

PerformCARE®		Policy and Procedure
Name of Policy:	Development and Monitoring of Quality Improvement Plans Issued by the Special Investigations Unit	
Policy Number:	QI-SIU-001	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Quality Improvement Department	
Related Stakeholder(s):	Special Investigations Unit; Corporate Compliance	
Applies to:	Providers	
Original Effective Date:	09/18/15	
Last Revision Date:	10/24/23	
Last Review Date:	02/25/25	
OMHSAS Approval Date:	02/25/25	
Next Review Date:	02/01/26	

Policy: PerformCare Quality Improvement (QI) Department shall monitor Quality Improvement Plans (QIPs) issued by the Special Investigations Unit (SIU).

Purpose: To ensure all provider QIPs requested by the SIU as part of a case resolution are monitored by the PerformCare QI Department for provider implementation of identified methods to adhere to established Regulations, Bulletins, policies and procedures, etc., for a designated level of care.

Definitions: **Fraud:** (Per §42 CFR Part 455.2) An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

Waste: (As defined by *Center for Medicaid and Medicare Services [CMS] for Medicare Part D*) Overutilization of services, or other practices that result in unnecessary costs. Generally, this is not considered to be caused by criminally negligent actions, but rather the misuse of resources.

Abuse: (Per §42 CFR Part 455.2) Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

Quality Improvement Department (QI): The PerformCare Department responsible for monitoring the progress of continuous quality improvement and reporting across all PerformCare operations and the Provider Network.

Quality Improvement Plan (QIP): A work plan for providers to make improvements related to internal processes and performance in serving PerformCare Members. The concerns addressed in the QIP can be identified by PerformCare/AmeriHealth Caritas or self-identified by the provider.

SIU (Special Investigations Unit): The PerformCare Department responsible for preventing, detecting, investigating, and referring suspected fraud, waste, and abuse in the HealthChoices Behavioral Health Program across various categories of health care (e.g., provider fraud). Referrals of suspected fraud, waste, and abuse are made to the Office of Attorney General (OAG) and the Bureau of Program Integrity (BPI).

Recoupment: Recovery of an identified overpayment from an SIU provider audit by the PerformCare Claims Department.

Acronyms: None

- Procedure:**
- 1) In accordance with *CC-003 Provider Audits Conducted by the Special Investigations Unit*, the Special Investigations Unit (SIU) conducts a claims review and medical record audit. If the result of the audit identifies a pattern of required areas of improvement by the provider, the SIU will request a provider Quality Improvement Plan (QIP) via overpayment letter.
 - 2) Once the required areas of improvement are identified by the SIU, an overpayment letter is sent to the provider allowing 30 days in which to submit repayment or file a dispute. An Attestation Statement of Understanding (*Attachment 4*) accompanies the Overpayment Letter to document the provider's understanding of the documentation violations and corresponding citations for service provision. The letter may also include the requirement from the SIU to complete a Quality Improvement Plan (QIP) within 30 days of the date on the letter to address the noted concerns in the SIU audit. The QIP template (*Attachment 2*) will be sent with the overpayment letter to the provider, with request for required QIP.
 - 3) Upon receipt of the provider QIP, the SIU will review the QIP to ensure the QIP addresses all areas of improvement from the SIU audit. If the QIP does not address all areas of the review, the SIU will notify the provider in writing to request that the

specific areas of improvement be addressed in the QIP. Once the QIP is accepted as addressing all identified areas of improvement from the review, the SIU will record the QIP in the SIU QIP Monitoring Log (*Attachment 1*), which is shared with QI, and forward a copy of the provider QIP to QI for monitoring. The SIU QIP Monitoring Log will be maintained by the SIU and QI in order to communicate provider QIPs that are issued and received, as well as the status of QI in monitoring the QIPs.

