

# Building a Strong FWA Compliance Program With a Small Team

---

HCCA 2024 Managed Care Compliance Conference  
January 29, 2024



# Your Speakers

---



**Jala Attia, AHFI, CFE, CHC**

President and Founder, Integrity Advantage



**Britton Whitbeck, JD**

Vice President and Medicare Compliance Officer, Essence



# About Integrity Advantage

- > Our *niche* is healthcare fraud, waste and abuse (FWA) and Special Investigations Unit (SIU) program support for *small – midsized payers*
- > Our team has *decades* of experience in healthcare fraud, waste and abuse with state, payers and vendors
- > Provide services ranging from consulting and program assessments to *fully outsourced Special Investigations Unit (SIU)* and customized training
- > *Highly skilled staff* including Accredited Healthcare Fraud Investigators (AHFI), Certified Fraud Examiners (CFE), Certified Professional Coders (CPC) and Certified in Healthcare Compliance (CHC), Pharmacy Technician (CPhT), Registered Nurses (RN), Statistician (GStat)
- > Diversity Certifications – *WBE* (Women's Business Enterprise) and *EDWOSB* (Economically Disadvantaged Woman Owned Small Business)



# Essence Healthcare

---

- Essence Healthcare provides over 62,000 people with affordable, comprehensive Medicare Advantage plans that focus on wellness, care coordination, and personal service. Essence Medicare Advantage plans offer complete hospital, medical and prescription drug coverage, and include extra benefits not covered under traditional Medicare.
- Powered by Lumeris, the nation's leading population health services and technology company, Essence is earning national recognition for its commitment to service and quality. For three years (2022–2024) in a row, Essence has received Medicare's highest Overall Plan Rating of 5-out-of-5-stars.
- Essence HMO and PPO plan options are available in Missouri, Illinois, Arkansas, Ohio, Kentucky, and Indiana for the 2024 plan year.



# Disclaimer

Views expressed during this presentation are those of the presenters and do not reflect the official position of any other organization, agency, or company.



# Today's Agenda

- The Tie Between Compliance and FWA
- Program Maturity and Mt. Everest
- 5 Steps to Building Your FWA Program
- Wrap Up
- Q&A



# Lay of the Land

# Elements of Compliance Program

---

- #1: Implement written policies, procedures, & standards of conduct
- #2: Designate a compliance officer & compliance committee
- #3: Conduct effective training & education
- #4: Develop effective lines of communication
- #5: Conduct internal monitoring & auditing
- #6: Enforce standards through well-publicized disciplinary guidelines
- #7: Respond promptly to detected offenses & undertake corrective action



