Fraud, Waste & Abuse Training

HMONG HOME
HEALTH CARE, INC.

Course Objectives

1. The regulatory requirement
2. The scope of fraud, waste & abuse
3. The obligational responsibilities of all those involved
4. How to go about reporting fraud, waste & abuse
5. The laws surrounding fraud, waste & abuse
6. The consequences of committing fraud, waste & abuse

Why do I have to take this course?

Per the Center for Medicare and Medicaid Services (CMS), all parties involved with receiving or delivering CMS sanctioned services are required to go through a training on statute, regulations and policies that govern all CMS programs.

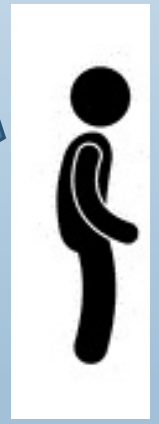
Every year millions of dollars are improperly spent due to fraud, waste, and abuse. It affects everyone… including YOU. This training will help you to detect, correct, and prevent fraud, waste, and abuse.

You are part of the solution.

Where does everyone fit in?

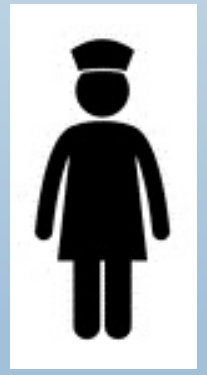
Program participants:

You



Field Staff:
Employee

Clients:
Enrollee



Company:
Provider

As a person who provides health or administrative services to a Part C or Part D enrollee you are either a:

- **Part C or D Sponsor Employee**
- First Tier Entity
  - Examples: PBM, a Claims Processing Company, contracted Sales Agent
- Downstream Entity
  - Example: Pharmacy
- Related Entity
  - Example: Entity that has a common ownership or control of a Part C/D Sponsor

What do I have to do?

- Follow all appropriate statutory, regulatory, and other Part C or Part D requirements, including adopting and implementing your employer's compliance program.
- Report any violations of laws that you may be aware of.
- Follow HHHC's Code of Conduct that explains your commitment to standards of conduct and ethical rules of behavior.

Prevention

How do I prevent Fraud, Waste & Abuse?

- Understand what Fraud, Waste & Abuse are
- Understand indicators of Fraud, Waste & Abuse
- Make sure you are up to date with laws, regulations and policies
- Ensure timecards are accurate and properly documented
- Verify information provided to you
- Be on the lookout for suspicious activity

What is Criminal Fraud?

Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or to 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.

18 United States Code §1347

What does that mean?

Intentionally submitting false information to the government or a government contractor in order to get money or a benefit.

Example: You don't deliver services to a client, but you chart onto your timecard that services were delivered by you to the client.

What is Waste?

To use, consume and spend unnecessarily through thoughtlessness or carelessness.

Example: Taking company supplied equipment (like gloves), when you still have a good supply on hand or using the supplied equipment carelessly.

What is Abuse?

Giving information or documentation regarding services in a way that improperly uses program resources for personal gain or benefit. Abuse can happen with no intentional deception or intentional misrepresentation.

Example: Not utilizing service time correctly and reporting that more time is needed or that time is not enough to care for a client, when client is receiving sufficient time needed for required cares.

Detection

Indicators for Fraud, Waste & Abuse?

For Providers:

You should look for the following:

- Employee performing unnecessary tasks
- The employee charting incorrectly
- Client and/or employee signatures do not match signatures on hand
- Employee charting times when client is not available
- Employee charting for times when employee is not available

Indicators for Fraud, Waste & Abuse

For Clients:

You should look for the following:

- Home health visits that your doctor ordered, but that you didn't get.
- Visits by home health staff that you didn't request and that you don't need.
- Bills for services and equipment you never got.
- Fake signatures (yours or your doctor's) on medical forms or equipment orders.
- Pressure to accept items and services that you don't need or that Medicare doesn't cover.
- Items listed on your Medicare Summary Notice that you don't think you got or used.
- Home health services your doctor didn't order. The doctor who approves home health services for you should know who you are, and should be involved in your care. If your plan of care changes, make sure that your doctor was involved in making those changes.
- A home health agency that offers you free goods or services in exchange for your Medicare number. Treat your Medicare card like a credit card or cash. Never give your Medicare or Medicaid number to people who tell you a service is free, and they need your number for their records.

Indicators for Fraud, Waste & Abuse

For Employees:

You should look for the following:

- Client abusing services provided to them
- Client making any arrangements where payment is shared in exchange for no delivery of services.
- Client or company requesting that you work at locations outside of care plan
- Client or company requesting for services that are outside of care plan

Reporting

Reporting Fraud, Waste & Abuse

Do not be concerned about whether an act is of fraud, waste, or abuse. It is your responsibility to report any concerns to your compliance officer. The compliance officer will investigate and make the proper determination.

