Fraud, Waste and Abuse

2020 Hearing Care Network LLC
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Welcome

Welcome to the 2020 training on Fraud, Waste and Abuse.

Learning Objectives

Upon successful completion of this training module you will be able to:

- Understand who governs 2020
- Define fraud, waste and abuse
- Discuss how 2020 fights fraud and abuse
- Explain how you can fight fraud and abuse
- Report cases of known or suspected fraud and abuse
- Recognize sources of additional information

What is the impact?

This training will teach you how to prevent, detect and report fraud, waste and abuse.

Every year millions of dollars are improperly spent because of fraud, waste and abuse. It affects everyone, including YOU!

YOU ARE PART OF THE SOLUTION!

Who must take this training?

- As someone who provides health or other services to a Medicare or Medicaid beneficiary, you fall into one of the categories listed below and must take this training.
- Any associate or employee of a Medicare contractor or plan sponsor, including 2020.
- Any contractor or contingent workforce member of our company.
- Any First-Tier, Downstream or Related Entity (FDR) that provides services or support to 2020 Medicare/Medicaid members.

- The Social Security Act and the Centers for Medicare and Medicaid Services (CMS) govern Medicare and Medicaid programs, and require compliance training to prevent, detect and report fraud, waste and abuse.

- According to the Social Security Act Medicare and Medicaid programs, are required to have an effective compliance program, which implements practices that prevent, detect and correct non-compliance, as well as prevent, detect and correct fraud, waste and abuse.

The Social Security Act.

Fraud, Waste and Abuse Overview.

- What are fraud, waste and abuse?

Fraud

Waste

Abuse

Fraud is knowingly and willfully executing, or attempting to execute, a scheme to:

- Defraud any health care benefit program.
- Obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

Examples: An associate operates a sideline business instructing providers on how to "get more money on their claims."

A pharmacy routinely dispenses prescriptions a few pills short, but bills for the full amount.

Fraud, Waste and Abuse Overview.

- Examples of fraud.

Fraud

Waste

Abuse

- ❑ 2020 is billed for
  - Services never received
  - Equipment never received or that was returned
  - A non-covered service as a covered service
- ❑ Documents are altered to gain a higher payment
- ❑ Misrepresentation of dates, descriptions of furnished services or the identify of the beneficiary
- ❑ Incorrect reporting of diagnosis or procedures (including unbundling)
- ❑ Corruption (kickbacks and bribery)

Fraud is intentional deception.

Fraud, Waste and Abuse Overview.

What is waste?

Waste

Abuse

Waste is overutilization of services or other practices that directly or indirectly result in unnecessary costs to the Medicaid and Medicare Programs. Waste refers to inefficiencies.

Waste is generally not considered to be caused by criminally negligent actions, but rather the misuse of resources.

For example: A provider performs and bills for unnecessary or not needed x-rays when the patient's current health does not support the need for the x-rays.

Fraud, Waste and Abuse Overview.

- What is abuse?

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare or Medicaid Programs.

Abuse involves payment for items or services when there is no legal entitlement to that payment, and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Abuse is when someone continually bends the rules.
For example: A provider submits a claim for a comprehensive examination lasting one hour when the patient actually received a limited examination lasting only 15 minutes. **The provider is not legally entitled to the higher reimbursement the comprehensive examination would pay.**

Fraud, Waste and Abuse Overview.

What is the difference between Fraud, Waste & Abuse?

Fraud

Waste

Abuse

The difference involves intent and knowledge.

Waste and Abuse may involve obtaining an improper payment, but does not require the same intent and knowledge.

Fraud requires an intent to obtain payment and the knowledge that his or her actions are wrong.

For example: If a service or supply is medical unnecessary then that is a waste.

If a service or supply is improperly billed, such as upcoded or unbundled, then that is abuse.

If a service or supply is intentionally billed but never provided then that is fraud.

Who Commits Fraud?

You need to be able to recognize the signs of someone committing Fraud, Waste or Abuse.

- Most individuals and organizations that work with 2020 are honest. However, anyone can commit fraud:
  - Doctors and health care providers
  - Suppliers of durable medical equipment
  - Employees of doctors or suppliers
  - Employees of companies that manage claims on behalf of 2020
  - Medicare and Medicaid beneficiaries
  - Pharmacies

Fraud Indicators.

Here are some signs of potential provider issues:

- The provider prescribes mostly controlled substances – drugs that have potential for abuse or dependence.
- The provider writes a prescription for a higher quantity than medically necessary for the condition.
- The provider's diagnosis for the member is not supported in the medical record.
- The provider performs unnecessary services for the member or bills for services not provided.
- The provider's prescriptions are not appropriate or not medically necessary for the member's health condition. For example, a provider prescribes birth control for a baby.

