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A Faceted Approach to Program Integrity

**Health and Human Services, Office of Inspector General Texas,
Medicaid Program Integrity Division**

OIG Fraud Hotline: 800-436-6184

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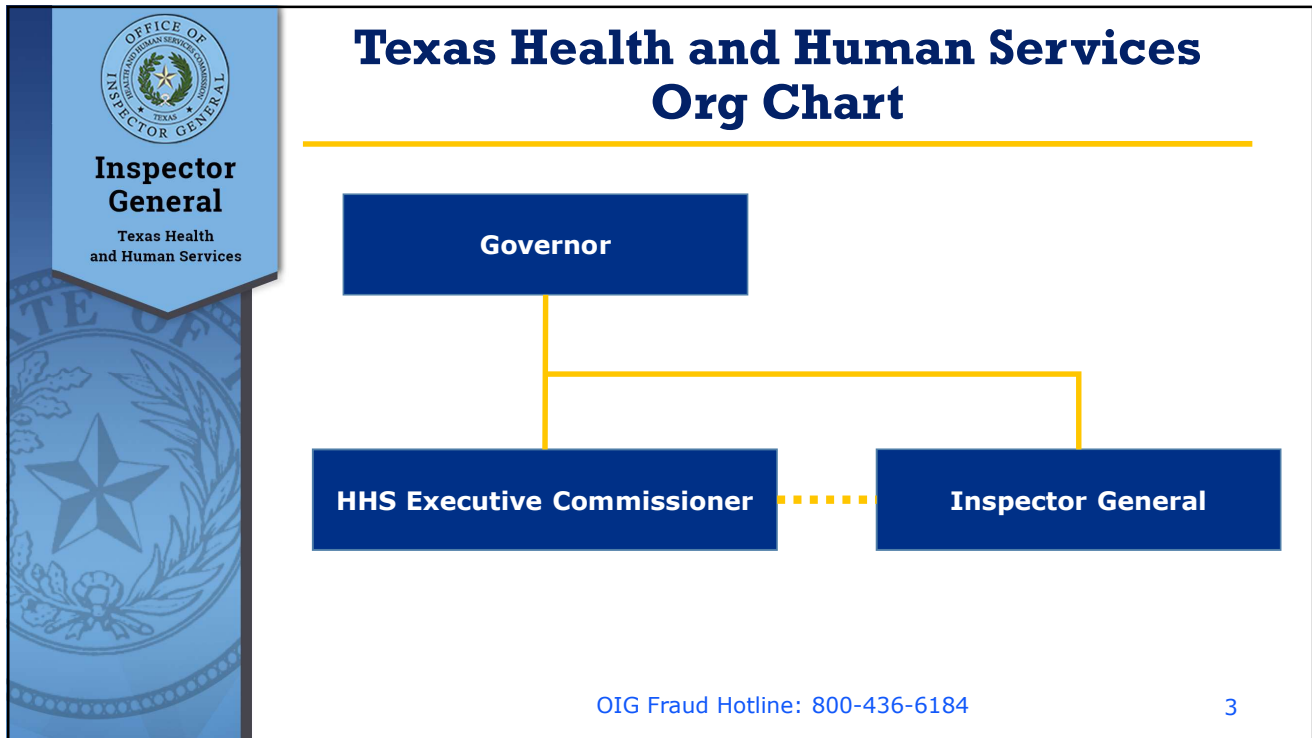
Overview

- **OIG Structure**
- **Texas OIG Medicaid Program Integrity Division (MPI) Structure**
- **Special Investigative Initiatives**
- **Fraud Detection Operations**
- **FWA Schemes and Trends**
- **Best Practices**

