COORDINATED LONG TERM SERVICES
FRAUD AND ABUSE
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TITLE 8 SOCIAL SERVICES
CHAPTER 307 COORDINATED LONG TERM SERVICES
PART 13 FRAUD AND ABUSE

8.307.13.1 ISSUING AGENCY: Human Services Department
[8.307.13.1 NMAC - N, 8-1-08]

8.307.13.2 SCOPE: This rule applies to the general public.
[8.307.13.2 NMAC - N, 8-1-08]

8.307.13.3 STATUTORY AUTHORITY: The New Mexico medicaid program is administered pursuant to regulations promulgated by the federal department of health and human services under Title XIX of the Social Security Act, as amended, and by the state human services department pursuant to state statute. See NMSA 1978 27-2-12 et. seq.
[8.307.13.3 NMAC - N, 8-1-08]

8.307.13.4 DURATION: Permanent
[8.307.13.4 NMAC - N, 8-1-08]

8.307.13.5 EFFECTIVE DATE: August 1, 2008, unless a later date is cited at the end of a section.
[8.307.13.5 NMAC - N, 8-1-08]

8.307.13.6 OBJECTIVE: The objective of these rules is to provide policies for the service portion of the New Mexico medicaid coordination of long-term services program.
[8.307.13.6 NMAC - N, 8-1-08; A, 9-1-09]

8.307.13.7 DEFINITIONS: See 8.307.1.7 NMAC.
[8.307.13.7 NMAC - N, 8-1-08]

8.307.13.8 MISSION STATEMENT: The mission of the medical assistance division is to reduce the impact of poverty on people living in New Mexico and to assure low income and disabled individuals in New Mexico equal participation in the life of their communities.
[8.307.13.8 NMAC - N, 8-1-08; A, 9-1-09]

8.307.13.9 FRAUD AND ABUSE: The human services department (HSD) is committed to the development and implementation of an aggressive prevention, detection, monitoring and investigation program to reduce provider/member fraud and abuse, and member abuse and neglect. If fraud or abuse is discovered, HSD shall seek applicable administrative, civil and criminal penalties, sanctions and other forms of relief. This applies to all individuals participating in or contracting with HSD for provision or receipt of medicaid services. The coordination of long-term services managed care organization (CoLTS MCO) and single statewide entity (SE) shall comply with provisions of state and federal fraud and abuse laws and regulations.
[8.307.13.9 NMAC - N, 8-1-08; A, 9-1-09]

8.307.13.10 COORDINATION OF LONG-TERM SERVICES MANAGED CARE ORGANIZATION REQUIREMENTS: The CoLTS MCO/SE shall have in place internal controls, policies and procedures for the prevention, detection, investigation, and reporting of potential fraud and abuse activities concerning service providers and members. The CoLTS MCO's/SE's specific internal controls, policies and procedures shall be described in a comprehensive written plan submitted to HSD, or its designee, for approval. Substantive amendments or modifications to the plan shall be approved by HSD or its designee. The CoLTS MCO/SE shall maintain procedures for reporting potential and actual fraud and abuse by consumers or service providers to HSD or its designee. The CoLTS MCO/SE shall:

A. have internal procedures that facilitate preliminary investigating and reporting of potential and actual fraud and abuse to HSD, or its designee, for further investigation;

B. have specific controls in place for preventing and detecting potential cases of fraud and abuse, such as claims edits, post processing review of claims, service provider profiling/exception reporting and credentialing, prior authorizations, and utilization/quality management monitoring;

C. have a mechanism to work with HSD, or its designee, to further develop prevention and detection methods and best practices and to monitor outcomes for medicaid coordination of long-term services;

D. have internal procedures to prevent, detect and investigate program violations to recover funds misspent due to fraudulent or abusive actions;

E. report to HSD or its designee the names of all service providers identified with aberrant utilization, according to service provider profiles, regardless of the cause of the aberrancy;

F. designate a compliance officer and a compliance committee that are accountable to senior management;

G. provide effective fraud and abuse detection training, administrative remedies for false claims and statements, and whistleblower protection under such laws to the CoLTS MCO's/SE's employees that includes:

(1) written policies for all employees, agents or contractors that provide detailed information regarding the New Mexico Medicaid False Claims Act, NMSA 1978, and the federal False Claims Act established under sections 3729 through 3733 of Title 31, United States code, administrative remedies for false claims and statements established under Chapter 38 of Title 31, United States code, including but not limited to, preventing and detecting fraud, waste and abuse in federal health care programs (as defined in section 1128B (f) of the Social Security Act);

(2) as part of such written policies, detailed provision regarding the CoLTS MCO's/SE's policies and procedures for detecting and preventing fraud, waste and abuse; and

(3) in any employee handbook, a specific discussion of the laws described in Paragraph (1) above, the rights of employees to be protected as whistleblowers, and the contractor's or subcontractor's policies and procedures for detecting and preventing fraud, waste and abuse;

H. implement effective lines of communication between the compliance officer and the CoLTS MCO's/SE's employees;

I. require enforcement of standards through well-publicized disciplinary guidelines; and

J. have a provision for prompt response to detected offenses and for development of corrective action initiatives relating to the CoLTS MCO's/SE's contract.

[8.307.13.10 NMAC - N, 8-1-08; A, 9-1-09]

HISTORY OF 8.307.13 NMAC: [RESERVED]