

MEDIC and Program Integrity



William Gould
Senior Technical Advisor
Program Integrity Group



Program Integrity Efforts

- 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

- 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)

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

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

Fundamental MEDIC Activities

- 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

- 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

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

Fax: (410) 819-8698

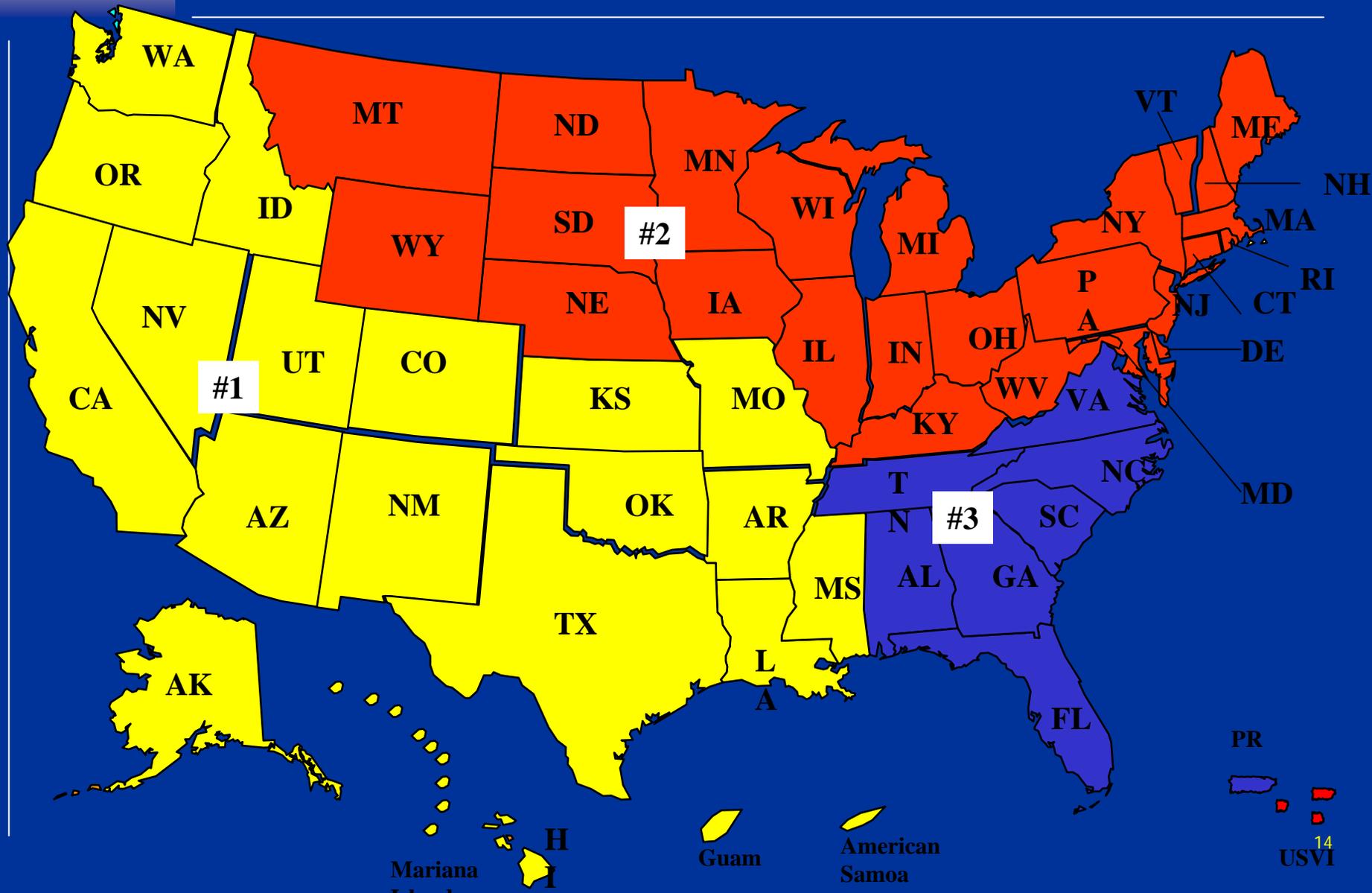
The 3 Regional MEDICs

- 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

- 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)

- 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

- 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

Contact Information

Bill Gould

William.gould@cms.hhs.gov

410.786.1458