



2019 SMP/SHIP NATIONAL CONFERENCE

CA-SMP's Collaboration with SafeGuard Services/UPIC. What Happens to our SMP referrals?

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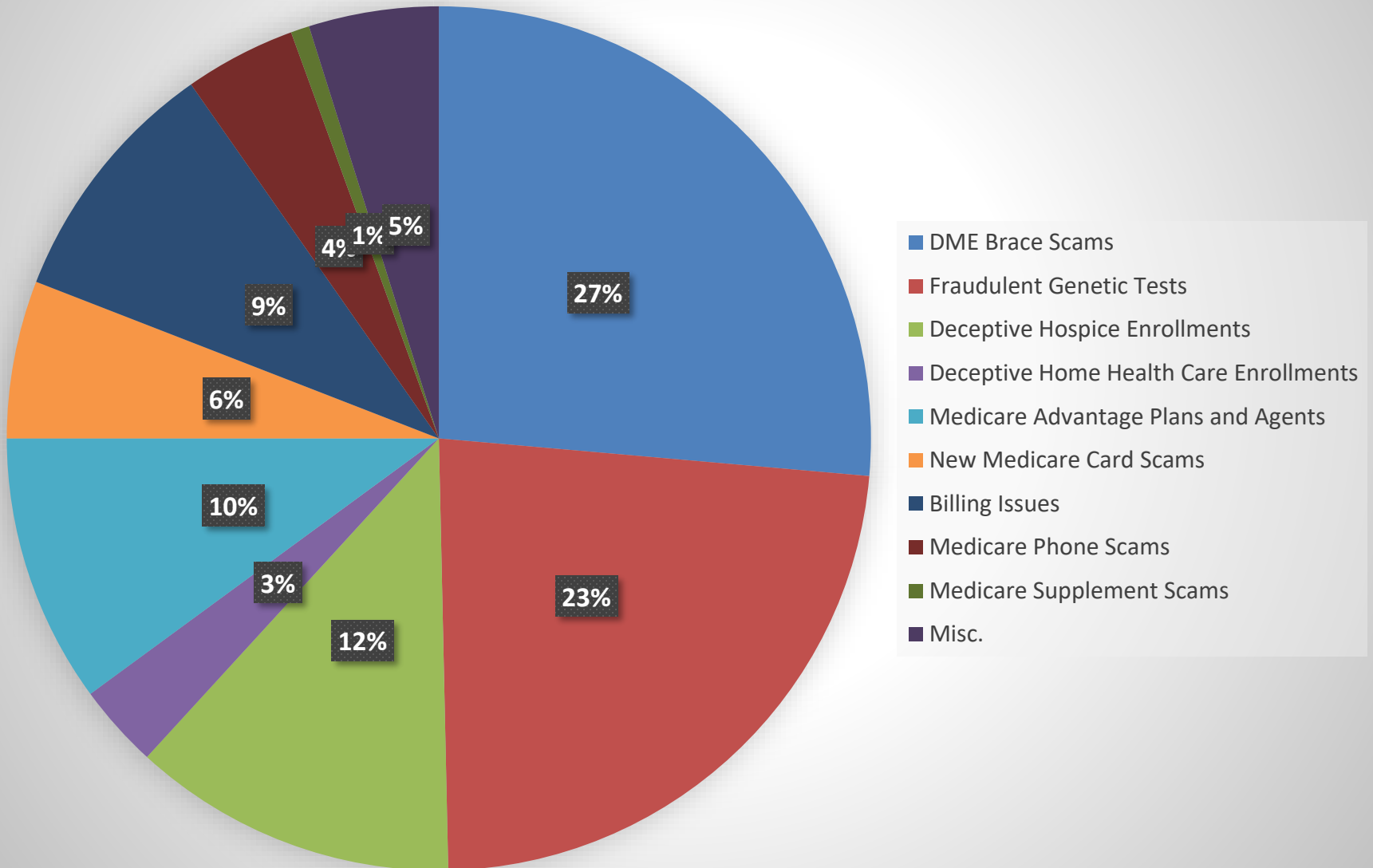
Sandy Morales, Case Specialist & Volunteer Coordinator with CA-Senior Medicare Patrol

