Inspector General Sharon E. Ormsby Office of the Inspector General Arizona Health Care Cost Containment System



"Without continual growth and progress, such words as improvement, achievement, and success have no meaning"

Benjamin Franklin.

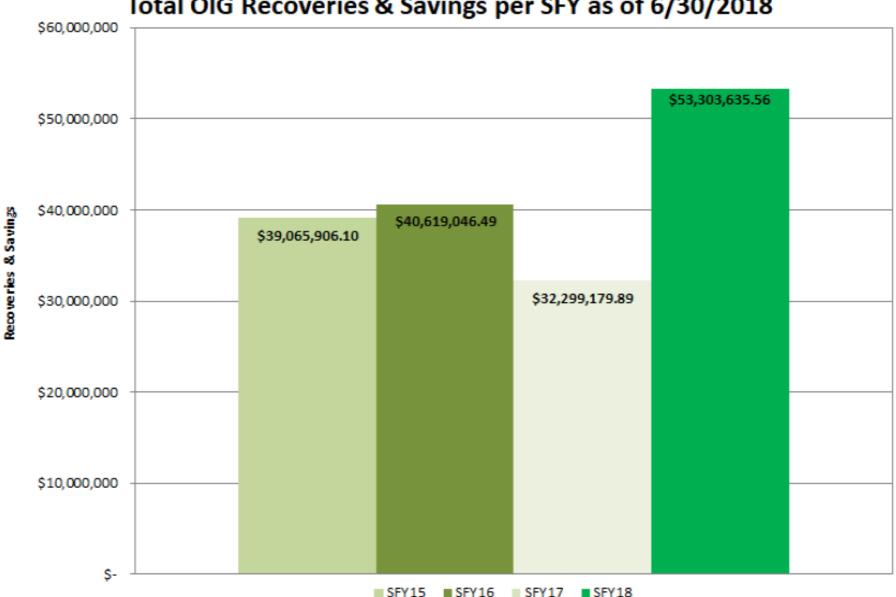
Mission

To Prevent, Detect, Investigate, and Recover Improper Payments due to Fraud, Waste, and Abuse.

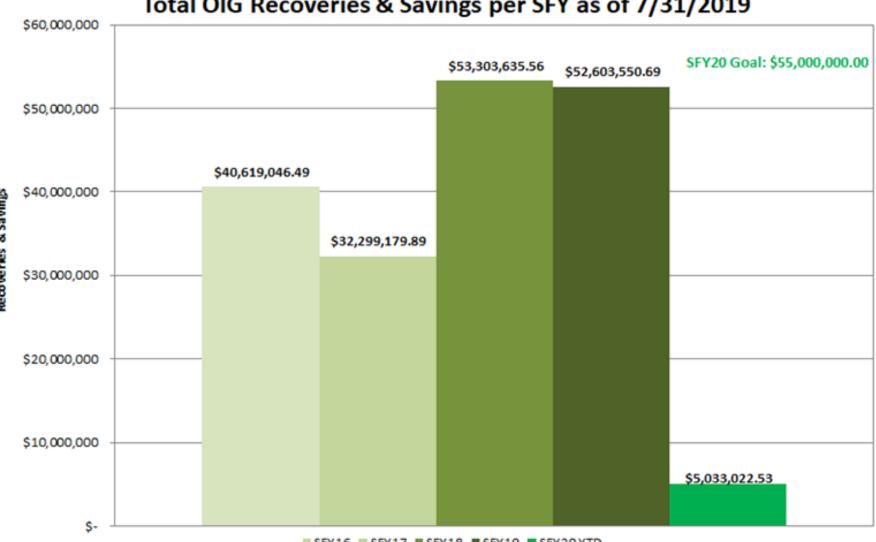


One of Top Ten Excuses for committing Fraud

 When asked about the odometer readings on the transportation records matching 99 miles if they drove different distances like she explained, **Provider said that they make it that** way because that is what they bill so they make it the same. Provider said that the roads are bumpy so sometimes they go in the air and the car doesn't track the miles correctly.



