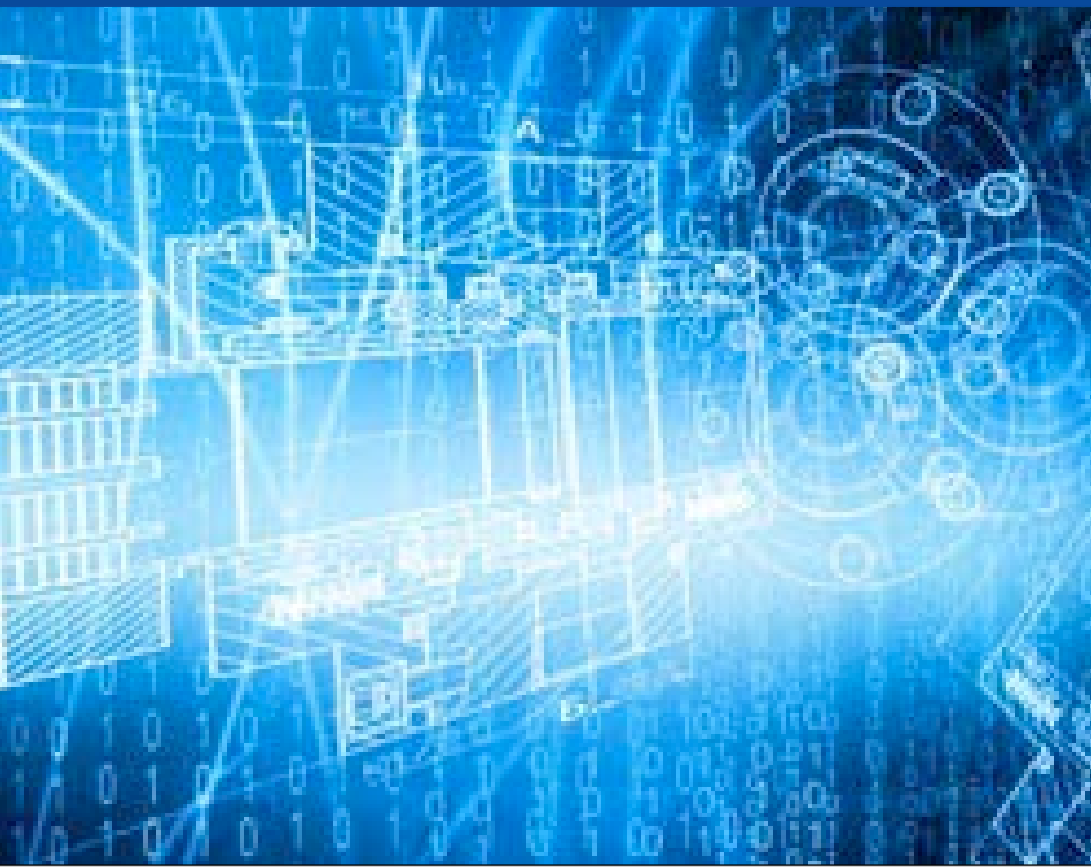# Unified Program Integrity Contractor Strategy
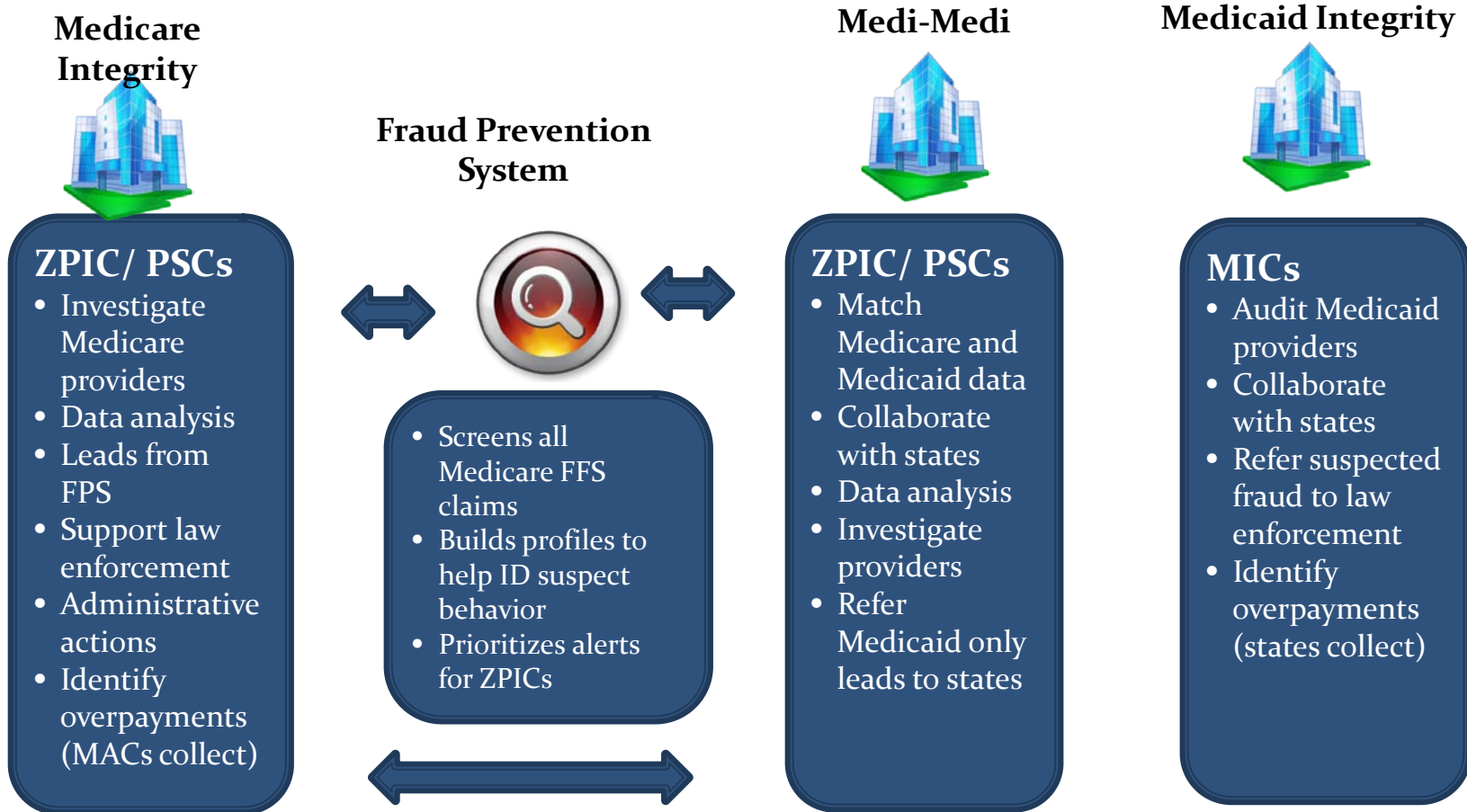
Timothy Hill, Director

