# PROGRAM INTEGRITY UPDATES

June 23 & 24, 2021



# FRAUD, WASTE & ABUSE



42 U.S.C. § 1395nn (aka Stark Law)

- Prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies.
- Proof of specific intent to violate the law is not required.
- Penalties include fines as well as exclusion from participation in Federal health care programs.

Definition of "physician" per 42 U.S.C. § 1395x(q):

- Doctor of medicine or osteopathy
- Doctor of dental surgery or dental medicine
- Doctor of podiatric medicine
- Doctor of optometry
- Chiropractor

#### "Designated health services" are:

- clinical laboratory services;
- physical therapy, occupational therapy, and outpatient speech-language pathology services;
- radiology and certain other imaging services;
- radiation therapy services and supplies;
- DME and supplies;
- parenteral and enteral nutrients, equipment, and supplies;
- prosthetics, orthotics, and prosthetic devices and supplies;
- home health services;
- outpatient prescription drugs; and
- inpatient and outpatient hospital services.

#### Examples of violations:

 Physician refers patients for lab services to a laboratory where the physician has an ownership interest.

- Physician invests in an imaging center and refers his/her patients to that imaging center.
- Physician in Oklahoma performed gastric bypass surgery and required all patients to have a sleep study conducted. He referred 95% of his patients to a single organization for the sleep studies. It was later determined the physician had a 15% ownership interest in that organization.

#### References:

- A Roadmap for New Physicians: Avoiding Medicare and Medicaid Fraud and Abuse.
   U.S. Department of Health & Human Services, Office of Inspector General.
   <a href="https://oig.hhs.gov/compliance/physician-education/roadmap\_web\_version.pdf">https://oig.hhs.gov/compliance/physician-education/roadmap\_web\_version.pdf</a>
- 42 U.S.C. § 1395nn and 42 U.S.C. § 1395x(q)
- CMS Stark Law website: <a href="http://www.cms.gov/physicianselfreferral">http://www.cms.gov/physicianselfreferral</a>
- "Investigating Healthcare Fraud: Its Scope, Applicable Laws, and Regulations."
   William & Mary Business Law Review. February 2020.
   <a href="https://scholarship.law.wm.edu/cgi/viewcontent.cgi?article=1189&context=wmblr">https://scholarship.law.wm.edu/cgi/viewcontent.cgi?article=1189&context=wmblr</a>

### PROVIDER ENROLLMENT



Updated provider enrollment forms <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-updates.html">http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-updates.html</a>

Revalidations- current and backlogged <a href="http://www.nd.gov/dhs/info/mmis/revalidation.html">http://www.nd.gov/dhs/info/mmis/revalidation.html</a>

Noridian Healthcare Solutions

Attn: ND Medicaid Provider Enrollment

PO Box 6055

Fargo, ND 58108-6055

Phone: (701) 277-6999

Fax: (701) 433-5956

Email: NDMedicaidEnrollment@noridian.com

# SURVEILLANCE, UTILIZATION AND REVIEW SECTION (SURS)



#### HOW THE STATE SENDS SECURE EMAIL

To ensure privacy, sensitive and/or confidential information, including PHI, should never be sent to a recipient outside of the Department through standard email. An email containing sensitive and/or confidential information **MUST** be sent in one of two ways:

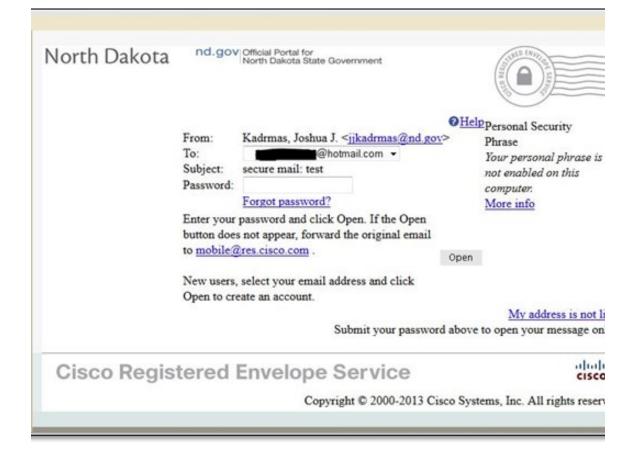
The Secure File Transfer System (SFTS) allows:

- The Program Integrity Unit (PIU) to send files securely
- The PIU to invite providers to send files via the SFTS

securemail

#### SFTS - RECEIVING AN EMAIL FROM PIU

The email will include an attachment, likely called "ndsecuredoc.html". Open the attachment. Once the attachment is opened, a window will open similar to the one here:



- If you have already set up a securemail account, select the email address in the "To:" section, type the password, and hit **Enter**.
- If you do not have an account, you will need to create one by clicking **Open**. The next screen will ask you to click on a link to register:

#### YOU ARE NOT REGISTERED

To open this message, you must first register and create a password. To register, click on the link below or copy and paste it into your browser.

https://res.cisco.com/websafe/register?uuid=59b26b700000014e781d81340a089e90155823b3

#### SFTS - BEING INVITED TO SEND A FILE

The user will receive an email similar to the one below in their inbox. The subject line should be "Invitation to Send a File".



Click on the link in the email.

A brief explanation of the file is needed in the File Description.

Click **Browse** to select the file that they are sending.

Click on the **Submit** button at the bottom to send the file.

#### File Transfer

To transfer the file, enter the Description of the File, click the Browse button to locate the file, and click the anti-virus scan before they are available to the state agency. If the file contains a virus, an email notification of exceed 2000 MB.

#### Contact Information

Name:	Tina M. Walters
Agency:	
Telephone:	(701) 328-2312
Email:	twalters@nd.gov
File Information —	
*File Description:	
*File Location:	Browse (2000 MB maximum file size)
Submit	

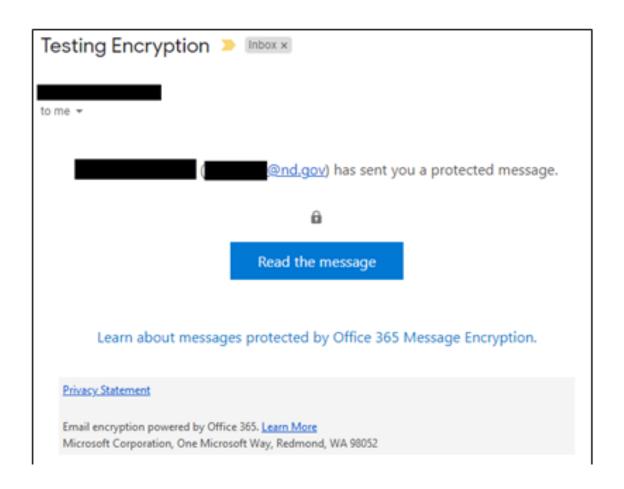
If you have trouble transfering your file, you may contact the State of North Dakota.

\*Required

#### SECUREMAIL - RECEIVING AN EMAIL FROM PIU

Providers will see "securemail:" in the subject line.

When you open the message, you will see a screen like the one here.



The recipient clicks on the blue button labeled "Read the message".

On the next screen, click "Sign in with a One-time passcode".

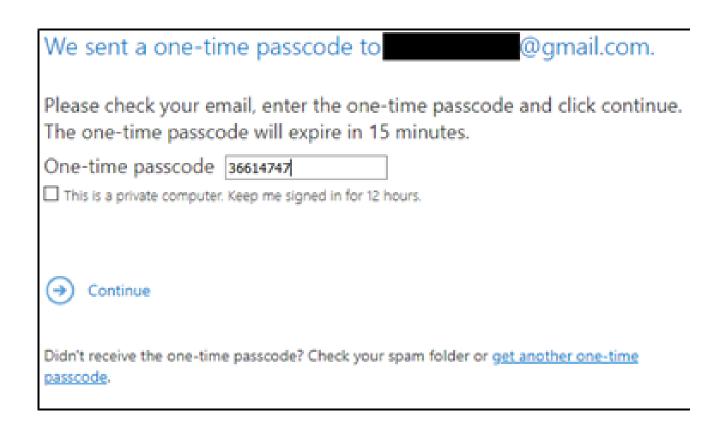
@nd.gov has sent you a protected message

Sign in with a One-time passcode

Need Help?

Privacy Statement

If the recipient will be working frequently with the state employee who sent the message, they can click on the box "This is a private computer. Keep me signed in for 12 hours" and then they will not be prompted for 12 hours for a secondary code to decrypt emails sent by the sender.



#### APPEALS: SOME THINGS TO KNOW

When it is appropriate to adjust vs. appeal:

According to North Dakota Century Code § 50-24.1-24, a provider has the right to request a review (appeal) of a denial of payment with the Department. A denial of payment includes the recoupment or adjustment of a claim, or part of a claim, following an audit or review. When a provider appeals an audit finding, they are appealing the denial and recovery of payment for specific claims identified within the audit. The purpose of the appeal is to review whether the audit findings in denying payment and seeking recovery for these claims was appropriate. The review on appeal is limited to the claims as billed.

- If a provider does not appeal the audit findings, the Department will recoup the overpayment, and issue a new remittance advice.
- The process for an audit appeal begins when a provider submits a request for review (appeal) that complies with the requirements of North Dakota Century Code § 50-24.1-24. The Department is required to make and issue a final decision within seventy-five days, or as soon thereafter as possible, of receipt of the provider's request for review (appeal).
- If the audit findings are overturned on appeal, the appeal will be dismissed, and no recovery will be sought by the Department. The Department will <u>not</u> issue a new remittance advice.
- The provider may then file an amended/adjusted claim pursuant to the Department's timely filing requirements. According to the Timely Filing Policy, for a processed claim, the providers <a href="https://doi.org/10.1001/jhap-10.1001/jhap

Upon issuance of the appeal determination by the Department, the provider is informed of the two remaining options available with respect to the appeal:

- a. Request a reconsideration from the Department within 15 days; or
- b. Appeal the determination to the District Court within 30 days.

