

These slides accompany the 2025 UOIG FWA Prevention Training.

Please attend the training to fulfil your training requirement for Medicaid Fraud, Waste, and Abuse Prevention.



Outline

UOIG Overview FWA Improper Payments Common FWA Schemes High Risk Program Areas The False Claims Act Payment Suspensions Reporting FWA to the UOIG Provider Resources **UOIG** Contact Information



UOIG Goal

Eliminate
Medicaid Fraud,
Abuse,
and Waste





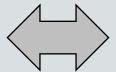
The Office of Inspector General of Medicaid Services will protect taxpayer dollars by identifying fraud, abuse, and waste risks and vulnerabilities in the State Medicaid Program and by taking action to mitigate or eliminate those risks.

UOIG Mission

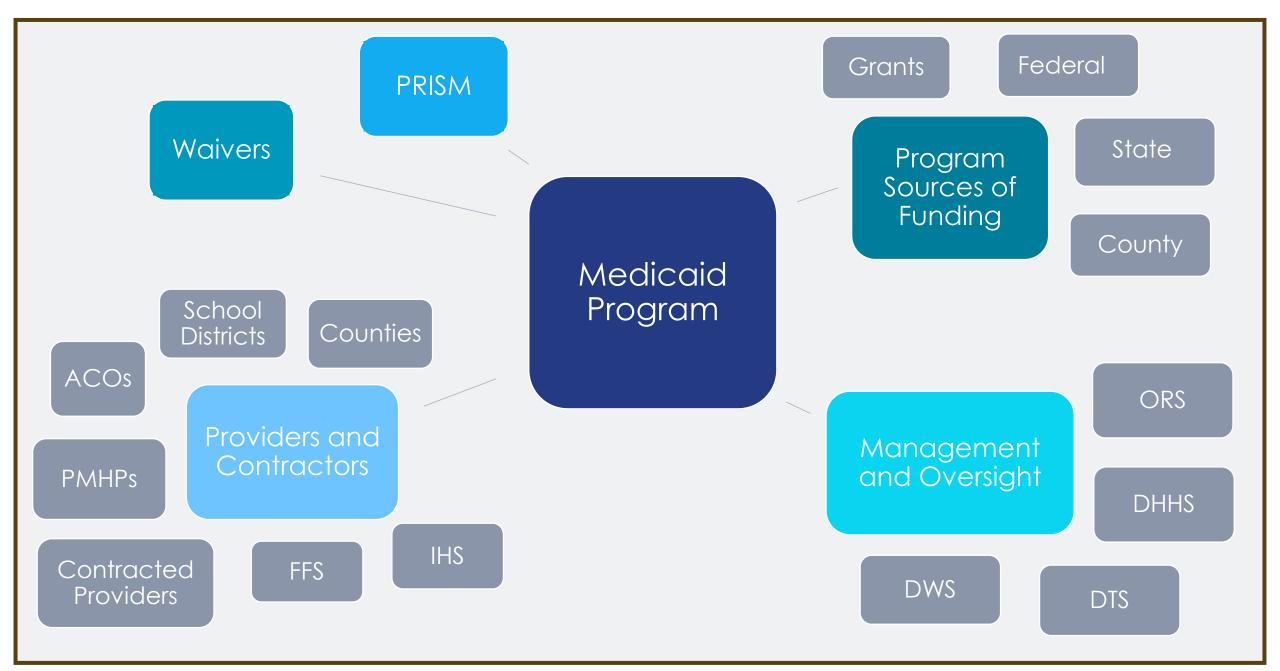


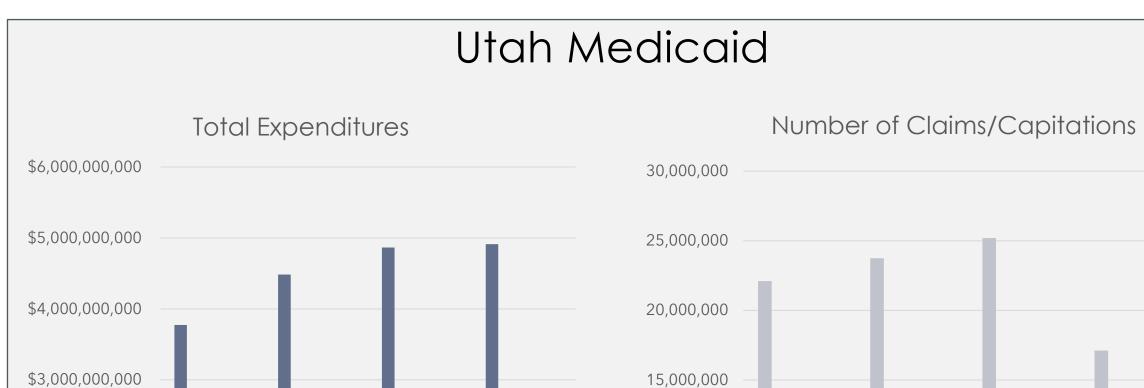


Policy
Recommendations
& Procedural
Opportunities



Review of Claims History





\$2,000,000,000

\$1,000,000,000

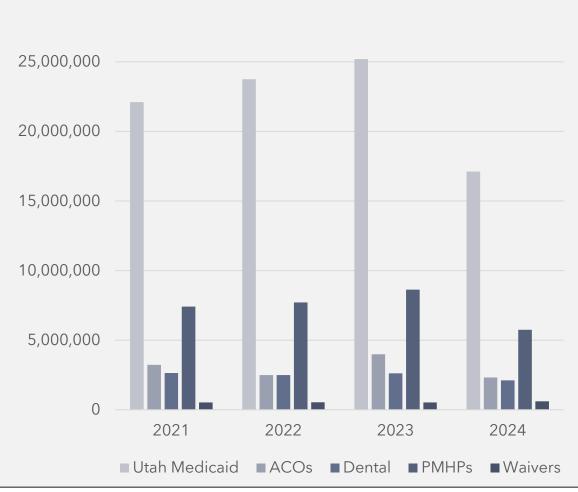
\$0

2021

2022

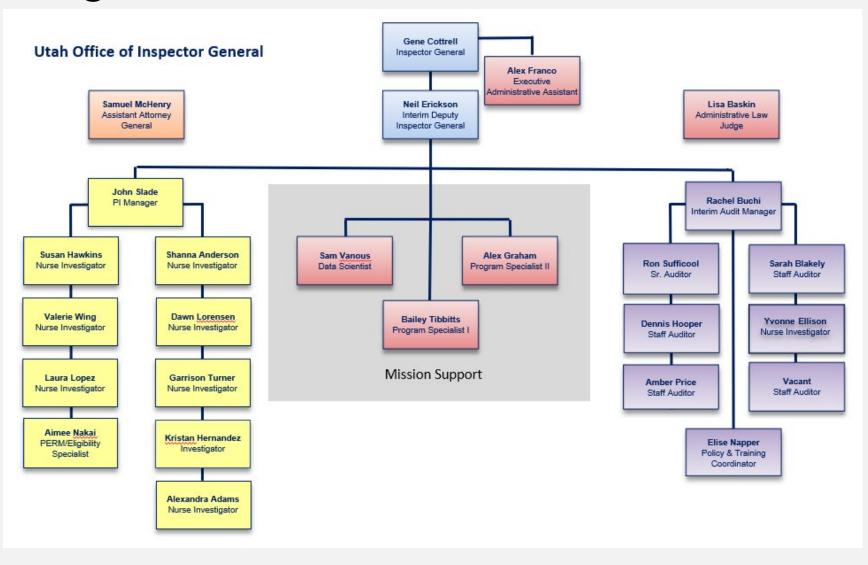
■ Utah Medicaid ■ ACOs ■ Dental ■ PMHPs ■ Waivers

