

Medicaid Improper Payments

The Big Picture

Medicaid's improper payment rate was 9.8 percent for 2015. This represents \$29.12 billion, more than twice the dollar amount in 2013. The 2016 projection is 11.5 percent. [1, 2]

Contributing Factor: Ineligible and Excluded Providers

States are facing greater challenges keeping pace with stricter enrollment requirements, tracking providers who have been excluded from other States' or Federal health care programs, and generally adapting to changing regulations for qualifications of certain provider types.

Improper payments remain a significant and pervasive government-wide issue. Since fiscal year 2003...cumulative improper payment estimates have totaled almost \$1 trillion.

—Gene Dodaro, Comptroller General of the United States

Solutions	Resources & Authorities
Ensure Provider Screening Upon Enrollment and Revalidation The Affordable Care Act and recent regulatory changes require providers to undergo stricter background checks relative to the risk level of their provider type.	Medicaid Provider Enrollment Compendium (MPEC) [3] Provider Enrollment Toolkit **Coming Soon** [4]
Validate Reciprocal Termination Providers excluded or terminated from one State or Federal health care program must be excluded from all State and Federal health care programs.	Health Care Fraud and Program Integrity: Provider Presentation [5] List of Excluded Individuals and Entities [6]



Solutions	Resources & Authorities
<p>Use Provider Enrollment, Chain and Ownership System (PECOS)</p> <p>Providers may use PECOS to enroll or re-enroll in Medicare and check their status in that program.</p>	<p>PECOS [7]</p> <p>PECOS FAQs [8]</p>

Contributing Factor: Provider Identity Theft

Between public access to certain provider identifiers on the Internet and the requirement that some of those identifiers be printed on prescription forms and other medical orders available to the patient, it can be difficult for a provider to ensure those identifiers are only used by those who have a legitimate need for them.

Solutions	Resources & Authorities
<p>Actively Manage Enrollment Information With Payers</p> <p>Be careful how and when you allow payers access to your medical identifiers.</p>	<p>Understand/Prevent Provider ID Theft [9]</p> <p>Safeguarding Your Medical Identity [10]</p>
<p>Control Unique Medical Identifiers</p> <p>When applying for positions, research the companies to ensure they are legitimate and not likely to misappropriate provider identifiers.</p>	<p>Understand/Prevent Provider ID Theft [11]</p> <p>Safeguarding Your Medical Identity [12]</p>
<p>Educate Beneficiaries About Medical Identity Theft</p> <p>Warn patients about the dangers associated with allowing others to use their Medicaid or Medicare number to receive services and about giving their numbers to salespeople for services or supplies their physician did not order.</p>	<p>Understand/Prevent Provider ID Theft [13]</p> <p>Beneficiary Card Sharing [14]</p> <p>Safeguarding Your Medical Identity [15]</p>
<p>Monitor Billing and Compliance Processes</p> <p>Conduct regular reviews and audits of billing and compliance processes to ensure medical identifiers are secure. Use State and Centers for Medicare & Medicaid Services (CMS) databases to search for claims using your medical identifiers and ensure they are services you did provide.</p>	<p>Understand/Prevent Provider ID Theft [16]</p> <p>Safeguarding Your Medical Identity [17]</p> <p>Compliance Program Guidelines [18]</p>

Contributing Factor: Medical Services Not Provided

A small percentage of providers are dishonest and take advantage of having access to patient medical identifiers. They use the identifiers to bill for services they never provided. Some providers may fabricate office visits for their own patients, others may bill for services they never provided during an office visit, and some may have received patient identifiers by illicit means.

Solutions	Resources & Authorities
<p>Beneficiary Validation of Services</p> <p>Verify beneficiary services were provided.</p>	<p>Documentation for Medical Professionals [19]</p> <p>Your Medical Documentation Matters [20]</p> <p>Beneficiary Quality Review [21]</p> <p>42 Code of Federal Regulations (CFR) § 455.20 Beneficiary Verification Procedure [22]</p>
<p>Verify Beneficiary Social Security Number (SSN)</p> <p>Ask beneficiaries to validate their SSNs or other medical identifiers used on the claim.</p>	<p>A Roadmap for New Physicians [23]</p> <p>Social Security Death Master File [24]</p>
<p>Check for Unlikely Billing</p> <p>Look for too many hours or visits per day, per week, or per provider. Depending on provider type or place of service, holiday billing may be normal.</p>	<p>National Correct Coding Initiative [25]</p> <p>Documentation for Medical Professionals [26]</p>

Contributing Factor: Phantom or Invalid Provider Addresses or ID Numbers

Dishonest providers may use alternate addresses or Post Office boxes to perpetuate fraudulent schemes. Other providers may set up “fronts” to recruit physicians and misappropriate their medical identifiers through the application process. Still others may bill for services from the same provider delivered at two different locations in the same time frame.

Solutions	Resources & Authorities
<p>Conduct site visits to verify legitimate provider addresses</p> <p>Visit provider locations to ensure a legitimate practice exists. Check employment records to determine where a provider was on a certain day.</p>	<p>Contact State Medicaid agency (SMA) to verify provider address or medical identifiers</p> <p>State-by-State Fraud and Abuse Reporting Contacts [27]</p> <p>State Medicaid & CHIP Profiles [28]</p>

Solutions	Resources & Authorities
<p>Use USPS or Whitepages.com to Validate Address</p> <p>Enter a physical address on either website. If the address is not valid, the website will tell you.</p>	<p>U.S. Postal Service ZIP Code Lookup [29]</p> <p>Whitepages [30]</p>

Contributing Factor: Home and Community-Based Services (HCBS) and Personal Care Services (PCS) Fraud and Errors

Because of the variety of HCBS and PCS services and places of service, it can be challenging to keep track of who does what, where, and when. This makes such services easy targets for fraudsters. Be diligent by reviewing and monitoring documentation and utilization.

Solutions	Resources & Authorities
<p>Beneficiary Validation of Services</p> <p>Verify beneficiary services were provided.</p>	<p>Preventing PCS Improper Payments [31]</p> <p>Avoiding HCBS Payment Errors [32]</p> <p>Beneficiary Quality Review [33]</p> <p>42 CFR § 455.20 Beneficiary Verification Procedure [34]</p>
<p>Check for Unlikely Billing and Number of Units Errors</p> <p>Look for too many hours or visits per day, per week, or per provider. Depending on provider type or place of service, holiday billing may be normal.</p>	<p>The National Correct Coding Initiative [35]</p> <p>Documentation for Medical Professionals [36]</p> <p>Documentation Matters [37]</p> <p>Quality Checklist for HCBS Billing [38]</p> <p>PCS Common Errors [39]</p>
<p>Conduct Random Auditing of Documentation</p> <p>Check a sampling of claims documentation against electronic or paper health records, patient check-in logs, lab records, and prescription logs.</p>	<p>Basic Data Mining and Analysis [40]</p> <p>Basic Data Mining [41]</p> <p>Conducting a Self-Audit [42]</p> <p>Self-Audit [43]</p> <p>HCBS Internal Records Review [44]</p>

Solutions	Resources & Authorities
<p>Ensure Qualifications of Service Providers</p> <p>Keep copies of all certifications, diplomas, licenses, relevant continuing education documentation, and so forth on file, or have an electronic system to store all of them.</p>	<p>Check with SMA for State requirements of HCBS/PCS service providers</p> <p>State-by-State Fraud and Abuse Reporting Contacts [45]</p> <p>State Medicaid & CHIP Profiles [46]</p>
<p>Cross-check for PCS/HCBS claims during institutional stays</p> <p>PCS and HCBS services are normally not covered during institutional stays. However, some States allow retainer payments to hold a program place for a beneficiary or to keep a trained worker on staff to meet the beneficiary’s unique needs. Watch for date-range billing.</p>	<p>Olmstead Letter (PCS Retainers) [47]</p> <p>42 CFR § 447.40 Payments for Reserving Beds [48]</p> <p>Basic Data Mining and Analysis [49]</p> <p>Conducting a Self-Audit [50]</p> <p>Self-Audit [51]</p>

