

Program Integrity in Tennessee: TennCare Oversight – Activities - Coordination



**DENNIS J. GARVEY, JD
DIRECTOR, OFFICE OF PROGRAM INTEGRITY
STATE OF TENNESSEE
HEALTH CARE FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE**



What is TennCare?



TennCare is the Tennessee Medicaid program, serving approximately 1.2 million enrollees at a cost of ~\$10 billion per year.

We are **100% managed care.**

Control: Provider Registration



- TennCare registers all interested providers and issues them a TennCare/Medicaid provider ID #, after completion of an on-line enrollment application and the CAQH (Council for Affordable Quality Healthcare) process.
- All providers must be registered and have a valid TennCare/Medicaid provider ID # prior to a MCC contracting with that provider to provide services.

TennCare controls provider eligibility.

MCC Contracts



- Be as specific as you can.
- All TennCare/MCC Contracts include language to permit TennCare to amend the Contract every six (6) months.
- Include contract specification for a mandatory FTE staff for data analysis and investigations at the MCC.
- Each TennCare-contracted MCC must submit a detailed Quarterly Fraud and Abuse Report, in a format prescribed by TennCare.

ORRs and RFIs: Not the Same Thing



- **ORR: an On-Request Report**
 - An ORR is a mandatory report of information requested by the Single State Agency by a specified date. Failure to respond with the appropriate requested information by specified date could lead to Liquidated Damages (LDs).

- **RFI: a Request for Information**
 - A RFI is a request for information from a MCC by a specified date. LDs are generally not levied for problematic RFIs.

TennCare MCC Contract Language



This language appears in all TennCare MCC contracts:

The CONTRACTOR shall be required to have appropriate staff member(s) attend certain on-site meetings held at TennCare offices or at other sites as requested by TennCare.

Failure to have subject appropriate staff member(s) attend onsite meetings as requested and designated by TennCare:
Liquidated damages in the amount of \$1000 per appropriate staff person per meeting as requested by TennCare.

Program Integrity Meetings with MCCs



We know our MCC partners in PI.

- Quarterly Fraud and Abuse meetings are held with each MCC individually.
- Semi-Annual Fraud Roundtables are held with all MCCs present together – in the same room, at the same time.

Our State partners are also welcomed to these meetings.
Strong working relationships are forged here.

Program Integrity Oversight of MCCs



- Staff in OPI Payment Integrity & Data Mining Analytics review each of these Reports.
- Staff in OPI Investigations reviews Referrals.
- Each quarter, OPI leadership holds an individual meeting with each of the plans and other interested parties to discuss reports and other pertinent topics.

MCE Report Card



All of these Reports and Referrals are discussed internally by PI Staff.

They are thoroughly reviewed for both accuracy and completeness.

Reports



- **TIPS:** A TIP is defined as any audit or review of a provider for allegation that there was provider error. TIPS must be reported on the 1st and 15th of each month.
- **Referrals:** Information on a provider is submitted to TennCare as needed to report possible FWA.
- **New Program Integrity:** Reporting as needed on cases currently open per new standard audit.
- **Involuntary Terminations:** Must run monthly files against EPLS, LEIE, MED, etc., and report of findings.

MCO Referral Packet



The completed Referral Packet submitted from an MCC should contain the following:

- Identifying Information for Provider, including name, NPI and any other known ID #
- Contract(s) with MCC
- Credentialing Information
- Disclosure(s)
- Provider Education; including that specific to activity under review
- Fee Schedule (in Excel format)
- Audits/Communication
- Information on Pre-pay; including Reason(s), Status and History
- MCC Policy on _____
- Provider participation history & status (MS Word or PDF format)
- Records reviewed
- MCC Coders Report
- Other pertinent Information or data

Reporting



- MCOs must report fraud activities to us on the Quarterly Report. They must report both new and ongoing activity.
- In our review of these reports and our meetings with the MCOs, we discover things –
 - Things that they ‘forgot’ to tell us about;
 - Things they did not think we cared about;
 - Things that they have ‘always done that way’; and
 - Things that are clear-cut instances of fraud and abuse!

