

MacArthur Foundation

Combating Medicaid Fraud & Abuse

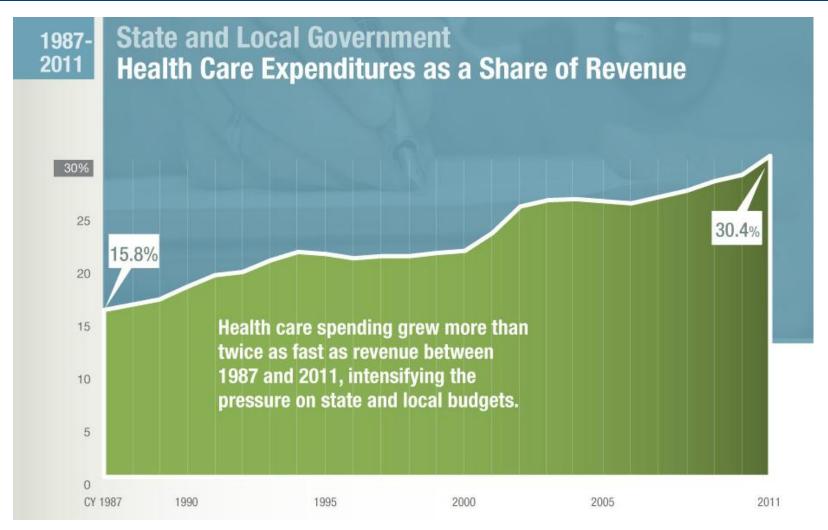
NCSL New England Fiscal Leaders Meeting February 22, 2013

Kavita Choudhry

State Health Care Spending Project Pew Charitable Trusts

Pressure on state and local budgets





Source: Pew analysis of CMS and BEA data. http://www.pewstates.org/research/reports/health-care-spending-slowdown-not-for-states-and-localities-85899445452?p=2

www.pewstates.org

What is fraud and abuse?



\$19 Billion:

Medicaid improper payments FY2012

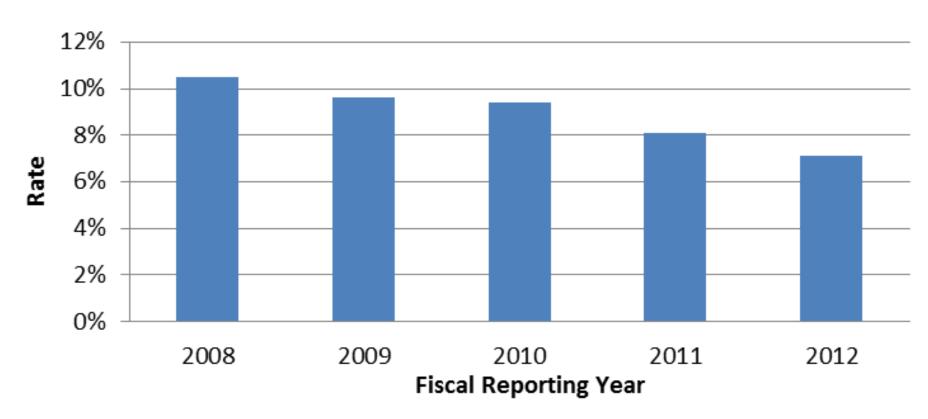
- Fraud: misrepresentation of services rendered
- Abuse: practices that, either directly or indirectly, result in unnecessary costs to the program
- Waste: inaccurate payments for services, such as unintentional duplicate payments

Source: Centers for Medicare & Medicaid Services

Good news



Historical Improper Payment Rates for Medicaid



Source: Centers for Medicare & Medicaid Services

Many key resources, but...



-ederal

CMS Medicaid Integrity Program

HHS - Office of the Inspector General

Health Care Fraud & Abuse Control Program (HHS – DOJ)

Health Care Fraud Prevention and Enforcement Action Team (HHS – DOJ)

Department of Justice, Office of the Inspector General

Administration on Aging

Congress

GAO

GSA - Excluded Parties List System (EPLS)

Medicaid IntegrityContractors (MICs)

Medicaid Recovery
Audit Contractors (RACs)

Medicare-Medicaid Data Match Program (Medi-Medi)

Medicaid Integrity Institute (MII)

Medicaid Eligibility
Quality Control Program
(MEQC)

Payment Error Rate Measurement (PERM) ate

Medicaid Agencies

Medical Licensing Boards

Office of State Auditors

Government Accountability Offices

Medicaid Inspector Generals

Attorney Generals

Medicaid Fraud Control Units (MFCUs)

