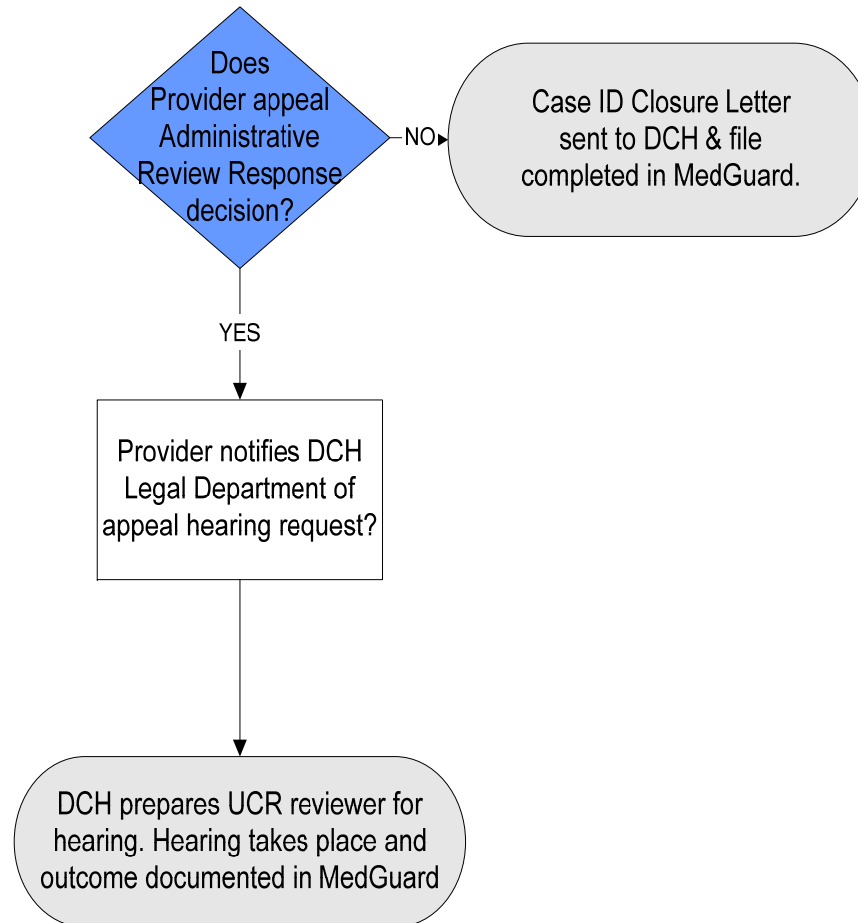
The Process



The Process



The Process



MedGuard Technical Overview

- Web based. Developed using Microsoft's .NET Framework version 3.5 (application layer) and Oracle's 9i (now 10g) database
- All reports and letters generated by staff are available via our web based reporting site (Reports and letters are written in Crystal Reports)
- Monthly and quarterly reports run automatically and are delivered via scheduled SAS jobs
- Reviews can be 'downloaded' by reviewers. Once downloaded, reviewers can conduct reviews without Internet connectivity.

MedGuard Requirements- Year 1

- Determine appropriate, consistent association of review types and policy citations. We created a data driven approach that allows us to add different review ‘types’ with minimal development.
- Accommodate policy changes and revisions dynamically. We understood that policy citations and descriptions-as well as the program itself-evolve over time. We capture the policy information associated with the review, and provide tools for clinical staff
- Data needed to be secure.
- Minimize trips to Atlanta. Staff is dispersed throughout the state; time spent in the office is time not spent doing reviews.
- Automate and calculate as much as possible. Minimize the administrative burden on our clinical staff.

What We Didn't Know

- Support time associated with equipment issues for review staff. IT had not previously supported the equipment needed for this work (ie, scanners, encrypted laptops), and we tried to do too much. We learned the importance of getting support contracts from vendors who can apply fixes 'in the field'-minimizing IT intervention for hardware problems.
- The varying degree of reporting and letter requirements for a single review. We took a manual process and ported it into an automated one; manual deliverables do not always fit neatly into an automated world.
- Supporting large number of remote users who usually weren't online until after normal business hours. IT had to learn how to better troubleshoot and anticipate issues.



