FWA Auditing and Monitoring Plan – Supplement Reference

Financial Investigations and Provider Review (FIPR)

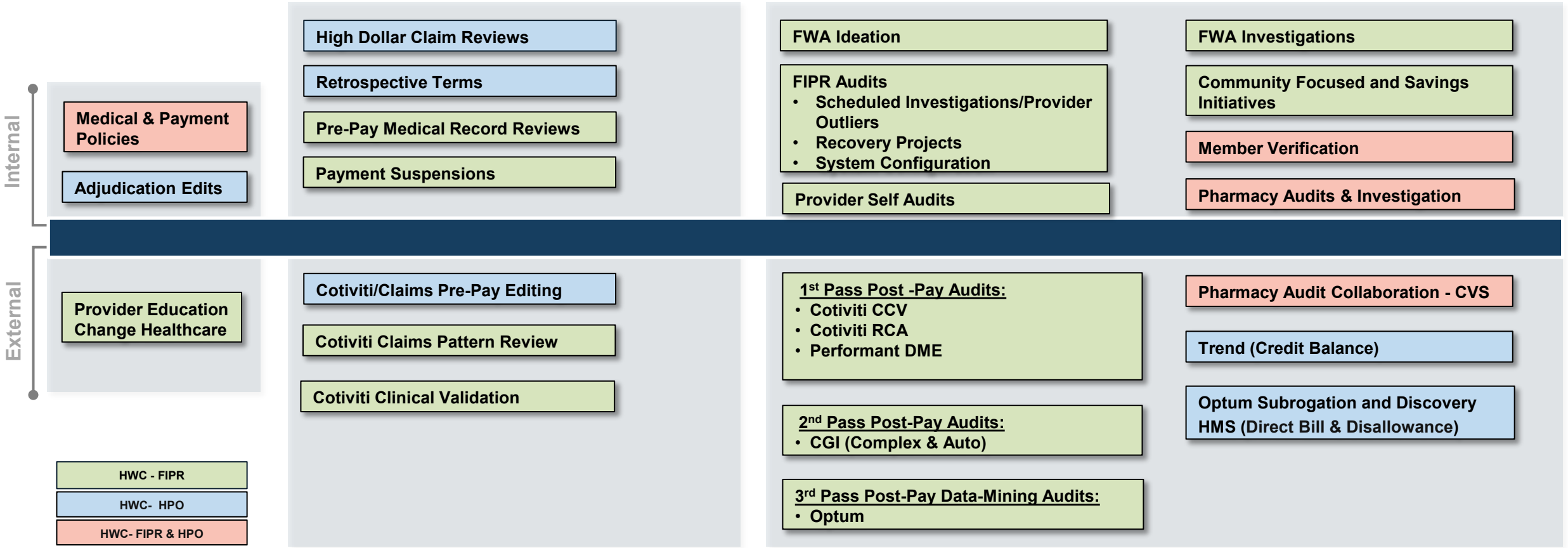
Executive Sponsor: Kurt Spear, VP
Business Owner: Dr. Melissa Berdell, Director

