

PROGRAM INTEGRITY UPDATES

February 24 & 25, 2021

FRAUD, WASTE & ABUSE

COVID-19 VACCINE SCAMS

- Advertisements or offers for early access to a vaccine upon payment of a deposit or fee
- Requests for payment to add name to a COVID-19 vaccine waiting list
- Offers to undergo additional medical testing or procedures when obtaining a vaccine
- Unsolicited emails or calls from someone claiming to be from a medical office, insurance company, or COVID-19 vaccine center requesting personal and/or medical information
- Advertisements for vaccines through social media platforms, email, telephone calls, online, or from unsolicited/unknown sources

COVID-19 VACCINE SCAMS

More information from HHS-OIG

- <https://oig.hhs.gov/fraud/consumer-alerts/fraud-alert-covid-19-scams/>

Flyer from FBI, HHS-OIG, and CMS

- <https://oig.hhs.gov/coronavirus/vaccine-scams2020.pdf>

BILLING PRACTICES

- Medicaid Program Provider Agreement (SFN 615), #13 Enrollment:
 - “The Provider agrees that each individual provider performing services (except those services performed under the direct or general supervision of an enrolled provider) must be individually enrolled as a provider...”
- Common issues:
 - Unenrolled provider billing for services with an enrolled provider’s NPI
 - Enrolled provider billing with another enrolled provider’s NPI

PROVIDER ENROLLMENT



- Noridian Healthcare Solutions and provider enrollment
- Revalidation backlog
- 1915i providers

SURVEILLANCE, UTILIZATION AND REVIEW SECTION (SURS)

DOCUMENTATION REQUIREMENTS

- ND Medicaid providers are required to keep records that completely and thoroughly document the extent of services rendered to members and billed to ND Medicaid.
- Medical records must be in their original or legally reproduced form, which may be electronic.



Documentation includes:

- Patient's name, DOB, date and time of service
- Name and title of provider rendering the service, if other than the billing practitioner
- Chief complaint or reason for each visit
- Pertinent medical history and exam findings
- Medication, equipment and/or supplies prescribed or provided
- Documentation submitted to ND Medicaid must be signed by the ND Medicaid enrolled provider rendering the service

TELEHEALTH - REQUIREMENTS

- Services provided to members via telehealth that are eligible for reimbursement must be services covered by ND Medicaid. The telehealth service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.
- Telehealth services must maintain **visual or audio** contact between the provider and member.



TELEHEALTH

Services that are not covered include:

- Store and forward
- Virtual check-in - G2010 and G2012
- E-visits - 99421-99423, 98970-98972 and G2061-G2063

PROVIDER OUTREACH

- The audit team will meet with providers quarterly
- The audit team will contact professional organizations
 - The goal is to improve communication and contact
 - The audit coordinator would like to attend some of the meetings if able

CURRENT AUDITS

- Genetic testing
- DME
- Presumptive and definitive drug testing

FUTURE AUDIT TOPICS

- Prior authorization analysis
- COVID-related
- Exception codes



PERM RY 2022

Important things to know:

- DHS does quarterly submissions to PERM
- PERM will reach out directly to providers as they receive/review data

Progress

- The state has provided claims data for two quarters
- As of 2/24/2021 reviews have begun
- Providers should expect to be contacted in the coming weeks

PERM LETTER



Payment Error Rate Measurement Program
CMS PERM Review Contractor, NCI Inc.
1538 E. Parham Road
Henrico, VA 23228

[[ProviderName]]

ATTN: [[ContactName]], [[ContactTitle]]

[[ContactAddress1]] [[ContactAddress2]]

[[ContactCity]], [[ContactState]] [[ContactZipcode]]

Date: [[RequestDate]]

Reference ID: [[PERM ID]]

OMB Control Number: [[OMB#]]

NPI: [[NPI#]]

Request Type & Purpose: Initial Request for Records (First Request)

Subject: Records Request – This is an initial request for records

GENERAL PERM INFORMATION

NCI makes initial calls to providers to verify provider contact information.

NCI establishes a point of contact with providers and sends record requests

- Providers have 75 days to submit documentation

NCI makes reminder calls and sends reminder letters on day 30, 45, and 60 until the medical records are received

- If the provider does not respond, NCI sends a non-response letter on day 75 to the State PERM representative
- If submitted documentation is incomplete, NCI requests additional documentation
- The provider has 14 days to submit additional documentation
- A reminder call is made, and a letter is sent on day 7
- If the provider does not respond, NCI sends a 15-day non-response letter.

CONTACT INFORMATION



COMMUNICATIONS

Provider/stakeholder email list

<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider.html> (very top of the page).

Provider update page

<https://www.nd.gov/dhs/services/medicalserv/medicaid/provider-updates.html>

MMIS provider message center: Once you have logged in to MMIS you should see your messages pop up. The messages might be a newsletter, an update, or a revalidation that is due. Please make sure to read the messages.

Please encourage your partners and contacts to subscribe to our emails and view messages for newsletters, updates, etc.

PROGRAM INTEGRITY TEAM CONTACT INFORMATION

Dawn Mock – Medicaid Program Integrity Administrator

Phone: (701) 328 – 1895 Email: dmock@nd.gov

Steven McNichols – Medicaid Audit Coordinator

Phone: (701) 328 – 4831 Email: smcnichols@nd.gov

Christina Altringer – Fraud Waste & Abuse/Managed Care Oversight Administrator

Phone: (701) 328 – 4024 Email: caltringer@nd.gov

PROGRAM INTEGRITY TEAM CONTACT INFORMATION - CONTINUED

Gale Schuchard – Compliance Technician

Phone: (701) 328 – 2334 Email: gjschuchard@nd.gov

Missy Rosales – SURS Analyst

Phone: (701) 328 – 3507 Email: melrosales@nd.gov

Sarah Schaaf – FWA Analyst

Phone: (701) 328 – 4682 Email: slschaaf@nd.gov

PROGRAM INTEGRITY CONTACT INFORMATION – FRAUD, WASTE AND ABUSE

General fraud email: medicaidfraud@nd.gov

Phone number: 1 – 701 – 328 – 4024 OR 1 - 800 - 755 – 2604 – select option 3 to report Medicaid fraud

Suspected fraud form (SFN 20) submission link:

<https://apps.nd.gov/itd/recmgmt/rm/stFrm/eforms/Doc/sfn00020.pdf>

PROGRAM INTEGRITY CONTACT INFORMATION – PROVIDER ENROLLMENT

General provider enrollment email: dhsenrollment@nd.gov

*this information will change sometime in March

PROGRAM INTEGRITY CONTACT INFORMATION – PROVIDER AUDIT

General audit email: auditresponse@nd.gov

CLOSING

NORTH
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FUTURE DATES

- June 2021: the 23rd at 2:00-3:00 and the 24th at 8:00-9:00 am
- October 2021: the 27th at 8:00-9:00 am and the 28th at 2:00-3:00
- 2022 dates will be scheduled and listed in the June update

AS WE CLOSE.....

- Questions
- Comments
- Ideas for potential future topics
- Things you'd like to hear more about

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