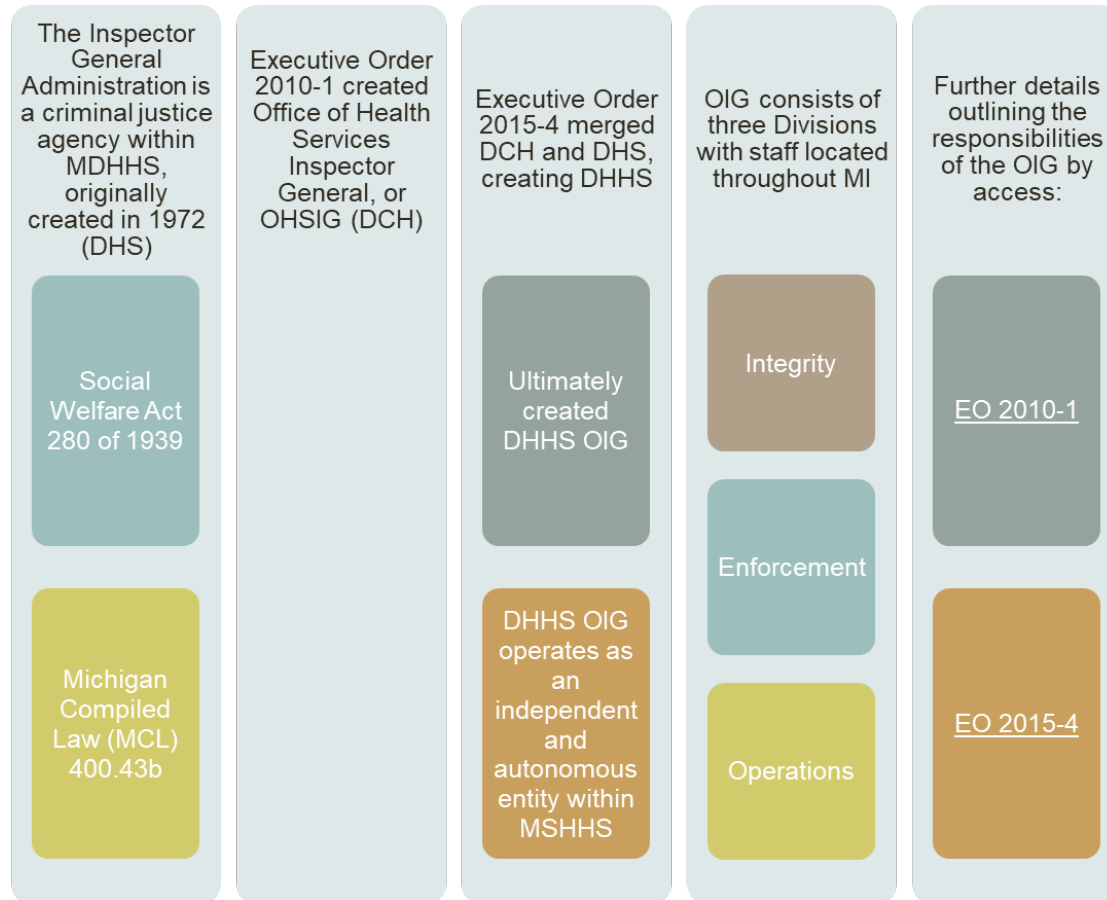


Office of Inspector General





History of MDHHS-OIG





MDHHS-OIG Responsibilities

The Inspector General is responsible for the following activities:

- (a) Investigate fraud, waste, and abuse in programs administered by MDHHS
- (b) Make referrals for prosecution and disposition of appropriate cases as determined by the inspector general.
- (c) Review administrative policies, practices, and procedures.
- (d) Make recommendations to improve program integrity and accountability.
- (e) Fulfill program integrity functions required by the Centers for Medicare and Medicaid Services (CMS) under 42 CFR §455.13-17, .21-23, and .500-518





MDHHS-OIG Administration

MDHHS-OIG is comprised of three divisions:

- **Integrity Division** – focused on provider fraud, waste, and abuse
 - Investigative – Two sections, each comprised of three teams of investigators
 - Contract and Vendor Oversight
 - Provider Sanctions
- **Enforcement Division** – focused on beneficiary fraud, waste, and abuse
- **Operations Division**
 - Investigative Analytics Unit (IAU)
 - Administrative Services
 - Policy and Training





Integrity Division

- The Integrity Division is responsible for conducting and supervising activities to prevent, detect and investigate provider fraud, waste and abuse within Michigan's health services programs, mainly Michigan Medicaid.
- What does that consist of?
 - **Investigating fraud**
 - **Post payment review** – ensuring claims have been properly paid according to policy
 - **Identifying and collecting overpayments**





Fraud, Waste, and Abuse

Examples of health services provider fraud, waste and abuse:

- Billing for services not rendered
- Billing for medically unnecessary services
- Upcoding
- Unbundling
- Double billing
- Dispensing generic drugs but billing for brand-name drugs
- Billing for supplies/medication not dispensed





Medicaid Provider Types





Investigations/Post Payment Reviews

MDHHS-OIG Investigations and post payment reviews come from one of two sources:

- **Complaints**

- Received through multiple sources, including providers, former and current employees, beneficiaries, the public, MDHHS Policy, MIHP section
- Received via phone, email, mail, etc
- Triaged by section managers, then assigned to a team for investigation

- **Data Mining**

- Ranking by Procedure Code (ex: 99402)
- Policy violations
- More complex algorithms designed by the IAU





Policy Violations - MIHP

Examples:

- **More than 9 visits (maternal)**
 - Medicaid Provider Manual, MIHP Chapter, Section 2 – Program Components, Subsection 2.1 Maternal Risk Identifier: The initial assessment and up to nine professional visits per woman per pregnancy are billable.
- **More than 1 assessment**
 - Medicaid Provider Manual, MIHP Chapter, Section 2 – Program Components, Subsection 2.1 Maternal Risk Identifier: The initial assessment and up to nine professional visits per woman per pregnancy are billable.
 - Medicaid Provider Manual, MIHP Chapter, Section 2 – Program Components, Subsection 2.2 Infant Risk Identifier: The initial assessment and up to nine professional visits per infant/family are billable.
- **Two or more visits per day**
 - Medicaid Provider Manual, MIHP Chapter, Section 2 – Program Components, Subsection 2.7 Professional Visits: MIHP providers are eligible for Medicaid reimbursement for one professional visit per beneficiary on the same date of service, regardless of the place of service. Visits beyond the established limit cannot be billed to the beneficiary or Medicaid.





Extrapolation

The methodology of estimating an unknown value by projecting with a calculated precision (i.e., margin of error) the results of a reviewed sample to the universe from which the sample was drawn.





Post Payment Review Process

- Initial call from investigator
- Field visit (announced or unannounced)
- Record review
- Contact from investigator regarding results of record review





Post Payment Review Process (continued)

If an overpayment is identified:

- **Notice of Preliminary Findings**
- If no response or no documentation, **Final Notice of Recovery**
- If documentation is submitted, **Reconsideration Response**
- Appeals
- Claim adjustments/Gross Adjustments/Voids by Claims Processing
- Repayment





Additional Notes

- Keep in contact with your investigator
- Email
- Encounter claims





Questions?

- MDHHS-OIG Hotline: 1-855-643-7283 (1-855-MI-FRAUD)
- MDHHS-OIG Email: MDHHS-OIG@michigan.gov

