

Ohio Department of Medicaid
**ANNUAL FRAUD & ABUSE REPORT FOR
MANAGED CARE AND MYCARE OHIO MANAGED CARE ORGANIZATIONS**

GENERAL INFORMATION

All Managed Care Plans (MCP) and MyCare Ohio Plans (MCOP) must complete the Annual Managed Care Fraud and Abuse Report pursuant to Ohio Administrative Code rule 5160-26-06(A)(2) and 5160-58-01.1(A)(3), and the MCP and MCOP Provider Agreements (*Appendix I: Program Integrity*). The annual report summarizes Managed Care Organization (MCO) fraud and abuse activities for the previous year and identifies any proposed changes to the fraud and abuse program for the coming year. The deadline for submission of the Report is March 4, 2020.

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| PART A: IDENTIFICATION | | |
| MCO Name | MCO Provider Number | Calendar Year Reporting |
| Individual's Name Completing Report | | Date Report Completed |
| PART B: PREVENTION ACTIONS | | |
| 1. What activities did your MCO implement to prevent fraud and abuse this year? | | |
| 2. Does your MCO have a Fraud and Abuse Plan that includes policies related to fraud and abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| a. Were policies and procedures related to fraud and abuse reviewed during the prior calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b. What controls are in place to ensure the Fraud and Abuse Plan is implemented and monitored during the year? | | |
| c. Provide the Fraud and Abuse Plan. | | |
| 3. Does your MCO have an Ohio specific Fraud, Waste and Abuse Plan that includes a risk-based assessment, designated staff responsible for administering the plan, clear goals and/or objectives, key dates for achieving identified outcomes, and an explanation of how your MCO will determine the effectiveness of the plan? <input type="checkbox"/> Yes (<i>explain below</i>) <input type="checkbox"/> No | | |

a. Does the Ohio specific Fraud, Waste and Abuse Plan include an Ohio specific risk analysis and plan to address the identified risks? Yes No

- i. Provide the schedule for addressing each risk.
- ii. Provide information as to how each risk will be addressed.
- iii. Provide the schedule as to when each risk will be addressed.
- iv. Provide the Ohio specific Fraud, Waste and Abuse Plan.

b. Were the goals and identified outcomes documented in the Fraud, Waste and Abuse Plan accomplished? Yes No

- i. Provide a list of goals and how those goals were accomplished.
- ii. Provide dates that indicate when each goal was accomplished.

c. Did your MCO conduct field audits and unannounced site visits? Yes No

- i. How many field audits were accomplished?
- ii. Were the field audits announced or unannounced?
- iii. How many field visits were unannounced?
- iv. Did any of the field audits identify providers who did not bill correctly for Medicaid services?
If so, what did the MCO do in response to the audit finding?
Was there a referral made to ODM as a result?

4. Did your MCO amend its Compliance Plan this year? Yes No

a. Are periodic reviews of compliance activities performed under the Plan? Yes No

b. How is effectiveness and weakness in your Compliance Plan measured?

c. Provide the Compliance Plan.

5. Does the Fraud and Abuse Plan, Ohio specific Fraud, Waste and Abuse Plan, or Compliance Plan address safeguards against fraud, waste and abuse in the following areas?

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| Embezzlement and theft | <input type="checkbox"/> Yes <input type="checkbox"/> No | Durable Medical Equipment | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transportation | <input type="checkbox"/> Yes <input type="checkbox"/> No | Under and overbilling of services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pharmacies and Drug Diversion | <input type="checkbox"/> Yes <input type="checkbox"/> No | Targeted Case Management | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home and Community Based Services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dental | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Counseling Services | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hospice | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavioral Health | <input type="checkbox"/> Yes <input type="checkbox"/> No | Contract Procurement Fraud | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physicians | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hospitals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Underutilization | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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| If not, how are safeguards against fraud and abuse addressed in those areas? | |
| 6. Describe your MCO's process for monitoring utilization of services. | |
| i. Were any services underutilized by your MCO's members? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. What services were underutilized by your MCO's members? | |
| iii. What was done to address the underutilization of services? | |
| iv. Was a review of prior authorization procedures completed this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Provide the conclusions of your annual prior authorization review. | |
| vi. Were any procedures found which may have unreasonably limited a member's access to Medicaid-covered services? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) , what was done to address the limitation of access to covered services? | |
| vii. Did your MCO complete an annual review of the procedure's providers must follow when appealing an MCO's denial of a prior authorization request? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) , indicate the date reviewed. | |
| viii. Was anything modified to address the results of the review of procedures that providers follow when appealing an MCO's denial of prior authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes) , what was modified and what is the expected result? | |
| ix. Were any providers overbilling for their services? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| x. How many providers were detected for overbilling? | |
| xi. What action(s) were taken as a result of the overbilling? | |
| 7. Does your MCO require providers to adjust or otherwise recover erroneous provider payments? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| What was the total amount recovered? | |
| What is the total amount of erroneous payments that your MCO identified? | |
| What is the total amount of erroneous payments recovered? | |
| How much was recovered from audits and reviews? | |
| How much was recovered from MFCU cases? | |
| Were there other recoveries? <input type="checkbox"/> Yes <input type="checkbox"/> No What were they from and how much was recovered? | |

