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Medicaid Provider Compliance Program & Provider Self Audits

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Fraud Prevention and Compliance Unit

Presentation updated April 2011

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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

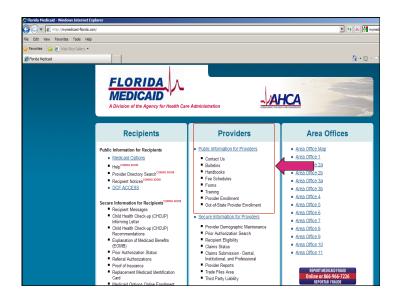
- "Fraud" is an intentional deception or misrepresentation that includes any act that constitutes fraud under applicable federal or state laws.
- "Abuse" is any practice that is inconsistent with generally accepted practices (both clinically and from a business standpoint) which results in unnecessary 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)

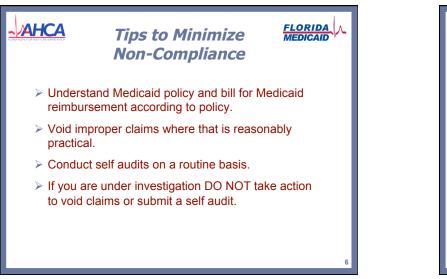
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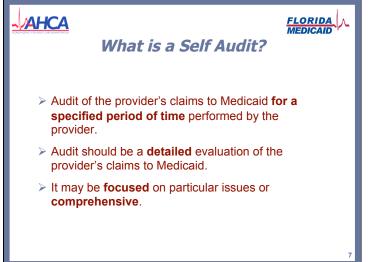
Resolving Overpayments

- A provider can <u>void</u> or <u>adjust</u> 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.











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.