Report in Response to

PL 116-94: Further Consolidated Appropriations Act, 2020:(133 STAT 3110), Division N, Title 1, Subtitle B, §202(A)(i)

Review of Puerto Rico Program Integrity Policies, Procedures, and Staffing

Government of Puerto Rico
Office of the Governor

August 30, 2021

GOVERNMENT OF PUERTO RICO

Office of the Governor

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1.EXECUTIVE SUMMARY

On December 16, 2019, the U.S. Congress came to a bipartisan agreement on 12 appropriation packages. On December 17, 2019, the House passed H.R. 1865 with a vote of 297-120; this bill became Public Law 116-94 on December 20, 2019. Puerto Rico complied with the conditions and requirements set forth in P.L. 116-94: Division N, Title 1, Subtitle B, (133 STAT 3110) - §202(A)(i). The requirement within the law reads as follows:

"In accordance with Program integrity lead.--Not later than 6 months after the date of enactment of this paragraph, the agency responsible for the administration of Puerto Rico's Medicaid program under title XIX shall designate an officer (other than the director of such agency) to serve as the Program Integrity Lead for such program."

Puerto Rico first established the Puerto Rico Program Integrity Unit (PRPIU), which was recognized as an official government entity in October 2019. Puerto Rico also met the congressional requirement by appointing their Program Integrity Lead to direct the PIU. In addition to creating and designating a lead for this position, Puerto Rico has taken steps towards developing and expanding the PRPIU to bring the program into alignment with leading programs in other States.

PRPIU is situated within PRDOH and has responsibilities such as overseeing Fraud, Waste, and Abuse (FWA) efforts in both provider and member cases, including provider enrolment, and member eligibility. Since it has responsibilities pertaining to both sides of the Medicaid process, the PIU works closely with leads from both the Medicaid Eligibility Unit and the Provider Enrolment side to find irregularities, all reporting up to the PRDOH Medicaid Director.

The PRPIU's mission is to minimize losses of Medicaid funds caused by FWA, and to improve the integrity of the health care system. The PRPIU achieves this mission by coordinating the activities of prevention, detection, investigation, referrals, and prosecution of FWA.

This report includes a review and analysis of PRPIU's current state as compared to other states and leading practices. Moreover, through a detailed examination of the policy and procedural documentation, key areas have been identified and recommended for further development, with additional details explained throughout this report. Below is the high-level illustration of the seven areas for development we determined after reviewing the policies, procedures, and staffing of the PIU.

Figure 1. Areas for Development for PIU

This report focuses on Puerto Rico's progress in building and optimizing its Program Integrity function to the continued enhancement to the PI function beyond the primary requirement which includes the following actions:

- ✓ Plans for instituting PI enhancements and technological innovations, as informed by best practices from states;
- ✓ Vision for evolving into a collaborative unit across PRHIA, MCOs, law enforcement, Medicaid Fraud Control Unit (MFCU) and the Office of the Inspector General (OIG);
- ✓ Establishing detailed processes and procedures to effectively prevent, monitor, and address emerging FWA risks in the Puerto Rico Medicaid Enterprise.

The current report includes the following sections with regards to PR Medicaid's PI functions:

a. **PRPIU Organization, Mission, and Structure:** This section contains a review of PRPIU's organizational structure, approach to developing policies and procedures, and progress made to date. Since it has responsibilities pertaining to both sides of the Medicaid process, this section discusses how the PIU works closely with leads from both the Medicaid Eligibility Unit and the Provider Enrollment side to find irregularities, all reporting up to the PRDOH Medicaid Director. It also discusses the overall mission of the PRPIU, and the PRPIU's current and proposed organizational positioning.

b. **PRPIU Workflow and Intra-unit Collaboration:** This section outlines the workflow of an FWA case as well as the various other entities involved in the lifespan of a PRPIU case flow.

c. **Strengthening PRPIU Human Resource Operations:** This section includes an analysis of PRPIU staffing capabilities, a staffing comparison with peer states, as well as a discussion of proposed staffing enhancements as they relate to state leading practices.

d. **Review of Policies and Procedures:** This section details PRPIU's policies and procedures to date as well as policies/procedures in progress or upcoming and compares them with federal rules and regulations.

e. **Planned areas of continued development:** Through the review and analysis of PRPIU's current state, and a detailed examination of the policy and procedural documentation, this section identifies the areas recommended for further development.

f. **Opportunities and enhancements:** Upon review of the PIU current state and PRPIU's development areas, PR has identified additional areas for continued enhancement in addressing the aforementioned development areas, pending an increase in resources.

2. PRPIU Organization, Mission and Structure

Designation of PRPIU Lead and Institution of Organizational Structure

Medicaid initially filled the PRPIU Lead role with a contractor but converted it to an official government position in August 2020, and has continued to develop the PIU team since that date. The Program Integrity Director reports directly to the Medicaid Program Executive Director and the Puerto Rico Secretary of Health.

Within PRDOH, the PIU's responsibility is to coordinate FWA oversight efforts in both provider and member cases, including provider enrollment and member eligibility. Since it has responsibilities pertaining to both sides of the Medicaid process, the PIU works closely with leads from both the Medicaid Eligibility Unit and the Provider Enrollment side to find irregularities, all reporting up to the PRDOH Medicaid Director. Figure 3-2 illustrates the current positioning of PRPIU within Medicaid:

PRPIU's Positioning in the Puerto Rico State Medicaid Program

Figure 3-1. PRPIU's Positioning in the Puerto Rico State Medicaid Program
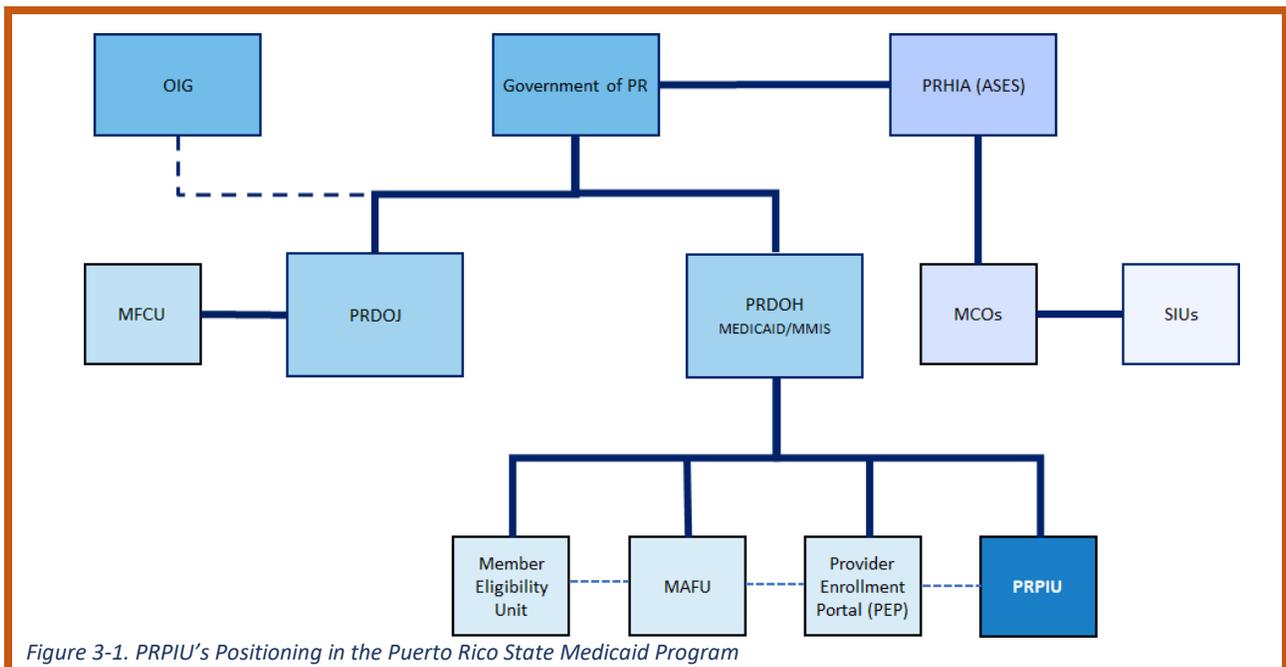
PRPIU Mission and Current Organization

Program Integrity activities are meant to ensure that federal and state taxpayer dollars are spent appropriately on delivering quality, necessary care and preventing fraud, waste, and abuse from taking place. Currently, the PIU has responsibilities pertaining both to provider

enrollment and eligibility: the unit is responsible for ensuring that eligibility decisions are made correctly and that prospective and enrolled providers meet federal and state participation requirements. Other roles and responsibilities include:

- Ensuring services provided to enrollees are medically necessary and appropriate.

