



New Hampshire Department of Health and Human Services

*To join communities and families in providing opportunities
for citizens to achieve health and independence*



Office of Improvement & Integrity (OII)



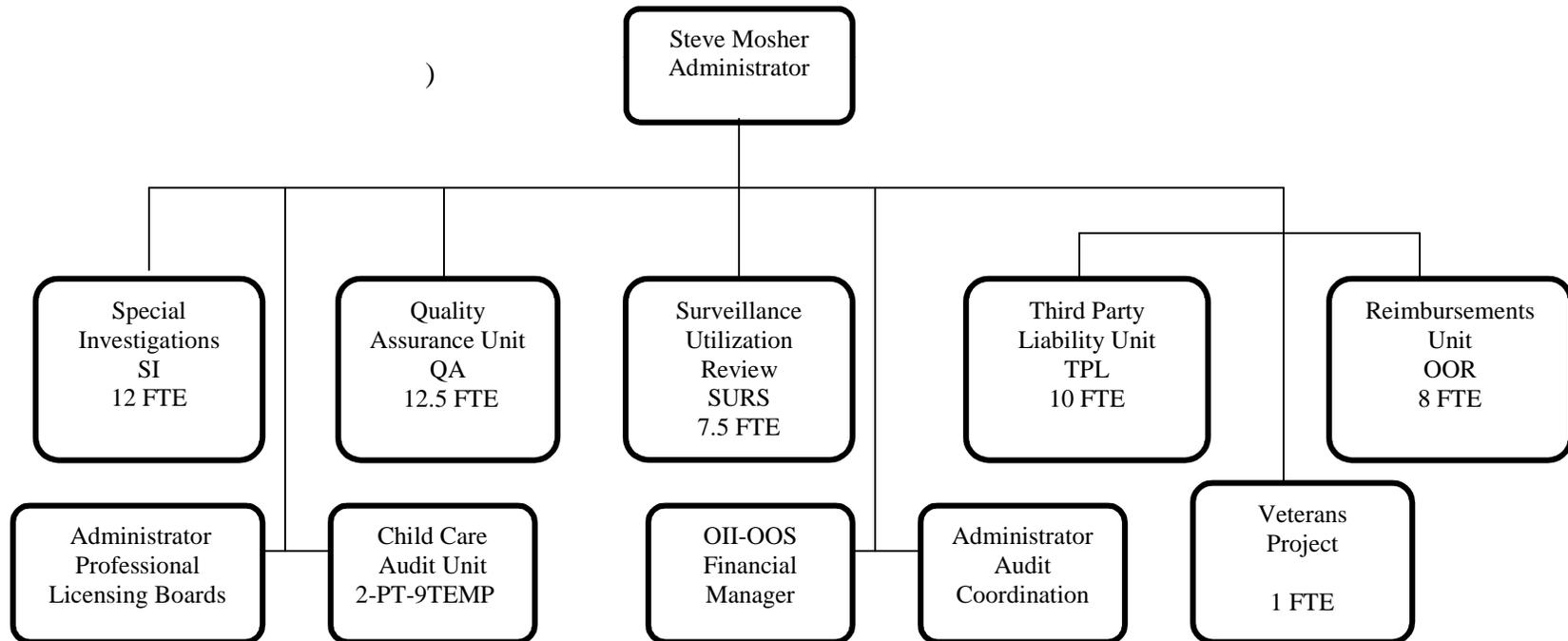
OII

Mission Statement

To monitor and safeguard the financial integrity of public assistance programs against fraud, abuse and waste.



OII





OII

- **Surveillance and Utilization Review Unit (SURS)**
Audits and recovers identified overpayments from Medicaid providers, performs Utilization Reviews, and administers the Agency's Pharmacy Lock In Program
- **Third Party Liability Unit (TPL)**
Ensures the Medicaid program is the payer of last resort by identifying and holding accountable legally liable third parties for medical services.
- **Reimbursement Unit (OOR)**
Collection of fees charged for services at the facilities operated by DHHS (New Hampshire Hospital, Glenciff Home, Secure Psychiatric Unit (SPU), Transitional Housing, and Multiple Offender Program
- **Quality Assurance Unit (QA)**
Conducts federally mandated quality control case reviews of active and negative cases for both the Food Stamp and Medicaid programs.
- **Special Investigations Unit (SI)**
Pursues, prosecutes and seeks recovery of funds paid through fraud and abuse to recipients in the public assistance program administered by DHHS.
- **Child Care Audit Unit (CCA)**
Performs audits of childcare providers and clients to monitor integrity of child care payments and assists SI in preparing child care cases for prosecution



OII Personnel and Administrative Profile

- Number of staff Full-time-53, Part-time- 9
- Fraud and abuse is when a person(s) knowingly cheats or is dishonest. The dishonesty results in a benefit such as payment or coverage for benefits, which the person(s) would not have received, had the fraud or abuse not been committed.



