Developments in Government Managed Care Fraud Enforcement

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Notes:

Overview

- OIG – who we are, what we do
- Risk Areas
- OIG's Priorities
- OIG's Managed care reports and CIAs

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Who we are:

Notes:

What we do:

Audit

Evaluate

Investigate

Counsel

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Identifying Risk Areas

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Managed Care Risk Areas

- Inappropriate denial of services
- Provider network issues
- MA Risk Adjustment
- Payments to ineligible providers
- Data quality and security problems

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Why does OIG care?

- Beneficiary Harm
- Fraud in one program often means fraud in another program
- Fraud in Managed Care can increase taxpayer costs
- Federal Government has the enforcement tools: criminal, civil, administrative

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Quality

Federal $

Data

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Quality

Notes:

OIG Report: Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care

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OIG Report: MA Payments from Chart Reviews

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Federal Funds

Notes:

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OIG Report: Essence Healthcare, Inc. – Targeted RADV

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OIG Reports: BCBS Michigan and Anthem – Targeted RADV

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OIG Report: Humana – Traditional RADV

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Data

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•OIG Report: MAO Encounter Data Lack Essential Information

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OIG Report: MA Payments Solely from Health Risk Assessments

Notes:

Freedom Health CIA (May 2017)

- Provider Network Review
- Diagnosis Coding Review

Notes:

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Beaver Medical Group CIA (Dec. 2019)

- Annual Chart Review
- Review of diagnoses data and medical records

Notes:

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Sutter Health CIA (August 2021)

- Centralized risk assessment program
- Review of diagnoses data and medical records

Notes:

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Conclusion

- ***Quality*** – more Americans than ever rely on Managed Care,
- ***Federal $*** – ensure the financial integrity of HHS programs,
- ***Data*** – leverage data to identify risk areas

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