Total OIG Recoveries & Savings per SFY as of 6/30/2018



Total OIG Recoveries & Savings per SFY as of 7/31/2019

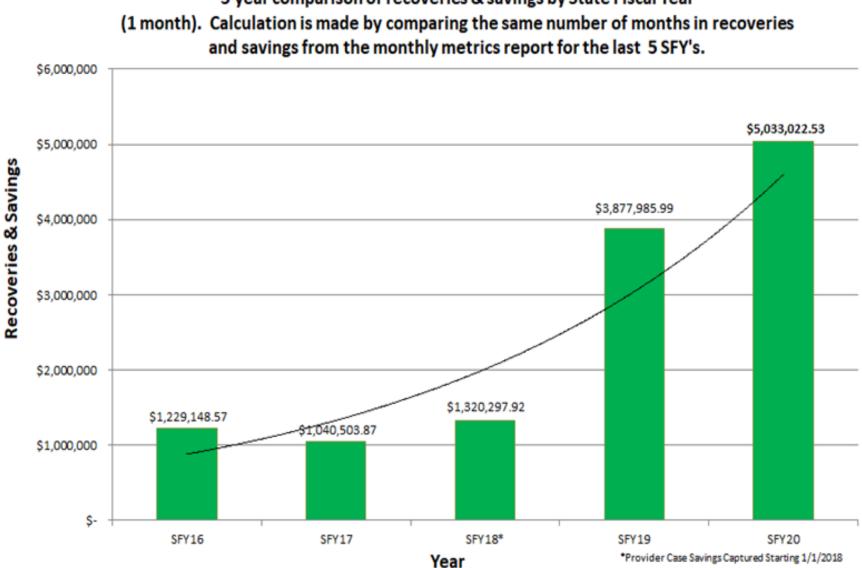
SFY16 SFY17 SFY18 SFY19 SFY20YTD

Recoveries & Savings



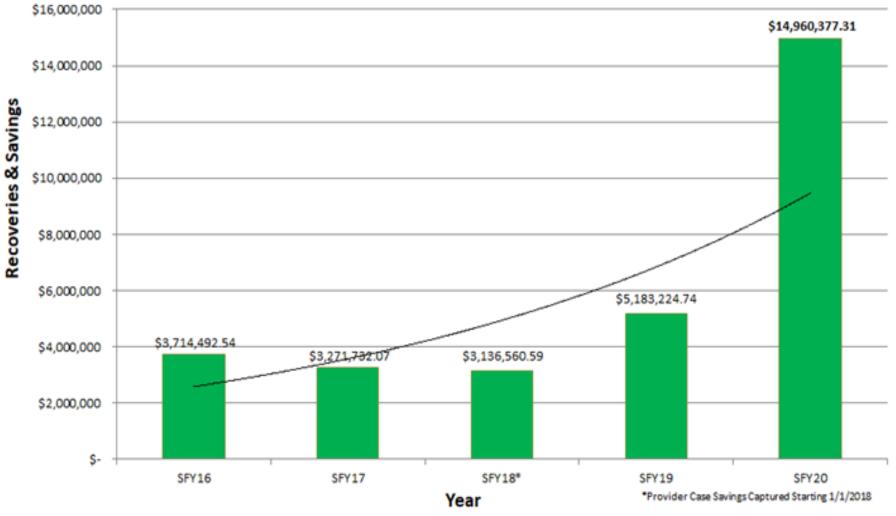
Total OIG Recoveries & Savings per SFY as of 8/31/2019