District Attorneys

State Legislatures

Health Care Providers

Consumer & Taxpayer Advocates

Managed Care Organizations

www.pewstates.org

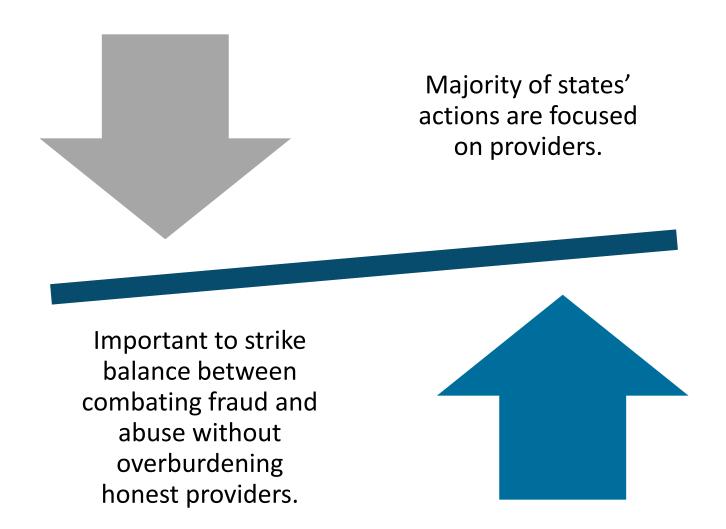
Challenges



- State staff report:
 - Lack of coordination in programs and efforts
 - Need for more data sharing
 - Federal match for most anti-fraud and abuse
 efforts is 50% -- lower than many states' FMAP
 - Burdensome recovery process for overpayments
 - Burdensome oversight, reporting and measurement requirements

Balancing act





The Process: Finding and Fighting Fraud



- Provider accountability
- Excluding problem providers

Provider Regulation

Pre-Payment Review

- Service verification
- Prior authorization & claims review
- Recipient lock-in

- Data mining
- Detection & investigation
- Penalties & recovery
- Medicaid Fraud Control Unit (MFCU) coordination

Post-Payment Recovery

- Stakeholder coordination
- Provider outreach& education
- Managed care oversight
- Targeting high-risk providers

Cross-Cutting Strategies

Interactive Database



Combating Medicaid Fraud & Abuse

Select one or more states and practice types to see what states are doing to combat fraud and abuse. To select multiple states, hold down the Ctrl key (the Command key for Macs) while clicking selections.

State **Practice Type** All States **Prepayment Review Post Payment Recovery Provider Regulation Cross-Cutting** Alabama Alaska Excluding Problem Prior Authorization and Data Mining Stakeholder Arizona Providers Claims Review Coordination Arkansas California Provider Outreach and Provider Accountability Service Verification Detection and Colorado Education Investigation Connecticut Delaware Recipient Lock-In Medicaid Fraud Control Managed Care Oversight District of Columbia Unit Coordination Florida Georgia Penalties and Recovery Targeting High-Risk Hawaii Providers Idaho

Clear Selections

ALABAMA: 2009

Provider Regulation: Excluding Problem Providers

Check out the database:

www.pewstates.org/medicaid-fraud

Search

Deactivation of the Medicaid provider number when the address is unkn

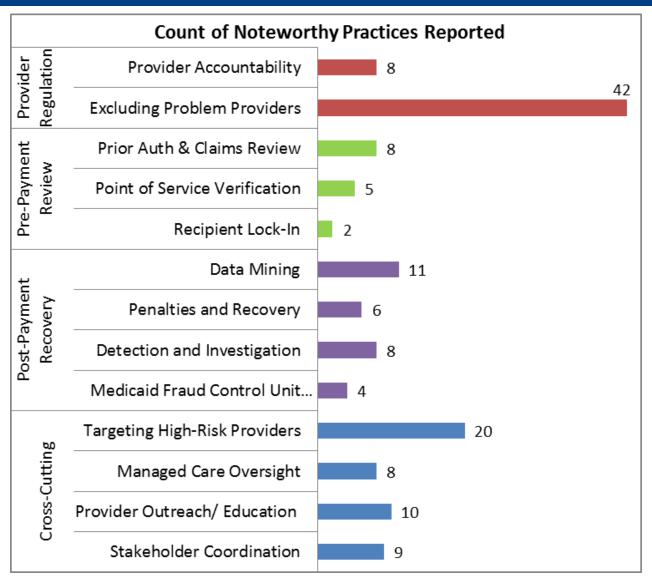
CMS Noteworthy Picks Only

The Alabama Medicaid Agency deactivates a provider's Medicaid provider human address and an attempt to find the correct information has failed. The provider number stays appearance ultra-

