




District of Columbia Department of Health Procedure Title: HAHSTA Claims Compliance Monitoring Plan (CCMP)		PROCEDURE Implementing Office: HIV/AIDS, Hepatitis. STD and TB Administration (HAHSTA) Training Required: Yes Originally Issued: 10/26/2017 Revised/Reviewed:
Approved by: _____ Name, Agency Director	Review by Legal Counsel: _____ Name, General Counsel	Effective Date: 10/2/2017 Valid Through Date: 2/29/2020

I. Authority	Human Care Agreements are administered by the District of Columbia Office of Contracts and Procurement under the authority of the D.C. Municipal Regulations and D.C. Register Chapter 27-12: Contract Administration http://www.dcregs.dc.gov/Gateway/ChapterHome.aspx?ChapterNumber=27-12 HIV Care and Treatment Services are authorized by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act (now the Ryan White HIV/AIDS Treatment Extension Act of 2009) https://hab.hrsa.gov/about-ryan-white-hivaids-program/ryan-white-hivaids-program-legislation
II. Reason for the Policy	The purpose of Claims Compliance Monitoring Plan (CCMP) is to outline the process by which HAHSTA will conduct a quarterly review of submitted claims to ensure compliance with the terms of the Human Care Agreements and Ryan White Service Standards.
III. Applicability	This procedure applies to all organizations contracted with the District’s Office of Contracting and Procurement to provide services under the Ryan White HIV/AIDS Program funded Human Care Agreements.
IV. Definitions & Acronyms	Review: is a formal process that is conducted on a defined schedule in accordance with professional standards. Claims: any payment request submitted by Contracted Provider to compensate for any direct services provided to an individual Compliance: the process of meeting established standards of performance CPO: Chief Procurement Officer Fee For Service: A payment model that offers individual, unbundled payments to sub-recipients for each service delivered, creating a clear mechanism to deliver increased access to quality health services and provide expenditure control and reduce overuse of unnecessary services. Human Care Agreement (HCA): a written agreement for the procurement of education or special education, health, human or social services pursuant to DC Official Code §2-354.06, to be provided directly to people who have a disability,

	are disadvantaged, displaced, elderly, indigent, mentally ill, physically ill, unemployed or minors in the custody of the District of Columbia.
V. Contents	A. Program Monitoring of Contracts
VI. Procedures	<p>Summary: HAHSTA will conduct a regular, routine audit of the service units, or claims, submitted to HAHSTA for reimbursement under the Ryan White Human Care Agreements. The Claims Compliance Monitoring (CCMP) process serves as validation of the authenticity of claims submitted. Additionally, the CCMP ensures that services were delivered in accordance with the standards and terms set forth in the Human Care Agreement and Ryan White Services Service Standards. The CCMP in no way replaces the annual site visit requirement that accompanies Ryan White funded programs.</p> <p>Reviewing Officials: Routine CCMPs will be conducted by the Contracted Provider’s assigned Program Officer. For Contracted Providers operating outside of the District, the Program Officer reserves the right to collaborate with the Administrative Agent for that jurisdiction to complete CCMPs. HAHSTA reserves the right to include Quality Management staff in the CCMP process. In the event of Contracted Provider non-compliance, the Contract Administrator and Ryan White HIV/AIDS Program Manager will participate in the CCMP process.</p> <p>Location: Claims Compliance Monitoring will occur onsite at the Contracted Provider’s place of business. In the event the Contracted Provider provides services in multiple locations, the assigned Program Officer will collaborate to identify the best location for conducting the CCMP.</p> <p>Intervals: Visits will occur approximately 30 days following the invoice submission for the prior quarter. For example: Service units invoiced for the quarter ranging from October through December will be reviewed in mid-February, 30 days after the scheduled submission of the December invoice. CCMPs will include all service categories funded under Human Care Agreements.</p> <p>HAHSTA reserves the right to conduct a Focused Claims Review to address specific provider issues. In the event HAHSTA exercises this right, the Contracted Provider will be provided justification for the additional layer of scrutiny.</p> <p>The Program Officer will work directly with the Contracted Provider to schedule the CCMP. The CCMP will be scheduled minimally two weeks in advance of the visit. The compliance review tool will be distributed to Contracted Providers at the time of scheduling.</p>