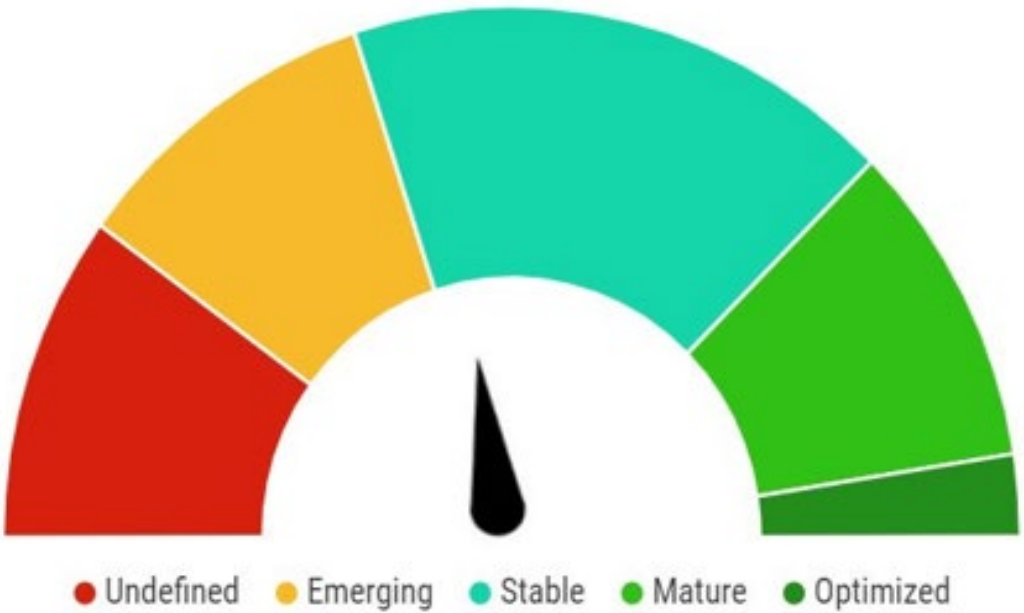


# FWA & Compliance are **Intertwined**

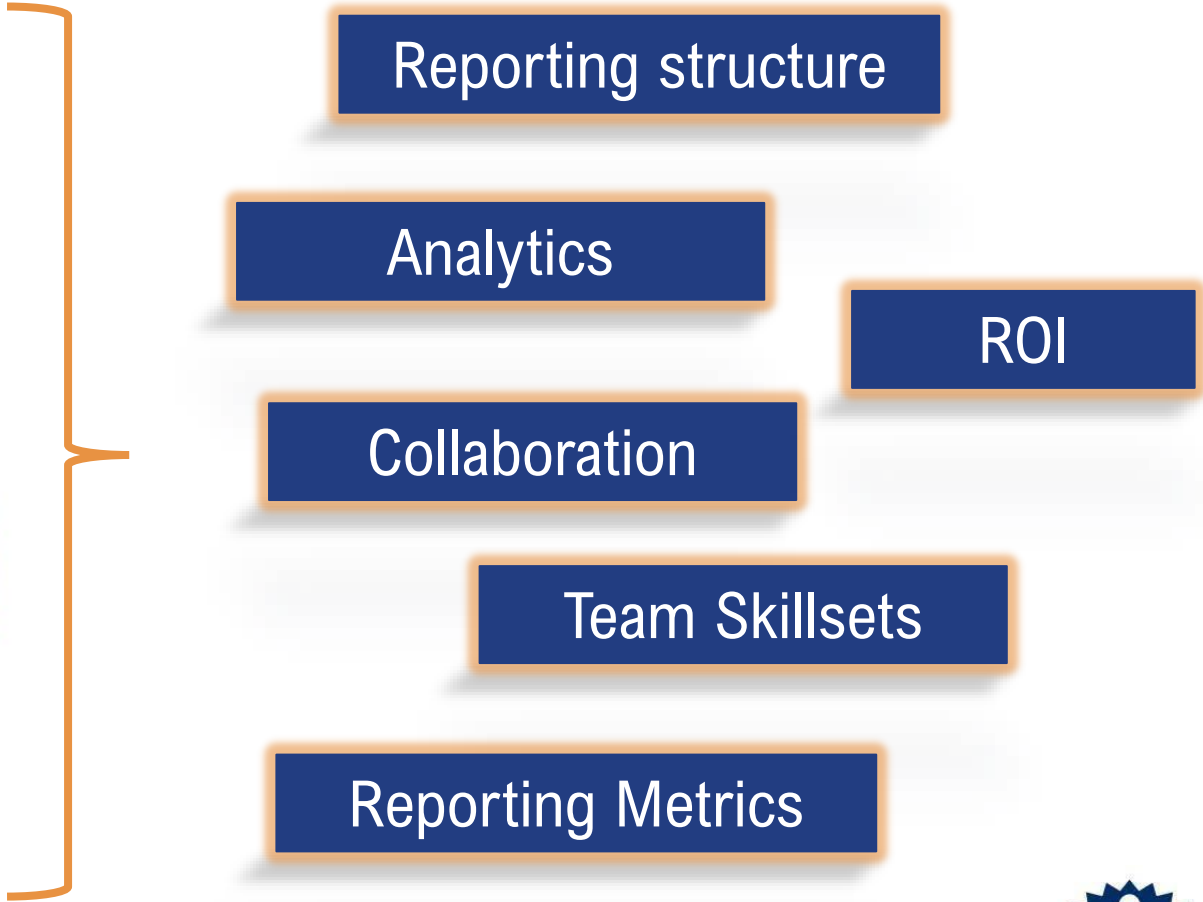
---

- ✓ Compliance requirement to have an FWA program
- ✓ Organizational view of compliance FWA v. claim view
- ✓ Provider compliance component
- ✓ Vendor oversight of delegated entities (e.g., UM, Claims)
- ✓ Risk Adjustment
- ✓ Internal considerations

