



Medicaid Program Integrity Seminar

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LEARNING OBJECTIVES

- **Definitions**
- **Source of Authority**
- **Utilization Review**
 - **Provider and Recipient**
- **Effective Communication**
 - **Internal and External**

WHAT IS FRAUD?

42 CFR 455.2

- Intentional deception
- Misrepresentation
- Knowledge
- Unauthorized benefit

WHAT IS ABUSE?

42 CFR 455.2

- Provider practices inconsistent with sound fiscal, business, or medical practices
- Results in unnecessary cost to Medicaid
- Reimbursement for medically unnecessary procedures
- Fail to meet professionally recognized standards
- Includes recipient activity

SOURCE OF AUTHORITY

- Federal Regulations (CFR)
- State Statutes (Laws)
- Administrative Rules
- Internal Policy
 - Provider Agreement, notices, manuals, updates

CONTRACTS

- Involvement upfront
- Invite yourself
- Inclusive Language
- Detail

It is the provider's responsibility to be “aware of” and “comply with” ALL laws, rules and regulations (both State and Federal), including updates as they become effective.

PROVIDER ENROLLMENT

- Catch them at the front door
- Best line of defense
- ACA requirements
 - Program Integrity Review
 - On site visits
 - Exclusion database checks
 - Ownership and Disclosure

PROVIDER REVIEW

- **Retrospective Review**
- **Referrals – internal & external**
- **Self Audit**
- **Random Selection**
- **Algorithms**
- **Quality Improvement Organization (QIO)**
- **Recovery Audit Contractor (RAC)**

RECIPIENT REVIEW

- **Identity theft**
- **Pharmacy Lock-In Program**
- **Recipient Explanation of Medical Benefits (REOMB)**
 - **Federal requirement**

Lock-In Program

- **The Pharmacy Lock-In Program is designed to**
 - prevent members from obtaining excessive quantities of prescribed drugs through visits to multiple physicians and multiple pharmacies.
- **There are predefined criteria that patients must meet in order to be placed in the Lock-In Program**
- **Lock-In is for a defined amount of time**
 - 12 months
 - Re-reviewed every 6 months for emerging patterns indicating abuse.
- **The benefit of this program is that one pharmacy can monitor the number of physicians and prescriptions that the member is filling and intervene if necessary.**
- **Program Integrity monitors and does cost savings analysis each month.**

WHAT IS REVIEWED?

- Documentation
- Paid Claims
- Billing Practices
- Medical Necessity
- Medical Coding (CPC)
- Record Keeping
 - Retention
 - Appointment Books

42 CFR § 455.14 – Preliminary Investigation

- State Medicaid agency receives a fraud or abuse complaint
- Identifies questionable practices
- Must conduct a preliminary investigation
- Triage to determine investigatory response

42 CFR § 455.15

Full Investigation

- Preliminary investigation findings
- Fraud?
- Refer to the Medicaid Fraud Control Unit (MFCU)

REVIEW OUTCOMES

- **No Findings**
- **Findings**
 - **Education**
 - **Financial impact**
 - **MFCU Referral**
 - **Sanction, Exclusion, Termination**
- **Appeals**

PROVIDER EDUCATION

- **On-Site Training**
- **Guidance**
- **Provider Notices**
- **Billing Manuals**
- **Policy Changes**

Federal and State law requires DHHS to seek recovery on all identified overpayments, whether or not there was any error on the part of DHHS, or the provider. (*RSA 167:60II*)

**** Regardless of who is at fault for the overpayments***

Consequences

Failure to repay sums that have been identified and verified as overpayment will result in provider suspension or termination from the Medicaid Program.

42 CFR § 455.2 -

Exclusion

- Provider that has been excluded from participation by the Office of Inspector General, HHS
- State agencies must not contract with excluded providers
- Federal funds cannot be used for items or services furnished by an excluded entity
- Both individuals and businesses
- Provider is responsible to check the Exclusions Database each month on their own employees

DOCUMENT!!

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**DOES THE DOCUMENTATION IN THE
MEDICAL RECORD SUPPORT THE
SERVICE?**

“If it isn’t documented, it didn’t happen”

Communication

- Internal

- E-mail
- Policy development & changes
- New initiative involvement up-front
- State Medicaid Director
- Program areas
- Legal
- System updates & changes
- Board notices

“Stay in the Loop”

Communication

- External

- MCAC
- Professional Associations
- Provider meetings & trainings
- MFCU – monthly meetings
- TAG
- Weekly small State conference call
- MII
- Listservs
- Quarterly Region 1 PI Director conference calls
- Webinars
- Quarterly Medicaid, Medicare, CMS, OIG, MFCU

New Initiatives

*** Program Integrity input upfront ***

- **Managed Care**
 - Contract development
 - PI oversight – credentialing & FWA
- **Enhanced Provider Payments**
 - Attestation
 - Audit
- **Family Planning**
 - Planning & implementation
 - Auditing
- **Contractor to perform database reviews required by ACA for provider enrollment**
- **On hold for Medicaid Expansion**

CONTACT INFORMATION

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