INTRODUCTION TO PROGRAM INTEGRITY DMC-ODS

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OBJECTIVES

- Understand the importance of Program Integrity
- Define Fraud, Waste and Abuse ("FWA")
- Identify Federal/State Agencies that combat FWA
- Identify Applicable FWA Laws
- Understand reporting suspected FWA to the County
- Explain the County's requirement for Paid Services Verification and monitoring process
- Resources related to Program Integrity

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PROGRAM INTEGRITY DEFINED

The goal of Program Integrity is to create a culture of providing better health outcomes while avoiding over or underutilization of services.

This requires effective program management and ongoing program monitoring.

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EFFECTIVE PI WILL ENSURE

1. Accurate eligibility determination
2. Prospective and current providers meet state and federal participation requirements
3. Services provided to beneficiaries are medically necessary and appropriate
4. Provider payments are made in the correct amount and only for covered services

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ACCURATE ELIGIBILITY DETERMINATION

- Drug Medi-Cal eligibility is verified at intake, when a client becomes Medi-Cal eligible, and monthly for the duration of services
  - Current process sufficient?
  - Other considerations?
    - Verifying identity
    - Check each client's Medi-Cal eligibility monthly

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MEDICAL NECESSITY:

Under the DMC-ODS Medical Necessity is defined as:

- All clients must have at least one DSM-5 SUD Diagnosis
  - Except Tobacco-Related Disorders and non-substance related disorders, like gambling
- Adults 18 and over – Must meet the ASAM Criteria of medical necessity for the level of care
- Youth/Young adults (12-20 – Must meet the ASAM adolescent treatment criteria)
  - Eligible for Early Periodic Screening, Diagnostic, and Treatment (EPSDT) to receive all appropriate and medically necessary services to ameliorate health condition
- See SUDPOH Section A
- What processes are in place to verify accuracy of the DSM diagnosis and use of ASAM criteria?

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FRAUD

Drug Medi-Cal FRAUD involves

- Making false statements or misrepresentation of material facts
- Obtaining some benefit or payment for which no entitlement would otherwise exist
- May be committed for the person's own benefit or for the benefit of another party
- The act must be performed knowingly, willfully and intentionally.

Example: Purposely billing for services that were never given.

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FRAUD

Other examples of fraud:

- Billing DMC for appointments a client didn't keep (i.e. intentionally billing for "no shows")
- Falsifying a diagnosis so a client will meet medical necessity
- Knowingly billing for services at a level of complexity higher than services provided
- Falsifying records to claim for a higher level of service

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FRAUD

Defrauding Drug Medi-Cal is illegal:

- May lead to penalties, fines, and imprisonment
- Risks exclusion from participating in all Federal health care programs
- Risk losing professional licenses

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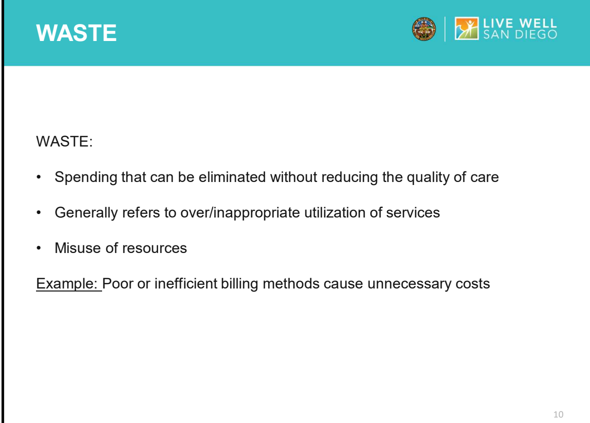

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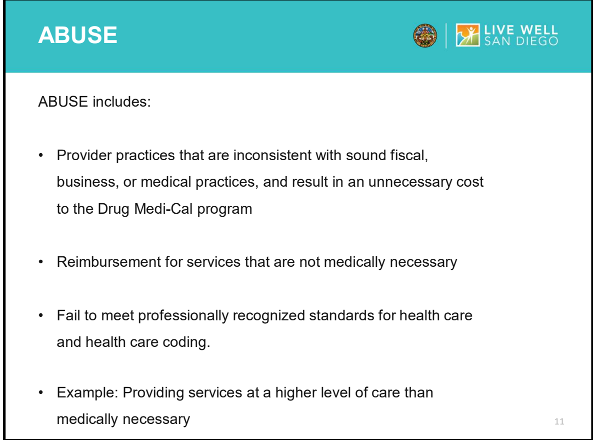