- Ensuring provider payments are made in the correct amount and for appropriate services.

- Exercising general managed care oversight over of the health plan's compliance with federal and state laws, regulations, and policies, including when fraud or abuse is suspected.

- Working with multiple entities to oversee and monitor quality, access, and timeliness of care for managed care enrollees; managed care oversight also focuses on administration and management, appeal and grievance systems, claims management, customer services, finance, information systems, marketing, medical management, provider networks, and quality improvement.

- Identifying and recovering improper payments made to providers, such as payments that should not have been made or that were made in an incorrect amount.

Puerto Rico has made significant strides towards developing and expanding a Program Integrity Unit. The Puerto Rico Medicaid Program began to stand up the PRMPIU in October 2019; in December 2019, it was approved and recognized as an official government entity.

The PRPIU's mission is to minimize losses from FWA, and to improve the integrity of the health care system. The mission is achieved through the activities of prevention, detection, investigation, referrals, and prosecution of FWA.

PIU Activities include:
- Monitoring of claims patterns, desk audits, and reviews
- Data mining activities to identify outlier and high-risk payment providers
- Monitoring and risk-reviewing member eligibility and patterns of use
- Preliminary and complete investigations of alleged or potential FWA
- Auditing to ensure compliance with MCO contracts and agreements
- Pursuing civil and criminal prosecution and convictions by referring cases where there is evidence of fraudulent activity to the Medicaid Fraud Control Unit (MFCU) at the Puerto Rico Department of Justice and/or to OIG

- Money restitution when warranted
- MMIS monitoring and case tracking
- Interagency information exchange with MFCU and the PRHIA compliance and legal departments

Preliminary roles have been created and filled to enable PRPIU to achieve this mission. To date, six positions have been filled to support the Unit including: one (1) Program Integrity Director, one (1) registered nurse and four (4) program integrity analysts (see Figure 3-1).

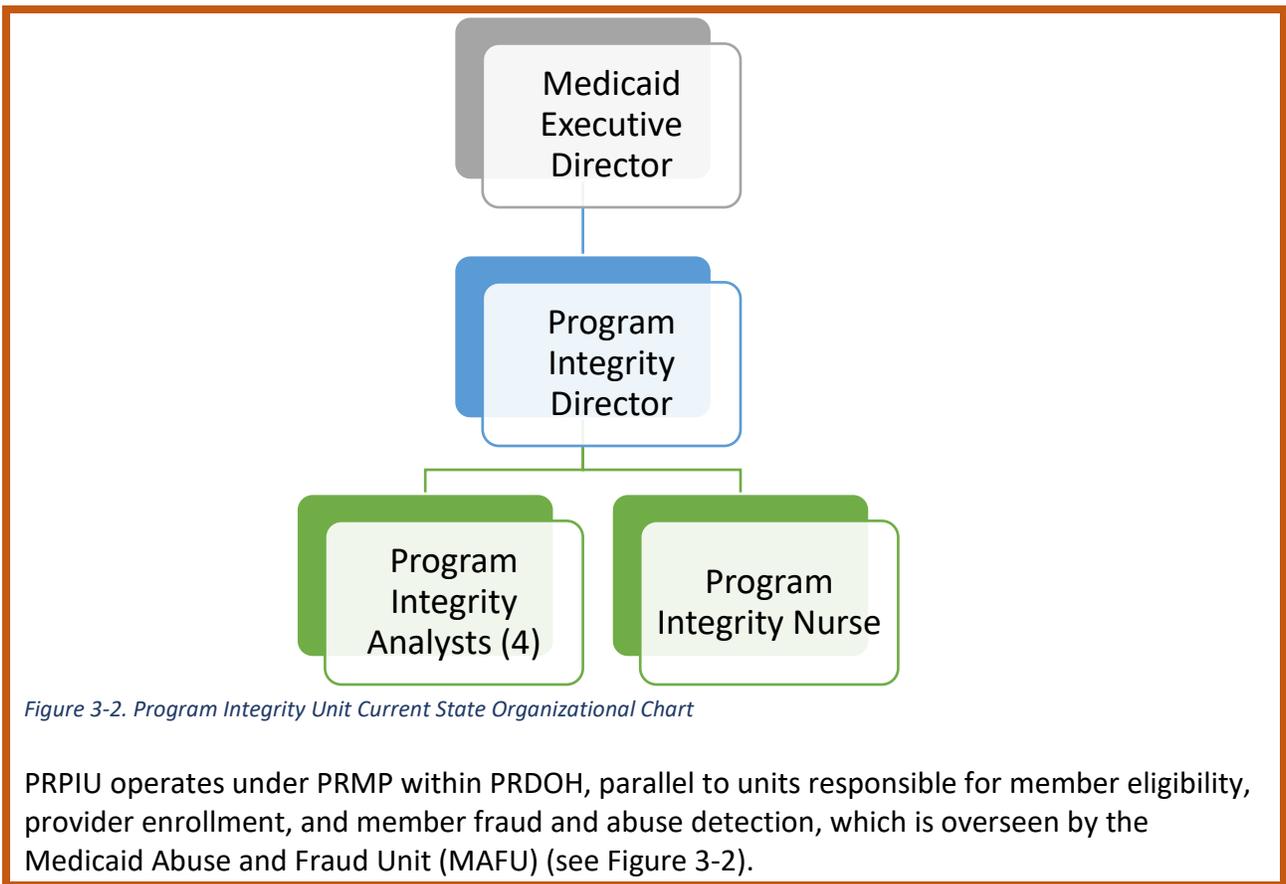*Program Integrity Unit Current State Organizational Chart*

Figure 3-2. Program Integrity Unit Current State Organizational Chart

PRPIU operates under PRMP within PRDOH, parallel to units responsible for member eligibility, provider enrollment, and member fraud and abuse detection, which is overseen by the Medicaid Abuse and Fraud Unit (MAFU) (see Figure 3-2).

PRPIU Proposed Organization

As PRPIU continues to grow and develop, it aims to adopt an organizational structure similar to those of other programs in leading states. PR has developed a proposed organizational structure for the future by coordinating with the PIUs of other states and comparing staffing structures and leading practices. The PRPIU proposed organizational structure based on that analysis is detailed below:

Current PIU Organizational Positioning

Currently, PRPIU is positioned as shown in figure 3-3. Within this structure, the Member Lead oversees eligibility and quality investigations, working collaboratively with Medicaid Anti-Fraud Unit (MAFU) and member fraud to generate leads and referrals. The Provider Lead coordinates with the Provider Enrollment System (PEP), and FWA to generate leads and conduct investigations. PRHIA and MCOs coordinate with PI in referrals and follow up for provider and member actions. As the PRPIU is further developed, enhanced structural organization will place the unit as a central hub overseeing both the Provider and Member investigation arms.
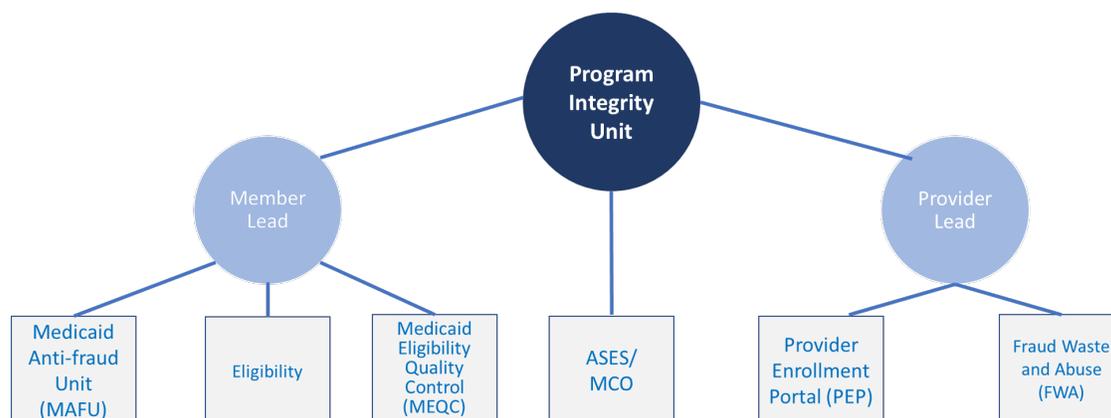

Figure 3-3. Current PIU Organizational Positioning

Current PIU Case Flow

In its current case flow process, delineated in figure 3-4, PRPIU oversees and receives leads from PRHIA, MMIS, and other forms of referral including phone tips. The leads from PRHIA come in the form of reports made using PRHIAs' Comprehensive Oversight and Monitoring Plan (COMP) tool which collects data from MCOs and monitor provider networks and behavior. PIU also receives reports from the MMIS Surveillance and Utilization Review Subsystem (SURS) within the MMIS, which does peer comparisons for like providers and identifies outliers. PRPIU is the coordination point and takes on investigations for both Provider and Member cases as capacity allows. PI also refers cases out to OIG, Medicaid Anti-Fraud Unit (MAFU) and Medicaid Fraud Control Unit (MFCU) based on case details and criteria. However, as evident in the case flow visualization of Figure 3-4, there is little back and forth between entities in the current state, nor are there feedback loops. PIU hopes to enhance its current state such that each of the relevant entities would engage in feedback loops, with PIU as the central point of coordination and informational exchange as illustrated below in section 4.1.6.
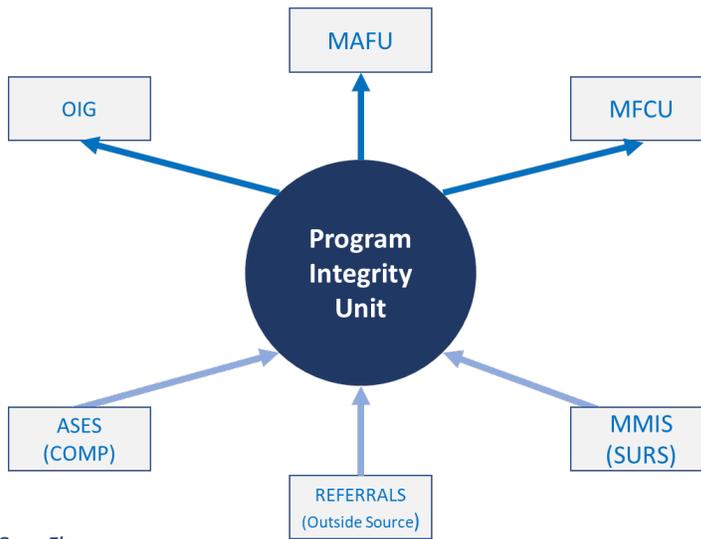
Figure 3-4. Current PIU Case Flow

Interagency Collaboration

There are many PR agencies involved in the shaping and coordination of the PRPIU. It is PRPIU's vision that all entities will collaborate closely with each other to share information and coordinate on PIU activities. Collaboration points include a strong relationship between PRHIA and MCOs (including the MCOs' Special Investigations Units [SIUs]), with suspected cases of FWA addressed internally or referred to MFCU and/or OIG.

Reference table of all related entities is detailed in the table below:

Unit	Relationship with PRPIU
OIG	Oversight of PI and reviews referrals from PI findings
MFCU	Member fraud identification and investigation. PIU findings and recommendations will be reviewed by MFCU and legal actions can be taken if necessary
PRDOJ	Pursuing civil and criminal prosecution for cases referred by PRPIU
PRHIA – ASES	PRHIA refers cases to PRPIU. PRHIA has also agreed to send to PRPIU monthly compliance reports, including corrective action plans (CAPs) and FWA referral case reports. Moreover, PRHIA shall provide to PRPIU a ShareFile folder where MCOs and Pharmacy Benefit Managers (PBMs) will deposit documents, case reports, CAPs, Plan of Actions and Milestones, MCO Program Integrity Plans, as well as other documents related to Medicaid Program Integrity activities and responsibilities.
MCOs	PRPIU audits to ensure compliance with MCO contracts and agreements. PRPIU also executes and

	manages provider suspensions, terminations, and reenrollments via collaboration with the MCOs
SIUs	SIUs provide quarterly reports to PRRIU regarding providers flagged for FWA; external referrals from whistleblowers such as beneficiaries, providers, MCO administrators, and other stakeholders, who can report via forms on the PRPIU website or by phone
PRDOH	PRPIU is situated within PRDOH. PRPIU has responsibilities both from a provider enrollment perspective and from a Medicaid eligibility
Member Eligibility Unit	The Member Eligibility Unit is responsible for processing applications for Medicaid eligibility.
MAFU	Unit for member investigation. Reviews cases after 2019 that are referred by PRPIU
Provider Enrollment Portal	PRPIU uses the Provider Enrollment Portal to find data on providers and their utilization patterns

Table 3-5. Interagency Collaboration

3.PRPIU Workflow and Interunit Collaboration

PRPIU has developed procedures for collaboration across various Medicaid entities. An overview of the PI case process is provided in this section, followed by the detailed processes and inter-unit connections at every critical step in the workflow.

Overview of PI FWA Case Process

The case tracking process starts with a suspected misuse of the Puerto Rico Medicaid Program (PRMP). The suspect could come from a variety of resources. Once the issue is known, a decision is made to create a case. The case and all initial complaint information and supporting documentation is loaded to the PI Case Tracking tool.

From there, if thorough research and investigation is needed, an audit is started, and an Auditor is assigned to review. Audit creation includes defining the scope and identifying members and claims related to the audit criteria. The member and claims information are pulled and validated from the Data Warehouse. The Auditor then reviews each associated claim to verify if a Finding should be attached to the case. A Finding indicates that an issue was identified during research and investigation.

Throughout the audit review process, additional comments, reports, and documentation are added to the case to define the situation and build a foundation for recommendations and next steps. Additionally, during the audit review process, correspondence such as letters, reports, or documentation can be generated from the PI Case Tracking tool and sent to the affected entities. Once the audit is completed, a recommendation is made and action, such as a financial penalty, is enforced. If a provider disagrees with the outcome, then the provider may issue an appeal. That process is tracked in the PI Case Tracking tool as well until the case can be closed.

Case Leads and Data Sharing

PRPIU has developed procedures for collaboration with MCOs, PEP, MFCU, and OIG. The units work together in preventing, detecting, and addressing FWA, with PIU serving as the central data analysis hub, information portal and conduit, and adjudicator or executor of various steps in the FWA identification and resolution process. PIU receives and evaluates claims from MCOs daily through an MMIS interface, and reviews new provider enrollments (which include affiliate and co-owner disclosures) to assess risk level and check against open or recently settled cases. PEP automatically designates durable medical equipment (DME) providers and hospices as high risk due to their notoriously high rates of fraud, but PRPIU can flag additional risky providers. PRPIU does not yet have access to PEP, but this is planned in the future. Currently, if PRPIU needs anything from PEP, it needs to request it. For example, if PRPIU determines that a

provider's risk level needs to be elevated, it notifies PEP management and they make the change in the system. The Provider Enrollment Unit (PEU) tracks provider affiliate and co-owner update disclosures post-enrollment. The provider submits all the information at the PEP and once the provider information is completed and compliant, the PEU unit sends to the provider a letter of acceptance and/or welcome letter. On a monthly basis, the PEP sends the list of approved providers to PIU. PIU will review the list to see if any providers have investigations in process or cases that have been referred to law enforcement agencies. If the answer is yes, PIU proceeds to make a risk categorization change or a provider termination in the MMIS.

 PRPIU's additional sources of referrals include quarterly reports from MCO SIUs regarding providers flagged for FWA; external referrals from whistleblowers such as beneficiaries, providers, MCO administrators, and other stakeholders, who can report via forms on the PRPIU website or by phone; internal referrals from proactive MMIS data monitoring and analytics, along with unannounced home and provider visits (in non-COVID circumstances); and referrals from the OIG hotline.

Investigation and Case Referral

Once PRPIU receives a referral, it conducts a preliminary investigation, assigns a risk level of high, medium, or low, and generates a report. PRPIU also oversees SUR monitoring of providers designated as high risk, mostly by using claim history reports, with the degree of monitoring determined by risk level.

Based on the report generated, the PRPIU Director decides on whether to discontinue the investigation based on lack of evidence or open a case. If a case is opened, the case/provider is then subject to a full PRPIU investigation, after which, if the case is not closed due to lack of findings, the PRPIU director determines whether the case can be handled internally – which is generally reserved for cases of abuse – or referred to MFCU and/or OIG in cases of fraud or criminal activity. If adjudication is to be managed internally, PRPIU executes and manages provider suspensions, terminations, and reenrollments via collaboration with the MCOs, and is responsible for recoupments of overpayments.

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false claims or duplicate billing. Then we review if the service rendered is appropriate given the patient record. If PRPIU encounters suspicious billing, we ask for an on-site audit (currently suspended due to COVID-19) or further record review. Only at that point does PRPIU make the decision to refer the case to MFCU.

All letters, reports, or documents that have been drafted must go through the internal approval process before they can be sent to an external entity. Internal items may not require any approvals. Alternately, approval processes could be single or multi-level and could require director level approval as in Supervisor and Director level approval. When letters are drafted, they require approval from the Supervisor listed for the user on the Auditor Information panel. Letters that require director-level approval may go through a multi-level approval process. The director of PRPIU has final approval on documents before they are sent out to other departments (MFCU, for example).

If adjudication is to be managed internally, PRPIU executes and manages provider suspensions, terminations, and reenrollments via collaboration with the MCOs, and is responsible for recoupments of overpayments. PRPIU meets regularly with MCOs, MFCU, and OIG to review cases and coordinate response. MFCU and OIG can decide to take on a case jointly or pass it from one to the other, and to solicit PRPIU's help. Cases involving people dually eligible for Medicare and Medicaid can only be adjudicated by OIG. Occasionally, if MFCU or OIG are working on a case, they will send PRPIU a Request for Information (RFI) due to not having data mining capabilities of their own. The PIU team coordinates and supports the MFCU and OIG as needed.

Appeals Process

If a review by PIU finds improper billing on behalf of a provider, a letter is sent to MFCU, or a letter of recoupment is sent to the MCO, the provider, as well as to PRHIA. The provider has the right to appeal. When a provider appeals a decision based on an audit, the request must be reviewed. The Hearing Office will be assigned the case to review and make a decision on the appeal. When the appeals process finishes, if there is an adverse action ruling, the MCO recoups the money and hands it over to PRHIA.

Recoupment

At present, the recoupment process is done through PRHIA and MCOs, which has led to some challenges for PRPIU. PRPIU has requested a change to its contract with PRHIA to have more control of the process.

4. Strengthening PRPIU Human Resource Operations

The PRPIU continues to implement enhancements in key opportunity areas with the ultimate objective of becoming the central hub through which the PI-related activities of other Medicaid entities are coordinated. Hiring additional staff is a crucial step in enabling PRPIU to perform key PI responsibilities and adopting leading practices.

PRPIU is hoping to expand their unit and create a robust team. States such as Arizona, Tennessee, and D.C. have PI units that are similar in count, size of program, and are managed care oriented. These states have put together successful PI units that will serve as models for PRPIU. PRPIU has collaborated with these states to discuss leading practices and optimal PIU staffing. To better align with its peer states, PRPIU should consider expanding team and staff size. DC, for example, has seven auditors and one supervisor, seven investigators and one supervisor, and five analysts who do management work and audits, amounting to 21 staffers total (excluding department managers and leadership). PRPIU, in comparison currently has only four analysts, amounting to five staffers total. Since PRPIU has only five staffers, this limits the volume of cases they are able to research and hinders other job responsibilities.

Program Integrity Unit Suggested Staffing and Organizational Chart

Figure 4-1. Program Integrity Unit Suggested Staffing and Organizational Chart
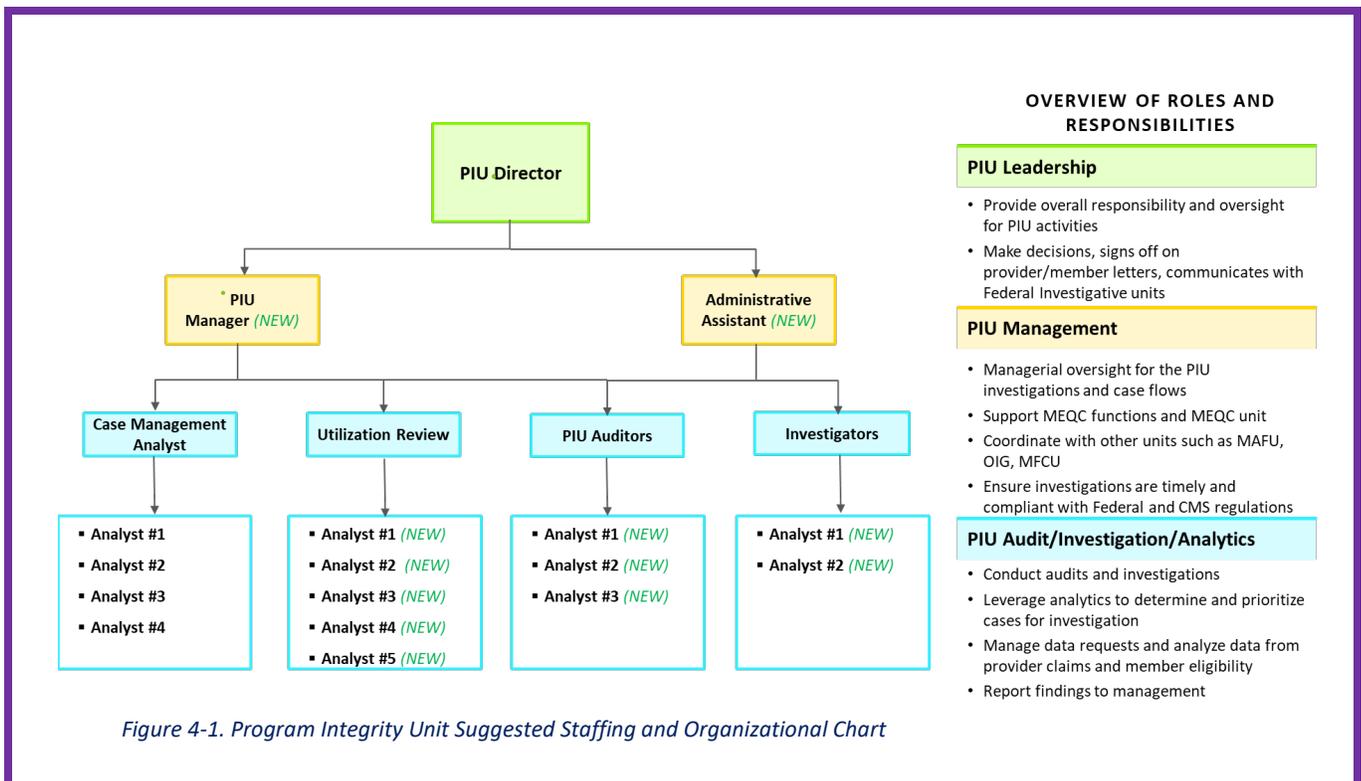
As shown above in Figure 4-1, the PRPIU suggested staffing and organizational chart, modeled off of the staffing charts of peer states, will have more capacity to carry out the myriad responsibilities of a PI unit, thus allowing for enhanced FWA monitoring, recoupment, and oversight activities. PR recommends the PI unit **increase its staffing size by 12 employees,** in order for the PIU to have sufficient FWA capabilities. Strategic placement of additional staffing is a crucial step in enabling PRPIU to adopt leading practices and perform key PI, MEQC, and PERM responsibilities. Growing the PIU from its current staffing of **6 resources** to **18 resources** would put PRPIU in line with comparable State/District Program Integrity organizations.

