

DHS/OHA
Office of Payment Accuracy and Recovery
Provider Audit Unit (PAU)
Review of CCO Fraud, Waste and Abuse (FWA) Policies and Procedures
January 15, 2015

The Centers for Medicare and Medicaid Services (CMS) has charged Oregon with the oversight of the CCO's fraud, waste and abuse programs and procedures. Beginning March 1, 2015, the PAU will begin reviews of each CCO's FWA prevention programs. The purpose will be to determine the effectiveness of the programs and offer support, training and suggestions for improvement of the program.

The reviews will be conducted by obtaining and reviewing documentation such as provider, member and employee handbooks/guides, conducting abbreviated audits of provider billings, review of encounter data and other information that will give us some indication of the level of fraud prevention that you currently employ.

Some of the other areas we will be reviewing are provider enrollment, disclosures and reporting; pre-payment and post-payment review of claims; methods for identifying, investigating and referring fraud, etc.

We are working closely with both MAP to attempt to not to duplicate any documentation you are currently supplying to the program. Additionally, this first year of reviews will be performed as desk reviews. Going forward, we hope to visit each CCO to perform the review.

We will notify each of the CCOs 45 days prior to the start of the review so that there is adequate time to gather documentation. We anticipate that the reviews will take approximately 60 days to conduct; a final report will be issued identifying strengths and vulnerabilities.

If you have any other questions regarding this effort, please call or Email:

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