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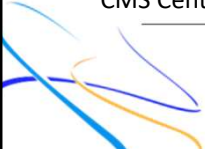
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# CENTER FOR PROGRAM INTEGRITY UPDATES AND COLLABORATIVE APPROACHES

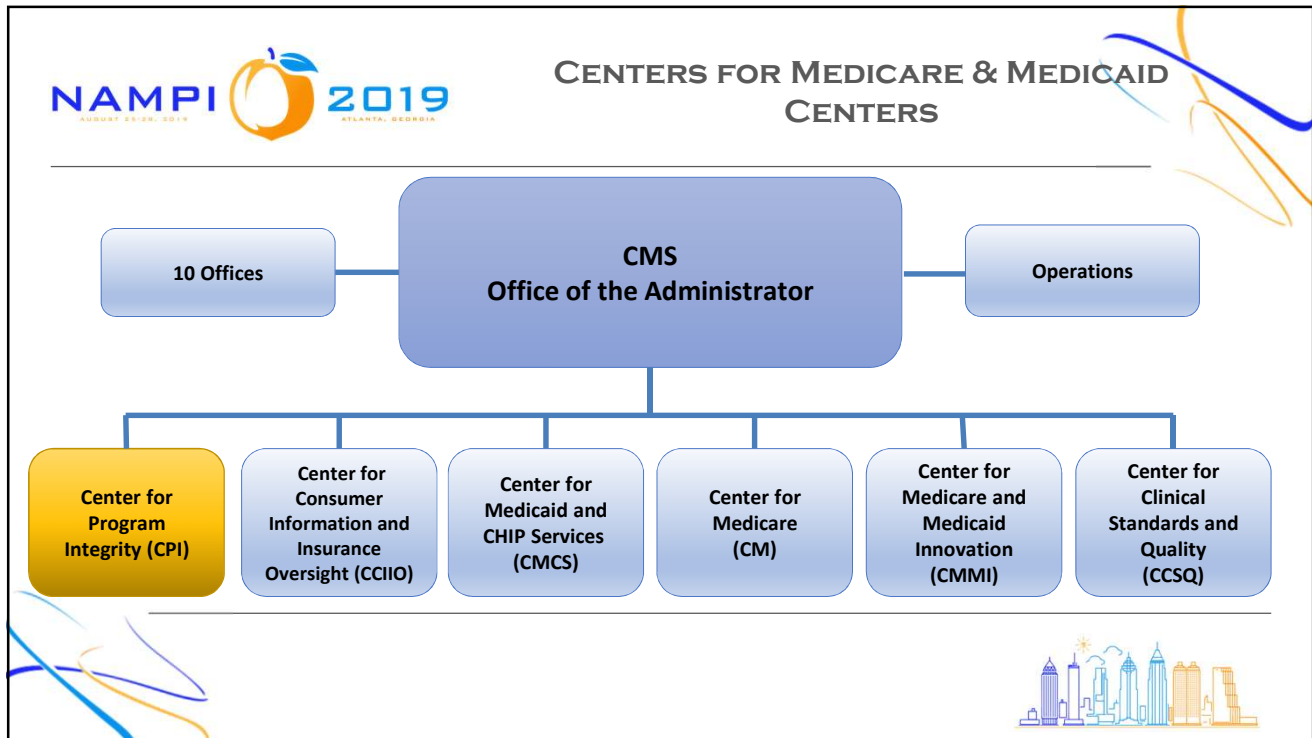
August 28, 2019  
8:00-8:45 AM

Alec Alexander  
Deputy Administrator and Director  
CMS Center for Program Integrity (CPI)

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**NAMPI 2019**  
AUGUST 25-26, 2019 ATLANTA, GEORGIA