Fraud Indicators.

Here are some signs of potential member issues:

- The person receiving the prescription or supply is not the actual member. This could be identify theft, which occurs when someone uses another person's Medicare or Medicaid card to get prescriptions or services.
- The prescription or supply is inappropriate when considering the member's other prescriptions, supplies or services. For example, it would be inappropriate for a person on blood thinners to be prescribed another drug containing aspirin.
- There are numerous identical prescriptions or supplies for the member – possibly from different doctors. This may indicate doctor shopping which occurs when someone is trying to obtain multiple prescriptions without the prescribers' knowledge of the other prescriptions.
- The member's medical history does not support the prescription, supplies or services being requested. For example, it would be inappropriate for a paralyzed member who uses a wheelchair to receive a prescription for a walker.

Fraud Indicators.

Here are some signs of potential pharmacy issues:

- The prescriptions being dispensed are expired, fake, diluted or illegal.
- Proper provisions are not followed if the entire prescription cannot be filled. Is the pharmacy charging additional dispensing fees for split prescriptions?
- A pharmacy bills for a brand drug but dispenses the generic.
- The prescription or doctor’s order looks altered, possibly forged, or the quantities were changed.
- Drugs are being diverted. Are drugs being sent somewhere other than their intended destination, such as nursing homes, hospice, etc.

Protecting Taxpayer Dollars.

It is the responsibility of 2020 and YOU to protect taxpayer dollars.

2020 must:

- Protect Medicare Trust Funds
  - ❑ Medicare Hospital Insurance (Part A) Trust Fund
  - ❑ Supplementary Medical Insurance (Part B) Trust Fund
- Protect the public resources that fund Medicaid programs
- Manage the careful balance between paying claims quickly and limiting burden on the provider community when conducting review that prevent and detect fraud.
- Stay up to date with laws, regulations and policies.
- Coordinate with payers and regulatory agencies through mechanisms such as the Medicare Drug Integrity Contractor (MEDIC), the Medicaid Fraud Control Unit (MFCU) and the Bureau of Program Integrity in Florida.

Protecting Taxpayer Dollars.

What are your responsibilities?

You are integral to the success of our efforts to prevent, detect and report potential non-compliance as well as immediately escalating any instances of possible fraud, waste and abuse. Your responsibilities include:

- You are required to comply with all applicable statutory, regulatory and other Medicare and Medicaid program requirements, as applicable to your function and to stay up to date on company policies, laws and regulations.
- Be on the look out for suspicious activity and report it.
- Ensure data is both timely and accurate.
- Make sure to follow internal processes to identify and recover overpayments.
- Per the 2020 Code of Ethics and Standards of Conduct, you have a duty to immediately report and escalate any incidents or potential non-compliance or suspected fraud, waste and abuse.

Violation Penalties.

False Claims Act and Anti-Kickback Statute

Violators of any law intended to protect taxpayer dollars may be required to pay the federal government a financial penalty. The amount of penalty varies by law. For violations of the False Claims Act:

- the violator is required to pay the federal government three times the amount of damages sustained by the government in addition to potential civil penalties. In addition to these penalties, there may be other collateral consequences, such as disqualification from all future federal and state government contracts.

The Anti-Kickback Statute (AKS) is a criminal statute and the penalties for violations of the law can be severe:

- penalties can include fines up to $25K per violation, felony conviction punishable by imprisonment of up to five (5) years, or both, as well as possible exclusion from participation in federal health care programs.

How Do I Report Fraud, Waste or Abuse?

Everyone is required to report suspected instances of fraud, waste or abuse.

The 2020 Code of Ethics and Standards of Conduct clearly states this obligation.

2020 may **not** retaliate against you for reporting in good faith. Reports are confidential and associates may remain anonymous. However, there may be instances that require further involvement or information from the reporting individual during the investigation.

How Do I Report Fraud, Waste or Abuse?

You can report several ways.

Report any concerns or suspicious activity to the Fraud Hotline, your Corporate Compliance Department, your Manager or Supervisor, immediately.

- You may report in person directly to the Privacy Officer
- You may call the confidential and anonymous FWA Tip Hotline. The hotline is accessible to all parties 24 hours a day/7 days a week for reporting of known or suspected fraud, waste or abuse: Tel: 877 673 4177

Remember – there is no wrong way to report incidents of potential noncompliance or suspected fraud, waste or abuse. When in doubt, report it out!

What Information Should I Report?

When reporting a potential case of fraud, waste or abuse, include as many details as possible.