Medicare & Medicaid Program Integrity Groups

National Association for Medicaid Program Integrity Annual Conference

August 20, 2013

CPI Current Operations

Audit & Investigation Activities

Medicare Integrity

Fraud Prevention System

Medi-Medi

Medicaid Integrity

ZPIC/ PSCs
- Investigate Medicare providers
- Data analysis
- Leads from FPS
- Support law enforcement
- Administrative actions
- Identify overpayments (MACs collect)

- Screens all Medicare FFS claims
- Builds profiles to help ID suspect behavior
- Prioritizes alerts for ZPICs

ZPIC/ PSCs
- Match Medicare and Medicaid data
- Collaborate with states
- Data analysis
- Investigate providers
- Refer Medicaid only leads to states

MICs
- Audit Medicaid providers
- Collaborate with states
- Refer suspected fraud to law enforcement
- Identify overpayments (states collect)

Goals for Contractor Consolidation

- A holistic and coordinated Medicare/Medicaid program integrity strategy
- Cooperation and communication between regional program integrity contractors to ensure a national approach to providers or trends that cut across regions
- Leverage CPI's centralized tools nationally
- Strengthen CMS national level oversight of contractor work through rapid, accurate flow of information.

Alignment and Focus

- Several regional contractors anticipated
- Each contractor will support Medicare and Medicaid program integrity requirements in designated States.
- The primary function will be to realize and execute the CPI's nationally-set priorities and goals at the local and regional levels

Fundamental Contractor Activities

1. Identify and Prioritize Leads
2. Data Analysis and Managing Leads
3. Conduct Investigations
4. Protect Program Dollars
5. Identify Medicare and Medicaid Overpayments
6. Support to the Administrative Appeals Process
7. Support to CMS
8. Support to Law Enforcement
9. Support to States

Identify and Prioritize Leads

- All activities will be aligned with CMS-determined priorities
- Workload to be categorized in three focus areas
  - CMS-Generated Leads (e.g., FPS, HFPP, etc.)
  - UPIC Self-Developed Leads (based on CMS-approved data analysis plan)
  - Law Enforcement-Generated Leads
- Recommendations of priority areas based on expertise and CMS's overarching principles

Data Analysis and Managing Leads

- Identification of trends and patterns of fraud, waste and abuse across the Medicare and Medicaid programs

- Innovative data analysis and collaboration with CMS, States, and other Contractors

- Analysis of data to identify regional and national trends

Conduct Investigations

- Conduct Medicare and Medicaid investigations to substantiate leads
- Develop processes with each State for investigating issues involving Medicaid
  - Apply individual state policies and procedures
- Conduct reviews to determine whether claims were paid appropriately
  - Includes medical review by appropriate clinical staff

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Protect Program Dollars

- Recommendation of Administrative Actions to CMS and the State Medicaid agency
  - Stop inappropriate payments to providers
  - Remove fraudulent or abusive providers
- For Medicare administrative action referrals made to CMS for a provider that is also enrolled in Medicaid, the Contractor shall notify the State Medicaid agency and vice versa.

Overpayments

- Identify, determine and refer Overpayments made to providers receiving Federal funds under Medicare and Medicaid.

