



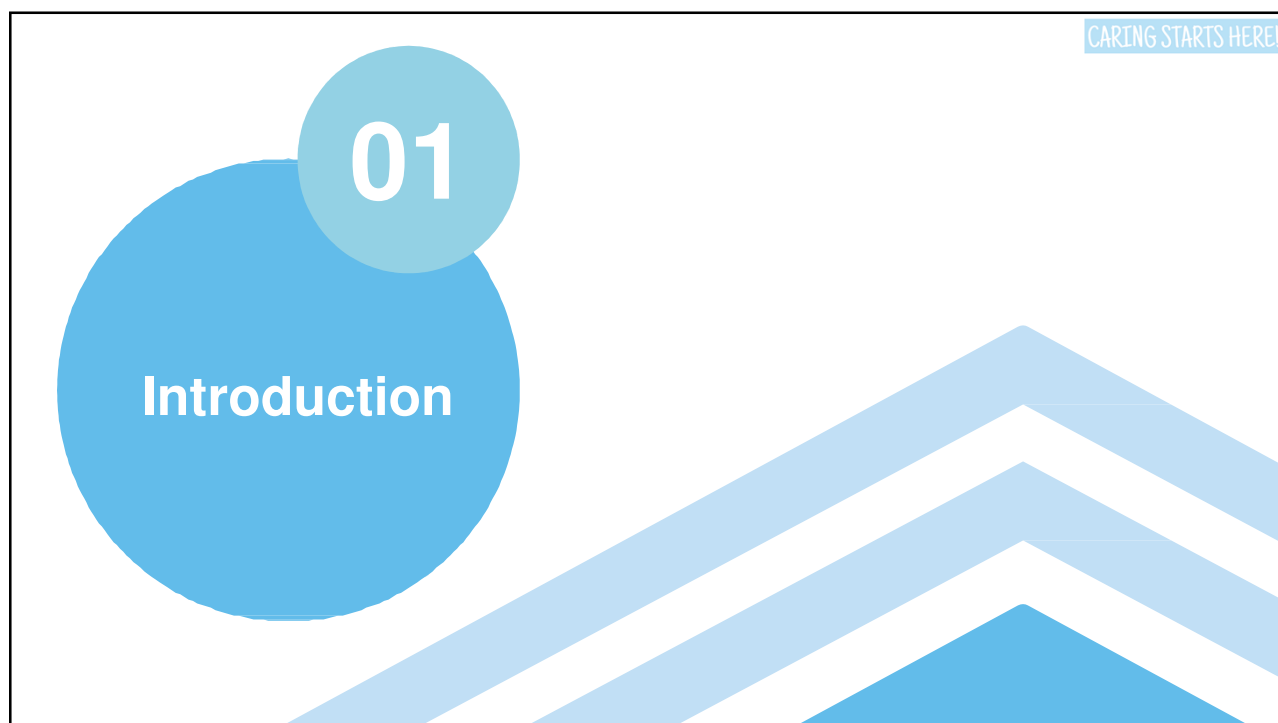
Mission Statement

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“To promote the quality of life of our communities by empowering others and working together to creatively solve unique health and long term care needs.

To operate on a sustainable financial basis through growth and continuous improvement.

Our culture is based on integrity, accountability and treating our members, partners and each other with dignity and respect.”



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01

Introduction

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Training Objectives

- **Meet the regulatory requirement for training and education**
- **Learn about Fraud, Waste and Abuse (FWA)**
- **Understand your obligation to detect, prevent, and correct FWA**
- **Learn how to report FWA**
- **Learn about laws pertaining to FWA**