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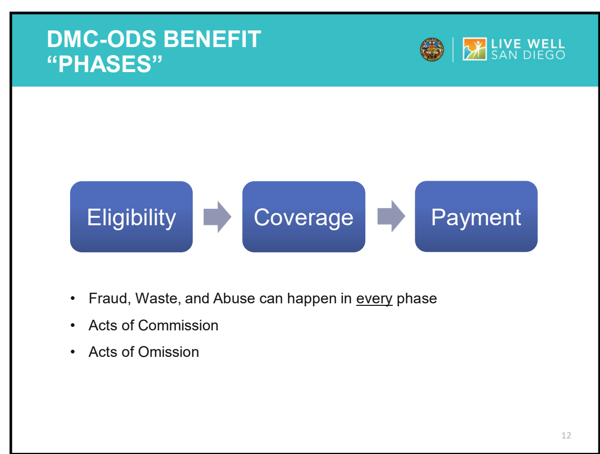

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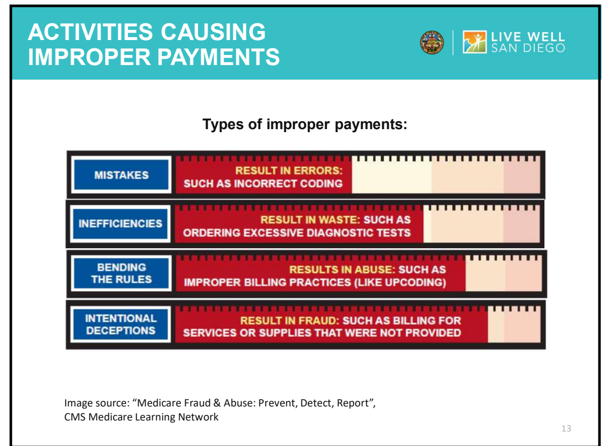

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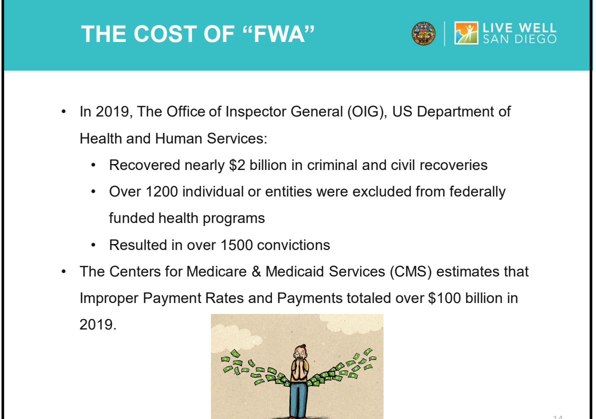

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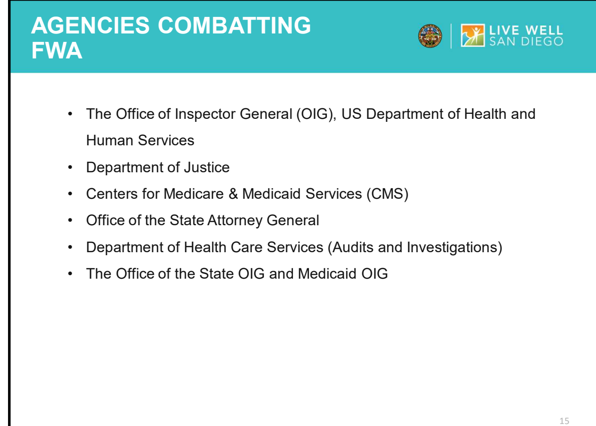

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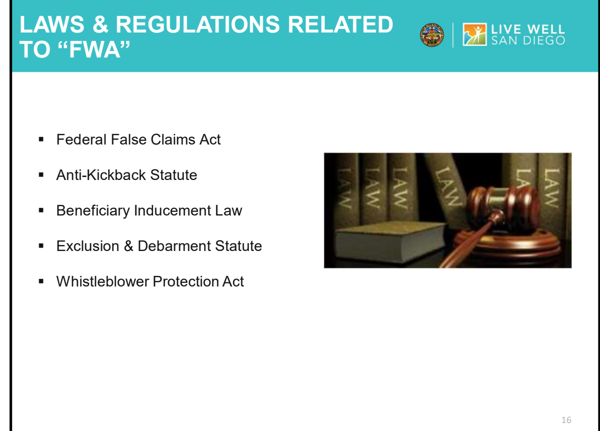

