Vermont Medical Society
Third Thursday webinar series

Date: January 16th, 2020
Title of Talk: Program Integrity-The Do's and Don'ts of Medicaid

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CME Disclaimer

- In support of improving patient care, this activity has been planned and implemented by the Robert Larner College of Medicine at the University of Vermont and the Vermont Medical Society. The University of Vermont is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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CME credit must be claimed within 30 days of participating in the event.

VMS THIRD THURSDAY WEBINAR SERIES
MEDICAID PROGRAM INTEGRITY

Speakers:
Steve Short

Planning Committee Members:
Jessa Barnard, ESQ, Stephen Leffler, M.D.& Stephanie Winters

Purpose Statement/Goal of This Activity:
To educate providers and other stakeholders in promoting best practices and awareness of Medicaid fraud, waste and abuse.

Learning Objectives:
Educate members on Medicaid best practices.

Disclosures:
Is there anything to Disclose? Yes ☐ No ■

Did this activity receive any commercial support? Yes ☐ No ■

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PROGRAM INTEGRITY THE DO'S AND DON'TS OF MEDICAID

Steve Short CPIP

Associate Director of Program Integrity

VERMONT
AGENCY OF HUMAN SERVICES

STEVE SHORT CPIP

ASSOCIATE DIRECTOR OF PROGRAM INTEGRITY

DEPARTMENT OF VERMONT HEALTH ACCESS (DVHA)

STATE OF VERMONT

- 2005 Managed several Durable Medical Equipment supply centers for a national DME company. Specializing in CPAP and home oxygen therapy.
- 2012 State of Vermont Program Integrity Unit (Program and Operations Auditor)
  - DME
  - Enrollment Site Inspections
  - Beneficiary Fraud Unit
  - ACO

“There is no kind of dishonesty into which otherwise good people more easily and frequently fall than that of defrauding the government.”

- Ben Franklin

WHEN YOU HEAR "PROGRAM INTEGRITY" …

You most likely think about the work that Program Integrity was originally tasked with doing for Vermont Medicaid: identify and prevent fraud, waste, and abuse from Medicaid providers and recipients which diverts dollars that could otherwise be spent to safeguard the health and welfare of Medicaid recipients.

The Vermont Program Integrity Unit focused solely on Medicaid providers until recently…

LOOKING FOR FRAUD, WASTE, AND ABUSE

Provider Audit & Compliance

This group performs the "traditional" provider investigations and audits.

Beneficiary Fraud Investigations

We have PI Auditors that specialize in looking at all aspects of beneficiary healthcare and this was created to meet Federal requirements and is continuing to evolve.

New Payment Methodologies (ACO)

We have had to change the way we look at claims within the ACO and we are changing with the times to minimize administrative burden and maximize focus on patient care.

Program Integrity Referral Form

https://dvha.vermont.gov/for-providers/program-integrity

Referrals are encouraged and accepted via the ReportMedicaidFraud@Vermont.gov email.

FRAUD

- **Intentional** deception or misrepresentation that the individual makes, knowing it to be false that could result in an unauthorized benefit

Example:

- Provider to billing rep: Bill the highest-level office visit code for every patient

- Billing rep: Every patient?

- Provider: Yes

Is this Fraud ?

Need To Investigate

Not all improper payments are fraud, but all payments made due to fraud schemes are improper.

ABUSE

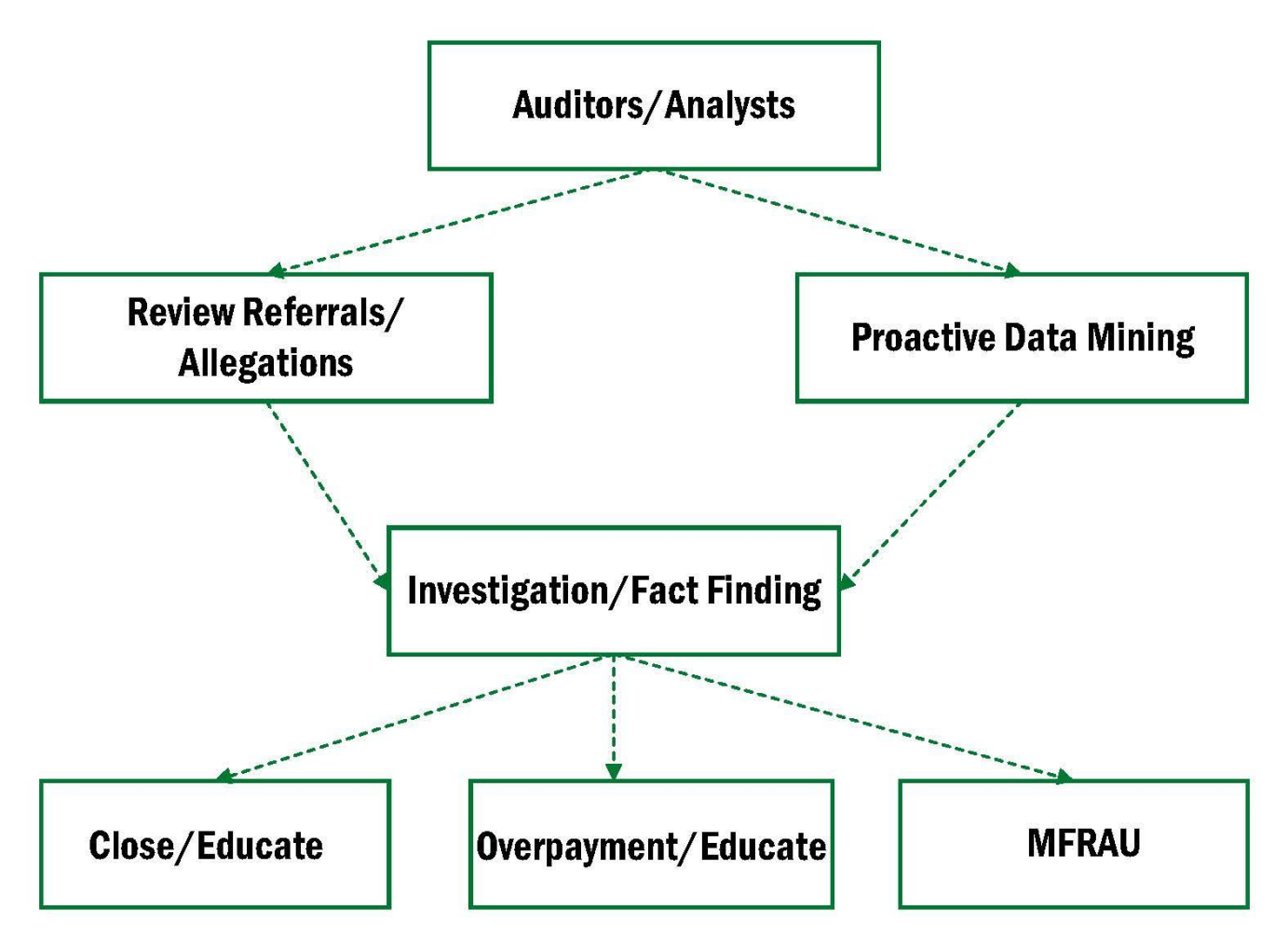
- Incidents or practices that are inconsistent with sound healthcare practices. These practices result in unnecessary costs to the Medicaid program for services that are typically not medically necessary.