Quarterly Fraud & Abuse Activities Report



This report contains the following tabs:

- Summary
- TIPS
- Audits Performed
- Referrals Made
- Overpayments Identified
- Overpayments Recovered
- New PI Actions
- List of Involuntary Terminations
- List of Recipients Referred to OIG

Quarterly Report: Summary



2013 Template for 2 30 14 1 Quarterly Fraud and Abuse Activities Report 03 11 13 [Re... M =

Home Insert Page Layout Formulas Data Review View

Clipboard Paste Font Alignment Number Styles Cells Editing

Security Warning Automatic update of links has been disabled Options...

	B	C	D	E	F	
1		Activity Reporting Quarter: 01/01 - 03/31/2013	Activity Reporting Quarter: 10/01 - 12/31/2012	Activity Reporting Quarter: 07/01 - 09/30/2012	Activity Reporting Quarter: 4/01 - 06/30/2012	MCO Comments
2		MCO Summary Statistics	MCO Summary Statistics	MCO Summary Statistics	MCO Summary Statistics	
3		1	12	4	2	
4						
5	# with Overpayment identified					
6	# without Overpayment identified					
7	Total	0	0	0	0	
8						
9	New					
10	Existing					

1 - Summary 2-TIPS 3-Audits Performed 4-Referrals Made 5-Overpayments Identified 6-Overpaym

Ready 120%

Quarterly Report: TIPS



2013 Template for 2 30 14 1 Quarterly Fraud and Abuse Activities Report 03 11 13 [Re... M =

Home Insert Page Layout Formulas Data Review View

Normal Page Layout Custom Views Full Screen Workbook Views

Ruler Gridlines Message Bar Show/Hide

Formula Bar

Zoom 100% Zoom to Selection

New Window Arrange All Freeze Panes Split Hide Unhide Window

Save Workspace Switch Windows

Macros

Security Warning Automatic update of links has been disabled Options...

Print Area Activity Quarter

	A	B	C	D	E	F	G	H	I	J	K	L
	Activity Quarter	MCC Tracking#	Received Date	Closed Date	Status	Source	TIP Allegation/ Information	First Name	Last Name	NPI	TIN	
1	1Q 2013	23456MCO	2/15/13	N/A	Still Open	Phone Call	Provider billing for new patient when patient was seen 12 months ago.	Sly	Billy	Text Field	Text Field	
2												
3												
4												
5	1											
6	4Q 2012	12345MCO	11/15/12	1/15/13	TIP unfounded	Phone Call	Provider allegedly billing for services not rendered.	Bill	Manny	Text Field	Text Field	
7	4Q 2012	12345MCO	11/1/12		Still researching	Data Mining	Hospital allegedly uses an incorrect diagnosis code when billing for cardiovascular inpatient admits. This may have caused incorrect DRGs to be assigned to inpatient admits.		Macomb County Hospital	Text Field	Text Field	
8	4Q 2012	12345MCO	12/1/12	1/10/13	Move to Preliminary Investigation	News Media	Provider allegedly billed medically unnecessary services. Exposure is estimated at \$2,000,000.		Shawnee Cares	Text Field	Text Field	
9												

1 - Summary 2 - TIPS 3 - Audits Performed 4 - Referrals Made 5 - Overpayments Identified 6 - Overpayment

Ready Average: 41320 Count: 22 Sum: 41320 75%

Quarterly Report: Audits Performed



2013 Template for 2 30 14 1 Quarterly Fraud and Abuse Activities Report 03 11 13 [Re... M

Home Insert Page Layout Formulas Data Review View

Normal Page Layout Custom Views Full Screen Workbook Views

Ruler Gridlines Message Bar Show/Hide

Formula Bar

Zoom 100% Zoom to Selection

New Window Arrange All Freeze Panes Split Hide Unhide Window

Save Switch Workspace Windows

Macros

Security Warning Automatic update of links has been disabled Options...

