

An Overview of the New Program Integrity Rule

Renee Gallagher, Director, Program Integrity Section

Indiana Family and Social Services Administration
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New PI Rule: 405 IAC 1-1.4

- Effective January 20, 2019
- IHCP Bulletin BT201914 provides details about new PI Rule
 - Published on March 5, 2019
 - Link to final version of the rule
 - What was created, amended and repealed



New PI Rule: Filing of Claims

405 IAC 1-1-3

- Dates of service on or before December 31, 2018 must be filed within twelve (12) months of the date of the provision of the service.
- Dates of service on or after January 1, 2019 must be filed within one hundred and eighty (180) days of the date of the provision of the service.



New PI Rule: Medical Records

405 IAC 1-1.4-2

- Medical records shall be:
 - Sufficient quality to fully disclose and document the extent of services provided to individuals receiving Medicaid assistance;
and
 - Documented at the time the services are provided or rendered, and prior to associated claim submission.



New PI Rule: Prepayment Review

405 IAC 1-1.4-7

- Prepayment Review is a manual claims review process that allows for:
 - A review of claims for appropriate coding and documentation
 - Education on appropriate billing practices.
- Prepayment review is not a sanction

New PI Rule: Prepayment Review (con't)

- Providers must submit supporting documentation for each claim submission.
- Prepayment Review for a period of six (6) months beginning with the adjudication of the first claim submission.
- Provider must meet the following:
 - Once 85% or higher accuracy rating for three (3) consecutive months and
 - Claim submissions remain within 10% of the volume prior to being placed on Prepayment Review

*If the requirements are not met the provider will remain in Prepayment Review for an additional six (6) months



New PI Rule: Audits

Look-back period, Audit and Overpayments

405 IAC 1-1.4-9(b)

- Look-back period for audits:
 - Initiated on or before June 30, 2019: 7 years
 - Initiated on or after July 1, 2019: 3 years and 180 days
 - The look-back date begins on the date of the audit initiation *OR* when the office discovers a Credible Allegation of Fraud.



New PI Rule: Audits

Look-back period, Audit and Overpayments

405 IAC 1-1.4-9(e)

- Underpayments discovered in the course of an audit shall be accounted for as follows:
 - The sum of the underpayments shall reduce the sum of the overpayments identified in the audit;
 - The provider may elect to examine the claims under audit for underpayments.
 - If verified by the office the sum of those underpayments shall reduce the sum of the overpayments identified.
 - Underpayments shall only reduce overpayment findings.



Additional resources: Schedule of Live Webinars

March:	Treatment plans and lack of signatures
April:	PI Rule: Claim Filing and Medical Records
May:	PI Rule: Provider Enrollment
June:	PI Rule: Sanctions, Exclusions, and Suspensions
July:	PI Rule: Audits
August:	PI Rule: Reconsiderations and Appeals
September:	PI Rule: Prepayment Review
October:	Record Request Process
November:	Self-Disclosures
December:	PERM

*Static webinars (live webinar materials with responses to questions) will be posted at <https://www.in.gov/medicaid/providers/1014.htm>



Questions?

Thank you!

Renee.Gallagher@fssa.in.gov

Amelia.Hilliker@fssa.in.gov

