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| MDHHS BannerJune 2018Dear Medicaid Provider:Pursuant to MCL 333.26368, Sections 14.2 and 16 of the General Information for Providers section of the Michigan Medicaid Provider Manual, and the Medical Assistance Provider Enrollment & Trading Partner Agreement, the Michigan Department of Health and Human Services (MDHHS) Office of Inspector General (OIG) is authorized to perform post-payment reviews of paid Medicaid claims to identify and recover any overpayments made to Medicaid providers.The purpose of this announcement is to introduce AdvanceMed, which is the Unified Program Integrity Contractor (UPIC) for the Centers for Medicare and Medicaid Services (CMS). AdvanceMed will be conducting these post payment audits on behalf of MDHHS OIG, and MDHHS OIG will oversee these audit activities for the State of Michigan. The CMS’ UPIC operates under multiple legislative authorities.  For Medicaid Integrity Program responsibilities, the UPIC is authorized by The [Social Security Act §1936](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTgwNTMxLjkwNTQ0MjExJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE4MDUzMS45MDU0NDIxMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NTIyMDE4JmVtYWlsaWQ9amVubmlmZXJnQGRpZ2VzdGhlYWx0aC5jb20mdXNlcmlkPWplbm5pZmVyZ0BkaWdlc3RoZWFsdGguY29tJmZsPSZleHRyYT1NdWx0aXZhcmlhdGVJZD0mJiY=&&&100&&&https://www.ssa.gov/OP_Home/ssact/title19/1936.htm), 42 U.S.C. 1396u-6 (a) et seq. The State of Michigan resides in CMS’ UPIC Midwestern Jurisdiction and shall include, but not be limited to, the following program integrity activities: data analysis, audits, and medical review of provider’s billing claims submitted to the State of Michigan Medicaid Program.  AdvanceMed will utilize statistical random sampling and extrapolation, as well as claim-specific auditing methodologies.  The audit actions may include, but are not limited to:* Recipient Interviews
* Provider Interviews
* Onsite Visits
* Medical Records Requests

Medical documentation reviews will be conducted by qualified Registered Nurse reviewers, Certified Coding Specialists, and physician peer reviewers, as required. Providers will be notified of the findings of these audits. Providers that agree with the final findings will be required to correct the relevant claim(s) via the appropriate claims processing system. Providers that disagree with any or all the findings will have an opportunity to appeal within the timeframe identified in the Final Notice of Recovery Letter. Detailed appeal instructions will accompany the Final Notice of Recovery Letter.

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