

Building Integrity in Alaska

Detection, Prevention
Prosecution, and
Sustainability

Presented by:

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Presentation Topics

- **Alaska's Story**
- **Collaboration with Partners**
- **Access and Sustainability**
- **Informed Policy Decisions**



MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

Our Journey

- **Personal Care Services -Uncovering Fraud Schemes in Alaska**
- **Benefits of enrolling Personal Care Assistants (PCA's)**
- **Benefits of Collaboration – Getting Results**



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PCA & HCBW Services in Alaska

- **Managed by the Division of Senior and Disabilities Services**
- **Individual PCA renderers are required to be background checked and enrolled as of July 2010**
- **Alaska's enrolled rendering provider population increased – no notable access issues**



PCA & HCBW Services in Alaska

- **Billing occurs through Agency who is certified by Division of Senior and Disabilities Services**
- **98% Consumer Directed**
- **\$125,000,000 annual payment FY 2013**



Case Development

- **Senior and Disabilities Services meeting at Senior Housing raises questions**
- **Additional allegations were identified**
- **Preliminary Investigation**
- **Audit of agency identified high overpayment and error rate**
- **Search warrant**



Case Development

- **Good Faith Services, LLC**
 - **Personal Care Assistance and Home and Community Based Waiver Provider (Chore, respite, non-emergency transportation, care coordination)**
 - \$700,000 in Medicaid Billing in 2009
 - \$7,000,000 in Medicaid Billing in 2011
- **MFCU/PI class and Reid Interview Techniques at Medicaid Integrity Institute**
 - MFCU/PI class attended by new MFCU Director and Medicaid PI Manager
 - Reid interview techniques class attended by SDS QA Manager



Fraud Schemes

■ Billing for Services not Provided

- Out of Country on Date of Service
- Billing exceeded 24 hours per day
- Billing for time spans overlapping with other employers
- Splitting payment with recipient
- Billing off of service authorization not from timesheet (retroactive billing)
- Billing while recipient is inpatient



Fraud Schemes, Continued:

- **Kickbacks, referral fees and coaching**
 - **Client Managers paid based on volume**
 - **Referral fees paid to new PCAs bringing clients to agencies**
 - **PCA's splitting payment for services with recipients**
 - **Cash “advances”**
 - **“Coaching” members during assessments to receive unnecessary services**



Benefits of Enrolling Rendering Home Care Providers

- **Visibility into who rendered the service.**

- **Ability to compare and match renderer data to identify:**

- Across all agencies and total time worked by a PCA, some work over 24hrs/day
- Cross reference with Background Check data
- Immigration and Customs Enforcement (ICE), service provided while out of country



Benefits of Enrolling Rendering Home Care Providers Continued:

- Department of Corrections, providing service while incarcerated
- Department of Labor, quarterly wage statements
- **Ability to levy sanctions at the rendering PCA level**
 - Credible allegations and payment suspensions
 - Medicaid program suspensions and terminations of individuals



Results

■ Statistics on PCA and HCBW prosecutions

■ 150 Criminal Cases Filed

- 108 Convictions
- 4 Corporations
- 1 physician

■ \$5,610,228 in Restitution

■ \$542,800 in Fines

■ \$85,000,000 PCA spend in FY2015



Lessons Learned

- **Work with partnering agencies on pending actions to ensure continuation of necessary services or a balanced approach to closures.**
- **Inform other agencies (APS, Licensing, OCS, etc) of pending actions.**
- **Pay more attention to collusion schemes; program staff (assessors, nurses, case managers) are often the first reporters.**
- **Encourage timely reporting of fraud, waste and abuse.**



Working Together

- **Adult Protective Services**
- **Office of Children Services**
- **Waiver and PCS Program Staff**
- **Medicaid Fraud Control Unit**
- **Program Integrity**
- **Homeland Security**
- **Law Enforcement**
- **Licensing**
- **Legal Staff**
- **Human Trafficking Committee**
- **Office of Inspector General**
- **Federal Bureau of Investigation**



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Informing Policy

- ✓ Use real examples to change policy
- ✓ Don't focus on outliers; build policy from trends
- ✓ Goal should be to have clear and precise language that promotes access yet prevents fraud, waste and abuse of program.
- ✓ Involve the right people at the right time
 - Program Integrity
 - Medicaid Fraud Control Unit
 - Stakeholders – Internal and External



Telling The Story

- Tell the ‘numbers’ people about the people
 - ❖ Program Integrity and Data Analytics folks tend to get mired in the numbers; they need to hear about the needs of people behind the statistics.
- Tell the ‘people’ people about the numbers
 - ❖ Program Staff and Policy folks tend to focus on access and need, but think of Program Integrity as someone else’s job. Both need to be considered for a sustainable program.
- Tell the Legislature about both the people and the numbers
 - ❖ Use real examples if cases are closed and public information
 - ❖ Show results of prosecution; general deterrents; quality initiatives
 - ❖ Demonstrate good collaboration between agencies



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MISSION TO PROMOTE AND PROTECT THE HEALTH AND WELL-BEING OF ALASKANS

Program Integrity in Massachusetts Medicaid *Managing Home Health Program Growth*

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University of Massachusetts Medical School

Thomas Lane, Director of Fee for Service Programs
Almas Dossa, Assistant Director of Fee for Service Programs
Office of Long Term Services and Supports
Office of Elder Affairs
Massachusetts Executive Office of Health and Human Services