Review Number: CCSP_DEIDENT
 Provider Name: DEIDENTIFIED CCSP PROVIDER
 Provider Cos: CCSP

Case ID: OIG09-01118
 Provider ID: XXXXXX059A
 Specialty Code:

Med Guard System - Provider Onsite Review for CCSP

[AttachedFiles](#)

Provider Onsite Review Complete

Review Number : CCSP_DEIDENT

Provider DBA Name : DEIDENTIFIED CCSP PROVIDER

Provider Onsite Review Date : 3/26/2009

Review Start Date : 3/25/2009

Review End Date : 3/25/2009

Provider Onsite Reviewer : SKANE

Save

Save and Go back to Review Admin

Back to Review Admin

Item #	Policy Requirement	Policy Citation	Recoupable/Deficiency	Meets Policy?	Addendum Comments	Internal C
1	An ALS-Group Model personal care home is a freestanding residence, non-institutional in character and appearance, and licensed to serve seven (7) to twenty-four (24) members. A designated responsible staff person is on the premises 24 hours a day, seven days a week.	1201.1	r	<input type="radio"/> Yes <input type="radio"/> No		
2	The minimum direct-care staff to member ratio is: at least one (1) qualified staff member on duty per fifteen (15) residents/members, at least two (2) qualified staff members on duty per twenty-four (24) residents/members during waking hours (waking hours, at a minimum, are from 7:00 AM to 8:00 PM), at least one (1) qualified staff member on duty per twenty-four (24) residents/members during non-waking hours (8:00 PM to 7:00 AM)	1204.1	d	<input type="radio"/> Yes <input type="radio"/> No		
3	The provider maintains a work schedule that shows coverage for 24 hours, seven days a week, with sufficient numbers of staff on duty at all times to meet the members' needs. The current work schedule is posted; work schedules are kept a minimum of four (4) months and are available for review when requested.	1204.1	d	<input type="radio"/> Yes <input type="radio"/> No		
4	Provider must maintain clinical records on all members in accordance with accepted professional standards and practices. To facilitate retrieving and compiling information, the provider must assure that clinical records are accurately documented, readily accessible, and	601.5 and 606.4	r	<input type="radio"/> Yes <input type="radio"/> No		



Review Number: CCSP_DEIDENT
 Provider Name: DEIDENTIFIED CCSP PROVIDER
 Provider Cos: CCSP

Case ID: OIG09-01118
 Provider ID: XXXXXX059A
 Specialty Code:

Med Guard System - DeskTop Review for Member Claims

Member Level Review data

Member Id : XXX007543239

Member First name : RUBY

Date of Birth : 3/26/1933

Member Last name : XXXXXXXXXXXX

Gender : F

Selected for Onsite Review : Yes No

Date of selection :

Selection Designated by :

Comments :

[Select Member](#)

[Change Provider](#)

[Review Administration](#)

Claims

TCN	From Date	To Date	Used Units	Used Amount	Billed Units	Billed Amount	Units Not Allowed	Procedure	Procedure Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Diagnosis1	Diagnosis1 Description	Provider ID
608XXXXX007543257	4/1/2008	4/30/2008	30	595.2	30	1051.2		T1020	PERSONAL CARE SER PER DIEM	HQ				045.1	AC PARALYTIC POLIO NEC	XXXXXX059A
608XXXXX007543260	5/1/2008	5/31/2008	31	630.24	31	1086.24		T1020	PERSONAL CARE SER PER DIEM	HQ				045.1	AC PARALYTIC POLIO NEC	XXXXXX059A
608XXXXX007543259	6/1/2008	6/30/2008	30	595.2	30	1051.2		T1020	PERSONAL CARE SER PER DIEM	HQ				045.1	AC PARALYTIC POLIO NEC	XXXXXX059A
									PERSONAL						AC	

Review Number:

CCSP_DEIDENT

Case ID:

OIG09-01118

Provider Name:

DEIDENTIFIED CCSP PROVIDER

Provider ID:

XXXXXX059A

Provider Cos:

CCSP

Specialty Code:

[Back to Review Administration](#)

Submit

Reset

Med Guard System - Review Administration Letter / Reports Tracking

Date DCH-10 Form requested :

3/19/2009

Date DCH-10 Form received :

4/21/2009

DCH Case ID Number :

OIG09-01118

Date Federal Exclusion (FEL) list verified :

Date FEL sent to DCH :

Date Entrance / Exit forms sent to DCH :

Initial Review Findings

(Check all that apply)

Initial Findings Letter with no Deficiencies

Initial Findings Letter with Deficiencies

Specific Medical Records Deficiency Report

Notice of proposed Adverse Action

Recoupment Detailed Report

Recoupment Legend

Provider Onsite Review Report

Initial Findings Letter

Follow-up review?

