Medicaid Integrity Institute (MII)
Annual Report FY14-16

MII Mission: To provide effective training tailored to meet ongoing needs of state Medicaid program integrity employees.

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Executive Summary

Since 2008, the Centers for Medicare & Medicaid Services (CMS) has executed an interagency agreement with the Executive Office for the United States Attorneys, Department of Justice (DOJ) to house the MII at the National Advocacy Center (NAC), located in Columbia, South Carolina. The first national Medicaid integrity training program, the MII provides a unique opportunity for CMS to offer substantive training, program integrity technical assistance, and support to the states in a structured learning environment.

Since 2008, the MII has provided professional education to more than **7,035** Medicaid employees from every state, the District of Columbia, and Puerto Rico.

In June 2016, the Center for Program Integrity (CPI) State Liaison Staff (SLS) assumed oversight of the MII. SLS works in conjunction with the DOJ with input from a fluid MII Advisory Group to implement the MII curriculum. Since 2008, the MII has provided professional education to more than 7,035 Medicaid employees from every state, the District of Columbia, and Puerto Rico.

The MII's mission is to provide effective training tailored to meet the ongoing needs of state Medicaid program integrity employees, with the goal of raising national program integrity performance standards and professionalism. This meets, in part, CMS' statutory obligation under Section 1936 of the Social Security Act to provide support and assistance to help states combat provider fraud and abuse. Using sound learning methodology and instructional design, coupled with progressive technology, the MII training staff endeavors to provide outstanding professional education and training. A significant benefit of the MII is the value states recognize from exchanging information and comparing best practices with colleagues from other states.

Executive Summary

The MII focuses on developing a comprehensive program of study addressing aspects of Medicaid program integrity, including: fraud investigation, data mining and analysis, provider enrollment, managed care oversight, emerging trends, and case development. Instructors at the MII include state Medicaid program administrators and subject matter experts (SMEs), CMS staff, federal and state law enforcement officers, private consultants, and academics. Training at the MII is offered at no cost to the states.

Since its inception, the value of MII has repeatedly been acknowledged by states, Congress, the U.S. Government Accountability Office (GAO), and other entities for providing significant value to states in their efforts to more effectively combat Medicaid fraud, waste, and abuse.

FY2008-FY2016		
Trained state employees from all **50** States, D.C., and Puerto Rico	Offered **162** courses/workgroup meetings with **7,035** enrollments	Issued **288** program integrity professional certifications

Educational Curriculum

The MII provides training and networking opportunities to the states to enrich Medicaid program integrity activities that combat fraud, waste, and abuse. The success of MII is based largely upon the commitment of our state partners who participate in course development and serve as faculty. The subject matter experts within the state agencies are valued faculty who often provide the training materials used for tailored courses. The variety of programs offered is tailored to meet the needs of state Medicaid program integrity units.

For the FY14-FY16 calendar cycles, tailored* courses included:

Emerging Trends in Medicaid Program Integrity FY14 (1 course)

Emerging Trends in Medicaid and Medicare FY15 (1 course)

Identifying and Preventing Fraudulent Medicaid Drug Claims Symposium FY14 (1 course)

New Adult Group Medicaid Expenditure Claiming & PI Reporting Seminar FY14 (1 course)

Medicaid Provider Enrollment Seminar FY14 (2 courses), FY15 (1 course), FY16 (2 courses)

Program Integrity Leadership Forum FY14 (1 course)

Program Integrity Partnership in Managed Care Symposium FY14 (1 course)

Managed Care Oversight Seminar FY15 (2 courses), FY16 (2 courses)

Data Expert Symposium FY14 (1 course)

Data Analytics Symposium FY15 (1 course)

Fundamentals of Medicaid Program Integrity Seminar FY15 (1 course)

Program Integrity Directors' Symposium FY15 (1 course)

Provider Auditing Fundamentals Program FY15 (1 course)

