Program Integrity

Session 5

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Disclaimers

• All of the opinions expressed during the presentation are my personal opinions and not those of the Bureau of TennCare or the State of Tennessee
FIVE FINGERS OF FRAUD PREVENTION

• Contract provisions related to PI
MAIN ELEMENTS

• Enrollment /screening 42 CFR 455.400
• Investigations
• Credible Allegation of Fraud 42 CFR 455.23
• Recovery Audit Contractor (RAC) 42 CFR 1001.101; 42 CFR 455.501
• Exclusion / termination 42 CFR 455.416
Enrollment / screening

• Designed to eliminate likely fraudulent actors from ever being allowed to play the game.

• Components are:
  – Screening
  – Credentialing
  – Contracting
Enrollment / screening (con’t)

• Key tool: The ownership & disclosure information.

• Collects all the demographic data e.g. NPI, Address, Tax ID.

• Identifies key players in an entity:
  - persons with an ownership & control interest {owners, directors},
  - managing employees {officers, high level supervisors}.
Enrollment / screening (con’t)

• Historically two types of credentialing:
  – Provider persons
  – Provider Entities
    Database to track relationships

• New on-line process for Provider Persons is up using CAQH. Developing online process for Provider Entities.
Investigations

• Many players – Medicaid Agency PIU, Medicaid Fraud Control Unit[MFCU], FBI, HHS OIG, MCOs, RAC.

• Coordination a must:
  – Maximize each entities' abilities and resources
  – Minimize Provider abrasion

• Predictive Analytics to direct human resources
Credible Allegation Of Fraud

• Used by State Agency to stop the bleeding fairly early in the investigation.
• Requires a referral to MFCU to see if they are willing to take the case.
• MFCU can ask Bureau not to suspend, or not to send notice of suspension for a limited time.
• Provider has appeal rights.
• Lasts until case resolved.
Credible Allegation Of Fraud (con’t)

• Agency needs allegations backed by evidence with “indicia of reliability” e.g. eyewitness testimony, documentation.

• Suspicion or hunches not enough, but don’t need anything like the level of proof necessary to go to court.

• Suspension can be “partial” i.e. tailored to a specific provider in a group, or specific CPT code.
Recovery Audit Contractor (RAC)

• Cannot replace any existing PI efforts, instead adds a layer.
• RAC is a contractor. All scenarios and audit targets are pre-approved by Bureau.
• Mandated by Feds for non-MCO parts of program. TennCare has opted to apply to MCOs.
• Fed. Law requires coordination with other players.
Exclusion / termination

- HHS OIG excludes. Person or entity banned from all federal healthcare programs {LEIE}.
- Some HHS OIG exclusions are mandatory, some permissive by HHS, but either type mandatory for states.
- State may terminate. Does this by revoking State Medicaid billing privileges. Effect is to ban participation in Medicaid and CHIP programs of State, but also all other States’ Medicaid and CHIP programs.
Exclusion / termination (con’t)

- State grounds for termination more extensive, includes things like failure to comply with provisions of provider agreement.
  Therefore even if can’t develop a fraud case can still impact provider.
- MCO can only end contract. Has no other impact on Provider.
Thank You
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