



1



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- \$28 billion a year program
- Serving 4 million recipients each month
- 180,000 providers
- 19 contracted Medicaid Health Plans

In FY 2018-2019, Florida's MPI received more than 8,000 complaints!



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COMPLAINT SOURCES

- Online Complaint Form
- Phone call
- Mail
- Explanation of Medicaid Benefits (EOMB)
- Other



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PROCESS SEGMENTS

1. Complaint Intake
2. Assessment
3. Predication Statement
4. Planning
5. Preliminary Investigation
6. Recommendation



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Process Segment 1

COMPLAINT INTAKE

Gather Information

- Patient Abuse Neglect or Exploitation (PANE)
- Complaint Source, Subject, and Concerns
- Florida Medicaid Management Information System (FMMIS)
- Case Tracking System (FACTS)



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Process Segment 2

ASSESSMENT

- *What* was the result of the FACTS research?
- *What* details did FMMIS provide?
- *What* are the allegations?
- *What* is the reliability of the complainant?
- *What* can MPI do?



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Process Segment 3

PREDICATION

Do the totality of circumstances lead a reasonable, professionally trained, and prudent individual to believe fraud, abuse, overpayment, or other violation falling within the authority of MPI has occurred, is occurring, or will occur?



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Process Segment 3

The 2019 Florida Statutes

Chapter 409
SOCIAL WELFARE

409.013 Oversight of the integrity of the Medicaid program.—The agency shall operate a program to oversee the activities of Florida Medicaid recipients, and providers and their representatives, to ensure that fraudulent and abusive behavior and neglect of recipients occur to the minimum extent possible, and to recover overpayments and impose sanctions as appropriate. Each January 1, the agency and the Medicaid Fraud Control Unit of the Department of Legal Affairs shall submit a joint report to the Legislature documenting the effectiveness of the state's efforts to control Medicaid fraud and abuse and to recover Medicaid overpayments during the previous fiscal year. The report must describe the number of cases closed each year; the amount of sources of the cases opened; the disposition of the cases opened; the number and amount of fines or overpayments alleged in preliminary and final audit letters; the number and amount of settlements or overpayments recovered; the amount of final agency determinations of overpayments; the amount deducted by other means; the amount of overpayments, the amount of overpayments recovered each year; the amount of cost of investigation recovered each year; the average length of time to year; the amount of time the case was opened until the overpayment is paid in full; the amount collect from the time the case was opened until the uncollectible amount subsequently reclaimed from the Federal Government; the number of providers, by type, that are terminated from participation in the Medicaid program as a result of fraud and abuse; and all costs associated with discovering and prosecuting cases of Medicaid overpayments and making recoveries in such cases. The report must also document actions taken to prevent overpayments and the number of providers prevented from enrolling in or re-enrolling in the Medicaid program as a result of documented Medicaid fraud and abuse and must include policy recommendations necessary to prevent or recover overpayments and changes necessary to prevent and detect Medicaid fraud.

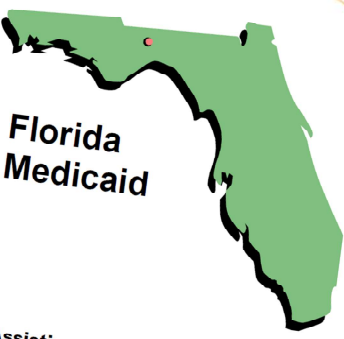
False Claims Act [31 U.S.C. § § 3729-3733]

59G-1.058 Eligibility

Rule 59G-4.002, Provider Reimbursement Schedules


59G-1.056 Copayments and Coinsurance

Anti-Kickback Statute [42 U.S.C. § 1320a-7b(b)]




