

COMPREHENSIVE MEDICAID INTEGRITY PLAN OF THE MEDICAID INTEGRITY PROGRAM

FYs 2009–2013

JULY 2009



Centers for Medicare & Medicaid Services
Center for Medicaid and State Operations
Medicaid Integrity Group

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EXECUTIVE SUMMARY

Section 6034 of the Deficit Reduction Act of 2005 (DRA) established the Medicaid Integrity Program in section 1936 of the Social Security Act (the Act) (Public Law 109-171). The legislation directed the Secretary of the United States Department of Health and Human Services (HHS) to establish a 5-year comprehensive plan to combat provider fraud, waste, and abuse in the Medicaid program, beginning in fiscal year (FY) 2006. The Comprehensive Medicaid Integrity Plan (CMIP) is issued for a successive 5-year period. This report, covering FYs 2009–2013, is the fourth CMIP since the inception of the MIP in 2006.

The Centers for Medicare & Medicaid Services (CMS), Medicaid Integrity Group (MIG) is responsible for implementing the Medicaid Integrity Program. During FY 2009, the MIG will focus on the following tasks: planning and program management, communication and collaboration, ensuring accountability, information management and research, Medicaid Integrity contracting, and State program integrity operations.

Specific activities for FY 2009 include:

- Filling the remaining MIG staff vacancies and continuing to train staff on Medicaid program integrity and fraud, waste, and abuse issues;
- Issuing guidance to support and assist CMS and the States in improving overall program integrity effectiveness;
- Continuing communication and collaboration with internal and external stakeholders of the Medicaid Integrity Program;
- Publishing the FY 2008 Medicaid Integrity Program Report to Congress;
- Developing a strategy to report on return on investment and effective use of funds;
- Overseeing the development of the Unified Provider Enrollment Project (UPEP);
- Loading data into the MIG data engine and performing data mining and analysis to identify potential overpayments;
- Publishing the baseline results from the first national information collection and assessment of State Medicaid program integrity activities;
- Awarding remaining task orders for Medicaid Integrity Contractors (MICs) in CMS regions;
- Conducting oversight reviews of and providing technical support and assistance to State Medicaid integrity programs;
- Conducting program integrity training courses through the Medicaid Integrity Institute to promote the ongoing training needs and development of State Medicaid program integrity staff;
- Identifying and disseminating noteworthy practices in Medicaid program integrity efforts to States and other program integrity partners; and
- Supporting anti-fraud efforts of senior level HHS and U.S. Department of Justice (DOJ) officials in the Health Care Fraud Prevention and Enforcement Action Team (HEAT) initiative.

By the end of FY 2009, MIG intends to have an array of tools and best practices with which to promote Medicaid program integrity and combat fraud and abuse.

INTRODUCTION

The CMS, through the MIG, is charged with implementing and managing the Medicaid Integrity Program, as mandated in section 1936 of the Act¹ and enacted as part of the DRA. The CMIP is an integral requirement of the Medicaid Integrity Program. The Act requires that the Secretary of HHS develop a comprehensive plan in consultation with a collective group of stakeholders including the United States Attorney General, the Director of the Federal Bureau of Investigation (FBI), the Comptroller General of the United States, the Inspector General of HHS (HHS-OIG), and State officials with responsibility for controlling provider fraud and abuse under Medicaid.

As a result of a host of planning efforts, including extensive consultations with key and mandated stakeholders, CMS is pleased to present the FYs 2009-2013 CMIP. The plan is organized into three sections:

- **Section I: Background.** Provides an overview of legislation that created the Medicaid Integrity Program, the purpose of the program, and the organizational structure and responsibilities of the MIG.
- **Section II: FY 2009 Activities.** Provides an overview of the planned activities for FY 2009 based on the four core business processes and two main business operations of the MIG.
- **Section III: Overview of FYs 2009 – 2013 Planned Activities.** Provides an overview of the planned activities for FY 2009 and the next consecutive four Federal fiscal years.

In addition, a list of acronyms used throughout the plan is provided in Appendix A.

