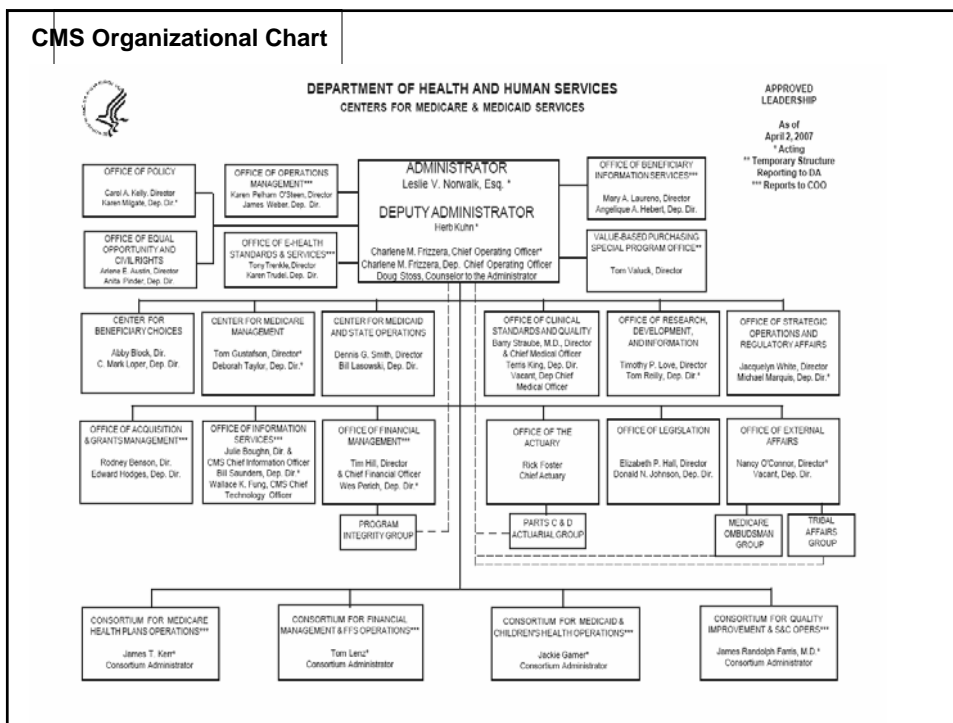


The Future of Medicaid Regulation and Enforcement

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PERM Priorities

- Publish the final regulation
- Roll out the Corrective Action Plan implementation portion of PERM
- Publish the 2006 rate
- Provider compliance w/PERM
 - Critical that providers respond timely to the States' requests for records and provide the States additional information as necessary

PERM Issues

- Get states to complete eligibility in time
- Get states to submit claims data to Lewin timely and accurately (Challenges with State variations in claims data.)
- Managed care, eligibility and SCHIP are uncharted areas in FY 07.

New Medicaid Integrity Program (MIP)

- Section 6034 of the Deficit Reduction Act (DRA) provided CMS with resources to establish the **Medicaid Integrity Program (MIP)**, CMS' first national strategy to detect and prevent Medicaid fraud and abuse.

Policy Behind MIP

- The Medicaid Integrity Program offers a unique opportunity to identify, recover, and prevent inappropriate Medicaid payments. It will also support the efforts of State Medicaid agencies through a combination of oversight and technical assistance.

Primary Goals of MIP

- Promote the Fiscal Integrity of Medicaid Program Funds
- Improve National Program Integrity Performance
- Ensure the Operational and Administrative Excellence of the Medicaid Integrity Program
- Demonstrate Effective Use of Medicaid Integrity Program Funds
- Foster Collaboration with Internal & External Stakeholders of the Medicaid Integrity Program

Main Business Operations

- Medicaid Integrity Contracting - review the actions of Medicaid providers; conduct audits of Medicaid claims; identify overpayments; and educate providers and others on payment integrity and quality of care.
- State Program Integrity Operations - provide support and assistance to States to improve Medicaid integrity activities and conduct oversight of State Medicaid integrity programs.

How Do We Accomplish This?

- CMS has identified four major functions to accomplish these activities:
 - Creation of the **Comprehensive Medicaid Integrity Plan (CMIP)**, in consultation with internal and external partners, to guide CMS' efforts;
 - Procurement and oversight of **Medicaid Integrity Contractors (MICs)** to conduct reviews, provider audits and education;
 - **Field Operations** to provide state program integrity oversight reviews and provide support in the form of technical assistance and fraud and abuse training to States; and
 - **Fraud Research & Detection** to provide statistical and data support, identify emerging fraud trends and conduct special studies as appropriate.

MIP Status and Accomplishments

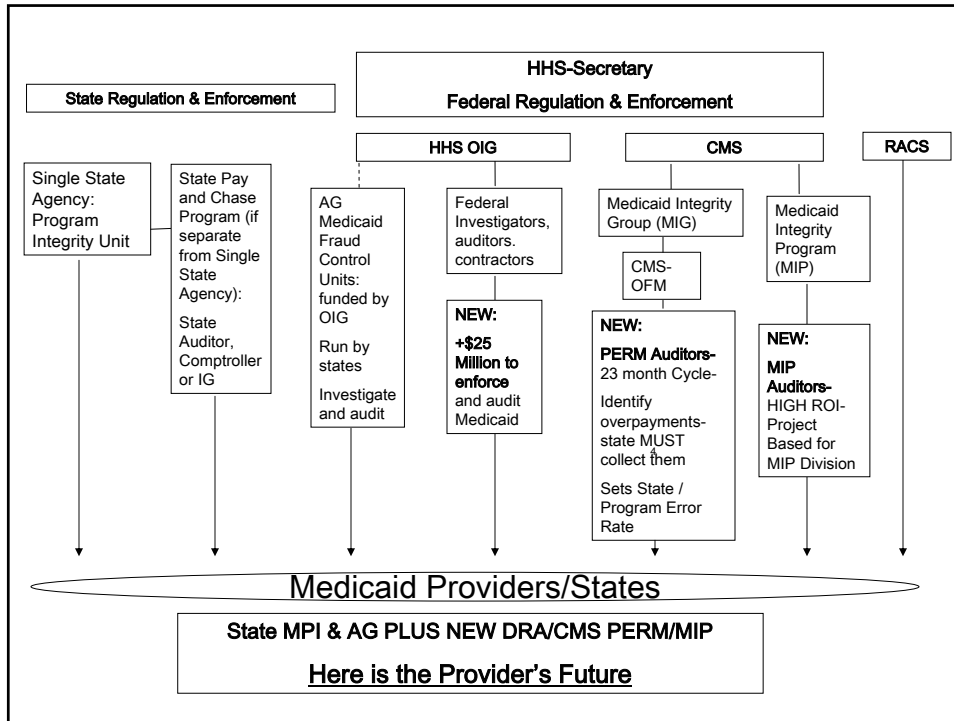
- Establishing field offices in Chicago, New York, Atlanta, Dallas, and San Francisco
- Redesigned Medicaid State Program Integrity Review protocols
- Conducted 2nd MIP Advisory Committee Meeting and planning meetings with the Medicaid Fraud & Abuse TAG and Medicaid Fraud Control Units

MIP Status and Accomplishments, Cont'd

- Conducted site visits with States for the State Program Integrity Assessment and Medicaid Integrity Audit Program projects
- Developing MIP information management system
- Plan to Publish the following documents by the end of April 2007:
 - 1st MIP Report to Congress
 - 2007 CMIP
 - Draft Statement of Work for MIC umbrella contract
- Conduct 4 beta State PI reviews by May 2007

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Questions?