Florida Medicaid

Assistive Care Services Coverage Policy
Agency for Health Care Administration

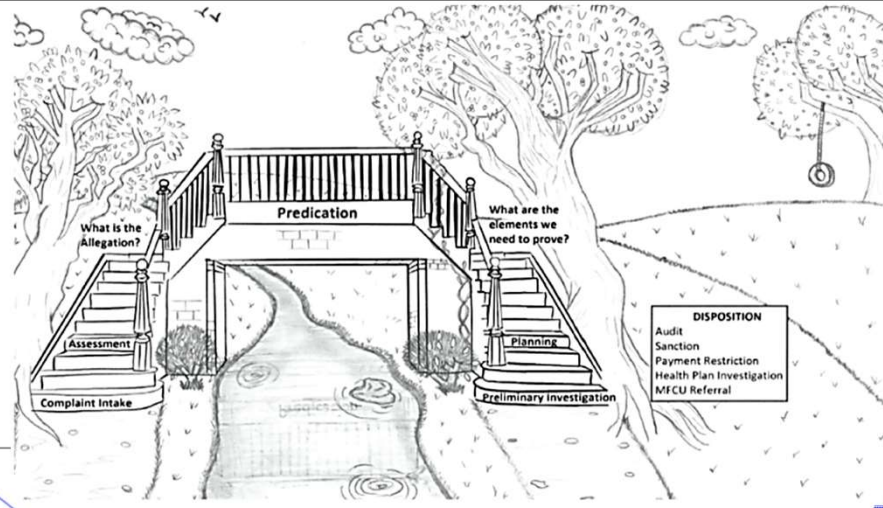



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Process Segment 4





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PLANNING

- Identify goals or objectives
- Formulate strategies
- Implement
- Monitor



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WHY DO WE PLAN?



- No two investigations are alike
- We must tailor the investigation to each complaint
- We've become overly reliant on tools and templates



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Planning "MENU"

Social Media
Data Aggregator
Property Appraisers office
Licensure sites
Division of Corporations
Background Screening database

INVESTIGATIVE PLAN MENU

- CCIS - (State and Local supporting legal documents)
- Complainant Interview
- Corporate records search
- DSS Query - Billing * Rendering * Prescribing * Recipient
- Exclusions lists (SAM/LEIE) review
- FL MMIS - Provider or Recipient
- FMMIS - related data/owner/tax id/name searches
- Handbook Policy review
- Internet research -- Google, Bing, Google Scholar sites (specify sites and terms)
- Licensure review -- eligibility, locations, disciplines, specialty
- Medicaid Provider Alerts (historical notices to providers about policy updates)
- PACER (Federal supporting legal documentation)
- ProPublica
- Provider Network Verification (PNV) review (managed care plan contracts)
- MFCU Case Report
- FACTS Closed Complaints/Cases
- Risk Assessment
- SIRIS
- Site Visit - Comprehensive vs. Request for information gathering
- Statutory (or other regulatory) review
- TLO Comprehensive Report (individual or business history)





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PLANNING TOOL

| | | | |
|---|--|---|--|
| Planning | <input type="checkbox"/> Medicaid Policy Review _____ | <input type="checkbox"/> FMMIS Claims Review | <input type="checkbox"/> Billing Query |
| | <input type="checkbox"/> Consult with nurse, pharmacy, or any subject matter expert in MPI _____ | <input type="checkbox"/> Contact Complainant | <input type="checkbox"/> Recipient Query |
| | <input type="checkbox"/> Consult with policy expert (Medicaid) | <input type="checkbox"/> PACER | <input type="checkbox"/> Pharmacy Query |
| | <input type="checkbox"/> Google _____ | <input type="checkbox"/> FMMIS/OnBase Review | <input type="checkbox"/> Prescribing Query |
| <input type="checkbox"/> Consult with Medicaid specialist _____ | <input type="checkbox"/> SunBiz Corporation Records | <input type="checkbox"/> Rendering Query | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Site Visit Inspection | <input type="checkbox"/> Request for Info. Gathering via SV | <input type="checkbox"/> Other Query _____ |
| <input type="checkbox"/> TLO Report | <input type="checkbox"/> Request for Info. Gathering via SV | <input type="checkbox"/> License Search | <input type="checkbox"/> Amount paid to provider |
| <input type="checkbox"/> Exclusions Lists - (SAM / LEIE) | <input type="checkbox"/> SIRIS search | | 2015 _____ |
| <input type="checkbox"/> Obtain Records from provider (mail or RFI) | | | 2016 _____ |
| | | | 2017 _____ |
| | | | 2018 _____ |
| | | | 2019 _____ |