F	G	H	I	J	K	L	M	N	O
First Name	Last Name	NPI	TIN	Audit Reason	Type of Audit (Desk, Medical Records,	MCE Operational Department	Audit findings.	Overpayments Identified related to TennCare	Recovery Amount related to TennCare Services
Billy	Ortho	Text Field	Text Field		Desk Audit	SIU	100 claims were audited against medical records and 2 anomalies were found. No corrective action plan needed.	-\$10,000	-\$10,000
	St. Mary's Hospital	Text Field	Text Field		Desk Audit	CID	250 claims were audited against medical records and MCO billing guidelines and 7 anomalies were found. Educational materials left with provider. No corrective action plan needed.	\$10,000	\$5,000
	General Public Hospital	Text Field	Text Field		Desk Audit	EIS	100 Hospital inpatient claims were audited against medical records and 20 claims were found to have DRG assignments that could not be warranted. 100 outpatient surgery claims were audited and 25 claims were found to have services rendered in the ER and not the OPR. 100 outpatient diagnostic tests were audited and 30 were found to have unbundling.	\$1,000,000	\$675,000
				Routine Data mining showed that FWA was likely occurring - See P1 or Referrals	Dating mining is not an audit. It is the means to determine whether an audit should take place.			\$1,000,000	\$670,000
				Member called to report services were not rendered - see TIP on					

Ready Count: 10 60%

Quarterly Report: Referrals Made



2013 Template for 2 30 14 1 Quarterly Fraud and Abuse Activities Report 03 11 13 [Re... M =

Home Insert Page Layout Formulas Data Review View

Normal Page Layout Custom Views Full Screen Workbook Views

Ruler Gridlines Message Bar Show/Hide

Formula Bar Headings

Zoom 100% Zoom to Selection

New Window Split Arrange All Hide Freeze Panes Unhide Window

Save Workspace Switch Windows

Macros

Security Warning Automatic update of links has been disabled Options...

Print Area TIN

	A	B	C	D	E	F	G	H	I	J	K
1	Activity Quarter	ICC Tracking	Open Date	Referred D	Status	Source	Concerns of Request/Referral	First Name	Last Name	NPI	TIN
2	4Q 2012	12345MCO	11/30/12	12/30/12	All Referral documents sent to MFCU/Tenn	Member Complaint	Physician is referring patients for imaging services to St. Luke Hospital yet they are billing for the same service as if performed in their office. Provider Relations has confirmed that Provider has no imaging equipment in their office. Data mining has confirmed this is an ongoing pattern. Detailed claims history, exposure amount and full referral pack are	Miri	Wounded Knee	Text Field	Text Field
3	3Q 2012	12368MCO	MM/DD/YY			Email, Data Mining, Phone Call, TennCare, News Media				Text Field	Text Field
4	3Q 2012	12345MCO	MM/DD/YY			Email, Data Mining, Phone Call, TennCare, News Media				Text Field	Text Field
5	3Q 2012	12345MCO	MM/DD/YY			Email, Data Mining, Phone Call, TennCare, News Media				Text Field	Text Field
6											
7	2Q 2012	12345MCO	MM/DD/YY			Email, Data Mining, Phone Call, TennCare, News Media				Text Field	Text Field
8	2Q 2012	12345MCO	MM/DD/YY			Email, Data Mining, Phone Call, TennCare, News Media				Text Field	Text Field
9	2Q 2012	12345MCO	MM/DD/YY			Email, Data Mining, Phone Call, TennCare, News Media				Text Field	Text Field
10											

Ready Average: 41258 Count: 40 Sum: 82516 58%

Quarterly Report: Overpayments Identified



2013 Template for 2 30 14 1 Quarterly Fraud and Abuse Activities Report 03 11 13 [Re... M =

Home Insert Page Layout Formulas Data Review View

Normal Page Layout Full Screen Workbook Views

Ruler Gridlines Message Bar Show/Hide

Formula Bar

Zoom 100% Zoom to Selection

New Window Arrange All Freeze Panes Split Hide Unhide Window

Save Workspace Switch Windows

Macros

Security Warning Automatic update of links has been disabled Options...

