Program Memorandum Intermediaries/Carriers

Transmittal AB-01-34

ADMINISTRATION (HCFA)
Date: FEBRUARY 22, 2001

This Program Memorandum re-issues AB-99-97, Change Request 955 dated December 1999. The only change is the discard date; all other material remains the same.

CHANGE REQUEST 955

Department of Health

HEALTH CARE FINANCING

Human Services (DHHS)

SUBJECT: HCFA Office of the Inspector General (OIG) Hotline Referrals

Background

The HCFA OIG Hotline consists of Medicare and Medicaid-related fraud and abuse complaints that are downloaded from the OIG Hotline (1-800-HHS-TIPS). The Hotline staff will shortly add the contractor number for all complaints, whenever possible, through the use of a HCFA contractor data base match. This will enable a more accurate match of the complaint to a specific contractor. Without this number, the address of the provider of service will have to be used to identify the responsible contractor. OIG estimates that the contractor identification number can be obtained for about 75 percent of the calls.

Currently, eight regional offices (ROs) receive OIG complaints electronically from HCFA central office. They are then manually copied and mailed to the HCFA contractors for investigation and disposition. Regions I and IV operate differently in that they have the contractors in their regions directly download the cases while the RO staff need only monitor to ensure that all cases have been downloaded.

Given the ease and speed with which the contractors in Region I and IV have found this method of operation, we want to give the contractors in the other eight regions direct access to the HCFA OIG Hotline located on the WINFRAME file server, and allow them to retrieve the cases that belong to them. This will eliminate the need for the regional staff to copy and send the cases to the contractors. In order for the contractors to gain access to the HCFA OIG Hotline, they need to submit the name of their responsible person, with the HCFA identification number of the contractor, via e-mail to the Regional Resource Access Control Facility and request access.

When a case is downloaded from the HCFA OIG Hotline by the contractor to be researched and resolved, each contractor is responsible for placing its contractor number and date in the Contractor Assigned and Date Contractor Assigned data fields. If the case is subsequently found to belong to another contractor, it is the original contractors responsibility to ensure that the case is forwarded to the other and noted in the Second Contractor Assigned and Date Second Contractor Assigned data fields. Any further designation would be entered in the Note to RO data field. Other changes that will be incorporated are a field for regional comments, amount of funds recovered, and a second closure code data position. There will also be analysis and trends capability and case listings by region for cases older than 6 months and not closed or forwarded to the OIG. Each HCFA OIG Hotline case is to be reviewed as it is received. In no instance will a contractor wait to accumulate more than one case against a provider to investigate.

There are essentially four types of cases that are found on the Hotline. Each is addressed below.

Medicare Questions, Complaints, or Over Billing

These are to be downloaded from the Hotline by the contractor with responsibility for the claim. Cases are maintained in the system by region based upon the physical location of the provider. If a case is downloaded from the system by a contractor and it does not belong to that contractor, it should be quickly forwarded to the responsible contractor. The OIG Hotline staff will begin putting contractor numbers on cases as the complaints are received. As the case is downloaded from the

OIG Hotline by a contractor, the contractor should fill in its contractor number and date received in the newly provided data fields, <u>Contractor Assigned and Date Contractor Assigned</u>. Upon final disposition of the complaint, the contractor must close the case on the HCFA OIG Hotline system. (See attached form.)

Quality of Care

These cases are also downloaded by the responsible contractor. Complaints against hospitals are to be referred to the appropriate peer review organization. Complaints against physician/practitioners are to be referred to the State Professional Review Board, and complaints against long term care facilities are to be referred to the State Survey and Certification Agencies. The contractor would then close the complaint by noting in the Note to RO data field to whom the case was assigned and the date forwarded.

Medicaid Issues

The RO is responsible for downloading these cases from the electronic transmission from central office. If you receive these, return them to the RO.

Managed Care

Managed care cases will be downloaded by the Health Plan Purchasing and Administration Group in central office. Any managed care cases that are inadvertly downloaded by a contractor are to be returned to the RO. The RO is responsible for notifying the Health Plan Purchasing and Administration Group, Division of Performance Review, of any managed care cases.

Your RO will follow-up with each of you after 90 days to insure closure. The RO will ensure that all cases on the HCFA OIG Hotline in your area are resolved and closed.

Attachments

The effective date for this Program Memorandum (PM) is January 27, 2000.

The *implementation date* for this PM is January 27, 2000.