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1. Complaint Intake

SOURCE

CONCERN 2

CONCERN 1

SUBJECT

Complaint Information

Name of Complainant: Jane Doe
Email: Jane.Doe@gmail.com
City: Tallahassee
State: Florida
Zip: 32308
I am a: Concerned Citizen
Have you reported this to any other entity: No
When did you detect this issue, or when did you have knowledge of this concern? 07/28/2019
Is this issue suspected or confirmed? Suspected
This complaint is about a: Medicaid Provider
Incident Description: Rabbit Home Health Care has not sent a Home Health Aide to our home since May to provide services to my son Joey. Please help!
If a Medicaid Provider: Rabbit Home Health Care
Provider Name:

I am concerned with someone committing fraud, waste or abuse Yes
I am concerned with a service that was provided No
I want to report that services or supplies were not provided or received by the recipient Yes
I am concerned with a provider's billing practice No
I want to report Patient Abuse Neglect or Exploitation No
I want to report the misconduct of a provider or one of their employee(s) No
I saw that a Medicaid provider was arrested or in the news No
Other No

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2. Assessment

Home Claims Managed Care Provider Recipient Reference Site
home search enrollment information and npi related data financial summary rpts & letters

Provider Search

Provider/NPI: 012345679
ATN: []
License: []
Medicare: []
SSN/TAX/FEIN: []
Surrety Bond #: []
Contract: Home Health Svc
Contract Code: []
Contract Status: ACTIVE
Group Affiliation: []
No Fee for Service: []

Business OR: RABBIT HOME HEALTH
Last Name: []
First, MI: []
DBA: []
Provider Type: 65 - HOME HEALTH SERVICES
Specialty Type: []
City: TALLAHASSEE
Zip: []
County: 37 - LEON
Field Office: []
SHHC Region Code: []

Recipient Search

Recipient ID: []
SSN: []
Last Name: DOE
First Name: JOEY
Birth Date: []
Card Control Number: []
Medicare ID: []
Case ID: []
Gender: Male
County: 37-LEON

Recipient Information

Recipient ID: []
Name: Doe, Joey
Prev Name: []
Payee Name: Doe, Jane
Address: 123 Blue Bird Lane
Address 3: []
City: TALLAHASSEE
State: FL
Zip: 32305-5215
Phone: (850) 408- []
Phone Type: Home Place
ALT Phone: (904) 468- []
ALT Phone Type: Cellular
Residence County: 37-LEON
Field Office: FIELD OFFICE 2
Caseworker County: 20-GADSDEN
District: DISTRICT 2

Primary ID: Yes
Linked ID: []
Medicare Coverage: []
Medicare Buy-In: []
Benefit Plan: TXIX 08/01/2010 - 12/31/2299
Aid Category: HM C NA 05/01/2014 - 12/31/2299
Incorporated: []
Man Exempt Ind: []
Managed Care: MPASS 10/01/2010 - 10/31/2011
TPL Coverage: 03 - 04/01/2016 - 12/31/2299
Opt Out Ind: []
Lockin: []
HKE Pend Choice Ind: No
Unborn Ind: No
Expected Birth Date: 09/10/2010
Mom ID: []
CHCUP Ind: No
CHCUP Ind Source: FLORIDA Daily
CHCUP Date: 10/02/2018

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2. Assessment

AGENCY FOR HEALTH CARE ADMINISTRATION

Welcome, Jessica Zeedyk [Refresh session] You have approximately 19 minutes until your session will expire.

Home **Claims** CHCUP Dashboards Financial Managed Care MAR Prior Authorization Provider Recipient Reference TPL CCMS Site

home search information adjustments assignments related data encounter data adjustments chow comb

Claim Search

Provider ID [Search] ICN [Search]
 Recipient ID [Search] TCN [Search]
 FDOS 06/01/2019 Status [v]
 TDOS 06/30/2019 Claim Type [v]
 Records 20 [v]

[search] [clear] [adv search]

Search Results

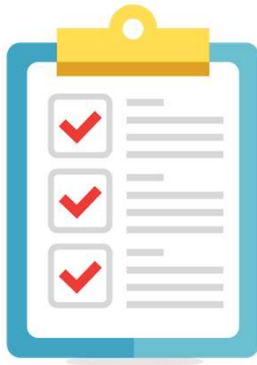
| ICN | Recipient ID | Provider ID | FDOS | TDOS | Claim Type | Status | Date Paid | Amount Billed | Amount Paid |
|-----|--------------|-------------|--------------|------|------------|----------|-----------|---------------|-------------|
| MCD | 06/01/2019 | 06/30/2019 | PROFESSIONAL | PAID | 07/17/2019 | \$420.00 | \$0.00 | | |
| MCD | 06/04/2019 | 06/06/2019 | PROFESSIONAL | PAID | 06/26/2019 | \$128.40 | \$0.00 | | |
| MCD | 06/04/2019 | 06/06/2019 | PROFESSIONAL | PAID | 06/26/2019 | \$90.00 | \$0.00 | | |
| MCD | 06/11/2019 | 06/13/2019 | PROFESSIONAL | PAID | 07/07/2019 | \$90.00 | \$0.00 | | |
| MCD | 06/11/2019 | 06/13/2019 | PROFESSIONAL | PAID | 07/07/2019 | \$128.40 | \$0.00 | | |
| MCD | 06/18/2019 | 06/20/2019 | PROFESSIONAL | PAID | 07/07/2019 | \$128.40 | \$0.00 | | |
| MCD | 06/18/2019 | 06/20/2019 | PROFESSIONAL | PAID | 07/07/2019 | \$90.00 | \$0.00 | | |
| MCD | 06/25/2019 | 06/27/2019 | PROFESSIONAL | PAID | 07/17/2019 | \$90.00 | \$0.00 | | |
| MCD | 06/25/2019 | 06/27/2019 | PROFESSIONAL | PAID | 07/17/2019 | \$128.40 | \$0.00 | | |

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PREDICATION STATEMENT

There is sufficient predication to warrant further review based on the allegation of billing for services not rendered.

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Investigative Plan

1. Review of Licensure
2. Background Screening Roster
3. Billing Claims Query



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INVESTIGATION

- Associated Owners, Officers, or Registered Agents
- In-depth analysis of paid claims
- Specific time period
- Medical documentation review
- Site visit



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Rabbit Home Health Care



Provider Information

Provider ID: 11242018
 Service Location: 11/21/2018-12/31/2019
 Provider ID: 11242018
 NNA: 11/21/2018-12/31/2019
 Address: 11242018
 City: TALLAHASSEE
 State: FL
 Zip: 32308-3800
 Phone: 000-000-0000
 Fax: 000-000-0000

Practice Type OTHER
Provider Type GS - HOME HEALTH SERVICES
Licensure 11/21/2018-12/31/2019
Specialties 11/21/2018-12/31/2019
Taxonomies 11/21/2018-12/31/2019
Contract 11/21/2018-12/31/2019
Contract Dates 11/21/2018-12/31/2019
Contract Status ACTIVE
Medicare 02/04/2018-02/05/2019
Surety Bond 11/21/2018-12/31/2019
Specialty 11/21/2018-12/31/2019