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AS1

Access to Training

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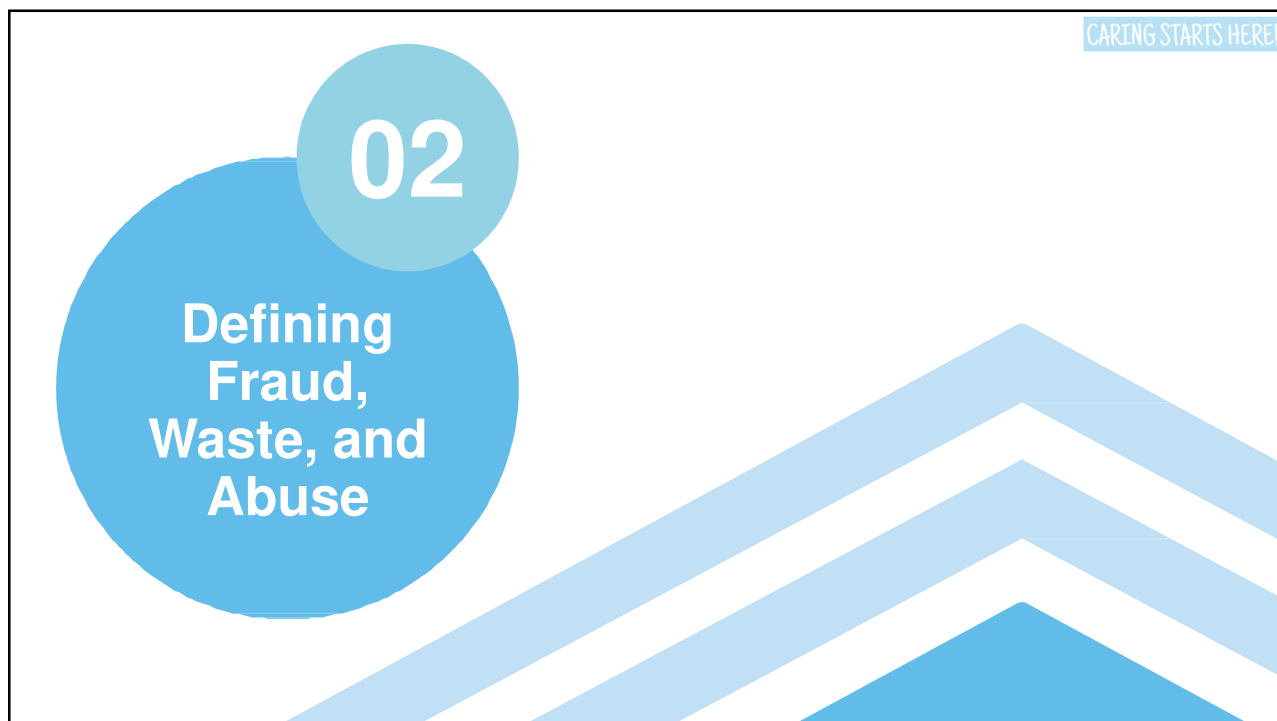
- **Wisconsin Department of Health Services and Centers for Medicare & Medicaid Services requires FWA training to Providers that are not deemed by CMS participation.**
- **Care Wisconsin provides network providers with the CMS training website and attestation process**
- **Helpful resources for completing the training and attestation**
 - *The Care Wisconsin Code of Conduct (PDF)*
 - *CMS General Compliance and FWA Training*
 - *Care Wisconsin Compliance & Fraud, Waste, Abuse Training for Network Providers*

AS2

Additional Information

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- **Are you waived from additional FWA training?**
 - *Per 42 C.F.R. § 423.504(b)(4)(vi)(C)(3)*
 - *Applies to organizations that have been officially accredited by CMS or through enrollment into Medicare Parts A or B*
 - *Must complete Care Wisconsin Compliance & Fraud, Waste, Abuse Training for Network Providers*
 - *Be ready to provide documentation to Care Wisconsin for audit purposes*
- **Providers must complete General Compliance and Combating Medicare and Medicaid FWA training**

