# MEDICAID PROGRAM INTEGRITY MANUAL CHAPTER 12 – EDUCATION, TRAINING & TECHNICAL ASSISTANCE Table of Contents (Rev. 1, Issued: 09-23-11)

**Transmittals for Chapter 12** 

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## **12000 – Medicaid Integrity Institute (MII)**

(Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

#### 12000.1 – BACKGROUND

#### (Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

In September 2007, the MIG established the MII, the first national Medicaid program integrity training program. The MII was created through a partnership with the DOJ Office of Legal Education. The MII provides a unique opportunity for the CMS to offer substantive training, technical assistance, and support to the States in a structured learning environment.

#### 12000.2 - MISSION

(Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

The mission of the MII is to provide effective training tailored to meet the ongoing needs of State Medicaid program integrity employees, with the goal of raising national program integrity performance standards and professionalism. By embracing and utilizing sound learning methodology and instructional design, coupled with progressive technology, the MII training staff endeavors to provide outstanding professional education.

#### 12000.3 - OPERATING STATEMENT

#### (Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

The MII focuses on developing a comprehensive program of study addressing aspects of Medicaid program integrity including fraud investigation, data mining and analysis, and case development. Instructors at the MII include State Medicaid program administrators and subject matter experts, Federal and State law enforcement officers, private consultants and academia. Training at the MII is provided at no cost to the States. The training needs of State employees from the Medicaid program integrity units will be primarily addressed; however, employees from other Medicaid components may also be able to participate depending on the course objectives. At this time, only State employees are eligible to attend MII training programs. The MII intends to obtain certifications and accreditation for its programs.

**12000.4 – MII** WEBSITE (*Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11*)

## 12005 - Technical Assistance to States

(Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

## 12005.1 – Technical Assistance

(Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

Since the inception of the MIG, staff has received requests for technical assistance from CMS ROs, the States, and from other internal and external stakeholders. The MIG tracks the requests and ensure that the requests are directed to the proper entity for response. A "request for technical assistance" (TA) is any communication requesting an opinion or official response, regardless of the format (e.g., telephone, letter, facsimile, or email), regarding the detection and prevention of Medicaid fraud, waste, or abuse. The MIG may receive requests for TA from sources within and outside of the CMS. These sources include, but are not limited to:

# **12005.2 – Request for CMS Technical Assistance**

(Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

- MIG Staff;
- CMS Administration;
- Other CMS Staff;
- MIG contractors; and
- CMS contractors.
- Federal Agency staff;
- Federal Elected Officials;
- State or local Elected Officials;
- State Medicaid Agency staff;
- State Program Integrity directors;
- Other State Agency staff, for example, from agencies that administer public; health or professional licensing programs;
- Law enforcement;
- Media;
- Recipients of Medicaid services; and
- General Public.

# **12010 – FRAUD REFERRALS**

(Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

The MIG staff sometimes receives complaints of alleged provider and recipient fraud, waste and abuse. Because the MIG is not a law enforcement entity, the MIG must have a procedure for referral of complaints to the proper law enforcement entity at the State or Federal level. A "complaint" is a communication, regardless of the format (e.g., telephone, letter, facsimile, email, or electronically via *RightNow*), regarding suspected Medicaid fraud, waste, or abuse.

Matters within MIG authority include suspected fraud, waste, or abuse alleged to have been committed by a Medicaid enrolled provider, Medicaid managed care organization, or waiver program contractor, or their employees, agents or subcontractors. Matters outside MIG authority include suspected fraud, waste, or abuse alleged to have been committed by a Medicaid recipient and patient abuse and neglect. Other communications to CMS regarding provider or recipient behavior may appear to be complaints as defined here, but do not allege fraud, waste, or abuse, and so are not within the MIG's authority. These types of complaints will be forwarded to the appropriate State Agency.

## 12010.1 – FRAUD REFERRALS SOURCES

(Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

- MIG staff;
- CMS Administration;
- Other CMS staff;
- MIG contractors; and
- CMS contractors.
- Federal Agency staff;
- Federal Elected Officials;
- State or local Elected Officials;
- State Medicaid Agency staff;
- Other State Agency staff, for example, from agencies that administer public; health or professional licensing programs;
- Law enforcement;
- Media;
- Beneficiaries of Medicaid services;
- General Public; and
- OIG Hotline.

## 12015 - State Training outside of the MII

(Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

In an effort to support the MIG goal to provide support and assistance to States in order to enhance program integrity efforts, the MIG has established conferences that increase best practices, knowledge, and understanding of medical coding issues as practiced by the

American Academy of Professional Coders (AAPC). Specifically, these conferences address the areas as it relates to Certified Professional Coder (CPC)/Current Procedure Terminology (CPT), medical record auditing, evaluation and management, outpatient, inpatient and DRG services, and interviewing techniques.

#### **12020 – EDUCATION MICS**

#### (Rev. 1, Issued: 09-23-11, Effective: 09-23-11, Implementation: 09-23-11)

The MIG has contracted with an education contractor which is working with a wide variety of stakeholders to enhance awareness of Medicaid fraud, waste and abuse among providers, clients, managed care organizations and others. The contractor has undertaken a gap analysis to identify areas where increased information about fraud, waste, abuse and payment integrity issues is lacking. Working with the MIG, it has identified 14 priority areas to be addressed with new outreach and training materials. In developing materials on the priority areas, the contractor will draw on the expertise of stakeholders from State Medicaid agencies, law enforcement agencies, provider and advocacy organizations and other relevant groups.

Questions about the work of the Education contractor may be directed to: **medicaidprovidereducation@cms.hhs.gov.** 

# Transmittals Issued for this Chapter

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<u>R1MPI</u>	09/23/2011	Initial Publication of Manual		09/23/2011	NA
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