

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-15 Medicaid Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10384	Date: October 9, 2020
	Change Request 12000

SUBJECT: Updates to Chapter 1 of Publication (Pub.) 100-15

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update various sections within Chapter 1 in Pub. 100-15.

EFFECTIVE DATE: November 10, 2020

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: November 10, 2020

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	1/1.6/Vetting Process
R	1/1.20/1.20.3/Entry Requirements for Investigations

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: The CMS is making revisions to Chapter 1 in Pub. 100-15 based on updates to Unified Program Integrity Contractor (UPIC) processes and procedures.

B. Policy: The CR does not involved any legislative or regulatory policies.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
12000.1	The Unified Program Integrity Contractor (UPIC) shall clearly document the State Medicaid Agency's acceptance or declination of the proposed investigation in the Unified Case Management (UCM) system.									UPICs
12000.2	The UPIC shall close an investigation in the UCM within seven (7) calendar days after all actions are taken and all subsequent administrative activities are complete.									UPICs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jesse Havens, 410-786-6566 or jesse.havens@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicaid Program Integrity Manual

Chapter 1 – Medicaid Integrity Program

1.6 – Vetting Process

(Rev. 10384; Issued: 10-09-2020; Effective: November 10, 2020; Implementation: November 10, 2020)

All leads and any new subjects that the UPIC determines warrant further investigation shall be vetted through CMS for approval before transitioning to an investigation. The UPICs shall follow the Medicare PIM 4.6.4 - Vetting Leads with CMS. Following the vetting process, the UPICs are assigned the providers for further investigation.

All investigative leads shall be vetted through the SMA concurrently with CMS. The SMA's acceptance or declination of the proposed investigation shall be clearly documented *in the UCM* by the UPIC. If the SMA declines a potential investigation that the UPIC believes is a major risk to the applicable state Medicaid program, the UPIC will inform CMS.

1.20.3 – Entry Requirements for Investigations

(Rev. 10384; Issued: 10-09-2020; Effective: November 10, 2020; Implementation: November 10, 2020)

There are no mandatory systematic update requirements for investigations entered in UCM; however, the UCM is the system of record for the UPICs. Therefore, CMS expects the UPICs to make regular updates to the UCM throughout the course of an investigation. At minimum, the UPIC shall enter all appropriate updates no later than every 15 calendar days to make the UCM entry complete, accurate, and current with the major activities. For the investigation entries, the UPIC shall document all major activities it has performed in order to substantiate any allegations of potential fraud, waste, or abuse. For example, on-site visits, medical review, audits, and data analysis shall be documented along with dates for each action.

The UPIC shall take all appropriate administrative actions in accordance with Sections 1.7, 1.8, 1.9, 1.10, and 1.16 of this chapter and in conjunction with the SMA. Each action shall be noted in UCM under the appropriate entry category and linked to the main investigation file. In addition, all applicable documents linked to these activities shall be uploaded to UCM. After such actions are taken, the UPIC may refer the investigation to law enforcement (the OIG, DOJ, FBI, or AUSA), if the referral meets the requirements identified in section 1.19 of this chapter. Once referred, the UPIC shall update UCM with the referral information within seven (7) calendar days of referral.

For investigations referred to law enforcement (the OIG, DOJ, FBI, AUSA, etc.), updates to the UCM shall be made within the following parameters:

- Upon notice from law enforcement on the status of the referral, UCM updates shall be made within 7 calendar days;
- If the investigation is accepted and the contractor has ongoing or pending administrative actions, the UPIC shall update the status when information is communicated to the UPIC by either law enforcement or CMS;
- If the investigation is accepted and the contractor has no ongoing or pending administrative actions, the UPIC shall close the case in UCM.

If problems that interfere with the UPIC's ability to get updated information are encountered, this matter shall be discussed with the appropriate COR and BFL.

The UPIC shall also be responsible for:

- Capturing and documenting subsequent law enforcement referrals (e.g., OIG declines investigation, UPIC refers case to FBI, FBI accepts investigation);

- Keeping apprised of MR/provider audit and reimbursement actions if they are taking actions on a case; and/or
- Entering and linking related UCM entry numbers.

If the UPIC does not receive a response from the OIG within the first 60 calendar days following a referral, the UPIC may pursue a subsequent referral to the FBI, when appropriate. In instances where the FBI declines a referral or does not respond within 45 calendar days, the UPIC shall request any outstanding overpayments and take any additional administrative actions necessary. If the FBI declines the case, the UPIC may refer the investigation to any other law enforcement agency with interest in the case. Once all subsequent activities are complete, the UPIC may close the investigation in UCM or when the investigation is accepted and there are no subsequent administrative actions to pursue.

The UPIC shall be responsible for ensuring that all data entered into the UCM are entered correctly. This requirement includes the spelling of names and accuracy of addresses and identifiers entered.

After all actions are taken and all subsequent administrative activities are complete, the UPIC shall close the investigation in the UCM within seven (7) calendar days.