

# CMS Medicaid Program Integrity Strategy

#### **State Impacts and Expectations**

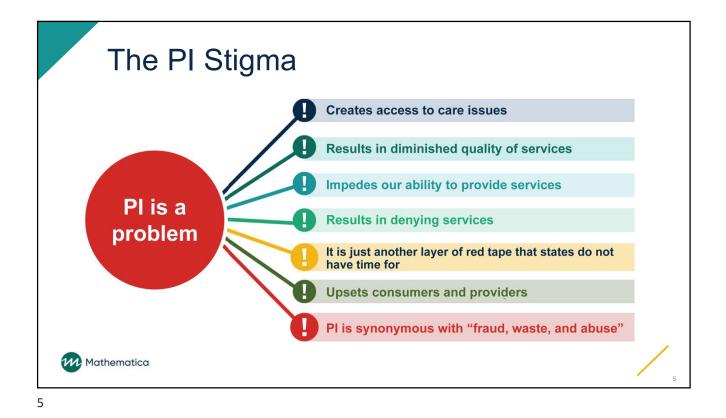
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#### The Medicaid Challenge State Medicaid Agencies (SMAs) are expected to: Innovate service delivery • Reduce or slow the overall spend • Streamline access to care Improve coordination of services ٠ Focus on person-centered care Enhance quality monitoring Comply with those aforementioned mandates Respond to stakeholders (CMS, state legislature, auditors, etc.) Work with staff and resource constraints Mathematica 4

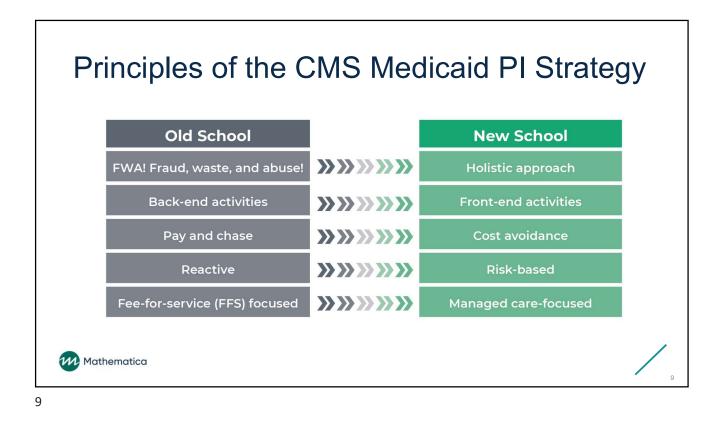




	Action	Outcome
	Increasing cost avoidance and recoveries	More money for services
	Streamlining processes	Happier consumers and providers
	Innovating services	Better outcomes
1	Keeping out bad actors	Less risk of patient harm
(	Containing costs	Less taxpayer resources required





