

Iowa Medicaid Program Integrity

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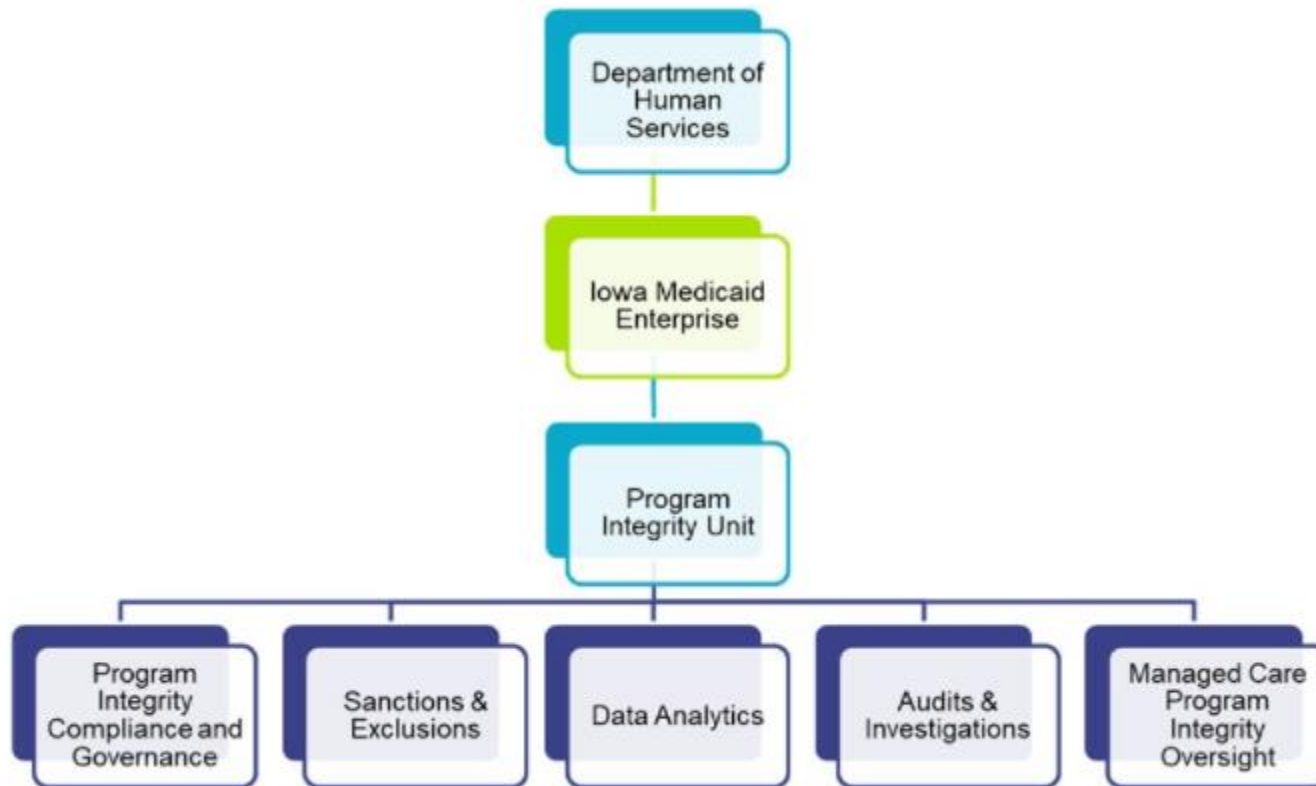
Mission Statement

Provide systems of sustainable and equitable oversight that targets accountability and compliance, focusing on prevention of fraud, waste and abuse of Medicaid programs.

Training Purpose

- ▶ Discuss Program Integrity's Role
 - ▶ Provider Enrollment & Screening Oversight
 - ▶ Detection & Deterrence of Fraud, Waste & Abuse (FWA) of Iowa Medicaid Programs
 - ▶ Federal/State Compliance Audits
 - ▶ Oversight of Managed Care Programs

Program Integrity Unit- Organizational Structure



Program Integrity Authority

- General Program Integrity Authority is found at:
 - 42 U.S.C.A. § 1396a(69);
 - 42 U.S.C.A. § 1396u-6;
 - 42 C.F.R. § 455.12;
 - 42 C.F.R. § 438.608;
 - Iowa Administrative Code Iowa Code § 249A; § 441.79

Provider Enrollment & Screening Oversight

Medicaid Enrollment

- ▶ Ensures that all providers Fee-for-Service and managed care network providers billing for Medicaid reimbursable services are enrolled and screened in accordance with 42 C.F.R. § 455.
- ▶ Ensures Medicaid providers and fiscal agents disclose information on ownership and control.