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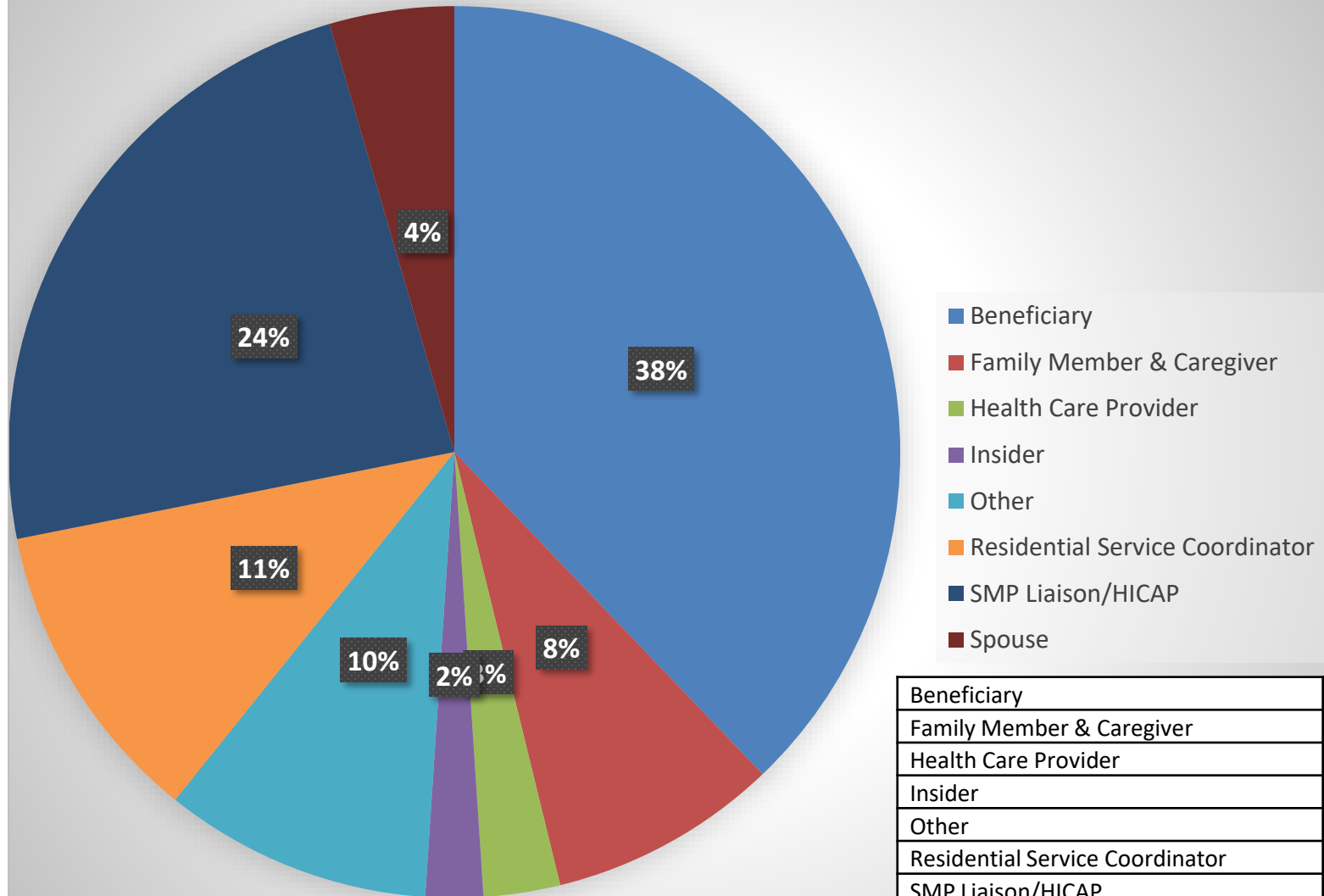
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Cases: 01/01/2019 to 06/21/2019

288 total cases



WHO REPORTED TO SMP:



Beneficiary	109
Family Member & Caregiver	24
Health Care Provider	8
Insider	6
Other	28
Residential Service Coordinator	32
SMP Liaison/HICAP	68
Spouse	13

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SMP Outreach

California Senior Medicare Patrol

Medicare Fraud Alert

2018

Beware of Postcards Advertising “Free” Braces to Relieve Pain

We’re getting several reports of Medicare beneficiaries receiving urgently marked postcards with a special notice of pending eligibility to receive a Medicare-covered back brace or knee support system.

We urge you NOT to respond to these mailers and advise you to talk to your doctor FIRST about any pain you are experiencing. Medicare only covers braces and other durable medical equipment (DME) that is medically necessary with a doctor’s prescription. Scammers,



Hospice Fraud Alert
2019

CALIFORNIA SENIOR MEDICARE PATROL WARNING!

