Program Integrity Updates

March 27 and 28, 2024

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Housekeeping

A few things to keep in mind

- Please use the Q & A section to put in questions and comments
- Both the slide show, recording and any Q&A will be saved to our education [webpage](#)
- If you think of questions after the update, please email the audit inbox at auditresponse@nd.gov
- No specific cases or situations will be addressed in the provider update
- Providers should be aware that we are making changes to our website which may impact links, etc.

Fraud, Waste & Abuse

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CMS FFY23 Improper Payments

The Centers for Medicare & Medicaid Services (CMS's) improper payments reporting programs are designed to protect the integrity of CMS programs, not all improper payments are fraud or abuse.

- **Improper payments** are payments that do not meet CMS program requirements. They can be overpayments or, underpayments, or payments where insufficient information was provided to determine whether a payment was proper. Most improper payments involve a situation when a state, contractor, or provider misses an administrative step.

- **Proper Payments** occur when there is sufficient documentation to support payment in accordance with the program payment requirements.

CMS FFY23 Improper Payments

CMS estimates Medicaid and CHIP improper payments using the Payment Error Rate Measurement (PERM) program. The PERM program uses a three-year, 17-state rotation, meaning each state is reviewed once every three years, and each cycle measurement includes one-third of all states. The most recent three cycles (for 2023, that is, 2023, 2022, and 2021) are combined to form each year's overall national rate.

- PERM ensures a statistically valid random sample representative of all Medicaid and CHIP payments matched with federal funds.

- Medicaid and CHIP improper payment data released by CMS are based on reviews of whether states are implementing their Medicaid program and CHIP in accordance with federal and state payment and eligibility policies.

- The national Medicaid and CHIP improper payment rates are based on reviews of the FFS, managed care, and eligibility components of a state's Medicaid and CHIP program in the year under review.

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CMS FFY23 Improper Payments

- The Medicaid improper payment rate (comprised of reviews in 2021, 2022 and 2023) was 8.58%, or $50.3 billion, a significant decrease from the 2022 reported rate of 15.62%.

  Of the 2023 Medicaid improper payments, 82% were the result of insufficient documentation. These payments typically involve situations where state or provider missed an administrative step and do not necessarily indicate fraud or abuse.

- The Children's Health Insurance Program (CHIP) improper payment rate (comprised of reviews in 2021, 2022, and 2023) was 12.81%, or $2.1 billion, a substantial decrease from the 2022 rate of 26.75%. Of the 2023 CHIP improper payments, 68% were the result of insufficient documentation, which is generally not indicative of fraud or abuse.

CMS FFY23 Improper Payments

CMS collaborates with states in many ways to share information and help to ensure they maintain the proper documentation to demonstrate that payments are being made correctly.

Medicaid Eligibility Quality Control (MEQC) Program

Under MEQC, states design and conduct pilots to evaluate the processes that determine an individual's eligibility for Medicaid and CHIP benefits. States have flexibility in designing pilots to focus on vulnerable or error-prone areas as identified by the PERM program and state. The MEQC program also reviews eligibility determinations that are not reviewed under the PERM program, such as denials and terminations.

Source: Fiscal Year 2023 Improper Payments Fact Sheet | CMS

Provider Enrollment

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Organization Contacts

- North Dakota Provider Enrollment captures contact information in the North Dakota MMIS web portal. Staff are able to include names for a variety of contact categories within your organization.
- If you would like to make an update to your provider profile with any names in your facility who would be the most appropriate person for these categories, please have your organization administrator send an email to NDMedicaidEnrollment@noridian.com or fax to 701-433-5956, Attention: ND Medicaid Provider Enrollment.

