

AHCA AMERICAN HEALTHCARE ASSOCIATION **FLORIDA MEDICAID**

Medicaid Provider Compliance Program & Provider Self Audits



Fraud Prevention and Compliance Unit

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Contact information:

- Questions may be emailed to: Kelly Bennett, at: Kelly.Bennett@ahca.myflorida.com
- Other training about compliance available:
 - http://ahca.myflorida.com/Medicaid/deputy_secretary/recent_presentations/index.shtml
 - <http://ahca.myflorida.com/Medicaid/alerts/alerts.shtml>

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Fraud, Abuse, and Overpayment

- “Fraud” is an intentional deception or misrepresentation that includes any act that constitutes fraud under applicable federal or state laws.
- “Abuse” is any practice that is inconsistent with generally accepted practices (both clinically and from a business standpoint) which results in unnecessary costs to the Medicaid program.
- “Overpayment” is any amount that is not authorized to be paid by the Medicaid program regardless of whether it was paid as a result of a mistake or simple error, as well as fraud or abuse, or any unacceptable practices.

Florida Statutes definitions (found at s. 409.913(1), Florida Statutes)

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Resolving Overpayments

- A provider can **void** or **adjust** a claim in the Florida Medicaid Management Information System (FMMIS).
- An **adjustment** is needed if the correction to the payment would result in a **partial refund** or the claim was underpaid. Only paid claims can be adjusted.
- A **void** is needed if the correction to the payment would result in a **complete refund** of the Medicaid payment to the fiscal agent.
- Instructions for how to void and adjust claims are included in the **Florida Medicaid Provider Reimbursement Handbook, CMS-1500** and in the **Florida Medicaid Provider Reimbursement Handbook, UB-04**.

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Tips to Minimize Non-Compliance

- Understand Medicaid policy and bill for Medicaid reimbursement according to policy.
- Void improper claims where that is reasonably practical.
- Conduct self audits on a routine basis.
- If you are under investigation DO NOT take action to void claims or submit a self audit.

What is a Self Audit?

- Audit of the provider's claims to Medicaid **for a specified period of time** performed by the provider.
- Audit should be a **detailed** evaluation of the provider's claims to Medicaid.
- It may be **focused** on particular issues or **comprehensive**.

Why Conduct a Self Audit?

- Medicaid provider has more control over the parameters of the audit.
- Less expenses for the provider who conducts a self audit.
- If accepted and overpayment repaid, no sanctions.