Interactions between Medicaid Fraud Control Units (MFCUs) and Program Integrity Units (PIUs) FY16 (1 course)

Faculty Development Seminar FY16 (1 course)

* "Tailored" courses do not include vendor-driven or Certified Program Integrity Professional (CPIP) courses

Educational Curriculum

In addition to tailored courses, the MII offers several off-the-shelf courses supplied by vendors, courses in support of the Certified Program Integrity Professional (CPIP) credential (see page 14), and several working group meetings. These FY14-FY16 courses are shown below:

CPIP Required Courses
Basic Skills and Techniques in Medicaid Fraud Detection FY14 (2 courses), FY15 (2 courses), FY16 (2 courses)
Specialized Skills and Techniques in Medicaid Fraud Detection FY14 (2 courses), FY15 (2 courses), FY16 (2 courses)
Program Integrity Fundamentals FY14 (1 course), FY15 (1 course), FY16 (1 course)

Vendor Courses
CPT Coding Boot Camp (Inpatient/DRG/ICD-10CM, ICD-10PCS) FY14 (1 course), FY15 (1 course), FY16 (1 course)
Coding for Non-Coders FY14 (2 courses), FY15 (1 course), FY16 (1 course)
CPT Coding Boot Camp (Outpatient) FY14 (2 courses), FY15 (1 course), FY16 (2 courses)
Evaluation and Management Coding Boot Camp FY14 (1 course), FY15 (1 course), FY16 (1 course)
ICD-10-CM Boot Camp FY15 (3 courses)
Medical Record Auditing FY15 (1 course)
Interviewing and Interrogation Techniques FY15 (1 course)

Workgroup Meetings
MII Advisory Group Meeting FY14 (1 course), FY15 (1 course), FY16 (1 course)
Predictive Analytics Workgroup FY14 (1 workgroup)

Educational Curriculum

The FY14-FY16 webinars included:

Behavioral Health

- Behavioral Health Under Medicaid Expansion FY14
- Behavioral Health (HHS-OIG) 2 parts FY14

Beneficiary Fraud

- Beneficiary Eligibility, Enrollment and Fraud/Waste/Abuse Issues Session I: Beneficiary Application and Enrollment – Background and Overview FY14
- Beneficiary Eligibility, Enrollment and Fraud/Waste/Abuse Issues Session II: The Application Process, Verification Requirements, and Guidance for Using Rules-Based Systems to Determine Eligibility FY14
- Beneficiary Eligibility, Enrollment and Fraud/Waste/Abuse Issues Session III: What Are the Implications of the ACA for Program Integrity FY14
- Identifying Outliers: Testing for Accuracy In-House and Identifying A Verification Plan of Action FY14

Sampling Series

- Sampling for Compliance and Control FY14
- Sampling for Recoupment and Prevention FY14
- Program Integrity Data analysis, Sampling and Extrapolation FY14
- Sampling and Extrapolation in Program Integrity – A Legal History FY14

Improper Payments

- CERT 101 and 2014 Medicare FFS Improper Payment Findings FY15
- PERM 101 and 2014 Medicaid and CHIP Improper Payment Findings FY15
- PERM State Standard Operating Procedures FY15

Other Topic Areas

- Dental Schemes (2 part series) FY15
- Forensic Audits (3 part series) FY15
- Coding for Non-Coder (3 part series) FY15
- Auditing for Managed Care FY15
- National Drug Overview FY15
- Medicaid HITECH, EHR Incentive Program, and Meaningful Use Update (2 part series) FY16
- Detecting Trafficking through Social Media FY16
- DME, CPAP, Supplies: Fraud/Waste/Abuse FY16

Updated MII Course Content for FY16

In 2016 CPI restructured three courses. These three courses were further developed and updated based upon feedback from states. Our updated courses place additional emphasis on the sharing of best practices and creation of tangible work products.