- 4) Once the QIP is approved by the SIU and this approval is communicated to the provider via letter (*Attachment 3*) and to the QI Department via the SIU QIP Monitoring Log, the QI Department will monitor the provider's progress on the identified areas of improvement on the QIP. The Log will be updated by QI with any contact with the provider regarding the status and implementation of the QIP. The Log will be updated with the date for further SIU monitoring and action required, if the QIP process and provider improvements are not approved by the QI Department. The SIU will be notified of the provider's response to the QIP implementation and any ongoing concerns in review of the SIU QIP Monitoring Log.
- 5) The SIU QIP Monitoring Log will be reviewed monthly by the SIU and the QI Department for provider action, updates, and progress by the provider regarding the QIP.
- 6) Once the QI Department determines the provider has met all expectations of the QIP, the QI Department will finalize all monitoring of the QIP and communicate resolution to the SIU. Cases in which there is ongoing concern with the provider practices after six months, shall require further SIU review of the provider practices and a determination of a further course of action in response to continued concerns.

Related Policies: *CC-001 Reporting Suspected Provider Fraud, Waste and Abuse*
CC-002 Fraud, Waste and Abuse Program
CC-003 Provider Audits Conducted by the Special Investigations Unit

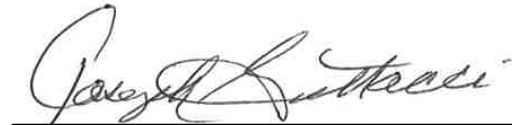
Related Reports: None

Source Documents and References: *§42 CFR Part 455.2*
CMS for Medicare Part D

Superseded Policies and/or Procedures: None

Attachments: *Attachment 1 SIU QIP Monitoring Log*
Attachment 2 QIP Template
Attachment 3 QIP Approval Letter Template
Attachment 4 PerformCare Documentation Violation and
Citation Attestation

Approved by:



Primary Stakeholder

[illegible]

Pennsylvania HealthChoices Behavioral Health Program Quality Improvement Plan (QIP)

Instructions:

Recommendation — Insert the areas of improvement, as noted in the review.

Major Action Steps — Insert one or more major action steps for each area of improvement. The action steps are the plans that the provider will implement to improve the areas of opportunity. PerformCare may follow up at a later date seeking a detailed work plan on selected recommendations. Therefore, PerformCare suggests that you develop and maintain a detailed work plan for each recommendation for internal project management and potential reporting to PerformCare.

Lead Staff Responsible — Provide the name of one individual who has lead responsibility for each recommendation.

Start Date and Planned Completion Date — Insert start date and planned completion date for each major action step.

Documented Evidence of Completion — Please specify objective and measurable “evidence” that you will use for internal project management to demonstrate completion of each major action step.



Pennsylvania HealthChoices Behavioral Health Program Quality Improvement Plan (QIP)

[illegible]

[illegible]

DATE

NAME, TITLE
PROVIDER NAME
ADDRESS

Corporate Compliance Case (CCC) #:
DHS Bureau of Program Integrity Referral #:
HealthChoices Region:

Dear (Provider Name or representative):

Thank you for submitting the requested Quality Improvement Plan (QIP) dated XXXX to address the concerns noted in the review of Case Number XXX. The Special Investigation Unit (SIU) for PerformCare has reviewed the QIP, which has been approved. Ongoing monitoring of the QIP will occur through the Quality Improvement Department of PerformCare. If you have any questions pertaining to the QIP, please contact (assigned) Quality Improvement Project Manager at 717-671-6528.

Thank you again for your cooperation.

Sincerely,

ASSIGNED
TITLE
Amerihealth Caritas Family of Companies/PerformCare

Cc: OVERSIGHT
Mary Ann Zimmerman, Bureau of Program Integrity

Provider:
Provider ID:
SIU Case #XXXX-XX:

Attestation Statement of Understanding – Documentation Violations and Citations

Please read, sign, and return this Attestation Statement of Understanding to the PerformCare SIU.

I _____, _____ confirm that I have reviewed the documentation violations and
(Name) (Title)

corresponding citations listed in the above **Overpayment Letter** dated XX/XX/XX for PerformCare SIU case #XXXX-XX. I acknowledge my understanding. I also attest that the documentation violations and corresponding citations will be communicated to all clinicians and staff involved in the service provision of the level of care in this audit.

Signature: _____

Date: _____

Please forward a copy of this completed attestation to **[Clinical Investigator name]** by e-mail: **[EMAIL]**, or by Fax: 844-688-2969.