
Program Memorandum Intermediaries/Carriers

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

Transmittal AB-00-93

Date: OCTOBER 4, 2000

CHANGE REQUEST 1334

SUBJECT: Coordination with the Y2K Program Safeguard Contractor (PSC)

Background

This Program Memorandum (PM) informs you of the potential interaction you may have with CSC, directly or through the regional office (RO), and the processes you should follow to ensure timely and efficient coordination.

On September 30, 1999, HCFA awarded a Y2K PSC task order to Computer Sciences Corporation (CSC). The Y2K PSC currently performs national to provider level data analysis across all service types and benefits to identify potential situations of fraud, which may or may not have occurred around the Y2K time frame. CSC is receiving the data necessary for their analysis from the National Claims History File (NCH). The data analysis findings of the PSC may result in a variety of outcomes including, but not limited to:

- o Performance of a Coordinated Comprehensive Provider Review (CCPR) by CSC. A CCPR is a thorough analysis of processed claims and all pertinent data (such as medical records, beneficiary payment history) for a specific provider, for a specified time period as defined in the PSC Statement of Work, Section 7.D.4., May 1999. (See Attachment.)
- o Referrals to the Office of Inspector General (OIG);
- o Overpayments that are forwarded to you for collection; and/or
- o Data analysis leads forwarded to you for additional development.

CCPR Coordination

CCPR, as defined by the PSC umbrella statement of work, is performed when there is a suspicion of fraud or abuse, and there is high probability of assessing an overpayment. This method of review assists the PSC in substantiating a potentially fraudulent situation, or determining whether or not an overpayment exists. Under the PSC task order, HCFA has allocated funding for CSC to perform 25 CCPRs and has budgeted for an additional 75. If a provider within your jurisdiction becomes the subject of a CCPR, the following steps should occur:

1. CSC will contact your contract manager and a regional program integrity representative.
2. The regional office program integrity representative, who may or may not be your routine functional area contact, will ask you to identify a PSC contact person for your organization.
3. This person should be at the management level and work in the program integrity area. Regardless of whether documentation is "owned" by medical review, benefit integrity, or another area, this person will need to compile all necessary information. Provide contact information directly to your RO program integrity representative.

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4. The RO will relay this information to CSC and the HCFA Government Task Leader (GTL) in the Denver RO. At this time, the GTL, or the Co-GTL, will discuss the CCPR workflow requirements as well as the nature of your workload with RO. This will enable RO and the GTL to be aware of the necessary coordination that will take place.

5. The GTL will initiate coordination with this individual with regards to the CCPR workflow process, necessary timelines, nature of documentation and information needed, and inform you when the PSC plans to contact you for the first CCPR that requires your coordination.

6. CSC will then contact this individual directly to request documentation and other information required in an investigation of potential fraud.

7. For any CCPR that requires your coordination subsequent to the first CCPR, CSC will contact the individual identified through Steps 2 and 3 above directly, Step 6, and simultaneously notify the GTL. If this information changes, please notify RO and the GTL immediately.

CSC will need documents and other information in order to complete the CCPRs. Information needed to conduct these reviews is described as follows. First, if the provider is *currently* under prepayment or postpayment review within your jurisdiction, provide a copy of the case/review summary citing specific reasons and criteria for the review and a copy of the case activity log. If the provider is currently not under review, the PSC will inform you exactly what information is needed. Examples of information that CSC will need include the following (this is not intended to be an all-inclusive list):

- o Copies of the provider's application for enrollment;
- o All correspondence issued to or received from the provider;
- o Copies of any education and training received by the provider or associated staff;
- o Identification of all overpayments assessed and all overpayments recouped;
- o The criteria and results of all pre-payment or post-payment reviews to which the provider was subjected; and
- o Any other documents as necessary for the specific CCPR.

CSC will review the information collected above and determine whether to cancel the CCPR, or use the material to continue the CCPR in accordance with the requirements of the task order statement of work.

No data or reports are required from the standard system. The information needed should be a part of the normal medical review, benefit integrity work, or the typical information maintained by a contractor with reference to individual providers. The information needs to be provided to the PSC within 15 working days. If there is a problem supplying the information, or a delay in providing it, immediately contact the GTL or Co-GTL. If necessary, the GTL or Co-GTL will resolve issues with your contract manager.

