

Office of the Inspector General 101

Behavioral Treatment Audit Workgroup
February 27, 2025 | 10:00 – 11:30 AM

Presented by:

Tabitha Ramming, Deputy Inspector General

Erica Schlicht, Assistant Inspector General





OIG Overview

Helping protect the integrity of programs administered by DHS

About Us

- The Office of the Inspector General (OIG) protects the people of Wisconsin by preventing, identifying, and investigating fraud, waste, and abuse in public assistance programs administered by the Department of Health Services (DHS).
- Our program integrity activities uphold DHS' mission, vision, and values to protect and promote the health and safety of the people of Wisconsin while managing public resources responsibly.



Mission and Vision

Mission

Protecting the people of Wisconsin by preventing, detecting, and investigating fraud, waste, and abuse of DHS programs.

Vision

Be an influential leader in program integrity, leveraging cutting edge strategies with the greatest impact protecting taxpayers and public program beneficiaries.

Program Integrity Focus

Providers	Conduct enrollment reviews, technical assistance, trainings, claims reviews, investigations, pre- and post-payment audits, and more.
Members	Monitor and investigate suspected fraud affecting members in DHS programs, as well as for retailers in the FoodShare and Women, Infants, and Children (WIC) programs.
Internal Audit	Conduct independent audits of DHS providers, offer consultation services on DHS operations, and investigate improper employee activities.

Staffing

OIG's team is comprised of staff with diverse, professional experiences, including auditors, investigators, nurses, certified coders, data analysts, and support staff.

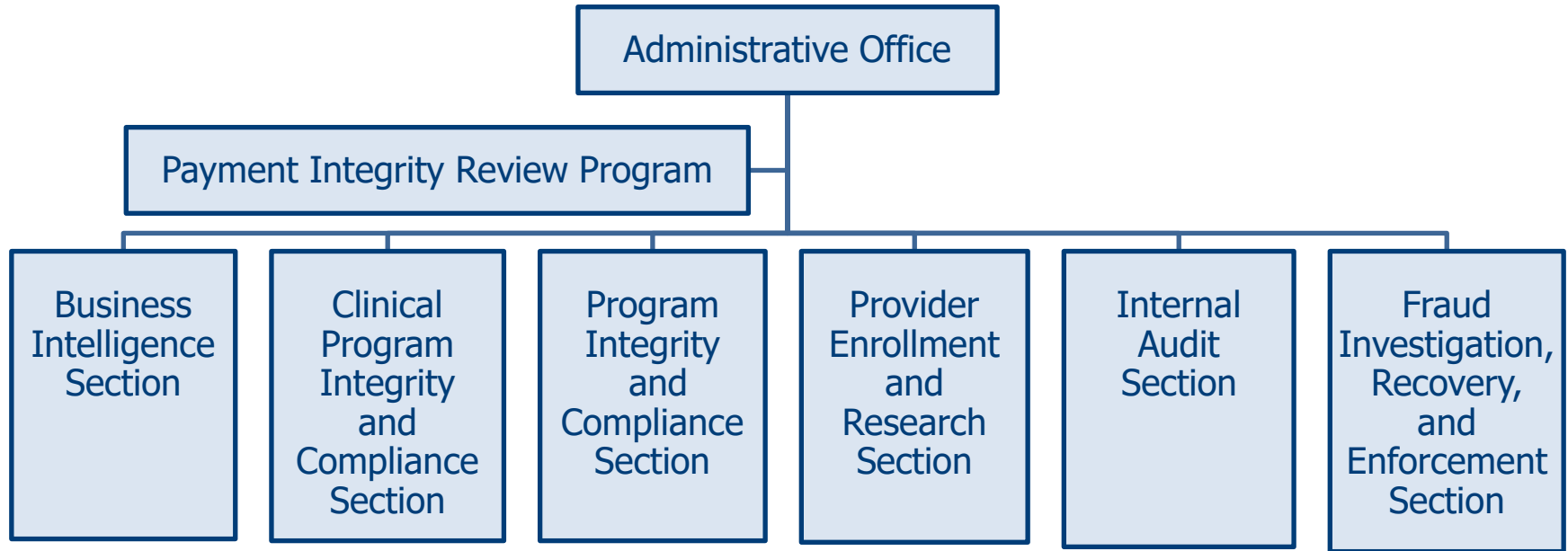


Tony Baize
Inspector General



Tabitha Ramminger
Deputy Inspector General

Structure



Provider Engagement

OIG typically works with Behavioral Treatment providers in these areas:

- **Payment Integrity Review (PIR) Program:**
 - ◆ Offers technical assistance on correcting billing errors.
 - ◆ Supports compliance with program requirements.
- **Clinical Program Integrity and Compliance Section (CPICS):**
 - ◆ Performs post-payment and contractual audits of providers.
 - ◆ Supports investigative activities.
 - ◆ Offers technical assistance and trainings on billing requirements.
- **Provider Enrollment and Research Section (PERS):**
 - ◆ Complete moderate- and high-risk enrollment reviews.
 - ◆ Conducts investigations for allegations of fraud, waste, and abuse.



Conducting Audits

Helping providers submit proper claims

Audit Types

Self-Audits

Conducted by providers to ensure documentation complies with program requirements and claims are properly paid.

Post-Payment Audits

Conducted by OIG to verify the actual provision of services or the appropriateness and accuracy of submitted claims.

Pre-Payment Audits

Conducted through the PIR program to review provider claims prior to payment to ensure federal and state requirements are met.

Common Audit Findings

Examples include (not an inclusive list):

- Billing in excess of services provided
- Incorrect procedure codes used, including upcoding and unbundling
- Duplicate billing
- Lack of documentation
- Lack of a prescriber's order
- Services are not medically necessary
- Services not rendered

Audit and Recoupment Authority

- DHS is authorized under Wis. Stat. § [49.45\(2\)\(b\)\(4\)](#) to audit and Wis. Stat. § [49.45\(3\)\(f\)](#) and Wis. Admin. Code § DHS [108.02\(9\)](#) to recoup overpayments.
- DHS may recoup overpayments if:
 - ◆ The service was **not** provided.
 - ◆ The claim was **not** accurate.
 - ◆ The claim was **not** appropriate.



Other Mitigation Options

In addition to recoupment, OIG may use these tools to mitigate fraud, waste, and abuse discovered in audits:

- Education and technical assistance.
- Intermediate sanctions under Wis. Admin. Code § [DHS 106.08](#).
- Medicaid termination under Wis. Admin. Code § [DHS 106.06](#).
- Referral to a partner agency for further investigation and possible prosecution.

Credible Allegations of Fraud

- Staff investigate and develop Credible Allegations of Fraud (CAF) referrals.
- Federal law requires OIG to refer all CAF to the Wisconsin Department of Justice (DOJ) Medicaid Fraud Control and Elder Abuse Unit (MFCEAU) in accordance with [42 CFR § 455.21](#).
- If the referral is accepted, OIG suspends Medicaid payments to the provider during the investigation, unless there is a good cause exception as defined in [42 CFR § 455.23\(e\)](#).



Key Contacts and Information

Connecting providers to supportive resources

Contact Provider Services

OIG encourages providers to seek help with policy and billing questions before submitting claims. Call Provider Services at:

800-947-9627



Report Fraud, Waste, and Abuse



OIG also encourages providers to report suspected fraud, waste, and abuse in DHS programs at:

877-865-3432 or
www.reportfraud.wi.gov

Provider Resources

- ForwardHealth Portal Behavioral Treatment Benefit [Handbook](#)
- ForwardHealth Portal [Updates](#)
- ForwardHealth Portal Behavioral Treatment Specialty Billing [Codes](#)
- ForwardHealth Portal [User Guides](#)
- ForwardHealth Portal [E-mail Subscription Sign-up](#)
- ForwardHealth Portal [Trainings](#) page, including OIG's PIR and fraud, waste, and abuse trainings
- ForwardHealth Portal [OIG Post-Payment Review](#) page
- OIG [website](#)

Next Steps

- Attend this meeting to get key updates and learn about self-audits:

Behavioral Treatment Audit Workgroup
May 22, 2025 | 10:00 – 11:30 a.m.

- Review these self-audit resources before the meeting:
 - ◆ OIG's [Wisconsin Medicaid Self-Audit Tips for Providers](#) training video
 - ◆ [Self-Disclosure Information](#)
 - ◆ [Self-Audit Snapshot](#)
 - ◆ [Sanctions for Provider Misconduct](#)

Questions

