



Ancillary, Hospital and Physician Charge Review Audits	
Effective Date	9/1/2012
Policy	<p>Facilities and providers must conform to the coding guidelines used by Amerigroup and with contractual obligations applicable as of the date of service rendered. Claims submissions should be fully supported in the itemized bill and medical record.</p> <p>Under the federal and state False Claims Acts, Amerigroup has a duty to prevent, detect and mitigate fraudulent, abusive and wasteful billing practices. To that end, Amerigroup reserves the right to conduct reviews and audits of charges to validate compliance with coding guidelines and contractual obligations. Reasonable notice will be given prior to such reviews and audits.</p> <p>As part of these audits and reviews, Amerigroup has the right to request supporting information for all submitted claims to determine adherence to standards, including making clean claims determinations regardless of the dollar amount or payment disposition. Amerigroup may further request supporting documentation for postpayment claims to validate the billed services were accurately coded, ordered by an appropriately licensed professional and received by the patient.</p> <p>Except in special cases, Amerigroup will notify a provider of its intent to audit within six months from the date of payment. The notification will include the following information: patient's name, medical record number, dates of service and auditor's name.</p>
Purpose	To meet our state, federal and contractual responsibilities to periodically audit providers to determine if the charges submitted to Amerigroup are properly supported by law with medical records documentation.
Responsibilities	<p><u>Onsite audits</u></p> <p>Once notification is received by a facility or provider for an onsite charge audit or review, the provider must provide an audit date within 30 days of notification which supersedes any contractual notification obligation. If the onsite audit cannot be scheduled and closed within 60 days of such notification, including instances where the facility or provider limits access to the requested list by placing per day monetary limitations or limited access during office hours, the provider or facility must permit the audit to be performed offsite if requested by Amerigroup. For any such offsite audit, copies of all requested documents (e.g., medical records and itemized bills) must be provided by the provider within 30 days of request.</p> <p><u>Offsite audits</u></p> <p>In the event Amerigroup sends a letter requesting documentation supporting payment(s) for an offsite audit, the facility or physician must acknowledge receipt and/or supply all of the requested documents within 30 days of receiving the request. Failure to acknowledge receipt of the letter and provide the requested documents may result in automatic recovery of the payment.</p> <p>Amerigroup or its vendor will be available to discuss the results of the review or audit with the provider upon written request.</p>



	<p>Charges that cannot be supported and do not conform to the Amerigroup coding guidelines or contractual obligations of the facility or physician may be recovered or offset by Amerigroup against future payments in accordance with Maryland Insurance Article § 15-1008.</p> <p>Amerigroup or its vendor and the facility or provider may identify undercharges, late or unbilled charges (see definitions below) or other discrepancies during the course of the audit or review. However, late or unbilled charges will not be taken into account as part of the audit or review findings. It is the contractual responsibility of the facility or physician to bill or rebill identified late or unbilled charges in accordance with the Amerigroup claims policies and procedures. These charges will be subject to health plan timely filing guidelines and benefit adjudication.</p> <p>In accordance with Code of Maryland Regulations (COMAR) 10.04.03.05 and the Annotated Code of Maryland §4-306, the Department of Health and Mental Hygiene (DHMH) does not pay audit fees. Accordingly, as a contractor of DHMH, Amerigroup does not pay audit fees.</p>
Definitions	<ul style="list-style-type: none"> • <u>Unsupported charges</u>: charges that have been submitted for reimbursement but cannot be substantiated by the medical record, itemized bill or other billing documents available to Amerigroup and/or do not conform to coding guidelines or the contractual obligations of the facility or physician. • <u>Undercharges</u>: charges that were billed on the original claim but in a quantity less than substantiated by the medical record. • <u>Unbilled or late charges</u>: charges that have never been previously submitted for reimbursement.
Exceptions	None
References	<ul style="list-style-type: none"> • Centers for Medicare & Medicaid Services Recovery Audit Contractor Policies and Procedures • Maryland Insurance Article § 15-1008 • COMAR 10.09.36.07 • Managed Care Organization HealthChoice Provider Agreement Article I.D. • Maryland False Health Claims Act • Federal False Claims Act
Related Policies and Procedures	Claims Requiring Additional Documentation
Related Materials	N/A