	A	B	C	D	E	F	G	H	I	J	K	L	M
	Activity Quarter	MCC Tracking#	First Name	Last Name	NPI	TIN	How was Overpayment Identified	Identified Overpayment Amounts Related to TennCare Services					
1	1Q 2013	12345MCO	Miri	Wounded Knee	Text Field	Text Field	Initial TIP claimed Provider was billing for services referred to another entity and not performed in provider's	\$150,000					
2	1Q 2013	12345MCO		Naperville East Hospital	Text Field	Text Field	Data mining found provider billing for E&M codes along with 946XX. Provider agreed with MCO policy and to refund overpayments	\$68,000					
3													
4	1Q 2013	12345MCO			Text Field	Text Field							
5	1Q 2013	12345MCO											
6	1Q 2013	12345MCO						Currency, no decimal					
7	1Q 2013	12345MCO											
8	1Q 2013	12345MCO											
9	1Q 2013	12345MCO											
10	1Q 2013	12345MCO											
11	1Q 2013	12345MCO											
12	1Q 2013	12345MCO											
13	1Q 2013	12345MCO											
14	1Q 2013	12345MCO											

The Bureau is not looking for overpayments related to administrative errors such as: contract loaded incorrectly, paid wrong provider#, CDB, entered wrong member #, etc... Instead we are focused on overpayments that are the result of FWA.

1 - Summary 2 - TIPS 3 - Audits Performed 4 - Referrals Made 5 - Overpayments Identified 6 - Overpayment

Ready 80%

Quarterly Report: Overpayments Recovered



Security Warning Automatic update of links has been disabled Options...

	A	B	C	D	E	F	G	H	I	J	K	L
	Activity Quarter	MCC Tracking#	First Name	Last Name	NPI	TIN	How was Overpayment Identified	Recovered Overpayment Amounts Related to TennCare Services	Overpayment Collection Method			
1	1Q 2013	12345MCO	Miri	Wounded Knee	Text Field	Text Field	Initial TIP claimed Provider was billing for services referred to another entity and not performed in provider's	\$100,000	Check			
2												
3	1Q 2013	12345MCO			Text Field	Text Field		\$1,000				
4	1Q 2013	12345MCO			Text Field	Text Field		\$2,000				
5	1Q 2013	12345MCO										
6								Currency, no decimal				
7	1Q 2013	12345MCO										
8	1Q 2013	12345MCO										
9	1Q 2013	12345MCO										
10	1Q 2013	12345MCO										
11	1Q 2013	12345MCO										
12	1Q 2013	12345MCO										
13	1Q 2013	12345MCO										
14	1Q 2013	12345MCO										
15	1Q 2013	12345MCO										
16	1Q 2013	12345MCO										
17	1Q 2013	12345MCO										
18	1Q 2013	12345MCO										

TennCare is focused on recoveries related to FWA and not administrative errors. Do not pursue recoveries with providers that are under TBI/MFCU investigation; wait until it has been approved to pursue recoveries.

Ready

Quarterly Report: New PI Actions



2013 Template for 2 30 14 1 Quarterly Fraud and Abuse Activities Report 03 11 13 [Re... M =

Home Insert Page Layout Formulas Data Review View

Normal Page Layout Full Screen Workbook Views

Ruler Gridlines Message Bar Show/Hide

Formula Bar Headings

Zoom 100% Zoom to Selection

New Window Arrange All Freeze Panes Split Hide Unhide Window

Save Workspace Switch Windows

Macros

Security Warning Automatic update of links has been disabled Options...