HIGHMARK
MEDICAID MARKETS

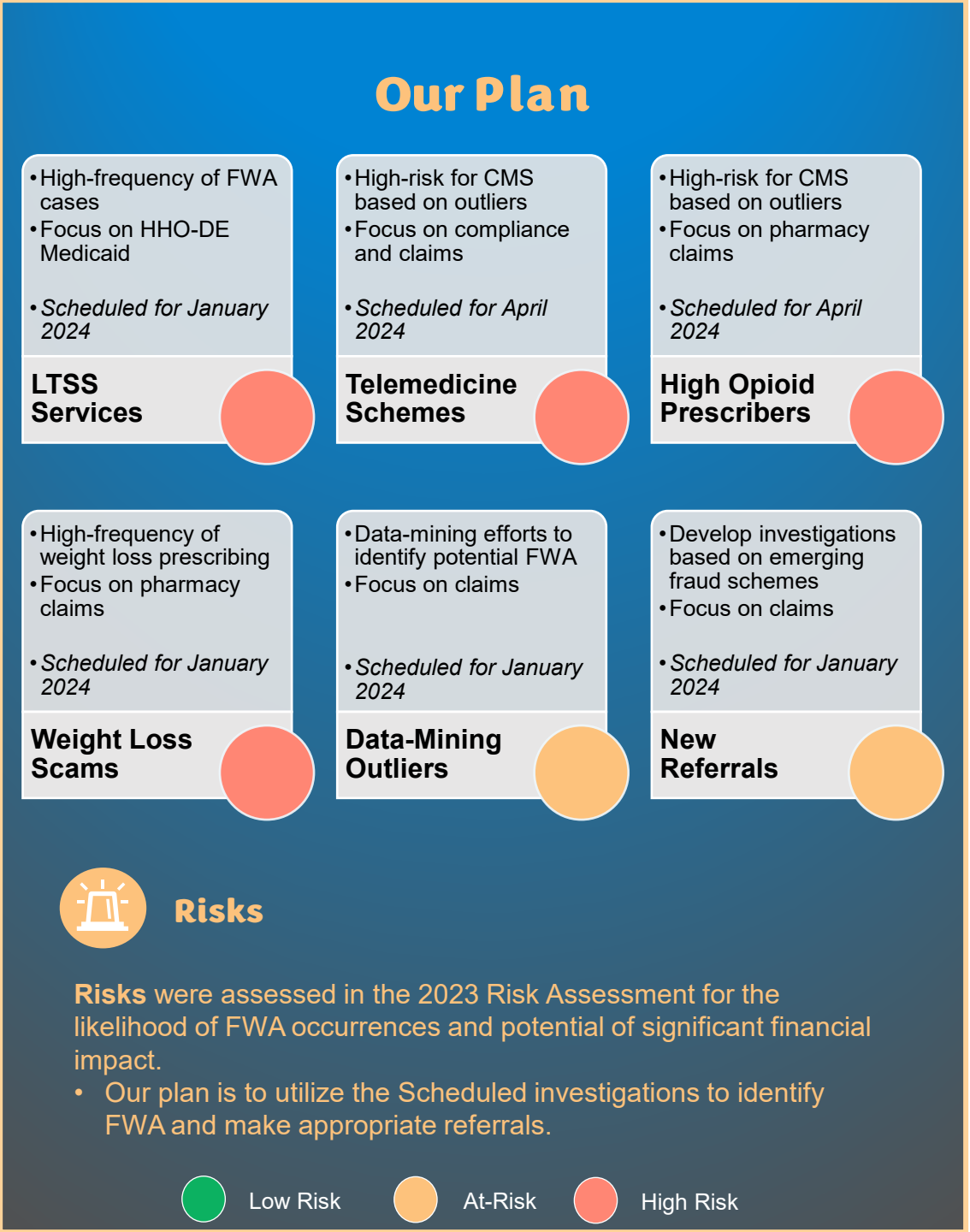
Claim Level View of Payment Integrity Activity

Highmark's multi-pronged approach includes pre-claim, pre-payment and post-payment control points. The complete payment integrity continuum ensures every claim paid by Highmark is reviewed to address claim and provider patterns, reduce overpayments, and respond to potential fraud, waste, and abuse (FWA).

Our *Plan* is to combat healthcare FWA and reduce healthcare costs on behalf of our members, regulators and partners.



Special Investigations Unit (SIU)



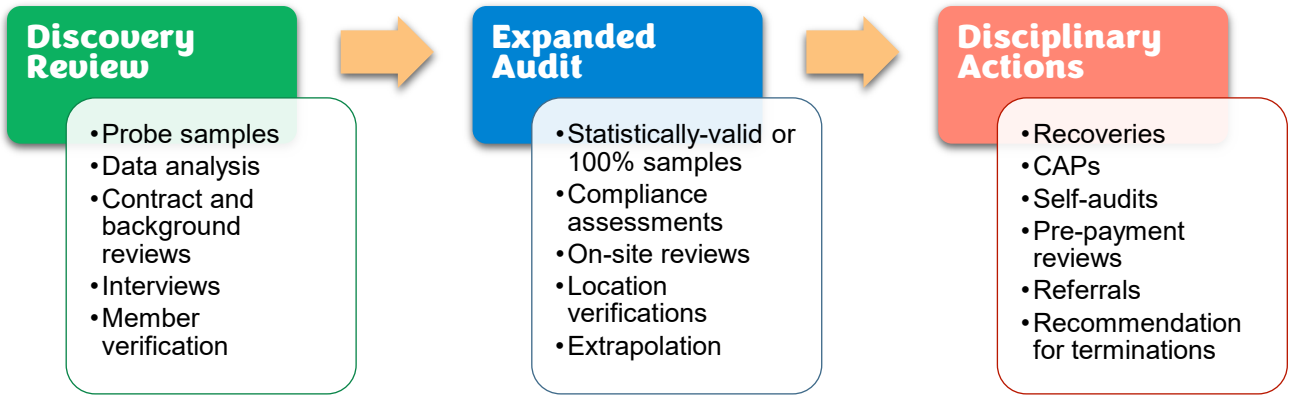
Investigations

- FIPR is required to implement a comprehensive internal FWA program to **prevent, detect, report, investigate, correct and resolve potential or confirmed FWA** in the administration and delivery of services under this Contract.
- FIPR will perform scheduled investigations of high-risk specialty types and fraud schemes identified by the HHS-OIG and NHCAA.
- FIPR will conduct ad-hoc investigations of FWA referrals and other emerging schemes as needed.