CCPR Referrals from the PSC

After completing the CCPR, the PSC may refer the material to the Department of Health and Human Services, OIG, for civil or criminal investigation, or Civil Monetary Penalties (CMPs), where appropriate. In other instances, the PSC may refer the material and findings to you for collection of an overpayment, pursuit and implementation of a payment suspension, or other administrative action. The information CSC provides will enable you to comply with your internal and HCFA-

mandated procedures for handling the corrective actions. CSC may also refer the material to the appropriate HCFA office as a recommendation to issue a fraud alert, or assessment of CMPs not delegated to OIG. The PSC will notify the provider, as appropriate, of CCPR findings. You are responsible for initiating and coordinating appropriate follow-up actions, such as overpayment assessment or adjustments and/or possibly making revisions to prepayment edits. In all cases, the PSC will be available to provide information and clarification support regarding the findings of the review, including medical decisions reached by the PSC medical director. You should not open an independent review for the reasons cited in the CCPR. The GTL and Co-GTL approval of the referral to you constitutes HCFA's decision that the review and findings are valid according to the information examined and method of review.

Non-CCPR Referrals

The PSC may also convey preliminary findings from data analysis to you in the form of fraud or medical review referrals. HCFA considers these valuable referrals and encourages you to regard them carefully in order to determine whether to open a fraud case or a medical review. These referrals should be considered in your current prioritization process, which may replace pre-scheduled work. Workload associated with these referrals alone should not constitute a reason for supplemental budget requests. The PSC will include a tracking worksheet for all referrals. This package will also contain contact information for the GTL and Co-GTL. You are responsible for completing the tracking worksheet in conjunction with your work to develop the case, or to signify that a case will not be opened. At the time that you initiate corrective action, close the case, or decline to open it, send the completed worksheet to the GTL and Co-GTL. The PSC may also periodically, as often as monthly, contact you for a status report in order to comply with its reporting requirements to HCFA. Coordinate this sharing of information with consideration to the confidentiality of your review.

Due to the confidential nature of CCPRs and your own reviews, do not disclose any information about the CCPRs or your communications with the Y2K PSC at any time to any individual without a demonstrated need to know basis. This will not affect your requirements to notify providers subject to review as appropriate.

The *effective date* for this Program Memorandum is October 2, 2000.

The *implementation date* for this PM is October 6, 2000.

These instructions should be implemented within your current operating budget.

This PM may be discarded after October 2, 2001.

If you have any questions, contact Deb Lewis at (303) 844-2124 or Michelle Lombardo at (410) 786-5658.

Attachment

Program Safeguard Contractor (PSC) Umbrella Statement of Work
Section 7.D.4., May 1999

4. *Postpayment Claim Review*

The PSC may choose to review claims on a postpayment basis as an administrative action consistent with a variety of reasons (see Section 7.A.6.b, Postpayment Claims Review). The PSC may also conduct a Coordinated Comprehensive Provider Review (CCPR).

A CCPR is a thorough analysis of processed claims and all pertinent data (such as medical records, beneficiary payment history), for a specific provider, for a specified time period. The review may be targeted to particular types of services and/or beneficiary characteristics. The PSC will perform a CCPR when it suspects a provider of fraud or abuse, or there is a high probability of assessing an overpayment.

This method of review assists the PSC in substantiating a potentially fraudulent situation or determining if an overpayment exists. The decision to perform a CCPR may be the result of, but is not limited to, data analysis, input from the SAC, and fraud alerts.

The PSC will conduct CCPRs as a coordinated effort among all of its components. It will also, when necessary, include external components (e.g., AC(s), state survey agencies, state Medicaid agencies). Prior to conducting the CCPR, the PSC will inform all internal components of the provider to be reviewed. The PSC will determine what issues need to be addressed or investigated and which components (internal and external) will participate in the review. Team reviews are encouraged whenever possible.

The PSC will conduct onsite visits as part of CCPRs whenever possible, taking into consideration the potential extent of fraud or overpayment and what is reasonable within the PSC's budget. If an onsite review is to be conducted, the PSC may, when appropriate, notify the provider in writing of the visit. If the provider is notified, the PSC will maintain documentation of that notification and the provider's receipt of the notification. This can be accomplished, for instance, by use of registered mail. However, the PSC may also conduct unannounced visits when it deems necessary.

Once the PSC begins a CCPR, it will perform the activities timely and notify the provider upon completion of the review. CCPRs will be completed within 12 to 15 months of the date the provider was selected for review.