## CENTER FOR PROGRAM INTEGRITY (CPI)

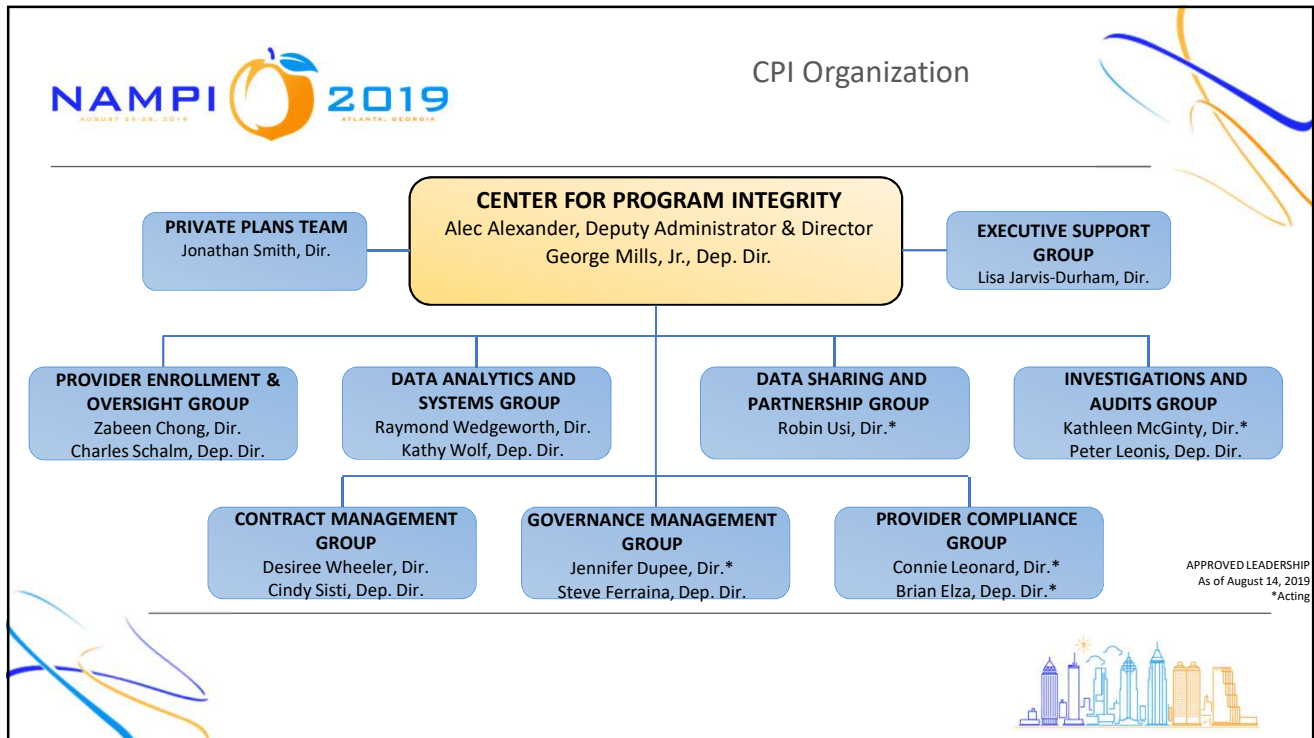
**Created**  
Department of Health and Human Services (HHS) Secretary created CPI to align Medicare and Medicaid program integrity activities in March 2010.