Beware of Fraudulent Hospice Enrollments

Individuals promoting hospice enrollment for Medicare beneficiaries who are not terminally ill through cold calls, meetings and educational sessions could be using the hospice benefit to commit Medicare fraud and abuse.

855-613-7080

For additional information on healthcare fraud, visit cahealthadvocates.org

California **SMP** Senior Medicare Patrol
Empowering Seniors To Prevent Healthcare Fraud



Genetic Testing Scam
2019

CALIFORNIA SENIOR MEDICARE PATROL WARNING!

Individuals promoting genetic testing of Medicare beneficiaries through cold calls, meetings, and educational sessions could be using these tests to commit Medicare fraud and abuse.

Ask your doctor if genetic testing is medically necessary for you.

855-613-7080

For additional information on healthcare fraud, visit cahealthadvocates.org

California **SMP** Senior Medicare Patrol
Empowering Seniors To Prevent Healthcare Fraud

Find additional details on this fraud alert on the reverse side.

SMP Fraud Alerts are available in different languages including:
English –Chinese –Spanish –Vietnamese –Korean –Russian –Farsi
–Tagalog –Punjabi –Armenian

You may access these fraud alerts by visiting our California Health Advocates website at:

<https://cahealthadvocates.org/fraud-abuse/medicare-fraud-alerts/>

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SMP Fraud Hotline

→Manage a SMP State-wide fraud hotline 1-855-613-7080.

→Type of complaints handled:

Hospitals hospice home health care

Ambulance doctors Labs

DME pharmacies etc....any entity billing Medicare.

→Research & resolve cases involving:

→Charges for something a person didn't get.

→Billing for the same services and supplies twice.

→Services that weren't ordered by person's doctor.

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STEP 1: Who? What? When? Where? Why? How? Most likely, the beneficiary will not have all of the answers to our questions, so follow-up calls are necessary. The collection of detailed information and documentation is crucial for laying out the foundation for the work ahead of us. **Review SMP Fraud Worksheet or Marketing Fraud Worksheet.**

STEP 2: Review the issue and all documentation related to it.

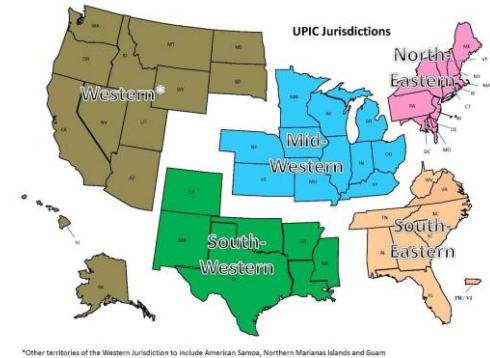
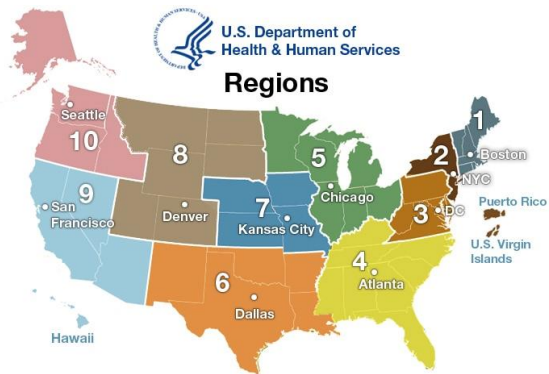
STEP 3: Contact the provider (if it's okay with the beneficiary) and 1-800 Medicare to get more information about date of service in question. If you receive cooperation from the provider, see if you can solve without having to make a referral.

STEP 4: If you feel this issue is potential Medicare fraud, waste, or abuse, refer this issue to your Senior Medicare Patrol office. You can mail or fax report with all its supporting documents.

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SMP Referral



85–95% of SMP cases referred lead to open investigations!

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Unified Program Integrity Contractors (UPICs)

- **Origins**
 - The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Kassenbaum-Kennedy Legislation) created a provision to establish the Medicare Integrity Program (MIP)
 - Allowed the Centers for Medicare & Medicaid Services (CMS) to bid portions of Medicare administration to specialty contracts known as Program Safeguard Contractors (PSCs) to perform fraud, waste, and abuse detection, prevention and deterrence.
 - The UPIC is the latest program integrity contractor model. We are single contractors in defined geographic areas performing Medicare and Medicaid program integrity work on behalf of CMS.

