January 2021 Community of Practice Webinar
Q & A

Q: Will this presentation be available to print?
A: The recording and the two slide decks are posted and available to print or share electronically.

Q: Are you on time with reviews?
A: 2021 certification reviews are on schedule.

Q: If last review was 3 years ago, are charts picked over that far back?
A: Charts opened in the 12-18 months prior to the certification review will be pulled.

Q: The fewer charts reviewed, the harder it is to pass; is there any adjustment in scoring to account for this?
A: Yes, scoring is adjusted based on the size of the agency and number of charts pulled.

Q: What is the timeline like for agencies with both paper and electronic charts?
A: Agencies with paper charts have five (5) days to submit charts via fax or encrypted email. Agencies with electronic medical records will receive the names of the charts to be pulled the morning of the review. Agencies utilizing both paper and electronic charts should contact Suzette Burkitt-Wesolek for further information.

Q: How do you look at the agency documents?
Q: How are agency documents on Day 1 reviewed (billing and chart audits, outreach, etc..)
A: Agencies will be asked to share on site documents in the virtual format. This can be done by either loading documents in Teams or by using the computer's camera to verify.

Q: Our agency completed our cycle 8 certification in September 2020 and received an 18-month certification, which would put us in March 2022. Does this mean our next review will now be sometime after May 2022 instead?
A: Please contact Suzette Burkitt-Wesolek for details regarding your individual agency.

Q: We are still doing telehealth assessments. Will any of those charts be picked (our certification review is this year)?
A: Yes, telehealth charts will be reviewed in 2021.

Q: How long does it take to respond to the approval of the corrective action plan?
A: The standard response time is two (2) weeks.

Q: Are all reviews going to be virtual from now on?
A: Yes, until otherwise notified.

Q: I have questions about how the reviews navigate EMR system that would also contain medical information not pertain to MIHP. Does the coordinate have to present the entire time to walk them through sections of the EMR system to locate the MIHP charting?
A: The MIHP Coordinator does not need to be present the entire time, but the agency is responsible to designate one individual to assist the reviewer in navigating beneficiary charts.

January 2021 Community of Practice Webinar
Q & A

Q: If you are a clinic maternal only program do we need outreach as all our referrals our from our clinic.
A: Outreach capacity is required in MIHP per Medicaid policy. Please note that outreach is not only related to referrals. It also includes informing staff in your clinic about MIHP and promoting your services in the community.

Q: How many open charts and how many closed charts for infants and moms?
Q: Is the total number of charts both maternal and infant, so 16 maternal and 16 infant?
A: This depends on the number of open cases at an agency. The percentage is based on current caseload, minimum is 10; maximum is 30.

Q: 3 yr. extended obtained in 6/2019; for cycle 7- when would next certification be?
A: Please contact Suzette Burkitt-Wesolek with specific questions regarding your agency's certification scheduling.

Q: how many MIHP programs in the state?
A: 82

Q: Is there any discussion about adjusting the certification threshold percentages for each certification level? 90% seems like an extremely high requirement for full certification.
Q: It looks like 50% of agencies reviewed received a conditional certification. That seems high! Is that typical?
A: The certification thresholds are being reviewed. Please use the post certification survey to reflect your agency's experience during the review. It will assist in the discussion (s).

Q: Can you clarify what you mean with the infant consent form with PHI please? It is unclear what you mean. If the mom consents to the infant's doctor then do we need to make a note that we can give mom's information too?
A: There are two checkboxes on the infant consent to release PHI—one to release the infant's information and another to release the primary caregiver's information. An agency may not release a primary caregiver's PHI if the box to release his/her information is not checked.

Q: Can you document on the contact log that a POC has been added if it has not been documented on the other information section?

Q: Yes my question is: once you identify another domain to be added during a visit, can that be documented on either the PVN other info section or the contact log? Tx
Q: If you are adding a POC 2 during a visit can it be added and explained in the domain section of the PVPN?
Q: If we are on a visit, we observe a new risk, can it be addressed as a POC2 domain right then and there? I'm confused now.

A: If staff identify a new risk domain, based on professional judgment, the new POC2 must be added to the chart and the POC3 signed by both required disciplines, prior to charting in the domain section of the PVPN. If the new domain is identified while administering the MRI or IRI, it's addition may be documented in the comment section or on the Contact Log. If the new domain is identified at a professional visit, it should be documented under "Other Visit Information" on the PVPN. When staff return to the agency, the POC2 is added and the POC3 is updated with both required signatures.

January 2021 Community of Practice Webinar
Q & A

Q: How does that work with Substance Exposed Infants? Do we note that on the initial RI as it can never score out on a risk identifier?
A: The Substance Exposed Infant (SEI) POC2 should be added to a beneficiary file as soon as an exposure risk is identified.

Q: We have had an OIG review in the past and it was not a problem (we had no violations), but they did leave us with a mess. Ripped papers in the charts where they tried to scan forms and did not take the staples out. Hundreds of staples left on the carpeted floor. Notes put back in the wrong charts. It took us a while to review and fix the mixed-up charts.
A: Please feel free to contact the supervisor of the OIG investigator. You may also send an email to the MIHP email box. We can then forward your concerns to Michele and her team at OIG.

Q: Just wondering why the reviewer needed copies of letters sent and ASQ-3?
A: The OIG staff may ask for any documentation in a file during their audit.

Q: From my understanding we would be paying back not for one chart for overpayment but for the sample of charts that was pulled.
A: Extrapolation is applied to the sample of charts pulled by the OIG investigator, using a reliable statistical method. It is a methodology of "estimating an unknown value by projecting with a calculated precision (i.e., margin of error) the results of a reviewed sample to the universe from which the sample was drawn."

Q: If you look at Policy Violations first, can you give an example of what might be found in that "second set?"
A: The "second set" may include claims that were billed without associated documentation—for example, a visit may have been billed and paid without the associated required PVPN.

Q: How far back can OIG back to review records?
A: Seven (7) years.

Q: It seems unfair that OIG can go back 7 years, but we can only go back 1 year to bill if we missed the filing of a claim.
A: The OIG is charged with reviewing any file that is within the current record retention schedule, which is seven (7) years.

Q: How does that work with Substance Exposed Infants? Do we note that on the initial RI as it can never score out on a risk identifier?
A: The Substance Exposed Infant (SEI) POC2 should be added to a beneficiary file as soon as an exposure risk is identified.