Goals

01

Explore factors leading to provider compliance and PA initiatives



02

Review implementation steps



03

Share lessons learned



04

Discuss impact on community services and other LTSS



05

Review best practices for successful home health program

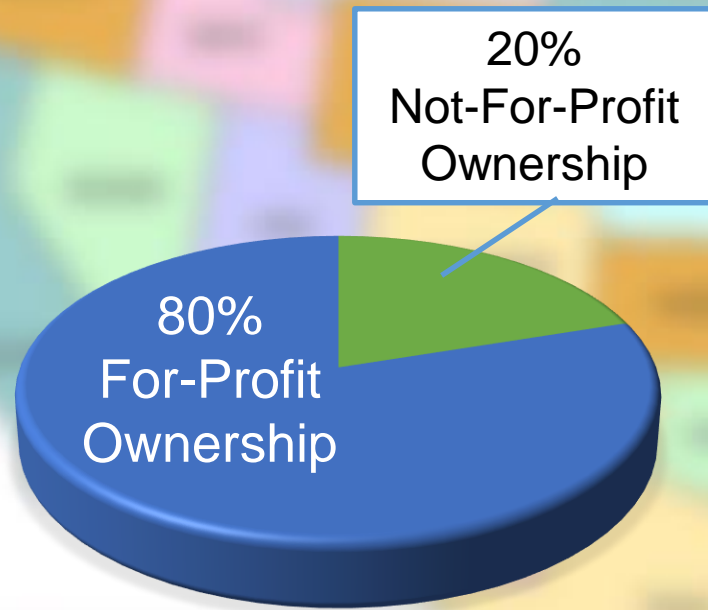


06

Identify trends



Home Health Care in the USA



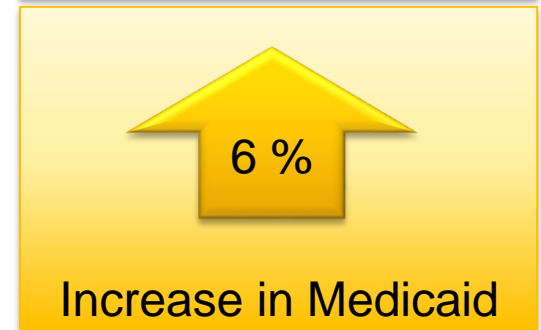
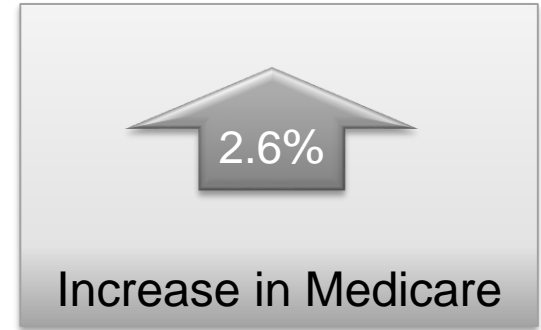
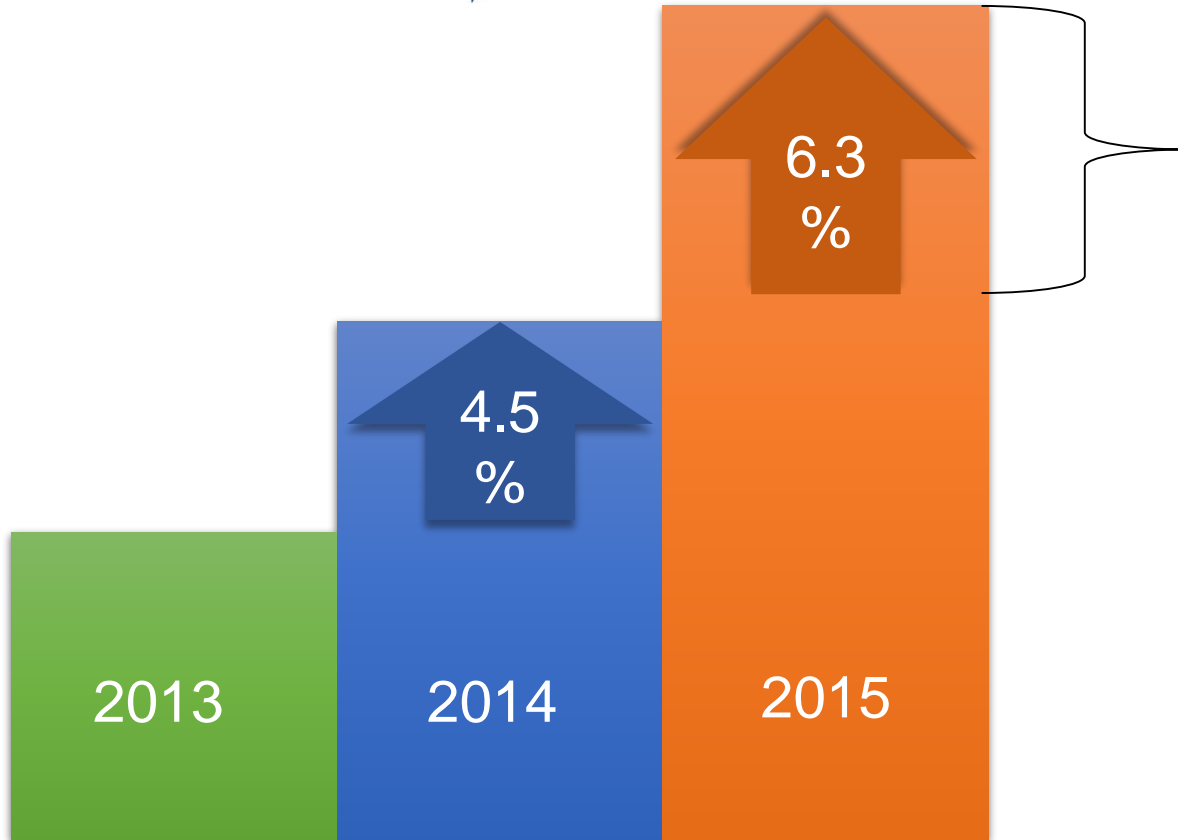
of patients
4.9 million

