Products Covered by this Training

- Keystone Health Plan West Security Blue
- Highmark FreedomBlue PPO Pennsylvania
- Highmark FreedomBlue PFFS Pennsylvania
- HHIC FreedomBlue PPO West Virginia
- HHIC FreedomBlue PFFS West Virginia
- Highmark Senior Resources Blue Rx
- United Concordia SmileNet Network
General Compliance Training

- Why this training?
- What will I learn?
- Fraud, waste, and abuse terms
- Compliance and Fraud, waste, and abuse law
- United Concordia’s expectations of Providers and their staffs
- Examples of fraud, waste, and abuse
- Where to ask questions or report potential fraud, waste and abuse violations
Why This Training?

CMS amended its Medicare Advantage (MA) and Part D regulations to clarify the obligations of MA organizations and Part D sponsors, such as United Concordia, to include general compliance and fraud, waste and abuse training in their education plans for their providers and their providers’ employees, managers and directors.
Terms You Should Know

- **Theft by deception** – The use of deception for unlawful gain or unjust advantage.
- **Fraud** – Using intentional deception or misrepresentation for unlawful gain or unjust advantage.
- **Waste** – Using, consuming, spending, or expending thoughtlessly or carelessly.
- **Abuse** – Using wrongly or improperly.
- **Conspiracy** – An agreement between two or more persons to perform together an illegal wrongful or subversive act.
Terms You Should Know (Continued)

- **Compliance Program** – A program to ensure that United Concordia, its employees and contractors comply with all applicable laws and contractual requirements, including those regulating the Medicare Advantage and Part D programs and those prohibiting waste, fraud and abuse.
Expectations

United Concordia’s expectations of our providers:

- Conduct business activities and interactions with our members ethically and with integrity.
- Conduct business activities in full compliance with applicable statutory, regulatory and Medicare Program requirements.
- Maintain patient records that are accurate and complete and appropriately reflect treatment.
- Call the United Concordia Integrity Office when you have compliance questions or concerns about potential fraud and abuse.
Compliance with the Law

- The activities of United Concordia and each of its contracting providers and their employees, managers and directors must be carried out in accordance with applicable laws and related United Concordia policies and procedures.

- Federal and state laws may include matters such as, submission of data, record keeping, access to records, and privacy of protected health information.

- Special provisions apply to government programs such as Medicare Advantage and Part D.

- Violations of laws may subject you to individual civil or criminal liability, as well as to disciplinary action.
Conflicts of Interest

Conflict of interest with United Concordia and its members should be avoided.

- Conflicts of interest may arise when outside personal interests, employment, or affiliations influence or appear to influence business or medical and dental practice decisions.
Gifts, Gratuities and Entertainment

- Providers and their employees may not offer any gift or entertainment that might be perceived to be primarily intended to gain favor or to compromise a business or health care decision under a Federal health care program.
  - For example, providing gifts to United Concordia employees in a position to influence decisions about your participation is prohibited.
  - Offering gifts to Medicare beneficiaries may also violate the prohibition on beneficiary inducements.
- Accepting gifts from pharmaceutical companies or device manufacturers that are intended to affect the way you practice medicine or dentistry is strongly discouraged.
Compliance with Relevant Laws

Medicare Advantage organizations and Part D sponsors are paid in part using federal Medicare funds. Therefore, Medicare Advantage plans, Part D sponsors and the providers and facilities that furnish services to their members are subject to laws applicable to individuals and entities receiving federal funds, including but not limited to, the Age Discrimination Act, the American with Disabilities Act, applicable provisions of criminal law and the False Claims Act.
Fraud, Waste, and Abuse Laws

- The False Claims Act
  - Prohibits knowingly presenting (or causing to be presented) to the Federal government a false or fraudulent claim for payment or approval.
  - Prohibits knowingly making, using, or causing to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government.
The False Claims Act

- Applies to claims made to Medicare Advantage Organizations and Part D Sponsors

- Has been interpreted to mean that it is a potential violation of federal law if a provider makes little or no effort to validate the truth and accuracy of his or her statements, representations, or claims or otherwise acts in a reckless manner as to the truth.
Fraud, Waste, and Abuse Laws

- Anti-Kickback Statute
  - Prohibits knowingly and willfully paying, offering, soliciting or receiving remuneration (anything of value)
    - to induce a referral of a patient for items or services for which payment may be made, in whole or in part, under a Federal health care program; or
    - in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program.
  - There are certain exceptions specified in so-called “safe harbors” specified by law.

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Fraud, Waste, and Abuse Laws

- Prohibition on beneficiary remuneration
  - Prohibits offering or providing anything of value to beneficiaries to influence them to receive services from particular providers.
Other Payment Prohibitions

- Medicare Advantage Organizations and Part D Sponsors are generally prohibited by law from paying:
  - Providers who have been excluded from participation in a Federal Health Care Program such as Medicare, Medicaid or SCHIP
  - Providers who have “opted out” of the Medicare Program except for providing emergency services
- Providers may not contract with, or employ, such opted out or excluded individuals or entities to furnish services to members of Medicare Advantage Organizations and Part D Sponsors

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Examples of Fraud, Waste and Abuse