Everyone is required to report suspected instances of fraud, waste, and abuse. Your employer's Code of Conduct and Ethics should clearly state this obligation. Employers may not retaliate against you for making a good faith effort in reporting.

What do I do?

Think carefully about the allegation and the information you have available that can help us determine whether mismanagement or criminal conduct has been committed. To process your allegations, we will need you to provide as much information as possible regarding the suspect and victim.

Your information should include:

- Who committed the wrongdoing (person, company or organization)?
- What exactly did the individual or entity do?
- Where did the activity take place?
- When did it happen?
- How was the activity committed?
- Do you know why the person committed the wrongdoing?
- Who else has knowledge of the potential wrongdoing?

Reporting Fraud, Waste & Abuse

Without sufficient information we may be unable to act on your allegation. The more information you can provide, the better chance we have of determining whether any wrongdoing has been committed. We are very interested in the information you have to provide regarding waste, fraud, abuse, mismanagement or misconduct.

If you have any questions or need additional information, please call our compliance officer.

Compliance Officer: **Shoua Moua**
Contact Number: 651-262-5510

Reporting Fraud, Waste & Abuse

You can also report any concerns to:

- **Minnesota Department of Human Service**
  - Provider Fraud: 651-431-2650 (Toll Free) 800-657-3750
  - Recipient Fraud: 800-627-9977
- **Centers for Medicare & Medicaid Services**
  - Regional Office: 312-886-6432
- **Office of the Attorney General**
  - Local: 651-296-3353 (Toll Free) 800-657-3787
  - 1-800-HHS-TIPS (1-800-447-8477)

Laws & Regulation

Civil Fraud/Civil False Claims Act

Prohibits:

- Presenting a false claim for payment or approval;
- Making or using a false record or statement in support of a false claim;
- Conspiring to violate the False Claims Act;
- Falsely certifying the type/amount of property to be used by the Government;
- Certifying receipt of property without knowing if it's true;
- Buying property from an unauthorized Government officer; and
- Knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay the Government.

Civil False Claims Act Damages and Penalties

- The damages may be tripled. Civil Money Penalty between $5,000 and $10,000 for each claim.
- If convicted, the individual shall be fined, imprisoned, or both. If the violations resulted in death, the individual may be imprisoned for any term of years or for life, or both.

18 United States Code §1347

Anti-Kickback Statute

Prohibits:

- Knowingly and willfully soliciting, receiving, offering or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid in whole or in part under a federal health care program (which includes the Medicare program).

42 United States Code §1320a-7b(b)

Anti-Kickback Statute Penalties

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

Stark Statute (Physician Self-Referral Law)

Prohibits:

- A physician from making a referral for certain designated health services to an entity in which the physician (or a member of his or her family) has an ownership/investment interest or with which he or she has a compensation arrangement (exceptions apply).

42 United States Code §1395nn

Stark Statute Damages and Penalties

Medicare claims tainted by an arrangement that does not comply with Stark are not payable. Up to a $15,000 fine for each service provided. Up to a $100,000 fine for entering into an arrangement or scheme.

Exclusion

- No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the Office of Inspector General.

42 U.S.C. §1395(e)(1)

42 C.F.R. §1001.1901

HIPAA

- Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191)
- Created greater access to health care insurance, protection of privacy of health care data, and promoted standardization and efficiency in the health care industry.
- 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.

Consequences

Consequences of Committing Fraud, Waste, or Abuse

- Health Insurance Portability and Accountability Act of 1996 (P.L. 104-191)
- Created greater access to health care insurance, protection of privacy of health care data, and promoted standardization and efficiency in the health care industry.
- 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.

Government Resources

- National Benefit Integrity MEDIC: http://www.healthintegrity.org/html/contracts/medic/index.html
- Stop Medicare Fraud: http://www.stopmedicarefraud.gov
- The Patient Protection and Affordable Care Act: http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf
- Compliance Guidance for Medicare + Choice Organizations: http://oig.hhs.gov/fraud/docs/complianceguidance/111599.pdf
- Office of the Inspector General, Compliance Program Guidance for the Healthcare Industry: http://oig.hhs.gov/compliance/compliance-guidance/index.asp
- Federal Sentencing Guidelines: http://www.ussc.gov/Guidelines
- Fraud Alerts, Bulletins and Other Guidance from the OIG: http://oig.hhs.gov/compliance/alerts/index.asp
- False Claims Act: http://www.justice.gov/jmd/ls/legislative_histories/pl99-562/pl99-562.html
- Health Insurance Portability and Accountability Act (HIPAA): http://aspe.hhs.gov/admnsimp/pl104191.htm
- Anti-Kickback Statute (see section 1128B(b)): http://www.ssa.gov/OP_Home/ssact/title11/1128B.htm#f
- Stark Law (Physician Self-Referral): https://www.cms.gov/PhysicianSelfReferral/