

Office of Inspector General of Medicaid Services

27 February 2017



Utah Office of
Inspector General



Bottom Line Up Front

The Utah Office of Inspector General (Utah OIG) is an independent government agency tasked by statute to conduct oversight of the Utah Medicaid program. This includes oversight of all programs, funding and services associated directly or indirectly with Medicaid.

The office conducts oversight of the Medicaid program using several diverse and wide-ranging tools and resources:
Audits, Inspections, Investigations, Monitoring, Education and Training,
and Policy Reviews.

Utah OIG is able to make recommendations to Medicaid about how to improve operations and efficiency of the program. The office works to identify, prevent and recover taxpayer monies that are expended as the result of fraud, waste and abuse.

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Outline for Training



- Mission
- History
- Tools
- Personnel and Sections
- Organization Chart
- Resources
- Reporting

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Mission



The Utah Office of Inspector General of Medicaid Services, on behalf of the Utah Taxpayer, will comprehensively review Medicaid policies, programs, contracts and services in order to identify root problems contributing to fraud, waste, and abuse within the system and make recommendations for improvement to Medicaid management and the provider community.

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History of Utah OIG



Established by Legislature in 2011

1. We are an Independent Agency of the State of Utah.
2. We Provide Oversight of the Utah Medicaid Program.

We develop, implement and enforce processes to identify, prevent and reduce fraud, waste, and abuse.

We also develop and offer provider training.

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Utah OIG Tools



Audits
Investigations
Inspections
Self Audits
Evaluations
Policy Reviews
Utilization Reviews

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Audit Neil Erickson, Manager

Utah OIG Experience:

Our office can house up to eight auditors, currently we have 5 auditors with a combined 60 years of audit experience holding various certifications such as CPA, CISA, CIA, CFE, CMA, CGAP, and CIGA.

Who Utah OIG Audits:

We have the ability to audit any department or organization that receives Medicaid funding.

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Audit Department Overview



- Performs audits (i.e. determines the nature, scope and direction of the audit; reviews and analyzes available information, identifies potential issues, schedules audit, prepares audit work papers, etc.).
- Analyzes, summarizes and/or reviews data; reports findings, interprets results and/or makes recommendations.
- Writes or drafts correspondence, reports, documents and/or other written materials.
- Ensures compliance with applicable federal and/or state laws, regulations, and/or agency rules, standards and guidelines, etc.
- Gathers documentation to support negotiated resolution of non-compliance issues.
- Plans and manages projects and/or programs. Writes (or discusses) project/program plan(s), recommendation(s) and/or finding(s) with departments or organizations.

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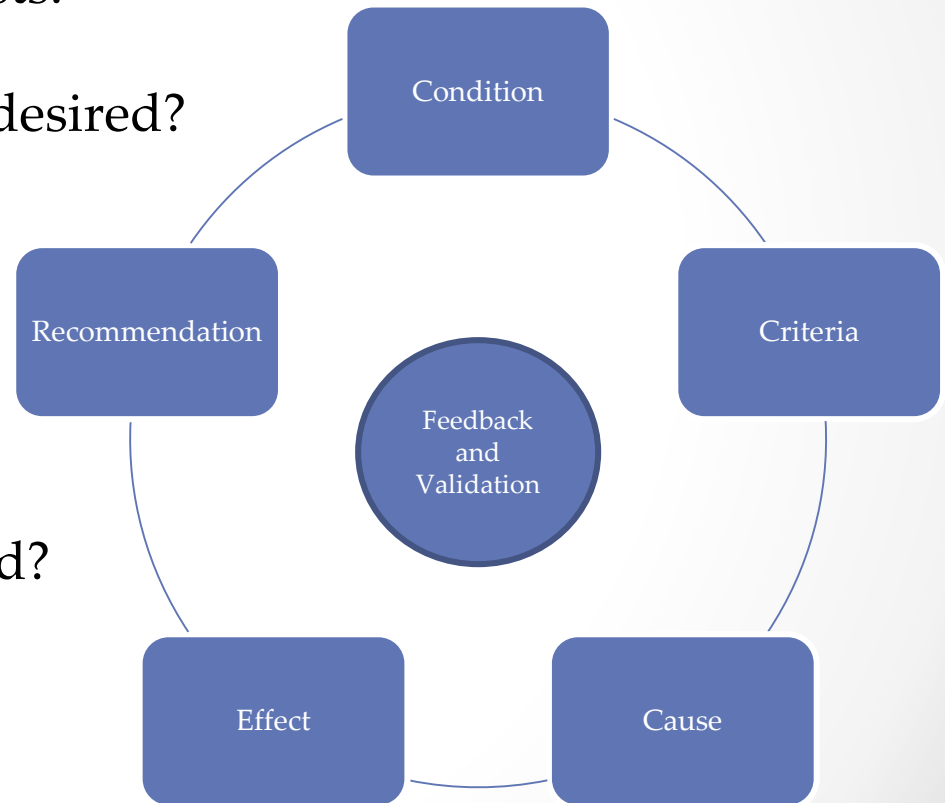
Elements of an Audit Finding



