

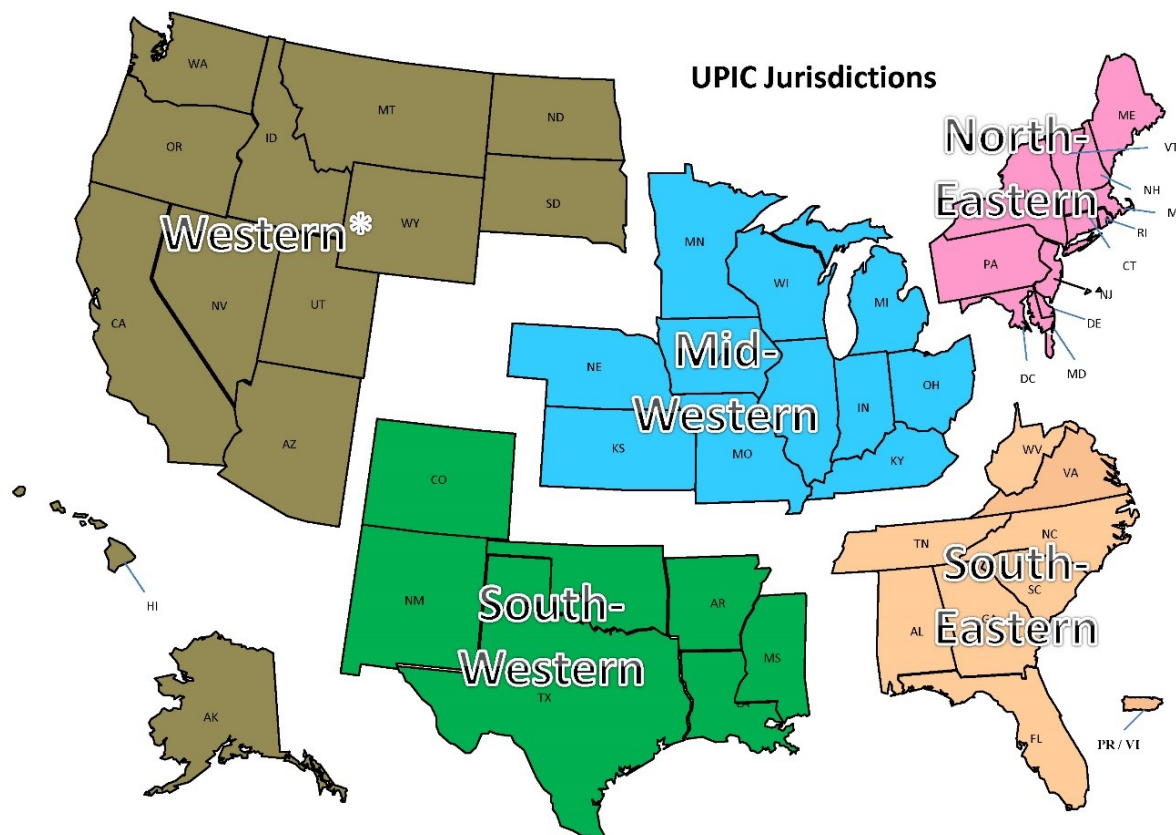
Unified Program Integrity Contractor (UPIC) Audits and Investigations

In an effort to avoid duplication of program integrity efforts and better integrate Medicare and Medicaid audits and investigations under a single contractor in a specific jurisdiction. CMS has contracted with a number of new private sector organizations to serve as **Unified Program Integrity Contractors (UPICs)**. CMS has described the purpose of the UPIC program as follows:

*The **Unified Program Integrity Contractors (UPICs)** perform fraud, waste, and abuse detection, deterrence and prevention activities for Medicare and Medicaid claims processed in the United States. Specifically, the UPIC's perform integrity related activities associated with Medicare Parts A, B, Durable Medical Equipment (DME), Home Health and Hospice (HH+H), Medicaid, and the Medicare-Medicaid data match program (Medi-Medi). The UPIC contracts operate in five (5) separate geographical jurisdictions in the United States and combine and integrate functions previously performed by the Zone Program Integrity Contractor (ZPIC), Program Safeguard Contractor (PSC) and Medicaid Integrity Contractor (MIC) contracts..*

Simply put, the purpose of the UPIC program is to consolidate the work currently being performed by various Medicare and Medicaid program integrity contractors under a single private sector contractor. Each UPIC will be responsible for handling federal level program integrity audits for both Medicare and Medicaid within a defined geographic area (typically comprised of multiple states).

In July 2013, CMS released a **Request for Information** and solicited vendor comments regarding the possible requirements for combining Medicare and Medicaid program integrity functions. The contracting process culminated in the award of UPIC contracts to the following private sector contractors on in May 2016:



*Other territories of the Western Jurisdiction to include American Samoa, Northern Marianas Islands and Guam

- Health Integrity, LLC (**Western Jurisdiction**)
- AdvanceMed Corporation (**Midwestern Jurisdiction**)
- IntegriGuard, LLC, dba HMS Federal (**Indefinite Delivery Indefinite Quantity**)
- Noridian Healthcare Solutions, LLC (**Indefinite Delivery Indefinite Quantity**)
- Safeguard Services LLC (**North Eastern Jurisdiction**)
- StrategicHealthSolutions, LLC (**Indefinite Delivery Indefinite Quantity**)
- TriCenturion, Inc. (**Indefinite Delivery Indefinite Quantity**)

Once fully implemented, the UPIC program integrity strategy will greatly enhance the ability of CMS to identify aberrant billing patterns and practices, especially those that involve both Medicare and Medicaid claims.

Now, more than ever, it is essential that all health care providers participating in the Medicare and / or Medicaid programs ensure that they have developed and implemented an effective Compliance Program. As we have discussed in other articles, after analyzing the various medical necessity, coverage, coding and billing requirements required for a claim to qualify for payment, we have identified **“Seven Elements of a Payable Claim”**. Medicare Part A, Medicare Part B, and DME claims can be comprehensively assessed using this tool. Health care providers and suppliers – including Texas-based home health care agencies – should carefully analyze their practices to better ensure that all regulatory and statutory requirements which cover a particular claim have been met prior to billing Medicare for the services or supplies at issue. An abbreviated overview of these seven elements includes:

- **Element #1:** Medical Necessity of Services /Supplies Provided.
- **Element #2:** Were these Services /Supplies Actually Provided?
- **Element #3:** Were these Services /Supplies “Tainted” Due to a Violation of Law?
- **Element #4:** Do the Services /Supplies Qualify for Coverage?
- **Element #5:** Is Your Documentation of these Services /Supplies Complete?
- **Element #6:** Are your Services /Supplies Properly Coded?
- **Element #7:** Did You Properly Bill for the Services /Supplies Rendered Correctly?

Is your practice, home health, hospice or DME company currently being audited or investigated by a UPIC or another CMS contractor? If so, please give us a call for a free consultation regarding your case. We can be reached at: (800) 475-1906.