SFY16 SFY17 SFY18 SFY19 SFY20YTD

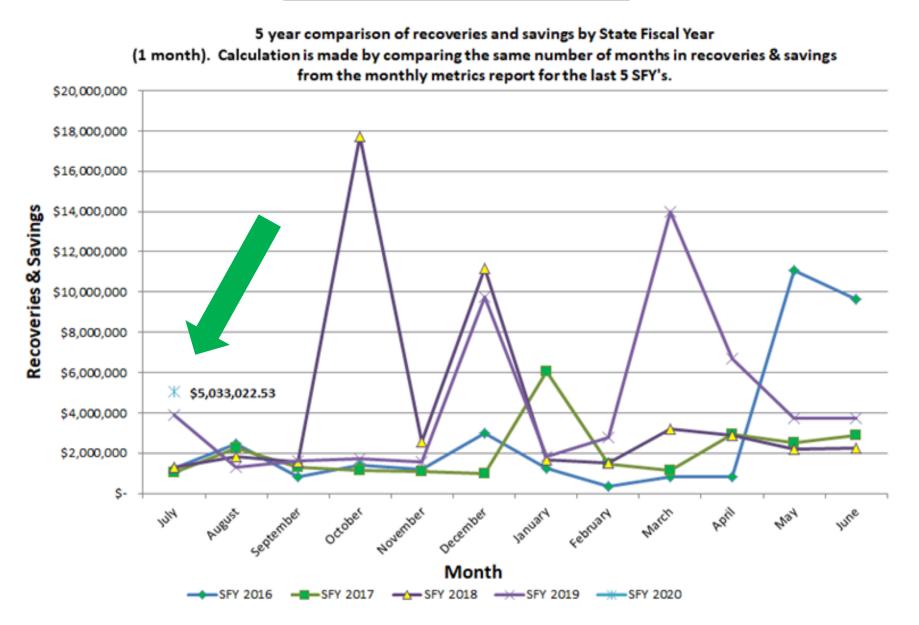


5 year comparison of recoveries & savings by State Fiscal Year

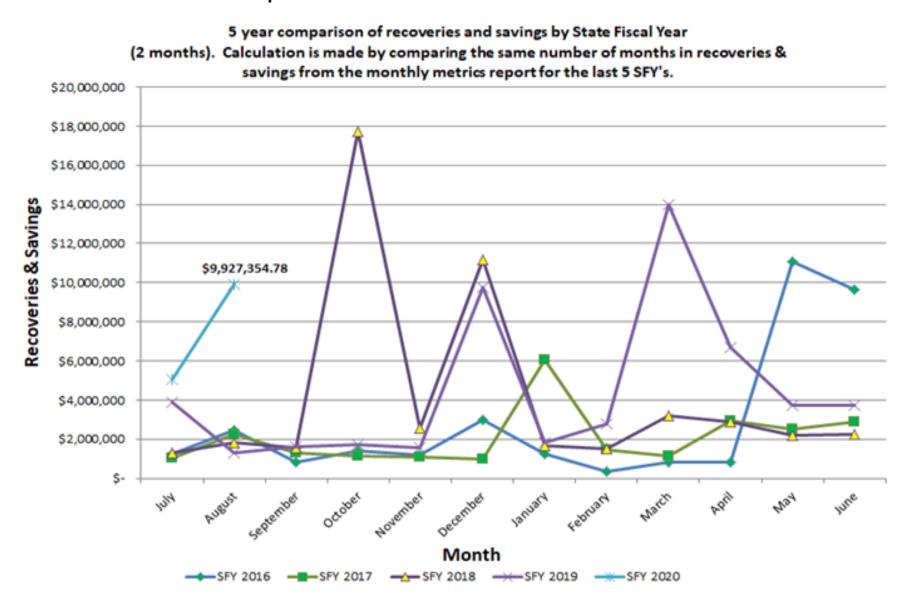
5 year comparison of recoveries & savings by State Fiscal Year (2 months). Calculation is made by comparing the same number of months in recoveries and savings from the monthly metrics report for the last 5 SFY's.