	<p>Sample: The routine CCMP will consist of a review of ten percent (10%) of the client service units invoiced and paid for each funded service category. The Program Officer will work with the Contracted Provider to establish a random sample of the clients served during the review period. All eligible services provided to the selected clients will be reviewed for the relevant service category for the quarter under review.</p> <p>Acceptable Documents for Review: Contracted Providers must demonstrate appropriate service delivery to Ryan White eligible clients by providing Program Officers with access to client records. Contracted Providers will be prepared to provide acceptable forms of review that include electronic medical records, e-charts, hardcopy patient/client charts, general ledger, third party billing systems, etc. Please note: this list is not exhaustive. Program Officers may make additional requests for information during the review, based upon their findings.</p> <p>The date of service delivery, service provided, service provider, documentation of eligibility, and evidence of third party billing (if applicable) will be reviewed for every client sampled and every service received during the quarter of review. Financial document/system review is required for any services that were reimbursed at cost. The Contracted Provider must demonstrate the cost of said appliance or lab test and payment (ex: invoice accompanied by canceled check or credit card statement).</p> <p>HAHSTA shall collaborate with the Contracted Provider to ensure that HAHSTA’s access into client records is in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and associated federal regulations.</p> <p>Program Officers may request to interview Contracted Provider personnel to gather additional information germane to the CCMP process. This may involve staff associated with management, operations, coding, third party billing, etc.</p> <p>Compliance Threshold: Contracted Providers must meet a compliance test on 90% of submitted claims. Meeting the compliance test means that the services were delivered to a Ryan White eligible client and that the specific service delivered matched the service units invoiced to HAHSTA. The services must also meet the description of services as outlined in the Human Care Agreement and/or Service Standard.</p> <p>Program Officers will collaborate with Contracted Providers to gather feedback on the Contracted Provider’s programmatic and financial experience. Program Officers will identify any areas of improvement and make recommendations, as</p>
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	<p>appropriate. Contracted Providers and Program Officers will mutually identify potential technical assistance requests. Technical assistance recommendations may be made to providers falling within the 90% compliance threshold.</p> <p>In the event a Contracted Provider falls below the 90% review threshold, HAHSTA will conduct a Focused Claims Review. The goal of the Focused Claims Review is to further determine the level of non-compliance by the Contracted Provider. This follow up review will include the Program Officer, Contract Administrator, and/or the Ryan White HIV/AIDS Program Manager. Administrative Agent staff will not participate in Focused Claims Reviews.</p> <p>During this process, HAHSTA staff will review 25% of the client service units invoiced to HAHSTA during the quarter under review via a random sampling. If a Contracted Provider fails to meet overall 90% compliance of submissions made during a Focused Claims Review, the Contracted Provider will be required to work with the Program Officer to develop a Remediation or Corrective Action Plan, to address the specific findings.</p> <p>Overpayment: Any client service unit that was invoiced to and paid by HAHSTA that does not meet the terms of Ryan White HIV/AIDS Program eligibility or the standard of service delivery constitutes overpayment. Through the terms outlined in the Human Care Agreement, Contracted Providers must implement programs and systems in an effort to avoid overpayment. Under this CCMP, Contracted Providers will not be responsible for overpayment that falls within the 90% compliance threshold.</p> <p>HAHSTA reserves the right to rescind authorization to provide services under its Human Care Agreements, at any time, upon the conclusion of a Focused Claims Review where a determination of egregious and willful overpayment has been identified. Additionally, HAHSTA reserves the right to recoup overpayment for service units paid. HAHSTA will give Contracted Providers a 90-day notice prior to pursuing reimbursement for overpayment.</p> <p>CCMP Reports: Contracted Providers will receive a copy of the review tool(s) and summary report of the findings identified in their CCMP within 45 days of completion of a CCMP.</p>
<p>VII. Contacts</p>	<p>Avemaria Smith, Ryan White HIV/AIDS Program Manager, 202.671.4900 or Avemaria.Smith@dc.gov</p> <p>Mark Hill, Ryan White Contract Administrator, 202.671.4900 or Mark.Hill@dc.gov</p>
<p>VIII. Related Documents,</p>	<p> Human Care Agreement Invoice</p> <p> Human Care Agreement Narrative Report Template</p>

Forms and Tools	 CAREWare Financial Report
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Procurement Guidelines

<http://docplayer.net/13480471-Procurement-guidelines-of-the-district-of-columbia-courts.html>