- **FIPR plans to make referrals of credible allegations of fraud in accordance with contractual and regulatory requirements.**

Routine Audits

- FIPR will perform provider profile and outlier analyses and conduct routine audits based on the progressive audit protocol.
- The **progressive audit protocol** is a comprehensive audit that will include discovery reviews, full sample reviews and provider CAPs.
- **FIPR plans to make referrals of credible allegations of fraud in accordance with contractual and regulatory requirements.**



Our Plan

•Audits of outlier hospitals •Focus on high-dollar claims •*Scheduled for January 2024*	•Audits of outlier BH providers •Focus on clinician requirements •*Scheduled for April 2024*	•Audits of outlier E&M high-level services •Focus on ChangeHealth results •*Scheduled for April 2024*
Hospitals	**Behavioral Health**	**E&M Services**
•Audits of Substance Use Disorder Center of Excellence providers •Focus on compliance •*Scheduled for April 2024*	•Audits of HWC Specialty/Compound Pharmacy Network •Focus HWC contracts •Scheduled for April 2024	•Audits of provider compliance programs •Claims reviews are not part of these reviews •*Scheduled for January 2024*
SUD COE	**Compound Pharmacies**	**Provider Assessments**

Risks

Risks were assessed in the 2023 Risk Assessment for the likelihood of FWA occurrences and potential of significant financial impact.

- Our plan is to utilize the Routine Audits to confirm compliance, identify improper payments, and reduce the FWA risks.

Low Risk At-Risk High Risk

Our Plan

Multiple Procedure
- Align with NCCI for multiple procedures
- Focus on high-dollar claims
- *Scheduled for January 2024*

Hospice
- Review hospice payments according to regulations
- Focus on HWC claims
- *Scheduled for January 2024*

Duplicates
- Data-mine for duplicate payments
- Focus on claims
- *Scheduled for January 2024*

NCCI Edits
- Identify opportunities with NCCI edits
- Focus on claims
- *Scheduled for January 2024*

Retro-Terms
- Review member retrospective member terminations
- Focus on claims
- *Scheduled for January 2024*

New Projects
- Work with C2V and Operations to identify new projects
- Focus on claims
- *Scheduled for January 2024*

Risks

Risks were assessed in the 2023 Risk Assessment for the likelihood of FWA occurrences and potential of significant financial impact.

- Our plan is to develop Recovery Projects to recover improper payments and implement long-term solutions.

Low Risk At-Risk High Risk

Recovery Projects

- FIPR will plan recovery projects to ensure claims are paid appropriately and recover any identified improper payments.
- The business cases will include the project plan to recover retrospective claims, remediate current payments, and develop long-term solutions.
- **FIPR will collaborate with Operations and other internal stakeholders to implement policy, contract, and system changes to resolve improper payments as long-term solutions.**

Vendor Solutions and Audits

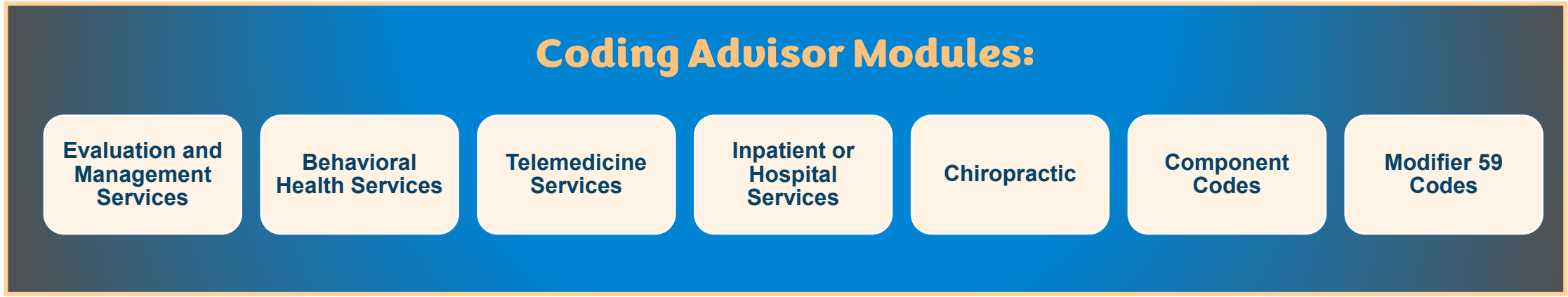
Pre-Claim Education: Change Healthcare

Highmark FIPR partners with Change Healthcare for Coding Advisor for pre-claim provider education. Coding Advisor is a solution that provided analytics-driven claims reviews.