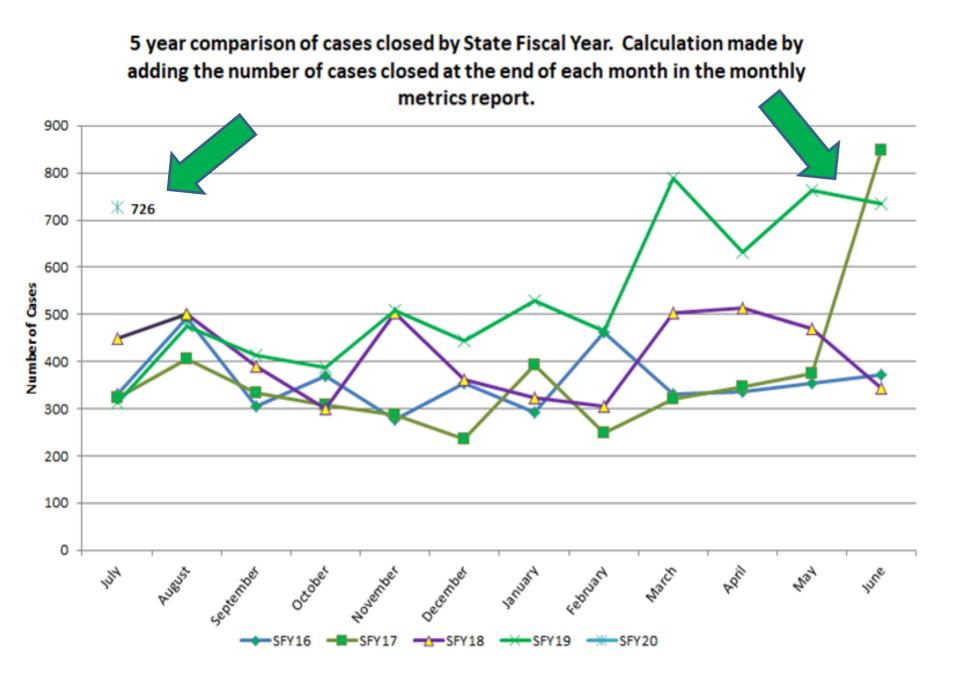


OIG July 2019 Monthly Metrics

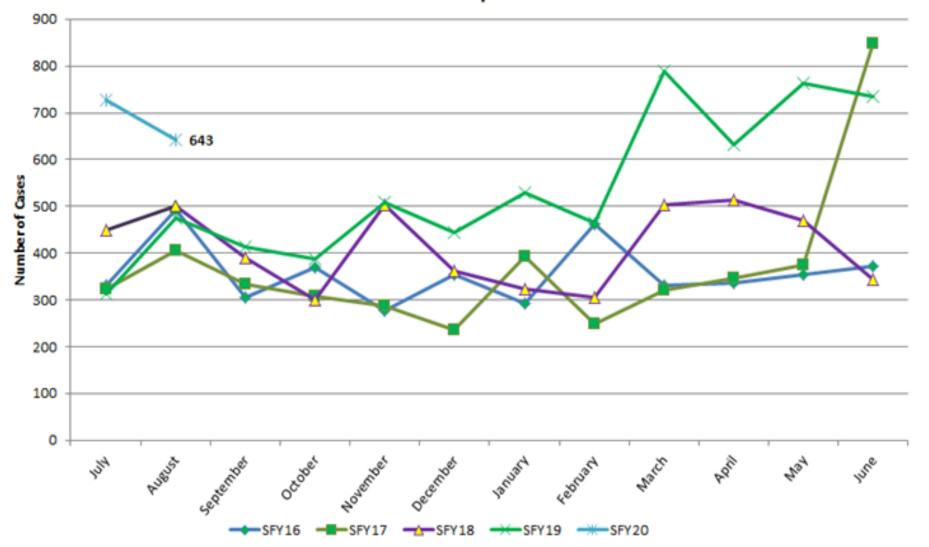


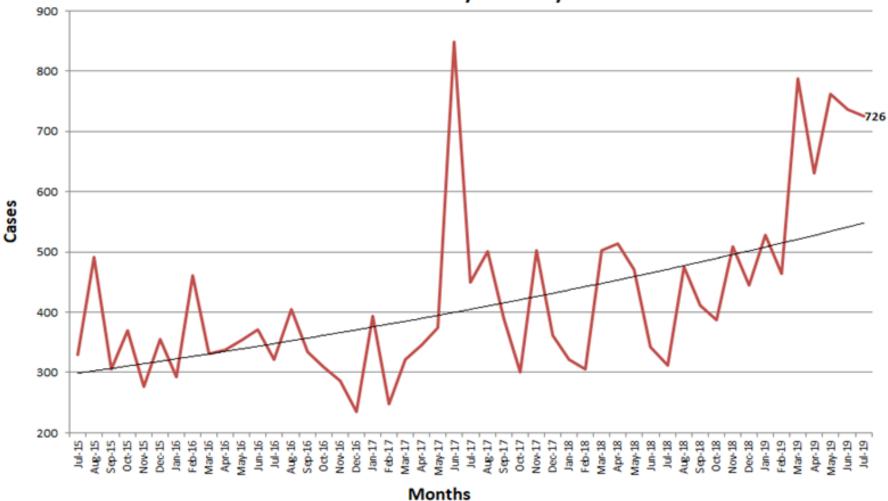
DIG August 2019 Monthly Metrics



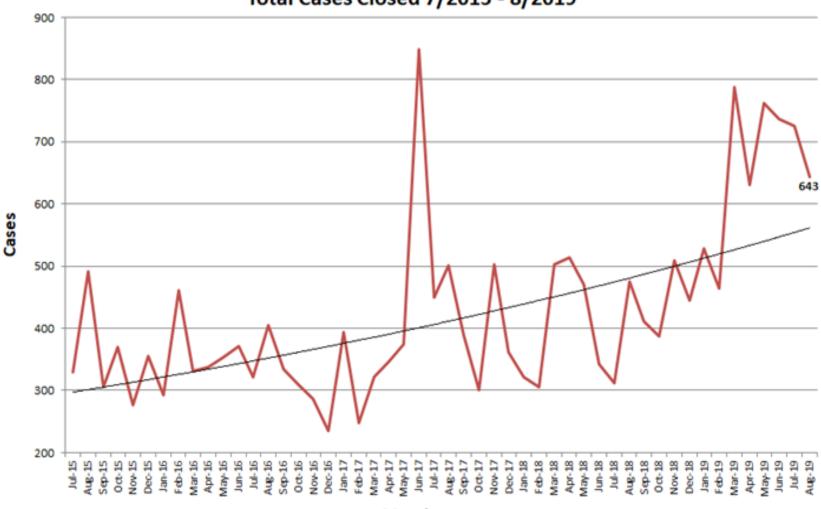


5 year comparison of cases closed by State Fiscal Year. Calculation made by adding the number of cases closed at the end of each month in the monthly metrics report.





Total Cases Closed 7/2015 - 7/2019



Total Cases Closed 7/2015 - 8/2019

Months

Best Practices

- Forensic Accountant Program