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Enrollment Forms

- SFN form updates – providers should use the most recent version of any state form. To locate the newest version of a form providers should follow these steps:

Go to the NDHHS home page:

[ND Health and Human Services | Health and Human Services North Dakota](#)

1. Go to the **For Providers ▾**
2. Select the **Medicaid Providers**
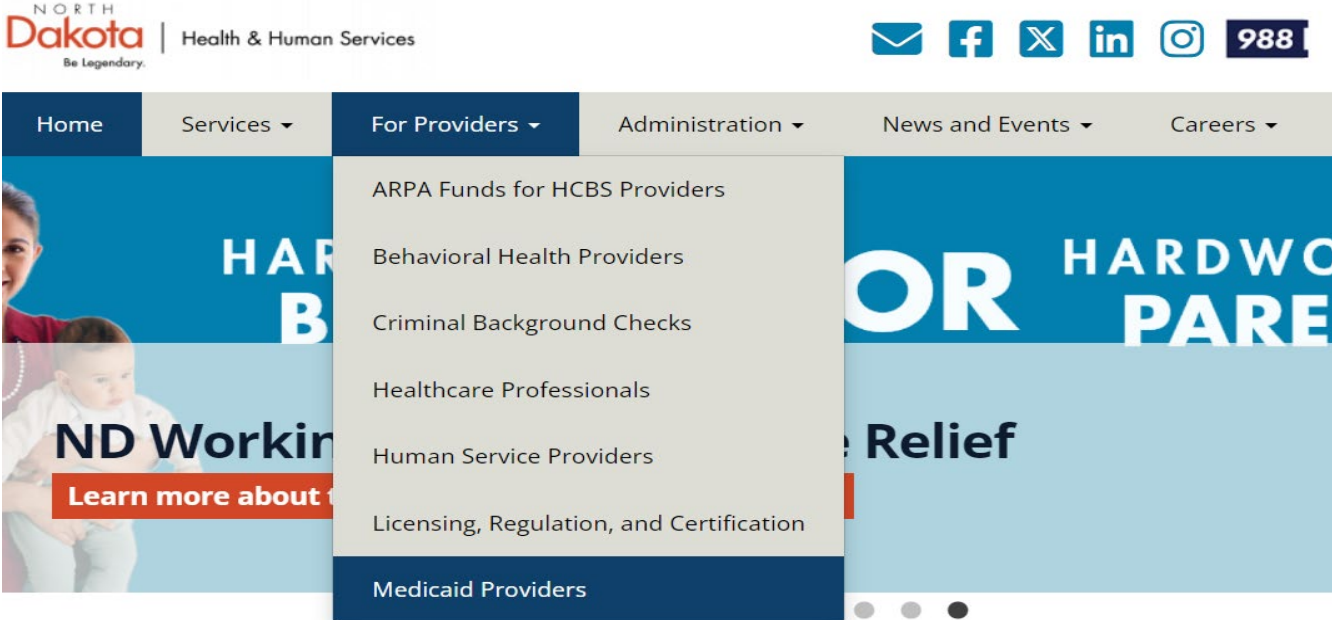
Enrollment Forms

3. You will get to this page

- Several forms have been recently updated:
SFN 9 - SFN 620 - SFN 1299 - SFN 1330 - SFN 1331 - SFN 661 - SFN 615

4. Scroll down and select State Forms

Additional Information and Resources

Call Center Closures	ND Health Enterprise MMIS Information
Checkwrite Dates	ND Medicaid Expansion
COVID-19 Program & Policy	Nursing Home Rates
Durable Medical Equipment Providers	Payment Error Rate Measurement (PERM)
Faces of Medicaid Initiative	Pharmacy Providers
Facility Cost Reporting	Publications
Health Tracks	Qualified Service Providers
Long Term Care Providers	Rates & Fee Schedules (including DME)
Medicaid 1915(i) Services	State Forms
Medicaid Data Dashboards	State Plan Amendments
Medicaid Medical Advisory Committee	

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Enrollment Forms

Follow these instructions to access fillable forms

Fillable Forms and Resources

- This site supports Fillable PDF forms and can be found by searching by the state form number (SFN), title or agency that owns the form.
- Definitions:
  - Internal Forms: Forms used by customers internal to North Dakota State Government.
  - Public Forms: Forms used by the general public or entities external to North Dakota State Government

Important: These forms **MUST** be downloaded to function properly (may contain automatic calculations, field validations, tab order, etc.). Using the PDF viewer within the browser disables this functionality.

Browser Download Instructions

Enrollment Forms

SFN forms submitted to Noridian should not be editable.

