

STATE: PENNSYLVANIA

APPENDIX F - AUDIT TRAIL

a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.
2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.

3. Method of payments (check one):

Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).

Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.

Payment for waiver services will not be made through an approved MMIS. A description of the process by which payment are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

Other (Describe in detail):

APPROVED: _____

DATE:

STATE: PENNSYLVANIA

1. (Attachment)

Payment for waiver services will be made to the provider of services by the County MH/MR Program with funds made available by the Department through appropriation by the State legislature.

The County is required to make payments to providers for Waiver funded services within the amounts established in the County's waiver allocation(s) based on a cost report for billing which serves as the provider's billing for MA eligible services.

Payments are based on individually negotiated rates or charges between the provider and the County MH/MR Program in accordance with 55 PA Code 4300.

The county is required to ensure that the billings specify the name of the individual receiving services or an alternate unique recipient identifier, the name of the MA eligible services the individual receives, the number of actual units of MA eligible services provided during the report period, and the approved rate for services. The County MH/MR Program also ensures that services reported are approved in the individual's program plan, and that the individual meets eligibility requirements.

The County consolidates the service reports, including any adjustments, and completes a Department of Public Welfare quarterly report. This quarterly report is forwarded to the Department. The report identifies separate funding eligible for FFP. The County makes adjustments to its quarterly report to the Department based on its review of provider reports and notification of exceptions by the Department.

Annual reports are submitted by the County to the Department for waiver services following the close of each fiscal year. These reports reflect actual service costs and utilization reported by providers. Final reconciliation is contingent on receipt of actual provider audited costs, with any subsequent final adjustments made in the following year's reports. The annual reports are prepared in accordance with instructions and on forms provided by the Department.

Annual audits of County MH/MR programs and providers of service are in accordance with the Single Audit Act. Additional payment and fiscal safeguards are contained in the County's Annual Agreement with the Department.

The provider of service preserves books, documents, and records related to MA eligible services for three years after the MA eligible services are furnished.

APPROVED: _____

DATE:

STATE: PENNSYLVANIA

The provider of services also retains records which relate to litigation or the settlement of claims arising out of the performance or expenditures to which exception has been taken by the auditors. These records are retained by the provider until such litigation, claims, or exceptions have reached final disposition.

b. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

- a. When the client was eligible for Medicaid waiver payment on the data of service;
- b. When the service was included in the approved plan of care;
- c. In the case of supported employment, prevocational or education services included as part of habilitation services, when the individual was eligible to receive the services, and the services are not available to the client through a program funded under Section 602(16) or (17) of the Education of Handicapped Act (P.L. 94-142) or Section 110 of the Rehabilitation Act of 1973, as amended by IDEA.

X yes.

_____ no. These services are not included in the waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

_____ All claims are processed through an approved MMIS.

X MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

APPROVED: _____

DATE: _____

STATE: PENNSYLVANIA

2. **(Attachment)**

The provider of service preserves books, documents, and records related to MA eligible services for three years after the MA eligible services are furnished.

The provider of services also retains records which relate to litigation or the settlement of claims arising out of the performance or expenditures to which exception has been taken by the auditors. These records are retained by the provider until such litigation, claims, or exceptions have reached final disposition.

APPROVED: _____

DATE: