The Life of a Case

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July 22–25, 2019 • San Diego, CA
UPDATED SMP CASEWORK PROCESS
Overview

• ACL worked with CMS and OIG to determine:
  – What is working?
  – What isn’t?
  – How can we improve the good work already being done?
  – How can we ensure our cases are getting to the right places when we make referrals?
New Process – High Level Overview

• **Starting immediately**
• Continue to send appropriate cases with all documentation to OIG via ACL
  – ACL will make the referrals to OIG via the OIG Portal
• Send cases to CMS Regional Office Medicare A & B Fraud Referral mailbox
  – SMPs will email case details to the CMS mailbox and work with the CMS RO caseworker as needed
New Tip Sheet

• “Where and When to Refer” Tip Sheet
• Provides step-by-step guidance on how to handle different case situations
• Available soon!
  – Will be sent out via the SMP Listserv as soon as it’s ready and
  – Can be found on the SMP Resource Center’s Library
Additional Information

• Scheduled Webinars:
  – August 8\textsuperscript{th} at 1pm (ET) – Where to Refer
  – August 20\textsuperscript{th} at 2:30 pm (ET) – Building a Case

• Continued technical assistance and training will be available moving forward

• Contact the SMP Resource Center with questions during roll-out
CMS RO FFS Inquiry Handling Process

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Centers for Medicare & Medicaid Services, Region IX

July 22–25, 2019 • San Diego, CA
Agenda

• RO structure
• RO fraud inquiry trends
• MAISTRO system
• What makes a good inquiry
• RO inquiry handling processes
• Who to contact
FFS DME Brace Fraud Inquiries

• Beneficiaries receiving cold calls over the phone and postcards/flyers in the mail
• Beneficiaries receiving unsolicited braces (e.g., knee, back, leg, etc.) at their home
• Marketing door-to-door and at senior centers, churches, and other community sites often advertised as “free” to Medicare beneficiaries
FFS Genetic Testing Fraud Inquiries

- Beneficiaries receiving cold calls over the phone
- Beneficiaries receiving unsolicited test kits in the mail
- Genetic testing companies taking samples at senior centers, churches, parking lots, and at home
- Genetic testing companies give incentives and claim that tests are “free” to Medicare beneficiaries
MAISTRO

• CFMFFSO inquiry tracking and reporting system
• Stores all inquiry details, supporting documents, and related emails
What Makes a Good Inquiry

• Beneficiary name and contact info
• HICN/MBI
• Date and location of the reported FWA
• Circumstances of the FWA
• What actions did the bene take (e.g., give out HICN/MBI, call 1-800-MEDICARE)?
• Were claims submitted? Copy of the MSN is helpful.
• Names and contact info of the individual(s) involved in the FWA
Inquiry Handling Process - DME Brace Fraud

RO receives complaint
- Assigned to regional Program Integrity (PI) staff person for review and action.

Referral to DME MAC
- DME MAC requests medical records from supplier.
- Unified Program Integrity Contractor (UPIC) referral, if needed.

Referral to NSC SACU
- Have DMEPOS supplier standards been violated?
- Does the supplier’s PTAN need to be revoked?

RO responds to bene
- Issue has been referred to the contractor and law enforcement, if necessary, and to monitor MSN for corrections.
- Resolution details not provided to SMP/SHIP.
Inquiry Handling Process - Genetic Testing Fraud

RO receives complaint
- Assigned to PI staff person for review and action.

Referral to A/B MAC
- A/B MAC requests medical records from provider.
- Unified Program Integrity Contractor (UPIC) referral, if needed.

RO responds to bene
- Issue has been referred to the contractor and law enforcement, if necessary, and to monitor MSN for corrections.
- Resolution details not provided to SMP/SHIP.
## FFS Fraud Referral Contacts

<table>
<thead>
<tr>
<th>Region</th>
<th>States and Territories</th>
<th>E-mail Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Boston</td>
<td>Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</td>
<td><a href="mailto:robosfm@cms.hhs.gov">robosfm@cms.hhs.gov</a></td>
<td>(617) 565-4630</td>
</tr>
<tr>
<td>2 - New York</td>
<td>New Jersey, New York, Puerto Rico, Virgin Islands</td>
<td><a href="mailto:ronycfm@cms.hhs.gov">ronycfm@cms.hhs.gov</a></td>
<td>(212) 616-2500</td>
</tr>
<tr>
<td>3 - Philadelphia</td>
<td>Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</td>
<td><a href="mailto:rophicfm@cms.hhs.gov">rophicfm@cms.hhs.gov</a></td>
<td>(215) 861-4154</td>
</tr>
<tr>
<td>4 - Atlanta</td>
<td>Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</td>
<td><a href="mailto:partabinquiriesro4@cms.hhs.gov">partabinquiriesro4@cms.hhs.gov</a></td>
<td>(404) 562-7347</td>
</tr>
<tr>
<td>5 - Chicago</td>
<td>Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</td>
<td><a href="mailto:rochifm@cms.hhs.gov">rochifm@cms.hhs.gov</a></td>
<td>(312) 353-9087</td>
</tr>
<tr>
<td>6 - Dallas</td>
<td>Arkansas, Louisiana, New Mexico, Oklahoma, Texas</td>
<td><a href="mailto:rodalfm@cms.hhs.gov">rodalfm@cms.hhs.gov</a></td>
<td>(214) 767-6441</td>
</tr>
<tr>
<td>7 - Kansas City</td>
<td>Iowa, Kansas, Missouri, Nebraska</td>
<td><a href="mailto:rokcmmfm@cms.hhs.gov">rokcmmfm@cms.hhs.gov</a></td>
<td>(816) 426-5033</td>
</tr>
<tr>
<td>8 - Denver</td>
<td>Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</td>
<td><a href="mailto:rodenmmfm@cms.hhs.gov">rodenmmfm@cms.hhs.gov</a></td>
<td>(303) 844-2111</td>
</tr>
<tr>
<td>9 - San Francisco</td>
<td>Arizona, California, Hawaii, Nevada, Pacific Territories</td>
<td><a href="mailto:rosfofm@cms.hhs.gov">rosfofm@cms.hhs.gov</a></td>
<td>(415) 744-3658</td>
</tr>
<tr>
<td>10 - Seattle</td>
<td>Alaska, Idaho, Oregon, Washington</td>
<td><a href="mailto:rosea_dfmffso2@cms.hhs.gov">rosea_dfmffso2@cms.hhs.gov</a></td>
<td>(206) 615-2399</td>
</tr>
</tbody>
</table>
CFMFFSO Lead Program Integrity Contacts

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2019 SMP/SHIP National Conference
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HHS OIG HOTLINE OPERATIONS

July 2019

Nenette Day
Assistant Special Agent in Charge
Director of Hotline Operations
800-HHS-TIPS/www.HHSTIPS.gov
Overview of HHS and the OIG

➢ HHS has an annual budget of over $1 Trillion
➢ A quarter of every dollar spent by the US Government goes through HHS
➢ HHS is the largest Grant-making agency in the Government.
➢ As of 2015 there were 79,540 employees (not including grantees and contractors)
➢ OIG monitors all of this through Audit, Evaluations, Inspections and Investigations
➢ OIG has approximately 500 Special Agents.
➢ Hotline Operations has approximately 30 Call Center employees and 6 Investigative Analysts.
➢ The Hotline accepts complaints via call center, website, fax and mail.
➢ OIG has 10 investigative Regions
Hotline handles 120,000 to 140,000 calls, faxes, letters and web submissions every year.

Every single tip is reviewed by an OIG employee.
Complaint Routing

- Tier 1 receives a complaint and inputs it into our Case Management System
- Complaint is categorized
  - No Basis for Action
  - HHS OIG Interest
  - Other HHS Op/Div Interest
  - Other Federal/State Agency Interest
- Actionable complaints are then forwarded to an OIG Regional Office, HHS Operating Division or other Government agency
- If the Region declines, they can request the complaint be forwarded to an OpDiv or another agency
- We only ask for follow-up on high level complaints
Each Region makes the decision on which cases they will investigate. Some of the determining factors:

- Availability of resources to investigate
- Regional priorities/Significance of the damage/threat/potential public harm, etc
- The likelihood of a successful DOJ prosecution
- Are civil or administrative options available
Can you give us the status of an Investigation?

➢ With the volume of complaints we receive, it is simply not possible.

➢ And even if we could, we cannot confirm the existence of an investigation.

➢ The capacity to conduct covert investigations is critical.

➢ If necessary for the investigation, you will be contacted.
Planned Hotline Innovations

➢ Branding HHS TIPS
➢ Data analytics and trend analysis
➢ Publicizing HHS TIPS in hotspots or other areas of concern/interest
➢ Improved referral process for Operating Divisions and SMP
➢ Efficiency as the guiding factor
What Makes a Good Complaint

➢ Details, Details, Details
➢ Complete and accurate information
➢ If applicable, an impact statement
➢ Supporting documentation or witnesses
➢ Anonymous complaints are very problematic (ex. poison pen)
➢ Timely reporting
ASAC Nenette Day
HHS OIG / Hotline Operations