



MISSISSIPPI DIVISION OF
MEDICAID

Mississippi Medicaid Provider Reference Guide

For Part 304

Audit

*This is a companion document to the
Mississippi Administrative Code Title 23
and must be utilized as a reference only.*

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AUDIT

The bureaus under the Office of Audit and Recovery are responsible for conducting auditing and monitoring reviews of Medicaid providers. Those bureaus include: Financial and Performance Audit, Program Integrity, and Third Party Recovery.

AUDIT/MONITORING REVIEW PROCESS

The notification will detail the program being reviewed, the audit period(s), the Medicaid provider number(s) and a documentation/materials request list. The documentation/materials request list will detail the information that will need to be submitted prior to the commencement date and the documentation that will be required once Audit and Recovery staff is on-site. The provider will be notified of the number of audit/review staff that will be on-site and the expected timeframe of the audit/review. Providers are expected to accommodate audit/review staff with acceptable workspace.

FIELD ENTRANCE CONFERENCE

A field entrance conference will be held with designated provider staff. During the entrance conference, the lead auditor/reviewer for DOM will discuss the audit/review process, the requested documentation, workspace, provider contacts for questions/information requests, and any other items deemed necessary.

PROCEDURES FOR SUBMITTING DOCUMENTATION ELECTRONICALLY

Providers are required to follow all HIPAA regulations regarding the use and disclosure of Protected Health Information (PHI). If a provider chooses to submit documentation electronically, it must be submitted through DOM's secure website to protect PHI. Providers should contact Audit and Recovery with any questions on proper procedures for submitting documentation electronically.

EXAMINATION OF DOCUMENTATION

During the review, audit/review staff will review requested documentation. Once on-site, audit/review staff will request additional documentation necessary to complete the audit/review. Providers are expected to provide information requested in timely manner.

FIELD EXIT CONFERENCE

At the conclusion of the on-site review, audit/review staff will conduct a field exit conference with designated provider staff. During the exit conference, the lead auditor/reviewer for DOM will discuss as appropriate, proposed adjustments and/or findings. All proposed adjustments/findings are subject to review prior to issuance of the final report. If additional information is required, Audit and Recovery staff will submit to the provider a documentation request list and a timeline for providing the information. Providers will have two (2) weeks from

the field exit conference date to produce additional files and records. Upon review of the outstanding documentation, if it is determined that additional items are needed; the provider will have two (2) weeks from the date of notification to submit the documentation.

FINAL REPORT

Upon completion of the review of all documentation submitted by the provider, DOM will issue a final report to the provider detailing the proposed adjustments and/or findings. The provider has thirty (30) calendar days from the date of delivery to submit an appeal to the adjustments and/or findings. The provider shall submit their request for appeal and additional documentation to DOM Audit and Recovery by certified mail, return receipt requested, overnight delivery by a private carrier, or by hand delivery. In their response, if the provider is contesting any adjustments or findings, their response should:

- Specify which adjustments/findings are being contested
- Supply documentation to support the provider's position.

During the thirty (30) day response time, the provider may submit questions in writing to DOM. The provider may request an exit conference. Providers may make requests for time extensions. Time extension requests must be in writing and are not guaranteed.

If the provider appeals within the 30 day response time, DOM will review the provider's response and any additional documentation provided. DOM will prepare a response to the provider and inform the provider of any changes that were made or an explanation will be provided if no changes were made. The response will offer the provider the opportunity for an exit conference. DOM will issue a final report to the provider via certified mail, return receipt requested. The final report will detail all adjustments and findings resulting from the review. The report will include a letter informing the provider of their rights to an administrative hearing.

If the provider does not appeal the adjustment report within thirty (30) days, DOM will issue the final report to the provider and any appropriate DOM staff as determined by DOM.