

A healthcare professional, likely a nurse or doctor, is shown in profile, pointing at a whiteboard. The scene is dimly lit with a strong blue color cast. The professional is wearing a light-colored scrub top and has an identification badge around their neck. The whiteboard contains some faint, illegible markings. The overall atmosphere is professional and focused.

UPIC AUDIT ATMOSPHERE IN THE BEHAVIORAL HEALTH INDUSTRY

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SPEAKERS



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LEARNING OBJECTIVES

- CMS regularly audits Medicare providers including Behavioral Health Facilities. Often these audits result in major fines and a 5-step appeals process to challenge CMS findings. In the CMS program integrity process, Providers are considered guilty and must skillfully prove their innocence.
- Learn more about the CMS UPIC Audits and how your organization can be proactively prepared.

AGENDA

- Overview of Medicare UPIC Audits
- UPIC Focus on Fraud
- \$21M UPIC Audit Overpayment, national behavioral health company

COMPLIANCE AUDIT



OVERVIEW OF MEDICARE UPIC AUDITS

What are they? When can they happen? What to expect?

**COMPLIANCE
AUDIT**



UPIC FOCUS ON FRAUD

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- UPIC Audits are initiated by suspicion of fraud
- Either from data mining (90%) or whistleblower complaint (10%)
- UPICs can initiate pre-payment review, payment suspensions, exclusions, overpayment recoveries, and referrals to law enforcement

HISTORICAL PROBLEMS WITH UPICS

- Deficient UPIC Auditor Qualifications
 - Auditors are not required to have any medical background or training
 - Medical necessity determinations by auditors not reviewed by medical professionals
- Number of records that UPICs can request is unlimited
- Unreasonable denial rates
- Delays in completing audits (6-18 months)