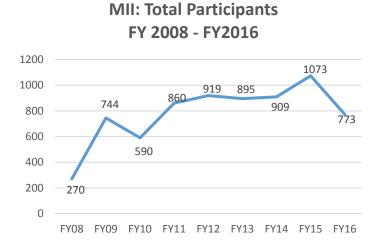| Updated MII Course Content for FY16	Justifications
Medicaid Provider Enrollment Seminar	The Medicaid Provider Enrollment Compendium (MPEC) was released March 2016 to provide sub regulatory guidance and clarifications regarding how state Medicaid agencies are expected to comply with the federal regulations at 42 CFR § 455: Subpart B "Disclosure of Information by Providers and Fiscal Agents," and Subpart E "Provider Screening and Enrollment." Prior to issuing the MPEC, CMS sought state feedback at MII on policies that would subsequently be refined and released in the MPEC. After the MPEC was released, CMS used the MII to continue to introduce and educate states on MPEC guidance.
Managed Care Oversight Seminar	The managed care final rule was published in May 2016. At the July 2016 course, CMS presented the rule to the states. Presentations focused on identifying vulnerabilities and recognizing risks in order to detect health care fraud, waste, and abuse in the managed care environment.
Interactions between Medicaid Fraud Control Units (MFCU) and Program Integrity (PI) Units	This August 2016 course offered state Medicaid Program Integrity Directors (or designees) and MFCU staff an opportunity to exchange ideas on building and maintaining effective relationships between state program integrity units and MFCUs as a critical part of the effort to combat fraud, waste, and abuse in Medicaid. Presentations focused on best practices where states demonstrated exemplary MFCU and PI interaction.

MII Advisory Group

An annual advisory group meeting is held to seek continuous input on MII training and topics. CMS, DOJ staff, and senior state program integrity officials attend the advisory group meeting. CMS convenes a monthly Fraud, Waste, and Abuse Technical Advisory Group (TAG) phone call that also yields recommendations for topics to cover in more depth at MII. The state agencies provide updates and guidance on what issues the states are facing in order to provide SMEs to serve as faculty and students for MII courses.

2016 MII Advisory Group Meeting

The FY 2017 advisory group meeting was held at CPI on October 25, 2016. This meeting included discussions of vulnerabilities, CPI priorities, state priorities, mitigation strategies, and how to tailor courses to match vulnerabilities within the program. The advisory group reviewed and provided suggested topics for tailored courses in FY 2017. In addition, the group discussed the FY 2018 and FY 2019 course calendars. The advisory group provided extensive feedback on current emerging trends and areas of interest that the Medicaid program integrity programs would like to see offered at MII. Examples of emerging trends and high priority areas included beneficiary fraud and third party liability; the managed care final rule (sub-regulatory guidance and best practices); opioid misuse, provider enrollment; high risk services; managed care specialty focuses such as dental, behavioral health, and long-term care; and auditing for managed care and behavioral health.

Between February 2008 and the end of FY 2016, the MII trained state employees from all 50 states, the District of Columbia, and Puerto Rico through 7,035 enrollments in 152 courses and 10 workgroups. This number includes state employees who have attended more than one MII course since its inception; as such, the unduplicated count of state employees who have participated in MII courses since inception throu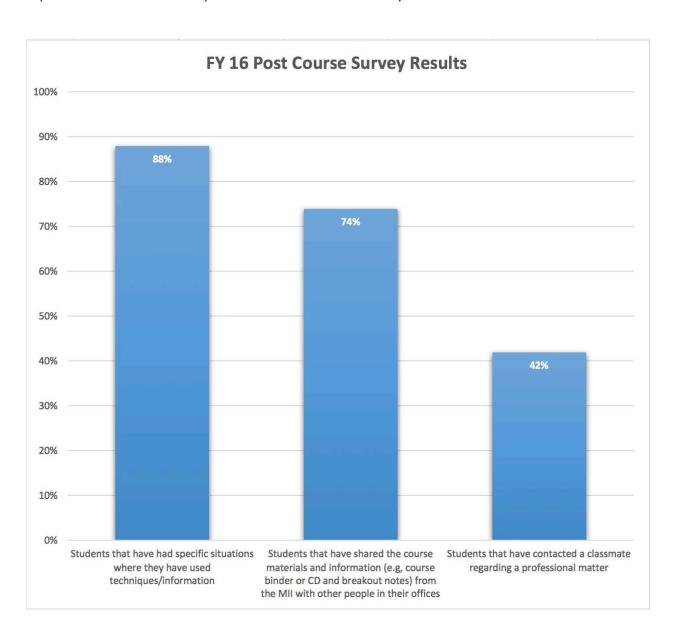gh the end of FY 2016 is 2,892. The annual breakdown of students and faculty for the past five federal fiscal years appears in the chart below:

MII: Total Participants FY 2008 - FY2016

FY	Participants	Courses/Workgroup	Participating States
12	**919** Students: 811 Faculty: 108	Courses: 21 Workgroups: 3	50 states D.C. Puerto Rico
13	**895** Students: 762 Faculty: 133	Courses: 18 Workgroups: 1	50 states D.C. Puerto Rico
14	**909** Students: 784 Faculty: 125	Courses: 19 Workgroups: 2	50 states D.C. Puerto Rico
15	**1,073** Students: 905 Faculty: 168	Courses: 22 Workgroups: 1	50 states D.C. Puerto Rico
16*	**773** Students: 664 Faculty: 109	Courses: 16 Workgroups: 1	49 states D.C. Puerto Rico

*Due to a staffing shortage in FY16, the training calendar was reduced from 22 courses and 1 workgroup meeting to 16 courses and 1 workgroup meeting. The reduced enrollment in FY16 is due to these cancellations.
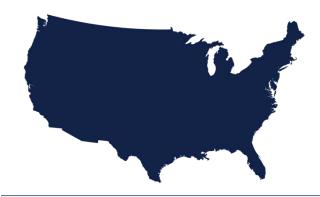
State Participation and Feedback

The MII asks state participants to complete a post course survey approximately 60 days after course completion. The purpose of the survey is to help MII determine the value and effectiveness of the training received, and to help improve future courses. The information reported is self-identified by the states and not verified by CMS or DOJ.

FY 16 Post Course Survey Results

Category	Percentage
Students that have had specific situations where they have used techniques/information	88%
Students that have shared the course materials and information (e.g, course binder or CD and breakout notes) from the MII with other people in their offices	74%
Students that have contacted a classmate regarding a professional matter	42%

Secure Information Sharing

The MII supports a Medicaid program integrity workspace on the Regional Information Sharing System (RISS), a secure, web-based system for collaboration and dissemination where all states can exchange documents, tips, and best practices about Medicaid program integrity under the auspices of the DOJ Office of Legal Education. RISS is available to state Medicaid agency representatives across the country and continues to provide a platform for sharing and collaboration. One of the MII's dedicated RISS users creates a bi-weekly newsletter, the *MII Messenger,* which is generated using information shared by states on RISS and distributed to all state MII workspace participants. In addition, state users have the ability to post questions and communicate with counterparts in the program integrity community across the country.

As of September 30, 2016, there were **358** RISS users of the MII workspace from all 50 states and the District of Columbia. Folders that can be found on RISS include:

Announcements – important messages and updates of general interest
Discussion Board – question and answer folder
MII Resource Library – MII course materials and discussions
In The News – program integrity related news releases
States' Best Practices – sharing techniques and practices that have led to successful state recoupments, program enhancements, or innovative solutions.
Policies and Statutes – state policies, program policies and MIG information
Audit/Review, Enrollment, and Exclusion – state resources, templates, tips
State Fraud Alerts – common fraud schemes
CMS Resources – CMS fraud alerts, Medicare terminations, Medicaid TAG minutes, MIG program integrity review guide modules, etc.
Medicaid National Correct Coding Initiative (NCCI) Methodologies – maintained by CMS
Return on Investment – sharing MII training benefit