- Five Elements of an Audit Finding :

1. Condition:
 - The situation that exists.
2. Criteria:
 - What is required or desired?
3. Cause:
 - Why did it happen?
4. Effect:
 - What is the impact?
 - Where's the hurt?
5. Recommendation:
 - How can this be fixed?

Refer to Yellow Book 4.10 – 4.14.





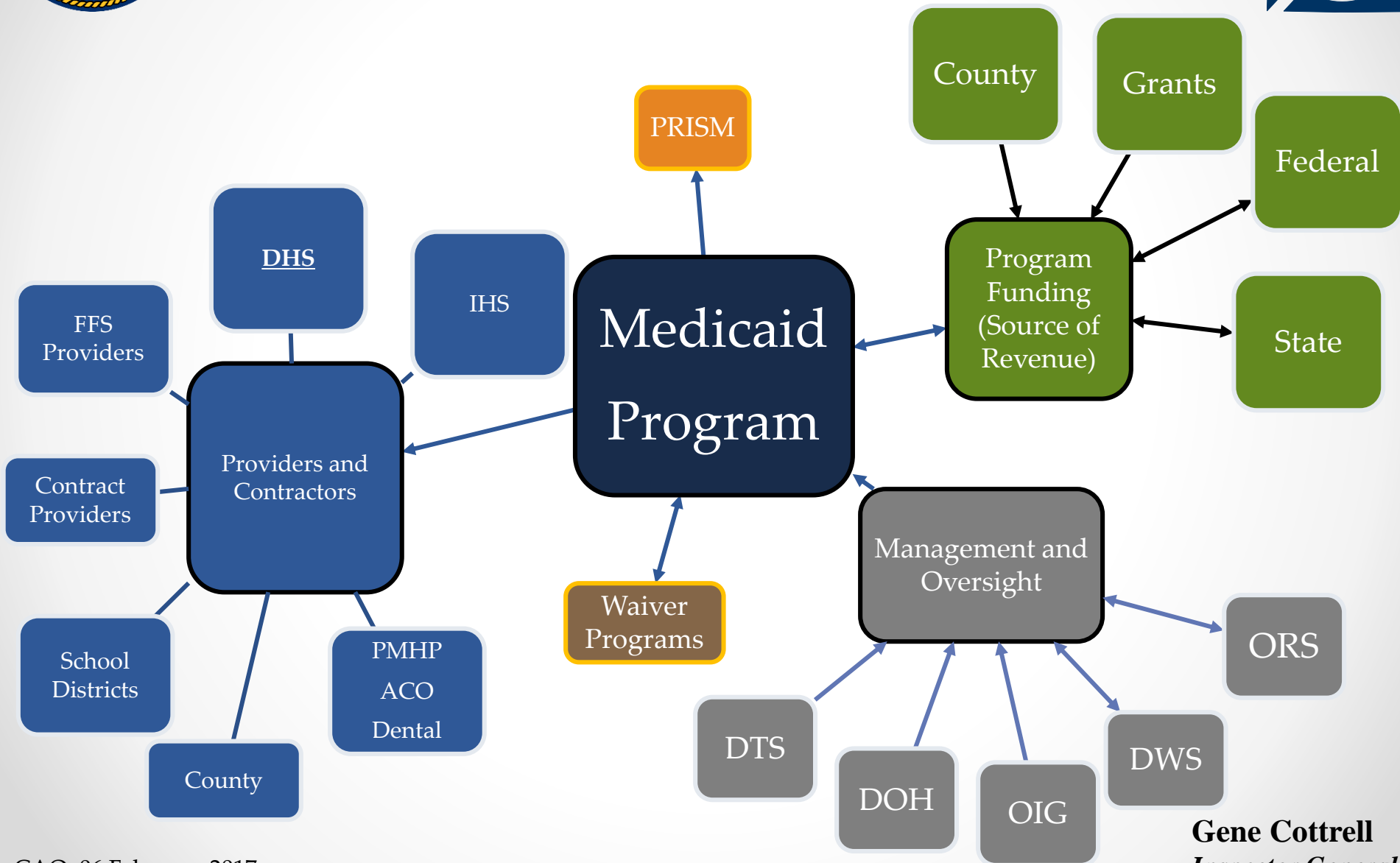
Audit Cycle



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Audit Universe



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Data

Mylitta Barrett

- Access to Medicaid Claims data.
- Pull monthly random samples to check for billing inconsistencies.
- Have ability to look at data for reported or suspected billing inconsistencies.
- Assist nurse investigators and auditors in investigations.
- Use data to either confirm or deny suspected fraud, waste and abuse.



Program Integrity

Andrew Hill, Manager

The UOIG Program Integrity Unit's mission is to combat Medicaid provider fraud, waste, and abuse which diverts dollars that could otherwise be spent to safeguard the health and welfare of Medicaid enrollees.

- 42 CFR § 455.13 – Methods for identification, investigation and referral. The UOIG must *create methods and criteria for identifying suspected fraud cases*.
- 42 CFR § 455.14 – Preliminary Investigation. The UOIG *investigates all allegations of fraud, waste, or abuse referred to the office*.
- 42 CFR § 455.15 – Full Investigation. If the preliminary investigation leads the agency to believe that fraud or abuse has occurred, we must *refer the case to the Medicaid Fraud Control Unit (MFCU)*
- 42 CFR § 455.20 – *Beneficiary Verification*. The UOIG fields referrals from recipients who received an EOMB from Utah Medicaid, but are concerned that they did not receive the services.

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Program Integrity



- 42 CFR § 455.21 – Cooperation with State Medicaid Fraud Control Unit. *The UOIG must refer all suspected cases of provider fraud to the MFCU.*
- 42 CFR § 455.23 – Suspension of payments in cases of fraud. The UOIG 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, unless the agency has good cause to not suspend payments or to suspend payment only in part.