# Many Factors Impact Program Maturity



© Integrity Advantage



**SUMMIT** →

**Interdepartmental Collaboration**

(Medical Policy, Provider Contracts and Provider Manual)

**FWA Committee**

**Education / Certifications**

**Proactive Cases**

**Annual Workplan**

**Case Management**

**Organizational Buy In**

**Vendor Oversight**

**Risk Assessment**

**Data Analytics**

**ROI**

**SIU P&P**

**Dedicated Staff**

**Reactive Cases**

**BASE CAMP** →

**FWA Policy**

**Hotline**

**FWA Training**

**Shared Staff**



# Pain Points & the 5B's You Need

---

- ✓ **Buy-In:** Can't do it alone – it takes a village
- ✓ **Budget:** Impact on staffing and program growth
- ✓ **Backing:** Authority across the organization for FWA initiatives
- ✓ **Brainpower:** Skillsets needed
- ✓ **Backlog:** Investigative process can take time



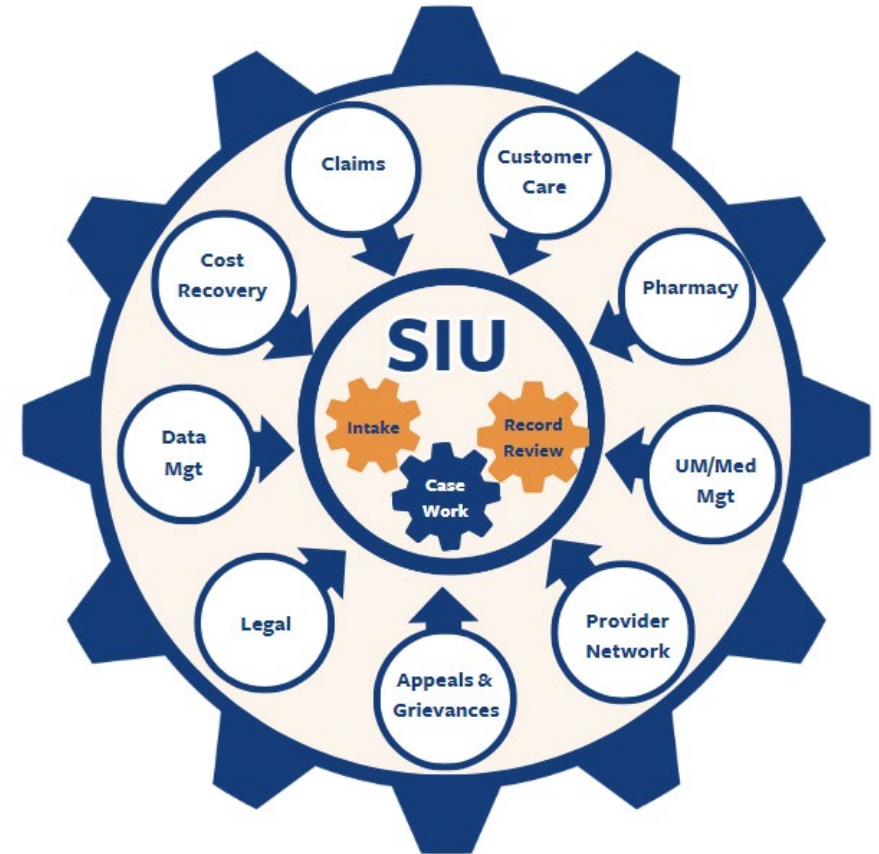
# WHERE TO START ?



# Laying the Foundation: What is Your Organizational Profile?

# Organizational Considerations

- ✓ What is your organizational objective?
- ✓ Do you have buy-in?
- ✓ Understanding contracts / network implications
- ✓ Knowing about other payment integrity components within your plan





# What is your **risk** profile?

---

Well, that depends on.....