- For Windows, press **Ctrl + P** to open the Print dialog, then select "Microsoft Print to PDF" as the destination.
- For Mac, open the PDF in Google Chrome. Then print it, selecting "Save as PDF" for the destination.
- In Adobe Acrobat, you can use the Preflight feature to flatten form fields and transparencies.

Flattening a PDF prevents editing and making changes to fields.

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Change in Ownership

All changes in ownership (both direct and indirect ownership) are required to be reported within 35 days of the change. Providers enrolled in both Medicare and Medicaid must update ownership in both your Medicare and Medicaid records. Medicaid applications may be delayed until the Medicare record has been updated.

How to Report Change in Ownership

Submit:

- A statement of whether the business NPI and/or Tax ID has changed
- Old owner(s) first and last name(s) and termination date(s) (if applicable)
- New SFN 1168. Read instructions before completing.
- Effective date of change
- Name and contact information of person sending the request. Note: the reporting person must be listed in your record as an authorized representative, managing employee, board member, or owner.
- Please contact your organization administrator to ensure the reporting person appears in one of these categories in the web portal prior to submitting your request.
- If you need to add the reporting person to the record, please have the organization administrator add them as an authorized representative and submit an updated SFN 1168.

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Provider Audit

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General Information for Provider Guidelines, Manuals and Policies

January 2024 provider policy updates are online!

ND Medicaid is committed to having clear, easy-to-find provider guidance and policies. We just published January 2024 policy updates to the Provider Guidelines, Manuals and Policies webpage.
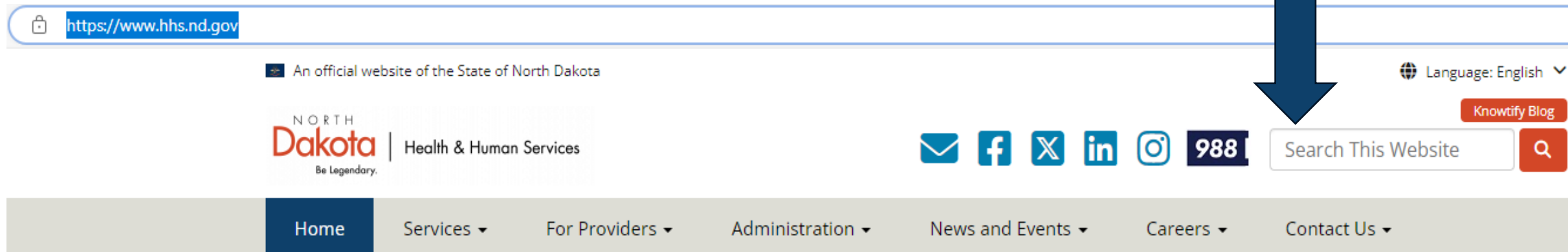
You'll notice this page has a brand-new look. Policies are now located in streamlined lists with topic headings. The General Information for Providers and Behavioral Health Services policy manuals have been broken apart into individually titled policies for your convenience.

The goal is to help you quickly find the policy you need by looking for the policy category and subject matter in our sorted and alphabetized lists.

Provider Guidelines, Manuals and Policies | Health and Human Services North Dakota

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General Information for Provider Guidelines, Manuals and Policies

- Providers should be aware of a format change to the traditional model of provider manuals.

- On the NDHHS homepage ND Health and Human Services | Health and Human Services North Dakota use the 'search this website' box to search for provider manuals.

General Information for Provider Guidelines, Manuals and Policies

Policies are listed in alphabetical order under categorical headings. Non-service and non-specialty policies are located under General Provider Policies.

The view on the page looks like this:

GENERAL PROVIDER POLICIES

- Codes Requiring Service Authorizations 📄
- Coordinated Services Program 📄
- Covered Services - Updated January 2024 📄
- Electronic Claims Submission - Dental Claims 📄
- Electronic Claims Submission - Medical Claims 📄
- Exemption for Submitting Electronic Claims - SFN 447
- Key Contacts 📄

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General Information for Provider Guidelines, Manuals and Policies