Our *Plan* is to use pre-payment education to increase coding compliance in the Medicare and Medicaid lines of business.

Change Healthcare – Coding Advisor

- Coding Advisor helps drive positive change in billing practices to help increase accuracy.
  - Help increase medical cost savings for Evaluation and Management (E/M) services with provider self-auditing and coding validation.
  - Providers may be requested to complete self-audits or submit medical records to confirm payment accuracy.



Pre-Payment Reviews: Cotiviti CV

Highmark FIPR partners with Cotiviti Coding (CV) Validation for pre-payment reviews. Cotiviti provides clinical coding review of claims with wasteful of abusive coding, over and above the automated review of claims.

Our *Plan* is to use pre-payment solutions that cost avoid overpayments for Medicare and Medicaid lines of business.

Cotiviti CV Overview

- Rules are derived from industry standard correct coding practices
- Claims are reviewed by Clinical Analysts who are RNs and Coders
- Approximately 1% of claims are flagged for review
- Flagged claims are validated and returned within agreed upon business hours
- Includes appeal support through review of the supporting documentation, upheld/overturned recommendations and upheld denials rationale

Cotiviti CV Scenarios:

- NCCI edits with allowed override modifier on the line
- E/M on same day as a procedure and an override modifier is on the line
- AMA unbundling rules
- Cross provider duplicate to identify multiple providers billing the same procedure code on the same date

Pre-Payment Reviews: Cotiviti CPR

Highmark FIPR partners with Cotiviti Claims Pattern Review (CPR) for pre-payment reviews. Cotiviti analyzes prepay claims and other data points to identify potential patterns of FWA and prevent those claims from being paid while still meeting prompt-pay requirements.
Our *Plan* is to use pre-payment solutions to prevent FWA for Medicare and Medicaid lines of business.

Cotiviti CPR Overview

- Detect claims tied to aberrant provider patterns in utilization, coding mismatches, and outlier billing activities; while meeting prompt-pay laws.
- Apply retrospective learnings prospectively to provider reviews and audits.
- Claims and documentation are reviewed by registered nurses and certified fraud professionals including, but not limited to, AHFIs, CDCs, CHCAs, CPCs, RNs, and pharmacists.

- Providers will be required to submit medical records and documents prior to claims payment.
  - Providers will receive summaries of activity to support the pre-payment reviews.
    - Includes appeal support through review of the supporting documentation, upheld/overturned recommendations and upheld denials rationale

