



Bingo!

Compliance, Fraud, Waste and Abuse
Member Confidentiality



KEY MEDICARE TERMS

- **Medicare Part A** – Hospital coverage for in-pt. care; SNF; hospice and home health care.
- **Medicare Part B** – Doctor’s services and OP care, i.e., lab tests, DME, supplies, some preventive care and Rx.
- **Medicare Part C** – AKA, Medicare Managed care coverage that would otherwise be through original Medicare Part A and B.



KEY MEDICARE TERMS

- **Medicare Part D** – Prescription drug coverage paying for Rx's, certain vaccines and certain medical supplies (needles and syringes for insulin).
- **First Tier Entity:** A party contracted/subcontracted with a Medicare Plan to provide administrative or health care services for Plan Members, e.g., PBMs, hospitals, directly contracted physicians.



KEY MEDICARE TERMS

- **Downstream Entity:** A party contracted/ subcontracted with a First Tier Entity to provide administrative or health care services on behalf of the Plan, e.g., IPA/MSO, hospital and PBM subcontractors.
- **Related Entity:** A party connected to a Plan by common ownership or control and performs some of the Plan management functions under contract or delegation.

COMPLIANCE REQUIREMENTS

- As of 1/1/11, Federal Regulations require that Plans have not just a compliance program, but to have an effective program designated to deter FWA. This includes compliance program requirements for annual training on compliance and FWA.
- **Compliance, FWA and HIPAA training are required for all temporary employees, new hires and annually thereafter.**



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SEVEN (7) KEY COMPLIANCE ELEMENTS

1. Written Standards of Conduct

- Develop and distribute written Standards of Conduct
- The Standards can be referred to on your website/portal
- Develop and distribute policies and procedures to promote your commitment to compliance & address prevention of potential FWA

2. Designation of a Compliance Officer and Compliance Committee

- Appoint a Compliance Officer to oversee a Compliance Committee accountable to Senior Mgmt./Board
- They are charged with the responsibility and authority of operating and monitoring the compliance program

SEVEN (7) KEY COMPLIANCE ELEMENTS

3. Effective Compliance Training

- Development and implementation of regular, effective education and training for employees, contractors, providers and the Board

4. Effective Lines of Communication

- Between the CO and employees, managers, directors, Members to the Compliance Com. and first tier, downstream and related entities

5. Internal Monitoring and Auditing

- Using risk evaluation techniques, self reporting & audits to monitor
- Oversight activity, reporting and audits designed to verify required prevention measures are in place such as required training
- Oversight to ID other compliance risks in potential problem areas

SEVEN (7) KEY COMPLIANCE ELEMENTS

6. Disciplinary Mechanisms

- Policies to consistently enforce standards, i.e., for dealing with compliance issues and with exclusions from Medicare/Gov. Programs (LEIE) (Opt Out) (Medi-Cal Sanctions)

7. Procedures for Responding to Detected Offenses and Corrective Action

- Policies to respond to detected offenses including prompt and effective corrective action resulting in sustained compliance and prevention of similar issues



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FRAUD, WASTE AND ABUSE DEFINED

- **Fraud** is the intentional misrepresentation of data for financial gain. It occurs when a person knows or should know that something is false and makes a knowing deception that could result in some unauthorized benefit to themselves or another person.
- **Waste** is overutilization: the extravagant, careless or needless expenditure of healthcare benefits/services.

FRAUD, WASTE AND ABUSE DEFINED

- **Abuse** involves payment for items/services where there was no intent to deceive or misrepresent but the outcome of poor insufficient methods results in unnecessary costs to the Medicare program.

BEST PRACTICES FOR PREVENTING FRAUD, WASTE & ABUSE (FWA)

- Develop a compliance program
- Perform regular internal audits & monitoring against regulatory standards
- Ensure effective training & education is occurring



BEST PRACTICES FOR PREVENTING FRAUD, WASTE & ABUSE (FWA)

- Establish effective lines of communication with staff members
- *Remember: The Provider, Hospital, IPA and IEHP are each ultimately responsible for all claims & encounters submitted for payment with your name on the claim.*

PENALTIES & CONSEQUENCES OF FWA

- **False Claims Act:** \$5,500 up to \$11,000/claim plus up to triple the amount of the claim in damages.
- **AntiKickback:** Plan enrollment freeze and sanctions under CMS authority up to \$25,000/beneficiary impacted by the anti-kickback violation.
- **HIPAA Privacy and Security Breaches:** Payment for credit monitoring and restoration services and various State and Federal Monetary penalties.

TYPES OF FWA

- Plan Fraud
- Member Fraud
- Provider Fraud
- Pharmacy Fraud
- Each carries a set of implications that we need to be aware of as part of our daily activities to help prevent FWA.

FWA REQUIRED REPORTING

- Violations of the code of conduct, ethics or any FWA must be reported. Not reporting FWA or suspected fraud can make you a party to a case by allowing the fraud to continue.
- Everyone has the right and responsibility to report possible FWA.
- You may report anonymously and retaliation is prohibited when you report a concern in good faith.

WHISTLEBLOWERS

- **Whistleblower:** An employee, former employee, or member of an organization who reports misconduct to people or entities that have the power to take corrective action.
- **False Claims Act Provision:** Individuals may report FWA anonymously and may sue an organization on behalf of the government and collect a portion of any settlement that results.
- **Employers:** Cannot threaten or retaliate against whistleblowers.



