

INTRODUCTION TO PROGRAM INTEGRITY: DMC-ODS



OBJECTIVES



- Understand the importance of Program Integrity
- Define Fraud, Waste and Abuse ("FWA")
- Identify Federal/State Agencies that combat FWA
- Identify Applicable FWA Laws
- Understand reporting suspected FWA to the County
- Explain the County's requirement for Paid Services Verification and monitoring process
- Resources related to Program Integrity



PROGRAM INTEGRITY DEFINED



The goal of Program Integrity is to create a culture of providing better health outcomes while avoiding over- or underutilization of services.

This requires effective program management and ongoing program monitoring.



EFFECTIVE PI WILL ENSURE:



1. Accurate eligibility determination
2. Prospective and current providers meet state and federal participation requirements
3. Services provided to beneficiaries are medically necessary and appropriate
4. Provider payments are made in the correct amount and only for covered services



ACCURATE ELIGIBILITY DETERMINATION



- Drug Medi-Cal eligibility is verified at intake, when a client becomes Medi-Cal eligible, and monthly for the duration of services
- The County is planning on incorporating functionality in SanWITS that will assist with this
- What process will you have prior to this functionality in SanWITS?
 - Current process sufficient?
 - Other considerations?



MEDICAL NECESSITY:



Under the DMC-ODS Medical Necessity is defined as:

- Adult clients (ages 21 and older) – at least one SUD diagnosis (except Tobacco-Related Disorders and non-substance related disorders, like gambling).
- Youth/Young adults (ages 12-20) – at least one SUD diagnosis OR are assessed as being "at risk" for SUD
- All clients – must meet the ASAM Criteria definition for medical necessity for a specific level of care



FRAUD



Drug Medi-Cal FRAUD involves

- making false statements or misrepresentation of material facts
- obtaining some benefit or payment for which no entitlement would otherwise exist
- may be committed for the person's own benefit or for the benefit of another party
- the act must be performed knowingly, willfully and intentionally.

Example: Purposely billing for services that were never given.



FRAUD



Defrauding Drug Medi-Cal is illegal:

- May lead to imprisonment, fines and penalties
- Risks exclusion from participating in all Federal health care programs
- Risk losing professional licenses

Other examples of fraud:

- Billing DMC for appointments a client didn't keep (i.e. intentionally billing for "no shows")
- Falsifying a diagnosis so, on paper, client will meet "medical necessity."
- Knowingly billing for services at a level of complexity higher than services provided
- Falsifying records to claim for a higher level of service



WASTE



WASTE:

- Spending that can be eliminated without reducing the quality of care
- Generally refers to over/inappropriate utilization of services
- Misuse of resources

Example: Poor or inefficient billing methods cause unnecessary costs



ABUSE



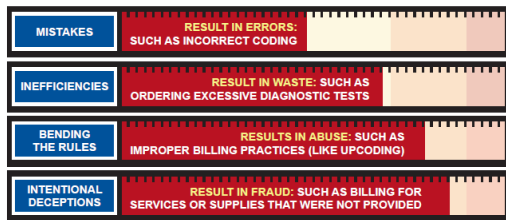
ABUSE includes provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Drug Medi-Cal program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care and health care coding.



DMC-ODS BENEFIT "PHASES"



ACTIVITIES CAUSING IMPROPER PAYMENTS



THE COST OF "FWA"



Fraud & Abuse	(3-10%)
+ Waste	(15-30%)
Total Loss	(25-33%)



AGENCIES COMBATTING FWA



- The Office of Inspector General (OIG), US Department of Health and Human Services
- Department of Justice
- Centers for Medicare & Medicaid Services (CMS)
- Office of the State Attorney General
- Department of Health Care Services (Audits and Investigations)
- The Office of the State OIG and Medicaid OIG



LAWS & REGULATIONS RELATED TO "FWA"



- Federal False Claims Act
- Anti-Kickback Statute
- Beneficiary Inducement Law
- Exclusion & Debarment Statute
- Whistleblower Protection Act



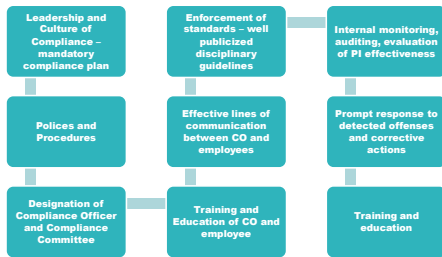
LAWS & REGULATIONS RELATED TO "FWA"