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| PART C: REFERRALS, REVIEWS AND RECOVERIES | | | | | |
| 1. Confirm how many investigations, reviews and audits were opened during the year? | | | | | |
| How many referrals came from internal data mining? | | | | | |
| How many referrals came from outside referrals or tips? | | | | | |
| a. How many resulted in a referral to the ODM? | | | | | |
| i. For Fraud For Abuse | | | | | |
| b. How many desk audits/limited reviews were completed? | | | | | |
| c. How many on-site audits/reviews were completed? | | | | | |
| d. How many reviews or audits were identified for further investigation? | | | | | |
| i. For Fraud For Abuse | | | | | |
| 2. Confirm how many fraud, waste and abuse allegations were received by your MCO ? | | | | | |
| a. How many allegations were received via a fraud hotline? | | | | | |
| b. How were allegations received if they were not made via the fraud hotline? | | | | | |
| c. How many investigations did you open based on your own MCO's data mining? | | | | | |
| d. Were there any other sources that your MCO used to identify fraud, waste and abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| What were they? | | | | | |
| How many investigations were opened as a result? | | | | | |
| 3. Has your MCO received any recoveries from cases referred to the Ohio Department of Medicaid and the Medicaid Fraud Control Unit of the Ohio Attorney General's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes), please list each recovery by provider name, Medicaid ID, NPI, court ordered amount, amount recovered, and date recovered. | | | | | |
| Provider Name | Medicaid ID | NPI | Court-ordered Amount | Amount Recovered | Date Recovered |
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| 4. If you track this activity, what is the dollar amount of the costs avoided by your MCO for fraud, waste and abuse, if any? Please provide a breakout by activity type (i.e., pre-payment reviews, claims edits, prior authorization, etc.). | | | | | |

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| PART D: PROVIDER TERMINATIONS | | | | | |
| 1. How many providers were terminated from your MCO's provider panel after an internal investigation by your for alleged fraud and/or abuse? | | | | | |
| a. How many providers terminated after investigation for alleged fraud and/or abuse were home health or waiver providers? | | | | | |
| 2. How does your MCO define "for cause" or involuntary termination of a provider? | | | | | |
| 3. Were all the providers referenced in your response to question one terminated for cause? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| a. What is the percentage of providers terminated for cause? | | | | | |
| b. What is the percentage of providers terminated not for cause? | | | | | |
| 4. Were any of the provider "for cause" terminations due to quality of their services or related reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| a. Provide the number of provider terminations due to quality issues? | | | | | |
| b. Provide the percentage of provider terminations due to quality issues versus all provider terminations. | | | | | |

5. How many providers had terminations for cause due to compliance issues other than FWA?
6. Do these numbers include the providers first terminated by ODM and communicated to the MCOs?
 Yes No

PART E: EDUCATION, MEETINGS AND TRAINING

1. Did your MCO establish and make available to all employees, including management, the following written policies regarding false claims recoveries: Yes No
- a. Detailed information about the federal False Claims Act and other state and federal laws related to the prevention and detection of fraud, waste and abuse, including administrative remedies for false claims and statements, as well as civil or criminal penalties. Yes No
- b. The MCO's policies and procedures for detecting fraud, waste and abuse. Yes No
- c. The laws governing the rights of employees to be protected as whistleblowers. Yes No
2. Does your employee's handbook include written policies about false claims recovery? Yes No
3. Did your MCO establish and disseminate written policies for any contractors and agents that provide detailed information about the federal False Claims Act and other state and federal laws related to the prevention and detection of fraud, waste and abuse, including administrative remedies for false claims and statements, as well as, civil or criminal penalties; laws governing the rights of employees to be protected as whistleblowers; and the MCO's policies and procedures for detecting and preventing fraud, waste and abuse? Yes No
4. Was your MCO in attendance at all Managed Care Program Integrity Group (MCPIG) meetings?
 Yes No (If no), provide an explanation.
- a. Was the training provided at the MCPIG useful? Yes No
- b. Provide any suggestions for topics or discussions at the MCPIG:

PART F: OTHER NOTABLE AND FUTURE ACTIVITIES

1. What notable activities did your MCO do to address fraud and abuse (i.e., home health task force initiated, speaker at a fraud conference, etc.)?
2. Are there any future or proposed changes your MCO will undertake in the coming calendar year regarding fraud and abuse activities? Yes No

PART G: ATTESTATION

This form must be signed by the MCP's/MCOP's Chief Executive Officer (CEO), Chief Financial Officer (CFO), or an individual who has delegated signature authority to sign for, and who reports directly to, the MCP's/MCOP's CEO or CFO.

I, the undersigned, do hereby attest below, based on the best of my knowledge, information and belief that the information contained in this Annual Managed Care Fraud and Abuse Report is accurate and complete.

Signature of CEO, CFO or Delegated Authority

Signer's Name **Date Signed**

BPI staff is available to provide technical assistance and discuss individual cases of concern. The BPI also reserves the right to audit MCP/MCOP records related to your fraud and abuse program. Please direct any inquiries and/or requests to Ohio Department of Medicaid Bureau of Program Integrity, Program Integrity Liaison.