¹ 42 U.S.C. §1396u-6. For Web site information concerning the Medicaid Integrity Program, go to <http://www.cms.hhs.gov/MedicaidIntegrityProgram/>

I. BACKGROUND

The Deficit Reduction Act of 2005 – Increased Resources for Medicaid Program Integrity

On February 8, 2006, the DRA was signed into law. Section 6034 of the DRA established the Medicaid Integrity Program at section 1936 of the Act. The Medicaid Integrity Program statute dedicates federal resources to help CMS in its efforts to prevent, detect, and reduce provider fraud, waste, and abuse in the \$300 billion per year Medicaid program. Specifically, the statute appropriated \$5 million in funding during FY 2006, \$50 million in FYs 2007 and 2008, and \$75 million in FY 2009, and each year thereafter, to enable CMS to contract with eligible entities to assist with the identification of potential Medicaid provider fraud, abuse, or overpayments and to enable CMS to hire 100 full-time equivalent employees to provide support to States to combat provider fraud and abuse.

The Medicaid Integrity Program – What It Is

The Medicaid Integrity Program offers a unique opportunity to prevent, identify, and recover inappropriate Medicaid payments. It also supports the program integrity efforts of State Medicaid agencies through a combination of oversight and technical assistance. Although individual States work to ensure the integrity of their respective Medicaid programs, the Medicaid Integrity Program provides CMS with the ability to more directly ensure the accuracy of Medicaid payments and to deter those who would exploit the program.

The Medicaid Integrity Group – Who We Are

In July 2006, CMS announced the creation of the MIG within the Center for Medicaid and State Operations (CMSO). The organizational structure of the MIG is aimed at accomplishing the requirements for the Medicaid Integrity Program in an efficient and effective manner.

- The **Office of the Group Director** serves as the primary point of contact on Medicaid provider fraud, waste, and abuse issues within CMS and with other partners, including law enforcement and the States; oversees the development and publication of the CMIP and annual Report to Congress; and directs the activities of MIG staff, including its three divisions.
- The **Division of Medicaid Integrity Contracting (DMIC)** helps procure and oversee the MICs that conduct provider reviews and audits and that will furnish provider education.
- The **Division of Fraud Research & Detection (DFRD)** identifies fraud trends through analysis of Medicaid data and conducts studies to support the activities of the MICs and the State Medicaid program integrity offices.
- The **Division of Field Operations (DFO)** conducts reviews of State program integrity operations and provides training and other forms of support and assistance to the State Medicaid agencies. The DFO has field offices in New York, Atlanta, Dallas, Chicago, and San Francisco.

The Medicaid Integrity Group – What We Do

The primary goals of the MIG are to:

- Promote the proper expenditure of Medicaid program funds;
- Improve Medicaid program integrity performance nationally;
- Ensure the operational and administrative excellence of the Medicaid Integrity Program;
- Demonstrate effective use of Medicaid Integrity Program funds; and
- Foster collaboration with internal and external stakeholders of the Medicaid Integrity Program.

The MIG has identified four core business processes and two main business operations to successfully meet its goals and the requirements of the DRA.

The **Core Business Processes** are:

- Planning and Program Management;
- Ensuring Accountability;
- Communication and Collaboration; and
- Information Management and Research.

The **Main Business Operations** are:

- **Medicaid Integrity Contracting**: procuring and managing contracts for Medicaid Integrity contractors and other Medicaid Integrity Program projects; and
- **State Program Integrity Operations**: providing effective support and assistance to States to improve Medicaid program integrity activities and conducting reviews of State Medicaid integrity programs.

The MIG's goals, core business processes, and main business operations align with the following CMS Strategic Action Plan Objectives for 2006 - 2009:

- Skilled, Committed, and Highly-motivated Workforce;
- Accurate and Predictable Payments; and
- Collaborative Partnerships.

The next section elaborates on the FY 2009 activities for each core business process and main business operation.

II. FY 2009 ACTIVITIES

PLANNING AND PROGRAM MANAGEMENT

Staffing

- Hire remaining MIG staff. As of the end of FY 2008, MIG had hired approximately 96 percent of its staff.

The 100 full-time-equivalent employees authorized by the DRA will be allocated among three operational components within CMS:

- 79 staff assigned to MIG; and
- 21 staff assigned to the Office of Financial Management (OFM), Medicare Program Integrity Group and the Office of Acquisitions & Grant Management (OAGM).

