

Title: Identify, Adjudicate and Report Cost Avoidance Regarding Beneficiary Eligibility Reviews

Issuance Date: June 11, 2024

(Must be reviewed annually)

Applicable Regulations, Guidelines, and AHS Policy:

Federal statute or rule:

U.S. Code; Title 42:

- Section 1396a(a)(64) - A State plan for medical assistance must provide, not later than 1 year after the date of the enactment of this paragraph, a mechanism to receive reports from beneficiaries and others and compile alleged instances of waste, fraud, and abuse related the operation of this title.
- Section 1320a-7k(c) - Administrative Remedy for Knowing Participation by a Beneficiary in a Health Care Fraud Scheme

U.S. Code Federal Regulations; Title 42:

- Section 435.403 - State residence
- Section 1007.11 - Duties and responsibilities of Unit

Vermont statute or rule:

- 33 V.S.A. § 141 - Fraud
- 33 V.S.A. § 143 - General Penalty

Purpose:

The purpose of this procedure is to define the process that is used by DVHA SIU to identify eligibility and enrollment fraud, waste and abuse by individuals receiving benefits enrolled in the Vermont Medicaid Program and healthcare program, including Qualified Health Plans. Additionally, to define the process used by auditors evaluating the quarterly Public Assistance Reporting Information System (PARIS) report.

Procedure:

Beneficiary Fraud, Waste or Abuse Investigations

When a healthcare fraud, waste or abuse referral is received by DVHA's third party customer service provider via phone, fax, email, or other means, it is forwarded to the Healthcare Eligibility and Enrollment Unit (HAEEU). The HAEEU team validates the referral information and collects additional documentation to support the investigation. Once information has been collected and/or validated, the referral is then submitted to SIU for investigation.

When referrals come directly to the SIU, auditors work to validate that, according to system information, the beneficiary currently receives health care coverage in the State of Vermont. The auditor uses information from multiple sources to determine whether there may be fraud, waste, or abuse with a beneficiary's coverage, or if an individual is receiving coverage in Vermont but there is information which indicates the beneficiary, and possibly their household, live out of state. The auditor will utilize various investigative tools; including but not limited to,

- Telephone calls, and
- Mailing a letter to the last known beneficiary address to determine residency.

Termination of a beneficiary's eligibility may be made in the absence of direct contact if there is sufficient evidence that the beneficiary does not live in Vermont based on information from the various resources available to SIU.

If a fraud allegation is substantiated, the SIU will verify if the member has any other state assistance programs. If the member is a beneficiary of other state assistance programs, SIU will collaborate with DCF for mutual adjudication of the case.

HAEEU may be notified of the request to modify or terminate a member's benefits. Currently, the Medicaid Fraud and Residential Abuse Unit (MFRAU) does not accept fraud referrals for beneficiaries in relation to the beneficiary's status or enrollment in healthcare programs. However, MFRAU will review cases referred to their unit for possible referral to another investigative and prosecutorial agency. In addition, depending on the circumstances, the auditors in the SIU can also explore other law enforcement or legal avenues for case referral.

If any member is terminated as a result of a fraud, waste, abuse or PARIS case, the auditors of the SIU will document cost avoidance for the beneficiary and applicable household members.

Public Assistance Reporting Information System (PARIS) Termination

PARIS is a data matching service that compares residency information between States & Territories in the United States to check for multiple residency matches between two or more States. DVHA SIU receives a raw data file from the Centers for Medicare and Medicaid (CMS) every quarter that represent “hits” where Vermont beneficiaries appear to have recent residency information in another state.

This quarterly data file is then manually manipulated to

1. Remove duplicate hits that exist from closures on a previous PARIS log.
2. Add the beneficiary’s most recent address and phone number from ACCESS.
3. Populate the log with comments from any repeated match from the prior PARIS log if there was no closure.
4. Rank the beneficiaries on a scale of 1-4 (1 being the highest) based on ACO attribution status and whether the person is an individual or part of a household.
5. Split the file into two separate files assigned to two SIU staff who are responsible for working possible Medicaid terminations from the log based on residency requirements.

The process for working on the PARIS log to completion is generally achieved by phone calls and emails to each beneficiary row (or household) to inquire whether the person or family still reside in Vermont. If the person or household no longer reside in Vermont, a request is made to HAEEU to terminate their Medicaid benefits. If there is no response to the phone calls or emails sent by SIU staff, SIU will send a letter to the address on file or conduct research with more advanced tools to establish residency and eligibility.

Revision History:

Date	Summary of Revisions
11/13/2018	Originate SOP
4/2021	Updated information received from MFRAU
6/21/2021	OMU edits for font, spacing and adding manual as attachment.
10/20/21	DVHA Legal review
3/17/2022	OMU annual review. Updated to ADA template, changed PI to SIU. Added appointing authority.
4/13/2022	SIU update. OMU review, comments for content.
6/5/2024	Added PARIS-specific information, removed references to "BFIU", and grammar & wording changes.

Table 1 Revision History

Standard Operating Procedure