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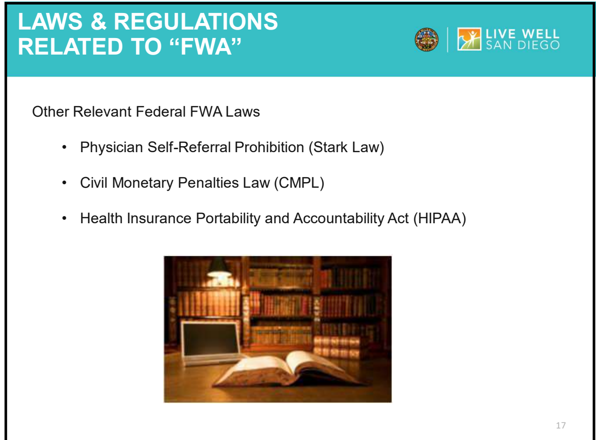

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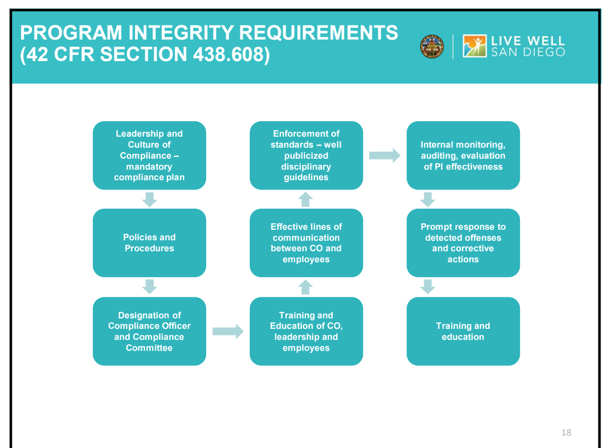

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INTERNAL COMPLIANCE PROGRAM

- Recommended that programs have an internal program integrity/compliance program commensurate with the size and scope of their agency.
- Contractors with more than $250,000 in annual agreements with the County must have a compliance program that meets the following:
  1. Development of a code of conduct and compliance standards
  2. Assignment of a compliance officer who oversees/monitors compliance program
  3. A communication plan which allows workforce members to express complaints/concerns without fear of retribution

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INTERNAL COMPLIANCE PROGRAM

- Contractors with more than $250,000 in annual agreements with the County must have a compliance program that meets the following:
  4. Create and implement training and education for workforce members regarding compliance requirements, reporting and procedures
  5. Development and monitoring of auditing systems to detect and prevent compliance issues
  6. Creation of discipline processes to enforce at the program
  7. Development of response and prevention mechanisms to respond to, investigate and implement corrective action regarding compliance issues

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INTERNAL COMPLIANCE PROGRAM

Regardless of size/scope, all programs have processes in place to ensure, at a minimum:

1. Staff have proper credentials, experience, and expertise to provide client services
2. Staff shall document client encounters in accordance with funding source requirements and Health and Human Services Agency (HHSA) policies/procedures
3. Staff shall bill client services accurately, timely, and in compliance with all applicable regulations and HHSA policies and procedures

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INTERNAL COMPLIANCE PROGRAM

Regardless of size/scope, all programs have processes in place to ensure, at a minimum:

4. Staff promptly elevate concerns regarding possible deficiencies or errors in the quality of care, client services, or client billing
5. Staff shall act promptly to correct problems if errors in claims or billings are discovered

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REPORTING FWA

- Any concerns about ethical, legal, and billing issues (or of suspected incidents of FWA) should be reported immediately to: the HHSA Agency Compliance Office (ACO):
  - By phone at 619-338-2807, or
  - By email at Compliance.HHSA@sdcounty.ca.gov
  - or contact the HHSA Compliance Hotline at 866-549-0004
- Additionally, contact your program COR immediately and the SUD QM team at QIMatters.HHSA@sdcounty.ca.gov

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REPORTING FWA

- In addition, any potential fraud, waste, or abuse shall be reported directly to DHCS' State Medicaid Fraud Control Unit. Reporting can be done:
  - By phone: 1-800-822-6222
  - Online form
  - fraud@dhcs.ca.gov
  - Medi-Cal Fraud Complaint – Intake Unit
    Audits and Investigations
    PO Box 997413, MS 2500
    Sacramento, CA 95899-7413

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PAID CLAIMS VERIFICATION

"Paid claims verification" – Each program must develop Policy & Procedure to verify whether services reimbursed by Drug Medi-Cal were actually provided to clients.

