

Health Reform: Fraud and Abuse Workgroup
Thursday 14 April 2011
North Carolina Institute of Medicine, Morrisville
1:00p – 4:00p
Agenda

1:00p-1:05p

Welcome and Introductions

Albert P Koehler, Deputy Commissioner/Director
Criminal Investigations Division
NC Department of Insurance
Co-Chair

Tara Larson, Chief Clinical Operations Officer
Division of Medical Assistance
Co-Chair

1:05p-2:30p

Recipient fraud – continued discussion from last month

- Background
 - What is the extent of recipient fraud?
- Eligibility
 - Impact of identity theft and illegal immigration
 - Failure to report assets and changes in eligibility - who's liable (hospital, eligibility firm)?
 - What systems can be put in place to avoid eligibility fraud?
 - Do we need to consider legislation to investigate attorneys or others who help people hide assets?
- Systems
 - How do we create a system for dealing with recipient fraud that's consistent across the state?
 - How do we prevent fraud as well as dealing with it after the fact?
 - How do we manage fraud that occurs in other states (when we pay for care received in other states)?
 - How do we balance the need to identify fraud with the need to encourage appropriate participation in the Medicaid system?
- Prosecution: dealing with the difficulty of getting fraud cases prosecuted
 - Do we need state investigators, so they can develop relationships with prosecutors and assist with investigations? Or more investigators at the county level? Or district DAs to focus on fraud?
 - Should the Attorney General have the authority to prosecute if the local DA won't?
- Elder abuse
 - Should we make it a requirement for banks to report suspicious activity as a mechanism of reducing elder fraud?
 - Should we recommend education of physicians to improve identification and reporting of exploitation?

2:30p-3:30p

Review from March meeting

3:30p-3:45p

Plans for future meetings

3:45p-4:00p

Public comment period