

UPDATED ONLY FOR LOGO AND BRANDING**Provider Notice**

To: HealthChoices Network Providers
From: Don Stiffler, Provider Relations Manager
Date: October 20, 2009
Subject: AD 09 109 Provider Corporate Compliance Initiatives and OMAP Bulletin 99-02-13

This letter serves to provide information and resources that will help Providers to improve their Corporate Compliance Protocols. One of the best resources is Office of Medical Assistance Bulletin Number 99-02-13, issued on December 2, 2002 titled "The Bureau of Program Integrity and the Medical Assistance Provider Self-Audit Protocol."

It is very important to keep in mind that policy decisions that come out of licensing do not necessarily translate to an ability to bill Medical Assistance funds. Licensing rules are separate from Medical Assistance payment rules, thus it is very important to be aware of provisions in the Pennsylvania Medical Assistance Manual Chapter 1101 and Chapter 1150 as well as specific chapters according to services you provide.

According to the Bulletin, Federal regulations require that State Medicaid agencies create and maintain program integrity units. To meet this obligation, the Office of Medical Assistance Programs (OMAP) created the Bureau of Program Integrity (BPI) to ensure, among other things, that the Pennsylvania MA Program is protected from provider fraud, abuse, and waste, and that MA recipients receive quality medical services. As Pennsylvania has implemented HealthChoices, BH-MCOs are now obligated to make all reasonable efforts to prevent and detect fraud, waste, and abuse in partnership with their Provider network to ensure that Members receive the best care.

BH-MCOs are responsible to report their efforts and findings to BPI routinely. Therefore, providers may be randomly selected for review, chosen based on complaints, referrals, tips, information received by the OMAP Fraud and Abuse Hotline, the BH-MCO directly, or through the use of fraud and abuse detection technology. All providers are subject to review.

All Medical Assistance Providers, regardless of the delivery system (FFS or HealthChoices) are required to comply and be knowledgeable about the relevant regulatory requirements for the service(s) provided. This includes not only Medicaid regulations but also OMHSAS and BDAP Bulletins. Providers found to be out of compliance with Medical Assistance Rules and payment protocols may be subject to BPI or BH-MCO actions that could include

- issue educational letters;
- recover improperly paid funds;
- terminate a provider's provider agreement and preclude a provider's direct and indirect participation in the MA Program (BPI);
- refer the case to the Attorney General's Medicaid Fraud Control Section or other appropriate criminal law enforcement agency (BPI);
- refer a case to an appropriate civil agency (e.g. licensing bodies);
- seek a civil monetary penalty amounting to twice the overpaid amount plus interest (BPI) or;
- recommend internal policy changes to improve and/or clarify program standards.

The Pennsylvania Medical Assistance Provider Self-Audit Protocol, developed in 2001, encourages all MA providers to implement compliance plans, and to utilize self-audit procedures to review their records periodically for possible regulatory violations or overpayments. Providers are encouraged to visit the OMAP web site at <http://www.dpw.state.pa.us/omap/omapfab.asp> or contact BPI at (717) 772-4606 for further information on the Provider Self-Audit Protocol and other related information.

PerformCare supports BPI's recommendations to ensure compliance with the Pennsylvania Medical Assistance Program.

1. Providers must be aware of billing requirements and compensable services under the MA Program. These rules are separate from licensing regulations. All Medical Assistance Enrolled Providers are subject to the provisions of the Pennsylvania Medical Assistance Manual Chapter 1101 and Chapter 1150. Additionally, there are chapters for most specific services reimbursed under the Pennsylvania Medical Assistance Program including, Drug and Alcohol Outpatient, Mental Health Outpatient, Inpatient and more. A quick link to the Pennsylvania Code online is included below for easy reference.

<http://www.pacode.com/secure/data/055/part111toc.html>

2. Providers, to the extent possible, should adopt and implement compliance plans to ensure that they remain in compliance with MA regulations.

3. As part of a compliance plan, providers should periodically conduct self-audits to ensure compliance with MA regulations.

4. To the extent that overpayments are identified, providers should utilize the MA Provider Self-Audit Protocol to facilitate the return of overpayments.

In addition, below, are two websites that offer excellent guidance and information regarding your compliance requirements as a Provider as outlined in the Deficit Reduction Act of 2006 and the Federal False Claims Act, as amended May 2009.

<http://www.cms.hhs.gov/DeficitReductionAct/Downloads/CMIP2006.pdf>
<http://www.taf.org/federalfca.htm>

Thank you for your attention to this very important matter. Please feel free to contact your Provider Relations Representative with any additional questions or concerns.