Training

- Conduct monthly training on Medicaid integrity issues.
- Reassess MIG staff training needs.

In FY 2008, MIG instituted monthly in-service training for MIG field staff to stay current on Medicaid program integrity issues. Training topics included Medicaid managed care and waivers, Federal and State requirements for OIG exclusions, researching State program integrity issues, statistical sampling, the Medicaid Management Information System, and data warehousing.

Regulatory Developments

- Complete a review of Federal Medicaid program integrity regulations.

COMMUNICATION AND COLLABORATION

Comprehensive Medicaid Integrity Plan

- Develop in consultation with required stakeholders.

Medicaid Integrity Program Advisory Committee

- Convened face-to-face meeting with Medicaid Integrity Program Advisory Committee in November 2008.

In FY 2006, MIG established the Medicaid Integrity Program Advisory Committee to provide input and consultation on the development of its approaches to State program integrity operations and Medicaid Integrity contracting. The committee members include program integrity representatives from 16 States, the FBI, OIG, and CMS' Regional Offices. MIG plans to continue its collaboration with the advisory committee as needed.

Internal Collaboration with CMS Program Integrity Partners

- Continue ongoing collaboration and communication with other components of CMS and HHS.
- Conduct regular standing meetings with other CMS and HHS components on program integrity issues, emphasizing the integration of program integrity into policy and programmatic decision-making.
- Continue collaboration on joint initiatives with other CMS and HHS components and program integrity partners, including communications in support of the HHS' HEAT initiative with DOJ.²

The MIG has made a significant investment in a number of joint, collaborative initiatives with other CMS components. In addition, the MIG continues to engage in ongoing communication and collaboration with its program integrity partners and stakeholders. MIG's ongoing communication and collaboration activities include:

- Providing stakeholders and other interested parties with updates on the status of the program and maintaining an open line of communication;
- Educating stakeholders and interested parties about the significance of the program and its impact on Medicaid program integrity;
- Soliciting feedback on ways that CMS can enhance its Medicaid program integrity efforts and improve the work of the MIG; and
- Providing the public with communication channels to inform CMS of instances of suspected cases of Medicaid fraud and abuse.

Other External Communication with Program Integrity Partners and Stakeholders

- Attend regular meetings with law enforcement at the management and staff levels to promote collaboration and communication.
- Forward suspected cases of Medicaid provider fraud to HHS-OIG.
- Continue outreach via participation in Open Door Forums/audio conferences and presentations on the Medicaid Integrity Program.
- Continue to conduct presentations on the Medicaid Integrity Program at conferences, industry meetings, and other venues.
- Continue communication and coordination with State program integrity partners.
- Conduct outreach calls on the Medicaid Integrity Contractors.
- Help facilitate communication among senior officials at HHS and DOJ and State Medicaid program integrity officials in relation to the HEAT initiative.

² On May 20, 2009, the Secretary of HHS and the Attorney General announced the HEAT initiative, an inter-departmental effort designed to augment HHS and DOJ efforts to fight Medicare and Medicaid fraud. See <http://www.hhs.gov/stopmedicarefraud/>

ENSURING ACCOUNTABILITY

Release Annual Report to Congress

- Compiled information to release FY 2008 annual Report to Congress on the Medicaid Integrity Program.

Under section 1936(e)(4) of the Act, the Secretary of HHS must submit an annual report 180 days after the end of the fiscal year which identifies the use of funds appropriated and the effectiveness of the use of such funds.

Return on Investment

- Collect data on MIG activities to calculate return on investment.
- Collect data on Medicaid Integrity Program costs to determine effective use of funds.
- Research methodologies to develop metrics for reporting return on investment in the FY 2009 Medicaid Integrity Program Report to Congress.

In addition to the annual Report to Congress, MIG is required to report return on investment for the Government Performance Results Act.

INFORMATION MANAGEMENT AND RESEARCH

MIG Data Engine

- Load Medicaid claims data into the Data Engine.
- Continue development of provider profile system to identify suspect providers using predictive models.

In FY 2008, MIG began the development of the MIG Data Engine, the first national database of Medicaid claims. The data engine will, in the near future, allow the storage of up to 30 terabytes of Medicaid claims and related data. In addition, data models to predict suspect provider behavior will be built to assess specific provider types (e.g., physician, pharmacy, dental).

