

August 15, 2018

<Provider Name>
<Provider Address 1>
<Provider Address 2>
<Provider City> <State> <zipcode5-zipcode4>

Dear Provider:

Pursuant to MCL 333.26368, sections 14.2 (*Pre- and Post-Payment Review/Audit*) and 16 (*Post-Payment Review and Fraud/Abuse*) of the General Information for Providers Chapter of the Michigan Medicaid Provider Manual, and the Medical Assistance Provider Enrollment & Trading Partner Agreement, the Michigan Department of Health and Human Services (MDHHS) Office of Inspector General (OIG) is authorized to perform post-payment reviews of paid Medicaid claims to identify and recover any overpayments made to Medicaid providers.

This letter introduces AdvanceMed, which is the Midwestern Unified Program Integrity Contractor (UPIC) for the Centers for Medicare & Medicaid Services (CMS). MDHHS OIG will oversee the post-payment audit activities conducted by AdvanceMed on behalf of the Michigan Medicaid Program.

CMS' UPIC operates under multiple legislative authorities. For Medicaid Integrity Program responsibilities, the UPIC is authorized by the Social Security Act §1936, 42 U.S.C. 1396u-6 (a) et seq. The post-payment audit activities conducted by AdvanceMed shall include, but not be limited to, the following program integrity activities: data mining, audits, and medical necessity reviews of provider's billing of claims submitted to the Michigan Medicaid Program.

AdvanceMed will utilize statistical random sampling and extrapolation, as well as claim-specific auditing methodologies. The audit actions may include, but are not limited to:

- Recipient interviews
- Provider interviews
- Onsite visits
- Medical records requests

Medical record reviews will be conducted by qualified registered nurse reviewers, certified coding specialists and physician peer reviewers, as required. Providers will be notified of the findings of these audits. Providers who agree with the findings will be required to correct the relevant claim(s) via the appropriate claims processing system, if feasible. Providers who disagree with any or all of the findings will have an opportunity to appeal within the timeframe identified in the Final Notice of Recovery. Detailed appeal instructions will accompany the Final Notice of Recovery.

All correspondence regarding these post-payment audits will be sent to the correspondence address that is listed in the Community Health Automated Medicaid Processing System (CHAMPS). Therefore, providers should ensure their correspondence address in CHAMPS is accurate.

More information on this process can be found online under the Resources section at www.michigan.gov/medicaidproviders.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Stiffler". The signature is fluid and cursive, with the first name "Kathy" and last name "Stiffler" clearly distinguishable.

Kathy Stiffler, Acting Director
Medical Services Administration