Yes No

Follow-up review due date:

Revision #	Date Letter Sent to DCH for Approval	Date Returned by DCH to GMCF	
			Add
			Add
			Add

Date Initial Findings/ Reports approved to send to Provider :

Initial Findings Letter Sent Date:

USPS Tracking Number:

Date Green card returned:

Review Number: CCSP_DEIDENT
 Provider Name: DEIDENTIFIED CCSP PROVIDER
 Provider Cos: CCSP

Case ID: OIG09-01118
 Provider ID: XXXXXX059A
 Specialty Code:

Med Guard System - Exit Conference Worksheet

Analyst Name : SKANE

Exit Date : 5/4/2009

Review Period From Date : 3/26/2008

Review Period To Date : 3/25/2009

Agency Name : DEIDENTIFIED CCSP PROVIDER

Administrator Name : John Smith

Provider Number : XXXXXX059A

Review Number : CCSP_DEIDENT

Provider Address :

Address : 123 CCSP PROVIDER DR
 State : GA
 County : Ware

City : ATLANTA
 Zip : 30339
 Contact Number : 912-555-1234

Completed Provider Employee List Received from : Date :
 Licensure / Training Verification Received from : Date :

Service Provided	Provider Number	# of Members Reviewed	Client Interviews	Comments
Alternative Living Services-Group	XXXXXX059A	0	0	

Documentation Requested but NOT provided :

There are no "Documentation Requested but NOT provided" items available.

Attendee Name	Title	Signature	
			Add
John Hilton	Owner		Delete
Sean Kane RN	GMCF Reviewer		Delete
x			Delete

Provider Initial

Clarifications made as needed :

Yes No N/A _____

Deficiencies outlined to Provider :

Yes No N/A



Review Number: CCSP_DEIDENT
Provider Name: DEIDENTIFIED CCSP PROVIDER
Provider Cos: CCSP

Case ID: OIG09-01118
Provider ID: XXXXXX059A
Specialty Code:

Med Guard System - Review Hours Management

Total hours spent on review: 4.5

Date span encompassed : 3/25/2009 - 3/25/2009

Hours by task

Task	Hours Spent
Team Leader Oversight	1
Desktop Review	3.50

Claims

Reviewer	Entry Date	Hours Spent	Task	Comments	
BKENNEDY	3/25/2009	1	Team Leader Oversight		Edit Delete
	Hours / Entry Dt	1			
JHIBBERT	3/25/2009	2	Desktop Review		Edit Delete
	Hours / Entry Dt	2			
SKANE	3/25/2009	1.50	Desktop Review	downloads printing and calls	Edit Delete
	Hours / Entry Dt	1.5			

[Add Review hours](#)

[Close Window](#)



Med Guard System - Review Search Page

Please enter Search Criteria.

Review Number :

Provider ID :

Review Status :

Assigned to :

Category of Service :

DCH Case ID :

Select a Provider to review.

Provider ID	Provider Name	Review Number	Review Year	Review Type	Case Disposition	Service Type	Assigned To	Category of Service	DCH Case ID
XXXXX059A	DEIDENTIFIED CCSP PROVIDER	CCSP_DEIDENT	2007	Non-Targeted	Open	ALSG	SKANE	CCSP	OIG09-01118

Total Results Found: 1

Results displayed : 1

Results: 1-1

Results: [Previous](#) [1-1](#) [Next](#)

[Search again](#)



Review Number: CCSP_DEIDENT
Provider Name: DEIDENTIFIED CCSP PROVIDER
Provider Cos: CCSP

Case ID: OIG09-01118
Provider ID: XXXXXX059A
Specialty Code:

Med Guard System - Review Administration

[+ AttachedFiles](#)

[Desktop Review Member List](#) [Onsite Review Member List](#) [Review Hours](#) [Contacts](#) [Provider Onsite Review](#)
[Change Provider](#) [Administrative Review Changes](#) [ReviewEntrance](#) [ReviewExit](#) [Review Admin Letter Tracking](#)
[Checklist](#) [Logout](#)