PRPIU Proposed Staffing: Role Descriptions

As shown below in Figure 4-2, each proposed PRPIU role has clearly delineated responsibilities and plays a key role in the day-to-day functioning of the team. The proposed suggested qualifications and experiences, listed below, are modeled off the qualifications of staff in peer states.

Role	Description	Suggested Qualification & Experience
Program Integrity Director	Oversees the Program Integrity Unit. Is the primary contact with external business partners, federal agencies, and other partners. Ensures all work done by the unit is done in accordance with State and Federal laws.	• Expertise and experience in Federal Health care and Program Integrity compliance • Knowledge and coordination experience with Federal investigative entities like MFCU, OIG, FBI
PIU Manager	Oversees the work done by the Program Integrity Analysts and Investigators and manages day-to-day activities. Is responsible for ensuring the Investigations team meets their goals.	• Expertise and experience in Federal Health care and Program Integrity compliance • Managerial and oversight capabilities
Administrative Assistant	Oversees administrative tasks and works to support the Program Integrity Director and PIU manager.	• Ability to manage PIU filing systems • Experience supporting executive level management
Case Management Analyst	Conducts research and preliminary investigations of alleged fraud, waste, abuse and neglect by providers in the	• Experience in Federal Health care and Program Integrity compliance

Role	Description	Suggested Qualification & Experience
	Medicaid program and assist in the elimination, reduction, or avoidance of inappropriately paid state and federal funds	• Knowledge of Medicaid rules and regulations, familiarity with FWA investigations and processes
Utilization Review	Reviews SURS and other anomaly reports and analytics to identify outlier behaviors that may require further investigation	• Experience with analytics, data management, claims reviews • Knowledge of provider and member regulations and processes
PIU Auditors	Conducts audits and carries out administrative and management tasks related to open cases. Handles all provider self-disclosures received by the Commonwealth. Works with other members of the audit team to review audit findings and reconsiderations.	• Familiarity with Federal Health Care and Program Integrity compliance • Experience reviewing claims from healthcare providers and conducting audits
Investigators	Performs investigations and research on cases, collects evidence, performs site visits, identifies improper payments and assists in the movement of a case through the case lifecycle.	• Experience in Federal Health Care or Program Integrity • Knowledge of Medicaid policies and procedures • Experience reviewing claims data and reporting out to team

Figure 4-2. PRPIU Proposed Staffing: Role Descriptions

Staffing Analysis – Staffing Levels of PR Vs. Peer States

As illustrated below in Figure 4-3 and 44, Puerto Rico is on the lower end of staffing numbers among its five peer states.

Staffing Levels	Puerto Rico (ASES + DOH)	Peer State 1	Peer State 2	Peer State 3	Peer State 4	Peer State 5
Medicaid Lives	1,382,007	1,651,355	2,119,739	3,024,707	1,431,787	385,813
Program Integrity	8 Full Time Employees	21 Full Time Employees	12 Full Time Employees	8 Full Time Employees	21 Full Time Employees	13 Full Time Employees

Figure 4-3. Staffing Analysis – Staffing Levels of PR Vs. Peer States

Normalized Count: Staffing Levels of PR vs. Peer States

Staffing Levels (Normalized)	Puerto Rico (ASES + DOH)	Peer State 1	Peer State 2	Peer State 3	Peer State 4	Peer State 5
Program Integrity	6.7	12.7	5.7	2.6	14.7	n/a

Figure 4-4. Normalized Count: Staffing Levels of PR vs. Peer States

Ideal Organizational Positioning

PIU hopes to expand its current roles and responsibilities and be equipped to generate leads, follow up on referrals to ensure the cases they pass on to the appropriate entities are being pursued, and coordinate with PRHIA to ensure that actions are being taken within MCOS. PIU can enhance coordination and prevent information siloes by repositioning itself organizationally to optimize inter-relationships with Eligibility and Provider oversight branches of Medicaid. PRPIU's ideal organizational positioning is illustrated in Figure 4-4, pictured below.
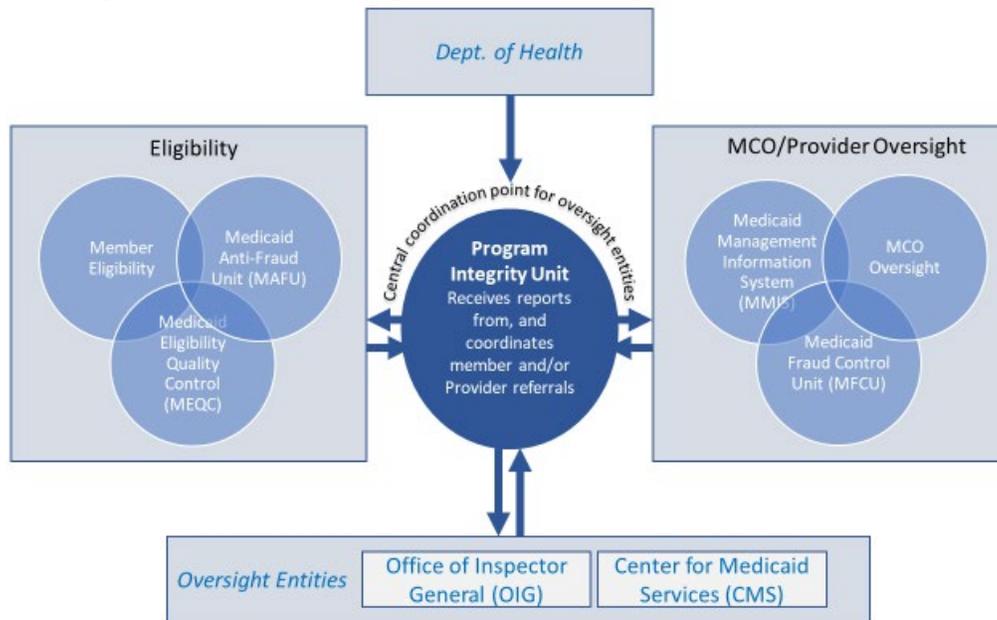

Figure 4-4. Ideal Organizational Positioning

5.Review of Policies and Procedures

PRPIU Approach to Developing CMS-Compliant Policies and Procedures

Since its formation, PRPIU has been working to develop internal policies and procedures based on 42 CFR Subpart 455 and other relevant CMS regulations while simultaneously ensuring compliance with Puerto Rico's internal code. PRPIU's role in the Puerto Rico Medicaid enterprise is guided by a new MOU among PRDOH, PRMP, and PRHPIA, signed in June 2020. The MOU delineates the roles and responsibilities of PIU as an essential part of PRMP and lays out a protocol for cooperation with PRHIA/MCOs and PRDOH in order to bolster Program Integrity across the board.

Per the MOU, PRHIA has agreed to send to PRPIU monthly compliance reports, including corrective action plans (CAPs) and FWA referral case reports. Moreover, PRHIA shall provide to PRPIU a ShareFile folder where MCOs and Pharmacy Benefit Managers (PBMs) will deposit documents, case reports, CAPs, Plan of Actions and Milestones, MCO Program Integrity Plans, as well as other documents related to Medicaid Program Integrity activities and responsibilities. The MOU ensures that inter-organizational communication and monitoring remain a central component to PIU's approach to Program Integrity.

PRPIU has taken a comprehensive approach to establishing novel policies and procedures, carving out its critical role in the organization by both studying best practices from other states and instituting improvements guided by lessons-learned from Puerto Rico's past challenges with FWA.

PRPIU has also reviewed relevant reports by CMS, OIG, and other stakeholders and integrated their recommendations into its operations.

Finally, PRPIU has worked with its sister units in the program, as well as with PRHIA and MCOs, to adopt the most effective practices for ensuring productive collaboration and seamless transition of case information and documentation to optimize Puerto Rico's ability to quickly flag and address, as well as prevent, FWA.

PRPIU Policies and Procedures Developed to Date

PRPIU has drafted 17 policies and 32 internal procedures. It has also developed templates for more than a dozen documents. To find data on providers and their utilization patterns, PIU relies on the Provider Enrollment Portal (PEP) and Surveillance and Utilization Review

Subsystem (SURS) within MMIS, respectively. SURS enables peer comparisons for like providers and identifies outliers.

