

Opening and Closing the Door to Medicaid

Program Integrity

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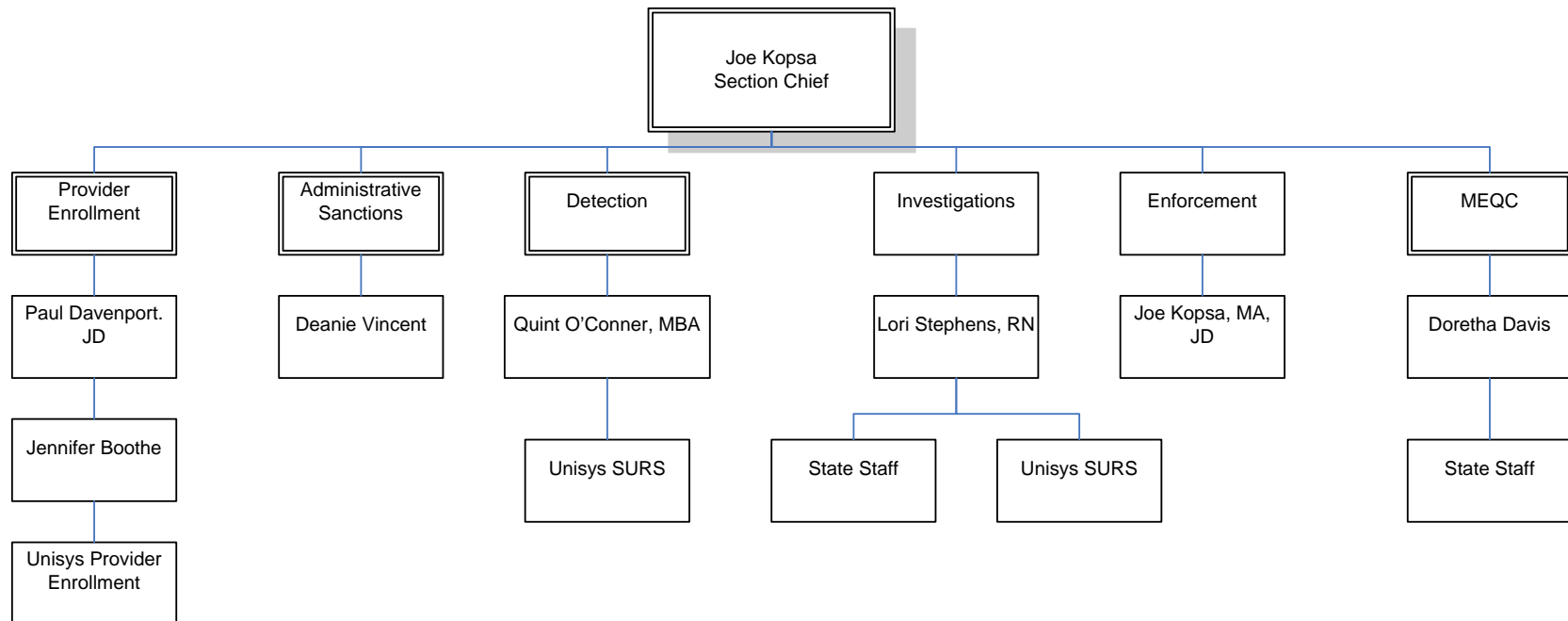
PURPOSE

Assure the Programmatic and Fiscal Integrity of the Louisiana Medical Assistance Program including but not limited to Medicaid.

Primary Functions

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

Organization



Rules of the Game

- MAPIL – Louisiana Statutes 46:437.1-440.3
www.legis.state.la.us/lss/lss.asp?doc=100852
- SURS RULE Louisiana Register Vol. 29m
No.04, April 20, 2003
www.doa.louisiana.gov/osr/reg/0304/0304RUL.pdf
- Federal Laws and Regulations
- Program Regulations
- Provider Manuals/ Standards for Payments
- Letters from the Medicaid Director
- Training Manuals
- Provider Updates
- RA Messages

Deficit Reduction Act of 2005

- Effective July 1, 2007 all new enrollments must have signed original PE-50
- Effective November 1, 2007 providers will be monitored for compliance
- Providers who receive \$5 million or more in Medicaid payments annually must comply with the DRA provision

http://www.cms.hhs.gov/DeficitReductionAct/Downloads/Guide12_11.pdf

Provider Enrollment

1. You must have a separate Medicaid Provider Number for each Provider Type
2. Each Provider Type has a separate Provider Enrollment Packet
3. Each Provider Type has special conditions of Enrollment
4. All Provider Types have the same general conditions of Enrollment

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.