  <u>Medicare</u>: Refer overpayments to the appropriate MAC with supporting information

  <u>Medicaid</u>: Submit an audit report and associated audit findings to the State Medicaid Agency and CMS

Administrative Appeals Support

- Provision of support throughout the Medicare and Medicaid administrative appeals process
  - Medicare: claims referred to the MAC
  - Medicaid: claims referred to the State Medicaid agency
- Includes providing supporting documentation with appropriate reference to statutes, regulations, manuals and instructions

Support to CMS

- Investigation of provider referrals; CMS, State Medicaid Agencies, and Law Enforcement

- Participation in Special Studies; including, fraud issues identified in a CMS Field Office

- Identification and recommendation of program integrity strategies for CMS consideration

- Implementation, management, monitoring and reporting of administrative actions

Support to Law Enforcement

Respond to requests for assistance generated from law enforcement or health care fraud investigative personnel in connection with the investigation of suspected Medicare and/or Medicaid fraud or abuse.

Audit and Investigation Continuum

Audit & Investigation Activities in Unified Contractor Scope
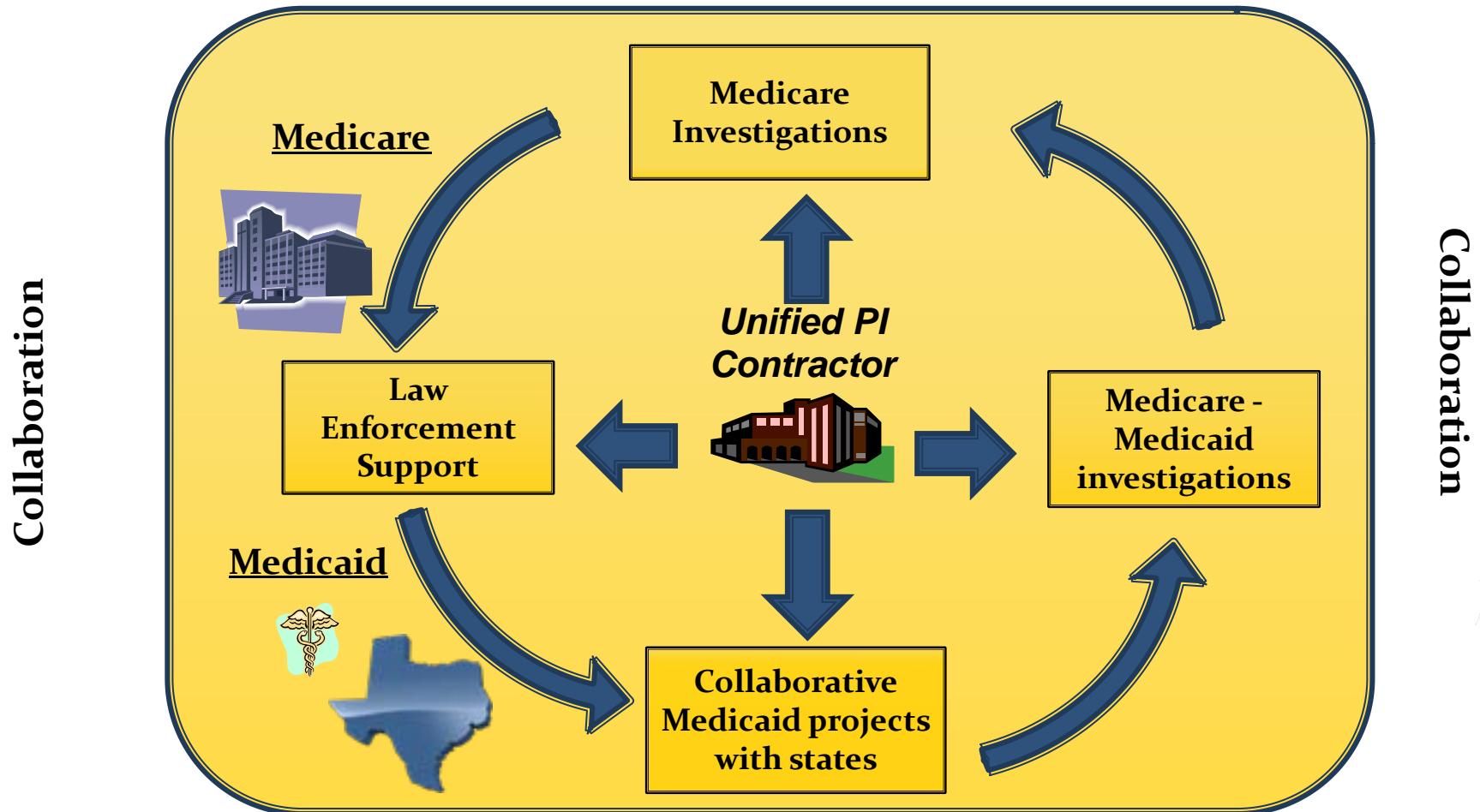
Questions???

- You may send questions regarding the UPIC Strategy to the following email address:

UnifiedContractor@cms.hhs.gov