Disclosure Requirement

- ▶ What information are required to be disclosed?
 - ▶ Name and address of any person (individual or corporation) with an ownership or control interest.
 - ▶ If individual, the date of birth and Social Security Number. Other tax identification number (in the case of a corporation) with 5% or more interest.

Disclosure Requirement...

- ▶ What information are required to be disclosed?
 - ▶ Relationship of individual with ownership and control to another person with ownership and control interest of 5% or more.
 - ▶ The name, address, date of birth, and Social Security Number of any managing employee.

Tips for Timely Processing of Enrollment Application

- ▶ Complete enrollment application in its entirety.
- ▶ If required, ensure required certification & licensure are in good standing.
- ▶ Prompt response to request for additional information.
- ▶ Prompt reporting of any changes to the application.
- ▶ **Disclose all adverse actions.**
- ▶ Complete Ownership Control & Disclosure Information.

Referral for Program Integrity Review

- ▶ Negative result on background check
- ▶ Adverse action taken by a licensing authority, federally funded program, law enforcement prosecutions and other state Medicaid program.
- ▶ Prior sanction imposed by Iowa Medicaid.
- ▶ Unresolved outstanding overpayments.

Compliance with Medicaid Enrollment Screening

- ▶ Federal financial participation (FFP) is not available in payments made to a disclosing entity that fails to disclose ownership or control information as required by this section.
- ▶ States are prohibited from making payments to providers who failed to comply with enrollment screening and/or disclosure requirements.

Fraud, Waste & Abuse (FWA) Oversight Responsibilities

Detection & Deterrence of FWA

- ▶ Program integrity is designed to ensure that public funds are spent appropriately.
- ▶ Collaborate with law enforcement entities and MCPs to detect, deter and combat fraud, waste, abuse of Medicaid programs.

Fraud

- ▶ Fraud is defined as the wrongful or criminal deception intended to result in financial or personal gain.
- ▶ Fraud includes false representation of fact, making false statements, or by concealment of information.

Waste

- ▶ Waste is defined as the thoughtless or careless expenditure, mismanagement, or abuse of resources to the detriment (or potential detriment) of the Medicaid program.

Abuse

- ▶ **Abuse** is defined as excessive or improper use of a thing, or to use something in a manner contrary to the natural or legal rules for its use.

Federal Compliance Audits

Federal Compliance Audits

- ▶ Office of Inspector General (OIG) audits
 - ▶ Exclusions and sanctions
 - ▶ Compliance with provider screening requirements
- ▶ Centers for Medicare & Medicaid Services (CMS)
 - ▶ Focused desk audits
 - ▶ Focused reviews and onsite visits
 - ▶ Payment Error Rate Measurement (PERM)

Payment Error Rate Measurement (PERM)

► Purpose

- ▶ The PERM program measures improper payments in Medicaid and CHIP and produces error rates for each program.
- ▶ The error rates are based on reviews of the fee-for-service (FFS), managed care (MC), and eligibility components of Medicaid and CHIP.

PERM cont'd

- ▶ Iowa Medicaid's Role
 - ▶ Provide Information to CMS
 - Eligibility Information
 - Provider Enrollment Information
 - Claims Data
 - Policies and Procedures
 - ▶ Liaison between CMS and Iowa Medicaid Providers

PERM cont'd

▶ Provider's Role

- ▶ Respond to CMS' Medical Record Requests
 - Within 75 days of initial request
 - Within 15 days of additional request
- ▶ Dispute Resolution Process
 - Preliminary Finding
 - May submit a dispute resolution
 - Iowa Medicaid may request additional documentation

PERM cont'd

▶ CMS Findings

- ▶ Final Findings are Published
- ▶ Overpayments Identified by CMS
 - Iowa Medicaid pays the federal share
 - Providers responsible for identified overpayments
- ▶ Corrective Action Plans
 - Identify the root cause
 - Steps to remedy the root cause

State Compliance Audits

State Audits- Functions of the PI Unit

- ▶ Receive tips and investigate.
- ▶ Conduct audits and investigations.
- ▶ Perform data analysis to identify potential risks of improper payments.
- ▶ Educate on proper billing practices.
- ▶ Make recommendations for policy clarification.
- ▶ Receive self-reports of overpayments and issues request and return of overpayments from providers.