Print_Area List of Providers with new PI Action

List of Providers with new PI Action							
Four Quarters of Activity Required							
1Q2013	Provider Name	Provider NPI	Provider EIN/TIN	Program Integrity Concern	Type of PI Action	Date PI Action Issued	Date PI Action Ended
MCC Tracking IC	Miri Wounded Knee	Text field	Text field	Billing for services not rendered	Terminated from Network	1/2/2013	
2Q2013							
MCC Tracking IC							

4-Referrals Made 5-Overpayments Identified 6-Overpayments Recovered 7-New PI Actions 8-List

Ready Average: 41276 Count: 27 Sum: 41276 80%

Quarterly Report: List of Involuntary Terms



2013 Template for 2 30 14 1 Quarterly Fraud and Abuse Activities Report 03 11 13 [Re... M

Home Insert Page Layout Formulas Data Review View

Normal Page Layout Full Screen Workbook Views

Ruler Formula Bar Gridlines Headings Message Bar Show/Hide

Zoom 100% Zoom to Selection

New Window Split Arrange All Hide Freeze Panes Unhide Save Workspace Switch Windows

Macros

Security Warning Automatic update of links has been disabled Options...

F30 fx

	C	D	E	F	G	H	I	J	K	L
	Provider EIN/TIN	Termination Type #1 (see the list of codes to be used)	Termination Type #2 (see the list of codes to be used)	Termination Type #3 (see the list of codes to be used)	Description of Termination Concerns	Date of Termination	Notified TennCare (Yes/No)?	Date of Notification to TennCare	Notified HHS-OIG (Yes/No)?	Notified the State Licensing Board
3										
4	Text Field	MT-08			Billing for services not rendered	1/2/2013	Yes	1/2/2013	HHS-OIG	State
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										

6-Overpayments Recovered 7-New PI Actions 8-List of Involuntary Terms 9-List of Recipients Referr

Ready 70%

Quarterly Report: List of Recipients Referred to OIG



The screenshot shows a Microsoft Excel spreadsheet with the following structure:

- Title Bar:** 2013 Template for 2 30 14 1 Quarterly Fraud and Abuse Activities Report 03 11 13 [Re... M =
- View Tab:** Includes options for Workbook Views (Normal, Page Layout, Full Screen), Show/Hide (Ruler, Gridlines, Message Bar, Formula Bar, Headings), Zoom (100%), and Window (New Window, Arrange All, Freeze Panes, etc.).
- Security Warning:** Automatic update of links has been disabled.
- Spreadsheet Content:**
 - Row 1:** Column headers: A, B, C, D, E, F.
 - Row 2:** 1Q 2013
 - Row 3:** Member Name, MCO Member No, Member SSN, Date of Referral, In the recipient an any type of 'lock-in?'
 - Row 4:** Program Integrity Concerns
 - Rows 5-36:** Empty rows for data entry.
- Bottom Bar:** Shows tabs for '7-New PI Actions', '8-List of Involuntary Terms_', '9-List of Recipients Referred', and 'Sheet1'. The status bar indicates 'Ready' and '70%' zoom.

Our Program Integrity Team



- **Dennis J. Garvey, JD**

- Director
- Senior Project Manager: Dena Crim Bost
- Clerical Support

- **Investigations**

- Chief: Dawn Frazier, BSN, CLNC, CPIP
- Currently Seven Investigators

- **Payment Integrity & Data Mining Analytics**

- Chief: Dong Siegel, PhD
- Currently Nine Analysts

History of TennCare Program Integrity



- Tennessee Medicaid became “TennCare” in 1993.
- We were told, “There’s no fraud in Managed Care!”
- One staff member was assigned to Program Integrity, Estate Recovery, Third-Party Liability and Special Projects. For the first ten (10) years of TennCare – that was it!
- Next addition to staff was a Data Analyst in 2003.
- In 2011, OPI staff is comprised of twenty-three (23) staff.