- Other Relevant Federal FWA Laws
 - Physician Self-Referral Prohibition (Stark Law)
 - Civil Monetary Penalties Law (CMPL)
 - Health Insurance Portability and Accountability Act (HIPAA)



PROGRAM INTEGRITY REQUIREMENTS (42 CFR SECTION 438.608)



INTERNAL COMPLIANCE PROGRAM



- Recommended that programs have an internal program integrity/compliance program commensurate with the size and scope of their agency.
- Contractors with more than \$250,000 in annual agreements with the County must have a compliance program that meets the following:
 1. Development of a code of conduct and compliance standards
 2. Assignment of a compliance officer who oversees/monitors compliance program
 3. A communication plan which allows workforce members to express complaints/concerns without fear of retribution



INTERNAL COMPLIANCE PROGRAM



- 4. Create and implement training and education for workforce members regarding compliance requirements, reporting and procedures,
- 5. Development and monitoring of auditing systems to detect and prevent compliance issues
- 6. Creation of discipline processes to enforce the program
- 7. Development of response and prevention mechanisms to respond to, investigate and implement corrective action regarding compliance issues



INTERNAL COMPLIANCE PROGRAM



Regardless of size/scope, all programs have to ensure, at a minimum:

- Staff have proper credentials, experience, and expertise to provide client services
- Staff shall document client encounters in accordance with funding source requirements and HHSA policies/procedures
- Staff shall bill client services accurately, timely, and in compliance with all applicable regulations and HHSA policies and procedures



INTERNAL COMPLIANCE PROGRAM



- Staff shall promptly elevate concerns regarding possible deficiencies or errors in the quality of care, client services, or client billing
- Staff shall act promptly to correct problems if errors in claims or billings are discovered



MONITORING



- Your program's P&P for Paid Service Verification will be due to the SUD QM Team at the end of February 2018 (a reminder notification with due-date will be sent out approximately two weeks prior)
- Once we "go live" with DMC-ODS, the SUD QM team will begin conducting onsite reviews:
 - Legal Entity Compliance Plan
 - Discuss how your program is following the plan
 - Ask for evidence of implementation (i.e. evidence of your paid claims verification, etc.)



MONITORING



Additionally, once we "go live" with the DMC-ODS, the SUD QM team will:

- Conduct "spot-checks" via SanWITS
- Provide tip sheets for program reports



RESOURCES



- For training assistance on the False Claims Act, contact the HHSA Agency Compliance Office (ACO):
 - By phone at 619-338-2807, or
 - By email at Compliance.HHSA@sdcounty.ca.gov



RESOURCES



- Office of Inspector General – US Department of Health and Human Services Website <https://oig.hhs.gov/>
- US Department of Justice Health Care Fraud Unit Website <https://www.justice.gov/criminal-fraud/health-care-fraud-unit>
- Centers for Medicare & Medicaid Services Provider Compliance Website <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html>
- State of California Department of Justice Medi-Cal Fraud Website <https://oag.ca.gov/bmfca/medical>
- DHCS Audits & Investigations Website <http://www.dhcs.ca.gov/individuals/Pages/AuditsInvestigations.aspx>



RESOURCES



- Brief Video on the False Claims Act: <https://www.youtube.com/watch?v=BbZ78QTLzQ&feature=youtu.be>
- False Claims Act, Anti-Kickback Statute, Physician Self-Referral Law, Exclusion Statute: <https://oig.hhs.gov/compliance/physician-education/01laws.asp>
- CMS Resource Guide: Laws Against Health Care Fraud <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-laws-resourceguide.pdf>
- Beneficiary Inducement Law OIG Bulletin <https://oig.hhs.gov/fraud/docs/alertsandbulletins/sabgiftsandinducements.pdf>
- County of San Diego HHSA Exclusion and Debarment Verification info http://www.sandiegocounty.gov/content/sdc/hhsa/programs/sd/agency_contract_support/exclusion_and_debarment_verification.html
- OIG Whistleblower Protection Information <https://oig.hhs.gov/fraud/whistleblower/>



WE'RE HERE TO HELP



QIMatters.HHSA@sdcounty.ca.gov