- ✓ Lines of business
- ✓ Benefit design
- ✓ Networks & contracts
- ✓ Medical policies
- ✓ Geographic footprint
- ✓ Regulatory framework
- ✓ Aggressiveness





# Approaches to Aggressiveness



## Light Touch

Not a lot of risk  
or no appetite to  
be aggressive  
(e.g., PCP PAR)



## Happy Medium

Collaborative  
payer trying to  
make sure  
payments are  
appropriate



## Aggressive

Very little room  
for error  
(e.g., not signing  
med records)



# Understand Resources at Your Disposal

---

- Internal teams: Customer service, grievance teams, medical management, etc.
- Credentialing, quality of care, provider's medical cost compared to peers
- Hotline (basecamp)
- Relationship with clinical teams that work with the providers
- Technology, case management, query capabilities
- Business Intel and customized reporting
- Websites/external resources
- Topics discussed at conferences, workgroups, etc.
- CMS HPMS Memos, HFPP, OIG workplan and other notifications
- There are so many!





# Perform an FWA Risk Assessment

# What's an FWA Risk Assessment?

A fraud, waste and abuse risk assessment is an **inventory and analysis of potential FWA risks**. It's used to develop an annual work plan, help organizations **apply resources to high priority risks**, and schedule **FWA projects** throughout the year.

## Risk Assessment Considerations

- ✓ Content and sources?
- ✓ Audience or stakeholders?
- ✓ Who approves the assessment?
- ✓ How often?
- ✓ Minimum amount of info to include?
- ✓ Formatting?

Identified Risk	Description	Source	Code Ranges	Plan Exposure	Work Group Priority	Notes	Plan Response
Opioid Prescribing and Monitoring	Review of prescribing behavior of providers, as well as concerning beneficiary behavior, support of a lock in program	Integrity Advantage	Schedule II controlled substances	\$ 1,698,828.17	High	monitor quarterly through HPMS Memos and Pharmacy collaboration	Monitor quarterly with the Pharmacy Team
DRG Analysis	Major Complications and Comorbidities (MCC) and CC DRG with short length of stay, COVID-19, inappropriate dx, Sepsis, Inpatient Claims, Mechanical Ventilation	Integrity Advantage	DRG Analysis		High	Building out parameters in COVID Dashboard and making a priority in 2022	Formal review in Q1
Genetic Testing & COVID* (exposure only includes the test)	Genetic testing is very expensive and often abused. Excessive billing of genetic testing may be indicative of medically unnecessary services, particularly for the Medicare population.	Integrity Advantage	CPT codes 81105-81599	\$ 2,688,486.52	High	New - Will add to the Dashboard and will evaluate if there is a risk	Formal review in Q1
Ophthalmology: Cataract surgery	Bill for second cataract surgery on the same eye; upcoding - disproportionately more claims for complex than standard cataract surgery; Administration of Lucentis injections for wet AMD more than once every 28 days as per the local coverage determinations	Integrity Advantage	66982, 66983, 66984, and 67028 CPT codes 87631-87633, 87999, 95004-95071	\$ 6,633,654.72	High	partner w/Rx on the drugs being used and frequency Will monitor through the COVID Dashboard - same claim w/the covid lab test cost removed	Formal review in Q2
COVID-19 and Lab Tests	A known FWA issue associated with COVID-19 testing is the addition of expensive and/or unnecessary add-on tests for respiratory pathogen panels, allergy tests and genetic tests	OIG Work Plan 2020	81105-81599	\$ 9,808.27	High		Formal review in Q2
COVID -19 Emergency Dept, Professional Services	Cursorry data analysis of ED professional services (CPT 99283-99285) reflected disproportionate use of the highest level, CPT 99285 (77%)	OIG Work Plan 2021	CPT codes 99283-99285 JH-107.1 in diagnosis	99283: \$43,657.21	High	Added to COVID Dashboard - will continue to monitor	Formal review in Q3
Payments for Joint Injections	Recent reviews conducted by HHS OIG found that patients receiving excessive injections showed little evidence that the injections were effective or resulted in pain relief for the patient. Validate the provider's records reflect the services billed (correct CPT code and modifier) Added in the OIG Work Plan 2021 to include the following:	OIG Work Plan 2020	The OIG Work Plan 2020 has specifically highlighted facet joint injections. CPT codes 64490-64495	\$ 567,783.19	High	1st Quarter	Formal review in Q3
COVID-19 Telehealth	Explores the expansion of telehealth services under CARES Act. It specifically relaxed the rule that beneficiaries had to have a previous relationship with the telehealth provider prior to receiving telehealth services. Gauge the scope of the expansion into TH.	OIG Work Plan 2021	POS 02, modifiers 95, 02, 07, or CPT codes 99444-99442	\$ 2,299,767.01	High	Will monitor through the COVID Dashboard - \$ is not tied to COVID	Formal review in Q4