2013

National Spending on Home Health Care



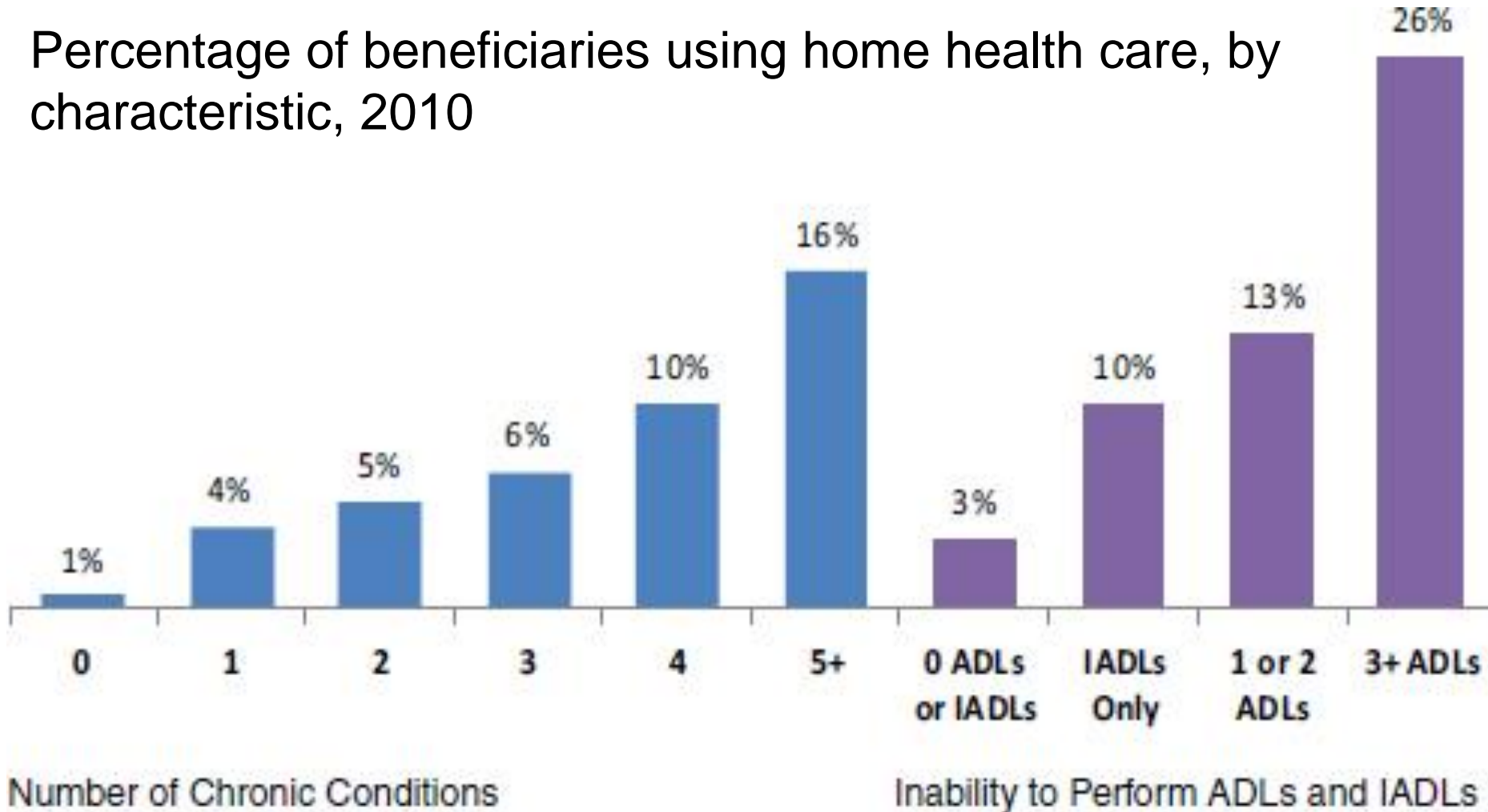
\$88.8 billion



Faster growth in private health insurance and out-of-pocket spending

Who's Receiving Home Health Care?