After the appeal timeline to District Court has passed and the appeal is considered final, the Department will issue the remittance advice. Using the remittance advice, you can file an amended / adjusted claim as prescribed in the Timely Filing Policy.

#### PERM COMMUNICATION

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.

#### PERM LETTER



[||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

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

### PERM ELECTRONIC SUBMISSIONS

Providers are encouraged to submit requested medical documentation via the **Electronic Submission of Medical Documentation (esMD).** For more information, see <a href="http://www.cms.gov/esMD/">http://www.cms.gov/esMD/</a>. Please ensure that any documents submitted through esMD are routed to NCI.

If you choose to submit medical records via CMS's esMD system, you must enter the Reference ID (PERM ID #) from the records request letter into the ESMD CASEID field. If you enter any other information in this field the system will not be able to identify the record automatically which will result in additional processing time.

#### PERM FAX INFORMATION

- Place PERM cover sheet on top of each record submission.
- If your facility has more than one PERM request, each request shall be faxed each record separately.
- Fax documents to the following number: 1-804-515-4220

#### PERM MAILING INSTRUCTIONS

- Place PERM cover sheet on top of each record submission.
- All documents must be complete and legible.
- Please do not staple or paper clip any pages together.
- If you choose to send the documentation on USB Flash Drive/CD/DVD, the file(s) must be encrypted. Please submit the password via email to PERMRC\_Encryption@nciinc.com and include the PERM ID in the subject line. Please note that USB flash drives cannot be returned to providers.
- Mail requested documentation to:

**PERM Review Contractor** 

Attn: Medical Records Manager

CMS PERM Review Contractor, NCI Inc.

1538 E. Parham Road

Henrico, VA 23228

#### PERM RY 2022 – JUNE UPDATE

Documentation requests have been going out.

If you have questions, you can call:

- PERM directly
- Steve McNichols
- Missy Rosales

All contact information is at the end of this presentation

## **CURRENT AUDITS**

Nursing Home

DME

FQHC Self-audits

### FUTURE AUDIT TOPICS

Rev 510/761

■ COVID – CMS driven

■ HCBS – CMS driven

## Q & A - FEBRUARY 24 AND 25, 2021

- Q Will the transition to Noridian change the provider enrollment process?
- A The process will not change but the contacts will change. Noridian's phone number is (701) 277-6999, fax (701) 433-4956 and email is NDMedicaidEnrollment@noridian.com. Any enrollment or revalidation documents received by the state will be forwarded to Noridian for processing.
- Q Is Steve the contact person for the new Kepro contract that QHA used to handle?
- A No, Steve is not the contact. If the questions are related to prior authorization or retro reviews, contact Andrea Browman, RN, BSN at Kepro by emailing abrowman@kepro.com. Providers need to create an Atrezzo account to submit prior authorizations.

## Q & A - FEBRUARY 24 AND 25, 2021

- Q Will there be handouts available from today?
- A The slides will be posted on the provider update page along with a recording.
- Q Does Medicaid still waive the deductible and copay requirements for all COVID-related visits?
- A Medicaid does not have copays, deductible or coinsurance however does have recipient liability (cost share) that was not waived.

#### PROVIDER OUTREACH

The audit team will meet with providers quarterly

The audit team will contact professional organizations and attend conferences or meetings as requested

The goal is to improve communication and contact

## THANK YOU, PROVIDERS

- The Program Integrity Unit conducts audits on behalf of the State of North Dakota. The audit process, as necessary as it is, does not always produce results. Our goal is appropriate billing/compliance based on Medicaid policy. At the PIU we view a lack of findings as a good thing.
- So, on behalf of the State of North Dakota, it's citizens and the PIU team, for those providers who have been audited but had no findings......

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### **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: <u>dmock@nd.gov</u>

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: <a href="mailto:caltringer@nd.gov">caltringer@nd.gov</a>

# 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: <u>slschaaf@nd.gov</u>

# PROGRAM INTEGRITY CONTACT INFORMATION – FRAUD, WASTE AND ABUSE

General fraud email: <a href="mailto:medicaidfraud@nd.gov">medicaidfraud@nd.gov</a>

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

# PROGRAM INTEGRITY CONTACT INFORMATION – PROVIDER ENROLLMENT

General provider enrollment email: NDMedicaidEnrollment@Noridian.com

# PROGRAM INTEGRITY CONTACT INFORMATION – PROVIDER AUDIT

General audit email: <a href="mailto:auditresponse@nd.gov">auditresponse@nd.gov</a>

#### PERM CONTACT INFORMATION

Should you require additional information or have questions, please call:

- Customer service representatives at (800) 393-3068
- Allison Keeley, our Medical Records Manager, at (804) 249-1746

## **CLOSING**



#### FUTURE DATES

October 2021: the 27th at 8:30-9:30 am and the 28th at 2:00-3:00

#### 2022 dates are scheduled:

- Feb 23 from 2:30 to 3:30
- Feb 24 from 8:30 to 9:30
- June 22 from 2:30 to 3:30
- June 23 from 9:30 to 10:30
- Oct 26 from 2:30 to 3:30
- Oct 27 from 9:30 to 10:30

#### AS WE CLOSE.....

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

