

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-15 Medicaid Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 10185</b>	<b>Date: June 19, 2020</b>
	<b>Change Request 11813</b>

**SUBJECT: Update to Chapter 1 of Publication (Pub.) 100-15**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to update section 1.19 within Chapter 1 in Pub. 100-15.

**EFFECTIVE DATE: July 21, 2020**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: July 21, 2020**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	1/1.19/Fraud Referrals

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

<b>Pub. 100-15</b>	<b>Transmittal: 10185</b>	<b>Date: June 19, 2020</b>	<b>Change Request: 11813</b>
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## I. GENERAL INFORMATION

**A. Background:** The Centers for Medicare & Medicaid Services (CMS) is making revisions to Chapter 1 in Pub. 100-15 based on updates to Unified Program Integrity Contractor (UPIC) processes and procedures.

**B. Policy:** This CR does not involve any legislative or regulatory policies.

## II. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
11813.1	The Unified Program Integrity Contractors shall follow the fraud referral guidance, as described in section 1.19, Chapter 1 of Publication 100-15.										UPICs

## III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

## IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
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**Section B: All other recommendations and supporting information:** N/A

## **V. CONTACTS**

**Pre-Implementation Contact(s):** Jesse Havens, 410-786-6566 or jesse.havens@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## **VI. FUNDING**

### **Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

## **1.19 – Fraud Referrals**

*(Rev.10185, Issued: 06-19-2020, Effective: 07-21-2020 Implementation: 07-21-2020)*

In the course of conducting an investigation or audit of a provider, the UPIC may identify potential Medicare or Medicaid fraud. *Should the UPIC identify potential Medicaid fraud throughout the course of a Medicaid investigation/audit, the UPIC shall discuss the matter with the COR/BFL. If CMS agrees that referral to LE is appropriate, the UPIC shall update the UCM within seven (7) calendar days as appropriate. All identified LE referrals should be submitted no later than thirty (30) calendar days prior to the next SMA/UPIC FWA Workgroup meeting. The UPIC shall notify CMS once these actions are complete. Once the UCM is updated appropriately and the UPIC notifies CMS, CMS will coordinate with LE. CMS will notify the UPIC of the outcome of that coordination. If LE indicates that they are interested in the case, the UPIC shall place the cases on the agenda for the next SMA/UPIC FWA Workgroup meeting.*

*The UPIC shall ensure all revisions and updates to the case are completed in the UCM three (3) days prior to the SMA/UPIC FWA Workgroup meeting. The UPIC shall prepare the meeting agenda and coordinate with CMS to ensure the proper attendees are included in the SMA/UPIC FWA Workgroup meeting invitation. The CMS, HHS-OIG OI, and applicable SMA Program Integrity Unit staff should be in attendance to this meeting in an effort to discuss the details of the referral, and identify any potential secondary actions.*

*The SMA/UPIC FWA Workgroup meetings is an opportunity for UPICs to discuss their proposed Medicaid fraud referrals with CMS, the SMA, and LE. The goal is to collaborate with all of the key decision makers, provide guidance on each proposed LE referral, and identify any proposed secondary actions.*

*Following the SMA FWA Workgroup meeting, when applicable, the UPIC shall submit a formal referral to the appropriate LE within seven (7) calendar days, unless otherwise advised by CMS. Referrals shall include all applicable information that the UPIC has obtained through its investigation/audit at the time of the referral. The UPIC shall utilize the “LE Referral Template” available in CMS IOM 100-08: Exhibit 16.1. Once the referral package is complete, the UPIC shall submit the referral to LE and copy CMS, and SMA Program Integrity Unit point-of-contact. Upon submission of the referral to OIG/OI and/or MFCU, the UPIC shall request written and/or email confirmation from OIG/OI and/or MFCU acknowledging receipt of the referral. The UPIC shall update UCM with the date the referral was sent, the name of the agent acknowledging receipt of the referral, and the date of receipt. In the event that written confirmation is not received, the UPIC shall notify the CMS. Additionally, the UPIC shall refrain from implementing any additional administrative actions against the provider/supplier without CMS approval. If the UPIC has any questions related to LE referrals, the UPIC shall coordinate with CMS. In regards to cases declined by LE, the UPIC shall update UCM with the declination and notify CMS within two (2) business days in order to move forward with any approved secondary administrative actions.*