Medicaid Provider Compliance Program & Provider Self Audits

Fraud Prevention and Compliance Unit

Presentation updated April 2011

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)

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.

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/alerts/alerts.shtml
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.