State Audits

▶ Audit Process

- ▶ Internal/External Tips
- ▶ Data Analytics
- ▶ Correspondence
 - MRR (Medical Records Request)
 - PROTO (Preliminary Report of Tentative Overpayments)
 - FOR (Finding and Order for Recoupment)

Potential Audit Results by PIU or SIU

- ▶ Credible allegation of fraud referral to the Medicaid Fraud Control Unit.
- ▶ Overpayment recovery.
- ▶ Sanctions.
- ▶ No action.

Exclusions & Sanctions

Exclusion & Sanction Authorities

- ▶ Federal
- ▶ State
 - ▶ 249A
 - ▶ PI authority
- ▶ Mandatory vs. Discretionary

Exclusion & Sanction Reasons

- ▶ Fraud conviction
- ▶ Medicare Revocation
- ▶ OIG Exclusion
- ▶ Another state's sanctions
- ▶ Iowa Medicaid program violations
- ▶ Licensing board's action
- ▶ Outstanding overpayment (over 60 days)

Exclusion & Sanction Status

- ▶ Probation
 - ▶ Corrective Action Plan
- ▶ Payment suspension
- ▶ Suspension from participation
- ▶ Terminate participation of Iowa Medicaid program

Exclusion & Sanction Publications

- ▶ Federal
 - ▶ DEX
 - ▶ OIG
 - ▶ Medicare Exclusions
- ▶ State
 - ▶ State sanction list

Tips for avoiding a sanction

- ▶ **Ensure contact information is correct and updated.**
- ▶ Comply with program requirements
- ▶ Maintain communication with Iowa Medicaid throughout the audit process
- ▶ Seek clarification if program policy is not clear
- ▶ Remedy any outstanding overpayments

Tips for avoiding a sanction...

- ▶ If a negative action was taken against you by a licensing authority, disclose the event.
- ▶ If you identify an error in your claiming of payments, self-disclose.
- ▶ If you suspect fraud, waste and abuse, report!

Oversight Responsibility of Managed Care Programs

Oversight Responsibility of Managed Care Programs

- ▶ Oversee MCO Provider Tips and Investigations
- ▶ Oversee Managed Care Provider Recoveries
- ▶ Ensure Compliance with Federal Regulations
- ▶ Provide Training

Managed Care Oversight

- ▶ Oversight Performance
 - ▶ Program Integrity Unit
- ▶ Reporting
 - ▶ Monthly, Quarterly, Annually
- ▶ Monthly Meetings
- ▶ Annual Audits

Resources & Technical Assistance

How to report Medicaid Fraud, Waste & Abuse

- ▶ Reporting suspect fraud, waste & abuse activities to Iowa Medicaid.
 - ▶ fwareports@dhs.state.ia.us , or
 - ▶ 877-446-3787 (toll-free)

Who to Contact?

- ▶ General program integrity related questions, or to verify if a provider is excluded from participation in Iowa Medicaid programs.
 - ▶ imepi@dhs.state.ia.us

Resources and Tools

- ▶ CMS Program Integrity:
<https://www.cms.gov/About-CMS/Components/CPI>
- ▶ CMS Payment Error Rate Measurement (PERM):
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicaid-and-CHIP-Compliance/PERM/Providers>
- ▶ Iowa Medicaid Provider Enrollment:
<https://dhs.iowa.gov/ime/providers/enrollment/providerenrollment>
- ▶ Iowa Medicaid Program Exclusions & Sanction List:
<https://dhs.iowa.gov/ime/providers/program-integrity>

Remedies for Fraud, Waste & Abuse Resources

- ▶ State and federal false claims acts. (Iowa Code ch. 685; 31 U.S.C. § 3729 et seq.) (includes civil penalties and treble damages).
- ▶ State and federal criminal laws.
- ▶ Federal exclusions and civil monetary penalties. (42 U.S.C. § 1320a-7; 42 C.F.R. § 1001.1901).
- ▶ State civil monetary penalties. (Iowa Code § 249A.47).
- ▶ State sanctions. (441 Iowa Admin. Code 79.2).
- ▶ State audit and overpayment provisions. (Iowa Code § 249A.53; 441 Iowa Admin. Code 79.4).
- ▶ Federal Anti-Kickback statute. (42 U.S.C. § 1320a-7b(b)).
- ▶ Federal Stark statute. (physician self-referral)(42 U.S.C. § 1395nn).