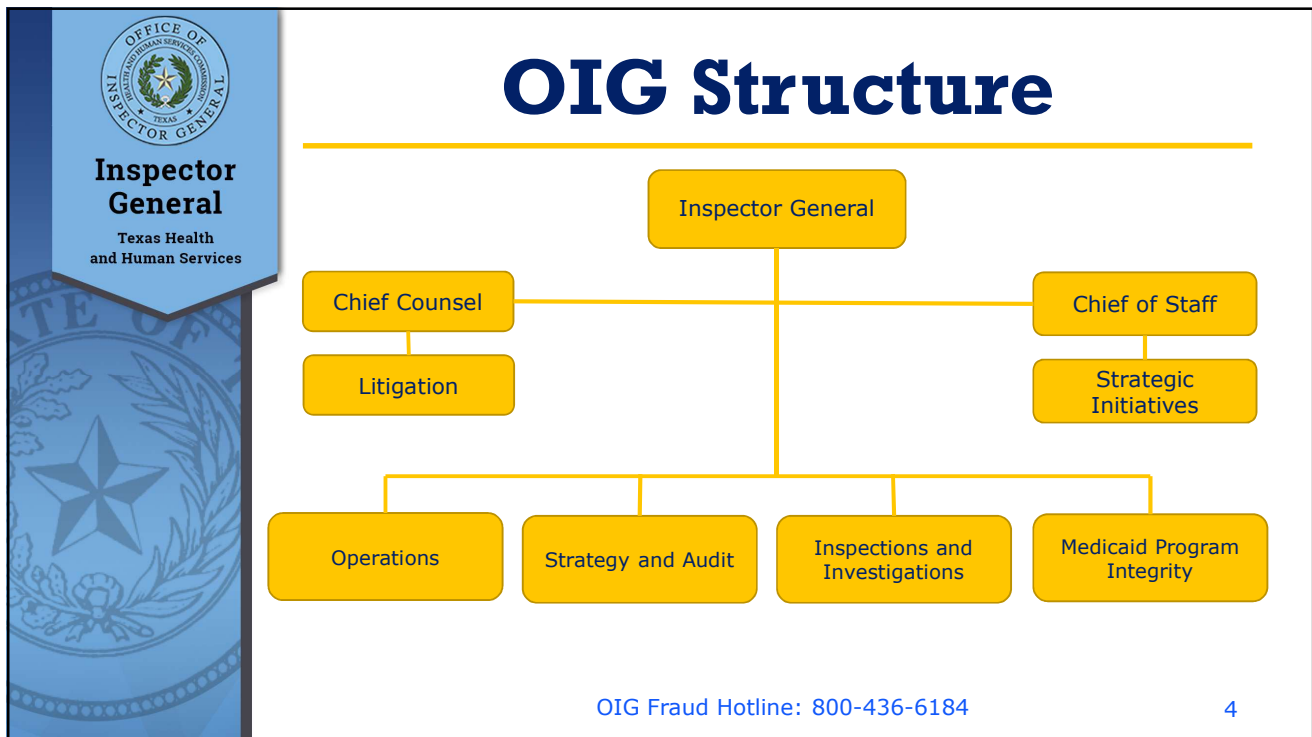
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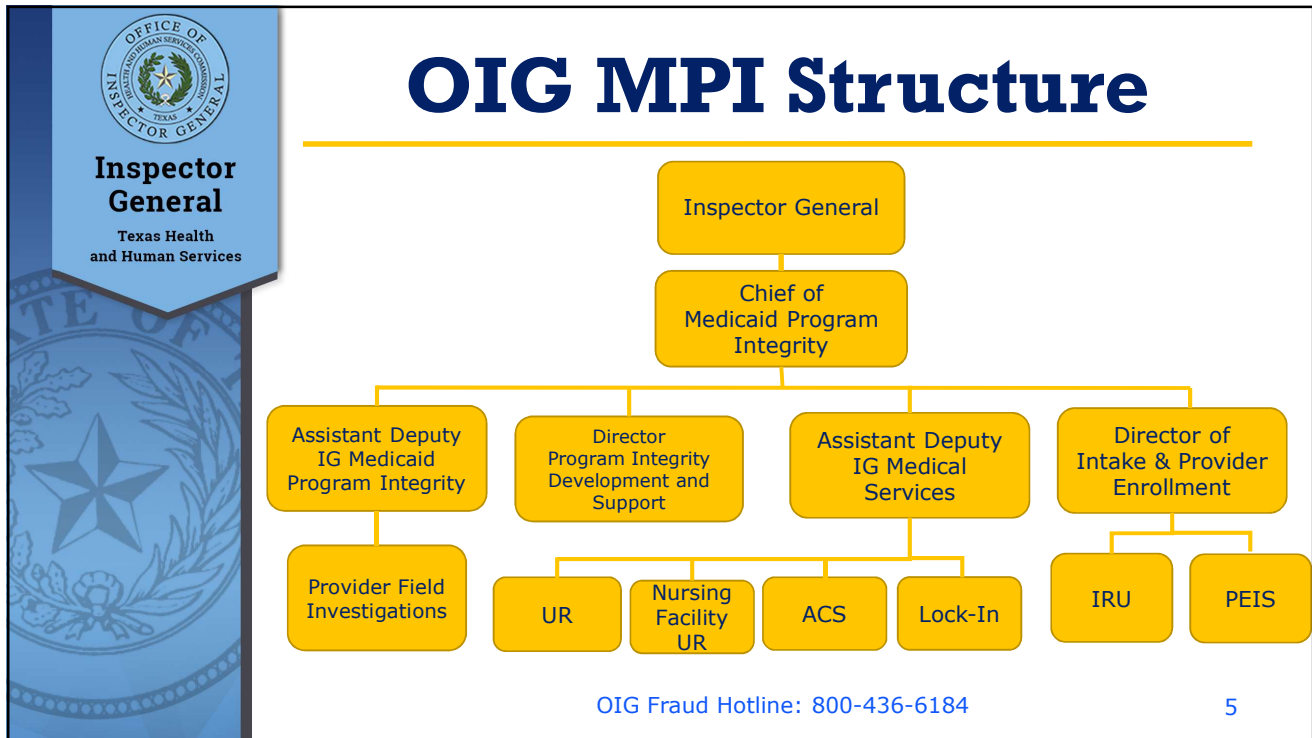
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Provider Enrollment Integrity Screenings (PEIS)