Provider Information

Provider ID: XXXXXX059A
Provider Name:
Specialty Code:
Provider Administrator:
Contact Email:

Provider COS: CCSP
National ID:
County: Ware
Contact Number:
Contact Title:

Physical Address

Address:
City:
ZIP Code:

Address 2:
State:

Mail To Address

Address:
City:
ZIP Code:

Address 2:
State:



MedGuard™

Review Number: CCSP_DEIDENT
 Provider Name: DEIDENTIFIED CCSP PROVIDER
 Provider Cos: CCSP

Case ID: OIG09-01118
 Provider ID: XXXXXX059A
 Specialty Code:

Med Guard System - DeskTop Review Administration

Desktop Review Start Date : <small>mm/dd/yyyy</small> 3/25/2009	Desktop Review End Date : <small>mm/dd/yyyy</small> <input type="text" value="3/25/2009"/>
Desktop Review Status : <input type="text" value="Completed"/> ▼	Assigned To : <input type="text" value="SKANE"/> ▼
Claims Review Period Start Date : <small>mm/dd/yyyy</small> 3/26/2008	Claims Review Period End Date : 3/25/2009 <small>mm/dd/yyyy</small>
Last Date Reviewed : <input type="text"/>	Provider Previously Reviewed? <input type="text"/> ▼
Reason For Review : Non-Targeted	Majority of Claims used : ALSG
Date provider notified of onsite visit : <input type="text" value="3/25/2009"/>	Time notified : (hh:mm) <input type="text" value="2:00"/> <input type="text" value="PM"/> ▼

[Change Provider](#)[Review Administration](#)

Select a Member to review.

Member ID	Last Name	First Name	DOB	Social Security Number	Selected for Onsite Review?	Mass Onsite Review Selection
XXX007543239	XXXXXXXXXX	RUBY	3/26/1933	XXX-XX-XXXX	Yes	<input type="checkbox"/>
XXX007543240	XXXXXXXXXX	DOROTHY	8/25/1930	XXX-XX-XXXX	Yes	<input type="checkbox"/>
XXX007543237	XXXXXXXXXX	JOSEPHINE	5/29/1916	XXX-XX-XXXX	Yes	<input type="checkbox"/>
XXX007543233	XXXXXXXXXX	RUBY	2/8/1934	XXX-XX-XXXX	Yes	<input type="checkbox"/>
XXX007543236	XXXXXXXXXX	PATSY	12/14/1927	XXX-XX-XXXX	Yes	<input type="checkbox"/>

Letters

April 30, 2009

SENT VIA CERTIFIED MAIL

Sam Wilson MARLBORO HOME CARE SVS INC-CCSP-PSS450
OLD TRAIL ROAD
THOMASVILLE, GA 31792

Regarding: Administrative Review Response

Provider Number: 000542538AI Case Number: OIG09-00153BRS Control No: P001554

Dear Sam Wilson,

The Georgia Medical Care Foundation (GMCF) Utilization and Compliance Review staff, acting as an agent of the Department of Community Health, Division of Medical Assistance (DMA), received your letter dated 03/31/2009, on 04/03/2009. GMCF has completed its review of documentation from MARLBORO HOME CARE SVS INC, pursuant to your request for an Administrative Review. Initial audit findings that were not addressed in your request for Administrative Review **may not be appealed during Administrative Hearing**. Based on a review of the additional documentation submitted for Administrative Review, the Georgia Medical Care Foundation Utilization and Compliance Review Team has determined that there is decrease in the dollar amount of \$312.84. Please find attached a list of members for which your agency remains out of compliance with policies and procedures.

Results

UCR Quarterly Report
21APR09

Table 1-A. Overall Summary Statistics by Provider Category of Service.