Certification Program

In FY 2012, the MII Certification and Credentialing Working Group developed a plan for credentialing MII courses for professional certification for state program integrity employees. As a result of this work, the working group in agreement with CMS defined a program of courses and examinations for the first Certified Program Integrity Professional (CPIP) designation. The National Health Care Anti-Fraud Association (NHCAA), the Association of Certified Fraud Examiners (ACFR), and the American Academy of Professional Coders (AAPC) recognize MII courses and award continuing education credits for applicable training segments that meet the criteria of each organization. To earn the CPIP credential, MII students are required to complete three core concept courses – Basic Skills and Techniques in Medicaid Fraud Detection, Program Integrity Fundamentals Seminar, and Specialized Skills and Techniques in Medicaid Fraud Detection – and demonstrate content mastery on corresponding examinations.

The first CPIP designations were issued in FY 2013 to state program integrity employees who completed the requirements. By the end of FY 2016, 288 state employees from 47 states have earned the CPIP credential.

Future Courses

Newly Added MII Courses for FY17-FY18	Justification
Emerging Trends in Medicaid: Personal Care Services	In November 2012, HHS OIG recommended CMS should issue operational guidance for Personal Care Services (PCS) claims documentation, beneficiary assessments, plans of care, and supervision of attendants. This course (February 2017) will bring together CPI, the CMS Center for Medicaid and CHIP Services (CMCS), Office of Inspector General for the U.S. Department of Health & Human Services (HHS-OIG), and subject matter experts to explore vulnerabilities, mitigation strategies, and challenges/barriers. This collaboration will result in a white paper detailing the group's discussions and recommendations.
Program Integrity Partnership in Managed Care Symposium (Roles and Responsibilities in Managed Care Program Administration and Oversight)	The goal of the July 2017 course is to help state personnel who oversee managed care understand each other's roles and responsibilities and to encourage discussion and collaboration about topics critical to the success of a state's managed care program.
Emerging Trends in Medicaid: Opioids	Opioid misuse has been recognized as an epidemic public health issue, with opioid overdose now the leading cause of injury death in the US. In August 2014, HHS-OIG recommended that CMS address contributing factors by restricting certain beneficiaries to a limited number of pharmacies and/or prescribers, in order to reduce inappropriate prescription opioid utilization and the potential for diversion to the black market.
Emerging Trends in Medicaid: Third Party Liability (TPL)	States requested a course focused on TPL. The purpose of this course will be to exchange best practices in TPL and share updates in the technology and policies that support effective TPL practices.

Future Courses

**Newly Added MII
Courses for FY17-FY18**

Partnership in Medicaid
Provider Enrollment

Medicaid PI and enrollment policy staff along with CMS SMEs will
attend this course. The goals are to foster collaboration between
policy and PI staff, as well as to exchange information on the
enrollment requirements in the May 2016 managed care final rule.

Emerging Trends in
Medicaid: Beneficiary Fraud

Many PI units are adding beneficiary fraud to their area of
responsibility. This is a combination course that will include
information regarding best practices in policy and data to detect and
prevent beneficiary fraud.

Provider Auditing
Fundamentals Program:
Managed Care –
Behavioral Health

Possible areas of focus include: sub-contractors, pharmacy benefit
managers (PBMs), behavioral health, and pharmacy. Suggested
discussion topics include resources, data sources, auditing best
practices, and leveraging contractors for program integrity.

Conclusion

The CMS and DOJ share a strong commitment to ensure state Medicaid programs more effectively combat fraud, waste, and abuse. The MII has been instrumental in achieving that goal. The qualitative and quantitative results reported by states, oversight agencies and Medicaid partners confirms that the professional development offered by the MII represents value and an opportunity for states and CMS to collaborate to effectively stem provider fraud and abuse in the Medicaid program. For more information on the MII, please visit the website at: http://www.justice.gov/usao/training/mii/.