- 42 CFR § 456.23 – Post Payment Review Process. The UOIG must *develop and review beneficiary utilization profiles, provider service profiles, and exceptions criteria*. This allows us to correct misutilization practices of beneficiaries and providers.
- Inpatient Post Payment Review – *A minimum of 5% of inpatient hospital claims adjudicated in the previous month. The UOIG reviews these claims to determine:*
 - *Appropriate utilization*
 - *Compliance with state and federal Medicaid regulations*
 - *Documentation meets state and federal requirements*
 - Procedures requiring *prior authorization had been approved* before the provision of services, and that the services received were medically necessary.

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Special Investigations Unit (SIU)



John Slade, Manager

- Intake of complaints (media clips, EOMBs, etc.)
- Conducts preliminary reviews to verify complaints
- Makes referrals to other entities and makes termination recommendations
- Develops cases on providers and comprehensive review and identification of overpayment amount
- Conducts site visits
- Provides provider education
- Participates in OIG-initiated Focused Reviews and Special Projects
- Functions as a presence and/or deterrent in the provider community

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Special Investigations Unit (SIU)



- Types of Fraud and Abuse:
 - Medical identity theft
 - Billing for unnecessary services or items
 - Billing for services or items not provided
 - Upcoding
 - Unbundling
 - Non-covered services or items
 - Kickbacks
 - Beneficiary fraud



Special Investigations Unit (SIU)



- We Need Your Help!
- Please report the following:
 - Drug Seeking
 - Identity Theft
 - Card Sharing
 - False Claims

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Policy and Training Coordinator

Steven Anthony



Policy Reviews:

- Required by Utah OIG Statute.
- Review and advise on Policy questions for audits and investigations.
- Conduct reviews of draft Medicaid policies prior to publication:
 - MIBs, Provider Manuals, State Plan Amendments.
 - Identify potential conflicts or concerns in policy.
- Numbers:
 - 98 Provider Manuals Reviewed out of 102 submissions (96%)
 - 80 Provider Manuals with Recommendations (82%)