1. Covered Services - Updated January 2024	11. Occupational Therapy - Updated January 2024
2. Provider Information - Updated January 2024	12. Physical Therapy - Updated January 2024
3. Third Party Billers - Updated December 2023	13. Physician Administered Drugs - NEW January 2024
4. Timely Claims Filing - Updated December 2023	14. Preventive Services and Chronic Disease Management - Updated January 2024
5. Timely Claims Filing Override Request *NEW December 2023	15. School-Based Services - Updated January 2024
6. Substance Use Disorder Treatment and Housing Providers (December 2023)	16. Speech Language Services - Updated January 2024
7. Health Tracks Orthodontia Screening Policy - Updated January 2024	
8. Chiropractic Services Updated January 2024	
9. Immunizations (Vaccines/Toxoids) - Updated January 2024	
10. Non-Emergency Medical Transportation - Updated January 2024	

Medicaid Renewals - Stay Covered ND

Starting April 1, 2023, North Dakota will begin regular Medicaid renewals for people whose coverage was temporarily extended due to the COVID-19 public health emergency to make sure they still qualify.

Providers can go to https://www.hhs.nd.gov/staycoverednd for more information.

The state has 14 months to initiate and complete all renewals (April 2023 - May 2024). Member renewals will be spread over that timeframe, according to the month that their renewal is coming due.

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Provider Appeals

Providers have 30 days from the date of recovery letters to appeal the finding using the SFN00168. Appeals must include documentation to support the services were billed appropriately and that ND Medicaid policy was followed. Instances in which an appeal is not appropriate are as follows:

- Providers must explain the reason for the appeal and explain their stance as to why the services submitted were appropriate for reimbursement.
- The billed service requires a Service Authorization, and none is found. Service Authorizations cannot be done retroactively.
- Documentation supports a lesser or different CPT Code. Providers will need to submit a corrected claim after the original claim reimbursement is recovered.
- Resubmitting the same claim after a failed appeal is not allowed.
- Providers shall not bill the member for services denied on appeal.

Payment Error Rate Measurement (PERM) RY25

The RY25 PERM cycle has begun and includes claims data from July 1, 2023 through June 30, 2024. PERM was developed to comply with the Improper Payments Information Act (IPIA; Public Law 107-300) of 2002 which requires each federal agency to:

- Annually identify programs that may be susceptible to significant and improper payments.
- Estimate the amount of improper payments.
- Submit the estimated amounts to Congress.
- Submit a report on actions the agency is taking to reduce the improper payments.

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Payment Error Rate Measurement (PERM) RY25

Payment Error Rate Measurement (PERM) RY25

The Centers for Medicare & Medicaid Services (CMS), in partnership with the states, is measuring improper payments in Medicaid/CHIP under the Payment Error Rate Measurement (PERM)[1] program. Additional information about the PERM program is addressed on the CMS PERM website (www.cms.gov/PERM). Refer to the "Providers" link on the website.

4

Reason for Selection: A claim submitted by or on behalf of you/your organization has been randomly selected for review under this program. The review will be completed by CMS' Review Contractor (RC), Empower AI.

Action: Send a Copy of Original Documentation: Federal regulations require that you provide the medical record documentation to support claims for Medicaid/CHIP services upon request[2]. The following pages provide details of the claim or service(s) selected for review, the requested supporting documentation, and submission instructions. Please submit documentation as soon as possible, but no later than the due date provided below which is 75 days after the date of this initial request letter. A written response is required by the due date even if you are unable to locate the requested documents. Providing medical records for Medicaid/CHIP beneficiaries does not violate the Health Insurance Portability and Accountability Act (HIPAA). **Patient authorization is NOT required for the release of the requested documentation.** CMS and its contractors will remain in compliance with the Privacy Act and regulations. No reimbursement can be made for the cost of record reproduction or mailing.

5

When: [||MedrecDueDate||]
Please provide the requested documentation by [||MedrecDueDate||]. **A response is still required by [||MedrecDueDate||] even if you are unable to locate the requested information.**

6

Consequences: If you fail to deliver the requested documentation or contact us by [||MedrecDueDate||], your state agency may pursue recovery of payment for this claim from you.

Assistance: If you have questions, please contact our Customer Service Representatives at (800) 393-3068, Medical Records Manager Allison Keeley at PERMRC_ProviderInquiries@empower.ai, or your state PERM representative, _____, at _____ or _____. **Do NOT send records or patient information by email.**

7

Note: Selected providers could be contacted by the RC (via phone calls) throughout the PERM Audit: Initial Documentation Request, Additional Documentation Request (ADR), and No Response requests at the 30th, 45th, 60th, and 75th day, and final contact for cited errors.