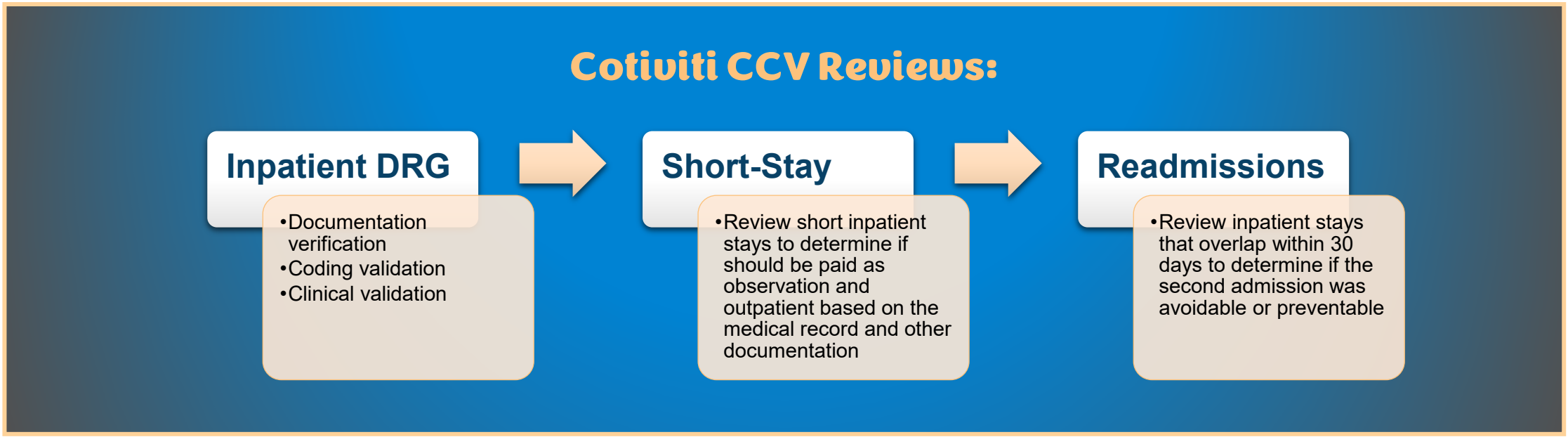
Post-Payment Reviews: Cotiviti CCV

Highmark FIPR partners with Cotiviti Clinical Chart Validations for post-payment reviews of inpatient claims and medical record and documentation reviews.

Our *Plan* is to use post-payment reviews to identify and avoid overpayments in the Medicare and Medicaid lines of business.

Cotiviti CCV Overview

- Verify that the medical record documentation supports the clinical appropriateness of the service, as well as the level of care, place of service, and code(s) utilized to bill for the service



Post-Payment Reviews: Cotiviti RCA

Highmark FIPR partners with Cotiviti Retrospective Claims Accuracy (RCA) for post-payment reviews to Identify and recover billing and payment errors through data mining

Our *Plan* is to use post-payment reviews to identify and avoid overpayments in the Medicare and Medicaid lines of business.

Cotiviti RCA Overview

- Post-payment data mining reviews and analysis to identify potential overpayments. Audit concepts for the RCA component include, but are not limited to, incorrect contract rate, incorrect claim coordination, incorrect modifier reduction, incorrect units, readmissions, duplicate payments and coordination of benefits-commercial and Medicare

Payment Data Validation

Multiple claim payments

- Multiple claims / providers / members
- Duplicate payments

Pharmacy

- Excessive units/charges
- PBM duplicates
- Drug frequency
- Diagnosis-based dosing

Outpatient / Physician

- Pre-admission testing
- Physician MPR
- Excessive units/charges
- CPT procedures (NCCI/MUEs)
  - Incidental
  - Mutually exclusive
- Modifier coding review

Contract Compliance

Advanced Physician

- Physician fee schedule
- Retroactive contract load
- Missed / inappropriate discount
- Capitated services paid as FFS
- Advanced CPT coding
- Advanced modifiers
- Anesthesia
- Behavioral health

Advanced Pharmacy

- ASP/AWP pricing
- Drug carve-out pricing
- Unclassified drugs
- NDC/HCPC conversion
- Vial size dosing / wastage

Advanced Outpatient

- Observation
- Outpatient to inpatient / split bill
- Ambulatory surgery / MPR
- Home health
- Dialysis
- Radiology
- Ambulance / Transportation
- Physical therapy segment reviews
- Skilled nursing facilities / Long-term care
- Durable medical equipment

Inpatient

- Transfers
- Readmission
- Maternity / well-baby
- Neonatal LOC / Birth weights
- Stop loss / Outlier review
- Retroactive contract load
- Split bill contract review
- Authorization review
- MS-DRG & APR-DRG pricing
- Par paid as non-par
- Case rate / Carve-out reviews
- Episode of care analysis
- Implant devices / invoice review
- Behavioral health inpatient / partial IP psych
- Transplants

Post-Payment Reviews: CGI

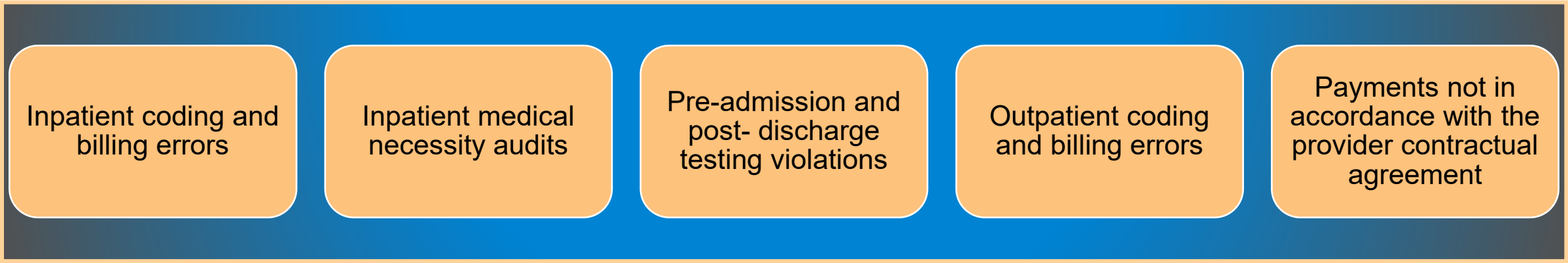
Highmark FIPR partners with CGI for post-payment complex and data-mining reviews. CGI identifies provider billing and coding errors using electronic identification and manual validation along with reviewing medical records and documentation.