Percentage of beneficiaries using home health care, by characteristic, 2010



Home Health Fraud

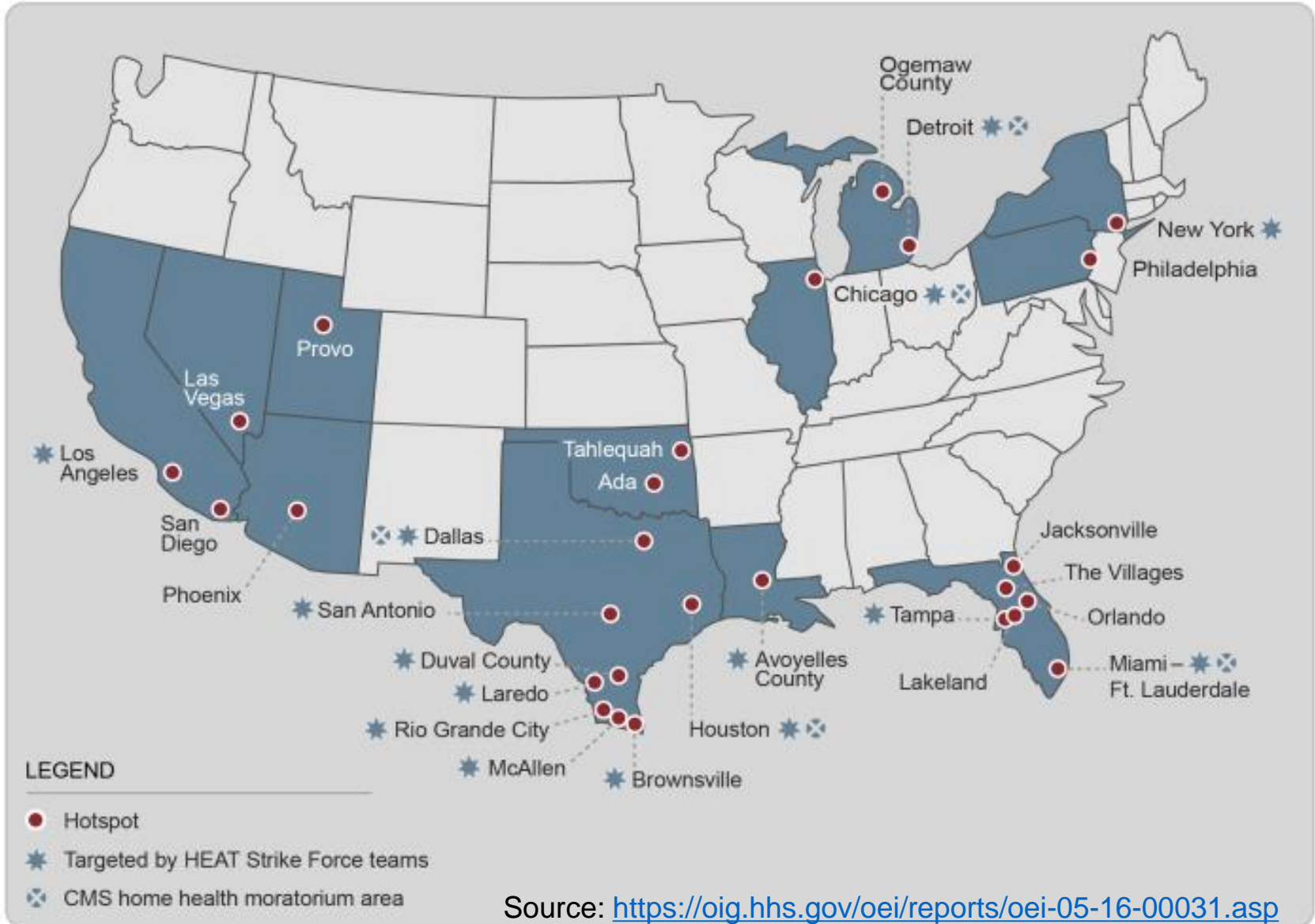


OIG analyzed Medicare claims to assess
*“the national prevalence of selected characteristics found in
OIG - investigated home health fraud cases.”*

Findings:

1. Identified HHAs and supervising physicians that were statistical outliers
2. Identified geographic hotspots

Home Health Fraud: *Geographic Hotspots*



Home Health Fraud: *OIG Study Findings and Conclusions*

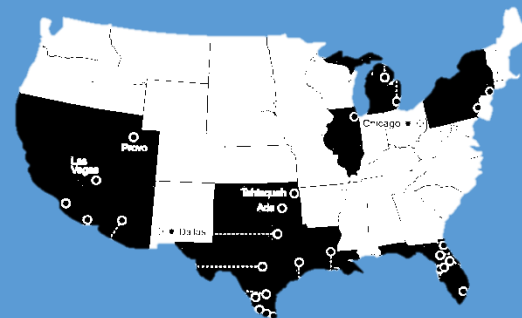


500 HHAs



4,500 physicians

Outliers in comparison to peers



27 hotspots in 12 states



Home health fraud in Medicare continues to require ongoing scrutiny and attention



Past OIG and CMS efforts have been successful in reducing HH spending

Home Health in Massachusetts

MassHealth provides coverage for:

- ✓ Home Health services including Skilled Nursing Visits (SNV)
- ✓ Home Health Aide (HH Aide)
- ✓ Continuous Skilled Nursing (CSN)
- ✓ Physical Therapy (PT)
- ✓ Occupational Therapy (OT)
- ✓ Speech Therapy (ST)

No Prior
Authorization
for SNV nor HH
Aide until 2016

Program Integrity of LTSS

Previously, MassHealth did not have a robust program integrity process for auditing home health agencies.

MassHealth relied on audits through Recovery Adult Contractors (RAC).



Program Integrity Changes

2015 Intensified program integrity efforts to control unsustainable expansion of LTSS



34,000
members



195
agencies



2015
\$500 million/yr



2016 projected
\$750 million/yr

Working closely with the University of Massachusetts Medical School (UMass), MassHealth implemented:

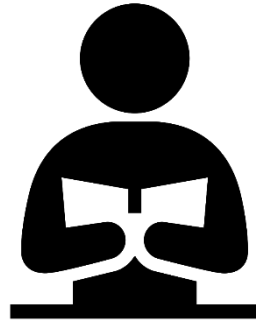
1. **Provider Compliance Initiative**
2. **Prior Authorization for Home Health services**
3. **A moratorium on home health enrollment**

Starting Point



Audits

REVIEW



**Prior
Authorization &
Implementation**



**Provider
Education &
Outreach**



**New Home
Health Agency
Moratorium**

Home Health Onsite Audits



19 HHA were selected for audits:

- ✓ Onsite visits:
 - ❑ Record review to ensure compliance with Home Health program regulations and billing regulations
- ✓ Home visits to Members receiving Home Health services
- ✓ Accompanied by CMS for some HH audits