PE-50-Addendum

PE-50 ADDENDUM – PROVIDER AGREEMENT

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Provider Number (7 digits)

Leave Blank if Applying for New Number

Provider Name _____

I, the undersigned, certify and agree to the following:

Enrollment in Louisiana Medicaid

1. I have read the contents of this Louisiana Medical Assistance Program Enrollment Packet and the information supplied herein is true, correct and complete;
2. I understand that it is my responsibility to ensure that all information is kept up to date on the Louisiana Medicaid Provider File;
3. I understand that failure to maintain current information may result in payments being delayed or closure of my Medicaid provider number;
4. I understand that if my number is closed due to inaccurate information, I will have to complete a new enrollment packet in its entirety to reactivate my provider number;

Providing Services to Louisiana Medicaid Recipients

5. I agree to abide by Federal and State Medicaid laws, regulations and program instructions that are applicable to the provider type for which I am enrolled. I understand that the payment of a claim by Medicaid is conditioned upon the claim and the underlying transaction complying with such laws, regulations, and program instructions;
6. I agree to conduct my activities/actions in accordance with the Medical Assistance Program Integrity Law (MAPIL) Louisiana R.S. Title 46, Chapter 3, Part VI-A, as required to protect the fiscal and programmatic integrity of the medical assistance programs;
7. I understand that services and/or supplies provided by me must be medically necessary and medically appropriate for each individual patient based on needs presented on the date of service that the service is provided and/or delivered;
8. I agree to charge no more for services to eligible recipients than is charged on the average for similar services to others;
9. I understand that as the provider I am held responsible for any and all claims submitted under any Louisiana Medicaid provider number issued to me;
10. I agree to maintain all records necessary for full disclosure of services provided to individuals under the program and to furnish information regarding those records as well as payments claimed/received for providing such services that the agency, the DHH Secretary, the Louisiana Attorney General, or the Medicaid Fraud Control Unit may request for five years from the date of service;
11. I agree to participate as a provider of medical services and shall bill Medicaid for all covered services performed on behalf of an eligible individual who has been accepted by me as a Medicaid patient. I agree to accept a client's Medicaid card as payment in full for covered services rendered. I agree to bill Medicaid for all services covered by Medicaid that will be provided to eligible Medicaid clients;
12. I agree to accept Medicaid payment for covered services as payment in full and not seek additional payment from any recipient for any unpaid portion of a bill, with the exception of state-funded spend-down Medically Needy recipients as indicated by the agency's form 110-MNP or any recipient co-payments as established by the DHH;
13. I agree to adhere to the published regulations of the DHH Secretary and the Bureau of Health Services Financing, including, but not limited to, those rules regarding recoupment and disclosure requirements as specified in 42 CFR 455, Subpart B;
14. I agree to adhere to the federal Health Insurance Portability and Accountability Act (HIPAA) and all applicable HIPAA regulations issued by the federal Department of Health and Human Services, including, but not limited to, the requirements and obligations imposed by those regulations regarding the conduct of electronic health care transactions and the protection of the privacy and security of individual health information and any additional regulatory requirements imposed under HIPAA;

— continued —

PE-50 Addendum Continued

15. I understand the Louisiana Medicaid Program must comply with DHHS regulations promulgated under Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; and the American Disabilities Act of 1990 which require that:

- No person in the United States shall be excluded from participation in, denied the benefits of, or subjected to discrimination on the basis of age, color, handicap, national origin, race or sex under any program or activity receiving Federal financial assistance.

Under these requirements, Louisiana's Department of Health and Hospitals, Bureau of Health Services Financing cannot pay for medical care or services unless such care and services are provided without discrimination based on age, color, handicap, national origin, race or sex. Written complaints of non-compliance should be directed to Secretary, Department of Health and Hospitals, PO Box 91030, Baton Rouge, LA 70821-9030 or DHHS Secretary, Washington, DC or both.

Medicaid Direct Deposit (EFT) Authorization Agreement

16. I have reviewed the Medicaid Direct Deposit (EFT) Authorization Agreement and the Medicaid Provider Requirements and Conditions as listed below and agree to this agreement:

- I/We understand that payment and satisfaction of any claims will be from Federal and State Funds, and any false claims, statements or documents, or concealment of a material fact, may be prosecuted under applicable Federal and State laws.
- I/We understand that DHH may revoke this authorization at any time.
- I/We hereby authorize the Louisiana Department of Health and Hospitals to present credit entries into the account referenced above and depository named above. These credits will pertain only to direct deposit transfer payments that the payee has rendered for Medicaid services.
- I/We certify that if a Board of Directors' approval was necessary to enter into this agreement, that approval has been obtained and the signature(s) below is authorized by the stated Board of Directors to enter into or change this agreement.
- I/We agree to notify the Provider Enrollment Unit if changing financial institutions or accounts. I/We further understand that the maintenance of account information on the Louisiana Medicaid files is the provider's responsibility and failure to notify the Provider Enrollment Unit as noted may result in Medicaid payments being electronically transmitted to incorrect accounts. I understand that such changes may not be able to be accommodated if less than 15 business days notice is given.