Contributing Factor: Non-Emergency Medical Transportation (NEMT)

Fraud, waste, and abuse happens when NEMT providers bill for no-shows, provide more costly transportation than what is medically necessary, or provide transportation when the beneficiary is not qualified or authorized for NEMT.

Solutions	Resources & Authorities
<p>Verify Transportation Prescription and That Beneficiary Kept Appointment</p> <p>Some States require a provider to document the medical or practical need for a ride and that the beneficiary kept the appointment.</p>	<p>NEMT Provider Booklet [52]</p>
<p>Verify Beneficiary Received Transportation</p> <p>States usually require a beneficiary to sign a log sheet acknowledging the ride. The provider must also document they transported the beneficiary to and from a medical appointment.</p>	<p>NEMT Provider Booklet [53]</p>

Solutions	Resources & Authorities
<p>Educate Transportation Brokers</p> <p>Transportation brokers are responsible for following Medicaid NEMT rules and regulations to receive proper payment for services.</p>	<p>NEMT: Updated Guidance Could Help States [54]</p> <p>NEMT [55]</p>
<p>Audit Documentation of NEMT</p> <p>Check all mileage and trip logs, sign-in sheets, navigational history (if vehicles are so equipped), trip vouchers or prescriptions signed by providers, if required, driver qualifications and licensing, vehicle maintenance and licensing, and so forth.</p>	<p>Conducting a Self-Audit [56]</p> <p>Self-Audit [57]</p> <p>NEMT Provider Booklet [58]</p> <p>NEMT [59]</p>

Contributing Factor: Inappropriate or Insufficient Documentation

The importance of documentation cannot be overstated. Medicaid takes the position that if the work is not properly documented, do not bill the services.

Solutions	Resources & Authorities
<p>Educate Providers on Documentation</p> <p>All of the documentation must indicate the services provided and verify the medical necessity of the services so that Medicaid can ensure quality care.</p>	<p>Evaluation and Management Services [60]</p> <p>Documentation Matters Case Study [61]</p> <p>Documentation Matters [62]</p> <p>Documentation Matters Resource Handout [63]</p>

Contributing Factor: Durable Medical Equipment (DME) Not Provided

DME is one of the most prominent areas of fraud, waste, and abuse in the Medicaid program. In some areas of the country, it is pervasive enough that CMS has imposed moratoria on new providers.

Solutions	Resources & Authorities
Verify Beneficiary Received DME Providers must document that a beneficiary received billed DME. This may include an invoice or parcel delivery slip signed by the beneficiary. Make follow-up calls to verify beneficiaries received their DME.	Preventing Fraud, Waste, and Abuse in DME [64] Common Errors in DME [65] Fraud, Waste, and Abuse [66]
Conduct Site Visits Visit the address of the DME provider to ensure they are legitimate, open for business, and have comparable materials on hand.	U.S. Postal Service ZIP Code Lookup [67] Whitepages [68] Preventing Fraud, Waste, and Abuse in DME [69]
Contact Prescriber to Verify Check with the prescriber listed on the claim or request form to ensure the DME was prescribed for the beneficiary.	Preventing Fraud, Waste, and Abuse in DME [70] Common Errors in DME [71]

Contributing Factor: Deliberately Upcoding Services

Providers sometimes submit claims for higher levels of service than they actually provided. Sometimes this may happen because a provider does not understand the coding system, but other times it may be a deliberate attempt to take advantage of the system. Providers should only bill for the level of service they provide and no more.