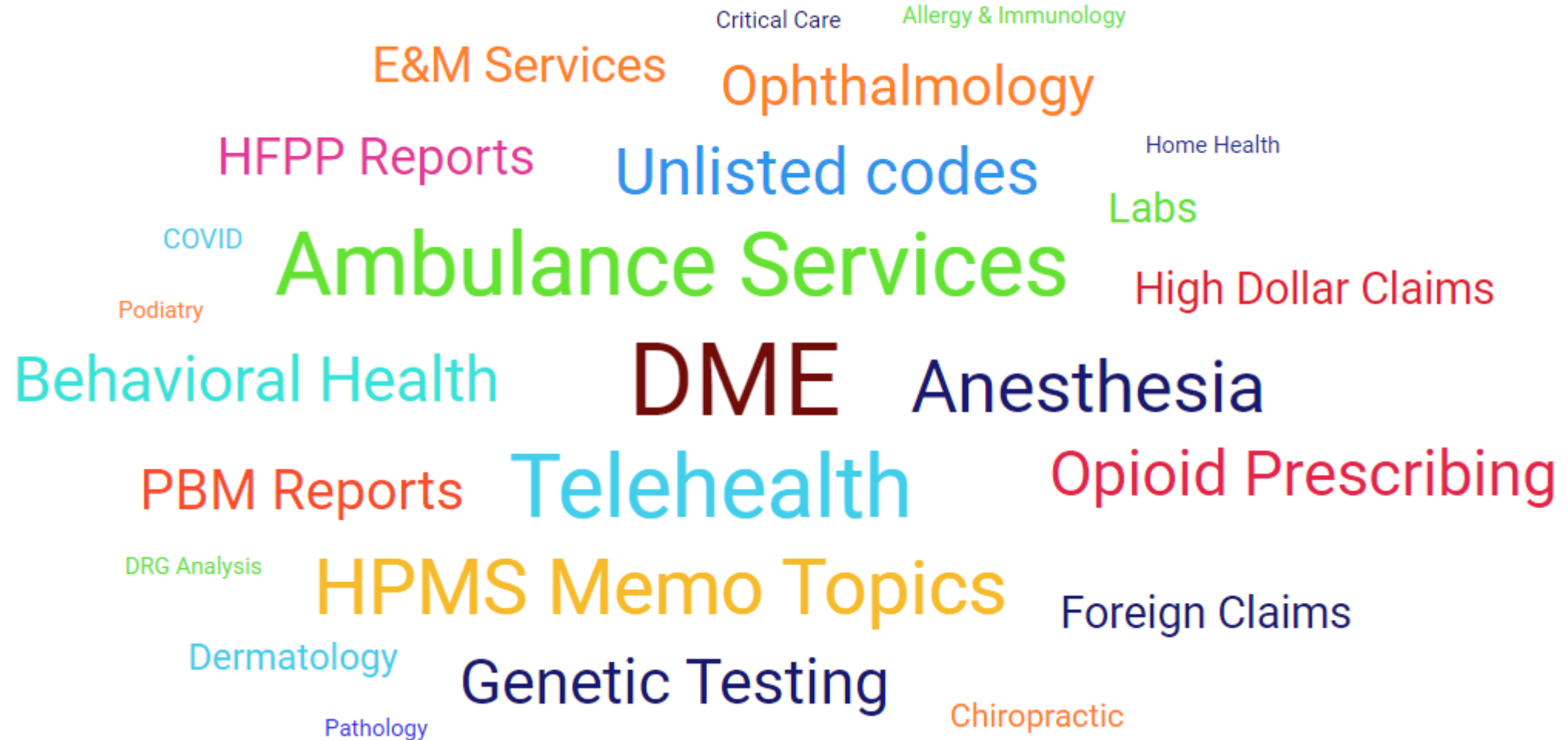
# Create a Risk Assessment

---

- ✓ **Identify** risks
  - *Look at prior FWA audits and project results*
  - *Consult with clinical and operational partners*
  - *Review current and prior OIG work plans*
  - *Industry and vendor feedback on trends and schemes*
- ✓ **Assess** internal controls & processes
- ✓ **Evaluate** your financial exposure to these risks or schemes
- ✓ **Consider** existing risk mitigation in other business units
- ✓ **Quantify** and prioritize all risks (e.g., high, medium, low)
- ✓ **Socialize** results with stakeholders for feedback and edits
- ✓ **Develop** and schedule activity into formal work plan

# Risk Assessment Categories

---



# Example: Risk Assessment

Identified Risk	Description	Source	Code Ranges	Plan Exposure	Work Group Priority	Notes	Plan Response
Opioid Prescribing and Monitoring	Review of prescribing behavior of providers, as well as concerning beneficiary behavior, support of a lock in program	Integrity Advantage	Schedule II controlled substances	\$ 1,698,828.17	High	monitor quarterly through HPMS Memos and Pharmacy collaboration	Monitor quarterly with the Pharmacy Team
DRG Analysis	Major Complications and Comorbidities (MCC) and CC DRG with short length of stay, COVID-19, inappropriate dx, Sepsis, Inpatient Claims: Mechanical Ventilation	Integrity Advantage	DRG Analysis		High	Building out parameters in COVID Dashboard and making a priority in 2022	Formal review in Q1
Genetic Testing & COVID* (exposure only includes the test)	Genetic testing is very expensive and often abused. Excessive billing of genetic testing may be indicative of medically unnecessary services, particularly for the Medicare population.	Integrity Advantage	CPT codes 81105-81599	\$ 2,688,486.52	High	New - Will add to the Dashboard and will evaluate if there is a risk	Formal review in Q1