2023



2024

UOIG Org Chart





UOIG Audits

Must Remain Independent
Reviews Policy & Procedure
Reviews What Has Occurred
Makes Recommendations
Tests Controls

UOIG Program Integrity & Investigations

Receives Complaints

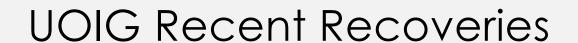
Conducts Preliminary Reviews

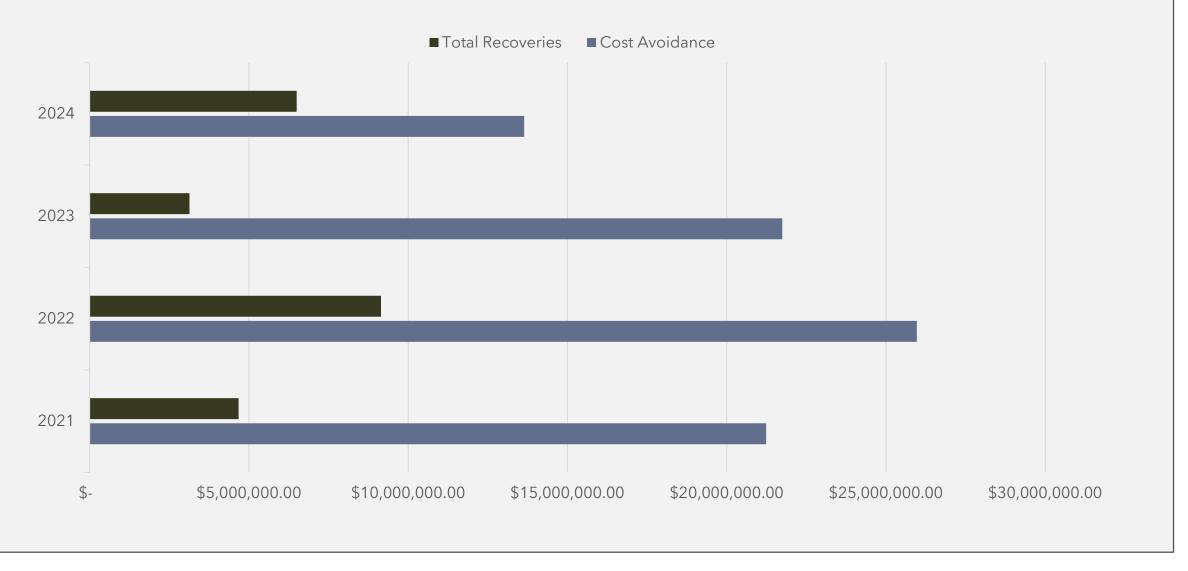
Identifies Overpayment Amounts

Issues Notices of Recovery

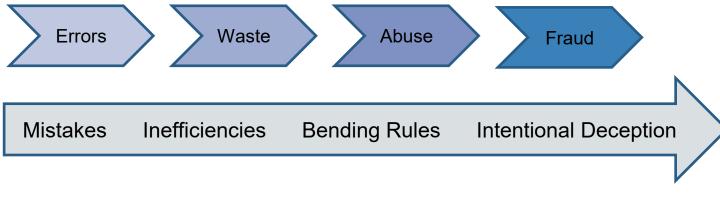
Program Integrity Functions





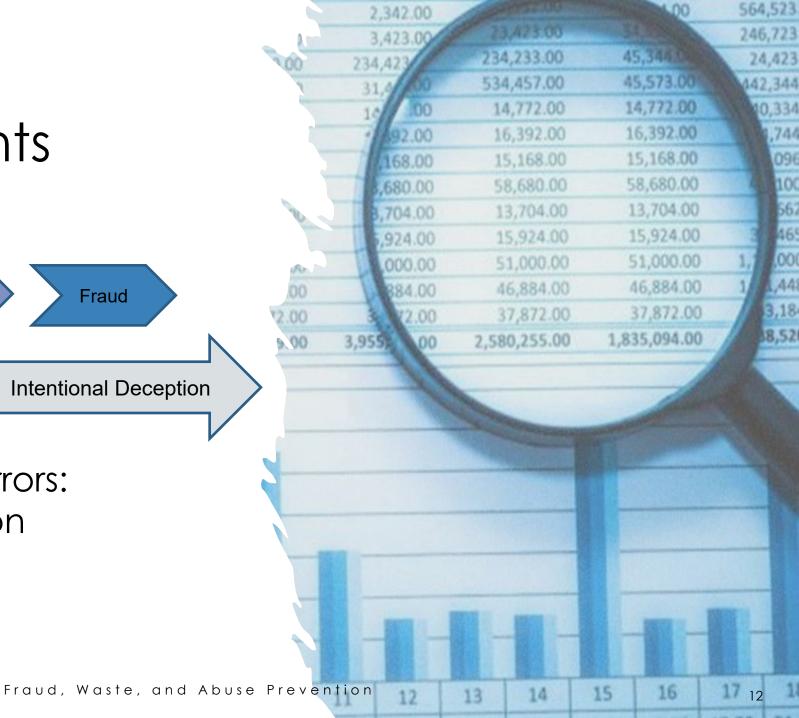


Causes of Improper Payments



Most common payment errors:

- Insufficient documentation
- Unintentional billing errors





Q. Who might perpetrate fraud against Medicaid?

A. Anyone who can influence the outcome of service provision, billing, records and documentation, or eligibility



Common Provider FWA Examples

Billing for services not rendered and/or supplies not provided

Double billing

Coding schemes:

- Unbundling
- Upcoding

Altering medical documentation or claim forms

Misrepresentation of medical conditions or services

Soliciting, offering or receiving a kickback, bribe or rebate

Failure to report third party liability in billing



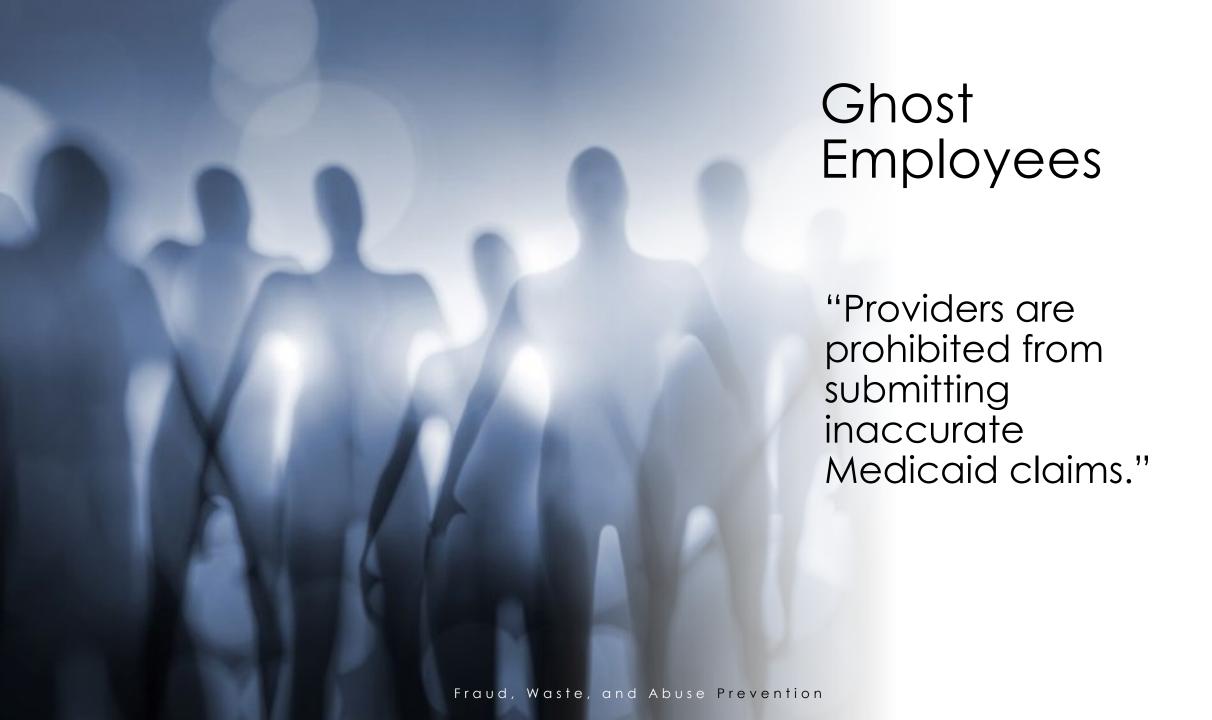
Balance Billing

"A provider who accepts a member as Medicaid patient must accept the Medicaid or state payment as reimbursement in full"

Unlikely Hours

"...services must be administered by agency staff only as ordered by a physician and approved in the plan of care."





Drug Diversion

"The Medicaid Pharmacy program reimburses for covered outpatient drugs dispensed to eligible Medicaid members by a pharmacy enrolled with Utah Medicaid pursuant to a prescription from an enrolled prescriber..."