Home Health Audits

Non-compliance



REGULATIONS

All HHA audited demonstrated a lack of compliance with the Home Health Provider Regulations

Billing for services not provided

- Member away from home per RN note, but HH Aide services billed for those dates
- Receiving adult day health (ADH) services at same time as service
- Billed for more units of service than provided per HH Aide note
- Billed for a service, but no note/timesheet to back up
- Billed for more units of service than authorized by MD

Home Health Audits

Eligibility	Services provided to a person who was not a MH member on the date of service
	Billing when member was inpatient
Documentation	Cloned documentation from other member records
Medication	Expired medications noted from on-site member visit (quality and safety issue)
	Providing medication not authorized by MD
Double billing	Same provider billing for nursing/HH Aide services in different locations/same times



Home Health Audits

Medical Necessity not established

Examples:

“Per OASIS, member independent with all Activities of Daily Living, i.e. walking/stairs/dressing (needs intermittent assistance with shower/bath)”

“Alert and oriented”

“Member has 2 adult children living with her”

“HH services received:

- 3-4 hours of HH Aide 5 days per week
- 5-7 SNV per week (medication reminders/assessment/ education)”



Audit Response

Improper billing varied
between
\$78,000 - \$8.7 million

All providers are
appealing

1

**Sanctions &
Recoupments**

2

**Payment
suspensions
& HHA
closures**

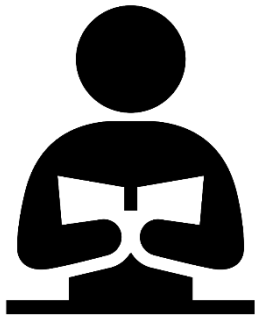
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**Attorney General
Referrals &
Investigations**



Implementation of Prior Authorization

REVIEW



MassHealth and UMass expanded UMass scope to include PA for Home Health services

Regulation
revisions &
promulgation

Stakeholder
engagement

Submission
Criteria
identification
Form
development

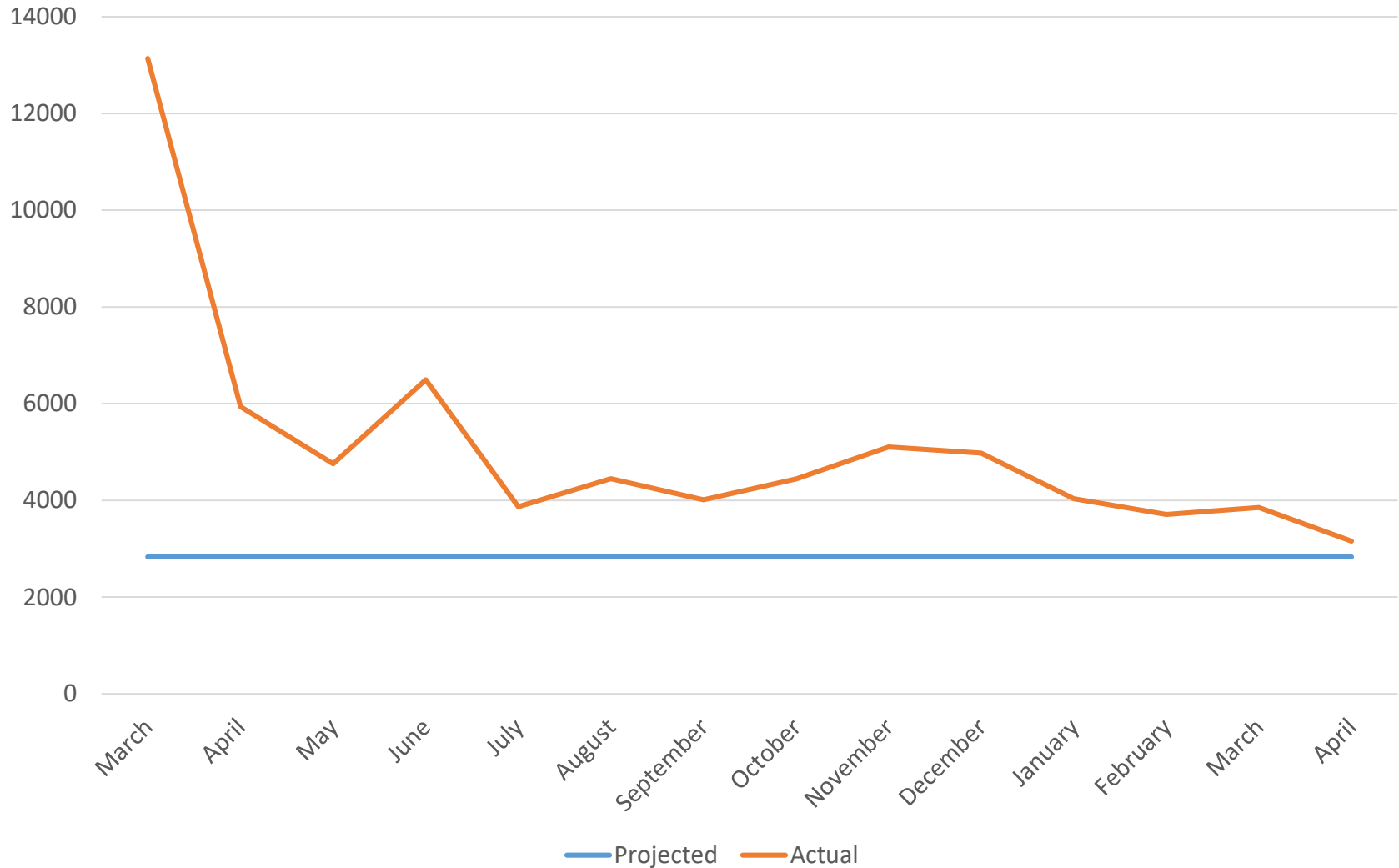
Clinical
guidelines
development

Recruitment
&
development
of Home
Health PA
reviewers



Home Health Prior Authorization Volume

March 2016 – April 2017



Home Health Prior Authorization

Home Health used to fill gaps in Behavioral Health Services

Medication Administration

Family members paid to provide services

Members receiving SNV's twice a day and HH Aide 8-24 hours per day

Children with behavioral health and/or physical disabilities receiving 35-40+ hours/ week of HH Aide

