Liberty Healthcare Corporation of North Carolina

Review of Pre/Post Payment Audits – Office of Compliance and Program Integrity

Staff/Visits

- **What are the required skills that should be documented before an aide goes into the home?**
  Refer to Section 6.1.2 of Clinical Coverage Policy 3L for minimum Aide Training Quality Requirements. Also, refer to the applicable DHSR Licensure Rules and Regulations for additional aide training requirements specific to setting.

- **What if you are using a CNA2 but are only approved for a CNA1?**
  Neither Liberty nor DMA can give advice on whether you are required to staff a beneficiary's home with a PCA or CNA. Review the beneficiary's PCS assessment in conjunction with Clinical Coverage Policy 3L and applicable DHSR Licensure Rules and Regulations to make an appropriate determination on the type of aide a beneficiary needs.

- **Can LPN's do assessments and supervisory visits if they are then reviewed and signed by RN's?**
  No, per Clinical Coverage Policy 3L Section 7.10 b., the in-home PCS provider shall ensure that a qualified RN Nurse Supervisor conducts a RN Supervisor visit to each beneficiary's primary private residence location every 90 calendar days.

- **Can the office staff do visits, supervisor visits, etc. to clients' homes if it is supervised by an RN?**
  No, per Clinical Coverage Policy 3L Section 7.10 b., the in-home PCS provider shall ensure that a qualified RN Nurse Supervisor conducts a RN Supervisor visit to each beneficiary's primary private residence location every 90 calendar days.

- **Why are supervisory visits still every 90 days for PCS and CAP-C, but visits for CAP–DA are now every 60 days?**
  These are different programs with different requirements. PCS Providers must abide by the Supervisory Visit requirements in Clinical Coverage Policy 3L Section 7.10.

Audits/Prepayment Review

- **What is the timeframe for a response after an audit has been done?**
  The Office of Compliance and Program Integrity tries to respond to providers within 4-6 months of conducting a review.

- **Is DMA still using HMS or PCG, or another 3rd party for audits?**
  Yes, DMA is still using third party vendors to assist with audits.

- **Will onsite unannounced visitors have an ID for HIPAA/privacy concerns?**
  Yes, when OCPI presents onsite for an unannounced audit, their staff will have badges as well as a letter explaining the reason and details of their visit.

- **What factors would determine if a post-pay review is announced, as opposed to being unannounced?**
  Various factors determine whether a post-pay review is announced vs. unannounced including the nature of the complaint as well as data analytics.

- **If a provider identifies, self corrects and monitors requirement errors, and can provide documentation of such – would that be acceptable?**
  Yes, this can be done via the OCPI self-audit tool. An overview of this tool as well as voluntary self-audit forms can be found at https://www2.ncdhhs.gov/dma/piletters.htm.

- **What if we have overbilled or not billed enough and it has been over a year?**
  If you have identified a situation of over or under billing, you can perform a self-audit and either self-report your findings and return those funds or adjust the claims in NCTracks. An overview of the self-audit tool as well as voluntary self-audit forms can be found at https://www2.ncdhhs.gov/dma/piletters.htm.

- **Once you have completed a prepayment review, how soon will you experience another review or surprise visit?**
  The period for repeat reviews and audits could vary. Again, this would depend on the nature of the complaints made to OCPI and data analytics.

- **I have been told that less than 5% of providers make it out of prepayment review in 3 months, but it is closer to 6-12 months. Is this true, and if so, is a provider really expected to survive the prepayment process?**
  The time can vary based on the investigation. To expedite the process, it is recommended that providers maintain accurate records and proper documentation. Being highly organized and maintaining required documentation ensures that the process moves along more quickly.

Complaints

- **Is there a way for providers to learn if there have been complaints against them?**
  All complaints received by OCPI are confidential.

- **How do you determine whether the complaints are valid or malicious?**
  To determine if complaints are valid, OCPI always conducts a preliminary review with various screening criteria.

- **What happens if/when recipients complain about Liberty nurses – they feel threatened or forced to demonstrate, and/or they are not physically able to demonstrate. Do they have the right to complain? How is this addressed by Program Integrity?**
  The Liberty nurse assessor is there to observe the demonstration based on their clinical judgment. The assessors have been trained to have the clinical judgment to stop the beneficiary from pushing themselves so that their health is compromised. If a beneficiary complains about their experience during a Liberty assessment, we encourage you to call Liberty or DMA. OCPI deals specifically with fraud, waste, and abuse.

Miscellaneous

- **What is the biggest issue you face with providers?**
  OCPI's biggest issue is providers that are unfamiliar with Clinical Coverage Policy 3L and the PCS Program requirements.

- **How important is it to update hours of operation/business hours or office hours?**
  Updating hours of operation is very important for the benefit of beneficiaries, staff, and all other entities involved.