

Louisiana Medicaid Dental Benefit Program

Coordination of DBP Fraud and Abuse Complaints and Referrals

The following set of policies and procedures has been developed to govern the disposition of fraud and abuse complaints along with the coordination of activities between DHH and Dental Benefit Plan (DBP). Their purpose is to establish policy for coordination and referral of complaints made against healthcare providers providing services under a DBP and members enrolled in a DBP, in accordance with 42 CFR §455.

The Program Integrity Section and Bayou Health will work jointly with the DBP providing services to the Louisiana Medicaid and CHIP populations in order to ensure that all complaints for fraud and abuse are reviewed and investigated in a timely manner and that fraud referrals are made when appropriate. DHH receives fraud and abuse complaints via four main mechanisms:

- The Medicaid fraud hotline toll free number, 1-800-488-2917;
- U.S. mail, Program Integrity Section, P.O. Box 91030, Baton Rouge, LA 70821;
- Fraud reporting fax line 225-219-4155; or
- DHH's website www.dhh.louisiana.gov/offices/?ID=92 and click on the "Report fraud, abuse or complaints" button.

Coordination Involving Fraud and Abuse Complaints Received by DHH

- If DHH receives a complaint about a DBP member's **eligibility** for Medicaid/CHIP, the complaint is referred within three business days to the Medicaid Eligibility Field Operations Section.
- If DHH receives a complaint about a DBP member's **utilization of benefits**, the complaint is referred within three business days to the appropriate DBP.
- If DHH receives a complaint about a provider contracted with DBP, the complaint is referred to Program Integrity and Bayou Health Section for preliminary screening for fraud and abuse and/or referral to the appropriate DBP for action.

Coordination for Fraud and Abuse Complaints Received by DBP

- If the DBP receives a complaint about a member's eligibility for Medicaid/CHIP, the complaint is referred to the Program Integrity Section. The referral is made within three business days.
- If the DBP receives a complaint about a member's utilization of benefits, the complaint is handled internally in accordance with the DBP's fraud and abuse/program integrity plan.
- If the DBP receives a complaint against a health care provider or contractor in its network, the DBP shall investigate in accordance with its fraud and abuse/ program integrity plan.
- The DBP will be required to capture data on complaints they receive and shall send reports to Program Integrity monthly.

Fraud and Abuse Referrals

- If a complaint or the findings of a preliminary investigation give the DBP reason to believe that fraud or abuse of the Medicaid program has occurred, the DBP must report this information to the Program Integrity Section within three (3) business days using one of the four mechanisms described above. Any suspicion or knowledge of fraud and abuse includes, but is not limited to, the false or fraudulent filings of claims and the acceptance or failure to return monies allowed or paid on claims known to be fraudulent, on the part of members, employees, providers, or contractors. The DBP should submit all relevant information about the case, including its findings and the details of its investigation through one of the four mechanisms DHH receives complaints.
- Upon suspicion of Medicaid fraud on the part of a member enrolled in a DBP, the DBP will refer the complaint to the Program Integrity Section within three (3) business days with all supporting evidence.
- Bayou Health will send a copy to Program Integrity of any fraud and abuse reports received from the DBPs within three (3) business days.
- For fraud cases against providers and members either initiated or referred by other Office within DHH, the Office will inform the DBP and Bayou Health when the case results in a criminal conviction, sanction, loss of benefits, and/or exclusion from the Medicaid program.

Excluded Providers

- The Program Integrity Section will update the Health Care Integrity and Protection Databank (HIPDB) to reflect all permissive and mandatory provider exclusions. The DBP shall be required to query the HIPDB for excluded providers. DHH will allow the DBP to become an authorized agent in order for the DBP to gain access to the HIPDB. Information concerning the data bank can be located at: <http://www.npdbhipdb-hrsa.gov/index.jsp>
- DBPs shall also check the Excluded Parties List System (www.EPLS.gov) website and the Office of Inspector General Exclusion Database (<http://exclusions.oig.hhs.gov/search.aspx>) for excluded providers.

Information Sharing

The DBP's Compliance Offer will meet with the DHH Program Integrity Unit and Attorney General's Medicaid Fraud Control Unit (MFCU) on a quarterly basis to exchange information and collaboration on suspected fraud and abuse occurrences. These meetings may take place in person or via teleconference.