Eligibility Schemes

"To be eligible for Medicaid, you must meet a program type and meet the rules for Utah residency, income, and citizenship."

Fraud, Waste, and Abuse Prevention

Reassignment of Billing Scheme

"As an approved Medicaid Provider, you are able to manage and update your information in PRISM."









Fiscal Responsibility

Deficit Reduction Act

Federal False Claims Act

Utah False Claims Act

Qui Tam Incentives & Whistleblower Protections

Provider Agreements

Medicaid Contractual Obligations



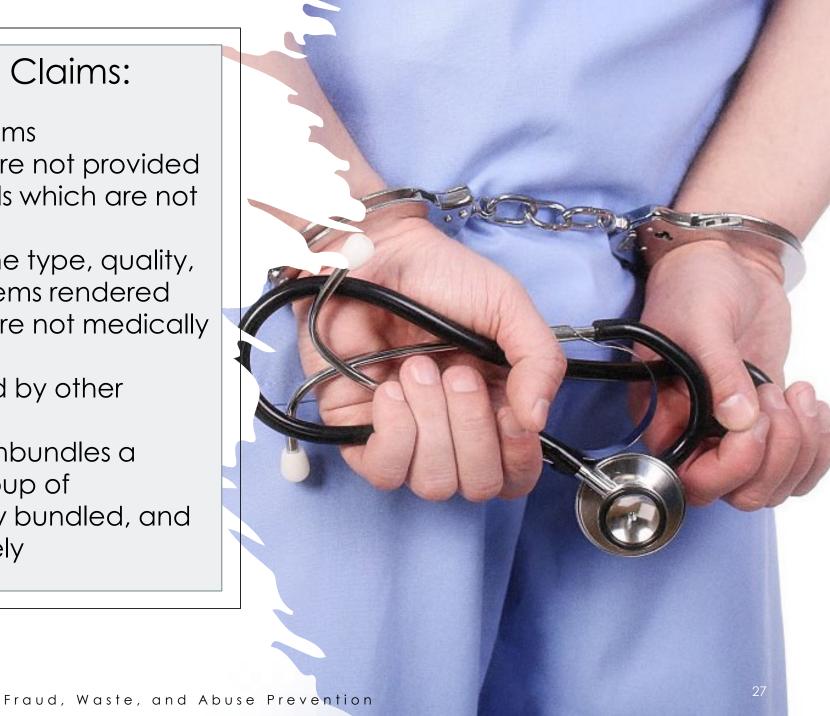
False Claims Acts
31 USC §§ 3729 – 3733
& UT Code 26B-3-1106

A person who knowingly submits a false claim is liable for up to three times the amount of the federal government's damages, plus penalties of \$14,308 to \$28,619 per claim.