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Policy and Training Coordinator



- Successful Partnership with Medicaid
- Started first reviews in October 2013
- Quarterly MIBs and Provider Manual Updates
- Types of Findings:
 - Conflicts between polies:
 - MIBs, Manuals, Lookup Tools, Attachments, Rules, Federal Requirements and Law
- Example:
 - CPT Code listed allowed in MIB, but closed in Lookup Tool.
 - Age limits in Provider Manual conflicting with Rule, Lookup Tool or other authority.
- **Policies Enforced:**
 - UAC R30 – Defines Policy as:
 - Utah State Plan, Medicaid Administrative Rule, Provider Manuals, Attachments, Medicaid Information Bulletin (MIB)
 - UCA 63A-13-202(3a-b) – In fulfilling duties, shall apply:
 - Medicaid Plan, Department Admin Rules, Provider Manual, MIB

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Policies Enforced



- Utah Law identifies policies that the Utah OIG enforces in carrying out their oversight duties, and also defines the policies.
- Definition of Policies:
 - Utah Administrative Code (UAC) R30 – Defines Policy as:
 - *Utah State Plan*
 - *Medicaid Administrative Rule*
 - *Provider Manuals and their Attachments*
 - *Medicaid Information Bulletin (MIB)*
- Policies Enforced and Applied in Carrying out Duties of the Office:
 - Utah Code Annotated (UCA) § 63A-13-202(3a-b) – In fulfilling duties, shall apply:
 - *Medicaid Plan*
 - *Department Admin Rules*
 - *Provider Manual*
 - *Medicaid Information Bulletin (MIB)*