**Budget**  
FY 2019: 16 funding sources totaling \$ 1 billion

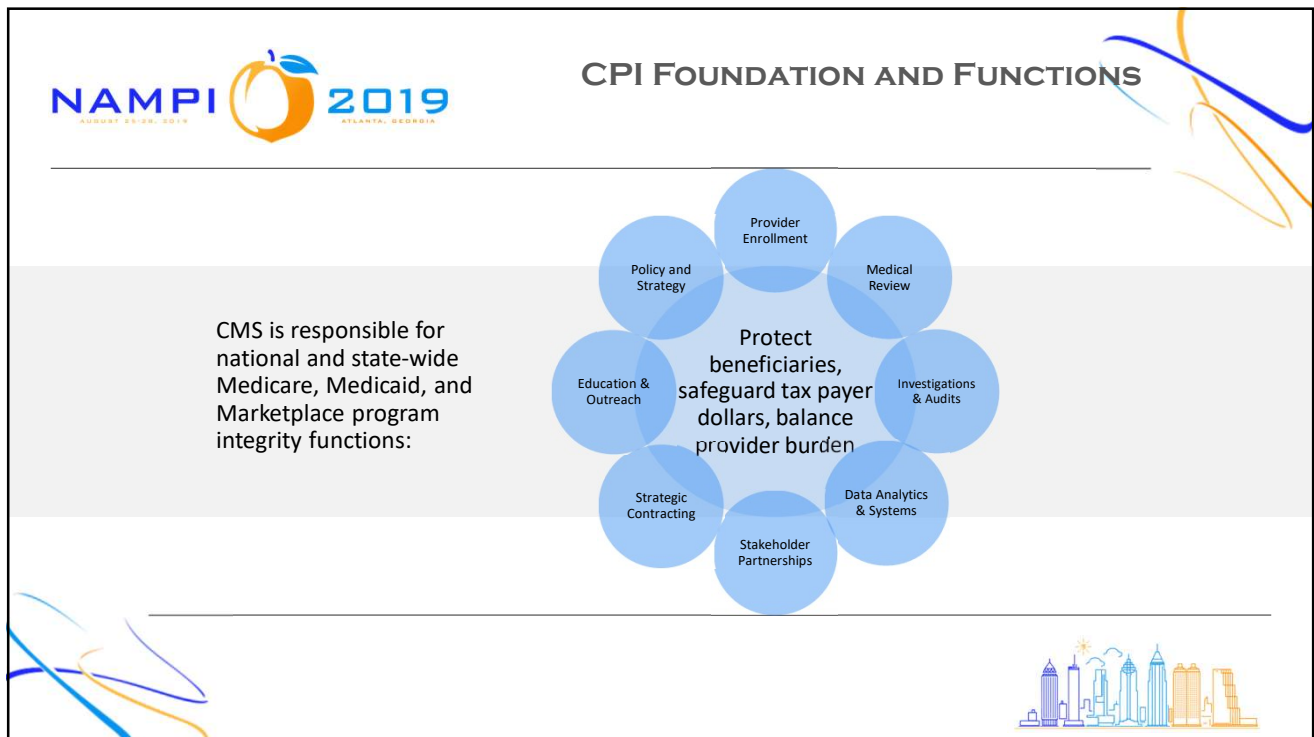
**Work**  
Serves as CMS's focal point for all national and statewide Medicare and Medicaid program integrity functions and the establishment of an integrated and coordinated national framework for program integrity-related policies and procedures.

**Organization**  
472 Employees onboard - 8 Groups - 30 Divisions including 4 field offices & Private Plans Team

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## CPI MISSION

Program integrity requires that we **protect the resources** entrusted to our nation's health care programs while also **protecting the health and well-being of beneficiaries**. CMS must work **every day** to guarantee that it is an **accountable steward of Medicare and Medicaid program dollars** and accomplishing this is one of **CMS' top priorities**.



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## CPI VISION

CMS is developing a 21<sup>st</sup> century program integrity strategy that will better align with the changing healthcare landscape and effectively leverage new and innovative technology.

