

MEDIC/HEALTH PLAN COOPERATION

Martina Gilly
Benefit Integrity Manager
National Benefit Integrity MEDIC
November 17 & 18, 2011



NBI MEDIC

- ▶ Supports CMS Center for Program Integrity
- ▶ The National Benefit Integrity (NBI) Medicare Drug Integrity Contractor (MEDIC) monitors fraud, waste, and abuse (FWA) in the Part C and Part D programs in all 50 States, the District of Columbia, and U.S. Territories
- ▶ The NBI MEDIC has investigators throughout the country that work with federal, state, and local law enforcement authorities and other stakeholders

NBI MEDIC Responsibilities

- ▶ Investigate Potential FWA
- ▶ Complaint Intake
- ▶ Resolve Beneficiary Fraud Complaints
- ▶ Refer Potential Fraud Cases to Law Enforcement
- ▶ Respond to Requests from Law Enforcement
- ▶ Support Law Enforcement
- ▶ Perform Proactive Data Analyses
- ▶ Identify Program Vulnerabilities

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Building Partnerships through Fraud Work Groups/Task Forces

- ▶ Medicare Part C & D Fraud Work Groups
- ▶ Medicare Part D Pre-Meeting
- ▶ Los Angeles Work Group
- ▶ Part C & D FWA Subject Matter Expert (SME)

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Communication Tools

- NBI MEDIC Requests for Information/ Alerts
- Health Care Task Force Meetings
- CMS Website

www.cms.gov

- Health Integrity Website

<http://www.healthintegrity.org/html/contracts/medic/index.html>

- CMS HPMS Alerts

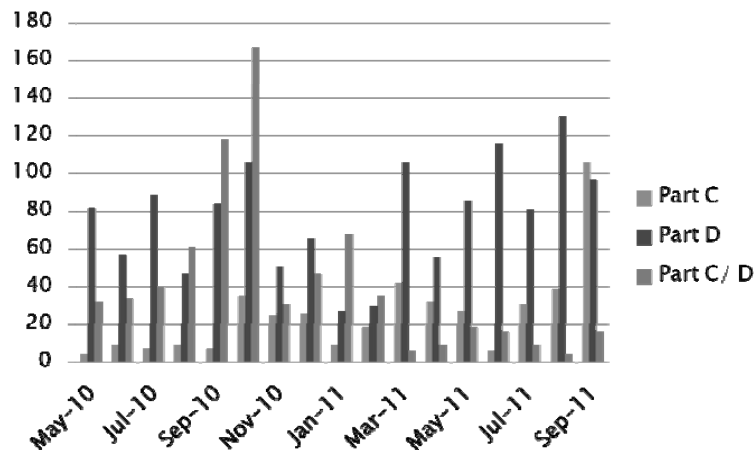
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Relationship Building with Peers

- Fraud Work Group meetings have provided an outlet to network
- Building contacts and ongoing relationships with Fraud Work Group members
- Develop new collaborative efforts
- Share fraud scheme information
- Sharing lessons learned, best practices, proactive ideas

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NBI MEDIC Complaints Received May 2010 – September 2011



Fraud Work Groups

- ▶ Quarterly Part C and Part D Fraud Work Groups
 - ▶ Attendees include CMS, plan sponsors, pharmacy benefit managers, and local, state, and federal law enforcement
 - ▶ Meetings are “hosted” in different locations each quarter
 - ▶ Each fraud work group is one day; scheduled back-to-back to encourage participation
 - ▶ Participants share leads on identified or suspected fraudulent schemes

Successes

- Monica's Pharmacy
- Silver Star Pharmacy
- CMS Pharmacy
- Happy Trips
- Pirifer Pharmacy
- Mattawan Pharmacy
- Aloe Continuum Care

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EXAMPLE

Part C Success – Infusion Therapy Fraud Aloe Continuum Care

- 10 Plan sponsors affected by subjects
- Four subjects indicted on charges of conspiracy to commit health care fraud
- Subjects billed plans \$9,129,420
- Kingpin sentenced to 5 years
 - Ordered to pay restitution of \$1,440,367
 - Co-conspirator sentenced to 3 years

Questions?