PIU's policies and internal procedures do a thorough job of covering all the relevant regulations and processes for Program Integrity, with a few additions and revisions still in progress. Table 3-1 lays out these regulations and procedures for major categories of FWA detection and adjudication, and notes policies and processes that are evolving, in need of revision or expansion, or planned. Tables 3-2 lists PIU procedural documents and forms developed to date, and 3-3 indicates those still in development and planned content additions.

PIU Procedural Documents and Forms Developed to Date

PR has completed a comprehensive review of all PRPIU policies and procedures. Below is the table detailing which procedural documents PRPIU has completed and which it plans to develop. These forms and documents were produced in alignment with federal and commonwealth requirements.

Procedural Document/Form Type	Development Status
Lost or damaged records attestation by provider	Development Complete
Notice (to providers) of intent to recoup/recover overpayments	Development Complete
Termination of enrollment letter to provider, including acknowledgment form)	Development Complete
Notice to PRHIA to terminate provider, and acknowledgment and attestation form (for PRHIA to confirm termination was executed)	Development Complete
Conflict of Interest Disclosure Form for PRPM-MMIS employees (includes manager approval section)	Development Complete
Conflict of Interest Policy Form (for employees to sign)	Development Complete
Confidentiality form (for employees to sign upon starting work at PIU)	Development Complete
Warning/educational letter to providers (provides list and analysis of suspicious claims	Development Complete

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5. REVIEW OF POLICIES AND PROCEDURES

and asks providers to review their "current business practices" to ensure they're in compliance)	
Program Integrity Referral to MFCU Checklist Program Integrity Detailed Referral to MFCU form	Development Complete
PIU Phase I (preliminary investigation) Report – detailed list of contents	Development Complete
PRHIA Vital Full Investigation Status Report	Development Complete
PIU Case/Referral Closure Summary Form (case referral dispensation form)	Development Complete
PIU Case Review Meeting Minutes form	Development Complete
Referral disposition / administrative action letter to providers (from PIU when no referral to MFCU)	Development Complete
PowerPoint template for presentation of case to law enforcement	Development Complete
Provider record request letter (3 versions) Referral/case disposition flow chart	Development Complete
Fraud allegation referral form (to PIU, by complainant /whistleblower)	Development Planned
Notification of appeals decision to provider	Development Planned
Provider Corrective action plan (for revocation of non-compliance status) template	Development Planned
PIU Referral internal checklist (for incoming referrals or a Request for Information [RFI] from OIG or MFCU)	Development Planned
RFI form to MMIS, PRHIA, or MCOs for provider information (other than for a record)	Development Planned

Table 5-2. PIU Procedural Documents and Forms Developed to Date

PIU Procedural Documents and Forms in Development and Planned Content Additions

The table below elaborates on the procedural documents and forms currently in development and lists the planned content additions for each document. The planned content additions are intended to bring each document or form into full compliance with federal and commonwealth guidelines.

PIU Procedural Documents and Forms in Development	Planned Content Additions
Notice of Good Cause to not suspend payments or partially suspend payments *(due to determination that suspension is not in the best interests of Medicaid program)*	➢ Nature of suspected FWA ➢ Whether not suspend or partial suspend; if partial, indicate what fraction will still be collected ➢ Nature of good cause – reason for not suspending payments or discontinuing a previous payment suspension ➢ The time period during which this will be effective ➢ Requirements for compliance to get back in good standing ➢ Corresponding CFR citation (has in last paragraph, but not clear that applies to whole letter)
Notice of Suspension of payments in cases of suspected fraud (for provider)	*BY STATUTE* ➢ Placeholder for specifying, if applicable, to which type(s) of Medicaid claims or business units the suspension applies ➢ Information about State administrative appeals process and corresponding State law citations ➢ Paragraph informing provider of right to submit written evidence ➢ Details on applicable parts of cited provision (455.23) *OTHER* ➢ The part of the provision the provider is suspected of violating ➢ The events (listed in provision) upon the occurrence of which the withholding of payments would be terminated

Appeals summary report for provider re-installment consideration (by PIU committee)	➢ Detailed template (to expand brief outline in policy documents)
Written agreement (MOU) between PIU and MFCU, to be updated every 5 years	➢ Document template (to go with brief description in policy documents)

Table 5-3. PIU Procedural Documents and Forms in Development and Planned Content Additions

Puerto Rico's PRPIU Policies and Procedures Compliance

The table below lists every PRPIU policy and procedure and specifies which components of each are completed, planned, or in development.

Identification of risky providers and determining risk level	Reg & Int.		➢ **Process for identifying risky providers and criteria to determine risk level** (*needs to be documented in writing*)
1) Procedures for payment suspensions and termination **2) Enrollment reactivation/reinstatement**	Reg	➢ **Suspension of payment** in cases of suspected fraud – basis	➢ **Suspension of payment in cases of suspected fraud** – duration (*needs to be expanded*) ➢ **Suspension of payments – Good Cause** not to Suspend and Good Cause to Suspend in Part (*need process/criteria for each*) ➢ **Reactivation of enrollment per corrective action plan** (*need clarification and criteria for assessing reenrollment*) ➢ **Termination and reactivation of enrollment by PIU** (*update definition of "disclosable event" and expansion/clarification*)
1) Overpayment recovery and recoups **2) Record requests, audits, and SUR list process**		➢ **Record request from providers** suspected of FWA ➢ **Recoupment process**	➢ **Onsite/field audits** (*update to mention of unannounced audits/visits*) ➢ **Post-payment reviews/audits** based on complaints/referrals or MMIS info (*need more procedural details*) ➢ **SUR list process** for those against whom there is an administrative action (*need clarification of criteria for provider grouping*)

			➤ **Overpayment refund (recovery)** procedures and exceptions (*needs additional language per statute*)
1) Appeal rights *2) Appeals process*	Reg	➤ **Appeal rights**	➤ **Appeals process**
Statement of requirements for PIU to institute methods to make sure they don't infringe on rights of those being investigated and provide due process	Reg		➤ **Statement ensuring due process and non-infringement of rights during PIU investigations**
Acceptance, processing, filing/tracking, and categorization of internal and external referral documents	*Reg & Int*		➤ **Referral registration process, including risk level determination** ("Red," "Yellow," or "Green") *(need clarification of protocols for opening sensitive case materials and additional clarity on case categorization and risk levels)* ➤ **Security protocol for safeguarding referral documentation** *(need details of file set-up plan and placement of case information in multiple systems/folders)*
RFI (to PIU from various parties) processing and closure	*Int*	➤ **Protocols** for receiving, fulfilling, tracking, and closing RFIs (sent to PIU)	
Case file opening for "official leads"	*Int*	➤ **Detailed organizational structure** and breakdown of folder system for opening a	

		new case (from referral vetted tor case-opening)	
1) **PIU preliminary investigation requirement, procedures, and report by PIU** 2) **Case disposition by PIU in cases not referred to MFCU**	Reg & Int	➤ **Procedures for PIU preliminary** investigation ➤ **Template/guidelines** for Phase I (preliminary investigation) Report ➤ **Referral disposition process for providers** who will be placed under administrative action by PIU (those that not referred to MFCU/OIG)	➤ **Requirement for preliminary investigation**
Beneficiary verification procedure (by PIU) to verify whether billed services were received	*Reg*		➤ **Verification procedure for beneficiary services**
1) *Requirement for referring cases of fraud to law enforcement* 2) *Requirement for full investigation by PIU in cases of abuse and full investigation by law enforcement if fraud*	*Reg*	➤ **Requirement for referrals (to MFCU, OIG)** in cases of suspected fraud	

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5. REVIEW OF POLICIES AND PROCEDURES

