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

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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 $20.0 billion 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, ADL investigations, administrative sanctions
- Recoupment, cost savings and cost avoidance of $220.4 million in FY 2016
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
- Audit/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

- Data Analytics
  - Data Mining
  - Data Detection
  - Systematic review

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

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

- Provider Fraud
  - Investigative Services
  - Medical Reviews
  - Medical Coding

- Directional Head
  - Prevention & Criminal Investigations
  - Management of
  - Benefit Review and Analysis

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

- OIG
- CountyCare Health Plan
- Cook County Health and Hospitals System
<table>
<thead>
<tr>
<th>Resources related to Program Integrity</th>
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<tbody>
<tr>
<td><strong>HFPP</strong> (Healthcare Fraud Prevention Partnership)</td>
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<tr>
<td><a href="https://hfpp.cms.gov/">https://hfpp.cms.gov/</a></td>
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<td><strong>NAMPI</strong> (National Association for Medicaid Program Integrity)</td>
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<td><a href="https://nampi.net/">https://nampi.net/</a></td>
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<td><strong>MAIA</strong> (Midwest Anti-Fraud Insurance Association)</td>
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<td><strong>PLATO</strong> (Predictive Learning Analytics Tracking Outcome)</td>
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<tr>
<td><strong>NHCAA</strong> (National Health Care Anti-Fraud Association)</td>
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<td><a href="https://www.nhcaa.org/">https://www.nhcaa.org/</a></td>
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<tr>
<td><strong>AHLA</strong> (American Health Lawyers Association)</td>
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<td><a href="https://www.healthlawyers.org/Pages/home.aspx">https://www.healthlawyers.org/Pages/home.aspx</a></td>
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### Questions?

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### Thank You!

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