Our *Plan* is to use post-payment solutions that cost avoid overpayments for Medicare and Medicaid lines of business.

CGI Overview

- Claims are analyzed for overpayments and errors with data-mining technologies
- Providers submit medical records and documentation for complex reviews

- CGI investigates inpatient and outpatient claims for payment errors that may include:



Post-Payment Reviews: Optum Audit Point

Highmark FIPR partners with Optum for post-payment audits and reviews. identifies provider billing and coding errors using electronic identification and manual validation along with reviewing medical records and documentation.

Our *Plan* is to use post-payment reviews to identify and avoid overpayments in the Medicare and Medicaid lines of business.

Optum Audit Point Overview

- Rules are derived from industry standard correct coding practices
- Claims are analyzed for overpayment and errors
- Concepts are vetted internally to ensure compliance
- Providers submit medical records and documentation for specific audits

Audit Name	Concept Description
Inconsistent Place of Service	This audit identifies claims billed with a place of service that is different than another claim from a different provider billing the same service.
Multiple Procedure Reduction - Professional	This audit identifies inappropriate reimbursements for surgeries/procedures with multiple procedures.
Assistant Surgeon Errors	This audit identifies various errors and abuses related to billing for assistant surgeon services.
MUE Errors	This audit identifies errors made in the billing and reimbursement of units.

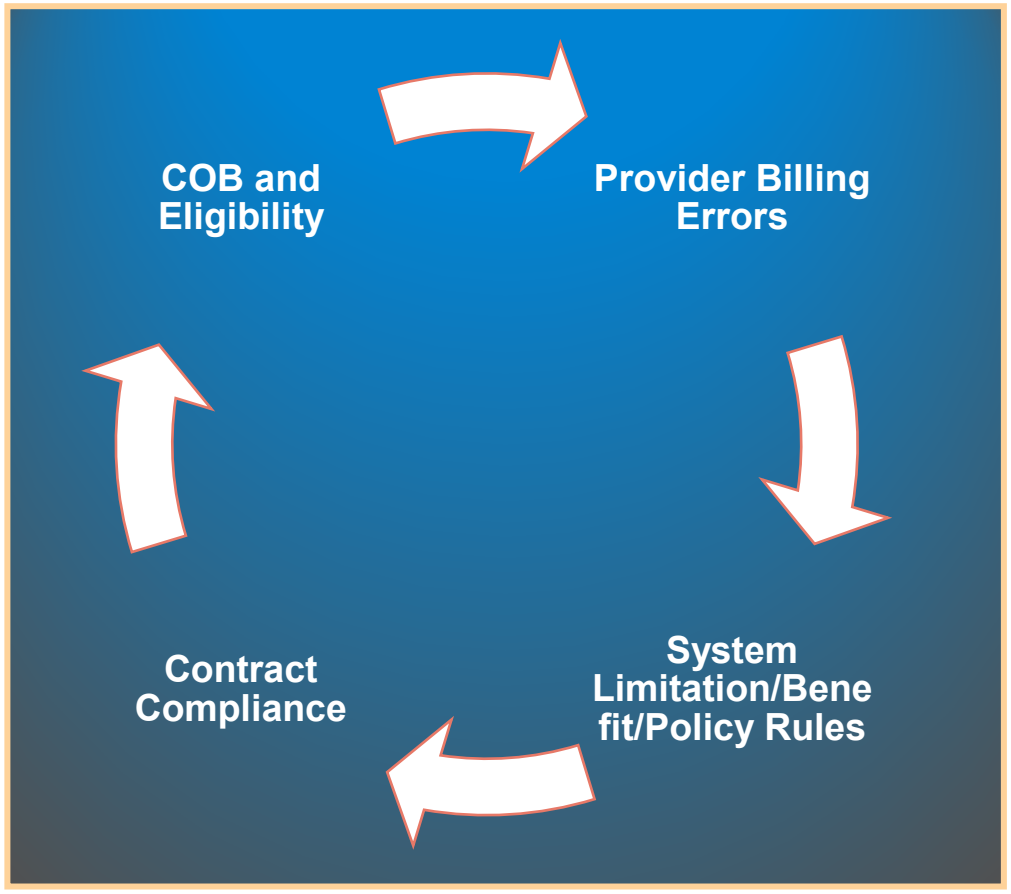
Post-Payment Reviews: Performant

Highmark FIPR partners with Performant for post-payment audits and reviews specifically for durable medical equipment (DME) and home infusion therapy (HIT). Performant performs data mining and medical record reviews.