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Conducts certain federal and state required screening activities for providers seeking to enroll in:

- ➔ **Medicaid**
- ➔ **CHIP**
- ➔ **Other state health care programs**

- PEIS screenings promote compliance with federal provider enrollment program integrity requirements
- Increase accountability for the appropriate use of taxpayer resources by helping to prevent FWA

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FWA Complaints

Primary sources of complaints


- OIG online Waste, Abuse and Fraud Electronic Referral System (WAFERS)
- OIG Fraud Hotline
- Referrals from Managed Care Organizations (MCOs)

Possible Outcomes

- Referrals to the Attorney General's Medicaid Fraud Control Unit, other OIG Divisions, Medical/Other Regulatory or licensing boards, referrals back to MCO's
- Escalation of case to Provider Field Investigations

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Provider Field Investigations (PFI)

Investigates allegations of FWA committed by Medicaid Providers

Medicaid Providers may be subjected to a range of administrative enforcement actions:

- Education
- Prepayment review of claims
- Penalties
- Recoupment of overpayments and/or
- Exclusion from the Medicaid program

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Field Investigations: UPIC Partners

Qlarant is the UPIC assigned to Texas

Currently, the UPIC has dedicated staff in Texas that:

- Process preliminary investigations
- Have participated in Fraud Detection Operation
- Will be assigned or co-assigned to investigations, with a preliminary focus on Dental in the Dallas and Fort Worth area
- Texas and the UPIC continue to discuss additional partnering opportunities, including joint investigations and medical reviews of other provider types.

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Medical Services

Conducts claims, billing pattern, and medical record reviews in the areas of:

- Acute Care Utilization
- Hospital Utilization (DRG reviews)
- Nursing Facility Utilization (MDS Reviews, some hospice)
- Pharmacy Lock-In

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Medical Services

Provides clinical consultation and records reviews to support:

- Dental Investigations
- Investigations on hospitals, physicians
- Nursing and home health services
- Pharmacy and other provider investigations
- Also provides clinical support on provider audits

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Program Integrity Development and Support (PIDS)

Provides support and process improvement to other MPI units. PIDS is responsible for:

- Developing projects to improve MPI investigative outcomes
- Reporting MPI statistics
- Managed Care Organization Special Investigative Unit liaison
- Planning and conducting investigative initiatives and FDOs
- Performs open records requests and bill analysis
- Acts as MPI liaison for CMS and other external audits and reviews