Let's Play Bingo!!!!

HIPAA

- **Requires** that healthcare entities take specific steps to ensure that Member PHI is not viewed by anyone without “a need to know”, stolen, lost or accidentally destroyed.
- **Requires** that Members be provided with rights over the use and disclosure of their own PHI.
- **HIPAA Security Rule** covers information that is stored or transmitted electronically.
- **HIPAA Privacy Rule** covers certain health information in any form.

HIPAA PHI

- PHI – the list when related to medical care:
 1. Name
 2. Address
 3. Dates
 4. Telephone No.
 5. Driver's Lic. No.
 6. E-Mail address
 7. Fax No.
 8. SSN
 9. Medical Record No.
 10. Member ID
 11. Certificate/Lic. No.
 12. Vehicle, device or lic. Plate
 13. Web Address
 14. IP Address
 15. Finger and/or voice prints
 16. Photographs
 17. Account No.
 18. Age greater than 89
 19. Any other unique number, characteristic or code



HIPAA PRIVACY BREACHES

- Can be verbal; stolen computers/laptops; misdirected faxes or E-Mails; inappropriately dumped paper records or Rx bottles
- Must be well documented to best mitigate risk of “second guessing” by regulatory agencies
- Members must be notified of substantiated breaches



YOUR HIPAA RESPONSIBILITIES

- Review your internal HIPAA training program for new staff and contracts and annually thereafter
- Review your internal policies/procedures for reporting of any security and privacy breach to your respective HIPAA Security/Privacy Officer
- Comply with the timelines and required content of breach reporting to state/federal agencies

HITECH ACT

- Health Information Technology for Economic and Clinical Health Act – 2/17/10
 - Enforces data security requirements for storage, transmission and destruction of PHI
 - Legally obligates business associates (BAs) to apply the same physical, technical and administrative safeguards as IEHP has in place for PHI
 - Federal breach reporting requirements with significant monetary, civil and criminal penalties for CEs and BAs.
 - Legally obligates IEHP and their BAs to provide training on HIPAA/HITECH to all Team Members



Let's Play Bingo!!!!

IEHP RESOURCES

- Compliance Hotline (866) 355-9038
- Compliance Fax (909) 890-2973
- Compliance E-Mail: [compliance @iehp.org](mailto:compliance@iehp.org)
- Mail: Chief Compliance Officer, Dr. Brad Gilbert
IEHP
P.O. Box 19026
San Bernardino, CA 92423

WEB RESOURCES

- CMS: www.cms.gov
- Fraud & Abuse General Information:
[http://www.cms.gov/FraudAbuse for Profs/](http://www.cms.gov/FraudAbuse%20for%20Profs/)
- Federal Register citations 42 CFR 422.50342, 422.50442, and 423.505:
<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=%2Findex.tpl>
- HIPAA:
[http://www.cms.gov/HIPAA GenInfo/01 Overview.asp](http://www.cms.gov/HIPAA%20GenInfo/01_Overview.asp)
- FBI: <http://www.fbi.gov/>

WEB RESOURCES (CON'T)

- Medicare Learning Network (MLN):
www.cms.gov/MLNGenInfo/
- Medicare Managed Care Manual:
<http://www.cms.gov/Manuals/IOM/>
- HITECH Act:
<http://www.hipaasurvivalguide.com/hitech-act-text.php>
- DHHS OIG: <http://oig.hhs.gov/> (refer to OIG Guidance on Compliance Plans)
- Physician Self-Referral Law:
www.cms.gov/PhysicianSelfReferral

WEB RESOURCES (CON'T)

- DHSS OIG (FWA): <http://oig.hhs.gov/fraud/hotline/>
- CMS Prescription Drug Benefit Manual: http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBManual_Chapter9_FWA.pdf
- OIG LEIE: <http://oig.hhs.gov/fraud/exclusions.asp>
- Medi-Cal Sanction & Ineligible List: <http://www.medical.ca.gov/default.asp>
- Medicare Opt Out List: <http://www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers~Jurisdiction%201%20Part%20B~Resources~Provider%20Enrollment?open>



HEAT Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training

TAKE THE INITIATIVE.

Cultivate a Culture of Compliance With Health Care Laws

Are you interested in learning about the fundamentals of health care compliance?

Do you know what to do when a compliance issue arises?

**VIEW OUR FREE LIVE WEBCAST ON MAY 18, 2011 from
8:30 AM - 1:00 PM EST TO LEARN COMPLIANCE BEST PRACTICES!***

*For those unable to watch the live webcast, a video of the training will be available for online viewing on or before May 31, 2011.

Hear from the Office of Inspector General and other government experts as they educate local health care providers, compliance officers, and their legal counsel about the realities of Medicare fraud and the importance of implementing an effective compliance program.

- **Get the Facts.** Understand the law and the consequences of violating it.
- **Make a Plan.** Cultivate a culture of compliance within your health care organization.
- **Know Where to Go.** Learn what to do when a compliance issue arises.

This free compliance training is offered by the U.S. Department of Health and Human Services, Office of Inspector General.

Please contact ogcomplianceinformation@blseamon.com with any questions.