Ophthalmology: Cataract surgery	Bill for second cataract surgery on the same eye; upcoding - disproportionately more claims for complex than standard cataract surgery; Administration of Lucentis injections for wet AMD more than once every 28 days as per the local coverage determinations	Integrity Advantage	66982, 66983, 66984, and 67028	\$ 6,633,654.72	High	partner w/Rx on the drugs being used and frequency	Formal review in Q2
COVID-19 and Lab Tests	A known FWA issue associated with COVID-19 testing is the addition of expensive and/or unnecessary add-on tests for respiratory pathogen panels, allergy tests and genetic tests	OIG Work Plan 2020	CPT codes 87631-87633, 87999; 95004-95071; 81105-81599	\$ 9,808.27	High	Will monitor through the COVID Dashboard - same claim w/the covid lab test cost removed	Formal review in Q2
COVID -19 Emergency Dept. Professional Services	Cursory data analysis of ED professional services (CPT 99283-99285) reflected disproportionate use of the highest level, CPT 99285 (77%)	OIG Work Plan 2021	CPT codes 99283-99285 JH: U07.1 in diagnosis	99283: \$43,657.28	High	Added to COVID Dashboard - will continue to monitor	Formal review in Q3
Payments for Joint Injections	Recent reviews conducted by HHS OIG found that patients receiving excessive injections showed little evidence that the injections were effective or resulted in pain relief for the patient.	OIG Work Plan 2020	The OIG Work Plan 2020 has specifically highlighted facet joint injections: CPT codes 64490-64495	\$ 567,783.19	High	1st Quarter	Formal review in Q3
COVID-19 Telehealth	Validate the provider's records reflect the services billed (correct CPT code and modifier) Added in the OIG Work Plan 2021 to include the following - Explores the expansion of telehealth services under CARES Act. It specifically relaxed the rule that beneficiaries had to have a previous relationship with the telehealth provider prior to receiving telehealth services. Gauge the scope of the expansion into TH.	OIG Work Plan 2021	POS 02, modifiers 95, GQ, GT, or CPT codes 99441-99442	\$ 2,299,767.01	High	Will monitor through the COVID Dashboard - \$ is not tied to COVID	Formal review in Q4