Examples of False Claims:

- Wholly or partially false claims
- Claims for services which are not provided
- Claims for items or materials which are not delivered
- Claims that misrepresent the type, quality, or quantity of services or items rendered
- Claims for services which are not medically necessary
- Claims for services covered by other private sources
- Claims where a provider unbundles a product, procedure, or group of procedures that are usually bundled, and bills for each item separately



Whistleblowers expose activities that are illegal, illicit, unsafe, wasteful, fraudulent, or an abuse of taxpayer funds.

Whistleblowers Protections:

- Retaliation
- Intimidation
- Demotion
- Loss of Job

Qui Tam Incentives





The LEIE is a regularly updated list of individuals who are excluded from receiving Medicaid payments and reimbursement.

Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties.

The UOIG recommends regular, routine checks of the LEIE, to ensure that staff and contractors are not listed.

https://exclusions.oig.hhs.gov/



Payment Suspension 42 CFR §455.23

"The State Medicaid agency must suspend all Medicaid payments to a provider after the agency determines there is a credible allegation of fraud for which an investigation is pending..."





Utah Code 63A-13-501

"A health care professional, a provider, or a state or local government official or employee who becomes aware of fraud, waste, or abuse shall report the fraud, waste, or abuse to the Office"





Medicaid Policies Change Frequently

Always follow the Medicaid policy that is in effect at the time of service.

Always adhere to Medicaid service record documentation requirements.

Policy Resources for **Providers**

Medicaid Information Bulletins (MIBS)

Medicaid Provider Manuals

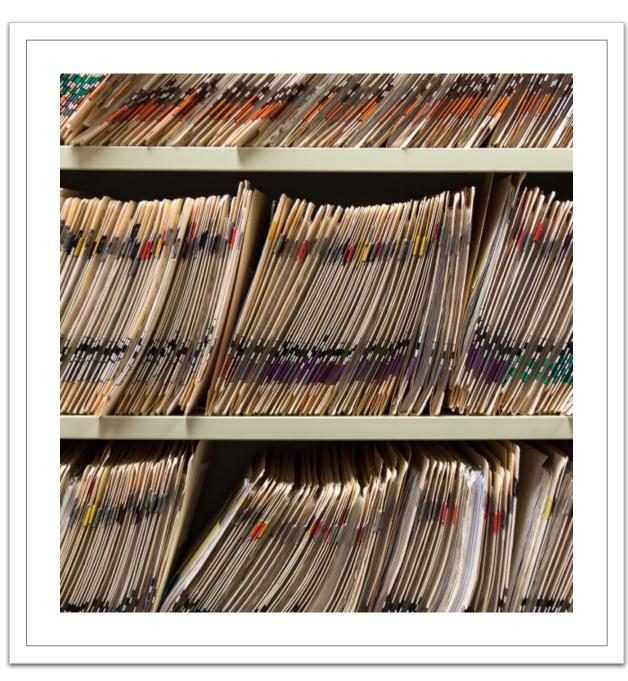
Utah Administrative Rules

Medicaid Contracts

State Plan and Waiver Plans

CMS





Records Requests

Records must be submitted within 30 calendar days.

Ensure your contact information in PRISM remains up-to-date.

If you telework, update your contact information and check your office mail and voicemail regularly.



UOIG Contacts

Gene Cottrell
Inspector General
gcottrell@utah.gov

John Slade

Program Integrity Manager <u>jslade@utah.gov</u>

Elise Napper

Auditor IV - Policy Analyst & Trainer enapper@utah.gov





The UOIG is available to assist with any questions you may have

801-538-6532 https://oig.utah.gov