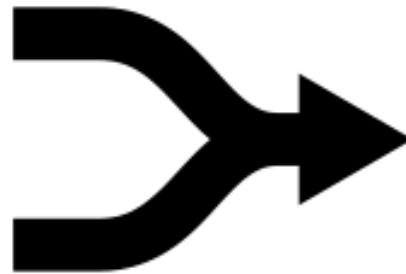
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UPIC History

To better coordinate audits, investigations, and data analyses, and to lower the burden on providers, the Unified Program Integrity Contractor (UPIC) awarded by the Centers for Medicare and Medicaid Services (CMS), combined and integrated the Zone Program Integrity Contractors (ZPIC), Program Safeguard Contractors (PSC), Medicare-Medicaid Data Match programs, and Medicaid Integrity Contractors (MIC) into a single contractor to perform Medicare and Medicaid program integrity work on behalf of CMS.

- ZPICs
- PSCs
- Medi-Medi
- MICs

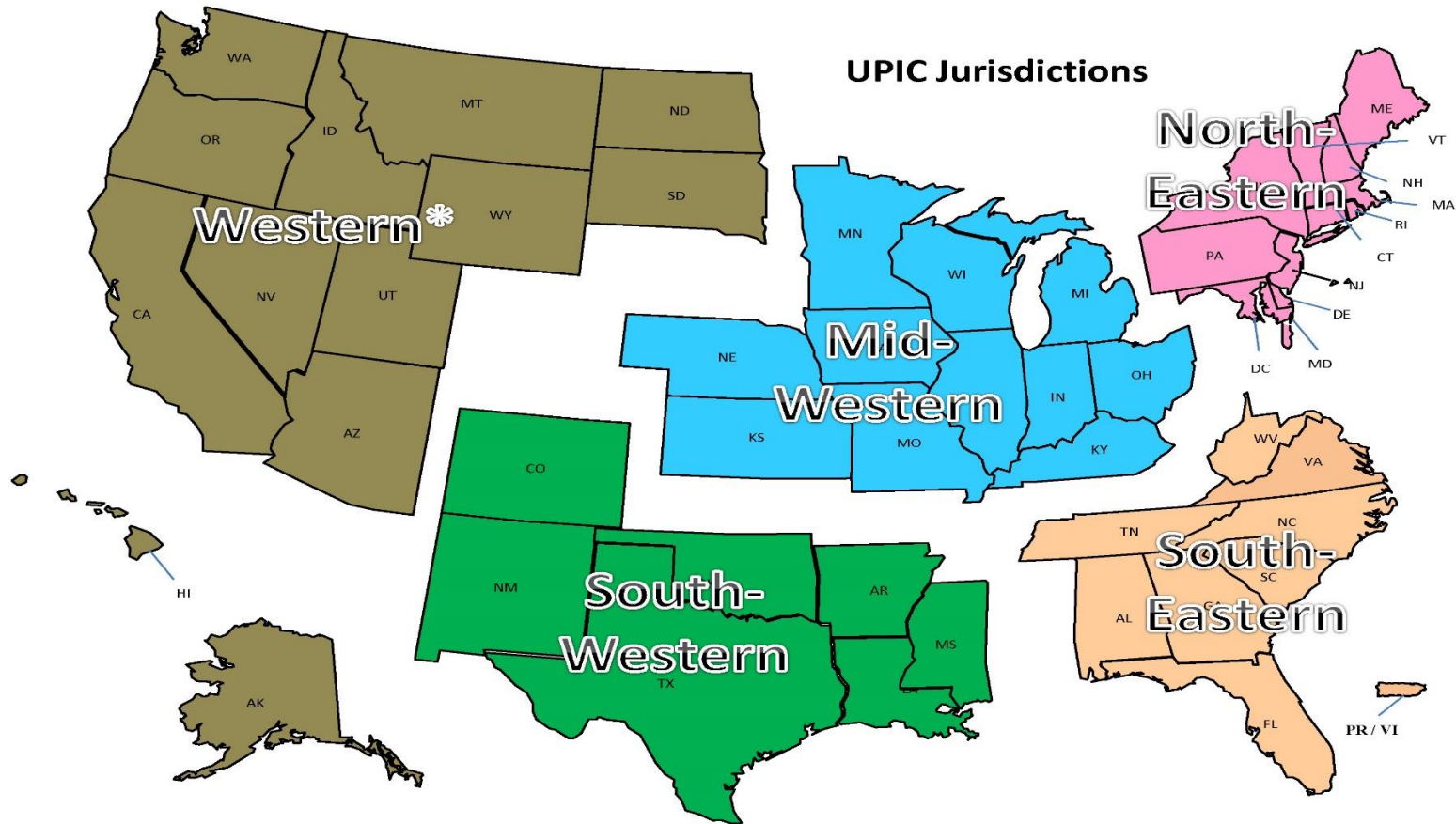


UPIC

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UPIC Jurisdictions



*Other territories of the Western Jurisdiction to include American Samoa, Northern Marianas Islands and Guam