Solutions	Resources & Authorities
Contact Beneficiaries to Verify Services Check with beneficiaries to ensure they received the level of services reported.	A Roadmap for New Physicians [72] Health Care Fraud and Program Integrity [73]

Solutions	Resources & Authorities
<p>Educate Providers on Proper Billing</p> <p>Providers and their billing staff must understand what documentation is required to support each code, as well as the parameters of each code.</p>	<p>Common Types of Health Care Fraud [74]</p> <p>Health Care Fraud and Program Integrity [75]</p> <p>Health Care Fraud and Program Integrity Resource Handout [76]</p>

Contributing Factor: Services Provided to Ineligible Persons (Card Sharing)

Card sharing is something Medicaid beneficiaries may do out of compassion for another so they can get needed services. However, beneficiary health information is tied to their Medicaid number, so if more than one person is using the card to receive services, there may be conflicting information in a beneficiary’s medical record, or the beneficiary may not receive a service they need because the other person received the same service, for example, a yearly injection such as the flu shot.

Solutions	Resources & Authorities
<p>Use Public Assistance Reporting Information System (PARIS) Database</p> <p>The PARIS database matches beneficiary information across State lines to check for individuals receiving multiple benefits from different States.</p>	<p>PARIS Home Page [77]</p> <p>Beneficiary Card Sharing Fact Sheet [78]</p>
<p>Audit School-Based Medicaid Services</p> <p>Ensure students receiving school-based Medicaid services are qualified for and enrolled in Medicaid.</p>	<p>Check SMA for enrollment status of individuals.</p> <p>State-by-State Fraud and Abuse Reporting Contacts [79]</p> <p>State Medicaid & CHIP Profiles [80]</p> <p>Beneficiary Card Sharing Fact Sheet [81]</p>
<p>Verify Beneficiary SSN</p> <p>Ask beneficiaries to validate SSNs or other medical identifiers used on their claims.</p>	<p>A Roadmap for New Physicians [82]</p> <p>Social Security Death Master File [83]</p> <p>Beneficiary Card Sharing Fact Sheet [84]</p>
<p>Validate Beneficiary Address</p> <p>Use a site visit or input the address in one of the websites provided to validate the address.</p>	<p>U.S. Postal Service ZIP Code Lookup [85]</p> <p>Whitepages [86]</p>

Contributing Factor: Medically Unnecessary Services

Medicaid will only pay for medically necessary services. Some services may require prior authorization or a certificate of medical necessity.

Solutions	Resources & Authorities
Employ Prior Authorization Process Some services require prior authorization or a certificate of medical necessity. Ensure this is documented.	Your Medical Documentation Matters [87] A Roadmap for New Physicians [88]
Analyze Data for Frequent Multiple Services or Multiple Pick-Ups at One Site Some providers may take advantage of Medicaid by doing things like providing screenings to a large demographic group like the homeless.	Basic Data Mining and Analysis [89] Conducting a Self-Audit [90] Self-Audit [91] Overview of Fraud and Program Integrity for Providers [92]

Contributing Factor: Incorrect Coding and Medically Unlikely Edits

Some providers attempt to take advantage of Medicaid by unbundling services that should be billed as a unit, use a code for the wrong provider type, or use a code with the wrong time code (that is, they use a 1-hour code when they should use a 15-minute code).

Solutions	Resources & Authorities
Check for Unbundled Services Some services are bundled for billing, like surgery and the follow-up care, and should be billed with one code. Audit to ensure such bundled services are not billed separately.	National Correct Coding Initiative [93] Documentation for Medical Professionals [94] Documentation Matters [95] Self-Audit [96]
Check for Unlikely Billing and Number of Units Errors Look for too many hours or visits per day, per week, or per provider. Depending on provider type or place of service, holiday billing may be normal.	National Correct Coding Initiative [97] Documentation for Medical Professionals [98]

Solutions	Resources & Authorities
<p>Ensure National Correct Coding Initiative Edits Are Working</p> <p>Monitor or audit your billing and payment system to ensure National Correct Coding Initiative edits are catching instances of unbundling, medically unlikely edits, and overbilling time.</p>	<p>National Correct Coding Initiative [99]</p> <p>National Correct Coding Initiative Edits [100]</p> <p>Medically Unlikely Edits [101]</p> <p>Self-Audit [102]</p>

Contributing Factor: Services by Deceased Providers and for Deceased Beneficiaries

Check the Social Security Death Master File for deceased individuals whose SSNs or medical identifiers may be compromised after death.