We envision a future that **elevates program integrity, unleashes the power of modern private sector innovation, prevents rather than chase** fraud, waste and abuse through smart, pro-active measures, and **unburdens our provider partners** so they can do what they do best – put patients first



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## CPI PRIORITIES

- **Invest in Data and Analytics**
- **Strengthen Collaboration and Case Coordination**
- **Integrate Vulnerabilities Identification and Management**
- **Enhance Medicaid Oversight**
- **Reduce Provider Burden**
- **Fight the Opioid Crisis**

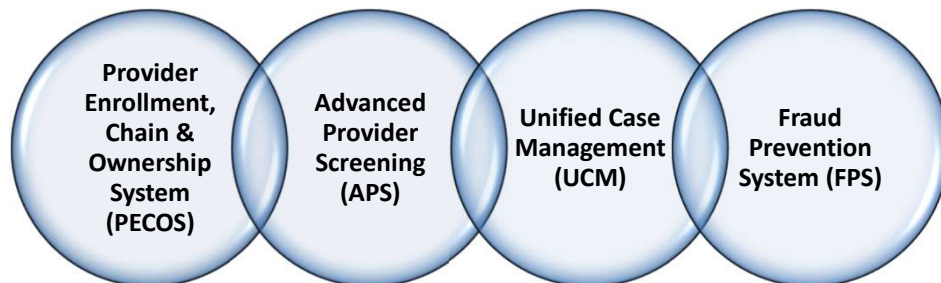
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## DATA AND ANALYTICS

**Data analytics, systems, and transparency are foundational to CPI programs:**

- Focuses on analytics related to fraud, waste, and abuse in CMS
- Provides program integrity statistical and data analysis for providers and service trends
- Identifies emerging fraud trends through data mining and other advanced analytical techniques



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## FRAUD PREVENTION SYSTEM (FPS)

State-of-the-art **predictive analytic technology**


CMS is systematically **applying advanced analytics against Medicare FFS pre-paid claims** on a streaming, nationwide basis for program integrity purposes. FPS 2.0 launched in March 2017

# WHAT IS FPS


?

Since June 30, 2011, the FPS has run **predictive algorithms and other analytics nationwide**; reviews all Medicare FFS claims

**Analyzes 4.5 million claims each day** using a variety of analytic algorithms (models) to generate alerts and identify suspicious patterns for further investigation



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## TRANSFORMED MEDICAID STATISTICAL INFORMATION SYSTEM (T-MSIS)

**T-MSIS provides:**


- Both state and federal policymakers better information about state Medicaid programs
  - Who is eligible to receive services
  - What services are provided and to whom
  - How much it costs
  - Outcomes of care

**CPI assesses:**


- Completeness and quality of T-MSIS data
- Usability of T-MSIS data for Program Integrity (PI) activities
- Optimization opportunities




**3**  
States using T-MSIS Data




**2**  
States pending confirmation




**25**  
Currently in validation status



**23**  
To be validated by Dec. 2019



**53 Total**  
States and territories available to CPI for validation

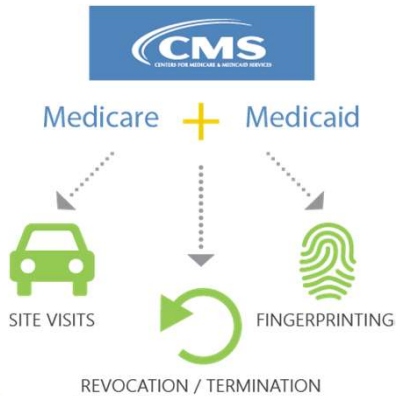


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## PROVIDER ENROLLMENT AND OVERSIGHT

The Center for Program Integrity manages Medicare and Medicaid enrollment:



**Less Burden for States and Providers** - States can screen Medicaid providers using our Medicare enrollment data (site visits, revalidation, application fees, fingerprinting)

**Greater Support for States** - Training on systems, best practice screening, clearer sub-regulatory guidance and direct data matching with Medicare

**Increase Guidance** - Medicaid Provider Enrollment Compendium (MPEC) is similar to the Medicare Program Integrity Manual