Our *Plan* is to use post-payment reviews to identify and avoid overpayments in the Medicare and Medicaid lines of business.

Performant Overview

- Data mining audits feature the identification of improper claim coding, billing, or payment without the need for medical records review.
- Library of algorithms to identify claim payments inconsistent with nationally or state-recognized coding standards, violating health plan policies, or containing other clear billing inaccuracies.
- A data mining finding is triggered when a claim, together with its associated historical claims and other factors, matches the criteria for adjustment.
- Providers submit medical records and documentation for specific audits



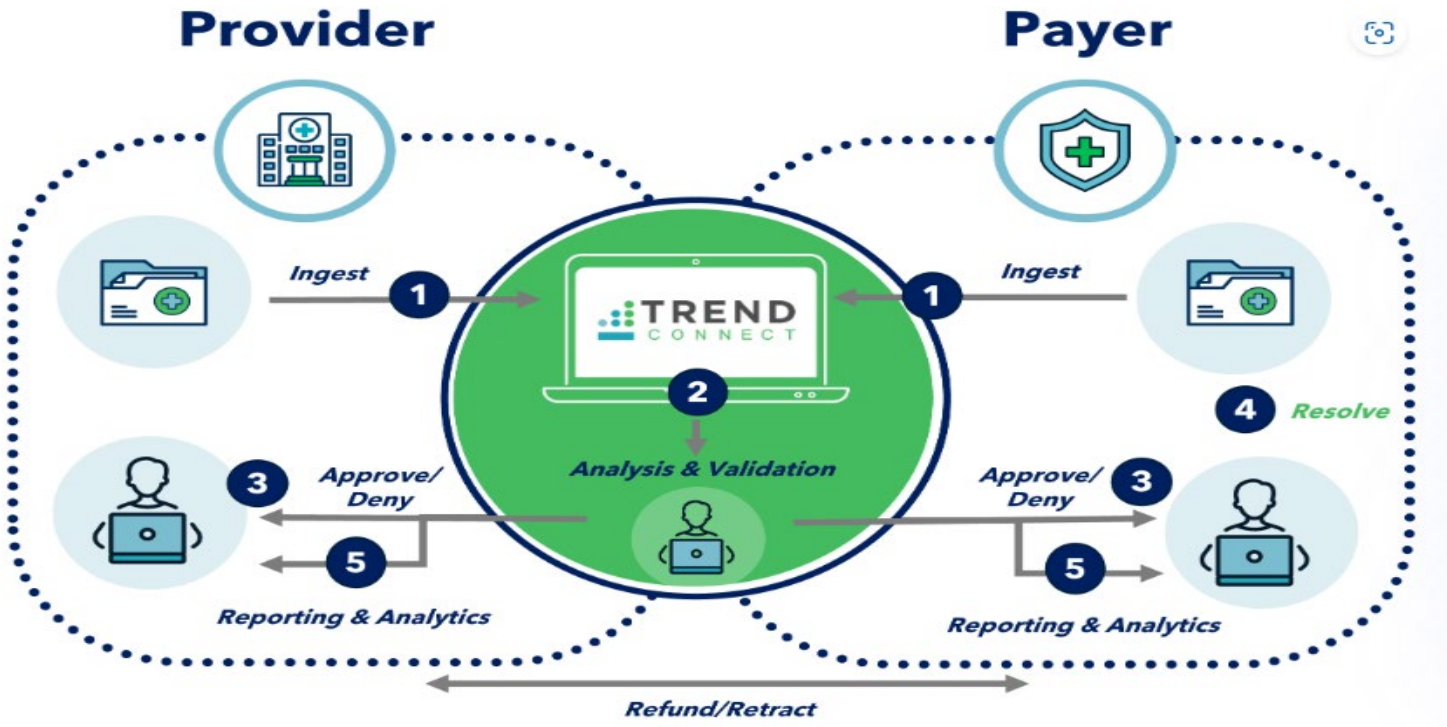
Post-Payment Reviews: Trend Health Partners

Highmark FIPR partners with Trend for provider credit-balance recoveries and post-payment reviews. Trend provides solutions between providers and payers to ensure overpayments are addressed and returned.