✓ Medicaid Provider

Recipient Information

Recipient ID: 11242018
 First Name: Doe, Jane
 Last Name: Doe, Jane
 Address: 11242018
 City: TALLAHASSEE
 State: FL
 Zip: 32308-3215
 Phone: (850) 400-0000
 Birth Date: 08/25/2010
 Death Date: 0
 Race: BLACK OR AFRICAN AM
 Ethnicity: Not Applicable
 Citizenship: US Citizen
 Language: ENGLISH
 Language ID: FLORIDA Daily
 Language ID: DISTRICT 2

Primary ID: 11242018
 Linked ID: 11242018
 Medicare Coverage: 11/21/2018-12/31/2019
 Medicaid Coverage: 11/21/2018-12/31/2019
 Medicaid Plan: 11/21/2018-12/31/2019
 Add Category: 11/21/2018-12/31/2019
 Incentive: 11/21/2018-12/31/2019
 Managed Care: 11/21/2018-12/31/2019
 EPC Coverage: 11/21/2018-12/31/2019
 Opt Out: 11/21/2018-12/31/2019
 Expected Birth Date: 08/25/2010
 Member ID: 11/21/2018-12/31/2019
 Current License: 11/21/2018-12/31/2019
 License Status: 11/21/2018-12/31/2019

✓ Medicaid Recipient



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Facility/Provider Locator

Choose a facility/provider type using the drop down menu or select the Community Residential Home option below. If you are not sure of the type, choose "ALL TYPES". To narrow your search, enter more information or to broaden your search, enter less. For a description of facility/provider types, see the GLOSSARY.

Note: To search for Home Health Agencies, Homebased and Companion Services, Hospices, or Nurse Registered & General Search will find only the location of the main offices. However, these providers can serve multiple counties. To find all providers in a particular service area, choose a provider, then click the Advanced Search to choose the county you want to view.

You may also view reports of frequently requested information, or for questions, Contact Us.

General Search

Home Health Agency
 Facility/Provider Type: Home Health Agency
 Community Residential Home: ☐ Link Association: Contact your local zoning authorities for any specific requirements. See also [enroll \(1\)](#).
 License Status: ☐ Active/Status: ☐ Public Home Health
 Name:
 Street Address:
 City:
 Zip Code:
 County:
 ANCA Number (File Number):
 License Number:
 Affiliated Individual/Entity:
 Profile Status:
 Current Emergency Action:

Provider Profile

RABBIT HOME HEALTH CARE

Owner Address [Get Directions](#)
 11242018
 County: Leon
 State: FL
 Zip: 32308-3215
 Website: [www.rabbithomehealthcare.com](#)
 Accredited By: Joint Commission

Emergency Actions: None

ANCA Reports: Inspection Reports: [View](#)
 Inspection Details: [View](#)
 Home Health Agency Comparison Tool: [View](#)

Compare Quality and/or Pricing: Home Health Agencies

Services/Characteristics:
 Service Area: Calhoun, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla
 Accredited By: Joint Commission
 Annual Patient Admissions: 100
 Certification Status: Medicare/Medicaid Certified
 Pediatric Services: No
 Special Designation: Skilled Services

Facility/Provider Type: Home Health Agency
Administrator: EMILY [REDACTED]
Financial Officer: WILLIAM [REDACTED]
Owner/License: [REDACTED]
Owner/License Since: 11/21/2018
Prote Status: Not Available
Licensed Beds: Not Available
ANCA Number (File Number): [REDACTED]
ANCA Field Office: [REDACTED]
License Number: [REDACTED]
Current License Effective: 11/21/2018
Expires: 12/31/2020
License Status: LICENSED

1. Review of Licensure



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Agency for Health Care Administration

Provider Search

Search Criteria: To conduct a search, data must be input in at least one field.

