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# Program Memorandum

## Intermediaries/Carriers

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Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

Transmittal AB-00-50

Date: JUNE 2000

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### CHANGE REQUEST 1172

#### SUBJECT: Medicare Fraud Information Specialist (MFIS) Position

The Medicare Fraud Information Specialist (MFIS) position is to be 100 percent dedicated to the MFIS activities described in this Program Memorandum, unless central office (CO) and the applicable regional office (RO) approves otherwise. The MFISs' primary responsibility is to share information concerning fraud with regional offices, contractors in their jurisdiction, other MFISs, law enforcement agencies, State agencies, and other interested organizations (e.g., Ombudsmen, Administration on Aging (AoA), Harkin Grantees and other grantee recipients) for both Part A and Part B of the Medicare program. The MFISs are not fraud investigators. Without RO and CO concurrence, the MFISs are not to perform functions such as complaint resolution, case development, clearinghouse functions, Office of Inspector General (OIG) hotline referrals, fraud investigation database (FID) entries, data analysis, incentive reward program (IRP) entries, and onsite audits.

The MFISs are Medicare contractor employees. As such, they report directly to the contractor's fraud unit manager or fraud unit director equivalent. The MFISs' jurisdiction will correspond to their RO's jurisdiction; it is not to cross over RO boundaries, other than when needed on an exception basis. The ROs in coordination with the CO will promptly determine the contractor that will employ each MFIS whenever an MFIS terminates their employment with the contractor or a contractor leaves the Medicare program. The jurisdictions break down according to the following ROs and the number of MFIS required for each region:

<u>Regional Office</u>	<u>Number of MFIS</u>
I Boston	1
II New York	1 1/2 (1/2 is Puerto Rico)
III Philadelphia	1
IV Atlanta	3 (1 solely dedicated to Florida)
IV RHHI	2
V Chicago	2
VI Dallas	1
VII Kansas City	1
VIII Denver	1
IX San Francisco	2
X Seattle	1
X DMERC	1

The designated MFISs in each region will be responsible for both Part A and Part B of the Medicare program with the exception of the durable medical equipment regional carrier (DMERC) and regional home health intermediary (RHHI) MFISs.

The DMERC MFIS position will report to Region X, and is responsible for informing other ROs of schemes, cases and/or investigations affecting those regions.

There will be two RHHI MFIS positions who will report to Region IV, and they are currently located at United Government Services in Wisconsin and Palmetto Government Benefits Administrators (PGBA) in South Carolina. The UGS RHHI MFIS will be responsible for the following: Alaska, Arizona, California, Colorado, Delaware, District of Columbia, Hawaii, Idaho, Iowa, Kansas,

Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Jersey, New York, North Dakota, Oregon, Pennsylvania, Puerto Rico, South Dakota, U.S. Virgin Islands, Utah, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. The PGBA RHHI MFIS will be responsible for the following: Alabama, American Samoa, Arkansas, Connecticut, Florida, Georgia, Guam, Illinois, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Mexico, North Carolina, Ohio, Oklahoma, Rhode Island, South Carolina, Tennessee, Texas, and Vermont. The RHHI MFIS is also responsible for informing other ROs of schemes, cases, and/or investigations affecting those regions.

All contractors regardless of where the MFIS is located must communicate with their assigned MFIS and utilize his/her services. The major duties and responsibilities on the attached should be performed by the MFIS equally for all contractors within their jurisdiction.

MFISs are to submit monthly reports to the RO. These reports should quantify activities wherever possible. At a minimum, the reports should include the information listed below:

- 1) Networking activities such as meetings attended and conference calls with the following information:
  - a) Identity of the meetings and the speakers;
  - b) Dates of the meetings;
  - c) Location of the meetings;
  - d) How many meetings were attended;
  - e) Number of attendees for each meeting; and
  - f) The results of each meeting.
- 2) Outreach/training activities (e.g., HCFA health care partner interaction) with the following information:
  - a) Identity of the outreach/training;
  - b) Dates of the outreach/training;
  - c) Location of the outreach/training;
  - d) The number of training/outreach sessions conducted; and
  - e) The number of attendees for each session.
- 3) Planned events (e.g., calendar of upcoming months).
- 4) Alerts (HCFA, OIG, MFIS) to include those authored by the MFIS in addition to those not authored by the MFIS but distributed by them.
- 5) Special projects (e.g., significant activities not included in the above).