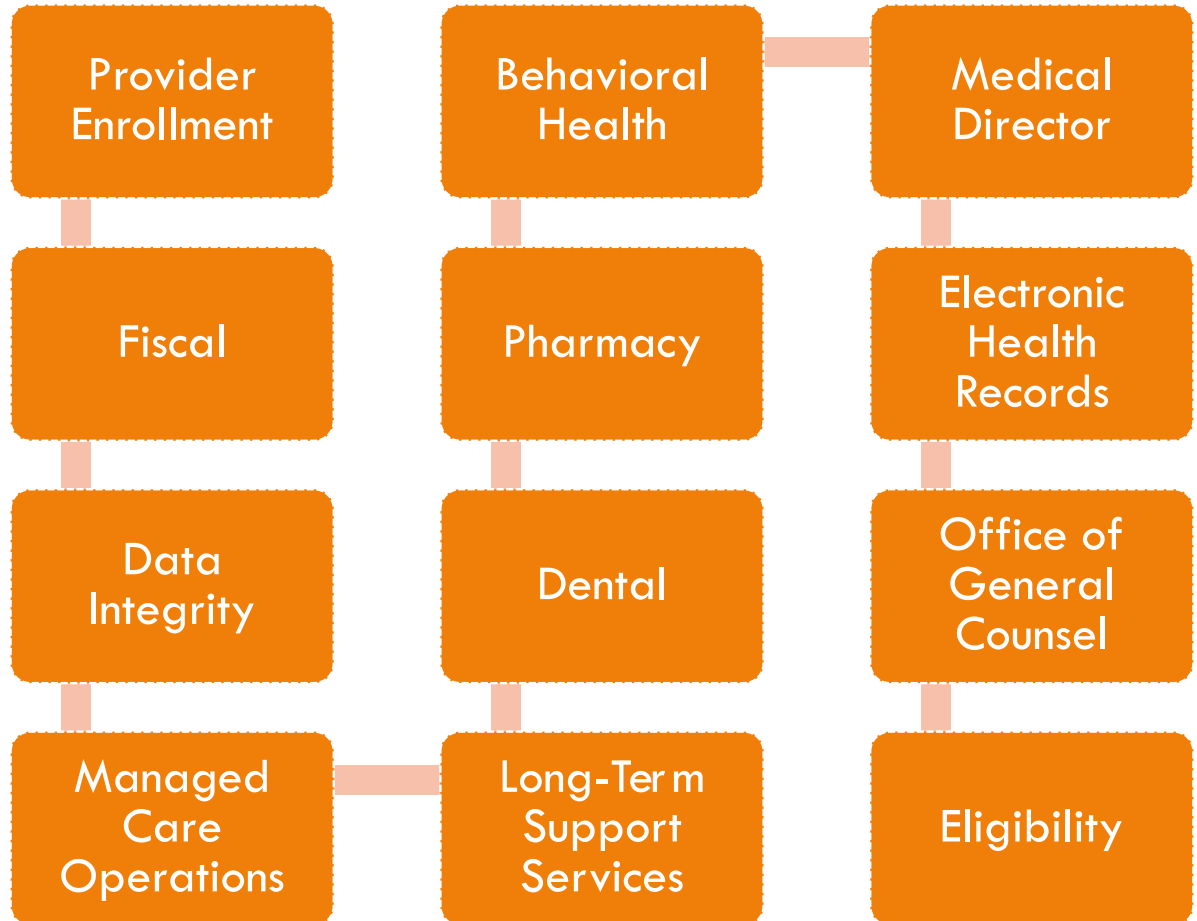
Why are TennCare PI efforts successful today?



- All of our partners (Managed Care Entities or MCE) are interested in making and keeping every dollar that they can.
- TennCare PI is interested in ensuring that all of this is done properly:
 - According to State and Federal law; **and**
 - The terms of each respective contract.



TennCare Internal Partners



Other Program Integrity Efforts



- TBI-MFCU
- Attorney General
- TennCare-Contracted Auditors
- Other State Auditors (Comptroller, DHS, etc.)
- MCC Internal Program Integrity Operations
- MCC-Contracted Program Integrity Operations
- Federal Auditors (Both internal and contracted)

TennCare Data Mining



We have a dedicated staff of data miners. Staff are well-educated, varying in educational levels from that of Ph.D. to Associate's Degree.