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MEDIC/Health Plan Cooperation

Humana – Danielle Van De Hey HCAFA, SIU Manager

November 17 & 18, 2011



Plan Information

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- Lines of Business
 - Health, Dental, Vision, Prescription, Ancillary products (i.e. Life)
 - Commercial, Medicaid, Medicare (Part C and D plans), Administrative Services Only (ASO), Individual
- As of December 31, 2010, Humana Inc. had approximately 10.2 million members enrolled in medical benefit plans; and approximately 7.1 million members enrolled in specialty products programs.
 - Medicare membership numbers
 - Number of states * to include Puerto Rico



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Special Investigations Unit

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- Unit based in Green Bay Wisconsin – Total of xx Associates in Unit
 - Two teams in Louisville KY
 - One team in Miramar FL
- Unit is supported by:
 - Full time Medical Director, Pharmacist, Data Analytics Team, two clinical teams (to include Nurses and Certified Coders)
- Teams split by specialties and States
 - Allows Investigators to get to know same resources for their area to include the Medic Investigator
 - Investigators understand the state laws/regulations and what schemes they are seeing for their region

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Networking

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- Networking
 - State Task forces
 - Regional Associations
 - Part C & D Work Groups
 - Participation on SIRIS
 - * Ensuring someone from our unit/company always has representation
- Government Liaison SIU associate
 - One associate to respond to all requests – consistency
- The Investigator speaks about their case directly with Medic



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Special Investigations Unit

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- Required to report cases to Federal/State agencies
 - We make the best of it
 - Use it to network
 - Learn more about what information they have on case, connections



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1. Open and Honest communication
2. Status of case
3. Share information on tools that are useful
4. Take the information disseminated to run data analysis



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- Pulling data together to make a strong case
- Heads up on an onsite audits being performed
 - In one case, we went onsite at the same time



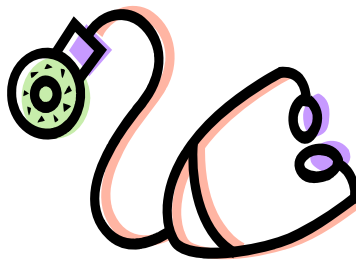
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Medical

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- Cases that Humana referred, Medic shared the case in total with group and asked for more information
- Investigator will call the Medic associate directly to talk about what they are seeing on the case
- Sharing of additional information found i.e. additional addresses, TIN#s
- Sharing of next steps i.e. closing case or who in law enforcement is reviewing case



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QUESTIONS?



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Medicare Claim Templates & Provider Enrollment Application Screening Support



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Background

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- Organized crime has changed the landscape
- Fraudsters are more elusive, deceptive and looking for quick, large dollar gains
- Medical Identity Theft is fraud of choice
- Small investment reaps large profits
- Less dangerous than drug trafficking



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Special Project Tasks

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CSA contracted with CMS for special project. Tasks include:

- 1) Create national protocol for address verification identification and investigation
- 2) Develop investigative templates for use by law enforcement agents and CMS
- 3) Create comprehensive training tool/protocol for use by MAC Provider Enrollment Departments

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Claim Templates

Enhanced Data Analysis Techniques for Law Enforcement, CMS and its contractors

CANADA SINGAPORE
ADMINISTRATIVE LLC



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Claim Templates

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Focus

Develop investigative templates for use by law enforcement, CMS, and PSC/ZPICs to aid their investigations and strengthen their ability to identify trends that indicate potential fraud.



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Claim Templates

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- ViPS provides basic STARS training
- Further assistance needed to explain policy and regulations related to different claim types



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Claim Templates

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- Designed by claim type
- Expanded scope to provide basic information on:
 - What a service entails
 - Coverage guidelines
 - Tips for analyzing data and
 - Known fraud schemes

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Claim Templates

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- Screen prints give step-by-step guide for analyzing data
- Extension of basic STARS training with 'real life' information applicable to Medicare fraud investigations

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Claim Templates

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- Test group consisting of:
 - CMS Central Office
 - CMS Regional Offices
 - CMS Field Offices
 - FBI
 - OIG
 - USAO
- Evaluation surveys provide feedback

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Samples from Claims Template

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CSA, LLC
Claims Templates for Medicare DME
Last Update to Template: 9/25/2011

DURABLE MEDICAL EQUIPMENT (DME) AND DME PROSTHETICS, ORTHOTICS AND SUPPLIES (DMEPOS)

DME vs. DMEPOS

DME stands for durable medical equipment. DME is covered under Part B as a medical or other health service (§1861(s) (6) of the Social Security Act [the act]) and is equipment that:

- a. Can withstand repeated use;
- b. Is primarily and customarily used to serve a medical purpose;
- c. Generally not useful to a person in the absence of an illness or injury; and;
- d. Is appropriate for use in the home;

All requirements of the definition must be met before an item can be considered to be durable medical equipment.