**The effective date for this Program Memorandum (PM) is October 1, 2000.**

**The implementation date for this PM is October 1, 2000.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after June 30, 2001.**

**If you have any questions, contact Kimberly Downin at 410-786-0188.**

**Attachment**

## **MEDICARE FRAUD INFORMATION SPECIALIST (MFIS) POSITION DESCRIPTION**

### Major Duties and Responsibilities of the Medicare Fraud Information Specialist:

- Obtains and shares information on health care issues/fraud investigations among fellow MFISs, carriers (including DMERC), intermediaries (including RHHI), HCFA and law enforcement.
- Serves as a reference point for law enforcement and other organizations and agencies to contact when they need help or information on Medicare fraud issues and don't know who to contact.
- Assists contractors, HCFA RO, law enforcement, HCFA health care partners by coordinating and attending fraud related meetings/conferences and informs all appropriate parties about these meetings/conferences. These meetings/conferences include but are not limited to, health care task force meetings, MFIS meetings (in-person/annual meetings) and MFIS conference calls. The MFIS is to relay all pertinent information from these meetings/conferences to the fraud managers within the MFISs' jurisdiction and applicable HCFA ROs as appropriate.
- Distributes all fraud alerts to the appropriate parties within their jurisdiction. Shares contractor findings on fraud alerts with contractors in their jurisdiction, fellow MFISs, and HCFA.
- Works with the HCFA RO to develop and organize external programs and perform training as appropriate for law enforcement, Ombudsmen, grantees (e.g., Harkin Grantees) and other HCFA health care partners (e.g., AoA, State Medicaid Fraud Control Unit).
- Conducts regular calls/visits with the fraud unit managers within the MFIS' jurisdiction to address their needs.
- Serves as resource to HCFA as necessary. For example, serves as a resource to HCFA on the FID, including FID training. While the MFIS should not enter cases into the FID or monitor FID quality, if the MFIS detects any inaccuracies or discrepancies they should notify the contractor. Upon request, the MFIS will furnish FID reports to the fraud unit managers within their jurisdiction.
- Helps develop fraud related outreach materials (e.g., pamphlets, brochures, videos, etc.) in cooperation with contractors' beneficiary services and/or provider relations departments to use in their training. Submits written outreach materials to the HCFA RO for clearance. Ensures these materials are incorporated into the contractors' existing outreach efforts. Conducts high level, fraud specific presentations/training.
- Assists in preparation and development of fraud related articles for contractor newsletters/bulletins for all contractors within the MFIS' jurisdiction.
- Serves as a resource for the development of annual internal and new hire fraud training. (The fraud unit contractor staff is responsible for performing the actual fraud training.)
- Attends 32 hours of training sessions on training skills, presentation skills (16 hours) and fraud related training (16 hours) the first year of employment and every 3 years thereafter. Current MFISs would also be required to meet these training requirements during FY 2001, unless it can be demonstrated that the requirements were fully met during FY 2000.
- Travels to support MFIS activities.

Knowledge and Skills Required by Position:

- Possesses effective written and oral communication skills.
- Possesses effective presentation skills.
- Has extensive knowledge of the Medicare program, both Part A and B.
- Has working knowledge and/or experience in one or more of the following fields:
  - + Health care delivery system;
  - + Health insurance business; and
  - + Law enforcement.
- Has demonstrated organizational, analytical, and coordination skills to effectively coordinate and schedule meetings, conferences, and training.
- Has ability to work independently.