**Streamline Enrollment** - PECOS 2.0 works to consolidate Medicare & Medicaid Screening and Enrollment



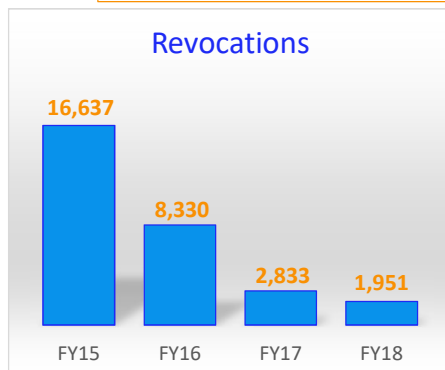
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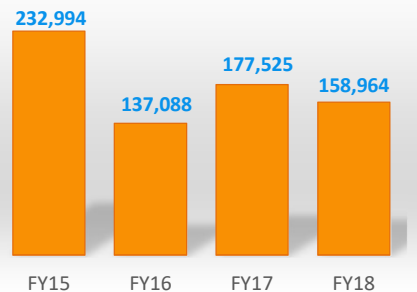
## 2018 ENROLLMENTS

### 2.2 Million Total Enrollments in FY18

**88%**  
DECLINE in  
Revocations  
(Unique Enrollments)  
Since FY15



### Deactivations



**32%**  
DECLINE in Deactivations  
(Unique Enrollments)  
Since FY15



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## INVESTIGATIONS AND AUDITS

### CPI's risk-based and targeted regional and national investigations and audits approach:

- Serves as CMS' liaison with law enforcement on investigative activities
- Partners across CMS to provide program integrity oversight of the Medicaid program, including both fee-for-service and managed care
- Conducts State Program Integrity Reviews which assess the effectiveness of the state's program integrity efforts, including its compliance with Federal statutory and regulatory requirements
- Provides oversight of CMS program integrity contractors who conduct investigative activities
  - Unified Program Integrity Contractors (UPICs) for Parts A and B
  - National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) for Medicare Parts C and D



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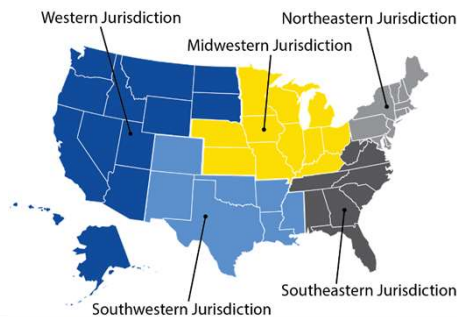


## UNIFIED PROGRAM INTEGRITY CONTRACTOR (UPIC)

Coordinates provider investigations across Medicare and Medicaid

Improves collaboration with States by providing a mutually beneficial service

Increases contractor accountability through coordinated oversight



### UPIC AWARDS:

- MIDWESTERN JURISDICTION**  
AdvanceMed Corporation
- NORTHEASTERN JURISDICTION**  
SafeGuard Services, LLC
- WESTERN JURISDICTION**  
Qlarant
- SOUTHEASTERN JURISDICTION**  
SafeGuard Services, LLC
- SOUTHWESTERN JURISDICTION**  
Qlarant



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## MAJOR CASE COORDINATION (MCC)

