

****MOBILE URGENT CARE**

FRAUD, WASTE & ABUSE TRAINING CURRICULUM**

(CMS, NC DHHS, OIG Compliant)

I. Purpose

This training ensures all Mobile Urgent Care (MUC) workforce members understand, identify, prevent, and report Fraud, Waste, and Abuse in accordance with:

- **CMS Medicare Learning Network (MLN) FWA Standards**
 - **NC Medicaid Quality and Program Integrity (NC DHHS)**
 - **42 CFR §455 – Program Integrity**
 - **False Claims Act**
 - **Anti-Kickback Statute**
 - **Stark Law**
 - **HIPAA & Billing Compliance Requirements**
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II. Required Participants

All workforce members must complete FWA training:

- Clinical staff (NPs, PAs, RNs, LPNs, EMTs, behavioral health)
- Administrative & billing staff
- Leadership
- Contractors & business associates
- Anyone involved in service delivery, documentation, or claims processing

Training is required:

- **Upon hire**
 - **Annually**
 - **Whenever regulations change**
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III. Training Format Options

- Instructor-led sessions
 - Online modules
 - Case-based scenarios
 - Competency testing
 - Live fraud-prevention drills
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IV. Curriculum Outline

MODULE 1 — Introduction to Fraud, Waste, & Abuse

Learning Objectives

- Understand federal and state definitions
- Recognize the consequences of FWA
- Know the role of Mobile Urgent Care in preventing FWA

Topics Covered

1. Definitions:
 - **Fraud:** Intentional deception for unauthorized benefit
 - **Waste:** Misuse of resources or services
 - **Abuse:** Actions inconsistent with sound medical practices
 2. Why FWA matters (CMS & NC Medicaid perspective)
 3. Real-world examples in urgent care and mobile healthcare
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MODULE 2 — Federal Laws Governing FWA

Learning Objectives

- Identify major federal laws and penalties

Topics Covered

1. **False Claims Act (31 U.S.C. §§ 3729–3733)**
2. **Anti-Kickback Statute (42 U.S.C. §1320a-7b)**
3. **Stark Law (Physician Self-Referral)**
4. **Civil Monetary Penalties Law**
5. **Exclusion Authorities (OIG Exclusion List / LEIE)**
6. **Whistleblower Protections (Qui Tam)**

Instructor Notes

Explain how Mobile Urgent Care could violate these laws unintentionally (documentation errors, kickback traps, etc.).

MODULE 3 — NC DHHS Medicaid Program Integrity

Learning Objectives

- Understand North Carolina Medicaid-specific rules

Topics Covered

1. NC Medicaid's role in investigations
 2. Managed Care Organization (MCO) requirements
 3. Clinical Coverage Policies and billing compliance
 4. Common violations seen in NC mobile providers
 5. Required internal controls
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MODULE 4 — Examples of Fraud, Waste & Abuse in Mobile Urgent Care

Fraud Examples

- Billing for services not rendered
- Altering documentation
- Creating fake patient encounters
- False time sheets or mileage

- Falsifying vaccine records
- Misrepresenting credentials

Waste Examples

- Excessive or unnecessary tests
- Inefficient use of supplies on mobile units
- Not coordinating care appropriately

Abuse Examples

- Upcoding E/M visits
- Unbundling services
- Billing medically unnecessary services
- Over-referral to affiliated providers

MODULE 5 — Clinical Documentation & Billing Integrity

Learning Objectives

- Connect accurate documentation to prevention of FWA

Topics Covered

1. Principles of compliant documentation
2. CMS **Evaluation & Management (E/M)** coding
3. Supervision requirements (NP, PA, RN, techs)
4. Preventing “cloned” or “copy-paste” notes
5. Telehealth documentation rules
6. Vaccine billing compliance requirements
7. MCO-authorized service limits

Required Skill Practice

Staff complete a mock chart audit for errors.

MODULE 6 — Ethics, Conflicts of Interest & Kickback Prevention

Learning Objectives

- Prevent unethical or high-risk behavior

Topics Covered

1. Anti-kickback red flags
 2. Referral relationships (Stark compliance)
 3. Prohibited incentives:
 - Cash
 - Gift cards
 - Transportation kickbacks
 4. Vendor and partner integrity
 5. Mandatory disclosure of conflicts of interest
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MODULE 7 — How to Identify Red Flags

Red Flags in Documentation

- Inconsistent or missing vital signs
- Patterns of identical notes
- “Too perfect” records

Red Flags in Billing

- High volume of maximum-level codes
- Duplicate claims
- Weekend/after-hours billing anomalies

Red Flags in Patient Behavior

- Patients requesting falsified forms
- Requests for unnecessary medications

Red Flags in Staff Behavior

- Refusal to allow audits
- Inconsistent stories
- Sudden financial changes

MODULE 8 — Reporting Suspected FWA

Learning Objectives

- Understand the reporting process
- Know legal protections

Topics Covered

1. Internal reporting process
 - Report to MUC Compliance Officer within 24 hours
 - Anonymous hotline option
2. External reporting:
 - NC Medicaid Program Integrity
 - OIG Hotline
 - CMS
3. Whistleblower protections under the False Claims Act
4. No Retaliation Policy

MODULE 9 — Investigation & Corrective Action

Topics Covered

1. Steps in an internal investigation
2. Evidence preservation
3. Required response timeline
4. Corrective Action Plans (CAPs)
5. Reporting obligations to NC DHHS, CMS, and MCOs

MODULE 10 — Competency Assessment

Includes:

- 25-question FWA exam
- Case-based role-play
- Documentation audit exercise

Passing Requirement

- **85% minimum score**
- Remediation within 7 days if failed

MODULE 11 — Annual Attestation

All MUC workforce members must sign:

- Fraud, Waste, and Abuse Training Attestation
- Code of Conduct and Ethics Statement
- Conflict of Interest Disclosure
- Billing Integrity & Compliance Agreement

Documents are retained in personnel files.