Unified Provider Enrollment Project (UPEP)

- Continue development of the system in collaboration with other CMS components.
- Conduct an initial assessment of the system in three to four States.

The UPEP, formerly known as the One-Stop Shop Provider Enrollment System, is a secure, centralized provider enrollment system for the Medicaid and Medicare programs. UPEP is attempting to address provider enrollment as a national issue and impact the “front-end” of the process (i.e., stronger controls during initial enrollment).

Data Mining and Fraud and Abuse Research

- Conduct an assessment using an extraction of Medicaid Statistical Information System (MSIS) data for overpayment detection and analysis.

In FY 2008, the MIG identified data elements from States’ MMIS to supplement MSIS data for program integrity use. Data from both systems have been combined into a common dataset, coined “MSIS Plus.” MIG is collaborating with internal and external program integrity partners (e.g., CMS' Medicare Program Integrity Group, HHS-OIG, and U.S. Department of Justice) to construct a dataset able to support the efforts of all.

State Program Integrity Assessment (SPIA)

- Continue first national collection of the SPIA and issue reports summarizing data.
- Refine data collection instrument based on lessons learned.

The SPIA is an annual activity to collect State Medicaid program integrity data, develop profiles for each State based on these data, determine areas to provide States with technical support and assistance, and develop measures to assess States’ performance in an ongoing manner. The profiles will include:

- Descriptive information on States’ program integrity activities;
- State Medicaid program integrity expenditure and recovery data; and
- States’ accounting of Medicaid integrity return on investment.

MEDICAID INTEGRITY CONTRACTING

Medicaid Integrity Audit Program

In April and September 2008, the MIG awarded the first task orders for its MICs under the Audit and Review of Provider contracts. The first Audit MIC task orders were awarded to Booz Allen Hamilton and Health Management Systems. The first Review of Provider MIC task orders were awarded to Thomson Reuters and Advance Med. The MIC activities have begun in CMS Regions III, IV, VI and VIII*.

*Region III: DC, DE, MD, PA, VA, WV

Region IV: AL, FL, GA, KY, MS, NC, SC, TN

Region VI: AK, LA, NM, OK, TX

Region VIII: CO, MT, ND, SD, UT, WY

As required by section 1936(b) of the Act, the activities of the MICs include the:

- Review of the actions of Medicaid providers;
- Audit of Medicaid claims and identification of overpayments to providers; and
- Education or training of Medicaid providers, State Medicaid officials, and others on payment integrity and quality-of-care issues.

Medicaid Integrity Review of Provider Contracts

- Conduct review activities in first task order regions (Regions III and IV).
- Award additional task orders for remaining CMS regions by the end of FY 2009.

Medicaid Integrity Audit Contracts

- Conduct audit activities in first task order regions (Regions III and IV).
- Award additional task orders for remaining CMS regions by the end of FY 2009.

Medicaid Integrity Education Contracts

- Awarded umbrella contracts in September 2008.
- Award task orders for education activities.

STATE PROGRAM INTEGRITY OPERATIONS

The MIG balances both oversight and education in its relationships with the States. Through its annual State program integrity reviews and related activities, MIG provides effective oversight of its critical support and assistance functions. In addition, through program integrity training, best practices guidance, and other forms of technical assistance, MIG provides value to State Medicaid agencies and program integrity units. The activities below highlight MIG's efforts to enhance its effective support and assistance to States while assessing and improving State program integrity performance.

State Program Integrity Reviews

- Conduct annual comprehensive program integrity reviews of one-third of the States.³
- Follow-up on corrective action plans resulting from reviews that identify compliance issues.
- Conduct focused reviews on specific issues as appropriate and needed.

Medicaid Integrity Institute

- Conduct training courses for an estimated 750 students during FY 2009, for a total of 1,100 students trained through FY 2009.⁴
- Continue to develop core curriculum to meet State program integrity training needs.
- Develop measures to evaluate return on investment for training activities.

