



Fraud, Waste & Abuse Prevention Training

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Vision & Purpose

South Florida Community Care Network LLC, operating as Community Care Plan (CCP), is owned by Broward Health and Memorial Healthcare System

It serves Medicaid, Healthy Kids, commercial, self-insured health plans, and sponsored programs, aiming to enhance community health through its mission and vision

CCP is guided by six Core Principles of Excellence: **Quality, Customer Service, Community, People, Finance, and Growth**

The organization collaborates with local physicians to ensure high-quality healthcare access and offers Provider Compliance Training to support their mission



Effective Compliance Program

Compliance is a shared responsibility crucial for preventing fraud, waste, and abuse, which costs millions annually. Training will help providers detect and correct these issues.

Key points include:

- Providers play a vital role in preventing and reporting fraud in CCP healthcare programs, including Medicaid and Florida Healthy Kids
- Compliance with all relevant laws and implementation of an effective compliance program is required
- Reporting any known legal violations is obligatory
- Adhering to the organization's Code of Conduct is essential

An effective compliance program is necessary to address non-compliance and must include seven core requirements

A close-up photograph of a hand holding a pen, poised to sign a document. The document is a contract, with the word 'CONTRACT' visible in large, bold, capital letters. The background is slightly blurred, showing a desk and a laptop. The overall tone is professional and serious.

Fraud, Waste, Abuse & Overpayment

Fraud is intentional deception for unauthorized benefit; it includes acts violating federal or state law

Waste refers to mismanagement of resources leading to unnecessary costs

Abuse involves provider practices that deviate from accepted standards, resulting in unnecessary costs or improper reimbursements

Overpayment is any unauthorized amount paid by Medicaid or other healthcare programs due to inaccuracies, fraud, or mistakes

FWA Reporting Requirements

- Everyone is obligated to report any suspected cases of Fraud, Waste, and Abuse. Your organization's Code of Conduct and Ethics should explicitly outline this responsibility. You are protected from retaliation for making a good faith effort to report concerns
- Don't worry about categorizing the issue as fraud, waste, or abuse; simply report any concerns, and the Compliance team will investigate and determine the appropriate course of action
- Your organization should have established channels for reporting potential fraud, waste, or abuse. It must be able to accept anonymous reports and is prohibited from retaliating against anyone who reports

You can report suspected instances of Fraud, Waste, and Abuse directly to Community Care Plan. This can be done anonymously by calling **855-843-1106** or visiting **www.lighthouse-services.com/ccpcares**

Additionally, you can reach out to the Community Care Plan Compliance & Privacy Officer at **954-622-3482** or via email at **CCP.Compliance@ccpcares.org** or **CCP.SIU@ccpcares.org**

Laws and Penalties

False Claim Act

- The False Claims Act also permits a person with knowledge of fraud against the U.S. government to file a lawsuit (plaintiff) on behalf of the government against the person or business that committed the fraud (defendant)
- The state of Florida has a statute matching the Federal False Claims Act that allows for the recovery of Medicaid funds by the state of Florida
- Individuals who file such suits are known as “whistleblowers.” If the action is successful, the plaintiff is rewarded with a percentage of the recovery
- Retaliation against individuals for investigating, filing or participating in a whistleblower action is prohibited

FWA Direct Reporting

Suspected fraud, waste and abuse pertaining to Florida MMA or any CCP program must be reported to:

- Medicaid Program Integrity (MPI) administrator by calling **850-412-4600**
- Florida Agency Consumer Complaint Hotline by calling **888-419-3456**
- Florida Attorney General by calling **866-966-7226**
- AHCA FWA Complaint Form on the web at Medicaid Fraud and Abuse Form - [Office of the Medicaid Program Integrity\(myflorida.com\)](#)
- Report Insurance Fraud to Florida's Chief Financial Officer at: [Criminal Investigations Division](#) or **1-800-378-0445**
- Department of Health and Human Services Office of Inspector General (HHS-OIG) Hotline by calling **1-800-447-8477**
- Member Fraud Related to Public Assistance: [DCF Public Assistance Fraud](#)