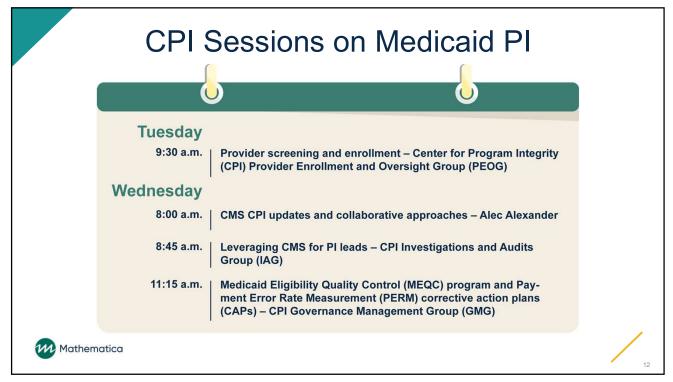




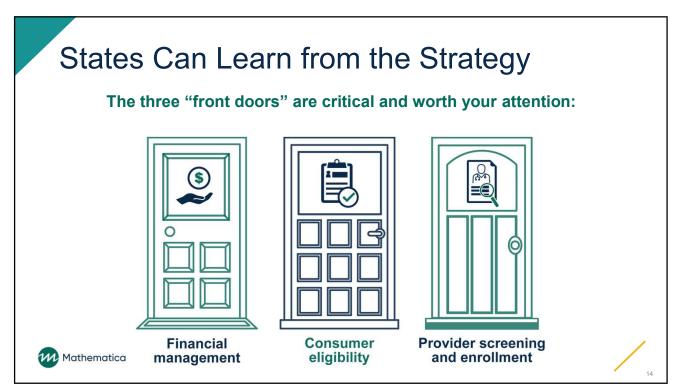
### Shifting Risk to the States

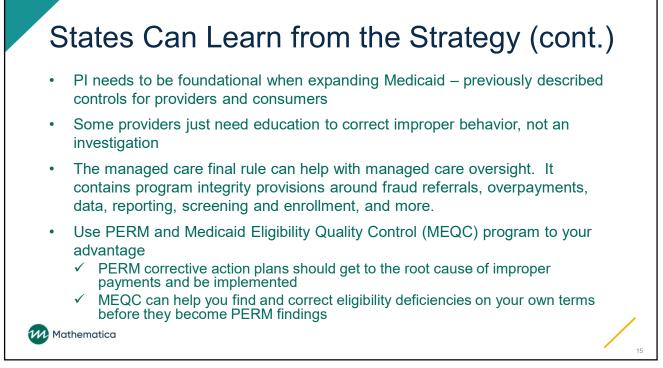
- Risk of significant financial disallowances with heightened scrutiny of financial claiming
- Increased state auditor activity
- · Potential for consumer eligibility audits
- Publication of PERM error rates may be on the horizon
- · Potential for financial penalties due to TMSIS data quality issues
- Managed care final rule implementation may be a future audit or PI review target

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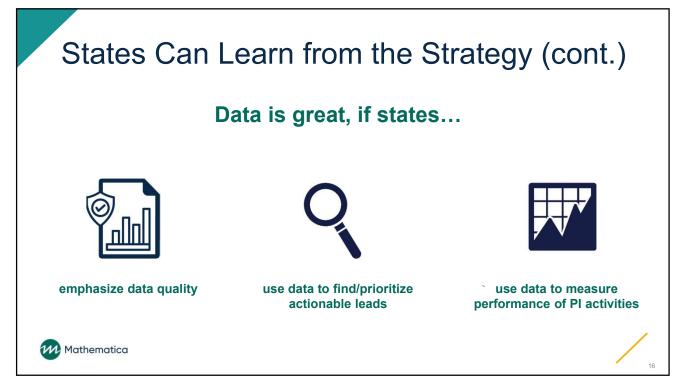










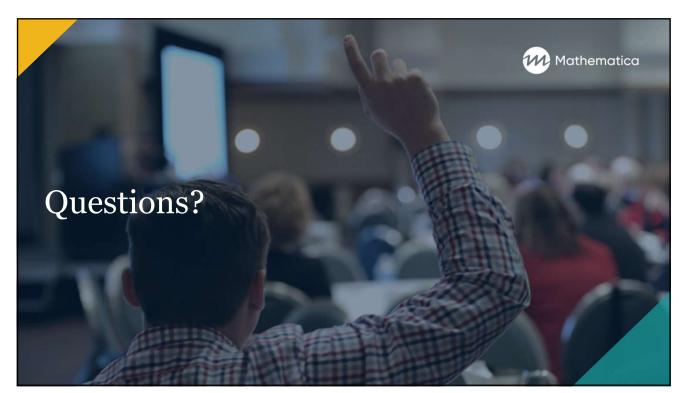


### States Can Learn from the Strategy (cont.)

- PI should get involved in new areas
- Communicate with the Center for Medicaid and CHIP Services and the Office of Financial Management
- Take advantage of opportunities at the Medicaid Integrity Institute to discuss these initiatives with CMS partners and share best practices with your state colleagues
- Consider joining the Healthcare Fraud Prevention Partnership to leverage Medicare and commercial data to help you with Medicaid PI



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## For more information



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