

PROGRAM INTEGRITY 101

Program Integrity
Kimberly Sullivan, JD
DHH Deputy General Counsel

PURPOSE

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Assure the Programmatic and Fiscal Integrity of the Louisiana Medical Assistance Program (Medicaid).

In order for DHH to receive the federal share, Federal regulations mandate that DHH perform Program Integrity functions.

Primary Functions

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- Provider Enrollment
- Administrative Sanctions
- Detection
- Investigation
- Enforcement

Statutes, Rules and Policies

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- **MAPIL** La. R.S. 42:437.1, et seq.
- **SURS RULE** Louisiana Register Vol. 38, No. 11, 11/20/2012
- **Federal Laws and Regulations (CFR)**
- **Program Regulations (La. Administrative Code)**
- **Provider Manuals/ Standards for Payments**
- **Letters from the Medicaid Director**
- **Training Manuals**
- **Provider Updates**
- **RA Messages**

General Conditions Of Enrollment

- Your Enrollment in Medicaid is a contractual arrangement.
- By entering into that contract you have agreed to certain conditions.
- The general conditions are contained in the PE-50 Addendum – Provider Agreement.

Questions and Answers

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□ Changes

- You are required to report changes to Provider Enrollment in a timely manner
- Your request must be in writing and signed by the individual provider or the entity's authorized agent.
- Change requests are to be mailed to Provider Enrollment with original signature(s).

□ Changes

- Making changes on the claims forms will not change your information on the Provider file.
- If you have a license, you must also report changes to the Licensing agency as well as Provider Enrollment.

Questions and Answers

- Direct Deposit – Very Important
 - ▣ If you change your Direct Deposit do not close the old bank account until you receive a paper check or payment in the new account.
 - ▣ If you change Direct Deposit it will take about three weeks before it is deposited into your new account.
 - ▣ You will receive payment via paper check for about 2 weeks following the request to change Direct Deposit.

Questions and Answers

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□ Changes

- It takes about three weeks to process a change.
- There are about 30,000 providers enrolled in Medicaid
- Molina Provider Enrollment receives about 2,500 written change requests per month.

Questions and Answers

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□ Closure

- Provider Numbers are routinely closed for various reasons
 - Returned mail
 - 18 months of no claims activity (auto-closure)
 - Provider sanctioned - Exclusions or Licensing issues

Questions and Answers

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- ▣ Do not contact Provider Enrollment for the following:
 - Billing inquires
 - Requests for Billing forms
 - Request for Manuals.

**Contact Provider Relations at
1-800- 473-2783**

Questions and Answers

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- Contacting Provider Enrollment
 - Phone
 - 225-216-6370
 - Mail
 - Molina Provider Enrollment, PO Box 80159, Baton Rouge, LA 70898-0159.
 - Internet
 - www.lamedicaid.com

Administrative Sanctions

Health Care Fraud (a.k.a. Mandatory Exclusion):

Federal Regulations and the SURS Rule prohibit individuals and/or entities that have been excluded from a government funded health program and/or convicted of health care fraud from participating in Medicaid or any other federally funded health care program

Other Crimes and Activities (a.k.a. Permissive Exclusions):

The SURS Rule contains other crimes and activities for which an individual and/or entity may be excluded from Medicaid

Administrative Sanctions

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- State Law now provides that an excluded individual is subject to Felony conviction if that individual continues to participate in the Medical Assistance program.

Administrative Sanctions

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Practice Restrictions

- Under the SURS Rule, if an individual and/or entity has restrictions placed on them by other governing or licensing boards, we will also place those restrictions on the individual and/or entity.

Sanctioned Providers and Individuals

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- Under the SURS Rule, providers have an obligation to make sure that anyone who works for you has not been excluded, convicted and/or restricted.
- Providers should perform background checks on all owners, managers and employees and contact the appropriate licensing boards prior to hire and monthly thereafter.
- All providers should check the following websites at the time of hire and monthly thereafter, to ensure that all owners, managers and employees have not be excluded from participation in any federal healthcare program:
 - OIG website: <http://exclusions.oig.hhs.gov>
 - EPLS website: www.sam.gov
- Failure to do so will result in sanctions, including, but not limited to, recovery, fines and /or exclusion from Medicaid.

Detection

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□ Complaints

- Received via telephone, fax, postal mail or email from website:
<http://new.dhh.louisiana.gov/index.cfm/page/219>
- Received from private citizens, other sections of DHH and other agencies
- Triaged by Complaint Team
- Logged, investigated and tracked to completion

Investigations

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Obtaining Records:

Letter Notification – You copy the records & mail them to DHH

Onsite – We arrive at your facility and copy the records (can be announced or unannounced)

NOTE:

We have an absolute right to copy and review Medicaid recipient records.

We are exempt from HIPAA privacy regulations

We **DO NOT** pay for copies

Investigations

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Investigation Actions:

- No action
- Educational Letter
- Notice of Sanction Letter

Enforcement

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Program Integrity Cases Are Opened When:

- Complaints are received
- Unusual Billing Patterns are Found During Data Mining

Enforcement

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The Review Process

- All relevant laws, regulations, program manuals, written policies, provider updates, RA messages & Medicaid Director Letters are reviewed to determine what is required
- The billing records are compared to the records obtained from the provider

Enforcement

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Primary Violations Found During Program Integrity Reviews:

Undocumented Services

No documentation to support the service billed
if it is not documented, then it was not performed

Altered Documentation

Documentation is not corrected using the legal method

Poor Record Keeping

Records are not in compliance with the Medicaid Program's requirements

Medically Unnecessary Services

Documentation in your record does not support the medical necessity of the service billed

Up-coding

Documentation in your record does not support the level of service billed

Unbundling of Services

The service was billed individually; however, should have been billed in a group

Questions & Answers

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□ **Am I responsible for rules that I do not know about?**

You are responsible for all written laws, regulations and policies that apply to your provider type.

Ignorance of the rules is not a defense in our administrative process.

Questions & Answers

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- **Will you hold me responsible for the actions of my employees?**

Yes. If you are aware of an employee problem, then inform Program Integrity IMMEDIATELY

Questions & Answers

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- **How can I reduce my risk and liability?**
 - Know and follow the rules of the game
 - Make sure your employees know and follow the rules of the game
 - Follow the rules of the program.
 - Audit yourself to make sure you are following the rules of the game
 - Perform background checks on employees