- Member Compliance Section
 Fraud Prevention Unit
- Program Integrity Team
 - Data Analytics
 - Provider Compliance Section
- Provider Compliance Section
 - Pharmacy Fraud Unit
- Provider Enrollment Section

Forensic Accountant Program

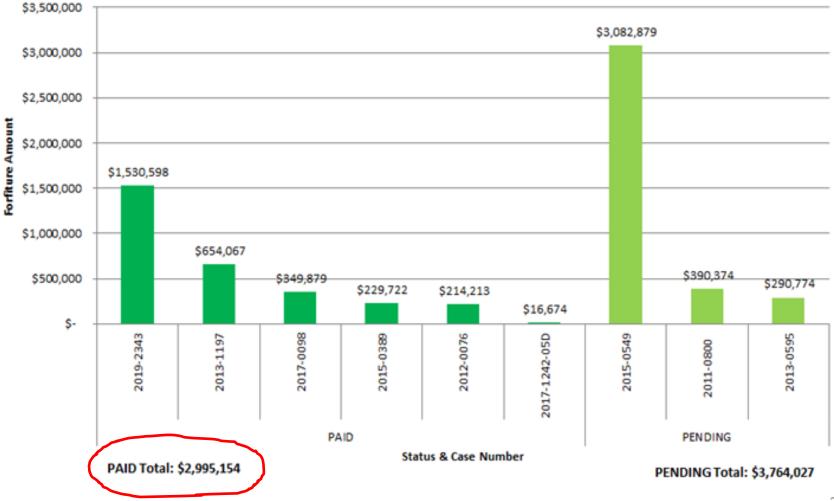
- New Program 2015
- 2 FTE
 - CPA, CFE Supervisor
 - Account Tech
- Case load focuses on Health Care Complex Financial Frauds, Health Care Corporate Frauds, and Misappropriations
- ROI:
 - Recoveries: \$15,141,969.71
 - Savings: \$ 2,494,595.68
 - Average Per Year \$ 3,785,492.43