Enabling Legislation

Public Law

SURS-Federal requirements 42 CFR Part 433 and 42 CFR Part 455, Program Integrity: Medicaid (specifically 455.1)

TPL-Federal Regulation 42 CFR 433.138 and 42 CFR 433.139

QA-Federal Food Stamp Act of 1977, 7U.S.C. 202 (c) and USDA Code of Federal Regulations at 7CFR275.10 and Medicaid Social Security Act, 42 U.S.C. 1396b. SEC. 1903 (u)(1)(A), and CMS regulations at 42 CFR sections 431.810 through 431.865.

SI-Federal Regulation 7 CFR 273.16 and 7 CFR 273.18.

RSA

TPL-RSA 167:4-b and 167:14-a

SI-RSA 161:2,XV; RSA 167:17-b; RSA 167:58,IV

OOR-RSA 126-A:33

CCA-RSA 126A:4 IV.



Target Population Served

NOT APPLICABLE



Service Delivery

- Audits, reviews, and investigations are conducted by OII staff
- Medicaid cases rising to the level of fraud are referred to the Attorney General, Medicaid Fraud & Control Unit
- SURS contracts for audits on inpatient hospital claims
- Under the federal Accountable Care Act, SURS will be contracting with a Recovery Audit Contractor (RAC) working on contingency



Actual Outcomes

Cost Avoidance

Identify clients and billings that are inappropriate prior to services being delivered or payment being made

Recovery

Identify, through retrospective audits, amounts paid in error and recover funds inappropriately paid

Cost Avoidance is primary since most clients have no ability to repay the State and avoiding incorrect payments reduces cost for both OII and the provider



Major Initiatives

- SURS-
 1. Improve focus of audits to areas of likely problems abuse with new SURS reporting system.
 2. Develop program to train new providers and new procedures/programs.
 3. Implement Recovery Audit Contractor as mandated by Affordable Care Act
- SI-Expand the front end fraud detection (FRED) program statewide for early identification of cases of fraud and abuse.
- TPL
 1. Create ability to electronically cross-match Medicaid files to insurer files with MMIS
 2. Implement VA-Paris project to assist veterans on Medicaid in getting VA benefits
 3. Expand pharmacy co-pay project to encourage Medicaid clients to use mail order
- OOR-Change processes for collecting delinquent amounts from multiple offender program and redirect resources to estate recovery efforts
- QA-Expand Medicaid reviews. Last year's Nursing Home project (Real Property) identified 24 cases for a total of \$3,575.678 potentially recoverable assets



Costs & Recoupments

		SFY08	SFY09	SFY10
	Total Oil Cost	\$3,556,692	\$3,864,057	\$4,587,095
	Recoveries			
	SURS	\$3,160,602	\$3,700,877	\$3,349,648
	TPL	\$2,537,633	\$2,905,327	\$3,325,022
	SI	\$702,009	\$697,275	\$902,905
	CCA	n/a	\$148,784	\$193,224
	Total Recoveries	\$6,400,244	\$7,452,263	\$7,770,799
	Cost Avoids			
	TPL	\$5,373,373	\$7,117,809	\$11,279,241



Challenges

- Most clients and providers are honest. Challenges for OII and them are:
 - Complexity of eligibility determination and billing processes
 - Aging technology with limited ability for front end edits

For clients and providers who intend to commit fraud or abuse the challenges are:

- High caseloads allow for limited time to thoroughly review applications
- Complex regulation and increasing sophistication of applicants and providers lead to potential for abuse



Contact Information

- Office of Improvement & Integrity Administrator-Brown Building 271-0967
- SURS-Surveillance Utilization & Review-Thayer Building 271-8029
- TPL-Third Party Liability-Thayer Building 271-0863
- OOR-Office of Reimbursements-Thayer Building 271-6117
- SI-Special Investigations-Brown Building 271-4441
- QA-Quality Assurance Unit-Brown Building 271-4253