

Medicaid Integrity Program

Medicaid Integrity Contractors

Deficit Reduction Act of 2005

- Established the Medicaid Integrity Program (MIP) in §1936 of the Social Security Act.
- Dramatically increased Federal resources to fight Medicaid fraud, waste, and abuse.
- Requires CMS to contract with entities to:
 - Review provider claims
 - Audit providers and others
 - Identify overpayments, and
 - Educate providers, managed care entities, beneficiaries and others with respect to payment integrity and quality of care.
- Provide effective support and assistance to States

Partnership with States

- Support not supplant State Medicaid program integrity efforts.
- Work closely with States on National Audit program.
 - Target identification
 - Audit resolution
- Provide technical assistance and training to State PI staff.

Medicaid Integrity Contractors (MICs)

- Three types of MICs:
 - Audit
 - Review
 - Education
- Five jurisdictions:
 - New York (CMS Regions I & II)
 - Atlanta (CMS Regions III & IV)
 - Chicago (CMS Regions V & VII)
 - Dallas (CMS Regions VI & VIII)
 - San Francisco (CMS Regions IX & X)

Objectives of MICs

- Ensure that paid claims were:
 - For services provided and properly documented;
 - For services billed properly, using correct and appropriate procedure codes;
 - For covered services; and
 - Paid according to Federal and State laws, regulations, and policies.

Review MICs

- Analyze Medicaid claims data to identify high-risk areas and potential vulnerabilities.
- Provide leads to the Audit MICs.
- Use data-driven approach to ensure focus on providers with truly aberrant billing practices.

Audit MICs

- Conduct post-payment audits.
 - Combination field and desk audits
- Fee-for-service, cost report and managed care audits.
- Audits will identify overpayments; States will collect overpayments and adjudicate provider appeals.

Education MICs

- Use findings from Audit and Review MICs to identify areas for education.
- Work closely with Medicaid partners & stakeholders to provide education and training.
- Will develop training materials, awareness campaigns and conduct provider training.
- Highlight value of education in preventing Medicaid fraud, waste, and abuse.

MICs

Audit MICs:

- Booz Allen Hamilton
- Fox & Associates
- IPRO
- Health Management Systems
- Health Integrity, LLC

Review MICs:

- AdvanceMed
- ACS Healthcare
- Thomson Reuters
- IMS Govt. Solutions

Education MICs:

Information Experts
Strategic Health Solutions

MICs by Jurisdictions

- New York (CMS Regions I & II)
 - Thomson Reuters (R) and IPRO (A)
- Atlanta (CMS Regions III & IV)
 - Thomson Reuters (R) and Health Integrity (A)
- Chicago (CMS Regions V & VII)
 - AdvanceMed (R) and Health Integrity (A)
- Dallas (CMS Regions VI & VIII)
 - AdvanceMed (R) and HMS (A)
- San Francisco (CMS Regions IX & X)
 - AdvanceMed (R) and HMS (A)

R = Review MIC

A = Audit MIC

Audit Process

1. Claims reviewed for billing aberrancies.
2. List of providers identified for audit vetted with State and law enforcement.
3. Audit MIC performs audit.
4. Audit MIC prepares draft report.
5. Draft report is shared with the State.
6. Draft report sent to provider after State review.
7. CMS finalizes & issues final report to the State with the identified overpayment amount.

Additional Information

<http://www.cms.gov/MedicaidIntegrityProgram/>

Contact Information

CMS Medicaid Integrity Group

Medicaid_Integrity_Program@cms.hhs.gov