# Develop an Investigative Team



# FWA Program Needs

---

- Workflows and P&Ps
- Effective triage – prioritization
- Detection and analysis
- Investigation capabilities
- Medical reviews
- Case tracking mechanism
- Reporting
- Recovery

# Typical Roles and Responsibilities

---

## Investigators

- ✓ Handle the day-to-day case work from open to close

## Nurses / Coders

- ✓ Perform line by line review of claim submissions compared to the medical records

## Triage / Intake Staff

- ✓ Review all tips or allegations funneled to SIU from any source

## Data Analysts

- ✓ Analyze data proactively looking for patterns and trends

## Management

- ✓ Oversee investigative and unit performance

## Legal Staff

- ✓ Support SIU investigations (Plan attorney need not live in SIU)

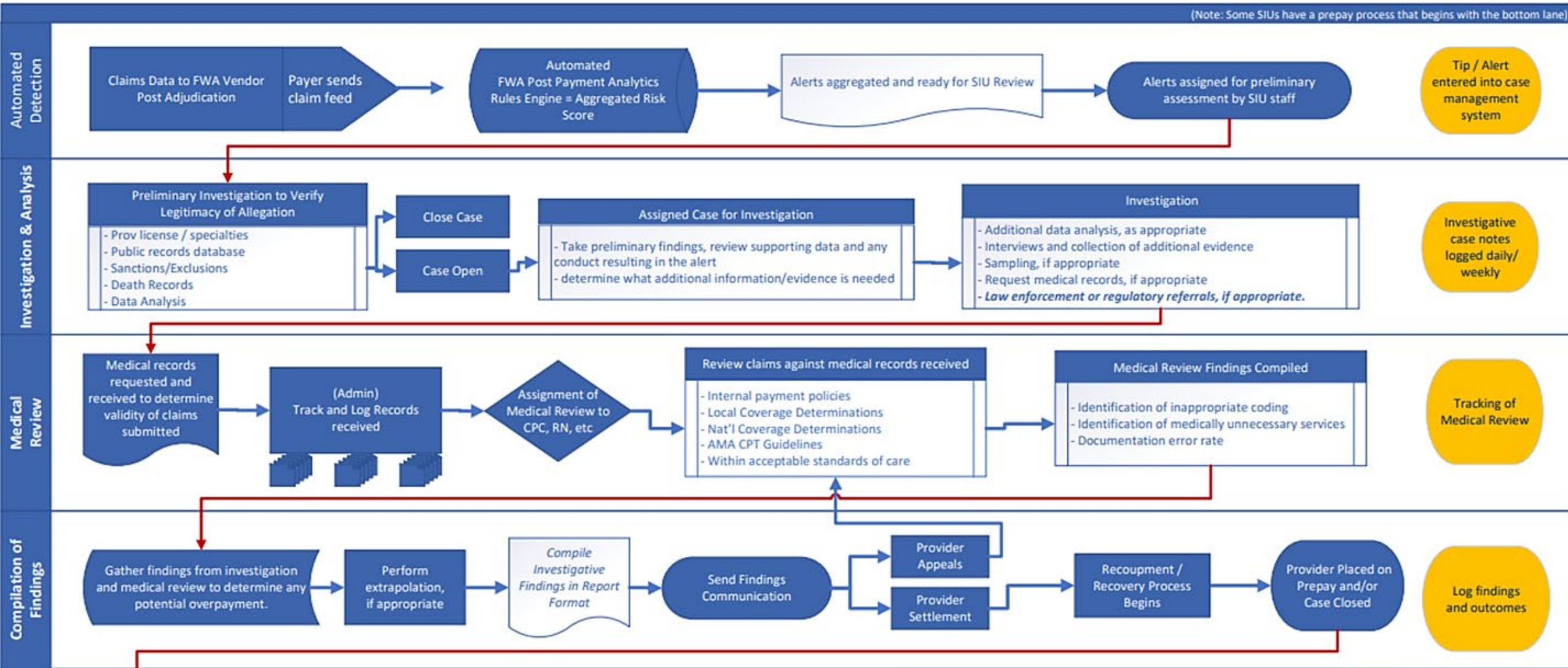
## Medical Director(s)