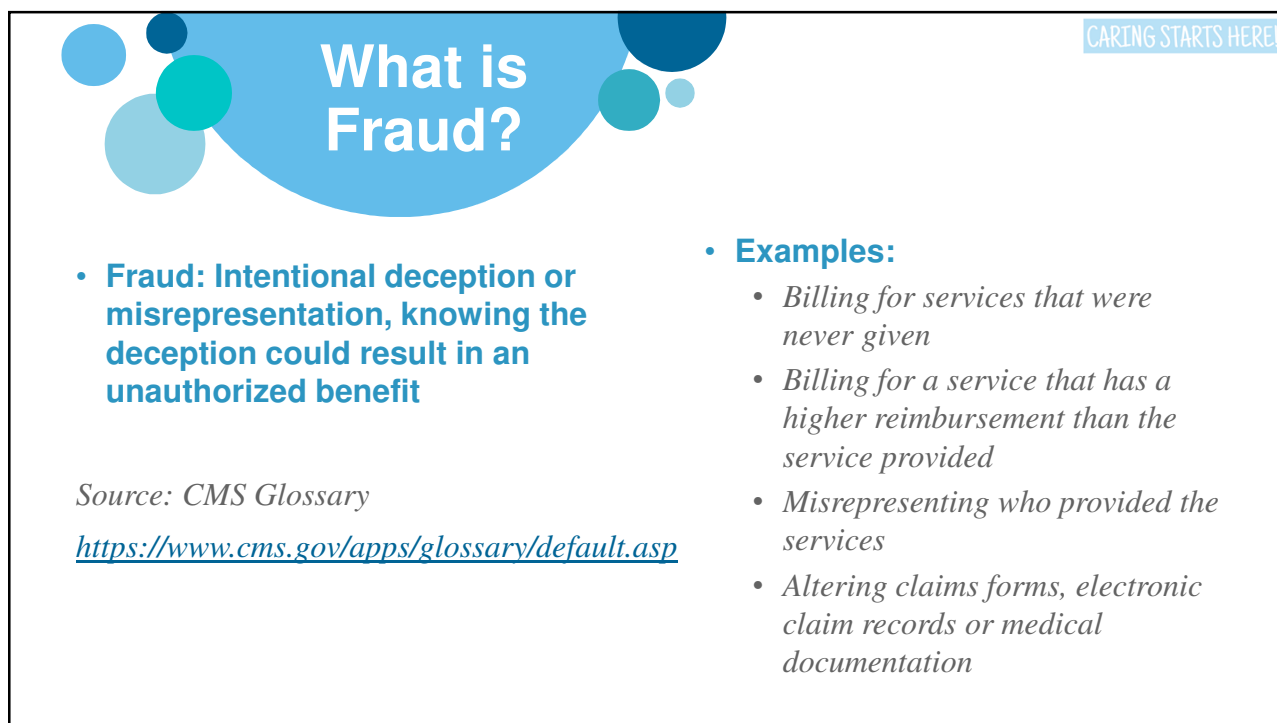


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02

**Defining
Fraud,
Waste, and
Abuse**

The slide features a large blue circle on the left containing the text 'Defining Fraud, Waste, and Abuse'. Above it is a smaller light blue circle with the number '02'. In the top right corner, there is a small blue box with the text 'CARING STARTS HERE!'. The background is white with a decorative graphic of three overlapping, upward-pointing chevrons in shades of blue and white on the right side.



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What is Fraud?

- **Fraud: Intentional deception or misrepresentation, knowing the deception could result in an unauthorized benefit**

Source: CMS Glossary
<https://www.cms.gov/apps/glossary/default.asp>

- **Examples:**
 - *Billing for services that were never given*
 - *Billing for a service that has a higher reimbursement than the service provided*
 - *Misrepresenting who provided the services*
 - *Altering claims forms, electronic claim records or medical documentation*

The slide has a white background with a decorative header area on the left containing several overlapping circles in shades of blue and teal. The title 'What is Fraud?' is centered in a large blue circle. The text 'CARING STARTS HERE!' is in the top right corner. The content is organized into a definition and a list of examples.

What is Waste?



- **Waste: Overutilization of services, or practices that result in unnecessary costs**
- **Useless consumption or expenditure without adequate return**
- **Example:**
 - *Providing services that are not medically necessary*

What is Abuse?

- **Abuse: Practices that are inconsistent with fiscal, business or medical practices, and result in:**
 - *Unnecessary cost to Medicaid and Medicare programs*
 - *Reimbursement for services that are not medically necessary*
 - *Services that fail to meet standards for health care*
- **Includes recipient practices resulting in unnecessary cost to Medicaid and Medicare programs**

Source: CMS Glossary

<https://www.cms.gov/apps/glossary/default.asp>

How are Fraud and Abuse Different?