Members receiving SNV and HH Aide services for 5+ years

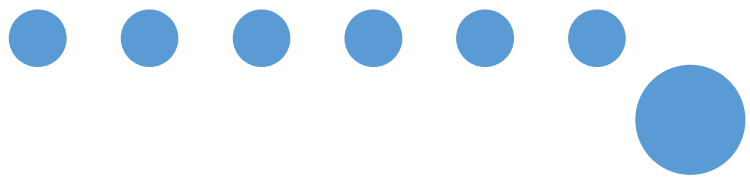
Members receiving services from 2 or more home health providers at the same time

Clinical documentation demonstrating the member did not want the service, but the provider forced them to accept it

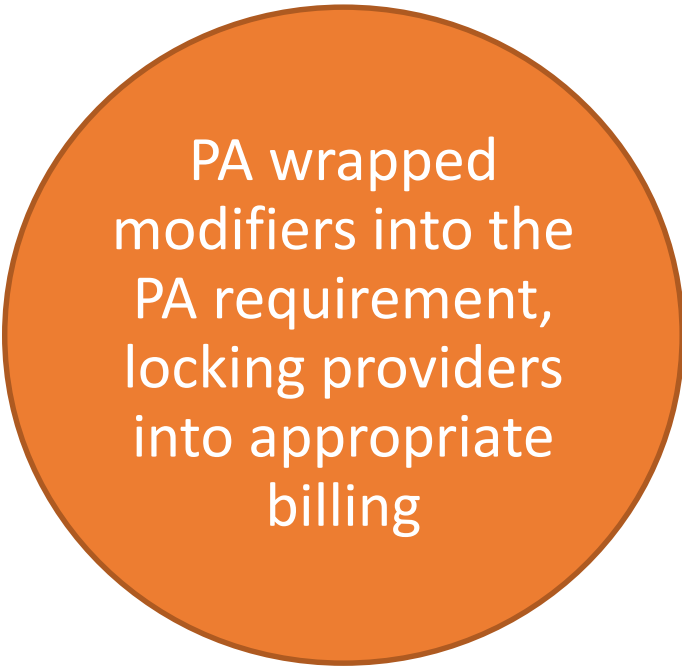
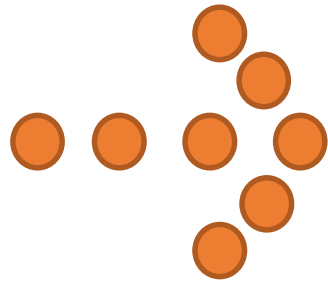
Members not given an opportunity to succeed without home health services