esolved

How States are Improving Results

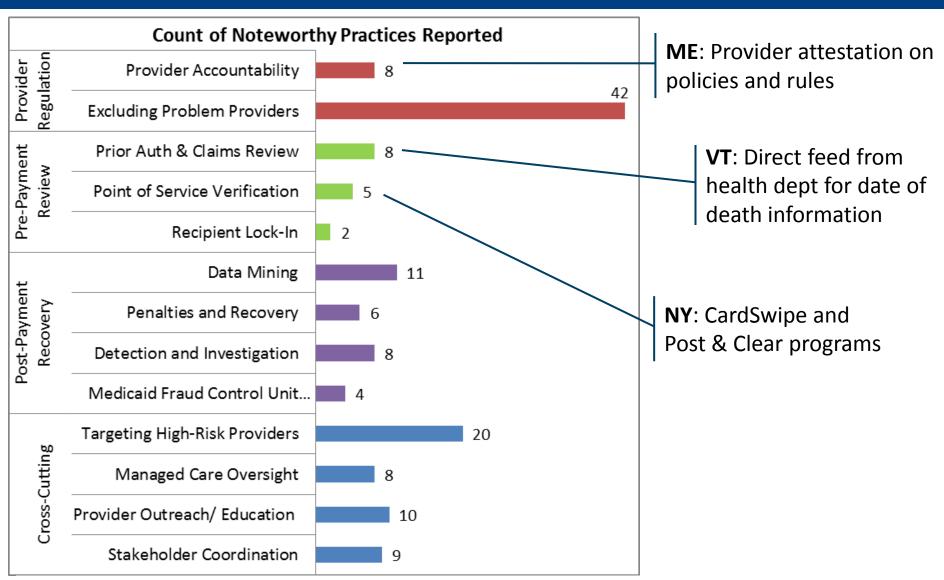




Source: Pew analysis of CMS Program Integrity Review Reports 2007 – 2012. Practices are submitted by states to CMS staff who determine which practices are "noteworthy".

How States are Improving Results

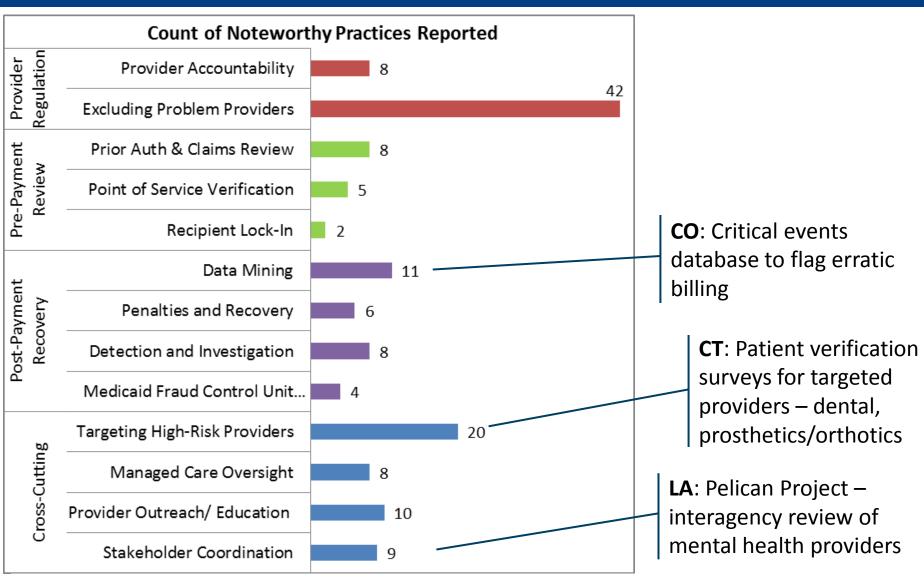




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How States are Improving Results





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Measuring Success



\$0.39 Billion:

Total Program Integrity Expenditures in FFY 2009

\$2.31 Billion:

Total Recoveries in FFY 2009

Source: CMS State Program Integrity Assessment FY 2009 Executive Summary

Additional Resources



State Health Care Spending Project

http://www.pewstates.org/projects/state-health-care-spending-project-328140

Medicaid Anti-Fraud and Abuse Interactive Database

www.pewstates.org/medicaid-fraud

Webinar featuring Pew's Program Integrity Research: March 6, 2013 at 2:00pm eastern

http://www.ncsl.org/default.aspx?tabid=25784



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