



Unified Program Integrity Contractor (UPIC)

Medicare and Medicaid program integrity is a veritable alphabet soup of abbreviations. ZPIC, PSC, RAC, and MIC are just a few such abbreviations. The number of distinct contractors can create conflicts among contractors as they seek to obtain the same data, chase similar leads, and vie for government attention, thus creating immense burdens on providers as they struggle to meet demands placed on them by the individual contractors.

To better coordinate audits, investigations, and data analyses, and to lower the burden on providers, the Centers for Medicare & Medicaid Services (CMS) is developing the Unified Program Integrity Contractor (UPIC) strategy. This strategy looks to consolidate Medicare and Medicaid program integrity efforts — formerly comprised of Medicaid Integrity Contractors (MICs) and the Medicare Zone Program Integrity Contractors (ZPICs) — under single contractors in various multi-State jurisdictions.

Integrity Management Services (IntegrityM) has extensive experience working as a team member on existing program integrity contracts. Our experience working on existing program integrity contracts provides us a unique perspective of how the pieces can fit together more efficiently and effectively. We also appreciate the burdens that program integrity efforts place on providers, and look forward to contributing to a more coordinated approach. Our expertise at developing algorithms that virtually eliminate false positives not only reduces provider burden, but increases the return on investment for our program integrity partners.

IntegrityM's experience working with the various contractor types will help our partners transition from specific contractor roles to the more encompassing requirements of the UPIC strategy. We can help bridge the gap between a contractor's existing strengths and experience into matters that were not previously areas of specialty.

Program Integrity Expertise

IntegrityM has extensive program integrity experience, including the following:

- Proprietary algorithms to identify potential fraud and questionable payments
- Experience with and expertise in numerous Federal and State health care data sets
- Former senior level Office of Inspector General investigators, auditors, and evaluators on staff
- Deep understanding of what constitutes fraud, waste, and abuse in Federal health care programs
- Former CMS program integrity senior officials on staff

We bring to the table an interdisciplinary team approach. We have on staff auditors, evaluators, and investigators who have decades of experience auditing, evaluating, and investigating compliance issues. We also have a team of medical staff with vast experience on medical necessity and coding issues. These team members are experienced in reviewing fee-for service and managed care claims, and even entire healthcare programs.



Our Unique Approach To Program Integrity

Along with our broad industry experience and expert staff, our proprietary algorithms set IntegrityM apart from the competition. These algorithms virtually eliminate false positives and eliminating false positives produces a higher return on investment for our partners by removing the need to chase down unqualified leads. This also works to decrease provider burden and create a more cooperative relationship between contractors and the providers they oversee. To be successful at combating fraud, waste, and abuse, contractors and providers must work cooperatively to create a health care system that improves quality and increases access while lowering cost.

Contact The Audit Experts At Integrity Management Services

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