Category of Service	Total Members	Total Dollars Billed	Total Dollars Paid	Total Claim Lines
440-CSB	5,495	\$7,312,796.17	\$7,142,214.08	122,375
590-CCSP	5,570	\$25,300,245.53	\$23,146,669.90	156,708
660-ICWP	855	\$5,075,790.60	\$5,058,819.92	16,290
680-MRWP	2,076	\$39,022,683.90	\$38,790,308.42	103,981
681-CHSS	239	\$12,627,202.77	\$12,611,894.64	56,640
930-SOURCE	12,832	\$46,888,844.58	\$46,667,194.03	300,812
971-GAPP	92	\$4,132,587.05	\$4,109,151.25	16,326
Total	27,159	\$140,360,150.60	\$137,526,252.24	773,132

Review Productivity Statistics by Provider Category of Service

Category of Service	Initial Dollars Identified Per Review	Hours Spent Per Review	Initial Dollars Identified Per Hour	Members Reviewed Per Review	Claim Lines Reviewed Per Review	Percent of Dollars Paid that were Initially Identified
440-CSB	\$117,684.84	187.50	\$627.65	50	6,634	25.35%
590-CCSP	\$8,934.55	39.04	\$228.85	10	335	13.67%
660-ICWP	\$7,289.40	26.50	\$275.07	7	249	11.40%
680-MRWP	\$8,156.05	19.61	\$415.92	3	175	10.32%
681-CHSS	\$18,204.26	24.74	\$735.97	5	784	7.38%
930-SOURCE	\$12,769.98	50.29	\$253.94	19	736	10.32%
971-GAPP	\$9,609.69	46.68	\$205.89	5	888	4.12%
Total	\$10,279.29	29.80	\$344.94	7	372	11.20%

NOTES:

- (1) A single CSB review includes multiple providers.
- (2) Total Reviews = all reviews with an exit conference date occurring within the period for the report.
- (3) Initial Dollars Identified = Dollars identified for potential recoupment before administrative reviews.

Results

UCR Monthly Report
21APR09

Table 1. Summary Statistics by Provider Category of Service.

Category of Service	Reviews Initiated	Closed Reviews	Reviews with an Exit Date
440-CSB	1	0	1
590-CCSP	33	23	30
660-ICWP	3	16	3
680-MRWP	40	90	35
681-CHSS	5	7	4
930-SOURCE	19	7	14
971-GAPP	0	2	0
Total	101	145	87

NOTE:

Reviews Initiated = all reviews with a desktop review start date occurring within the month prior to the report date.

Closed Reviews = all reviews with a case closed date occurring within the month prior to the report date.

Reviews with an Exit Date = all reviews with an exit conference date occurring within the month prior to the report date.

Top 10 Policy Violations for CHSS Providers

Rank	Item Number	Policy Description	Program	Provider Specialty	Count of Policy Violations
1	9	Activity Notes/Service Records	CHSS	CHHS	21
2	13	Member Record Management	CHSS	CHHS	19
	13d	All known allergies are "flagged" conspicuously noted on the cover of the member's record and the member's primary physician and dentist are noted in the record with address and phone number.	CHSS	CHHS	13
3					
4	17	Correction/alteration of records	CHSS	CHHS	13
5	17a	All errors are corrected according to currently accepted standards of medical practice.	CHSS	CHHS	13
6	18	Billing Discrepancies	CHSS	CHHS	11
7	18a	The units of service billed are supported by the units of service documented.	CHSS	CHHS	11
8	14	Directions to Member Residence	CHSS	CHHS	10
9	14a	Accurate directions from agency to client home are present.	CHSS	CHHS	10
10	9a	Documents actual services rendered	CHSS	CHHS	10

Top 10 Policy Violations for MRWP Providers

Rank	Item Number	Policy Description	Program	Provider Specialty	Count of Policy Violations
1	16a	All errors are corrected according to currently accepted standards of medical practice.	MRWP	RTSS	74
2	9	Activity Notes/Service Records	MRWP	RTSS	69
3	12	Member Record Management	MRWP	RTSS	59
4	7	Intake/screening on record	MRWP	RTSS	57
5	13a	The units of service billed are supported by the units of service documented.	MRWP	RTSS	45
6	7b	Primary physician/dentist name and phone number are noted.	MRWP	RTSS	45
7	9	Activity Notes/Service Records	MRWP	DSS	44
8	9a	Documents actual services rendered.	MRWP	RTSS	38

MedGuard Advantages

- Consistency and standardization of reviews and training
- Mirrors DCH manual review process
- Increased speed of review and productivity of reviewers
- Ability to produce “real time” ad hoc reports as needed
- Management reports; enhanced billing and bidding
- QA trending reports and increased educational opportunities
- HIPAA compliance with all of files scanned and stored in specific provider review report
- Staff have access to desktop 24/7
- Increased recoupment for policy violations or quality of care concerns
- Greater success rate at hearings due to policy citation inclusions