Example:

- Scheduling patients for maximum allowed visits, which may result in higher reimbursement
- Is this Abuse?

Need To Investigate

Program Integrity Unit



REFERRALS - CASE SOURCES

- Other Providers
- Beneficiaries
- Current Employees
- Former Employees
- State Employees
- Other State/Federal Agencies
- Anonymous Tips
- EOBs (explanation of benefits)
- Proactive Data Mining
- PARIS - Public Assistance Reporting Information System
  - Quarterly Report on Beneficiaries with Active Medicaid in 2 States or More.

TYPES OF ALLEGATIONS

- Services Not Provided
- Usual & Customary Violations
- Medically Unnecessary Services
- Prescribing Patterns
- Quality of Care
- Upcoding
- Modifiers
- Reported Self-Audit
- Documentation Errors/Omissions
- Diagnosis/Patient Misrepresentation
- Drug Abuse/Diversion
- Residency
- Utilization Outliers
- …things that make you go hmm

PREVENTION

- Proactive Data Review
- Education of Staff and Recipients
- Comprehensive Compliance Plans
- Check OIG Exclusions Database
- Oversee Auto Billing
- Conduct Audits
- Hotline
- Self-Disclose
- Development Of Procedures To Protect Whistleblowers From Retaliation

INVESTIGATIONS

- Auditors access and analyze Medicaid billing data for medical and drug claims
- Obtain and review relevant medical records
- Analyze regulations/codes/policy
- Peer analysis – Outliers or "Out-Liars"
- Expert medical consultant review
- Interview recipients and/or provider staff

THOUGHT WE HAD SEEN IT ALL….

- Current Provider Audit findings
- Past Investigations
- Fraud Schemes (Historically)

PROVIDER RECORD AUDITS

Auditors requested documentation from 36 providers. Of the 36 providers:

- 8 (22%)appear to have met the level of service billed.
- The remaining 28 providers (78%) have issues with:
  - Documentation
  - Records not legible
  - Have at least one record that doesn't substantiate the code billed.

GUT FEELING AT TIME OF ENROLLMENT

One of Our First High Risk Application for the ACA screening requirement.

Our enrollment staff had questions about a new DME Supplier application and called the number on the application. Only a PO Box was given for the service address and no business license or NPI was available. When pushed for a physical address, 101 N. Main Street was given.

PI was asked to investigate the applicant.

Site visit was conducted, and this is what was found.

RECEIVED NEW APPLICATION FOR A HOME HEALTH AGENCY THAT WAS TO BE RUN OUT OF THE OWNER'S CONDO. FOUND OUT LATER THAT HE WAS A PERSONAL CARE ASSISTANT WANTING TO START HIS OWN BUSINESS (IN HIS WORDS).

A NEW APPLICATION FOR AN INDEPENDENT LABORATORY. THE NPI DID NOT MATCH THE LOCATION, WHICH WAS AFFILIATED WITH A PROPERTY IN MASSACHUSETTS.

THE NPI WAS CONNECTED TO THIS PROPERTY… A PRIVATELY OWNED PSYCHIATRIC FACILITY IN MASSACHUSETTS. THE INDIVIDUAL WAS LOOKING TO START A NEW BUSINESS IN VERMONT AFTER CLOSING HIS DOORS AND WALKING AWAY.

DME Company based out of New Hampshire and wanted to expand and enroll a new location in Massachusetts. Tried to use NH NPI number and location in Mass. turned out to be a non-existent address.

SEE SOMETHING SAY SOMETHING
12:28
TRACK 19
Tracks 20 and 21

Questions or Comments

CONTACT INFORMATION

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