



OFFICE OF THE
MEDICAID INSPECTOR GENERAL
ELIZABETH SMITH, INSPECTOR GENERAL

Legislative Joint Performance Review Committee

June 20, 2017

Elizabeth Smith, Medicaid Inspector General



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The Office of Medicaid Inspector General shall prevent, detect, and investigate fraud, and abuse within the medical assistance program. Ark. Code Ann. §20-77-2505, Act 1499 of 2013

The Office of the Medicaid Inspector General fulfills the federal program integrity requirement to ensure compliance, efficiency, and accountability within the Medicaid program by detecting and preventing fraud, waste, and abuse under 42 CFR §455 et al.



Verify (audit): services provided and properly billed

Recover: improperly expended funds and

Prevent: Corrective Action Plan, Provider Awareness Letter

Refer **fraud** and **abuse** for criminal prosecution to US HHS, AG MFCU, or local law enforcement

Recommend and implement changes to the Medicaid program to avoid further **waste** and abuse



SFY 2017 Medicaid Fraud Statistics (3 quarters)

33 Referrals for Provider Fraud

32 Referrals for Recipient Fraud

30 Arrests or Convictions

8 False Claims Act cases

75 Provider Exclusions



2017 Audits and Provider Reviews (3 Quarters)

252	Audits and Provider Reviews
63	Provider Self-Reports and Disclosures
137	Provider Awareness Letters
121	False Claims Act Compliance Notices
556	Provider Education Letters
442	Recoupment Demand Letters



2017 Claims Submitted for Recoupment & Collection (3 Quarters)

Recoupment Claims	\$ 1,658,094.27
Reversed Claims	\$ 203,647.12
Restitution Orders	\$ 236,305.35
Self Reports	\$ <u>565,317.22</u>
3 Quarters OMIG reporting	\$ 2,663,363.96

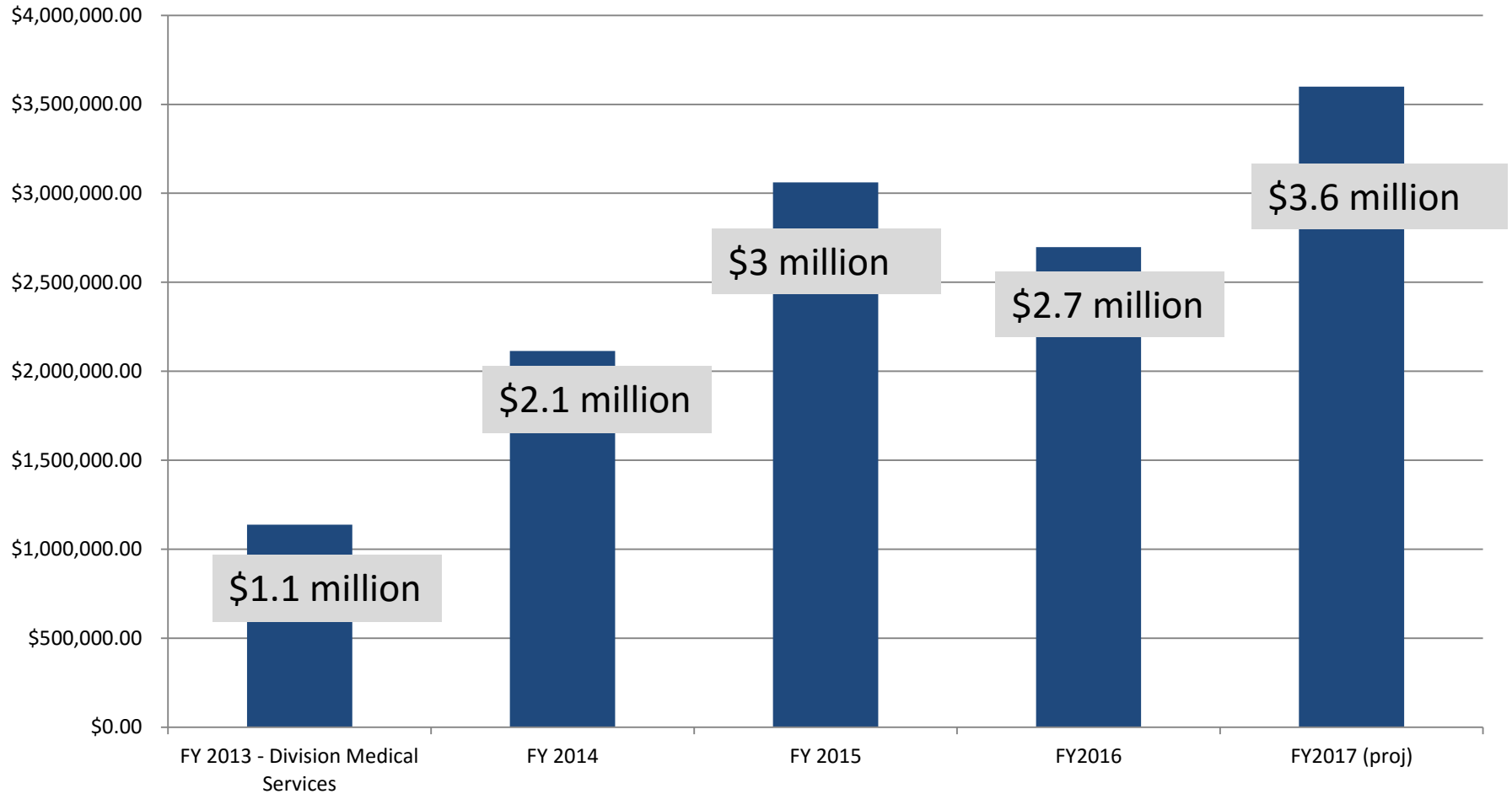
**Current projection for SFY2017 = \$3.6 million*