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- **Abuse has no requirement to prove or demonstrate that acts were committed knowingly, willfully, and intentionally**
- **Examples of abuse:**
 - *Billing for a non-covered service*
 - *Misusing codes on the claim (i.e., the way the service is coded on the claim does not comply with coding guidelines or is not billed as rendered)*
 - *Inappropriately allocating costs on a cost report*

Who is Responsible for FWA?

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- **Providers are a vital part of the effort to prevent, detect and report Medicare/Medicaid non-compliance and possible FWA**
- **Who could commit FWA?**
 - *Members/Patients*
 - *Employees*
 - *Health Plans*
 - *Providers or prescribers*
 - *Manufacturers*
 - *Pharmacies*



Who is Responsible for FWA?

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Provider responsibilities for Medicare and Medicaid services:

- 1) Comply with all applicable statutory, regulatory, and other Medicare/Medicaid requirements
 - *Includes adopting and implementing an effective compliance program*
- 2) Duty to the Medicare/Medicaid program to report any potential violations of laws
- 3) Duty to follow Care Wisconsin's Code of Conduct
 - *Explains commitment to standards of conduct and ethical rules of behavior*



03

Statutes & Regulations



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Requirements

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- **Deficit Reduction Act (DRA):**
 - Requires organizations that receive Medicaid funds to provide training about the Federal and State False Claims Acts and the company's policies and procedures around FWA
- **Must have an effective compliance program, which should include:**
 - Measures to prevent, detect, and correct Medicare/Medicaid non-compliance
 - Measures to prevent, detect and correct FWA
- **Must provide training for employees, senior leadership and Board of Directors**

Federal and State Oversight Authorities

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|---|---|
| <ul style="list-style-type: none"> • The Office of Inspector General (OIG), U.S Department of Health Services • Department of Justice • Centers for Medicare and Medicaid Services (CMS) | <ul style="list-style-type: none"> • Office of the State Attorney General • State Medicaid Agencies • Medicaid Fraud Control Units • The Office of the State OIG and Medicaid OIG |
|---|---|

Laws and Regulations About FWA

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- **Federal False Claims Act**
 - **Anti-Kickback Statute**
 - **Beneficiary Inducement Law**
 - **Exclusions Statute**
 - **Whistleblower Protection Act**
- **Other Relevant Federal FWA Laws**
 - *Physician Self-Referral Prohibition (Stark Law)*
 - *Civil Monetary Penalties*
 - *Health Insurance Portability and Accountability Act (HIPAA)*
 - *Deficit Reduction Act of 2005*

Federal False Claims Act

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Prohibits knowingly submitting a false claim, making a false record or statement in order to have a false claim paid or approved under any federally funded health care program

- *False Claims Act includes a “qui tam” or whistleblower provision*
- *Care Wisconsin investigates all good faith reports of suspected FWA*
- *Reporters are protected from retaliation or retribution*

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Anti-Kickback Statute Law



Prohibits directly or indirectly offering, providing, or receiving kickbacks or bribes in exchange for goods or services covered by Medicare, Medicaid and other federally funded programs.

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Beneficiary Inducement Law



Prohibits offering remuneration that you know or should know is likely to influence a member or beneficiary to select a particular provider, practitioner or supplier.



Exclusions Statute

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- Excludes participation in Medicare or Medicaid program for a minimum number of years
- Providers must screen all employees and contractors to determine exclusion status
- The State's exclusion process periodically informs MCOs and HMOs who is suspended from participation in the State Medicaid program



