

# MEDIC and Program Integrity



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# Program Integrity Efforts

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- I. Chapter 9 – Part D Program to Control Fraud, Waste and Abuse**
- II. The MEDICs**
- III. Coordination with Government and Non-Government Partners**

# Overarching Policy Objectives

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- Ensuring that eligible Medicare beneficiaries have ACCESS to medically appropriate prescription drugs;
- Ensuring that these drugs are provided as EFFICIENTLY and EFFECTIVELY as possible; and
- Protecting beneficiaries from fraudulent practices and the Medicare Trust Fund from fraud, waste and abuse.

# The Medicare Drug Integrity Contractors (MEDICs)

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Purpose: To assist in the management of CMS' audit, oversight, and anti-fraud and abuse efforts in the Part D benefit.

Goal: Identify cases of suspected fraud, develop them thoroughly and in a timely manner, and take immediate action to ensure that Medicare Trust Fund monies are not paid inappropriately, and that any inappropriate payments are recommended for recoupment.

# The MEDIC Statement of Work

## THE MEDIC SCOPE OF WORK

CMS has developed an umbrella statement of work to compete and select the MEDICS.

The Statement of Work (SOW):

1. Provides a vehicle to promote integrity of the Prescription drug benefit
2. Establishes the fundamental activities that may be performed by a MEDIC
3. Future work will be established by specific task orders

MEDIC SOW is available for viewing at [www.fbo.gov](http://www.fbo.gov)

- REFCMS-2005-0017A
- BI-Part D-Notice

# Fundamental MEDIC Activities

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- Conduct complaint investigations
- Perform data analysis efficiently and proactively to evaluate inappropriate activity
- Develop and refer cases to the appropriate law enforcement (LE) agency or take administrative action as appropriate
- Support ongoing LE investigations
- Conduct audits as necessary
- Review PDP and MA-PD fraud and abuse compliance programs based on Chapter 9 of the Part D Manual – Part D Program to Control Fraud, Waste, and Abuse

# MEDIC Coordination Requirements

MEDICs must coordinate with other entities to ensure efforts are coordinated to stop fraud.

- Sponsors
- Other MEDICS
- Other Medicare Contractors (FI, Carriers, etc...)
- OIG
- DOJ
- FBI
- State Agencies (MFCU, etc.)
- Law Enforcement Task Forces
- Quality Improvement Organizations
- Medicare Managed Care Organizations
- Private Health Insurers
- Other Specialty Contractors
- Other Federal and State Agencies
- Kickoff Meeting and Transition Activities

# MEDIC Involvement with Intermediate Sanctions

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- Payment Suspension
- Suspension of Enrollment and Marketing Activity
- Civil Monetary Penalties

Note: MEDICs may NOT initiate payment suspension, suspend Marketing and Enrollment, or impose Civil Monetary Penalties, but would help aid such an effort when necessary.



# MEDIC Implementation Timeline

- Sept 2005 – CMS awards Eight MEDIC Contracts:
  - Delmarva Foundation for Medical Care, Inc.
  - Electronic Data Systems Corporation (EDS)
  - IntegriGuard, LLC
  - Livanta, LLC
  - Maximus Federal Services, Inc
  - NDCHealth
  - Perot Systems Government Services, Inc.
  - Science Applications International Corporation (SAIC)

# MEDIC Implementation Timeline

- November 15, 2005 – Delmarva/Health Integrity, LLC becomes operational under the Enrollment and Eligibility MEDIC (EEM) Task Order
- September 2006 – Anticipate Awarding Three (3) Regional MEDIC Task Orders and One (1) One PI Task Order

# The Enrollment and Eligibility MEDIC

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For initial enrollment and marketing activities, CMS has contracted with a National Enrollment & Eligibility MEDIC (EEM). The EEM will investigate any potentially fraudulent activities during the beginning of the Part D program.

## Contact Information

Health Integrity, LLC

Phone: 877-7SAFERX or (877) 772-3379

E-mail: [MEDICinfo@healthintegrity.org](mailto:MEDICinfo@healthintegrity.org)