Home Health PA Billing & Coding

Modifiers on PA coding ensure reduced rate was used after 60 days of HH

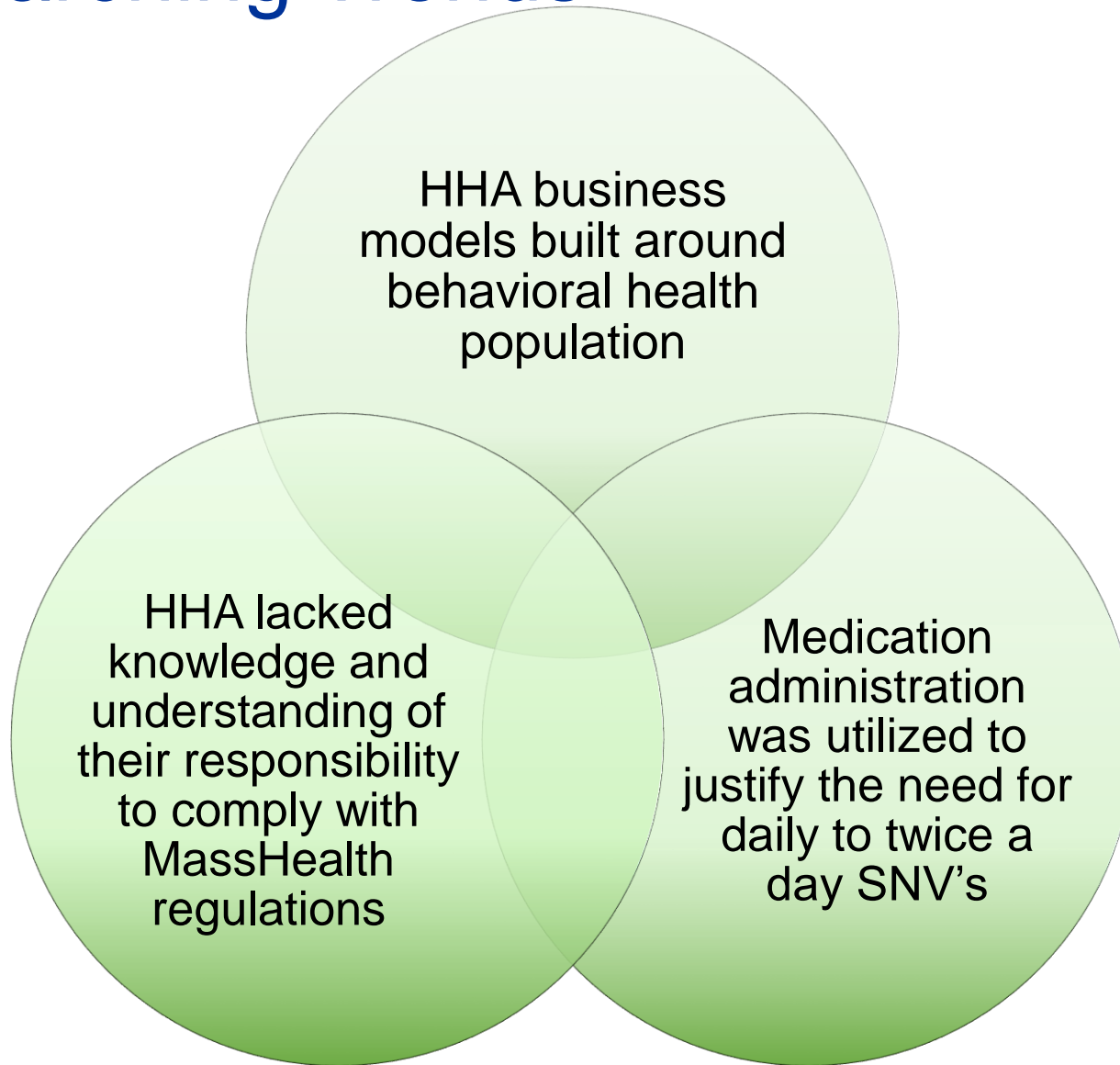


HH providers, inappropriately used or didn't use any modifiers when billing, as required per regulations



PA wrapped modifiers into the PA requirement, locking providers into appropriate billing

Home Health Prior Authorization Overarching Trends



PA Reviewers Focus on Access to Services

Met regularly to review difficult and challenging cases



Ability to err on the side of the member in decision making



In rare cases decisions were deferred until information was available or services were authorized for a short period of time



Goal: Ensure those who need services, received them

Responding to Trends - Provider Education and Outreach



- ✓ Engagement with local home health trade organization
- ✓ Robust stakeholder engagement
- ✓ Initial webinar held shortly after PA implementation with most agencies attending
- ✓ Monthly, regional home health forums that continue today
- ✓ Blast email updates as needed
- ✓ Each forum allowed for question and answer sessions, as well as covering pressing topics and trends

