Zone Program Integrity Contractor Critical Areas Needing Immediate Attention

1. Improved internal controls and oversight of ZPIC (Zone Program Integrity Contractor) contractors with clear, consistent guidelines and parameters related to the review process:
   a. Communication from investigators is infrequent and often negligent when most providers simply want to know what is wrong so that they can quickly initiate a plan of correction. It appears that the ZPIC contractor intentionally keeps providers in the dark for as long as they can.
   b. Very poor follow up with returning phone calls or fax correspondence – can take days or even weeks while the agency is struggling with large volumes of record request, many times with no revenue coming in because of a payment suspension.
   c. Multiple phone calls, emails and fax correspondence have to be made before the simplest issue or question can be resolved. (i.e. a provider reported waiting 7 days before receiving a password to an encrypted CD containing information needed for appealing the ZPIC denials.) Subsequently the appeal process was greatly delayed.

2. Alternative process or plan of correction for home health providers faced with documentation weaknesses that gives way to payment suspension, ultimately leading to bankruptcy or business closure (the majority of the time). This level of punishment is not merited when the core issue is simply missing or inadequate documentation.

3. Education and Training – training for investigators performing patient and caregiver interviews in the patient’s home, primarily related to the competency in assessing homebound status criteria. In addition, ZPIC auditors need to be adequately trained on the Medicare guidelines.
   a. CMS to monitor the number of ZPIC denials that are overturned by the MAC (Medicare Administrative Contractor). Providers have seen large number of denied claims be overturned by the MAC during the redetermination process. These are claims that were originally denied by the ZPIC. When providers asked for clarification of the differences in case determinations between the ZPIC and the MAC they are given no explanation. This creates a confusing and dire situation for the provider, who has been forced to endure this ordeal in order to just learn that they had it correct in the very beginning.

4. Consider establishing a Program Integrity Advisory Council (PIAC)
   Members could include:
   a. ZPIC contractor Investigations Manager (or similar leadership role at ZPIC)
   b. ZPIC investigators
   a. Providers
   b. Home Health Patient and/or HH caregiver
   c. Legislative Representative (staffer, correspondent, etc.)
   d. Home Care Association Representative
   e. MAC Clinical Reviewer
   f. ZPIC Clinical Reviewer
   g. CMS official with the department of Program Integrity

   The PIAC responsibilities might include:
   • To make recommendations that improve and better focus the ZPIC investigative efforts on those providers who are truly participating in Medicare fraud and abuse.
• Monitor and measure the inconsistencies between MAC clinical reviewers and ZPIC Clinical reviewers
• Assist with developing better ZPIC investigator/auditor training
• RE-Development of Measurable outcomes for ZPIC investigations other than amount of money recuperated from investigations. For example:
  o Decrease in # fraud cases?
  o Decrease in documentation weaknesses?
  o Decrease in billing aberrancies?
  o Increase in quality of care?
• Review complaints from ZPIC and HHA providers related to ZPIC investigations and report findings to CMS/Legislature.

*Zone Program Integrity Contractor (ZPIC). The goal of the Zone Program Integrity Contractor (ZPIC) is to identify cases of suspected fraud, investigate them, and act to ensure any inappropriate Medicare payments are recouped. Fraud may include things such as:
  • Billing for services not furnished
  • Billing that appears to be deliberate for duplicate payment
  • Altering claims or medical records to obtain a higher payment amount
  • Soliciting, offering, or receiving a kickback or rebate for patient referrals
  • Billing non-covered or non-chargeable services as covered
  • Current ZPIC contractor in Florida is SafeGuard

*A Medicare Administrative Contractor (MAC) is a private health care insurer that has been awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) beneficiaries. Currently Palmetto GBA is the designated contractor in Florida.