RICO

- Racketeer Influenced and Corrupt Organizations Act
- Focused: Pattern of Behavior
 - Organized Crime
 - Criminal Enterprises
 - Drug gangs
- Offenses that make up RICO
 - Bribery
 - Fraud
 - Money Laundering
 - Embezzlement
- Allows for forfeiture of property used in enterprise

RICO

OIG Forfitures by Case Number, Status, and Amount as of 8/31/2019



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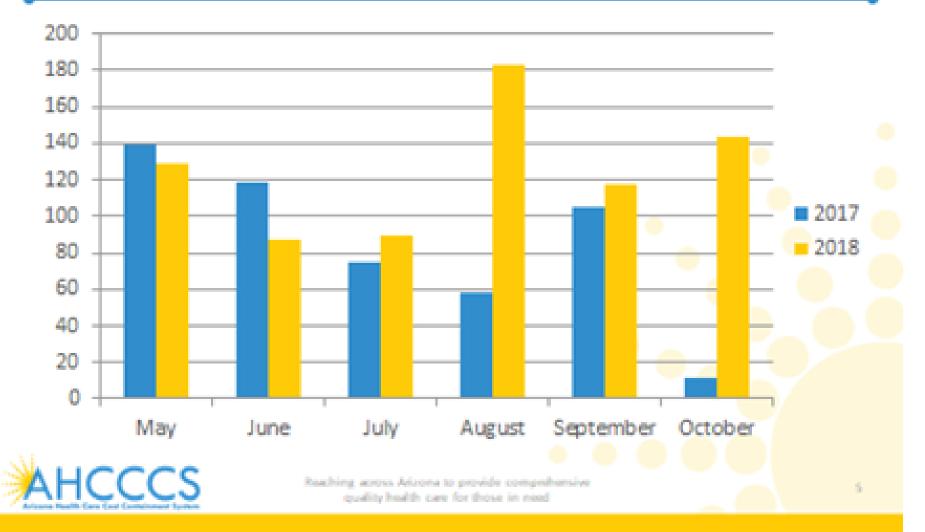
Member Compliance

- Cases savings methodology savings an average of 30% because the formula is more specific to each month than to each year
- Worked with DMS to get voice signature question changed from a compound question to a series of yes-no questions. Prohibited subject from claiming that the yes was not for all the questions.
- The OIG participates in two Taskforce Operations: Social Security Administration, Phoenix; and Attorney General's Office, Tucson. The OIG works closely with Federal, State, and Local Law Enforcement, to include but not limited to the following: FBI, DEA, Homeland Security, Border Patrol, Phoenix Police Department, DPS, HHS-OIG, Glendale Police Department, and MFCU.