_____

[1] 42 CFR §431.804; Social Security Act Section 2107(b)(1) [42 CFR §431.950 et seq]; 45 CFR parts 160 and 164
[2] 42 CFR §431.950

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Payment Error Rate Measurement (PERM) RY25

PERM is administered by the Department of Health & Human Services (HHS) by the Centers for Medicare & Medicaid Services (CMS) with guidance from various oversight bodies including the Office of Management and Budget (OMB), and the Office of the Inspector General (OIG).

Under PERM, reviews will be conducted in three areas: (1) fee for service claims (FFS); (2) managed care claims; and (3) program eligibility. The fee for service claims review component also includes a medical review.

The program uses a national contracting strategy to conduct the fee for service and managed care claims review components. This strategy utilizes the following contractors:

The Lewin Group - Statistical Contractor (SC)
Empower AI, Inc. – Review Contractor (RC)
Booz Allen Hamilton - Eligibility Review Contractor (ERC)

Current Audits

- Recipient analysis
- Allergy services
- DME providers
- Home health care
- Ambulance
- CPT codes related to emergent care
- Hospital acquired conditions
- Unbundling diagnostic test after discharge
- Nursing homes

Contact Information

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Program Integrity Team Contact Information Provider Enrollment

Jennifer Larson - Program Integrity Unit Administrator

Phone: (701) 328 – 1150

Email: larsonjennifer@nd.gov

Liza Hoffmann – Provider Enrollment Specialist

Phone: (701) 328 – 5420

Email: hoffmannliza@nd.gov

Have Questions? Or Need Help?

- Provider Enrollment Call Center Contact Noridian Healthcare Solutions

Email: NDMedicaidEnrollment@noridian.com

Phone: 701-2477-6999

Live support: 9 a.m. - 3 p.m. CT, Monday – Friday

** After hours voicemail is available

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Program Integrity Team Contact Information Fraud, Waste and Abuse

Denise Martino - Fraud Waste & Abuse Administrator

Phone: (701) 328 – 4011

Email: dmmartino@nd.gov

Stacey Koehly – FWA Analyst

Phone: (701) 328 – 8680

Email: skoehly@nd.gov

General fraud email
medicaidfraud@nd.gov

Phone number (701) 328-4024 OR (800) 755-2604 – select option 3 to report Medicaid fraud

Suspected fraud form (SFN 20) submission link
https://apps.nd.gov/itd/recmgmt/rm/stFrm/eforms/Doc/sfn00020.pdf

Program Integrity Team Contact Information Provider Audit

Steven McNichols – Audit Coordinator

Phone: (701) 328 – 4831

Email: smcnichols@nd.gov

Gale Schuchard – Compliance Technician

Phone: (701) 328 – 2334

Email: gjschuchard@nd.gov

Missy Rosales – SURS Analyst

Phone: (701) 328 – 3507

Email: melrosales@nd.gov

General audit email
auditresponse@nd.gov

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Program Integrity Team Contact Information Qualified Service Provider

Sarah Schaaf – QSP Administrator

Phone: (701) 328 – 4682

Email: slschaaf@nd.gov

Brenda Elwood – QSP Analyst

Phone: (701) 328 – 8760

Email: belwood@nd.gov

Taylor Groth – QSP Administrative Support

Phone: (701) 328- 5086

Email: tdgroth@nd.gov

Cheri Smith – QSP Enrollment Supervisor

Phone: (701) 328 – 1857

Email: smithcheri@nd.gov

General QSP email
QSPEnrollment@noridian.com

Phone number (701) 277-6933

Suspected fraud form (SFN 20) submission link
https://apps.nd.gov/itd/recmgmt/rm/stFrm/eforms/Doc/sfn00020.pdf

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Future Dates

2024 dates
- June 19 from 1:30 to 2:30 p.m.
- June 20 from 8:30 to 9:30 a.m.
- October 23 from 1:30 to 2:30 p.m.
- October 24 from 8:30 to 9:30 p.m.

Any Questions??