In September 2007, the MIG established the Medicaid Integrity Institute (MII), the first national Medicaid program integrity training program. CMS executed an interagency agreement with DOJ's Executive Office for United States Attorneys to house the MII at the National Advocacy Center located on the campus of the University of South Carolina in Columbia, South Carolina. The MII provides a unique opportunity for CMS to offer substantive training, technical assistance, and support to the States in a structured learning environment.

Other Activities to Provide Support and Assistance to States

- Continue ongoing technical assistance activities with States via MIG State liaisons.
- Issue State Medicaid Director Letter on provider exclusion checks.
- Host Medicaid Fraud and Abuse Technical Advisory Group annual meeting.
- Release report on noteworthy State program integrity practices.

The CMS has been providing various forms of technical assistance and support to States since the mid-1990s, including hosting regional and national conferences and meetings to provide States and other stakeholders with a venue for learning and interaction. The MIG is committed to continuing these activities under the Medicaid Integrity Program.

³ See Appendix B for FY 2009 State Program Integrity Review Schedule.

⁴ See Appendix C for Medicaid Integrity Institute FY 2009 Training Calendar.

BUDGET

Congress appropriated \$5 million in funding during FY 2006, \$50 million in each of FYs 2007 and 2008, and \$75 million in FY 2009, and each year thereafter. The statute provides that these funds “remain available until expended.” As such, approximately \$11 million of unobligated funds from previous FYs were carried forward from the FY 2008 appropriation.

The major expenditure categories for FY 2009 are: staffing; administrative costs; technical assistance and support to States; Medicaid Integrity contracts, and data improvements/technical support.

CATEGORY	ESTIMATED SPENDING*
STAFFING AND INDIRECT COSTS	\$19,600,000
ADMINISTRATIVE COSTS (e.g., equipment, supplies, etc.)	\$500,000
SUPPORT CONTRACTS	\$400,000
SUPPORT & TECHNICAL ASSISTANCE TO STATES	\$5,000,000
MEDICAID INTEGRITY CONTRACTS	\$54,000,000
DATA IMPROVEMENTS/TECHNICAL SUPPORT	\$6,500,000
TOTAL	\$86,000,000

*As of February 2009

III. OVERVIEW OF FYS 2009 - 2013 PLANNED ACTIVITIES

The following tables illustrate the planned activities for FY 2009 – 2013 in each of the MIG’s core business processes and main business operations. NOTE: An “X” in the column indicates that the activity is planned for the fiscal year.

A. Planning and Program Management

Planned Activities	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Organizational & Staff Planning					
Hire remaining staff	X				
Conduct monthly training on Medicaid integrity issues	X	X	X	X	X
Reassess need for ongoing MIG staff training	X	X	X	X	X
Regulatory Review	X				

B. Communication and Collaboration

Planned Activities	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Internal Collaboration					
Coordinate and regularly meet with CMSO and Medicare integrity components	X	X	X	X	X
Coordinate and regularly meet with other CMS and HHS components, including meetings in support of HEAT initiative.	X	X	X	X	X
External Consultations					
Develop CMIP in consultation with mandated stakeholders	X		X		X
Conduct Medicaid Integrity Program Advisory Committee meeting	X	X	X	X	X
External Communication					
Publish CMIP	X		X		X
Participate in Open Door Forums/audio conferences and conduct presentations on MIG activities	X	X	X	X	X
Conduct outreach calls on Medicaid Integrity contracts with task order regions as awarded	X	X	X	X	X
Assist HHS leadership in communications with					

C. Ensuring Accountability

Planned Activities	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Release annual Report to Congress	X	X	X	X	X
Collect data on MIG activities and program costs to calculate return on investment and effective use of funds	X	X	X	X	X

D. Information Management and Research

Planned Activities	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Unified Provider Enrollment Project					
Continue ongoing collaboration with CMS components on the development and administration of the system	X	X	X	X	X
Conduct initial assessment of operations with three to four States	X				
MIG Data Engine					
Develop and maintain security and utilization plans	X	X	X	X	X
Load data into MIG Data Engine	X				
Develop provider profile system to identify suspect providers	X				
Data mining fraud and abuse research					
Conduct an initial assessment of "MSIS Plus"	X	X			
State Program Integrity Assessment					
Conduct data collection with States	X	X	X	X	X
Release data from annual data collections	X	X	X	X	X
Refine data collection instrument and procedures	X	X	X	X	X

