

## Qlarant Interim Guidance for Provider Discovery Reviews beginning July 1, 2024

In response to “Additional Grace Period for iConnect Functionality” as noted in **APD Provider Advisories #2024-012** and **#2024-017**, Qlarant met with AHCA and APD and issued new Interim Guidance to Quality Assurance Reviewers (QARs) for Provider Discovery Reviews (PDRs) beginning July 1, 2024. Qlarant has been instructed by AHCA and APD to apply this guidance to providers of all services including Qualified Organizations.

Note the term “Provider” used throughout this document refers to Qualified Organizations, and solo and agency iBudget waiver providers.

In addition to reviewing this interim guidance, providers are strongly encouraged to review the following:

- Most current iBudget Handbook: [May 2023](#) – Find it [HERE](#)
- APD Provider Advisories – Find them [HERE](#)
- APD Qualified Organization Advisories – Find them [HERE](#)
- Qlarant:
  - Operational Policies & Procedures
  - Administrative Tools for Service Providers and Qualified Organizations
  - Service Specific Individual Record Review Tools
  - All of the above can be found [HERE](#)

The guidance outlined below is intended to supplement, not replace, Qlarant’s existing Operational Policies & Procedures.

### Grace Period Time Frames and Qlarant Review Periods:

The APD grace period for iConnect functionality is in effect from July 1, 2024, through June 30, 2025. Per Qlarant procedures; *“Documentation for services rendered by the provider is reviewed for the 12-month period prior to the review. Medicaid claims data for 6 months of billing within the 12-month review period are compared to the provider’s documentation for evidence of appropriate billing, and for identification of potential billing discrepancies.”* Given the fact, Qlarant review periods look backward in time, guidance outlined in this document will be applied to PDRs with review dates from July 1, 2024, through December 31, 2025.

Qlarant has been instructed by AHCA and APD that while grace period guidance can be applied to months prior to July 2024, it cannot be extended to months past June 30, 2025. Therefore, QARs will adjust six-month claim’s review window to stay in compliance with this directive.

Examples:

- For a PDR with a review date in October 2024, the claims review period would be March 2024 – August 2024
- For PDRs with review dates in August, September, October, November and December 2025, the claims review period would be January 2025 – June 2025

If any of the persons selected have no or limited claims during the designated claims review period, the QAR will modify the six-month claims review period to capture claims for when services were provided but will stay within the grace period timeframes.

### **iConnect and the PDR Process:**

Any requirements referenced in the Qlarant Operational Policies and Procedures related to APD iConnect and documentation required to be in iConnect is paused and the following guidance takes its place:

- QARs will not monitor to ensure a provider is using iConnect correctly. If a document is supposed to be in the Forms tab or created in Provider Documentation but instead it was upload to the Notes tab the QAR will review it in Notes.
- QARs will not monitor to see certain forms are word merged signed and uploaded.
- Forms that are required to be signed, still must be signed, but signature pages can be shared on paper, by uploading to Notes or electronically outside of iConnect.
- QARs will review and accept any documentation found in iConnect and/or submitted on paper or electronically outside of iConnect.
- Except for the Person-Centered Support Plan (PCSP) and the Medicaid Waiver Eligibility Worksheet (MWEW) the QAR will accept forms created by providers even if they are not the iConnect forms.
- QO's must still use the Forms from iConnect for PCSP and MWEW's.
- It is the Provider's responsibility to ensure forms they create include all required components.
- QARs will review and accept any documentation found in iConnect, submitted on paper, or electronically outside of iConnect.
- Ultimately it is the responsibility of the provider to present documentation to support the standard in whatever format they choose.
- QARs will not be asking to see evidence of helpdesk ticket submissions, however providers are strongly encouraged to continue to submit helpdesk tickets when experiencing problems with iConnect.

### **Review Types, Timelines and Cut Offs for Document Submission:**

There is no change to Desk and Onsite review procedures and criteria. Detailed information on these can be found in Operational Policies and Procedures referenced above.

The QAR will extend greater flexibility during the review process, be it a Desk or an Onsite review. The QAR will ask the provider during the initial call how they are maintaining their documentation, what's in iConnect, what is on paper or kept electronically outside of iConnect.

- **Desk Review**
  - The provider will have 14 days to submit documentation per submission guidelines noted in the Operational Policies and Procedures.
  - For documents in iConnect the QAR can initiate review in iConnect once names have been shared but under this interim guidance a QAR will continue to accept documentation added to iConnect throughout the 14-day submission window.

- At the close of the 14-day submission window, the QAR schedules a meeting via Zoom.gov to go over what is still missing and the provider will be informed they have 5 hours to submit missing documentation.
  - There are limits as to what can be changed and accepted, see “Additional Guidelines for Documentation” below.
  - Changes and submissions made after the close of the 5-hour submission period (in iConnect or outside of iConnect) will not be accepted, nor can they be submitted for reconsideration later.
- **Onsite Review**
    - The QAR will provide the names of individuals sampled for service specific record reviews and individual interviews 14 days prior to the onsite review.
    - For documents in iConnect the QAR can initiate review in iConnect once names have been shared but under this interim guidance a QAR will continue to accept documentation added to iConnect up to the close of the onsite.
    - The QAR will keep a running list of documentation they were unable to locate in iConnect. When the QAR arrives onsite, they will present the provider with a list detailing the remaining documents needed to complete the review and work with the provider on locating the documentation in iConnect, on paper, or electronically outside of iConnect.
    - The QAR will conduct the Administrative Review including employee files and review of any other service record documentation made available while onsite.
    - The QAR will share information of documentation they cannot find throughout the onsite, for the provider to locate and present.
    - There are limits to what can be changed and accepted, see “Additional Guidelines for Documentation” below.
    - Once the QAR has completed review of all available documentation, the Onsite review will be closed. Changes and submissions made after conclusion of the Onsite review (in iConnect or outside of iConnect) will not be accepted, nor can they be submitted for reconsideration later.

**Additional Guidelines Concerning Documentation:**

Documentation must still be maintained by providers.

Provider shall not bill Medicaid for services until they have been rendered and documented either on paper, electronically outside of iConnect, or entering documentation into iConnect.

As noted, a QAR will continue to accept documents even after a QAR has identified it as missing up to the end of the five-hour submission deadline or until the end of the Onsite review but there are limitations to this.

The following explain what CANNOT be changed or “fixed” once a discrepancy or lack of quality related to content is identified:

- Administrative Reviews: Training and BGS documentation cannot be updated or fixed after the QAR shares Employee names sampled for review during pre-review activities – this has not changed.
- The Provider cannot change units documented on service logs to match the units billed. If a service log reviewed in iConnect or submitted on paper is complete, but units documented do not match units billed in claims, a QAR will cite “not met”. This cannot be fixed and resubmitted for review once identified by the QAR and reported to the provider.
- The Provider cannot add additional details to capture standards “not met” to a Service Log, Progress Note, or other documentation that was already reviewed.
- The Provider cannot add additional details to capture standards “not met” to a Person Centered-Support Plan, Implementation Plan, Behavior Plan, Employment Stability Plan, Quarterly, or Annual Report that was already reviewed.

In summary, if a QAR identifies a document that is missing entirely, or a component of the document is blank, the provider will have the opportunity to submit the missing or updated document; however if the document has all components completed upon initial review, but was lacking in content or quality, the provider cannot go back and change it.

Qlarant will continue to work in partnership with AHCA and APD as we move forward.

Should you have questions please reach out to Qlarant Customer Service at [FSQAPcustomerservice@qlarant.com](mailto:FSQAPcustomerservice@qlarant.com).

Thank you.