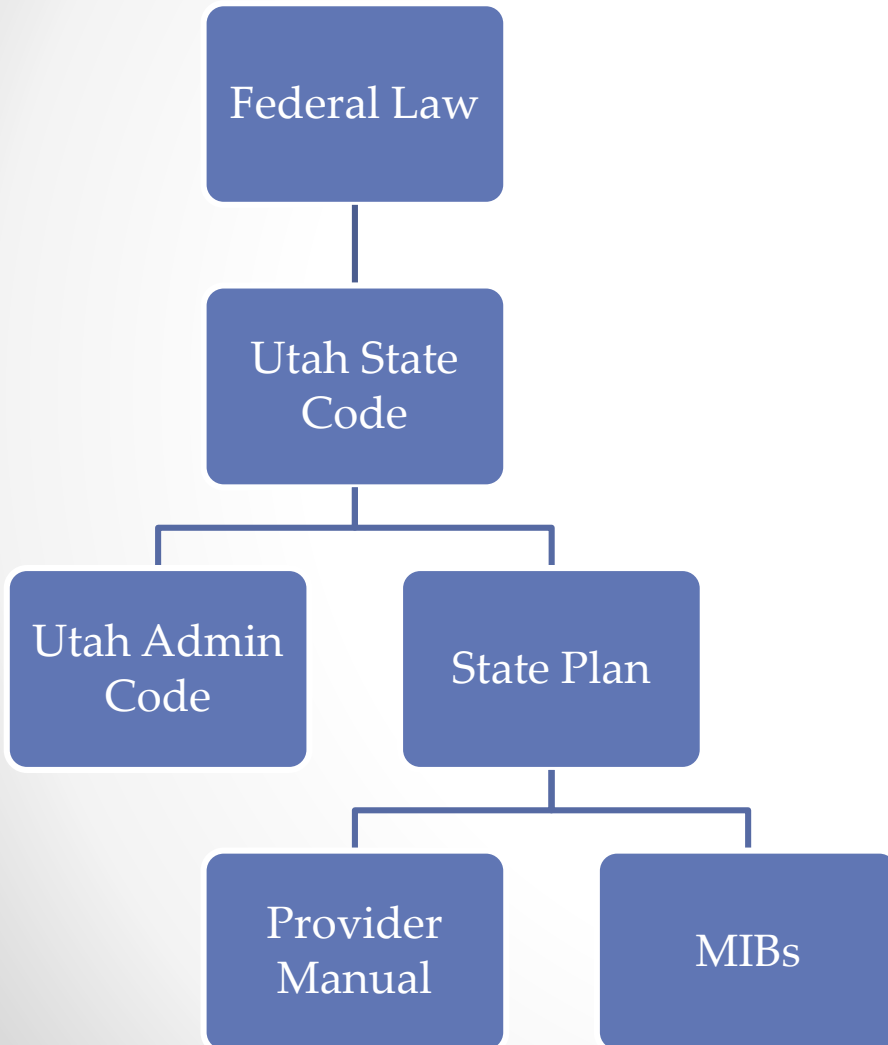
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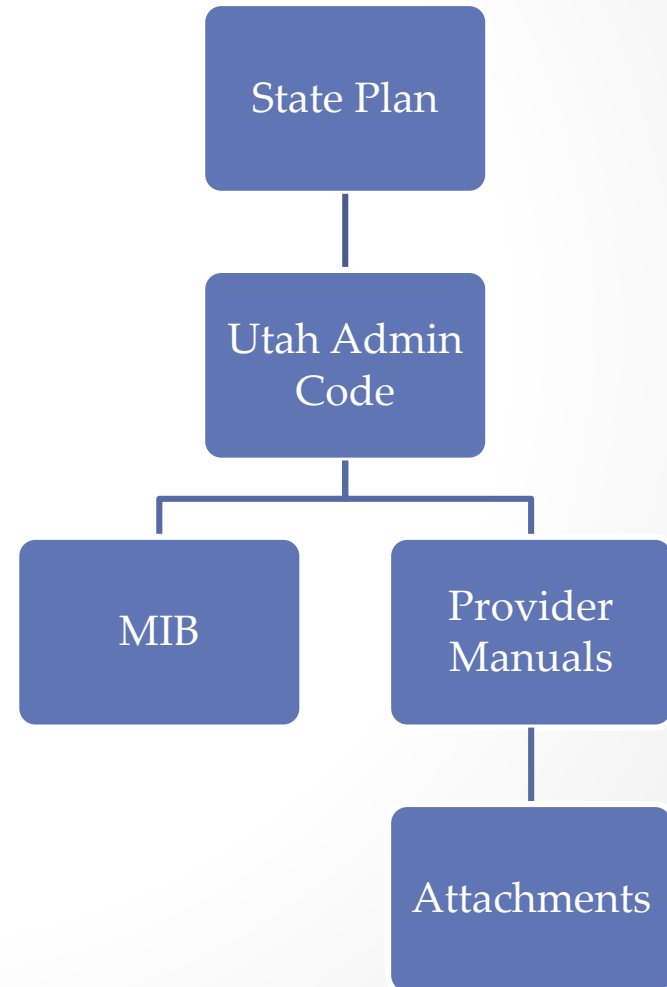
Policies Enforced



Creation of Medicaid



OIG Policies Defined and Enforced (UAC & UCA)