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Program Integrity Initiatives & Projects

- **DME Review**
- **Non-Covered Benefit**
- **Exclusion Review**
- **After Hours**
- **ER Injections**
- **Attendant Exclusions**
- **Clinical Laboratory Improvement Amendments (CLIA)**
- **EEG**

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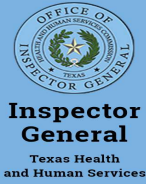
DME Review Project

Initiated: January 2015

Description
<p>DME providers meeting criteria:</p> <ol style="list-style-type: none"> 1. All billing high proportions on specific procedure codes for incontinence supplies; and 2. All billing max allowable amounts of incontinence supplies

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Non-Covered Benefit Initiative

Initiated: April 2017

Description

Designed to identify non-covered paid claims across various provider types, typically resulting from lack of edits and audits within MCOs

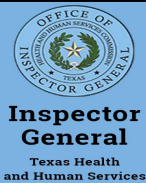
Example:

Provider billed and received payment for genetic testing CPT codes 81479 and 81229 when genetic laboratory testing is not a benefit of Texas Medicaid

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After Hours Initiative

Initiated: October 2017


Description

Targets CPT code 99050 (services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed).

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Exclusion Review Project


Initiated: November 2017

Description
Cross-matching process to identify excluded individuals employed by a Medicaid provider

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ER Injection Initiative

Initiated: January 2018

Description
Providers billing Evaluation and Management global code in the emergency room and are billing individual ER injection separately.

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CLIA Certification Initiative

Initiated: March 2019

Description
<p>Identifies labs who are performing services without the appropriate CLIA certificate.</p>

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Attendant Exclusion Cases

Description
<p>Cases focus on clear situations where personal care attendant was unable to provide services, for example:</p> <ol style="list-style-type: none"> 1. Client hospitalized; 2. Attendant incarcerated; 3. Client deceased

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EEG

Initiated:


Description

Billing for EEG testing service which requires 24-hour monitoring by a clinician who can intervene in the monitoring and/or patient care as needed.

Providers were equipping patients with mobile EEG units and sending them home for overnight monitoring without 24-hour monitoring by a clinician to intervene as required by the service code.

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Initiatives and Projects

DME Review	Non-Covered Benefit	After Hours	Exclusion	Attendant	ER	CLIA	EEG
15	25	11	12	896	22	7	9
\$30,000	\$2,693,024	\$358,859	\$178,176	\$1,537	-	-	-

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DME Outcomes

In FY2019, OIG-MPI-PFI opened a total of eight cases on DME providers as a result of this initiative.

In two DME cases worked by MPI, the OIG identified a total combined overpayment in the amount of \$1,609,782.80.

The results of the investigation identified one DME provider was providing services using expired Title XIXs and the other provider was billing for items the client did not receive.

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Fraud Detection Operations (FDOs)

Purpose

Conduct a coordinated investigative operation to proactively identify and assess potential FWA using data-driven algorithms that have been developed based on historical investigative experience and FWA trend research.

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Fraud Detection Operations (FDOs)

Provider Types

- Speech and Physical Therapy
- Pharmacy
- Long-term Services and Supports – Personal Attendant Services (PAS)
- Durable Medical Equipment
- THSteps Dental
- Behavioral Health
- Home Health
- Chemical Dependency Treatment Facilities

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FY 2019 FDOs

In FY 2019, OIG MPI performed a total of four FDOs on the following provider types:

- Behavioral Health (BH)
- Dental (2)
- Chemical Dependency Treatment Facility (CDTF)

OIG FDOs resulted in multiple cases opened for identified program violations. Additional FDO results are currently under analysis.

OIG will continue to expand data-driven initiatives among other provider types.