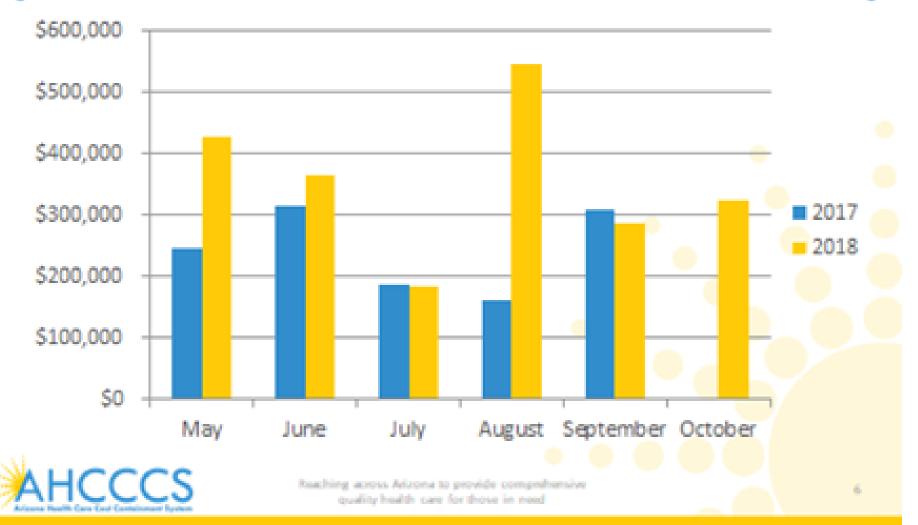
Success Story: MCS - FPU

- Goal: Increase Productivity with existing FTEs
- Beginning May October, 2018: Three Changes
 - 1. Eliminate Time Consuming discussions prior to assigning case
 - 2. Free up Investigators' time by having SSA and Administrative Assistant process case closures
 - 3. Clarified case determination for DES Staff, so as to improve time to announce AHCCCS Benefits denials and approvals results.

Number of Cases Processed per Month:

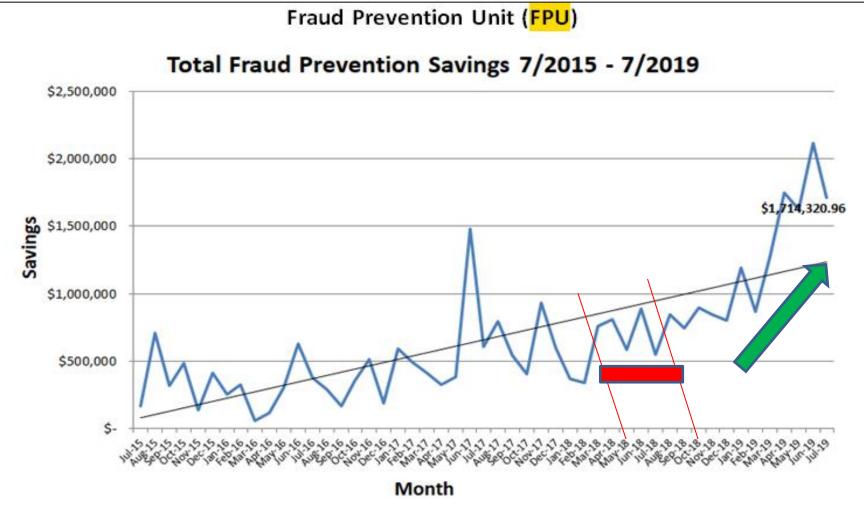


Savings Yielded for Cases Processed in Each Month:



2019 Additional Elements to Success

- Solo Investigator per Vehicle
- Assignments by Zip Code



FPU

- FY 2017 Savings \$5,571,203.30
- FY 2018 Savings \$7,625,592.96
- Total \$13,196,796.26
- Problem: DES failing to close FPU cases timely
- Solution: The MCS collaborated with DES. The investigators contact the Eligibility Workers on each case, which significantly increased the number of closures during the course of the year.

- All efforts have lead to a significant increase:
- FY 2019 Savings \$ 13,504,493.99

SSATF

AGOTF

- FY 2017 \$1,033,761.03
- FY 2018 \$677,276.00
- FY 2019 \$509,632.47

- FY 2017 \$186,525.18
- FY 2018 \$263,950.93
- FY 2019 \$282,337.59*

- Steady Decline
- FTEs declined between 2017 and 2018

- 2015-0549 RICO Case
- Pending \$3,082,879.00
- 33% goes to AHCCCS
 OR
- \$1,027,626.33in
 Forfeiture Drug Gang

Performance Improvement and Audits Section

- Audits
- Deliverable Template reduced work from two forms to one. Worked with a team of Compliance Officers. Highly successful
- The ACOM 103 was updated. The OIG has participated in the review and edits of various AMPM sections, and updated the contracts related to FWA.

Collections

- The Collections Unit will increase recoveries of monies owed to the state by 10%
- FY 2018, total post 60 days collections totaled: \$564,809.66; but had zero write offs.
- FY 2019, total post 60 days collections totaled: \$190,373.67
- However, the Collections Unit was able to write off \$11,081,420.87. Write off return the dollars paid to CMS back to the General Fund.

