Program Integrity in State Medicaid: Best Practices for Coordination between the Compliance Officer and the State Medicaid Inspector General

Healthcare Enforcement Compliance Institute 2017

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Introductions

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CountyCare Health Plan
What We’ll Cover

- Overview of the Illinois Medicaid Program
  - Role of the Inspector General’s Office
- CCHHS & CountyCare Compliance Programs
- Coordination and Collaboration
- Trends and Priority Areas for 2017-18
- Program Integrity Resources

Medicaid in the State of Illinois & Program Integrity
Medicaid Program in Illinois

- Approximately $20.0b program
- 3.1 million lives
- 65-67% managed care

Role of Inspector General

- “to prevent, detect and eliminate fraud, waste, abuse, mismanagement and misconduct in the Illinois Medical Assistance Program...”
- Jurisdiction over 3 state agencies
- Audits, peer reviews, advanced data mining, LTC-ADI investigations, administrative sanctions
- Recoupment, cost savings and cost avoidance of $220.4m in FY 2016
CCHHS Compliance Program

CountyCare Compliance Program
Effective Collaboration in Managed Care Oversight

- Ensure Collaboration between Law Enforcement Partners
- Ensure Quality FWA Reporting and Referrals
- Ensure Quality Investigations and Audits
Monthly Task Force Meetings

- Review of MCO Program Integrity Activities & FWA work plan
- Review MCO investigations, data analysis, & adverse actions taken by the MCO
- Opportunity for ongoing guidance
- Identification of high risk areas
- Ensure quality investigations & referrals

Ensure Quality & Uniform Reporting

Ensure Consistent Reporting Requirements
- New Program Integrity Activities
- Adverse Actions
- Tips
- Preliminary Investigations
- Full Investigations/ Referrals
- Audits Initiated & Completed
- Overpayments Identified/ Recovered
- Outliers
- Lock In Program
Comprehensive Referrals from MCO

- Provider Information, including name, NPI and any other known ID #
- Contract(s) with MCO
- Credentialing Information
- Disclosure(s)
- Provider Education; including that specific to activity under review
- Fee Schedule
- Audits/Communication
- Medical records and all supporting documentation
- Information on Pre-pay; including Reason(s), Status and History
- MCO Policy violation
- Relevant regulations and laws
- Provider participation history & status
- Records reviewed
- MCO Coders Report
- Other pertinent Information

What the OIG wants from the MCOs

Qualified Staff
- Auditors
- Investigators
- Data Analysts
- Medical Coders
- Healthcare Professionals

Data Analytics
- Data Mining
- Data Detection
- Systematic review

Prevention
- Provider Screening and Monitoring
- Pre-Payment Edits
- Pre-payment Audits

Member Fraud
- Prevention & Criminal Investigations
- Recipient Lock-in
- Benefit Reviews and Analysis

Provider Fraud
- Investigations & recoupments
- Medical Reviews
- Medical coding
Trends and Priority Areas related to Program Integrity for 2017-18

- OIG
- CountyCare Health Plan
- Cook County Health and Hospitals System

Resources related to Program Integrity

- HFPP (Healthcare Fraud Prevention Partnership)
  - https://hfpp.cms.gov/
- NAMPI (National Association for Medicaid Program Integrity)
  - https://nampi.net/
- MAIA (Midwest Anti-Fraud Insurance Association)
- PLATO (Predictive Learning Analytics Tracking Outcome)
- NHCAA (National Health Care Anti-Fraud Association)
  - https://www.nhcaa.org/
- AHLA (American Health Lawyers Association)
  - https://www.healthlawyers.org/Pages/home.aspx
Questions?

Thank You!

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