Other FWA Regulations

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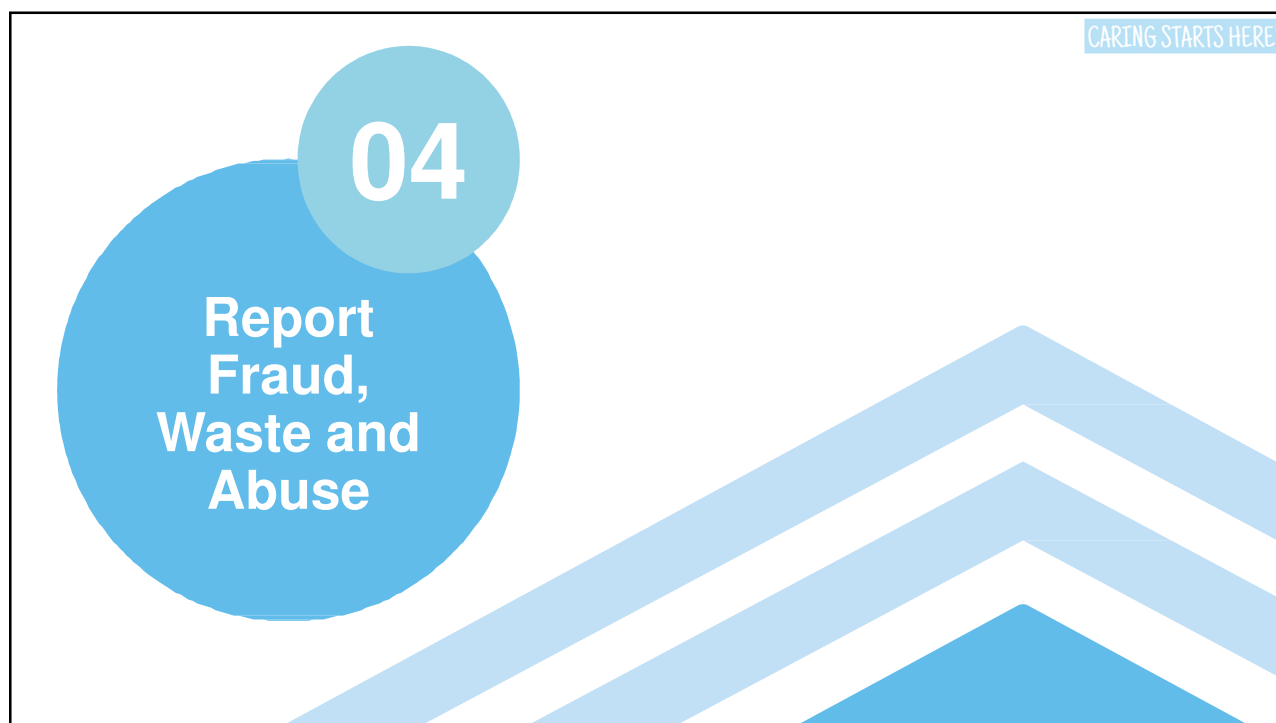
Overpayments

Your provider agreement with Care Wisconsin requires you to:

- *Report the overpayment when identified;*
- *Return the overpayment within 60 calendar days of the date on which the overpayment was identified; and*
- *Notify Care Wisconsin in writing of the overpayment*

Record Retention Requirements

- Providers must maintain service, prescription, claim, and billing records for 10 years
- Records subject to Care Wisconsin audit