Laws and Penalties

Civil Fraud – Civil False Claims Act Prohibits

- Knowingly presenting a false claim for payment or approval
- Knowingly creating or using a false record or statement to support a false claim
- Conspiring to violate the False Claims Act
- Falsely certifying the type or amount of property to be used by the Government
- Certifying receipt of property without confirmation of its accuracy
- Knowingly purchasing property from an unauthorized Government officer
- Knowingly concealing or improperly avoiding or reducing an obligation to pay the Government

Refer to 31 United States Code § 3729-3733 for more details

Laws and Penalties

Civil False Act Damages and penalties

- A civil penalty ranging from \$5,000 to \$10,000
- Triple the amount of damages incurred by the government due to the act
- Individuals or companies that breach the False Claims Act are also held accountable to the government

Criminal Fraud Penalties

- Upon conviction, the individual may face fines, imprisonment, or both. If the violation leads to death, the individual could be sentenced to any number of years or life imprisonment, or both

18 United States Code §1347

Laws and Penalties

Anti-Kickback Statute Prohibits

- It is illegal to knowingly and willfully solicit, receive, offer, or pay any form of remuneration (including kickbacks, bribes, or rebates) for referrals related to services funded in whole or in part by a federal health care program (including Medicaid)
42 United States Code §1320a-7b(b)

Anti-Kickback Statute Penalties

- Criminal fines can be as high as \$25,000 for each violation, along with a potential prison sentence of up to five years per violation, or both
- This includes both fines and imprisonment

Laws and Penalties

The Physician Self-Referral Law (STARK Law) prohibits

- Physicians from referring patients for specific designated health services to any entity in which they or a family member holds an ownership or investment interest, or has a compensation arrangement, unless a specific exception applies
42 United States Code §1395nn

Stark Statute Damages and Penalties

- Medicaid claims that arise from non-compliant arrangements with Stark are not reimbursable Violators may face fines of up to \$15,000 for each service provided and up to \$100,000 for entering into a prohibited arrangement or scheme

Exclusions

No payment from Federal or State health care programs can be made for any item or service provided, ordered, or prescribed by individuals or entities excluded by the Office of Inspector General or the Office of Attorney General

42 U.S.C. §1395(e)(1)

42 C.F.R. §1001.1901

Laws and Penalties

HIPAA: Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191)

- Increased access to health care insurance while ensuring the privacy of health care data, promoting standardization and efficiency within the health care sector
- Implemented safeguards to prevent unauthorized access to protected health care information
- As an individual who has access to protected health care information, you are responsible for adhering to HIPAA

Laws and Penalties

The Act or ARRA: American Recovery and Reinvestment Act

- This act introduced significant changes to the HIPAA Privacy and Security Rules
- Strengthened penalty provisions for violations
- Established a national breach notification law
- Required business associates to comply with HIPAA rules
- Individuals impacted by a HIPAA violation are entitled to receive a portion of any civil monetary penalty or settlement related to such offenses

Laws and Penalties

Implications of Engaging in Fraud, Waste, or Abuse

The potential penalties for such actions may include the following, although the specific consequences will vary based on the nature of the violation:

- Civil monetary penalties
- Criminal convictions and fines
- Civil prosecution
- Imprisonment
- Revocation of Provider License
- Exclusion from Federal and State Health Care programs

For detailed information on specific laws, including safe harbor provisions, please refer to the relevant statutes and regulations associated with the law

What you can do

- Prioritize compliance
- Identify areas at risk for fraud and abuse
- Maintain current and user-friendly policies and procedures
- Provide education and training for your staff
- Solicit feedback and encourage open communication from your team
- Respond quickly to issues by taking and documenting corrective actions



Attestation of Medicaid Compliance, Privacy & Security and Fraud, Waste, Abuse & Overpayment Training



The undersigned organization/person certifies that it has obtained and/or conducted Compliance, Privacy & Security, and Fraud, Waste, Abuse & Overpayment awareness trainings for it and all of its personnel and employees, as applicable. Please identify the method of training and education your organization used and return the completed attestation form via email to CCP.Compliance@ccpcares.org.

- ☐ Took training and education provided by Community Care Plan
- ☐ Took training and education provided by other source: _____
(identify other source and provide copy of training with this attestation)

Name of Organization/Person

Name of Organization's Representative & Title (please print)

Signature

Date



Thank You!