E. Medicaid Integrity Contracting

Planned Activities	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Support Contracts					
Conduct post-award contracting activities of support contracts	X	X	X	X	X
Conduct pre-award contract activities for other support contracts as needed	X	X	X	X	X
Medicaid Integrity Contracts					
Conduct review of provider activities in task order regions	X	X	X	X	X
Award Review of Provider task orders for remaining CMS regions	X	X	X	X	X
Conduct audit activities in task order regions	X	X	X	X	X
Award Audit of Provider task orders for remaining CMS regions	X	X	X	X	X
Award task orders for Education MICs as needed.	X	X	X	X	X
Conduct post-award activities for MIC contracts and task orders	X	X	X	X	X

F. State Program Integrity Operations

Planned Activities	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Support and Technical Assistance to States					
Conduct training at Medicaid Integrity Institute	X	X	X	X	X
Issue guidance to States via State Medicaid Director Letters	X	X	X	X	X
Coordinate Fraud and Abuse Technical Advisory Group annual meeting	X	X	X	X	X
Identify and disseminate noteworthy practices	X	X	X	X	X
Oversight of State program integrity activities					
Conduct comprehensive State program integrity reviews	X	X	X	X	X
Follow-up on corrective action plans from reviews	X	X	X	X	X
Conduct focused reviews as needed	X	X	X	X	X

APPENDIX A. LIST OF ACRONYMS

CMIP	Comprehensive Medicaid Integrity Plan
CMS	Centers for Medicare & Medicaid Services
CMSO	Center for Medicaid and State Operations
DFO	Division of Field Operations
DFRD	Division of Fraud Research and Detection
DMIC	Division of Medicaid Integrity Contracting
DRA	Deficit Reduction Act of 2005
FBI	Federal Bureau of Investigation
FY	Fiscal Year
HHS	United States Department of Health and Human Services
MIC	Medicaid Integrity Contractor
MIG	Medicaid Integrity Group
MII	Medicaid Integrity Institute
OAGM	Office of Acquisition and Grants Management
OFM	Office of Financial Management
OGC	HHS, Office of the General Counsel
OIG	HHS, Office of Inspector General
SPIA	State Program Integrity Assessment
UPEP	Unified Provider Enrollment Project
U.S.C.	United States Code

APPENDIX B. FY 2009 STATE PROGRAM INTEGRITY REVIEW SCHEDULE

October 2008
New Hampshire

November 2008
Maine
Arizona

December 2008
Mississippi

January 2009
Alabama

February 2009
Florida
Louisiana

March 2009
California
West Virginia

April 2009
Massachusetts

May 2009
Rhode Island
Maryland

June 2009
New Jersey

July 2009
Nebraska
Kentucky

August 2009
Washington State
Colorado
District of Columbia

APPENDIX C. MEDICAID INTEGRITY INSTITUTE (MII) FY 2009 TRAINING CALENDAR

Testifying and Report Writing Skills

October 7-9, 2008

This course provides classroom instruction and hands-on exercises in testifying. The program is novel, in that State Medicaid employees and Department of Justice attorneys will jointly engage in learning activities. Although the hands-on portion of this program emphasizes deposition testimony, the skills and techniques taught are transferable and applicable to any forum where Medicaid program employees give sworn testimony, such as administrative hearings or trials.

Faculty Development

October 14-16, 2008

This is an interactive course that is open to novice and experienced instructors. Participants will explore teaching-learning objectives, strategies, methods, and styles, which have proven fairly reliable in adult/professional learning environments. This course focuses on how to formulate objectives; select and organize content for instruction and materials for distribution; present information effectively using multifaceted methods (lecture, panel, workshop); handle questions effectively during presentations; create and use PowerPoint/visual aids; and generate interaction in small discussion groups.

Program Integrity Fundamentals

October 28-31, 2008

This is an introductory course that features an orientation to Medicaid Program Integrity and how it relates to State Medicaid programs. The agenda will include an overview of common program integrity functions.

Current Procedural Terminology (CPT) Coding

December 8-12, 2008

The Certified Coder Boot Camp program is a comprehensive 5-day course designed to teach the fundamentals of CPT, International Statistical Classification of Diseases (ICD)-9 and Healthcare Common Procedure Coding System (HCPCS) Level II coding. This course is designed to assist in preparation for national certification and provide the framework for applying coding principles in a real-world environment.

