

2002 National Health Care Fraud and Abuse Control Program Conference

Medicare Fraud Information Specialist Network

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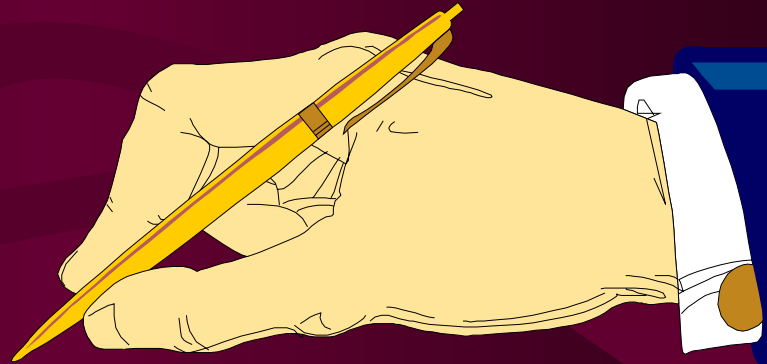
Quality Referrals



- Promote the reader's understanding of the problem.
- Speed the evaluation/investigation process
- Stand as a professional document in a fraud case file.

Elements of a Quality Referral

- Provided in writing
- Legible
- Clearly identified as an AoA/Grantee referral
- Acronyms not used, or defined if used



Elements of a Quality Referral (Continued)

If Medicare Summary Notice (MSN) is available:

- beneficiary name is verified
- beneficiary health insurance claim number (HICN) is verified

The Medicare option the beneficiary has chosen is confirmed.
(fee for service/HMO)



Elements of a Quality Referral

(Continued)

All appropriate fields on the referral form are completed:

- Date
- Referring agency name, address, contact person, telephone number, fax number
- Beneficiary name, Medicare number, address, phone
- Complaint information: type of provider, dates of service, provider name, address, phone, provider number

Elements of a Quality Referral

(Continued)

All appropriate fields on the referral form are completed:

- Complaint description
 - procedure code and/or description of service
 - details of the event in chronological order
 - if services not rendered, description of any services received on the dates in question, or identifying the date if the billed services were received on another day
- Detailed description of any action taken by the beneficiary/agency personnel

Elements of a Quality Referral

(Continued)

Supporting documentation is included with the referral:

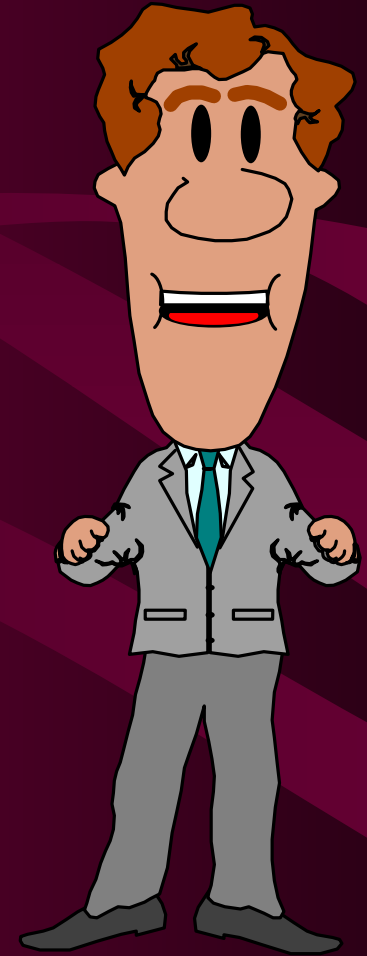
- MSN
- Copies of any communications with the provider
- Copies of any personal journals/notations that relate to the complaint
- Provider advertising information
- Financial information if appropriate to the complaint

Elements of a Quality Referral

(Continued)

Content of the referral is:

- professionally written
- factual
- non-judgmental

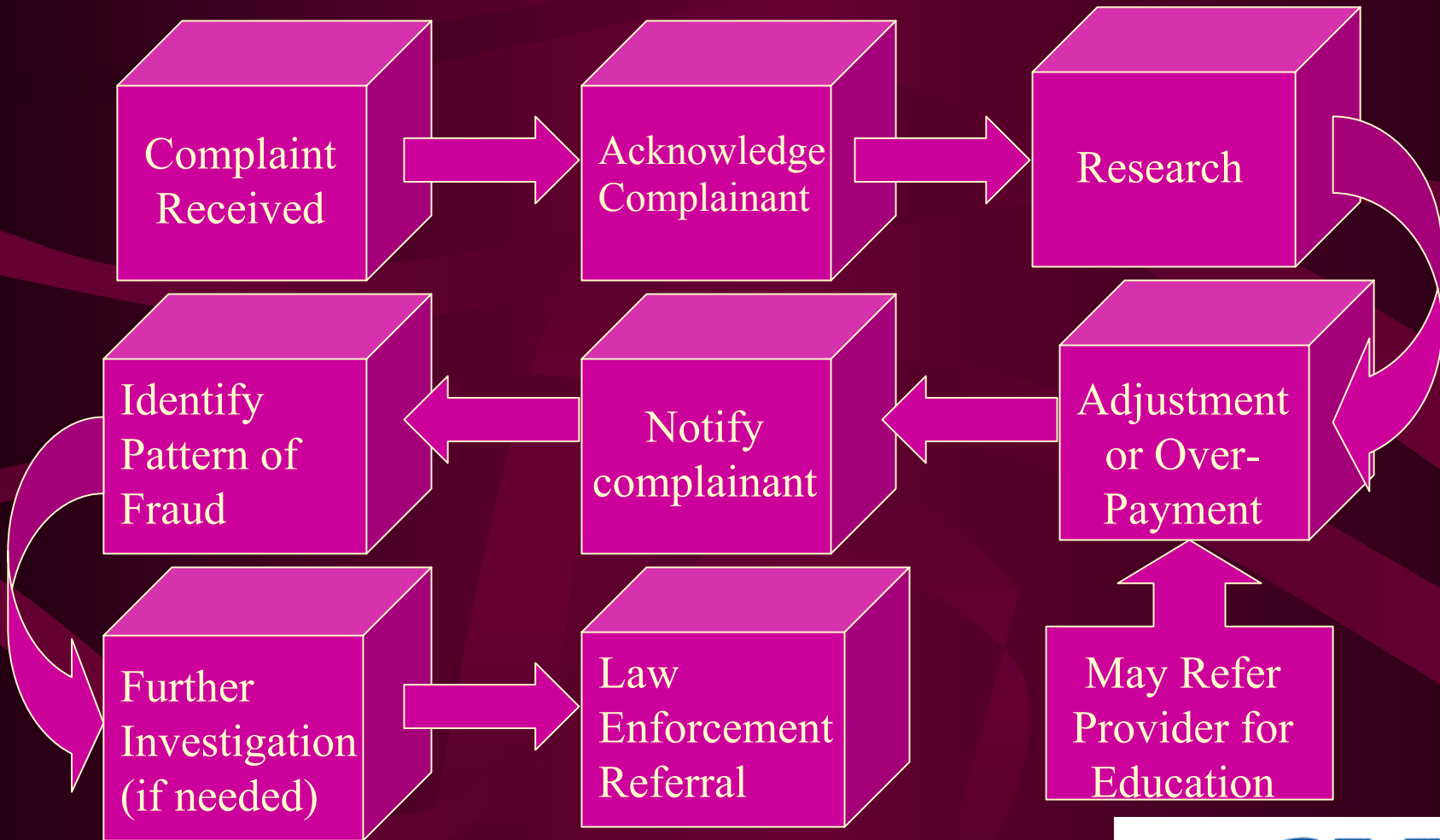


Referral Submission



If ever in doubt as to whether a referral should be completed, send it. Allow the Medicare contractor to evaluate and handle the complaint in question.

Complaint Referral Process



The Medicare Fraud Information Specialist Network

15 MFIS Nationally:

- 1 National DMERC MFIS
- 2 Regional RHHI MFIS
- 12 Part A and Part B MFIS



The MFIS Shares Information

ABOUT:

1. Current fraud schemes & investigations
2. Fraud Alerts
3. Fraud-related training & conferences



WITH:

1. CMS RO and CO
2. Law Enforcement
3. Other MFIS
4. CMS Contractors & the QIO
5. State Agencies

Serves as a Reference Point



How can the MFIS assist you?

- Serve as reference point for his/her assigned contractors.
- Provide contact information for law enforcement and/or partner organizations.
- Assist in development of training materials and fraud related outreach materials and may assist with presentations.
- Answer questions and assist with making quality referrals to the contractor Benefit Integrity Unit.

QUESTIONS



THE END!