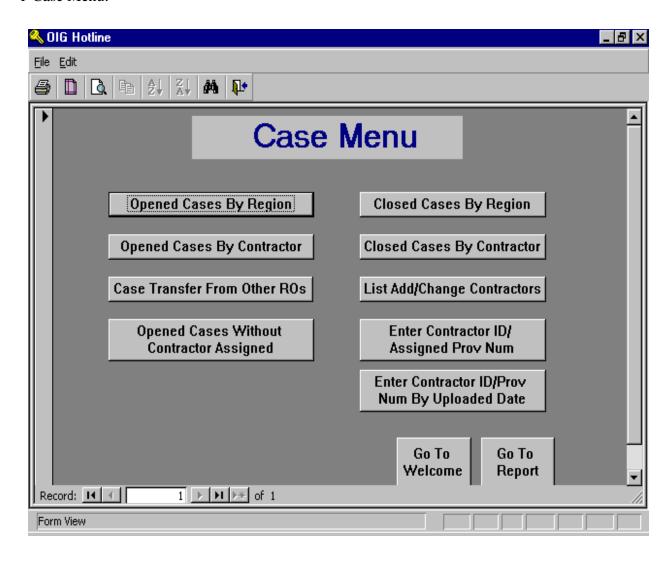
These instructions should be implemented within your current operating budget.

Questions regarding the implementation of these instructions may be directed to: Thomas Bianco on (410) 786-2095.

This PM may be discarded after February 2002.

Below are some screens of the OIG Hotline for RO users

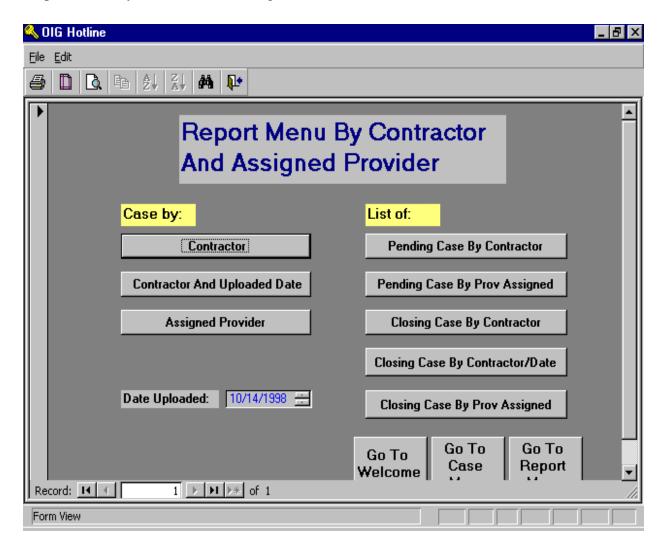
1-Case Menu:



2-Report Menu:



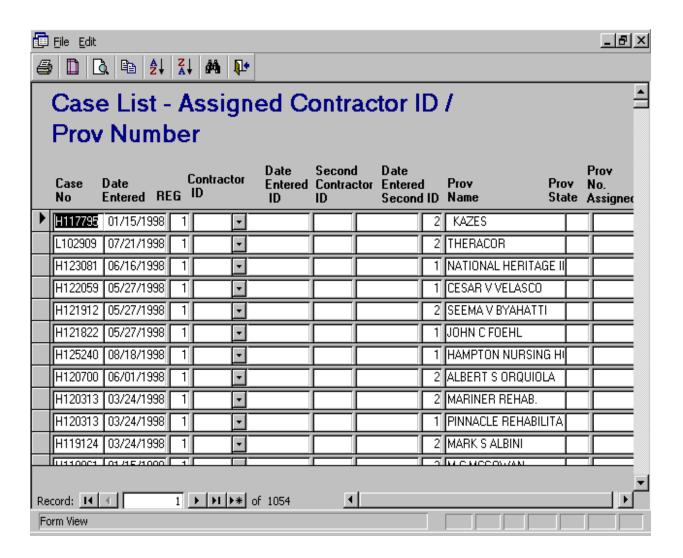
3-Report Menu By Contractor and Assigned Provider:



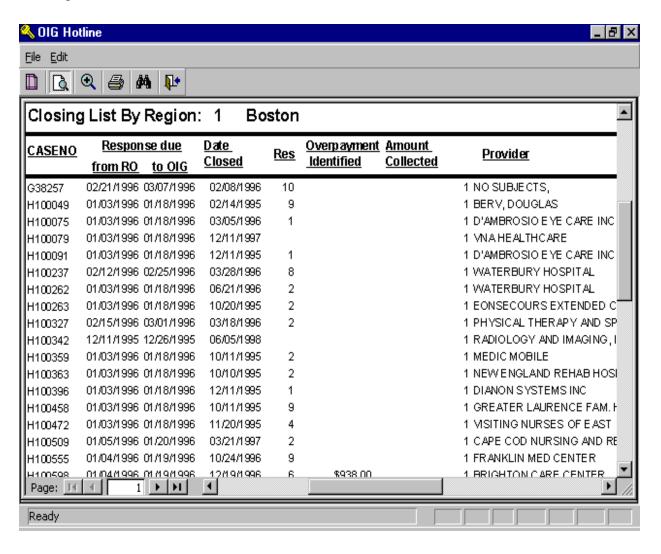
4-Contractor List:



5-Form to assign contractor Ids or Provider Numbers:



6-Closing Case List:



7-Pending Case List:

