Communitycare
the health plan with a heart
PLAN

Fraud, Waste and Abuse Compliance Training

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Sound enabled, earbuds required

This Fraud, Waste, and Abuse training will explore the following topics:

- **Define and discuss** the scope of fraud, waste, and abuse
- **How to prevent and report** fraud, waste, and abuse
- **Provide information on laws** and explain the obligation of everyone to detect, prevent and correct fraud, waste, and abuse
- **Discuss training and documentation** on fraud, waste, and abuse requirements


Compliance


Fraud, waste, and abuse


HIPAA Privacy & Security


Job Specific

Training

Where Do I Fit In?

CCP employees are considered Medicaid Plan Sponsor Employees.

Other Classifications:

- First Tier Entity
- Downstream Entity
- Related Entity

Training requirements for first tier, downstream and related entities.

Complying with Required Training

Complete CCP's Compliance Fraud, Waste, and Abuse training and education program.

Complete equivalent FWA training and education that meets CMS' FWA training requirements

FWA Certification (by enrollment into Parts A or B of the Medicare program) or accreditation

Fraud

Knowingly submitting false statements or making misrepre-sentations of fact to obtain a federal health care payment for which no entitlement would otherwise exist.

Waste

Overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicaid program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse

Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicaid Program. Abuse 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.

HIPAA is the federal Health Insurance Portability and Accountability Act of 1996

HIPAA contains provisions and rules related to protecting the privacy and security of protected health information (PHI).

If you become aware of a potential breach or inappropriate disclosure of protected information, you must comply with the security breach and disclosure provision and with any business associate agreement.

Fundamental elements of a compliance program:

- **Implementing** written policies and procedures and standards of conduct
- **Enforcing** standards through well publicized disciplinary guidelines
- **Designating** a compliance officer
- **Conducting** effective training and education
- **Conducting** internal monitoring
- **Keeping** open lines of communication
- **Responding** promptly to detected offenses, developing corrective actions, and reporting to the State and Federal Government

HOTLINE

AHCA Consumer Complaint Hotline	888-419-3456
Florida Attorney General's Office	866-966-7226
Florida Medicaid Program Integrity Office	850-412-4600 apps.ahca.myflorida.com/inspectorgeneral/fraud_complaintform.asp
CCP Ethics & Compliance Hotline	Website: www.lighthouse-services.com/CCP Phone: 855-843-1106 or Email: reports@lighthouse-services.com

Policies and procedures (located on the Intranet) are in place to address fraud, waste, and abuse.

Assist with detecting, correcting, and preventing fraud, waste, and abuse.

The Compliance Program must include Internal Monitoring and Risk Assessment audits.

Example of areas that should be included are:

- Claims
- Credentialing
- Wage and Hour
- Contract Compliance

Enforcing Standards and Disciplinary Guidelines

Providers will act promptly

Hold employees accountable

Disciplinary actions will be taken

Law enforcement will be notified

Disciplinary actions will be determined on a case-by-case basis and may include an oral warning, written warning, and/or termination of employment.

How to Detect, Prevent and Correct Fraud, Waste, and Abuse

- Stay up to date
- Coordinate with other payers
- Data/billing is both accurate and timely
- Verify information
- Be on the lookout
- Right and responsibility to report
- Report any concerns
- Promptly corrected
- Saves Medicaid money
- Compliance with State and Federal laws

Examples of Medicaid Fraud, Waste and Abuse

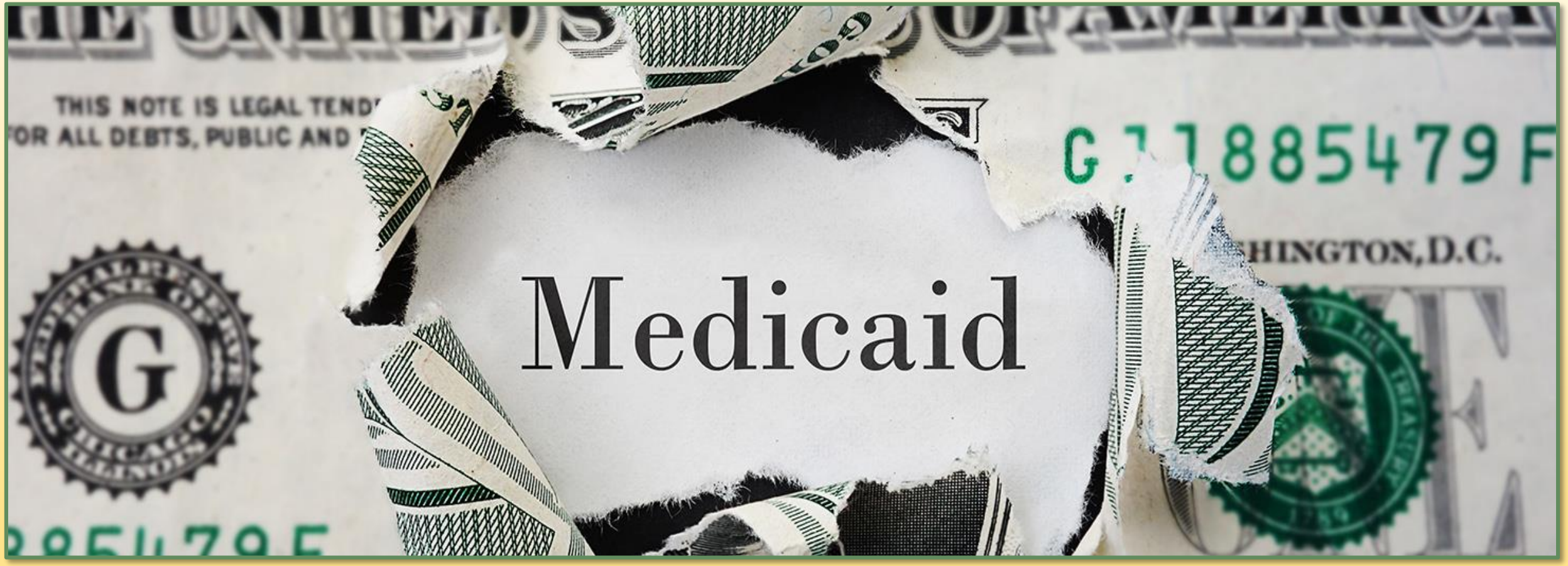
Provider Fraud

- Overutilization of health care services
- Provider billing irregularities
- Inaccurate coding

Member Fraud

- Residing out of state
- Using another person's Medicaid card
- Doctor shopping for narcotic prescriptions and altering prescriptions

*The **Federal False Claims Act** prohibits anyone from knowingly submitting a false claim to the government.*



*Under the **Federal False Claims Act**, a person, provider, or entity is liable for up to triple damages and penalties of $5,500 to $11,000 for each false claim it knowingly submits or causes to be submitted to a Federal Program.*

The False Claims Act permits private citizens with knowledge of fraud against the federal government to file suit on behalf of the government against the person or business that committed the fraud.

Whistleblowers are entitled to a percentage of dollars recovered.

Retaliation is strictly prohibited.

The Anti-Kickback Statute

Makes it illegal for providers to knowingly and willing offer, provide, solicit or accept any monetary or non-monetary renumeration to induce…

or reward referrals of items or services reimbursable by a Federal health care program.

Fines of up to $25,000, or imprisonment up to five (5) years, or both fine and imprisonment.

The statue assigns criminal liability to parties on both sides of an impermissible transaction.

The Stark Law

The purpose of the Stark Law is to prohibit physician self-referrals.

The law applies to any physician who provides health care services to Medicare, Medicaid or other federal health care recipients.

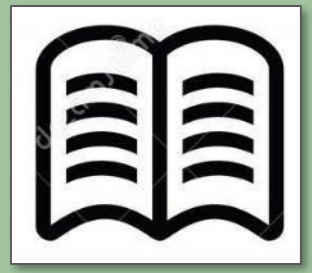
Physicians cannot refer patients for certain designated health services to any entity with which the physician has a financial interest.

The Deficit Reduction Act of 2005

Requires any entity receiving or making annual Medicaid payments of $5 million or more to establish and adopt written policies about federal and state false claims laws for all its employees, contractors and agents.

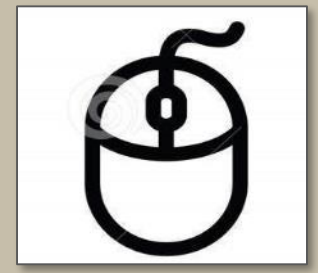
Healthcare entities are also required to establish written policies on whistleblower protections and for detecting and preventing fraud, waste and abuse.

Excluded Individuals/Entities Employer Responsibilities



Review federal exclusion lists at the time of hire/contracting and monthly thereafter.

Ensure that no Medicaid dollars are paid to employees, providers, or vendors who are excluded from participating in State or Federal health care programs.



List of excluded individuals/entities: http://exclusion.oig.hhs.gov

General Services Administration (GSA) list of parties excluded from federal procurement and non-procurement programs: https://www.epis.gov

JoAnn McDaniel-Chinn, Compliance Officer
jmcdaniel-chinn@ccpcares.org
Office #223 / 954-622-3234

All privacy questions, concerns, and incidents should be reported using the email or telephone number listed

You may now move onto the Privacy training.