**Implemented:** April 2018

**Stakeholders:** OIG, DOJ, UPICS and all components of CPI

**Purpose:** Maximize efforts to identify, investigate, and pursue providers who might otherwise endanger the program

**Goal:** Right tool, right case, right time, and right order

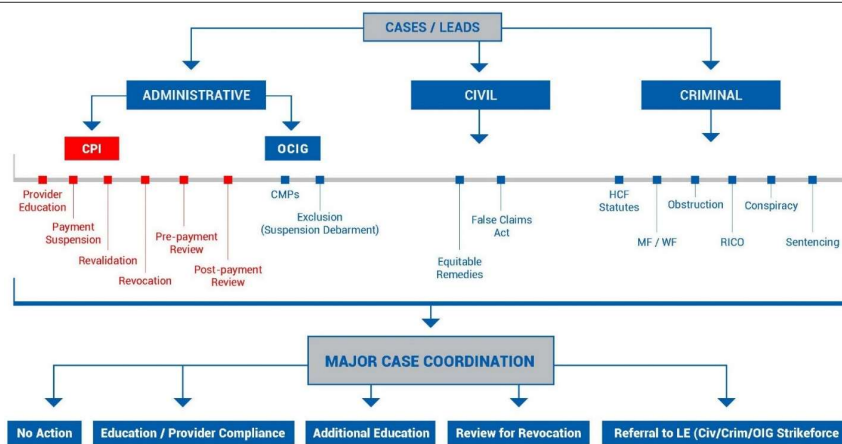
**Process:** If there is criminal interest from OIG/DOJ, CPI will stand down pending the criminal investigation. Senior CPI, OIG, and DOJ officials review quarterly to ensure coordination and accountability



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## MCC CONTINUUM



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## MCC RESULTS

- Since April 2018:
  - 1000+ unique case reviews
  - 600+ law enforcement referrals
  - 100+ revocation referrals
  - 300+ payment suspensions
- Increase in the number and quality of
  - law enforcement referrals
- Health care fraud scheme takedowns:
  - [Operation Brace Yourself](#)
  - [Appalachian Region Prescription Opioid \(ARPO\) Strike Force Takedown](#)
  - [National Health Care Fraud Takedown](#)



Nationwide Brace Scam: @OIGatHHS and law enforcement partners have dismantled one of the largest healthcare fraud schemes ever investigated, involving more than \$1.2 billion in loss: [bit.ly/2WZv5qp](https://bit.ly/2WZv5qp)

### NATIONWIDE BRACE SCAM

Scammers are contacting Medicare beneficiaries to offer "free or low-cost" orthotic braces. These fraudsters bill Medicare for medically unnecessary equipment using beneficiaries' information. All beneficiaries across the country are potential targets in this scheme.

LEARN MORE: [OIG.HHS.GOV/BRACESCAM](https://oig.hhs.gov/bracescam)

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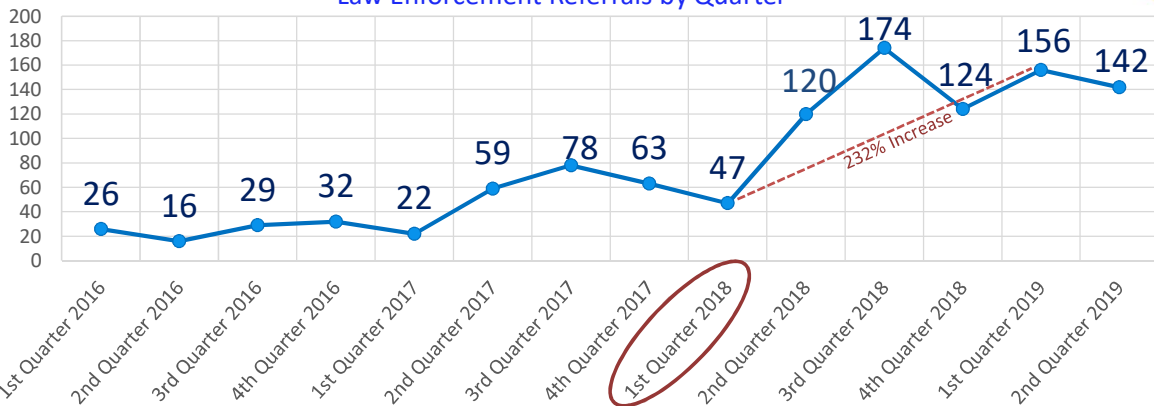


