

Medicaid Managed Care: Compliance Program Requirements

January 2016

This is a list of some resources that managed care plans (MCPs) may find useful in the fight against Medicaid fraud, waste, and abuse. This list is not intended to be a complete list.

Centers for Medicare & Medicaid Services

- Affordable Care Act Provider Compliance Programs: Getting Started Webinar. (2014, June 26). <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/MLN-Compliance-Webinar.pdf>
- Best Practices for Medicaid Program Integrity Units' Collection of Disclosures in Provider Enrollment. (2010, August). <https://www.cms.gov/FraudAbuseforProfs/Downloads/bppedisclosure.pdf>
- CMS-MIG Performance Standard for Referrals of Suspected Fraud from a Single State Agency to a Medicaid Fraud Control Unit. <https://www.cms.gov/FraudAbuseforProfs/downloads/fraudreferralperformancestandardsstateagencytomfcu.pdf>
- Employee Education About False Claims Recovery—Frequently Asked Questions. <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD032207Att1.pdf>
- Guidelines for Addressing Fraud and Abuse in Medicaid Managed Care. (2000, October). <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/Downloads/GuidelinesAddressingfraudabuseMedMngdCare.pdf>
- Program Integrity Reviews. <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforProfs/StateProgramIntegrityReviews.html>
- U.S. Department of Health and Human Services, Office of Inspector General. Access to Care: Provider Availability in Medicaid Managed Care. (2014, December) <https://oig.hhs.gov/oei/reports/oei-02-13-00670.pdf>



- Excluded Individuals Employed by Service Providers in Medicaid Managed Care Networks. (pp. 1–2, 8–9). <https://oig.hhs.gov/oei/reports/oei-07-09-00632.pdf>
- Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training. <https://oig.hhs.gov/compliance/provider-compliance-training/index.asp>
- U.S. Department of Health and Human Services. Office of Inspector General. List of Excluded Individuals/Entities. <https://exclusions.oig.hhs.gov/>
- Medicaid Managed Care: Fraud and Abuse Concerns Remain Despite Safeguards. (2011, December). <https://oig.hhs.gov/oei/reports/oei-01-09-00550.pdf>
- Morris, L., U.S. Department of Health and Human Services, Office of Inspector General. (2011, June 27). Compliance Oversight for Health Care Leaders, presented to the Health Care Compliance Association. [Video excerpt from 3:40 to 3:59]. <https://www.youtube-nocookie.com/v/X5J7R1jQP2Q>
- Updated Special Advisory Bulletin on the Effect of Exclusion From Participation in Federal Health Care Programs. (2013, May 8). <https://oig.hhs.gov/exclusions/files/sab-05092013.pdf>

Social Security Act

- Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Care Programs. § 1128. https://www.ssa.gov/OP_Home/ssact/title11/1128.htm
- Provisions Relating to Managed Care. § 1932(d)(1). [Regarding debarment]. https://www.ssa.gov/OP_Home/ssact/title19/1932.htm
- State Plans for Medical Assistance. § 1902. https://www.ssa.gov/OP_Home/ssact/title19/1902.htm

Public Laws

- Health Care and Education Reconciliation Act, Pub. L. No. 111–152, 124 Stat. 1029. (2010, March 30). <https://www.gpo.gov/fdsys/pkg/PLAW-111publ152/pdf/PLAW-111publ152.pdf>
- Patient Protection and Affordable Care Act, Pub. L. No. 111–148, 124 Stat. 119, 752, § 6401(b)(1). (2010, March 23). <https://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

Other Statutes

- False Claims, 31 U.S.C. § 3729-3733. <http://uscode.house.gov/browse/prelim@title31/subtitle3/chapter37/subchapter3&edition=prelim>
- False, Fictitious or Fraudulent Claims, 18 U.S.C. § 287. [http://uscode.house.gov/view.xhtml?req=\(title:18 section:287 edition:prelim\) OR \(granuleid:USC-prelim-title18-section287\)&f=treesort&edition=prelim&num=0&jumpTo=true](http://uscode.house.gov/view.xhtml?req=(title:18%20section:287%20edition:prelim)%20OR%20(granuleid:USC-prelim-title18-section287)&f=treesort&edition=prelim&num=0&jumpTo=true)
- Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111–152, 124 Stat. 1029. (2010, March 30). <http://www.gpo.gov/fdsys/pkg/PLAW-111publ152/pdf/PLAW-111publ152.pdf>
- Health Care Fraud, 18 U.S.C. § 1347. <http://www.gpo.gov/fdsys/pkg/USCODE-2011-title18/html/USCODE-2011-title18-partI-chap63-sec1347.htm>
- Patient Protection and Affordable Care Act, Pub. L. No. 111–148, 124 Stat. 119, 752, §6401(b)(1). (2010, March 23). <https://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

Code of Federal Regulations

- Definitions, 42 C.F.R. § 455.2. http://www.ecfr.gov/cgi-bin/text-idx?idno=42;region=DIV1;type=boolean;c=ecfr;cc=ecfr;sid=a6795a857e624da9bd3ae4123ae9dfd7;q1=screen;rgn1=Section;op2=and;rgn2=Section;op3=and;rgn3=Section;rgn=div5;view=text;node=42%3A4.0.1.1.13#se42.4.455_12
- Office of Management and Budget Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement), 2 C.F.R. Part 180. <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=ffd1230ff445385fde7ba0973743eb8b&ty=HTML&h=L&r=PART&n=2y1.1.1.2.9>
- Program Integrity Requirements, 42 C.F.R. § 438.608. <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=aa5d4a5e5976530f75b1aa803ec1bfbf&ty=HTML&h=L&r=SECTION&n=42y4.0.1.1.8.8.112.5>
- Prohibited Affiliations With Individuals Debarred by Federal Agencies, 42 C.F.R. § 438.610. <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=aa5d4a5e5976530f75b1aa803ec1bfbf&ty=HTML&h=L&r=SECTION&n=42y4.0.1.1.8.8.112.6>
- Scope and Effect of Exclusion, 42 C.F.R. § 1001.1901. <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=06b6bb590676527583a92970b81bd35a&ty=HTML&h=L&r=SECTION&n=42y5.0.2.5.2.4.32.2>
- Termination or Denial of Enrollment, 42 C.F.R. § 455.416. http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=6fb7d46c1c9c227d417c964f13900354&ty=HTML&h=L&r=SECTION&n=se42.4.455_1416
- 42 C.F.R. § 1002.3(b)(3). http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=3f38b79b30e505a77e45e9f5849f95a6&ty=HTML&h=L&r=SECTION&n=se42.5.1002_13

Other Sources

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- Compliance Program Guidance for Medicare+Choice Organizations Offering Coordinated Care Plans. (1999, November 15). 64 Fed. Reg. 61893. <https://oig.hhs.gov/fraud/docs/complianceguidance/111599.pdf>
- Florida Agency for Health Care Administration. (n.d.). Florida Medicaid Provider Training e-Library Previous Training Materials. https://ahca.myflorida.com/Medicaid/e-library/previous_training.shtml
- Health Care Compliance Association. (2011, June 27). Compliance Oversight for Health Care Leaders. [Video]. <https://www.youtube-nocookie.com/v/X5J7R1jQP2Q>
- Health Care Compliance Association. 2014 Healthcare Compliance Resource Guide. <https://www.hcca-info.org/Portals/0/PDFs/Resources/hcca-2014-resource-guide.pdf>
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- Medicaid and CHIP Payment and Access Commission. Report to the Congress: The Evolution of Managed Care in Medicaid. (2011, June). <https://www.macpac.gov/publication/report-to-congress-the-evolution-of-managed-care-in-medicaid/>
- National Association of Medicaid Directors. (2014, September). Medicaid Managed Care Modernization. Employing New Tools and Efficiencies to Strengthen Program Integrity http://medicaiddirectors.org/wp-content/uploads/2015/08/namd_mmc_pi_modernization_proposals_140902.pdf
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- U.S. Government Accountability Office. (2014, May). Medicaid Program Integrity: Increased Oversight Needed to Ensure Integrity of Growing Managed Care Expenditures. <http://www.gao.gov/assets/670/663306.pdf>

U.S. Department of Justice: Prosecutions and Settlements

- Annapolis Woman Sentenced to 3 Years in Prison for Treating Patients while Fraudulently Posing as a Physician’s Assistant. (2015, February 27). <http://www.justice.gov/usao-md/pr/annapolis-woman-sentenced-3-years-prison-treating-patients-while-fraudulently-posing>
- Florida-Based WellCare Health Plans Agrees to Pay \$137.5 Million to Resolve False Claims Act Allegations. <http://www.justice.gov/opa/pr/2012/April/12-civ-425.html>
- Former Humana Inc. Employees Sentenced for Taking Kickbacks Totaling \$2 Million Dollars in an Insurance Sales Bribery Scheme. <http://www.justice.gov/usao-wdky/pr/former-humana-inc-employees-sentenced-taking-kickbacks-totaling-2-million-dollars>
- Former WellCare Executives Sentenced for Health Care Fraud. <http://www.justice.gov/usao-mdfl/pr/former-wellcare-executives-sentenced-health-care-fraud>
- Long Beach-Based Health Plan pays nearly \$320 Million to Settle Allegations that it Received Overpayments for Medi-Cal Patients. <http://www.justice.gov/archive/usao/cac/Pressroom/2012/112.html>
- Ohio-Based Managed Care Plan Contractor CareSource & Entities to Pay \$26 Million to Resolve False Claims Allegations. <http://www.justice.gov/opa/pr/2011/February/11-civ-138.html>

To see the electronic version of this resource handout and the other products included in the “Managed Care Plan Compliance” Toolkit, visit the Medicaid Program Integrity Education page at <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

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