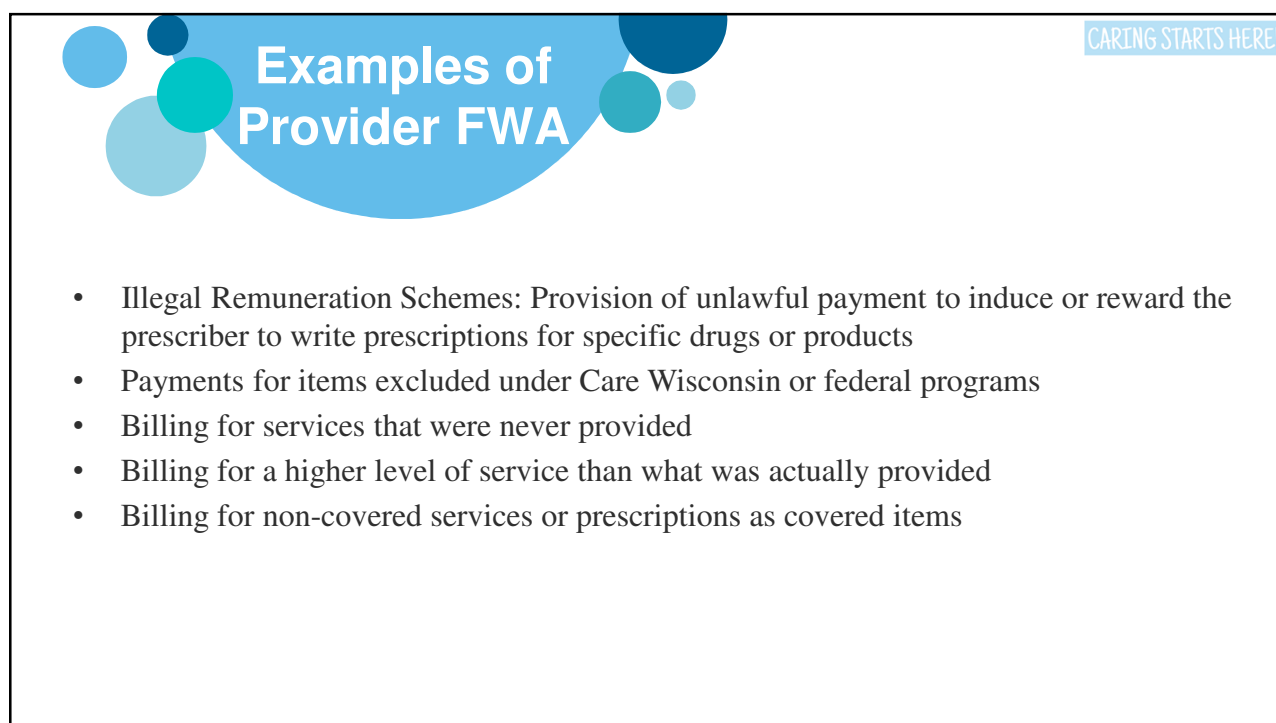


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04

Report
Fraud,
Waste and
Abuse

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Examples of
Provider FWA

- Illegal Remuneration Schemes: Provision of unlawful payment to induce or reward the prescriber to write prescriptions for specific drugs or products
- Payments for items excluded under Care Wisconsin or federal programs
- Billing for services that were never provided
- Billing for a higher level of service than what was actually provided
- Billing for non-covered services or prescriptions as covered items

This slide has a white background with a decorative header area on the left containing several overlapping circles in various shades of blue and teal. The title 'Examples of Provider FWA' is centered in this area. A list of five bullet points is positioned below the title. The 'Caring Starts Here!' logo is in the top right corner.




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Program Integrity

- **Led by Care Wisconsin's Compliance Officer**
- **Detects, investigates and prevents all activities related to possible health insurance fraud and abuse**

The Compliance Officer:

- *Reviews and investigates all allegations of Fraud and Abuse*
- *Takes corrective actions for any supported allegations*
- *Reports misconduct to all appropriate agencies*
- *Provides training for employees and providers*



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How to Report FWA

- **Compliance Hotline:**
1-833-253-3465 (toll free) or
608-245-3576 (local)
- **Compliance mailbox:**
Compliance@carewisc.org
- **Privacy mailbox:**
Privacy@carewisc.org
- **Write:**
Care Wisconsin
attn: Compliance Officer
1617 Sherman Avenue
Madison, WI 53704

Remember, you have assured anonymity and non-retaliation in the reporting process to the extent reasonably possible.

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Additional Resources

- **Wisconsin OIG:**
<https://www.dhs.wisconsin.gov/oig/index.htm>
- **Federal OIG:**
<https://oig.hhs.gov/>
- **CMS Web-Based Compliance Training:**
<https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/providercompliance.html>

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Report Fraud!

“The OIG encourages the public to report any fraudulent use of public assistance dollars through its fraud hotline, 1-877-865-3432, or on the OIG’s Fraud Reporting Webpage. The OIG monitors these contacts and reports monthly on the results of these public contacts.”

<https://www.reportfraud.wisconsin.gov/rptfrd/default.aspx>

AS5

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05

**Next Step:
Compliance
Certification**

Congratulations!

You have completed your annual Provider Compliance Fraud,
Waste, Abuse training requirement.

Final Step:

Complete all required documentation and send to the address or
fax number provided by your Care Wisconsin Contracting
Specialist.

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