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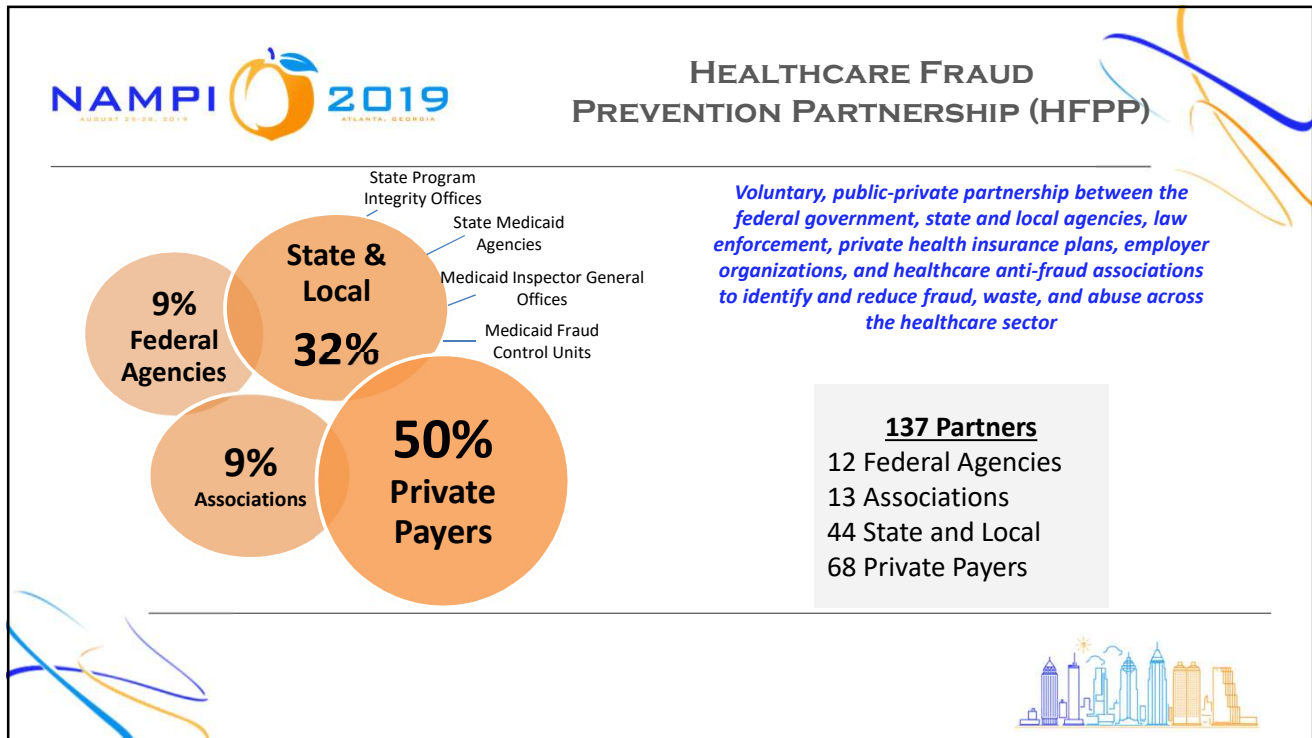


