

Report on Medicare Compliance Volume 27, Number 40. November 12, 2018

CMS Integrity Chief: 'Major Case Coordination' Improves Response to Noncompliance

By Nina Youngstrom

In a new process called “major case coordination,” CMS and law enforcement agencies are making quick work of providers whose noncompliance stands out, whether it’s errors or fraud, according to Alec Alexander, the director of the Center for Program Integrity (CPI) at CMS.

Major case coordination began in April and includes CPI, the HHS Office of Inspector General, the Department of Justice (DOJ) and unified program integrity contractors (UPICs), which are CMS program integrity contractors, Alexander said Nov. 6 at the Healthcare Enforcement Compliance Conference sponsored by the Health Care Compliance Association in Washington, D.C.

Major case coordination is one of CPI’s priorities. The goal is to strengthen the collaboration of the agencies and respond to potential noncompliance early and fast. CMS, OIG and DOJ officials meet routinely and address certain cases, and then tailor their responses to the wrongdoing—“right tool, right case, right time and right order,” he said. “The case coordination process we are working on is putting everyone at the table and working on the [response]—education/audit, suspension, revocation, referral to the Office of Counsel at OIG or criminal prosecutors,” he explained.

For example, education may be appropriate for a provider with persistent errors rather than a referral to DOJ or OIG, depending on the circumstances. “Matters that need to go to DOJ go there while cases that never belong in the DOJ arena or even the [civil monetary penalties] arena need education,” Alexander said. The bonus: preventing appeals. “You don’t appeal things that aren’t denied,” he noted.

This document is only available to subscribers. Please log in or purchase access.

[Purchase Login](#)