DMEPOS stands for durable medical equipment, prosthetics, orthotics, and supplies.

- Prosthetics
 - Prosthetic devices (other than dental) which replace all or part of an internal body organ (including contiguous tissue), or replace all or part of the function of a permanently inoperative or malfunctioning internal body organ are covered when furnished on a physician's order.
 - This does not require a determination that there is no possibility that the patient's condition may improve sometime in the future. If the medical record, including the judgment of the attending physician, indicates the condition is of long and indefinite duration, the test of permanence is considered met.
 - Examples of prosthetic devices include:
 - Artificial limbs
 - Parenteral and enteral (PEN) nutrition
 - Cardiac pacemakers
 - Prosthetic lenses
 - Breast prostheses (including a surgical brassiere) for post-mastectomy patients
 - Maxillofacial devices
 - Devices which replace all or part of the ear or nose
 - A urinary collection and retention system with or without a tube is a prosthetic device replacing bladder function in case of permanent urinary incontinence.

DME
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Samples from Claims Template

Data Tips for Investigating DME

- Billing Information for DME & DMEPOS:
 - Claim Type – Part B – CMS 1500
 - Provider Specialties = 54 & 53
- Data
 - Final version of processed claim – this information can be obtained using the main invoice types from STARS. The initial claim and any intermediate adjustments will be on a separate invoice table in STARS. Claims returned to provider (RTP) for further development will not be available in STARS.
 - Time period by 'processed date' – provides information regarding billing patterns by provider (e.g. if claims have consistent Julian dates). If time period is greater than available in STARS is needed, then this information can be obtained via a special "restore request" to STARS Support or be requested from the appropriate ZPIC/PSC.
 - Please note that STARS does not carry the Payment Date on the claim. STARS carries the "Processed Date" which is a generalized date in which the week of the expected payment will be made.
- Peer comparison can be provided by ZPIC/PSC
 - Local (state)
 - Regional
 - National
- Are all the beneficiaries located at the same address?
- Is there history with the prescribing physician for the beneficiary?
 - Verify the address of the beneficiary against the prescribing physician for proximity.
 - Is the prescribing physician treating the beneficiary for the condition for which the item is needed?
- Does the beneficiary history indicate there are multiple pieces of DME equipment from:

DME
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Samples from Claims Template

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CSA, LLC
Claims Templates for Medicare DME
Last Update to Template: 9/23/2011

The acceptance of an assignment binds the supplier-assignee to accept the payment for the medically required equipment or service as the full charge and the supplier-assignee cannot charge the beneficiary the differential attributable to the equipment actually furnished.

Establishing the Period of Medical Necessity

Generally, the period of time an item of durable medical equipment will be considered to be medically necessary is based on the physician's estimate of the time that his or her patient will need the equipment. See the Medicare Program Integrity Manual 100-8, Chapters 5 and 6, for medical review guidelines. (<http://www.cms.gov/Manuals/100-8/100-8.html>)

(Taken from Medicare Benefit Policy Manual 100-2; Chapter 15; Section 110 - <http://www.cms.gov/manuals/Downloads/bp102c15.pdf>)

Certificates of Medical Necessity (CMNs) and DME Information Forms (DIFs)

A Certificate of Medical Necessity (CMN) or a DME Information Form (DIF) is a form required to help document the medical necessity and other coverage criteria for selected DMEPOS items. CMNs contain Sections A through D. Section A and C are completed by the supplier and Section B and D are completed by the physician.

A DIF is completed and signed by the supplier. It does not require a narrative description of equipment and cost or a physician signature.

For these items, a supplier must have a signed original, faxed, photocopied, or electronic CMN or DIF in their records before they can submit a claim for payment to Medicare. These forms must be maintained by the supplier and be available to the DME MACs, DME PSCs, or ZPICs on request. When hardcopy CMNs or DIFs are submitted to the DME MACs, DME PSCs, or ZPICs, the supplier must include a copy of only the front side. When CMNs are submitted electronically to the DME MAC, information from sections A and B are required.