Certification of Claims (Paper & Electronic)

17. I certify that all claims provided to Louisiana Medicaid recipients will be necessary, medically needed and will be rendered by me or under my personal supervision;
18. I understand that all claims submitted to Louisiana Medicaid will be paid and satisfied from federal and state funds, and that any falsification or concealment of a material fact, may be prosecuted under Federal and State laws;
19. I attest that all claims submitted under the conditions of this Agreement are certified to be true, accurate, and complete.

Print Name of Provider or Authorized Agent

Title / Position

Signature of Provider or Authorized Agent
(stamps, initials not acceptable)

Date of Signature

Provider File Information

- Changes

- You are required to report changes to Provider Enrollment in a timely manner
- It must be in writing and signed by the entity's authorized agent. If it is an individual it must be signed by that individual. No phone calls or faxes are allowed.

Provider File Information

- Changes

- All changes must come through Provider Enrollment. Making changes on the claim 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.

Provider File Information

- Direct Deposit

- If you change your Direct Deposit, do not close the old bank account until you receive payment in the new one.
- If you change Direct Deposit, it will take about three weeks before the funds are deposited into your new account.
- You will also receive payment via paper check for about 2 weeks following the request to change Direct Deposit.

Provider File Information

- Changes

- It takes about three weeks to process a change.
- Pre-Katrina/Rita we had about 30,000 providers on file.
- Post-Katrina/Rita we have about 46,000 providers on file.
- Unisys Provider Enrollment receives about 2,500 telephone inquiries per month and about 2,500 written requests per month.

Provider File Information

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

Questions and Answers

- **Contacting Provider Enrollment**
 - Do not contact Provider Enrollment for the following:
 - If you receive a letter with the Unisys logo, please do not call Provider Enrollment to verify the contents of the letter.
 - Provider Enrollment does not answer billing inquiries, send out billing forms, or provide manuals.

Questions and Answers

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

Provider Enrollment On-Line (e-PE)

- Enrollment packets on line
 - We now offer downloadable Provider Enrollment Packets and other forms online.
 - Please refer to the Provider Enrollment link on Lamedicaid.com home page for current developments.

National Provider Identification Number

- HIPAA NPI
 - Have you determined if you need one?
 - If you do, have you applied?

Administrative Sanctions

- Excluded and/or Restricted
- Health Care Fraud (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

Administrative Sanctions

- Other crimes and activities (Permissive Exclusions)
 - The SURS Rule contains other crimes and activities for which an individual and/or entity may be excluded from Medicaid.

Administrative Sanctions

- Practice Restrictions
 - Under the SURS Rule, if an individual and/or entity has restrictions placed on them, we will also place those restrictions on the individual and/or entity.
- Program Integrity performs the Administrative Sanction function through written notice of Sanction

Sanctioned Providers and Individuals

- Under the SURS Rule, you have an obligation to make sure that anyone who works for you has not been excluded, convicted or restricted.
- Failure to do so will result in your being sanctioned and subject to recovery, fines and possible exclusion from Medicaid

Administrative Sanctions

- Background Checks

- In order to avoid this problem, providers should and are often required to perform background checks on all owners, managers and employees.
- OIG website
<http://exclusions.oig.hhs.gov/search.aspx>
- You should also check with licensing boards
- I would suggest that you ask these questions at time of hire and periodically thereafter.

Detection

- J-SURS Team
 - You bill us and we pay using the MMIS system
 - A monthly data dump of the claims processing system information is put into the J-SURS relational data base
 - My J-SURS team then does data mining of the J-SURS data base

Detection

- Complaints

- Via telephone, email and paper
- From private citizens, other parts of DHH and other agencies
- Fraud and Abuse Hotline (800-488-2917)****
- Louisiana DHH website****
www.dhh.la.gov.com
- Processed
http://www.cms.hhs.gov/DeficitReductionAct/Downloads/Guide12_11.pdf
- Triageed by Complaint Team
- Computerized matching and data mining

***** These items not listed on handouts*****

Investigations

- Case openings
 - Data Detection
 - Complaints
 - Case Direction

Investigations

- Self-Audit
 - Notice sent requesting Provider to review a particular billing issue
- Project cases
 - Notice sent requesting Provider to copy specific recipient records for a specific period. Investigation generally involves one or more particular billing issues
- Full Review
 - Notice sent or we show up to copy records on specific recipients for a given time period. All billing for that period is reviewed.