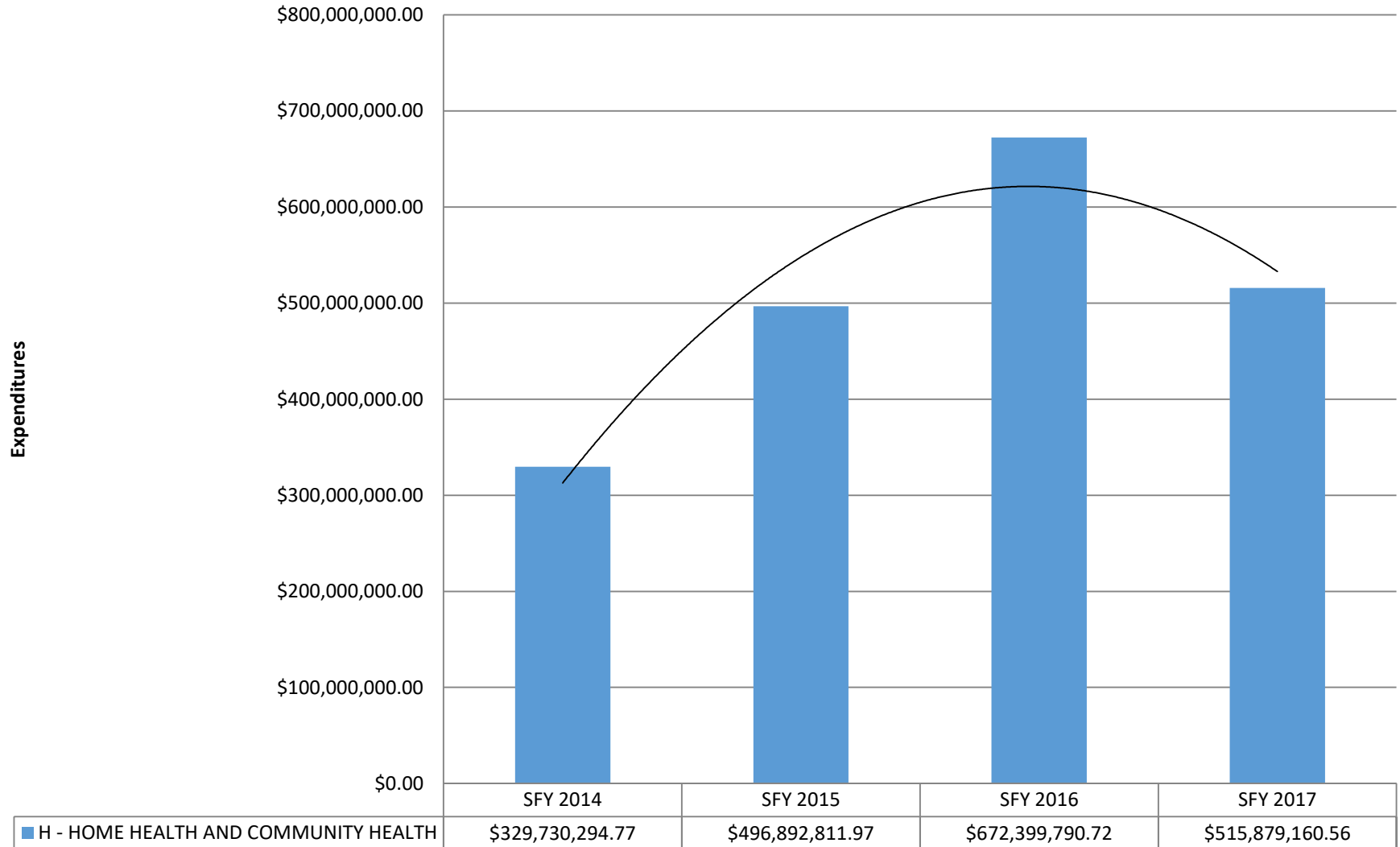
Community Service/Other LTSS Impacts

- Group home and medication administration visits
 - Collaboration with Department of Mental Health, Department of Children and Families and the Department of Developmental Services helped enforce existing medication administration programs
- Increase in referrals to personal care programs such as PCA and AFC as a more appropriate service for people with ADL support needs with skilled need
- Fair Hearings - Volumes



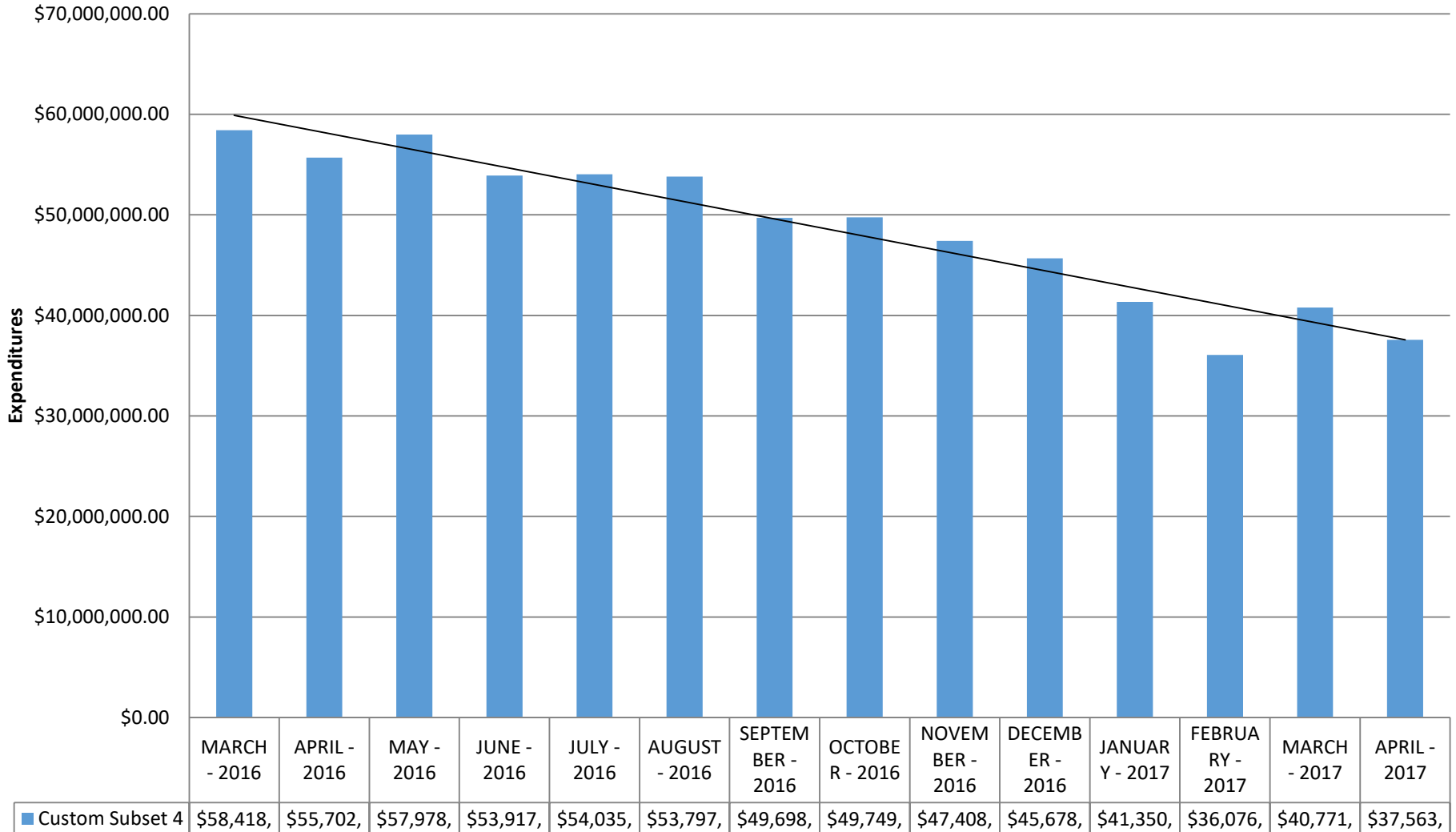
One Year Later: Cost Savings Comparisons

H - HOME HEALTH AND COMMUNITY HEALTH



One Year Later: Cost Savings Comparisons

HOME HEALTH AND COMMUNITY HEALTH PT-60



Lessons Learned



Stakeholder engagement:

- Provider education on PA process & regulation changes
- Other state agencies



Activities to ensure provider compliance issues identified are addressed



Fair Hearing Preparedness