1) *Establishment of working relationship between PIU and MFCU per MOU between the two* 2) *Procedures, developed in cooperation with state legal authorities, for referring cases of fraud to law enforcement, including process (to ensure "an adequate volume and quality of referrals from PRMPIU to MFCU" as part of MOU*	Reg	➢ **Establishment of PIU/MFCU working relationship**, per PIU/MFCU MOU, ➢ **Procedures for referring** cases to MFCU	
1) *Meetings between PIU and MFCU, including template for discussion of cases* 2) *Meetings among PIU, MFCU, and OIG to present cases/referrals and decide if case warrants prosecution or needs more information from provider*	Reg & Int	➢ **Establishment of regular meetings** between PIU and MFCU ➢ **Establishment of regular meetings among PIU**, MFCU, and OIG ➢ **Meeting procedures: schedules** and agendas / topics of discussion	
1) *Meetings between PIU and MCO SIUs to validate contract compliance* 2) *Meetings of PIU director, MFCU exec. director, and the OIG/HHS special agent in charge or designee to go over*	Reg & Int	➢ **Establishment of regular meetings** between PIU and MCO SIUs to discuss investigations by the latter and plan next steps ➢ **Establishment of regular meetings of PIU, MFCU, and OIG**	

cases being investigated by MCO SIU 3) *Procedures by which PIU will receive referrals of potential FWA from MCOs*		officials to discuss MCO SIU cases ➢ **Meeting procedures: schedules** and agendas / topics of discussion	
1) *Documentation of suspensions, terminations, and referrals* 2) *Record retention by PIU, including appeals (keep for 5 years)*	Reg	➢ **Policy for documentation of suspensions**, terminations, and referrals ➢ **PIU record retention** policy	
Lost or damaged records	Int	➢ **Lost or damaged** records form	
1) *Reporting requirements (for reporting info on fraud & abuse complaints to CMS)* 2) *Procedures for reporting fraud and abuse complaints to CMS*	Reg and Int		➢ **Requirements for reporting** FWA to CMS *(needs clarification on whether will file other reports in addition to annual)* ➢ **Procedures for reporting FWA to CMS** *(needs to list statutory requirements for report contents)*
OTHER/INTERNAL			
Cell phone policies for meetings / protecting sensitive info during meetings	Reg	➢ Procedures for cell phone security during meetings	➢ **Procedures for video/web security** during meetings *(but need to clarify conflict with subsequent statement that video/audio "strictly prohibited" on premises)*
1) *PIU morning meetings* 2) *PIU Case review meetings*	Int	➢ Procedures/schedule for **PIU morning meetings** ➢ Procedures/schedule for **PIU case review meetings**	

Conflicts of interest	Reg	➢ **Policy for conflicts of interest** for PRMP-MMIS staff and contractors	
FWA education and compliance training for Medicaid providers	Reg	➢ **FWA education and compliance** training for providers	
Procedure for offboarding employees who are leaving PIU	Int	➢ **Policies and procedures for offboarding** departing PIU employees	

Table 5-1 Puerto Rico's PRPIU Policies and Procedures Compliance

6.Planned Areas for Continued Development

Through the review and analysis of PRPIU's current state, and a detailed examination of the policy and procedural documentation, we have identified the following areas recommended for further development, many of which are also discussed earlier in this report, but which bear reiteration in the following section.

Planned Areas for Development

- **Information-sharing and collaboration with other units:** The designated processes for information-sharing and analysis among the various PRMP units are not always straightforward or efficient. In order to properly establish PIU as a central hub for FWA efforts, additional communication structure and a process for feedback loops across entities will help to increase collaboration and efficiency.

- **Tracking updates to provider affiliate and co-owner disclosures:** A systematic process for tracking this information has not yet been developed, making it easy to overlook or miss important updates to relationships between providers and affiliates. This in turn increases opportunities for FWA. These disclosures have often been designated as a problem area for states, so PR is looking to expand and refine the process for tracking these updates.

- **PEP Access:** PRPIU needs to have direct access to PEP for efficient and effective tracking of provider information and FWA flags. This access is planned for development; however the timeline is not yet solidified.

- **Information and case registration, tracking, and filing systems:** The fact that PRPIU has multiple filing and information-tracking systems, including manual ones, for investigations, cases, and FWA referrals is inefficient and likely to precipitate errors and duplication of efforts. It may also make it difficult for analysts and management to find needed information in a timely manner. PRPIU should consider creating a more advanced case tracking solution that can integrate all information in an accessible manner for all staff in a secure environment. Information should be organized by provider for each case, investigation, RFI, and FWA referral. Information collected should include scans of the most relevant or recent hard copy documents. Puerto Rico does not currently have mass scanning capability and would be well served by acquiring it.

- **COMP access, case tracking, and analytics-related inefficiencies**: The current case tracking solution has limited reporting capabilities, with no way to export details on what is tracked within the system. Moreover, analytics and lead identification have not been incorporated into the platform -- they rely on multiple other systems, such as MMIS, for any of this info. It is a challenge to follow workflow within their case tracking system as well as track actual tasks and actions required and taken on a case. PRPIU could benefit from enhanced usability for greater team efficiency and collaboration.

- **Recoupment process:** PRPIU needs to be able to collect recoupments directly and not through third parties, as per its regulatory responsibility. Currently, PRHIA collects recoupments from the MCO and coordinates the recoupment process. From a federal reporting standpoint, PR Medicaid is required to report on all payments made and dollars recouped so it is important for the state to expedite PRPIU's request of revising the recoupment contract with PRHIA.

- **PI Administrative Code development:** PRPIU's individual policies and procedures would be better consolidated into a Puerto Rico Program Integrity administrative code, as this is a best practice currently utilized by multiple states.

- **Outstanding or incomplete policies, procedures, and documents:** PRPIU needs to complete development and execution of policies currently in progress produce all required documentation in order to fully comply with CMS and federal regulations.

7. Opportunities and Enhancements

Upon review of the PIU current state and PRPIU's development areas, PR has identified additional areas for continued enhancement in addressing the aforementioned development areas, pending an increase in resources:

Improving Program Integrity Policies and Procedures

Opportunity to Adopt Leading Practices

The PRPIU is working to collaborate with other states to identify methods to enhance the PRMMIS and Medicaid Enterprise to generate results that can lead to recommendations for policy changes and potential amendments to the Puerto Rico State plan or Plan Vital contract.

Currently, PRPIU is in the process of setting policies and procedures for the MCOs that will allow for control of duplicate billing, appropriate use of billing codes, and recommended new rules or policies involving prior authorization for optional services. PRPIU is also working towards implementing provider enrollment functions at Medicaid to support provider profiling that will allow PRPIU to identify providers that should not be enrolled based on their history, or else enrolled with restrictions. Overall, PRPIU is currently establishing enhanced recoupment policies and procedures, and strengthening audit and oversight functions to improve member eligibility oversight and enhancing Puerto Rico compliance with federal rules.

Puerto Rico plans to deploy a continuous improvement approach to enhance FWA efforts and evaluate opportunities to improve the program integrity framework by considering adoption of leading practices from other state Medicaid programs. Puerto Rico's Medicaid Program Integrity Unit can evolve to a maturity where our handling of FWA pivots to a streamlined **detect, prevent, and respond framework.** This pivot could enable us to get ahead of the risk management cycle by identifying emerging vulnerabilities.

In addition to the recommendations above, there are additional areas where PR can adopt leading practices to bring the PIU to the level of leading States.

Implementing a Case-tracking System

As discussed in section 4.1, PRPIU utilizes a case tracking system with minimal reporting/collaborative capabilities and which lacks an incorporated analytics and lead identification component. PRPIU has made great strides in their analytics and has been working toward the implementation of advanced analytics. This is in-line with leading practices and has proven to be more effective when developing methods that react to the evolving nature of fraud while driving program integrity and reducing improper payments. To further enhance these efforts, PR would benefit from a case tracking system that leverages advanced analytics

to detect FWA and improper payments, as well as automated case workflows to manage the investigative process.

Ideally, this case-tracking system would serve PR by helping it to:

• Proactively identify opportunities to enhance controls and drive cost avoidance
• Drive down operational and investigative costs through enhanced workflows and business processes
• Raise the dollar amount recovered
• Provides analytic insights to enable strategic program decisions

Analytics can help provide insights to modify programs and eliminate errors before they occur, as well as help achieve recovery goals. Through data analysis, suspicious trends can be identified and referred to caseworkers for improved program impact, while fraud trends can be referred to law enforcement.