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5 Year Analysis of Medicaid Recoupments and Claims





SFY 2017 Initiatives

Behavioral Health Reform (Group Psychotherapy)

- OMIG recommendation to Public Health for reduction to 4 unit daily rate and 100 units per year cap review of claims shows a \$14.5 million

Vision

- OMIG audits and reviews led to provider recoupments and recommendations to program changes to provide specific restrictions to questionable services and practices.
- Total impact of reform and changes \$1 to \$2 million annually

Pharmacy

- edits to MMIS for return of unfilled scripts and edits to prevent refills of unnecessary scripts have led to significant savings approx. \$2 million



SFY 2017 Initiatives

Transportation

- Non-Emergency Transportation - New procedure saves approximately \$2 million per year.
- Emergency Service Audits, PAL and trainings resulted in significant recoupments and cost savings - \$2.2 million reduction
- should result in significant savings in NET by removing “wrap-around” transportation services for Arkansas works expansion population

Dual Eligible Recipients Payments

- OMIG discovered Medicaid payments were not being reversed or voided when the underlying Medicare treatment is repaid
- Approx. \$500k has been recovered thus far



SFY 2017 Initiatives

Arkansas Works Enrollment

- review of members receiving dual coverage from Arkansas Works and Federal Health Exchange (APTC)
- Redetermination of over 500 recipients saved the state approx. \$500,000 and will prevent future premium payments

School-Based Therapy

- OMIG initiative and coordination with ADE have led to nearly \$1 million increase in matching funds paid by school districts for school based services
- 100% state funds



SFY 2017 Initiatives

Dental

- Pediatric dentist review of stainless steel crown utilization – Audits, PAL letters, communication, and education have led to overall reduction

In-patient Hospital Stays

- OMIG PAL initiative over \$500,000 in recoupments and Corrective Action Plans to prevent overpayments

Personal Care and Home Health Reform

- Initiative includes audits and reviews of Personal Care and ARChoices waiver program (25 Fraud referrals to MFCU)
- Working with DHS to protect vulnerable population and reduce fraud, waste, and abuse.



SFY 2018 Initiatives

Personal Care & Home Health Performing Provider ID

Behavioral Health – (MHPP intervention review)

Opioid Initiative

Dental Managed Care Preparation

Provider Led Organization and Managed Care Models

Medicaid Provider and Recipient Enrollment

MMIS Edit Process



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MEDICAID FRAUD HOTLINE


1-855-527-6644


Report Medicaid Fraud by calling the Arkansas Medicaid Inspector General's Hotline at 1-855-5AR-OMIG (1-855-527-6644) or simply Report Fraud at the link below.

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07.21.15 | OMIG Audit Profiled in Arkansas Business
For the full text of the *Arkansas Business* article [click here](#)

 **Provider Information**

 **Excluded Providers**



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