- Flexibility in developing your own process
- Can current processes (i.e. sign-in sheets) be leveraged to create your paid claims verification process
- Keep it simple (i.e. random verification)
  - i.e. random verification during specified time periods

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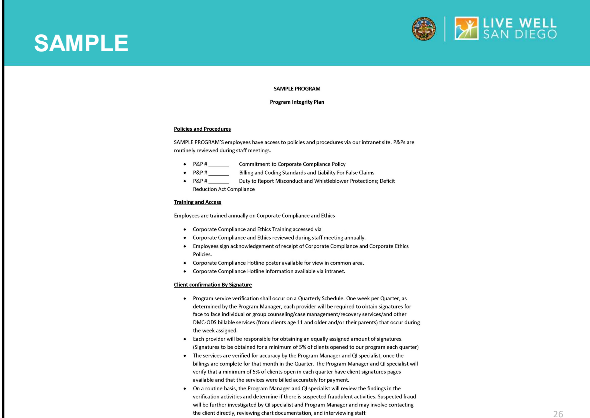
SAMPLE

LIVE WELL SAN DIEGO



SAMPLE PROGRAM

Program Integrity Plan

Policies and Procedures

SAMPLE PROGRAM'S employees have access to policies and procedures via our intranet site. P&Ps are routinely reviewed during staff meetings.

- P&P # ________ Commitment to Corporate Compliance Policy
- P&P # ________ Billing and Coding Standards and Liability For False Claims
- P&P # ________ Duty to Report Misconduct and Whistleblower Protections; Deficit Reduction Act Compliance

Training and Access

Employees are trained annually on Corporate Compliance and Ethics

- Corporate Compliance and Ethics Training accessed via ________
- Corporate Compliance and Ethics reviewed during staff meeting annually.
- Employees sign acknowledgement of receipt of Corporate Compliance and Corporate Ethics Policies.
- Corporate Compliance Hotline poster available for view in common area.
- Corporate Compliance Hotline information available via intranet.

Client confirmation By Signature

- Program service verification shall occur on a Quarterly Schedule. One week per Quarter, as determined by the Program Manager, each provider will be required to obtain signatures for face to face individual or group counseling/case management/recovery services/and other DMC-ODS billable services (from clients age 11 and older and/or their parents) that occur during the week assigned.
- Each provider will be responsible for obtaining an equally assigned amount of signatures. (Signatures to be obtained for a minimum of 5% of clients opened to our program each quarter)
- The services are verified for accuracy by the Program Manager and QI specialist, once the billings are complete for that month in the Quarter. The Program Manager and QI specialist will verify that a minimum of 5% of clients open in each quarter have client signatures pages available and that the services were billed accurately for payment.
- On a routine basis, the Program Manager and QI specialist will review the findings in the verification activities and determine if there is suspected fraudulent activities. Suspected fraud will be further investigated by QI specialist and Program Manager and may involve contacting the client directly, reviewing chart documentation, and interviewing staff.

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MONITORING

The SUD QM team conducts onsite reviews:

- Legal Entity Compliance Plan
- Discuss how your program is following the plan
- Ask for evidence of implementation (i.e. evidence of your paid claims verification, etc.)
- Encounters in SanWITS compared to documentation present in the chart
- Provide tip sheets for program reports

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RESOURCES

- For training assistance on the False Claims Act, contact the HHSA Agency Compliance Office (ACO):
  - By phone at 619-338-2807, or
  - By email at Compliance.HHSA@sdcounty.ca.gov

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RESOURCES

- Office of Inspector General – US Department of Health and Human Services Website https://oig.hhs.gov/
- US Department of Justice Health Care Fraud Unit Website https://www.justice.gov/criminal-fraud/health-care-fraud-unit
- Centers for Medicare & Medicaid Services Provider Compliance Website https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html
- State of California Department of Justice Medi-Cal Fraud Website https://oag.ca.gov/bmfea/medical
- DHCS Audits & Investigations Website http://www.dhcs.ca.gov/individuals/Pages/AuditsInvestigations.aspx

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RESOURCES

- Brief Video on the False Claims Act: https://www.youtube.com/watch?v=BbZ78QTLztQ&feature=youtu.be
- False Claims Act, Anti-Kickback Statute, Physician Self-Referral Law, Exclusion Statute: https://oig.hhs.gov/compliance/physician-education/01laws.asp
- CMS Resource Guide: Laws Against Health Care Fraud https://www.cms.gov/Medicare-Medicaid- Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/fwa-laws-resourceguide.pdf
- Beneficiary Inducement Law OIG Bulletin https://oig.hhs.gov/fraud/docs/alertsandbulletins/sabgiftsandinducements.pdf
- County of San Diego HHSA Exclusion and Debarment Verification info http://www.sandiegocounty.gov/content/sdc/hhsa/programs/sd/agency_contract_support/exclusion_a nd_debarment_verification.html
- OIG Whistleblower Protection Information https://oig.hhs.gov/fraud/whistleblower/

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