Investigations

- Specific Complaint
 - The records related to the specific complaint are obtained
- Special investigations
 - Recipient records are reviewed for a given time period on specifically selected billing issues.

Investigations

- Obtaining Records
 - From Provider
 - You copy
 - We come and get
 - We have an absolute right to your records that relate to our Medicaid recipients
 - From our System
 - We obtain Recipient and Provider billing histories from the MMIS System and other Systems under DHH control

Investigations

- The review process
 - All relevant laws, regulations, program manuals, written policies, provider updates, RA messages and Medicaid Director Letters are reviewed to determine what is required.
 - The billing records are compared to the records obtained from the Provider.
 - Which is then compared to what is required.

Investigations

- Review Process Continued
 - A summary is then prepared
 - From the summary a determination is made as to what action is to be taken
 - Action to be taken
 - No action
 - Preparation of Notice to Provider

Investigations

- Qualifications of Reviewers
 - Most are RNs or Dental Hygienists
 - All Medical and/or Professional questions are reviewed by the appropriate Medical or Professional consultant
 - We consult with the appropriate DHH Program Manager

Enforcement

- Notice of Sanction Letter
 - Notice of Sanction Letter is sent to the Provider
 - This will contain an explanation of what we feel you did incorrectly and inform you of the action that we are recommending.
 - Your Options
 - Accept what we find and recommend
 - Request an Informal Hearing and/or Appeal

Enforcement

- Accept
 - Call the person who is listed in the Sanction Notice and they will instruct you what to do.
- Request Informal Hearing
 - Make your request in writing to the address provided in the letter.

Enforcement

- Recommendations in the Notice
 - The recommended actions in a Notice of Sanction Letter are not implemented until the administrative process is completed
- Notice of Withhold
 - This Notice is effective immediately and will result in all your payments being held
- Notice of Suspension from Medicaid
 - This Notice will result in your being removed as a Medicaid provider immediately

Enforcement

- Informal Hearing

- Generally conducted by the Manager of Program Integrity
- The reviewers are presented with the information and records they reviewed
- It is your opportunity to ask questions and present your side of the story
- It is not a Court proceeding or inquisition but rather a discussion
- You have the option of representing yourself or you can also bring an attorney

Enforcement

- Notice of the Results of the Informal
 - You will receive written notice of the results of the Informal Hearing which will contain the recommended action to be taken
- Appeal Rights
 - Accept
 - End of Administrative process and recommended action will be implemented
 - Appeal to DHH Bureau of Appeals
 - Administrative process is still pending and recommended actions are not implemented

Contacts

- All Notices have the contact Information in the body of the Notice
 - Phone
 - The name and telephone number of the analyst is in the letter. Generally in the second to the last paragraph
 - Mail
 - The Address is also generally in the second to last paragraph
 - Do not contact the person who signed the Notice or mail anything to the address in the footer of the Notice

Questions & Answers

- **What are the primary violations that you find?**
 - Undocumented
 - No documentation to support the service billed for
 - If it is not documented, it was not done
 - Medical Necessity
 - Documentation in your record does not support the medical necessity of the service billed for
 - Record Keeping
 - Records are not in compliance with the Medicaid Program's requirements
 - Up-coding
 - Documentation in your record does not support the level of service you billed for
 - Unbundling of Services
 - The service you billed individually should have been billed in a group

Questions & Answer

- What are you going to do to me if I do not give you what you ask for?
 - Issue a letter to hold your payments until you do.
- If I ignore you will you go away?
 - Short answer is **NO**.

Questions & Answers

- Am I responsible for rules that I do not know about?
 - Short answer is Yes. You are responsible for all written laws, regulations and policies that apply to your provider type. Ignorance of them is not a defense in our administrative process.

Questions & Answers

- Will you hold me responsible for the actions of my employees?
 - Short answer is Yes. And if you are aware of a problem, you should inform us of the problem.

Questions & Answers

- How can I reduce my risk and liability?
 - Read MAPIL and the SURS Rule
 - Know the rules of the game
 - Make sure your employees know the rules of the game
 - Follow the rules of the game
 - Audit yourself to make sure you are following the rules of the game

Questions & Answers

**Your turn to
ask me**