

***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

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- ▶ 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

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Medicaid Program in Illinois

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

Role of Inspector General

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- ▶ "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

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CountyCare Compliance Program

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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

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- ▶ 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

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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



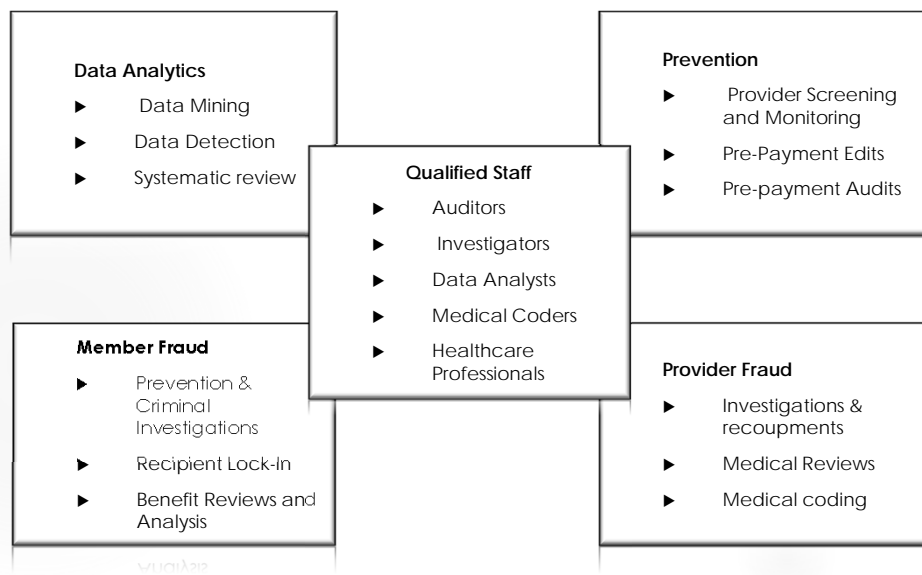
Comprehensive Referrals from MCO

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- ▶ 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

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Trends and Priority Areas related to Program Integrity for 2017-18

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

Resources related to Program Integrity

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- ▶ **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)
 - ▶ <http://www.healthintegrity.org/products/PLATO/index.html>
- ▶ **NHCAA** (National Health Care Anti-Fraud Association)
 - ▶ <https://www.nhcaa.org/>
- ▶ **AHLA** (American Health Lawyers Association)
 - ▶ <https://www.healthlawyers.org/Pages/home.aspx>

Questions?

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Thank You!

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& HOSPITALS SYSTEM
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