For additional information and examples of these forms see Medicare Program Integrity Manual 100-08, Chapter 5; Section 5.3 - <https://www.cms.gov/manuals/downloads/pim83c05.pdf>.

Reimbursement for DME

Rental or Purchase explanations can be found in Medicare Claims Processing Manual 100-4; Chapter 20 - <http://www.cms.gov/manuals/downloads/clm104c20.pdf>.

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Part B Durable Medical Equipment gdl - Adobe Reader

File Edit View Window Help

Bookmarks

- DME vs. DMEPOS
- DME Coverage
- Necessary and Reasonable
- Reimbursement for DME
- DME MACs
- Note of Interest
- Data Tips for Investigating DME
- Informational Tips for Investigating DME
- STARS Screen Prints
 - Summary Analysis
 - Basic Provider Data Selection
 - Summarize from Subset
 - Comparing DME with Part B
- OIG Work Plan 2011
- FraudBusting - DME
- Examples of DME Fraud Schemes

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CAYHARA SAFEGUARD ADMINISTRATORS, LLC®

*Claims Templates for Medicare
Last Update to Template:*

DME vs. DMEPOS

DME stands for durable medical equipment. DME is covered under Part B as a medical or other health service (§1861(a)(6) of the Social Security Act (the act)) and is equipment that:

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 - A urinary collection and retention system with or without a tube is a prosthetic device replacing bladder function of permanent urinary incontinence.

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[illegible]

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Samples from Claims Template

CANARA SAFEGUARD ADMINISTRATORS, LLC

CSA, LLC
Claims Templates for Medicare DME
Last Update to Template: 9/23/2011

DME - Summary Analysis - Screen Print 12 of 23

Function: Period:

Proc Cd: Proc Mod 1:

At the Summary Analysis window:

- Select the same Jul-Dec 2009 timeframe.
- Select 'Proc Cd = K0823'
- Select 'Proc Mod 1' = blank (allowing for all Modifiers to be selected).
- Select 'View Report'.

Buttons:

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Available Templates

- Community Mental Health Center (CMHC)
- Independent Diagnostic Testing Facility (IDTF)
- Comprehensive Outpatient Rehab Facility (CORF)/Outpatient Rehab Facility (ORF)
- End Stage Renal Disease (ESRD)
- Home Health Agency (HHA)
- Hospice
- Skilled Nursing Facility (SNF)
- Inpatient Hospital Services
- Critical Access Hospital
- Clinical Laboratory
- Part A Ambulance
- DME
- Part B Ambulance
- Part A Outpatient Observation
- Part A Outpatient Therapy
- Part A Partial Hospitalization
- Part B Outpatient Therapy
- Nurse Practitioner
- Podiatry

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Provider Enrollment Application Screening Support



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Provider Enrollment Screening **Humana.**

Focus

Develop enhanced screening tips for MAC review of provider enrollment applications to prevent 'bad actors' from being granted Medicare billing privileges. Target is new and existing specific high risk provider types (CMHC, CORF, IDTF, and HHA). Also well known issues such as id theft, hidden/nominee ownership, problem billing companies, etc.



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Provider Enrollment

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- Currently, there is no comparison between applications for new application and existing application
- Application contains identifiable information for individuals performing services and running the business

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Provider Enrollment Screening Templates

- Developed to:
 - Ensure that only qualified and eligible providers are enrolled into the Medicare program
 - Provide a comprehensive tool that allows provider enrollment analysts to screen providers
 - Step by step checklist that guides analyst through effective screening of application
 - Scoring determines risk of the application
 - Validate existence of provider and confirm information on application
- Analyzes available information

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Provider Enrollment Screening Templates

- No 'silver bullet' to detect false information
- Enrollment form contains key data elements that must be verified
- All of these elements could be a clue to revealing questionable information
- Template steps gleaned from:
 - CSA's experiences
 - CMS Labs & PINs Workgroup Red Flags
 - CMS Staff

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Enrollment Application Detection

- Things to look for:
 - Generic email address
 - Extreme provider age
 - Contact names located in different state
 - Compare new application with existing practice application
 - Compare new application address with existing practice address for travel feasibility



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Risk Scoring

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- MACs participating in testing
- Template follows order of research – decided by MAC feedback
- Risk scoring determines importance of findings
- Scoring varies based on importance of issue
- Determines which applications require further screening, referral to ZPIC and/or denial

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Questions?

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