Solutions	Resources & Authorities
<p>Cross-Check Social Security Death Master File to track the SSNs of deceased individuals.</p>	<p>Social Security Death Master File [103]</p>

Contributing Factor: Incarcerated Beneficiaries

Check SSNs against Federal, State, and municipal incarceration records.

Solutions	Resources & Authorities
<p>Check incarceration records.</p> <p>Check SSNs against incarceration records.</p>	<p>Federal, State, local Department of Corrections records</p> <p>Department of Justice Federal Inmate Locator [104]</p>

Contributing Factor: Services Covered by Another Payer

Medicaid is the payer of last resort. If the beneficiary has other insurance or other responsible parties that should cover health care costs, they should always pay first.

Solutions	Resources & Authorities
Use Coordination of Benefits Programs States must take advantage of all laws that allow them to obtain third-party payer information on Medicaid beneficiaries.	3rd-Party Liability/Coordination of Benefits (TPL/COB) [105]
Ensure Edits in Payment System Function States must keep their payment systems updated with third-party payer information on all beneficiaries.	TPL/COB FAQs [106]

To see the electronic version of this and other E-Alerts posted to the Medicaid Program Integrity Education page, visit <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

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Resources

- 1 <https://paymentaccuracy.gov/tracked/medicaid-2015>
- 2 <http://www.gao.gov/assets/680/672884.pdf>
- 3 <https://www.medicaid.gov/affordablecareact/provisions/downloads/mpec-032116.pdf>
- 4 <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html>
- 5 <https://www.youtube.com/watch?v=pNEx80BLZOs&feature=youtu.be>
- 6 http://oig.hhs.gov/exclusions/exclusions_list.asp
- 7 <https://pecos.cms.hhs.gov/pecos/login.do>
- 8 <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Internet-Based-PECOS-FAQs-Fact-Sheet-ICN909015.pdf>
- 9 <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Provider-Education-Toolkits/Downloads/safeguard-medid-provider-idtheft-booklet.pdf>
- 10 <https://www.youtube.com/watch?v=R1IMNmm44Vg>
- 11 <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Provider-Education-Toolkits/Downloads/safeguard-medid-provider-idtheft-booklet.pdf>
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- 19 <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-medicalprof-factsheet.pdf>
- 20 <https://www.youtube.com/watch?v=WOrAvj-9LTI>
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- 22 http://www.ecfr.gov/cgi-bin/text-idx?SID=304e71eadfbb8a619ec5d02ce4b10265&mc=true&node=se42.4.455_120&rgn=div8
- 23 http://oig.hhs.gov/compliance/physician-education/roadmap_web_version.pdf
- 24 https://www.ssa.gov/dataexchange/request_dmf.html
- 25 <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/national-correct-coding-initiative.html>
- 26 <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/docmatters-medicalprof-factsheet.pdf>
- 27 https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/fraudabuseforconsumers/report_fraud_and_suspected_fraud.html
- 28 <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html>
- 29 <https://tools.usps.com/go/ZipLookupAction!input.action?mode=1&refresh=true>
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- 31 <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/pcs-booklet.pdf>
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- 33 <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/hcbs-tk3-quality-rev-ben-self-direct-factsheet.pdf>

- 34 http://www.ecfr.gov/cgi-bin/text-idx?SID=304e71eadfbb8a619ec5d02ce4b10265&mc=true&node=se42.4.455_120&rgn=div8
- 35 <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/national-correct-coding-initiative.html>
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August 2016