Providers

Provider ID:

Provider Name:

License Number:

File Number:

Address:

City:

Zip:

Telephone:

Search

Agency for Health Care Administration

Provider Account Information

Provider ID:

Provider Type:

Facility Name:

Address 1:

Address 2:

City:

State:

ZIP:

Administrator Name:

Administrator Phone #:

License Status:

License Number:

Medical Number:

File Number:

Provider Contact Information

First Name:

Email:

Phone:

Last Name:

FAX:

Employee Roster

| Person ID | Person Name | SUN | Position | Last Screening Date | Prepositional Date | Hire Date | End Date |
|-----------|-------------|------|-------------------------|---------------------|--------------------|------------|----------|
| 1134 | Janet | 2729 | Chief Financial Officer | 10/25/2018 | | 01/25/2017 | |
| 1134 | Janet | 1219 | ASSISTANT ADMINISTRATOR | 10/24/2018 | | 05/08/2017 | |

2. Background Screening Roster

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Agency for Health Care Administration

Claim Indicator

Year

ICN Undup Count

Recipient Undup Count

Contract Type

Sum of Service Paid Amount

| Claim Indicator | Year | ICN Undup Count | Recipient Undup Count | Contract Type | Sum of Service Paid Amount |
|-----------------|------|-----------------|-----------------------|---------------|----------------------------|
| E | 2015 | 2719 | 45 | 09 | \$295,427.96 |
| E | 2016 | 11628 | 58 | 09 | \$490,155.88 |
| E | 2017 | 18692 | 71 | 09 | \$583,372.78 |
| E | 2018 | 25422 | 77 | 09 | \$766,164.08 |
| E | 2019 | 8777 | 65 | 09 | \$269,576.20 |
| | | | | Sum: | \$2,404,696.90 |

Claim Indicator

Year

ICN Undup Count

Recipient Undup Count

Sum of Reimbursed Amount

| Claim Indicator | Year | ICN Undup Count | Recipient Undup Count | Sum of Reimbursed Amount |
|-----------------|------|-----------------|-----------------------|--------------------------|
| F | 2015 | 44 | 7 | \$9,172.04 |
| F | 2016 | 42 | 5 | \$7,796.63 |
| F | 2017 | 177 | 14 | \$25,569.48 |
| F | 2018 | 38 | 2 | \$4,225.32 |
| F | 2019 | 40 | 4 | \$5,587.80 |
| | | | Sum: | \$52,351.27 |

3. Billing Claims Query

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INVESTIGATIVE REPORT WRITING

What is the purpose of an investigative report?

- Sparks action based on findings it presents
- Record of steps taken
- May be cited in legal action
- Provides valuable data

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INVESTIGATIVE REPORT WRITING

INVESTIGATION REPORT “MUSTS”

- Be organized and understandable without referencing other material
- Be done objectively and accurately

INVESTIGATIVE REPORT “MUST NOTS”

- Your report **must not** contain opinions or factually inaccurate statements
- **Must not** contain unsupported leaps in logic or legal conclusions

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INVESTIGATION CONCLUSION

Written Report

- Predication Statement
- Plan
- Investigation Summary
- Recommendation(s)

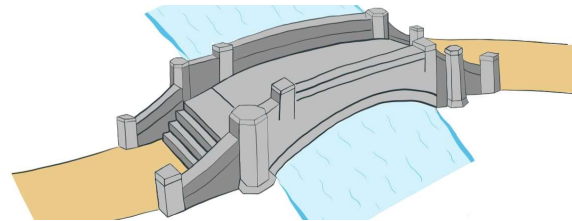


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PROCESS SEGMENTS

1. COMPLAINT INTAKE
2. ASSESSMENT
3. PREDICATION STATEMENT
4. PLANNING
5. PRELIMINARY INVESTIGATION
6. RECOMMENDATION



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RECOMMENDATION

Potential actions include:

- Closure
- Audit
- MFCU Referral



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HOW TO COMMUNICATE WITH US:

Maureen.Barker@ahca.myflorida.com

Jessica.Zeedyk@ahca.myflorida.com

850-412-4600

The Florida Online Medicaid Fraud and Abuse Complaint Form:

<https://apps.ahca.myflorida.com/mpi-complaintform/>



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