Program Integrity Team

- Methadone Clinics as part of OTP Audit, first time used UR RNs to assist in the audit of claims
- PIT, PIAS, and PC automated the process that linked medical claims to pharmacy claims by the members' ID number and date of service
- Program Integrity Audits
 - Duplicate E&M
 - Outpatient services billed while inpatient
 - Add on Codes

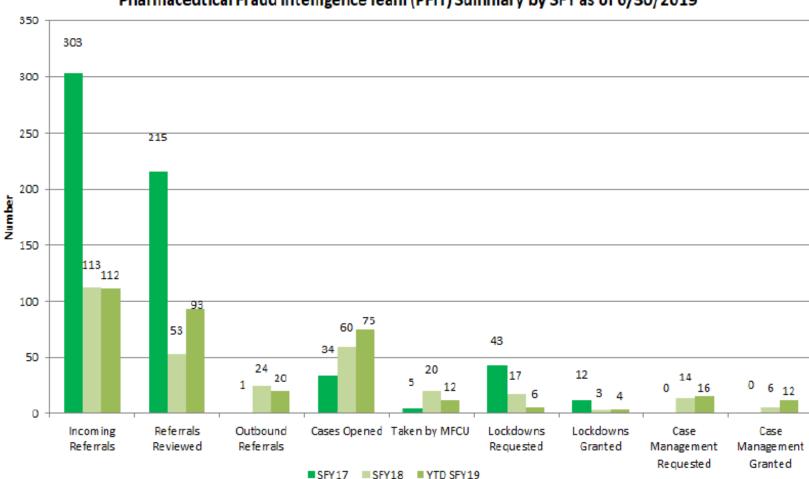
Provider Compliance Section

- Updated the MFCU MOU re time frames
- Working collaboratively with the Medical board
- Seeking to develop a MOU with the Pharm board
- Working with DHCM Compliance Unit and DFSM Audit unit to identify FWA claims when MCO's seek to recoup funds when the matter should have been a referral o the OIG

PCS

- Work closely with the Arizona State Attorney General's Office (AGO) and the AGO's Medicaid Fraud Control Unit to increase the number of successful prosecution of OIG cases from FY 2017.
- In 2017, the OIG had 49 cases successfully prosecuted;
- In 2018, the OIG had 62 cases successfully prosecuted; That is an increase of 27%.
- In FY 2019, the OIG had 101 cases successfully prosecuted;
- That is an increase of 63% over FY 2018.

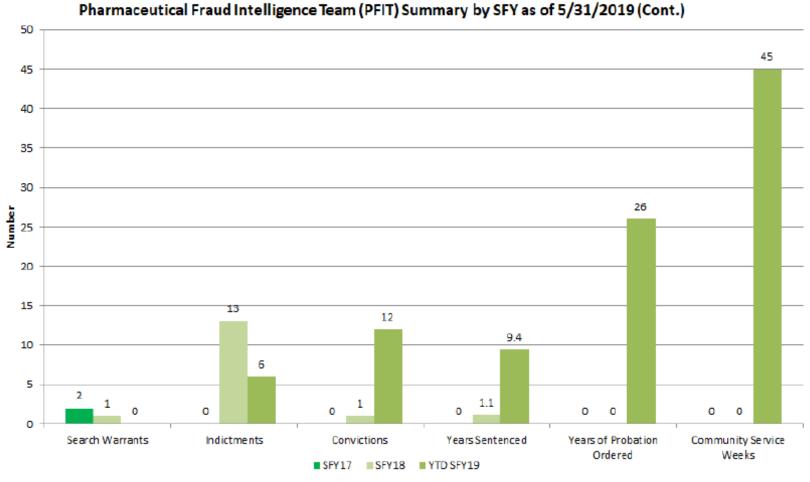
PFIT – Established in 2017



PFIT Activity

Pharmaceutical Fraud Intelligence Team (PFIT) Summary by SFY as of 6/30/2019

PFIT – FY 2018



PFIT Activity

Big Mama Case



- First large conspiracy Indicted and convicted
- AHCCCS OIG initiated case
- Joint with LEOs: FBI, MFCU, Phoenix PD
- Fraudulent Prescription Drug ring
 - Created 1,000's of fraudulent scripts
 - Stole Doctor's identities and forged onto the scripts
 - Conspiracy among those in ring to commit fraud
- Recruited her son



• Among other family members