## LAW ENFORCEMENT REFERRALS

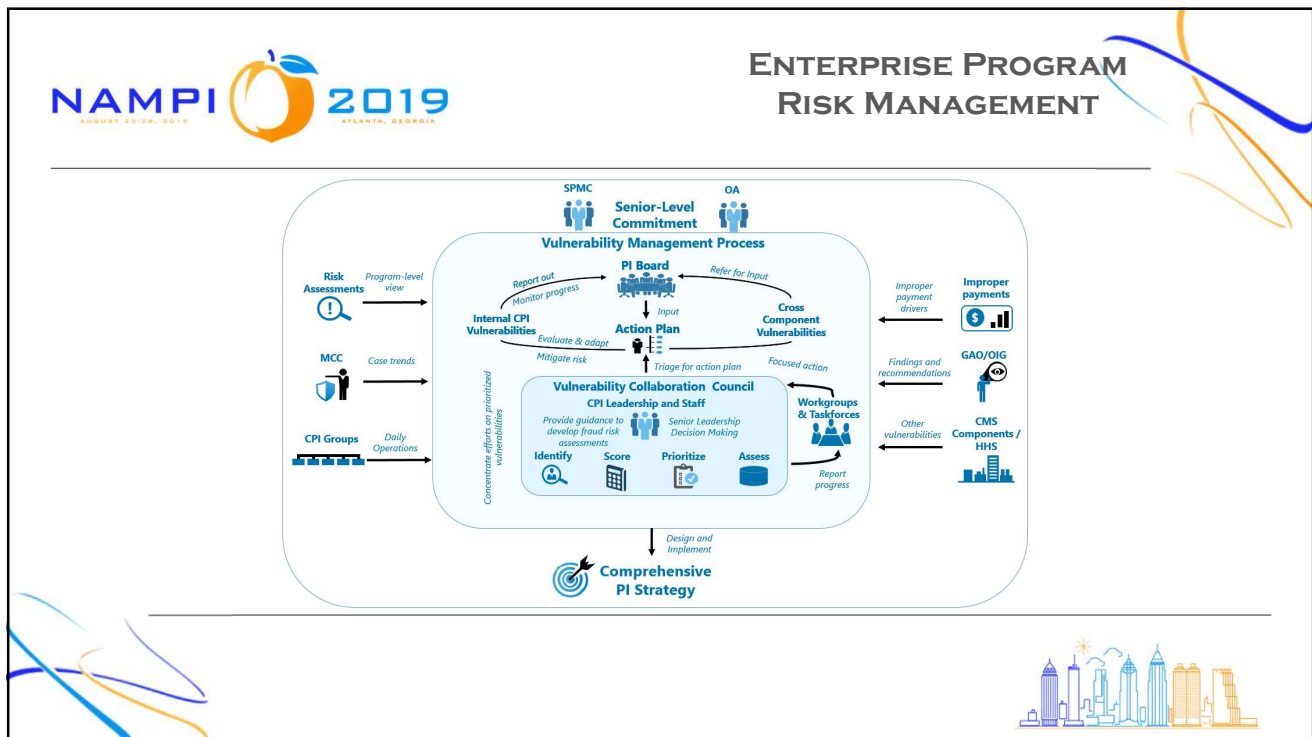
Law Enforcement Referrals by Quarter



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## MEDICAID PI STRATEGY

- Launched the Medicaid PI Strategy in June 2018 to reform Medicaid: **flexibility**, **accountability**, and **integrity**
  - Ensure sound stewardship and oversight of Medicaid resources
  - Create greater transparency and accountability for Medicaid program integrity performance
  - Enable increased data sharing and robust analytic tools
  - Seek to reduce Medicaid improper payments across states
- Released Medicaid PI Strategy [1-Year anniversary webpage](#) in June 2019 to share progress to date

### Blog

Jun 25, 2019

#### Medicaid Program Integrity: A Shared and Urgent Responsibility

By: Seema Verma, Administrator, Centers for Medicare & Medicaid Services

Fraud, waste, & abuse Medicaid & CHIP Safety

Share 1 1 1 1



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## MEDICAID PI STRATEGY INITIATIVES

### Data Sharing

- Optimize PI use of T-MSIS data
- Use data innovation to empower states and conduct data analytics pilots
- Provide state access to no-cost, high quality data sources useful for PI
- Offer provider screening for states on an opt-in basis

### Financial Oversight

- PI focused audits of improper claiming of the Federal Match – CMS 64
- PI focused audits of Medicaid managed care – Medical Loss Ratio (MLR) and rate setting
- Conduct new audits of beneficiary eligibility determinations
- Operationalize Medicaid Eligibility Quality Control (MEQC)

### Accountability & Education

- Ensure state compliance with Medicaid Managed Care Final Rule
- Develop PI-focused measures for Medicaid Scorecard
- Offer targeted Medicaid provider education to reduce improper payments
- PERM: state Medicaid CAP development review and implementation



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# QUESTIONS?

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