Data Mining is performed on Encounter Data both:

- As a matter of Routine, and
- In response to a Tip or Allegation received.

TennCare is the repository of all data involving TennCare expenditures.

Compliance Oversight: TennCare Uses Data



We routinely look at data for:

- Excluded persons
- Deceased enrollees
- Deceased providers
- Credit balances
- LEIE
- EPLS
- MED
- Insuring MCE & Provider Compliance

Ensuring MCE Compliance: Pre- & Post-payment Edits by both MCE and TennCare



- MCE edits:
 - NCCI
 - Benefits (unallowable services)
 - Eligibilities (both ineligible recipients and providers)
 - Billing anomalies (duplicates, incorrect reimbursement rates, etc.)
- Pharmacy Claim edits:
 - Eligibilities (real-time POS edits)
 - Benefits/PDL (reject unallowable prescriptions)
 - NCCI-like edits (duplicate therapy, high doses, drug interactions, etc.)
 - Billing anomalies (duplicates, incorrect fees, early refills, auto-refills, etc.)
- TennCare edits for Encounters and LTC Claims:
 - NCCI
 - Benefits (unallowable services)
 - Billing anomalies (duplicates, incorrect rates, bed-hold days, etc.)
 - Eligibilities (both ineligible recipients and providers; as well as excluded providers)

Domains of Payment Integrity and Data Mining Analytics



- Eligibility related:

- Paris Matching
- High Income Recipients
- Deceased recipients
- Deceased providers

- Exclusion related:

- Monthly MED Matching
- LEIE Matching
- EPLS Matching
- MED and Labor & Workforce Development Matching

Data Mining Analytics: Standard Production Jobs



- Outliers
- Upcoding
- Time Bandit
- Service Profiles
- Unusual Patterns
- Doctor Shopping
- Follow the Money
- Peer Comparisons
- Duplicate Payments
- Inappropriate Code Combinations
- Top Controlled Substance Prescribers

PI Function & MCE Compliance Synergy



- Provider Matches
- Pre- and Post-Edits
- Ensuring that Program Integrity is performed correctly by the MCE

To ensure this is done correctly,
DO IT YOURSELF.

TennCare Program Integrity Investigations



We have two (2) types of employees who perform our investigations:

- Registered Nurses; and
- Certified Coders.

In addition, other educational credentials are held by this staff, such as Certified Fraud Examiner (CFE).

We are also proud to have one of a very few individuals in the nation to have achieved status as a Certified Program Integrity Professional (CPIP).

You need well-trained staff!

What happens next?



- Fully developed cases are presented as Referrals approximately every six (6) weeks simultaneously to both TBI MFCU and the AG's office.
- Once TBI MFCU and/or the AG accept a Referral for prosecution, we no longer have the case.
- If the TBI MFCU and the AG both reject a Referral, we continue to have control of the case.

If TennCare retains ownership of a case...



- We may handle any administrative actions relating to the case, or
- We may choose to return the case to the MCC for any further action; including, but not limited to, recoupment and/or provider education.

Provider Alerts



- Stop the bleeding.
- Cases under investigation by TennCare for Fraud, Waste, and/or Abuse are OFF-LIMITS for any MCC recovery.
- A “Provider Alert” is sent to the MCCs stating that a provider is of interest to TennCare OPI.
- MCCs are permitted to assess their plan’s situation with that provider and take action necessary.

Good PI Essentials



- Data Mining and Analysis
- Data Matching
- Medical Review
- Medical Coding
- Mandatory Full-Time Employees working in PI
- Specified Reporting
- Benefit Reviews and Analysis

Examples of Benefit Limits Set By State



On October 1, certain new benefit limits will be in effect in Tennessee. These benefits were thoroughly researched by TennCare OPI.

Newly limited benefits will include things like:

- TENS Units
- Drug Screens
- Trigger Point & Facet/Medial Branch Block Injections

Just because you are managed care, does NOT mean that you cannot manage benefits for the good of your program.