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# The 3 Regional MEDICs

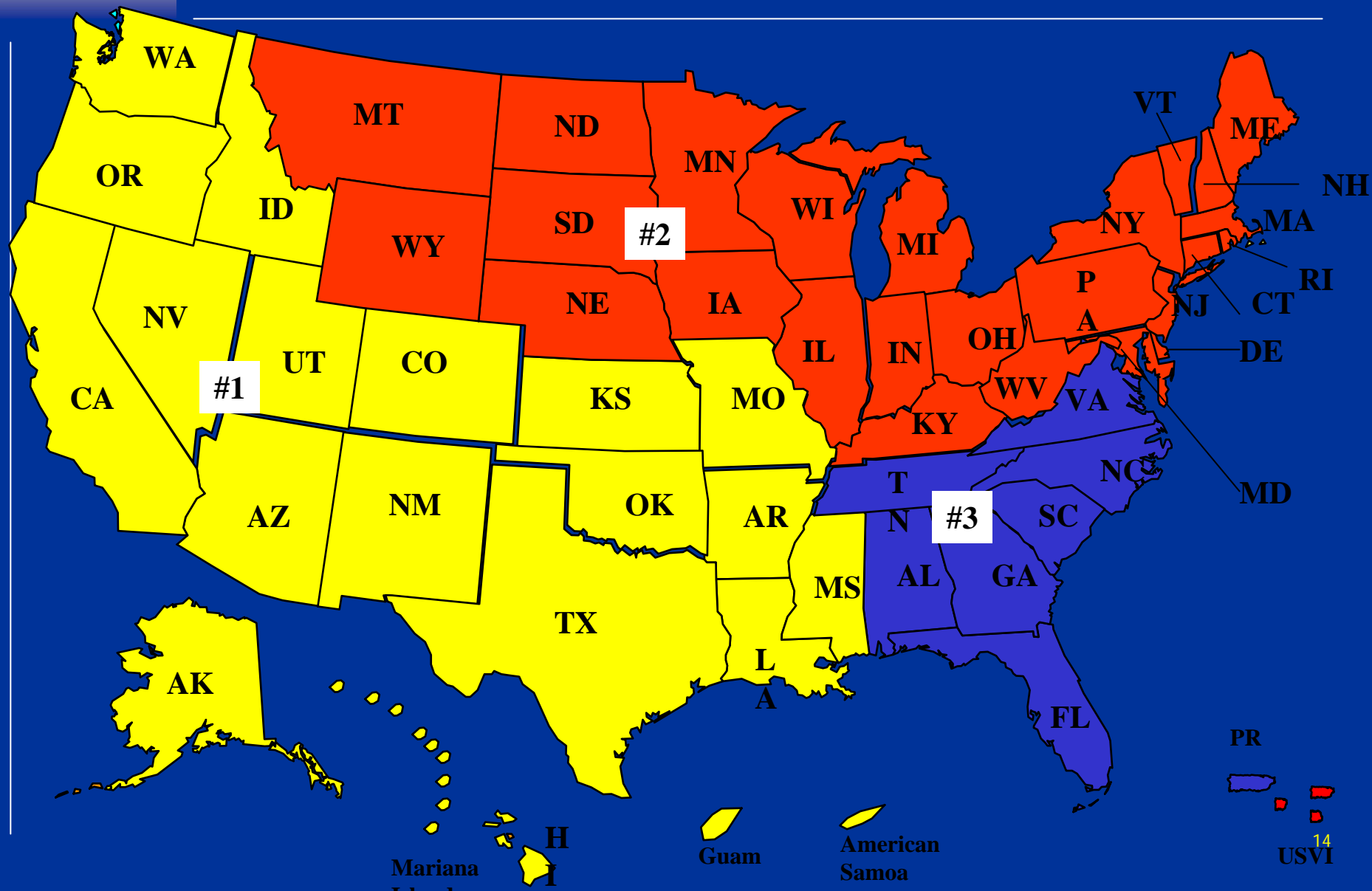
- The Regional MEDICs will perform program safeguard functions to detect, deter and prevent fraud, waste and abuse and to mitigate vulnerabilities associated with
  - Part D payment
  - Pricing
  - Bidding
  - Enrollment and eligibility
  - Benefit services provided (e.g. medication therapy management, e-prescribing)

# The 3 Regional MEDICs

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- The Regions will be divide geographically:
  - Region 1: West MEDIC
  - Region 2: North MEDIC
  - Region 3: Southeast MEDIC

# The 3 MEDIC Regions



# One Program Integrity System Integrator (One PI)

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- The One Program Integrity (One PI) System Integrator will assist CMS, specifically the Program Integrity (PI) Group, in the development of a centralized data approach for Medicare Part A, Part B, Part D, and Medicaid data.
- CMS plans to consolidate and centralize Medicare and Medicaid data across its various program integrity contractors.

# One Program Integrity System Integrator (One PI) continued

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- The initial focus of this contract will be to obtain and store Medicare Part D and Medicaid data that will allow the PI Group and its contractors to drill the data in an integrated manner.



# Coordination & Outreach

- Existing Federal Law Enforcement Partners: OIG, FBI and DOJ
- New Federal Law Enforcement Partners: Department of Labor, DEA, Postal Inspectors, Federal Trade Commission, FDA, etc.
- Administration on Aging and State Health Insurance Programs
- Social Security Administration
- States: State Surveillance Organizations, State Attorney's General, Medicaid Fraud Control Units & Departments of Insurance

# Coordination & Outreach

- Education and Outreach: Sept 2005 CMS Compliance Conference, Dec 2005: Joint CMS/HCCA Compliance Conference
- Part D Plans and representative trade associations
- AARP and similar trade associations
- Internal Components of CMS: CBC, OIS, etc.
- Beneficiaries: Quick Facts on Identity Theft, Press Releases, etc.

Coordination, Education, and Outreach will continue throughout 2006 and is a KEY component to our fraud, waste and abuse prevention and detection efforts.

# Questions

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## Contact Information

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