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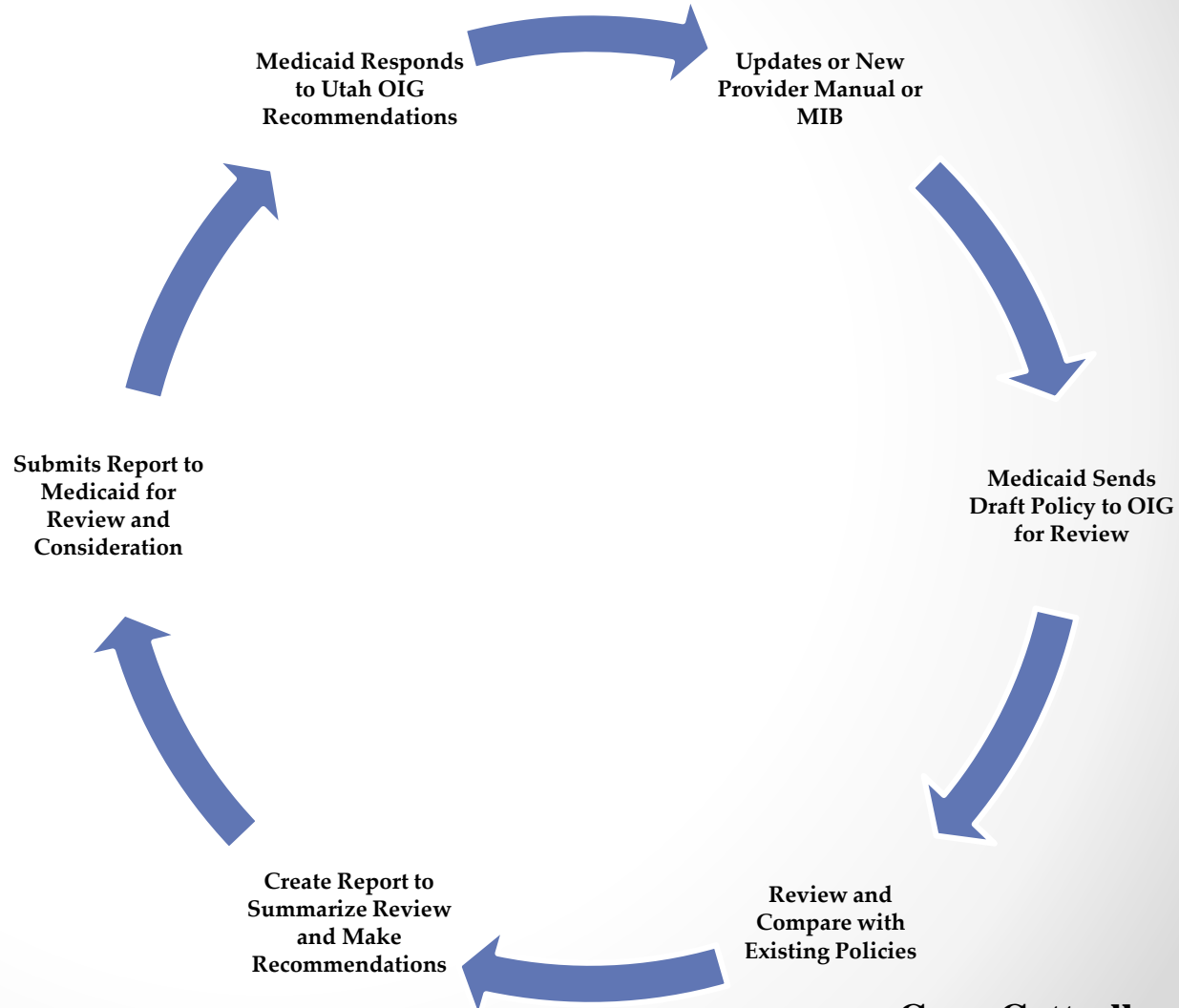
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Policy Review Cycle New and Updated Policies



- Mandated by Statute
 - UCA § 63A-13-202
- Conduct reviews of new or updated policies prior to publication.
- Special Provisions MOU details time frames.
- Make recommendations.



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Policy Resources



- Provider Manuals and MIBs:
 - <https://medicaid.utah.gov/publications>
- Utah Code:
 - http://le.utah.gov/documents/code_const.htm
- Utah Administrative Code (Rules):
 - <https://rules.utah.gov/publications/utah-adm-code/>
- Utah OIG Website:
 - <https://oig.utah.gov/>



Training Coordinator



Provider Training:

- Partnership Building:
 - Helping to improve the program for the providers and recipients – protecting taxpayer resources through efficient Medicaid programs.
- Share policy recommendations and changes.
- Information sharing about current oversight trends.
- Develop audit, policy and investigation leads and contacts.
- 2016:
 - 29 Provider Training Sessions – Throughout the State
 - Topics:
 - Background on OIG, Tools and Resources for Oversight, Local and National Trends/Issues, Lessons Learned, Partnership Development

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Training Coordinator Professional Development



- Identify, prepare and present training to maintain and improve oversight skillsets.
- Innovation – be on the forefront of new methods and techniques.
- Develop new methods for oversight activities.
- Education for OIG and Medicaid:
 - *Partnership building.*
 - Improve compliance with program.
 - Identifying potential fraud, waste and abuse.
 - Program policies and compliance.

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Reporting to the Utah OIG



SUSPECTED FRAUD, WASTE OR ABUSE MAY BE REPORTED TO THE UTAH OFFICE OF INSPECTOR GENERAL. REPORTS CAN COME FROM ANYBODY AND CAN BE ANONYMOUS. PLEASE CALL THE UTAH OIG HOTLINE:

(855)403-7283

OR COMPLETE A REFERRAL ON THE UTAH OIG WEBSITE:

<https://oig.utah.gov/>

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Questions?

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