PR can also initiate targeted analytics and explore AI options to help identify anomalies and comb through large volumes of data. Incorporating risk-based analytics can help identify specific actors that may be entering programs or receiving funds inappropriately

Puerto Rico is continuously looking for opportunities to improve the integrity and efficiency of the data being reported. In May 2020, Puerto Rico defined a plan to expand their data analytics capabilities. While implementation of the plan is ongoing, we have already made significant strides in the recent months to expand our reporting capabilities, such as adding the ability to report at the provider level. Puerto Rico intends to start incorporating financial data into the analytics on top of the utilization already being analysed. Before this can be accomplished, Puerto Rico needs to reconcile the MMIS data with the PRHIA and MMIS data sets should be reconciled to validate consistency across the two sources. By doing so, Puerto Rico will have more confidence in the data sets and will be able to perform innovative analyses on the data and continue improving our capabilities. The capability of having both utilization and claims files that reconcile with PRHIA's data is necessary for future enhancements to the system including the implementation of artificial intelligence for ongoing monitoring of FWA.

Making Procedural Updates:

As discussed in section 5.2.1, PRPIU has thoroughly documented its procedures and processes but still has outstanding processes that will need to be documented. PRPIU has the opportunity to refresh documentation pertaining to policies and procedures at least yearly, and whenever new guidance is released from CMS. Making a plan for yearly procedural upkeep will mitigate

procedural gaps over time and maintain the high-quality nature of PRPI's policies and procedures.

Enhanced Monitoring:

As discussed in section 4, PRPIU utilizes MMIS for data mining and analytics. While monitoring and cross-referencing information is necessary, PRPIU will need to collaborate with other states to generate more leads for better results that can enhance PRPIU's efficacy. Since May of 2020 Puerto Rico has been working to upgrade its Medicaid Management Information System (MMIS) and create the capability to generate over 100 reports focused on various utilization metrics. Once fully updated, these reports will have various monitoring frequency ranging from daily to annually. These metrics will be summarized in a dashboard of 12 metrics and presented for executive-level monitoring. Puerto Rico will utilize these dashboards to initiate the detection and potential prevention of fraud cases that have historically been found by on-site visits. Additionally, the reporting capability enhancements will allow the PIU to be able to calculate the total overpayment amounts and total amounts recovered from improper payments. This aggregation can then be used for CMS-64 reporting as required.

Activities such as cross-referencing multiple disparate data sets like claims data, provider lists, member lists, and any external reference data may allow Puerto Rico to see the full picture in analysing leads and cases. Running the data against a set of models including risk scores, provider-based risk factors, behavioural models, and claim-based rules, could highlight a list of high, moderate, and low risks. By doing so, Puerto Rico would no longer rely primarily on the MCOs to maintain integrity of the program and could be equipped to discover FWA leads or areas of exposure before the MCOs are able to detect it. Incorporating machine learning algorithms in the analysis to unravel sophisticated fraud schemes can provide the opportunity for better quality of care and service to recipient populations.

Improving Processes

While PRPIU has standardized its processes across the unit, Puerto Rico currently relies on encounter data provided by the MCOs, experience held by the team themselves, and the MCOs monitoring efforts to detect FWA (as discussed in section 4). As a result, we are highly reliant on past experience and the MCOs' infrastructure to maintain the integrity of the Medicaid program.

Puerto Rico has already taken steps to improve its PI processes and address procedural gaps. As discussed in the Congressional Requirement 8 Supplemental Report, Puerto Rico uses an eight-step process for FWA oversight. To more efficiently and effectively address FWA in the Medicaid program, Puerto Rico can consider modifying the current approach and synthesizing the eight steps into the three-pillar framework, as discussed in the Requirement 8 Report. The

current eight-step process includes the three-pillars in the leading practice state; however, combining the functional response capabilities into the approach below might improve efficiency and prioritize the primary focus areas for the Program Integrity Unit. Consolidating the response steps into one pillar may help Puerto Rico streamline efforts and work diligently towards a more efficient approach to the response to FWA activity.

The first two steps, detection and prevention, are in-line with leading practice. While these steps compare favourably to leading practices, there are steps Puerto Rico can take to improve existing processes. The most mature Medicaid programs have found that moving detection up in the process, prior to prevention, allows FWA activity to be caught earlier and prevent the response from needing to occur as often. However, flipping the prevent and detect framework is only possible when the detect phase includes a capability strong enough to find FWA activity before it goes out the door. These pre-emptive detection procedures can be developed further as MMIS and Puerto Rico continue to implement advanced case tracking and enhance analytics.

The last step in the three-pillar approach used by leading practice organizations is the response phase. In addition to the prevention and detection efforts, Puerto Rico has a set of six separate initiatives, discussed in the Current State Overview, that resemble the response framework found in many peer states. Puerto Rico could benefit from consolidating the response processes by utilizing a robust case tracking solution. If implemented, this may likely allow for a more streamlined and efficient response to allegations of FWA. Additionally, Puerto Rico's current response to fraud allegations may be limited due to limited resources and capabilities that prevent them from accommodating increased case volume resulting from advanced analytics or other outside referral sources. A refined and succinct three-pillar approach to FWA lead by the prevent, detect, respond framework can advance the maturity of the PRPI.

Making a Robust Organizational Structure

The PRPIU is limited in its oversight capabilities due to limited resources. Medicaid initially filled the PRMPIU Lead role with a contractor and converted it to an official government position in August 2020. To date six positions have been filled to support the Unit including: one (1) Program Integrity Director, one (1) registered nurse and four (4) program integrity analysts (see Figure 3-1).

PRPIU is actively looking to increase staff positions to strengthen PRMMIS operations and various program integrity functions. Having a robust PRPIU unit will help in the development of the policies, procedures, and documents identified in tables 3-1, 3-2, and 3-3.

Opportunities in Response to the Challenges of COVID-19

In the wake of COVID-19, the volume of payments and claims has increased exponentially. That, combined with relaxed internal controls to increase the speed of payments, is opening the door to new risks of fraud, waste, abuse, or improper payments. PRPI can make progress in mitigating these risks to manage payments in a more streamlined and systematic manner, plugging in detection and prevention at the right time.

PR has the opportunity to develop an oversight readiness playbook for PI matters related to covid-19, which documents clear processes and controls to create transparency and traceability. PRPI can also address the ongoing crisis by aligning COVID-19-specific risks and controls to existing management control programs. Other COVID-19 PI opportunities include:

Preparing an impact assessment by analyzing existing data, with the goal of understanding the potential PI and regulatory compliance impact of relaxing controls as well as other pivots our organization has made. This would allow PR to train for a post-pandemic ramp-up of the pre-pandemic regulatory environment.

PR can also enhance its monitoring function to align with COVID-19 data analytics. Implementing ongoing data analysis to monitor behavior and payment changes pre- and post-pandemic will permit us to better understand how the Medicaid landscape is adjusting to the new environment.

8.Appendix

Data Sources and Reference Documents

It is practice within PRPIU to label PIU policies as PIU-XXXX and PIU procedures as IP XXXX. PR reviewed and analyzed all PIU policies and procedures, and below are the titles of all such documents.

PIU Policy Numbers:
PRMMIS - PIU-0001
PRMMIS – PIU-0002
PRMMIS – PIU-0004
PRMMIS – PIU-0005
PRMMIS – PIU-0008
PRMMIS – PIU-0009
PRMMIS – PIU-0010
PRMMIS – PIU-0011
PRMMIS – PIU-0012
PRMMIS – PIU-0013
PRMMIS – PIU-0014
PRMMIS – PIU-0015
PRMMIS – PIU-0016
PRMMIS – PIU-0017
PIU – F – 001
PIU – F – 002

Internal Procedures:

IP 0001
IP 0002
IP 0003
IP 0004
IP 0005
IP 0006
IP 0007
IP 0008
IP 0009
IP 0010
IP 0011
IP 0012
IP 0013
IP 0014
IP 0015
IP 0016
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IP 0024
IP 0025
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IP 0027
IP 0028
IP 0029
IP 0030
IP 0031
IP 0032

Memorandums of Understanding:

2021 – DS – 0002: Memorandum of Understanding Between the Puerto Rico Department of Health and the Puerto Rico Health Insurance Administration.