- ✓ Plan physicians that support SIU investigations (may not live in SIU)



# Typical Post Pay Investigative Workflow

(Note: Some SIUs have a prepay process that begins with the bottom lane)



# Prepare Your Approach to Provider FWA Cases

---

**Determine what you are willing to deny for.**

Conditions of payment....

- ✓ Documentation standards
- ✓ Did the service happen as billed?
- ✓ Initials, signatures?
- ✓ Objective coding review v. med necessity



# Monitor & Communicate Results



# Metrics Matter

---



If you can not measure it, you  
can not improve it.

~ Lord Kelvin

# Key Performance Indicators (KPIs)

---

- ✓ Quality of provider network
- ✓ Return on investment (ROI)
- ✓ Regulatory or mock audit results
- ✓ Case volume
- ✓ Regulatory referrals
- ✓ Risk identification
- ✓ More...



**Organizations may have different KPIs**

# Communicate Results

---

Making informed decisions requires effective communication.

- ✓ Workgroup
- ✓ FWA committee meetings
- ✓ Compliance team
- ✓ Delegated vendors
- ✓ Enterprise staff training





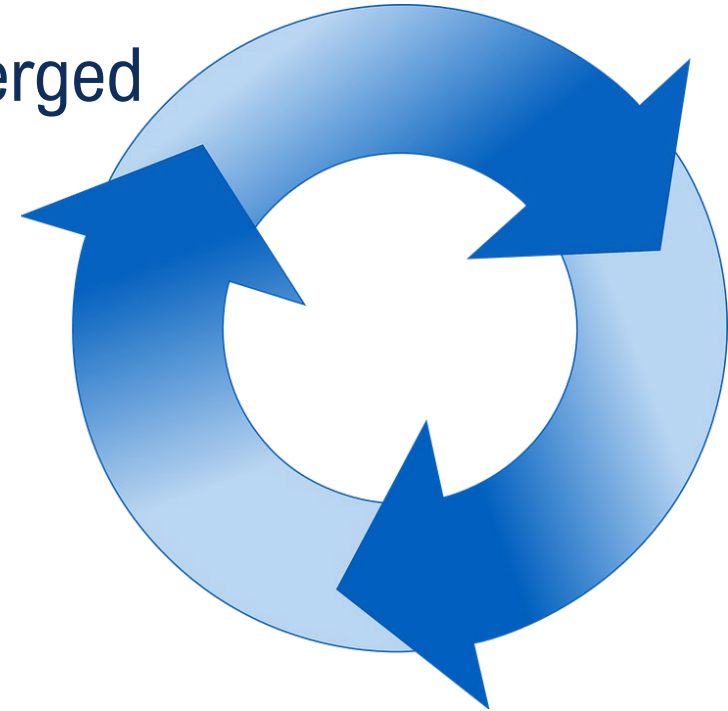
# Reassess and Adjust



# Reassess and Make Adjustments

---

- ✓ Review and focus on what was learned
- ✓ Change next year focus?
- ✓ Consider new initiatives that may have emerged
- ✓ Plan for the unexpected
- ✓ Can be annually or more frequently
- ✓ Share!!



# Wrap Up

You can start today.



**Identify your organizational profile.**



**Create a risk assessment and develop a workplan.**



**Develop and perform investigations.**



**Communicate findings to stakeholders.**



**Reassess and adjust for next period.**

# Q & A

[jattia@integrityadvantage.com](mailto:jattia@integrityadvantage.com)

[jwhitbeck@lumeris.com](mailto:jwhitbeck@lumeris.com)

# THANK YOU!