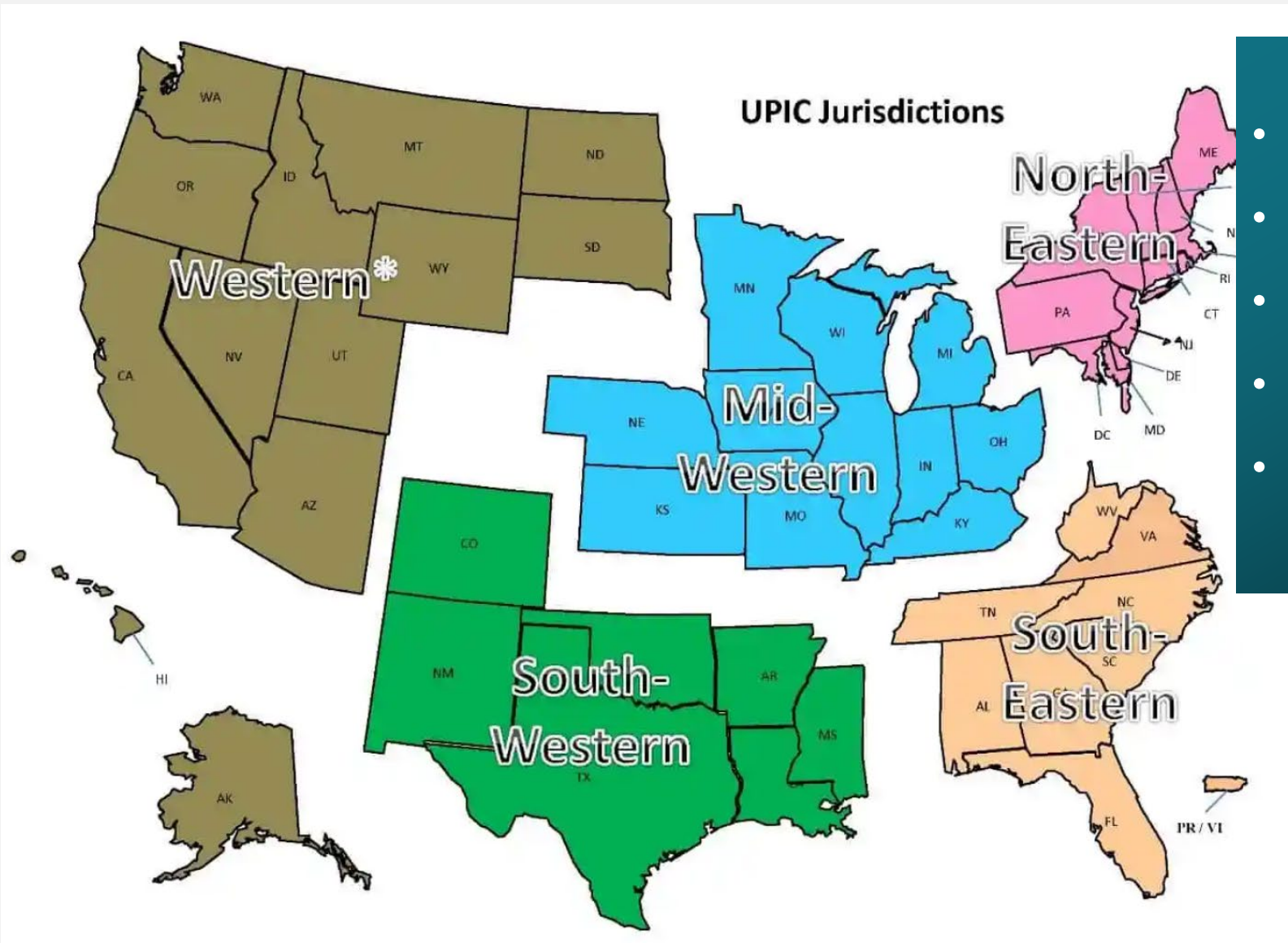
EXTRAPOLATION

- UPICs use statistical sampling to extrapolate multimillion dollar overpayments from a small universe of claims
- Extrapolated overpayment referred to the MAC for recoupment
- May refer findings directly to OIG without the provider's knowledge

UNIFIED PROGRAM INTEGRITY CONTRACTORS (UPICS)

- **Western Jurisdiction**
 - UPIC Contractor: Qlarant
 - Western States: Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming
- **Southwestern Jurisdiction**
 - UPIC Contractor: Qlarant
 - Southwestern States: Colorado, New Mexico, Oklahoma, Texas, Arkansas, Louisiana, and Mississippi
- **Mid-Western Jurisdiction**
 - UPIC Contractor: CoventBridge Group
 - Midwestern States: Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Minnesota, Missouri, Nebraska, Ohio and Wisconsin
- **Northeastern Jurisdiction**
 - UPIC Contractor: SafeGuard Services LLC (SGS)
 - Northeastern States: Maine, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut, New York, Pennsylvania, New Jersey, Delaware, Maryland, and District of Columbia
- **South-Eastern Jurisdiction**
 - UPIC Contractor: SafeGuard Services LLC (SGS)
 - South-Eastern States: West Virginia, Virginia, North Carolina, South Carolina, Tennessee, Alabama, Georgia, and Florida

UPIC JURISDICTIONS



- **Western**
 - UPIC Contractor: Qlarant
- **Southwestern**
 - UPIC Contractor: Qlarant
- **Mid-Western**
 - UPIC Contractor: CoventBridge Group
- **Northeastern**
 - UPIC Contractor: SafeGuard Services LLC (SGS)
- **South-Eastern**
 - UPIC Contractor: SafeGuard Services LLC (SGS)

CASE STUDY

\$21M UPIC AUDIT OVERPAYMENT

NATIONAL BEHAVIORAL HEALTH COMPANY





HOW ORGANIZATION CAN BE PROACTIVELY PREPARED

BEST PRACTICES

- Make sure your team knows how to spot a UPIC audit and doesn't mistake it for a routine payer audit
- Submit thorough, complete and pristine medical records
- Prepare clinical summaries for each audited patient that tracks Medicare/Medicaid reimbursement criteria
- Take advantage of education offered
- Retain experienced counsel and consultants to navigate through the Medicare Appeals Process



TRIATHLETES

PLAN WELL

TRAIN WELL

**AND EXPECT THE
UNEXPECTED**

THANK YOU



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