- Professional Provider
  - Misreporting/upgrading procedure codes to receive a higher payment
  - Inappropriately altering a patient record
  - Inappropriately prescribing drugs
  - Submitting to United Concordia encounter or diagnostic data that the Provider knows is incorrect
  - Performing or ordering inappropriate or unnecessary procedures/tests.
  - Accepting remuneration in exchange for prescribing particular drugs
Examples of Fraud, Waste and Abuse

- **Facility**
  - Patient never receives his/her prescribed take home drugs
  - Billing for drugs never received by the patient
  - Reselling drugs not used by patients
  - Drug diversion
  - Billing for procedures or services the patient did not receive
Examples of Fraud, Waste and Abuse

- Pharmacy
  - Submitting false claim for payment
  - Altering prescriptions to receive higher payment
  - Dispensing expired drugs
  - Collecting higher co-pays than allowed or charging more than the negotiated price
  - Routinely waiving copays
  - Manipulating the amount of out-of-pocket payments a beneficiary has made
  - Accepting illegal payments to convince beneficiaries or physicians to switch drugs
Examples of Fraud, Waste and Abuse

- **Beneficiary**
  - Permitting another person to use their Medicare ID number/card
  - Falsifying Coordination of Benefits information to collect duplicate payments from multiple insurance plans
  - Participating in schemes that involve conspiracy between a provider/supplier and beneficiary.
Consequences of Committing Fraud, Waste and Abuse

- Administrative Recoupment/Restitution
- Criminal and/or civil prosecution
- Fines/Penalties
- Imprisonment
- Suspension/Loss of Provider License
- Exclusion from the Medicare program
Identifying Possible Fraud, Waste and Abuse

- You are a vital part of the effort to prevent, detect, and report possible fraud, waste and abuse issues. To do that you need to be able to identify various potential misconduct that could rise to the level of fraud.
Read the following situations to better understand how to identify potential fraud, waste or abuse.
Identifying Possible Fraud, Waste and Abuse

Professional Provider situations:

- A practitioner knowingly misreported a procedure code for a comprehensive oral evaluation when the actual service provided was a periodic oral evaluation.

- Patient records, claim forms, electronic claim forms, show signs of alteration to obtain higher payments.

- “Double billing” – charging more than once for the same service, for example by an individual code then again as part of an automated or bundled set of services.
Identifying Possible Fraud, Waste and Abuse

- **Facility Situations**
  - **Drug Diversion** – Patients not receiving medications (especially pain medications) due to staff substituting another substance for the medication
  - Billing for supplies, medications, procedures or lab services not provided to the patient
  - Billing for a higher level care than the patient was receiving
Identifying Possible Fraud, Waste and Abuse

Pharmacy Situations:

- The pharmacist offers to waive a member’s co-pay if he agrees to use this pharmacy for all his prescriptions.
- A pharmacy employee bills the insurance company for a narcotic using the information from the pharmacy database. The patient never received the medication.
- “Short Filling” – A pharmacy bills for more than the amount of medication dispensed.
Identifying Possible Fraud, Waste and Abuse

**Beneficiary Situations:**

- A member goes to a number of different doctors for prescriptions for the same controlled substance
- A member gets a prescription from her doctor allegedly for herself intending that her husband will take it
- Letting someone use your Medicare Number or ID card to obtain supplies, medications, procedures or lab services
Your Involvement

United Concordia engages in activities such as auditing, monitoring and other oversight to identify compliance issues. However, we need your assistance:

- **Facilities and Professional Providers:** Establish a fraud, waste and abuse prevention policy.
- **Management:** Educate **coworkers** of the importance of fraud and abuse prevention.
- **All Individuals:** Report any potential incidents of fraud waste or abuse to United Concordia.
Policies Regarding Inquiries and Reports

All inquiries are confidential, subject to limitations imposed by law. If an individual is unwilling to identify himself or herself despite this protection, they may make an anonymous report. If an individual does not identify himself or herself, we ask that he or she provide some method of future contact. This will allow the internal investigator to ask follow up questions. United Concordia policy prohibits retaliation against individuals who raise questions in good faith.
How to Obtain More Information About, or Report Potential Fraud, Waste and Abuse

- Where can a provider go to ask questions about potential waste fraud and abuse?
- Who should a provider or a member of their staff report potential fraud waste or abuse to?
For information and inquiries or to report potential misconduct contact The United Concordia Integrity office
toll-free hotline available
24-hour a day/7 days a week:
1-800-985-1056

Send written inquiries to:
Integrity Office, P.O. Box 150, Enola, Pa. 17025.
Follow-up

- For any credible report of potential waste, fraud and/or abuse, United Concordia will undertake a reasonable investigation and may refer the issue, as appropriate, to a MEDIC, CMS or law enforcement.

- The MEDIC (Medicare Drug Integrity Contractor) is an organization assigned by CMS to manage anti-fraud and abuse efforts in the Part D program. The MEDIC will further investigate referrals from Part D Sponsors, develop the investigations, and make referrals to appropriate law enforcement agencies or other outside entities when necessary.
Thank You

- We appreciate your completion of this training module and fulfillment of the Medicare Advantage and Part D General compliance requirements.

- Please print the certificate (which follows on the next page) and retain it for your records.
Medicare Advantage and Part D General Compliance Training

Presented to

For completion of the Medicare Advantage and Part D General Compliance course offered by Highmark, Inc. and United Concordia Companies, Inc.

UNITED CONCORDIA
Insuring America's Dental Health

Date