For example, Joshua, a claims examiner, suspects an incident of fraud with a provider. Joshua should include as much information known to him, such as:

- The name and billing address of the provider.
- A detailed description of what happened.
- How the issue came to Joshua's attention.
- The date the incident occurred.
- Whether or not the incident impacts service reimbursement by Medicare, Medicaid or both.
- Any additional details that may assist in the investigation of the incident.

Success of the Fraud, Waste & Abuse Program

The success of the 2020 Compliance and Fraud Program depends on you!

Do the right thing…even when nobody is looking. *Integrity begins with you!*

Assessment.

Fraud, Waste and Abuse

Assessment.

Why do we take fraud, waste and abuse compliance training?

- ❑ 2020 requires training to reduce the amount of fraud, waste and abuse committed by associates, members, providers and FDRs.
- ❑ The Social Security Act and the Centers for Medicare and Medicaid Services (CMS) govern Managed Care Organizations such as Solis, and requires compliance training to prevent, detect and report fraud, waste and abuse.
- ❑ The 2020 Corporate Compliance likes to assign training.
- ❑ The Federal government and Managed Care Organizations provide training for all employees, subcontractors and FDRs to prevent, detect and report fraud, waste and abuse.

Assessment.

_______________ includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare or Medicaid Programs. Involves payment for items or services when there is not legal entitlement to that payment, and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

- ❑ Abuse
- ❑ Fraud
- ❑ Waste

Assessment.

Knowingly and willfully executing, or attempting to execute a scheme to defraud any health care program or obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care program is called _____________.

- ❑ Fraud
- ❑ Abuse
- ❑ Waste

Assessment.

Overutilization of services, or other practices that directly or indirectly result in unnecessary costs to the Medicaid and Medicare Program is called _____________.

- ❑ Fraud
- ❑ Abuse
- ❑ Waste

Assessment.

Overutilization of services, or other practices that directly or indirectly result in unnecessary costs to the Medicaid and Medicare Program is called _____________.

- ❑ Fraud
- ❑ Abuse
- ❑ Waste

Assessment.

Should this be reported as fraud, waste or abuse?

A member called and complained that her 30 day prescriptions lasted only 25 days. Records indicate the full amount for the prescription was paid to the pharmacist. Should this situation be reported as potential fraud, waste or abuse?

- ❑ No, this should not be reported. The member probably took a double dose on one or two of the days.
- ❑ No, this should not be reported. The pharmacist probably miscounted the number of pills by mistake so it's not fraud.
- ❑ Yes, this should be reported as potential fraud, waste or abuse. If the pharmacist intentionally received payment for the full prescription it could be a case of fraud. In any case, it should be reported.

Assessment.

What's the difference between fraud, waste and abuse?

- ❑ Fraud requires an intent to obtain payment and the knowledge the actions are wrong. Waste and abuse may involve obtaining an improper payment, but do not require the same intent and knowledge.
- ❑ Waste and abuse require an intent to obtain payment and the knowledge that the actions are wrong. Fraud may involve obtaining an improper payment, but does not require the same intent and knowledge.
- ❑ Fraud, waste and abuse require an intent to obtain payment and knowledge that the actions are wrong.

Assessment.

How can we prevent fraud, waste and abuse? Fill in the blanks from answers on the right

Keep ____________ with laws, regulations and policies.

Coordinate with other ______________

Ensure data is both _____________

Follow internal processes to__________ overpayments.

Be on the lookout for _________and report it.

payers and regulatory agencies

suspicious activities

accurate and timely

up-to-date

identify and recover

Assessment.

You suspect an incident of fraud, waste or abuse. What information do you need to provide when you report an incident?

- ❑ The member's ID number and provider's contact information only. You don't need to provide any other information or details. The Compliance Department will investigate and gather the rest Waste and abuse require an intent to obtain payment and the knowledge that the actions are wrong. Fraud may involve obtaining an improper payment, but does not require the same intent and knowledge.
- ❑ Who was involved and what happened, when it happened, if it impacts services reimbursed by Medicare or Medicaid, how the issue came to your attention, and any other details.
- ❑ Your name, your employee ID number and your supervisor's name along with all of the details of the suspected fraud, waste or abuse incident.

Assessment

What should you do?

- ❑ Keep a file of suspicious claims and submit periodically to the Corporate Compliance Department.
- ❑ Contact the Fraud Hotline or Corporate Compliance Department immediately.
- ❑ Contact the member to ask for more details about the provider and the prescriptions.
- ❑ Contact the provider to verify the prescriptions and quantity.

Assessment End.

Congratulations! You have completed training on Fraud, Waste and Abuse and you have taken the training assessment.

You must have scored an 80% to pass the assessment.

If you did not score at least 80%, please retake the training and assessment.

THANK YOU!