Compliance & Fraud, Waste and Abuse Training for Network Providers

Mission Statement

“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.”
Introduction

- 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
Access to Training

- 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

Additional Information

- 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
02

Defining Fraud, Waste, and Abuse

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
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?

- 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?

- 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
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
Requirements

- **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

- The Office of Inspector General (OIG), U.S. Department of Health Services
- Department of Justice
- Centers for Medicare and Medicaid Services (CMS)
- 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

- 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

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
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.

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

- 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

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
04

Report Fraud, Waste and Abuse

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
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

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.
Additional Resources

- Wisconsin OIG: https://www.dhs.wisconsin.gov/oig/index.htm
- Federal OIG: https://oig.hhs.gov/

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
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.