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Behavioral Health Outlier Algorithms

- **Unbundling** – separate individual psychotherapy services billed for family members on the same day
- **Impossible Hours** – Total number of hours billed by Performing TPI exceeds 12 hours per day.
- **Multivariate Analysis** – To identify combined behavior abnormality of a clinic or group.
- **High Utilization Rate** – Providers who are billing high rate of timed procedure codes per day
- **Annual Reimbursement** – Number of performing providers with egregious annual paid amounts based on the data
- **Weekend and Holiday Billing** – Services billed on weekends and holidays
- **Evaluation and Management (E&M) Upcoding** – Identifies providers who have billed high level E&M

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FWA Schemes and Trends

Behavioral Health

- Billing for counseling session never provided
- Providing group therapy and billing for individual sessions for each recipient.
- Unqualified staff providing services
- Billing for overlapping sessions
- Providing family counseling and billing as individual under each family members' benefits

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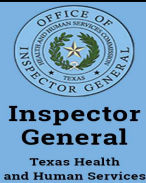
Dental Outlier Algorithms

- High volumes (10 or more per client) of different dental procedures, performed during one visit without sedation or general anesthesia
- High volumes of resins per client in a day and no sedation codes billed (by same provider or other) on the client.
- Resin fillings billed on shed teeth
- Providers with high proportions of clients receiving resin fillings
- Providers with high average number of resin fillings per client (analyzed over the full time period)

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FWA Schemes and Trends

Dental Fraud

- Upcoding routine cleanings to more complex periodontal non-surgical codes
- Billing for fillings when only sealants are applied
- Billing for a complex extraction when only a simple extraction was performed
- Billing for medically unnecessary services
- Quality of Care
- Unqualified staff providing services
- Billing for fillings that already had been placed
- Solicitation

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Dental FDO

July 2019

Preliminary findings indicate two of the four dental providers confirmed using marketers to solicit clients. Providers used prizes and gift cards to induce clients to use their services.

Initial clinical exams identified providers received reimbursement for restorations when either sealants or no restorations were performed.

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FWA Schemes and Trends

Attendant Care

Attendants submitting false claims for attendant care services not rendered.

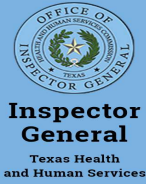
Methods used to identify scheme:

- EVV Logs
- Texas Workforce Commission employment records
- Incarceration and hospitalization records
- Joint effort with Department of Aging and Disability Services

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Full Scale Investigation Results

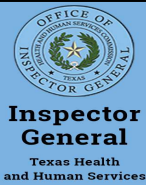
The OIG reached a settlement with a licensed professional counselor in the amount of \$104,000.

The investigative findings identified the provider billed Medicaid for counseling services that were provided in settings that were improper and were not for the length of time claimed in the billings

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Full Scale Investigation Results

The OIG reached a settlement with a Durable Medical Equipment (DME) provider in Corpus Christi in the amount of \$119,099.

The investigative findings identified the provider violated Medicaid policy by failing to maintain proof of delivery slips for spacers and to maintain documentation to support items billed.

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Best Practices

INITIATIVES AND PROJECTS

- Proactively identify FWA through means other than traditional complaint-based work
- Push for data-driven activities to identify aberrant billing characteristics
- Discuss ideas and methods to combat FWA with management using available resources and/or identifying need for additional resources

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Best Practices

INITIATIVES AND PROJECTS

- Consult with sources outside of investigative staff
- Continually be on the lookout for emerging FWA trends
- Figure out how to make the UPIC work for your program needs.

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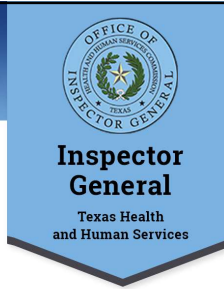
Slide 35

A(1 Kelly asked that I include language that discusses the importance of management/investigator discussions on creating new ideas/methods on how to combat FWA.

Alderete, Analee (HHSC), 6/10/2019

AD1 Good suggestion.

Anne Dvorak, 8/11/2019



Thank You

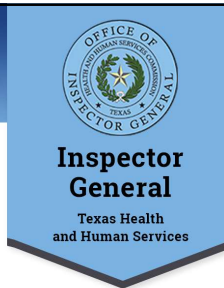
Steve Johnson, Interim Chief Inspector General for Medicaid Program Integrity
Anne Dvorak, Interim Assistant Deputy Inspector General for Provider Investigations

Special thanks to Analee Alderete and Kelly Clark, OIG MPI for assisting with the creation of this presentation.

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