



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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