Our *Plan* is to use post-payment reviews to identify and avoid overpayments in the Medicare and Medicaid lines of business.

Trend Health Overview

- Trend operates as an extension of the provider's business office, leveraging TRENDConnect to accurately and efficiently resolve credit balances.
- Trend provides data analytics to ensure payment accuracy.



FWA Education and Training Plan

2024 FWA Training Plan

FIPR presents and receives training to help ensure contractual and regulatory standards are met, influence provider behavior change and increase FWA awareness. Moreover, internal training was identified as a risk on the Annual Risk Assessment; therefore, FIPR will increase the frequency of departmental trainings.

Our *Plan* is to deploy a comprehensive training plan that promotes compliance and reduce fraud within our programs.

100 Hours of Training to Present

300 Hours of Training to Receive

Type of Training	Description	Plan Type	Dates	Market
Provider Fraud Training	1. FWA Webpage 2. Newsletters 3. Provider Forums	Monitor	2024	All
Member Fraud Training	1. FWA Webpage 2. Member Materials 3. Member Forums	Monitor	2024	All
Internal Stakeholder Compliance and FWA Training	1. Annual Compliance Training 2. Specific Department Training Plan 3. Associate Alerts	Monitor	2024	All
Provider Education	1. Opioid Training for 2024 2. Newsletters 3. Ad-hoc Provider Assistance	Monitor	2024	All
FWA Associate Enrichment and Development	1. Career Development Specific Training 2. External Training 3. Training Workshops	Monitor	2024	All

FWA Compliance and Administration

FWA Administration and Compliance

FIPR administers FWA activities in accordance with policies, contractual requirements, program standards and applicable regulations. The FWA program ensures all mandates are achieved and resources are sufficient to achieve compliance. FIPR is had dedicated resources and the primary contact for program integrity efforts.

Our Plan is to adhere to contractual and regulatory requirements and deploy best practices for program integrity efforts.

FWA Activity	Description	Dates	Plan Type	Market
FWA Leadership Subcommittee	1. FWA Leadership Subcommittee 2. Overpayment Recovery Policy and Subcommittee	2024	Monitor	All
Policies and Procedures	1. Align Medicaid Markets FWA policies 2. Submit policy for annual BPI Review 3. Update procedures to integrate with Highmark enterprise	2024	Monitor	All
Reporting	1. Meet FWA reporting mandates for HWC and HHO 2. Provide FWA data and financials to C2V, Finance, and leadership	2024	Monitor	All
Communication	1. Maintain FWA hotline 2. Update FWA webpage 3. Facilitate primary contact for program integrity efforts	2024	Monitor	All
Collaboration – Internal and External	1. Multi-disciplinary meetings 2. Referrals for non-standard of care, quality concerns, contract issues, and claims errors	2024	Monitor	All
Vendor Oversight	1. CVS, UCD, UST, and Davis Vision • FWA Assessment, coordination, and training	2024	Monitor	All

Communication

- All Highmark associates, Board Members, and vendors have a **duty to report** any suspected instances of FWA or noncompliance.
- Internal and external relaters can report any referrals or concerns made in good faith **without fear of repercussion or retaliation**.
- FIPR is responsible for several modes for internal and external relaters to report potential FWA.

Our Plan

1. Provide additional training to reduce unknown risks
2. Integrate FWA Hotline for Medicaid Markets
3. Deploy HCFS to enhance referral response

Our Capabilities

FWA Hotline
844-718-6400

Online Form
https://highmarkwholecare.cqs.symplr.com/portal/CreateForm/45028

Confidential Mail
Delivery Code: FIPR
Highmark Wholecare
120 Fifth Ave
Pittsburgh, PA 15222

Email
ssiu@highmarkwholecare.com

Annual Risk Survey

In-person

Collaboration

FIPR has the responsibility to collaborate with internal and external partners.
Our *Plan* is to cooperate with oversight entities, law enforcement, vendor partners, and internal stakeholders.

Government Programs FIPR

Internal SMEs
Internal Collaboration

- Human Resources
- Pharmacy
- Clinical
- Claims
- Finance
- Provider Relations
- Eligibility
- Appeals/ Grievances
- Quality

Operations
Benefit Managers

- Medical Claims
- Pharmacy
- Dental
- Vision
- Radiology

FIPR Solutions
Vendors

- Pre-payment
- Post-payment
- Provider Education
- Complex Reviews
- Provider Collections

Oversight and Law Enforcement Partners