Basic Skills and Techniques in Medicaid Fraud Detection

January 21-23, 2009

This program is designed to enhance the fundamental investigatory skills of State Medicaid employees to maximize the effectiveness of program integrity efforts to detect health care fraud, waste, and abuse. Attendees will participate in a combination of lectures, demonstrations, discussions, and individual workshop exercises. Topics will range from the initial review, ongoing analysis, and data collection through referral decision making and determination of action plans. **This course was formally known as Basic Investigation Skills.*

Investigation Data Collaboration: Acquisition, Analysis and Use

February 10-13, 2009

This course brings together Analysts, Investigators, and Clinicians within Medicaid Program Integrity to focus on the collaborative acquisition, analysis, and use of Medicaid data in the investigation process. Participants will work together in plenary sessions, breakout sessions, and small team workshops to: discuss each others' roles and responsibilities in and contributions to Medicaid investigation data streams; compare and contrast how Analysts, Investigators, and Clinicians request, acquire, analyze, manage, and utilize data; define the data interrelationships of each in combating Medicaid fraud, waste, and abuse; and define and demonstrate optimum collaboration techniques in using data to build an effective fraud case.

Pharmacy Symposium

March 3-6, 2009

This symposium will bring State Medicaid experts together to exchange ideas, define concepts, and create best practice models utilized to identify fraud, waste, and abuse in the area of Pharmacy.

Investigation Data Collaboration: Acquisition, Analysis and Use

April 14-17, 2009

This course brings together Analysts, Investigators, and Clinicians within Medicaid Program Integrity to focus on the collaborative acquisition, analysis, and use of Medicaid data in the investigation process. Participants will work together in plenary sessions, breakout sessions, and small team workshops to: discuss each others' roles and responsibilities in and contributions to Medicaid investigation data streams; compare and contrast how Analysts, Investigators, and Clinicians request, acquire, analyze, manage, and utilize data; define the data interrelationships of each in combating Medicaid fraud, waste, and abuse; and define and demonstrate optimum collaboration techniques in using data to build an effective fraud case.

Emerging Trends in Medicaid Symposium

May 5-7, 2009

This symposium will bring together Medicaid employees with expertise in Medicaid program integrity to collaborate and discuss emerging issues that currently or will have a significant impact on program integrity functions in the near future. In addition, attendees will discuss prospective MII courses and training and learning needs through brainstorming, analysis, and information sharing.

Program Integrity Fundamentals

May 12-15, 2009

This is an introductory course, which features an orientation to Medicaid Program Integrity and how it relates to State Medicaid programs. The agenda will include an overview of common program integrity functions.

Current Procedural Terminology (CPT) Inpatient Coding/Diagnosis Related Groups (DRGs)

June 1-5, 2009

This is an intensive, 1-week coding education course on hospital inpatient facility services (ICD-9-CM Volumes 1-3) coding and DRG assignment.

Advanced Skills and Techniques in Medicaid Fraud Detection

June 9-12, 2009

This program designed for State Medicaid employees will explore advanced investigatory and analytical skills and techniques used to maximize the effectiveness of program integrity efforts to detect health care fraud, waste, and abuse.

Testifying and Report Writing Skills

July 14-17, 2009

This course provides classroom instruction and hands-on exercises in testifying. The program is novel, in that State Medicaid employees and Department of Justice attorneys will jointly engage in learning activities. Although the hands-on portion of this program emphasizes deposition testimony, the skills and techniques taught are transferable and applicable to any forum where Medicaid program employees give sworn testimony, such as administrative hearings or trial.

Current Procedural Terminology (CPT) Inpatient Coding

August 3-7, 2009

This is an intensive, 1-week coding education course on hospital inpatient facility services (ICD-9-CM Volumes 1-3) coding and DRG assignment.

Home Health and Durable Medical Equipment Symposium

September 1-3, 2009

This symposium will bring State Medicaid experts together to exchange ideas, define concepts, and create best practice models utilized to identify fraud, waste, and abuse in the area of home health care and durable medical equipment.