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UPIC Roles and Responsibilities

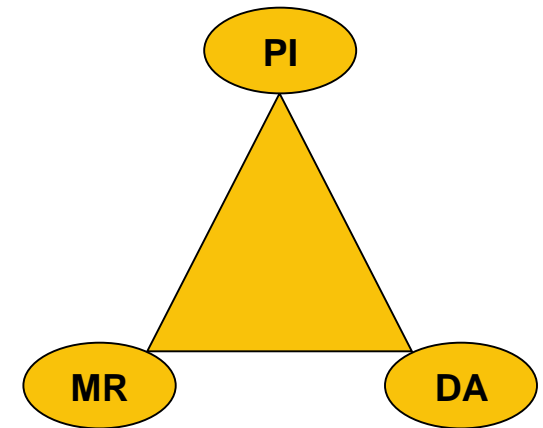
- Detect, prevent, and proactively deter fraud, waste, and abuse for CMS programs, including:
 - **Medicare:** a federal health insurance for people 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease
 - **Fee-For-Service Part A** (a.k.a. Hospital Insurance): Hospital, Skilled Nursing Facility (SNF), Nursing Home, Home Health & Hospice
 - **Fee-For-Service Part B** (a.k.a. Medical Insurance): Outpatient Physician Services, Ambulance, Durable Medical Equipment (DME), Diagnostic Tests, Mental Health
 - **Medicaid:** jointly funded (federal & state) insurance for low income, disabled, and elderly
 - **Dual-Eligibles** are beneficiaries eligible for both Medicare & Medicaid

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UPIC Primary Functional Units

- **PI: Program Integrity** Investigators conduct investigations, audits, and/or reviews to determine if fraud, waste, or abuse has occurred
- **MR: Medical Review** Claims Analysts conduct reviews of medical records for evidence of fraud, waste, and abuse (if payments are denied, analysts conduct overpayment for recoupment of funds).
- **DA: Data Analysts** conduct the required data analyses and supply results to investigators (internal and external); they also conduct proactive analyses that drive new investigations.



Fraud or Abuse?

- Fraud is:
 - Intentional deception or misrepresentation for the purpose of gaining an unauthorized benefit
- Abuse is:
 - Practice that is inconsistent with sound medical or business practices
 - The billing of services that are not covered
 - The incorrect coding of services
 - Provider intent not found
 - Continued abusive trends after education may indicate fraud

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Fraud or Abuse?

- A **mistake** can be misinterpretation of a rule.
- **Negligence** can be a provider should have known but didn't.
- **Recklessness** means the provider does not have compliance plans in place.
- **Waste** is the over-utilization of services resulting in unnecessary costs

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Types of Potential Fraud

- Billing of services not rendered
- Incorrect reporting of diagnoses or procedures to maximize payment
- Duplicate billing
 - Billing both Medicare and beneficiary for same service
 - Billing both Medicare, Medicaid or another insurer in an attempt to get paid twice
- Alteration of documentation
- Kickbacks, bribes or rebates for referrals, patient recruitment (health fairs)
- Unbundling charges

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Other Examples of Potential Fraud

- Billing non-covered services as covered (EVOX and PSTIM)
- Use of the Medicare card by someone other than the beneficiary
- Schemes of collusion between the patient and the physician
- Completing Certificates of Medical Necessity, DME orders or Plan of Care when the physician has not seen the beneficiary

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Outcomes

- Criminal Conviction/Civil Litigation
- Civil Money Penalties
- Suspension/Revocation of Professional License
- Exclusion/revocation from participation in all Federal/State healthcare programs
- Payment Suspensions
- Overpayments
- Education

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UPICW Stakeholder Communication



Discussion & Collaboration

- Ongoing work
- Emerging areas of risk
- CMS Technical Direction Letters
- Collaboration: efforts and outcomes
- Priority items: ROI, stakeholder satisfaction

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UPICW Collaboration with SMP

- SMP emails complaint to CMS DFOW, OIG, and UPICW
- UPICW opens a lead on the complaint
- Intake does preliminary research
- If complaint warrants further review, a request to open an investigation is submitted to CMS

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