Housekeeping Tips

- Accessing the presentation materials:
  - Registration Package Email
  - Telspan Venue Link Tab
  - Cahaba GBA Calendar of Events page and click on “The Title of the Event” and look under Instructions/Materials for: PowerPoint Presentation
  - Send message to MedicareOutreach@CahabaGBA.com

- Attendees can listen via computer speakers or by calling into the event. Dial-in is preferred method:
  - Dial-in number: 1-800-791-2345
  - Attendee (participant) Code: 88096
Disclaimer

- This resource is not a legal document. This presentation was prepared as a tool to assist our providers. This presentation was current at the time it was created. Although, every reasonable effort has been made to assure accurate information, responsibility for correct claims submission lies with the provider of services. Reproduction of this material for profit is prohibited.
Agenda

- Defining Medicare Fraud & Abuse
- Medicare Fraud & Abuse Laws
- Preventing Medicare Fraud & Abuse
- Medicare Fraud & Abuse Partnerships
- Reporting Medicare Fraud & Abuse
The intentional deception or misrepresentation that an individual knows to be false or does not believe to be true and makes, knowing that deception could result in some unauthorized benefit

http://www.stopmedicarefraud.gov/newsroom

**Medicare Fraud**

Defining Medicare Fraud and Abuse
Medicare Abuse
Defining Medicare Fraud and Abuse

- Acting with gross negligence or reckless disregard for the truth in a manner that results in any unnecessary cost or any unnecessary consumption of a healthcare resource. Incidents that are inconsistent with accepted medical or business practices, improper or excessive

- [http://www.stopmedicarefraud.gov/newsroom](http://www.stopmedicarefraud.gov/newsroom)
Medicare Waste
Defining Medicare Fraud and Abuse

- Overutilization of services, or other practices that result in unnecessary costs. Misuse of health care resources

- [http://www.stopmedicarefraud.gov/newsroom](http://www.stopmedicarefraud.gov/newsroom)
The Federal False Claims Act (FCA)  
Medicare Fraud and Abuse Laws

- FCA protests the Federal Government from being overcharged or sold substandard goods or services
- Imposes civil liability on any person who knowingly submits, or causes to be submitted, a false or fraudulent claim to the Federal Government
The Anti-Kickback Statute

Medicare Fraud and Abuse Laws

- Makes it a criminal offense to knowingly and willfully offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by the Federal health care program

Prohibits a physician from making a referral for certain designated health services to an entity in which the physician (or an immediate member of his/her family) has an ownership/investment interest or with which he or she has a compensation arrangement unless an exception applies.

The Physician Self-Referral Law (Stark Law)

Medicare Fraud and Abuse Laws
• Prohibits 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

The Criminal Health Care Fraud Statute

Medicare Fraud and Abuse Laws
Exclusion to participate in all Federal Health Care programs if convicted of:

- Medicare Fraud
- Patient Abuse or Neglect
- Felony convictions for other Healthcare related fraud or other financial misconduct
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances

http://oig.hhs.gov/exclusions/advisories.asp

The Exclusion Statue

Medicare Fraud and Abuse Laws
CMPs may be imposed for multiple conduct, and different amounts of penalties and assessment may be authorized based on the type of violation where an individual or entity knowingly submits claims that are false or fraudulent.

The Civil Monetary Penalties (CMP) Law
Medicare Fraud and Abuse Laws
Medical coding and billing is a major factor in obtaining insurance reimbursement as well as maintaining patient records.

Coding and billing claims accurately lets the insurance payer know the illness or injury of the patient and the method of treatment.

Examples of improper claims:

- Billing for services that were not rendered
- Billing for services that were not medically necessary
- Billing for services improperly supervised or by an unqualified employee
- Billing separately for service included in a global fee

**Accurate Coding & Billing**

Preventing Medicare Fraud and Abuse
Accurate and complete medical records and documentation of services should be maintained by the provider of services.

Documentation should support all claims submitted for payment.

“If it isn’t documented, it didn’t happen.”

Transparency in Physician-Industry Relationships

Preventing Medicare Fraud and Abuse

- The Open Payments program collects information on payments or other transfers of value that are:
  - Paid directly to physicians and teaching hospitals
  - Paid indirectly to physicians and teaching hospitals
  - Designated by physicians or teaching hospitals to be paid to another party

- To make financial relationships transparent on a national scale and provide consumers with information enabling them to make more informed decisions concerning healthcare professionals

o Continuing education provides a vital role in assisting providers to stay current with the latest developments, skills, and new technologies required for their fields

o Certain professions require continuing education to comply with laws, remain licensed or certified, or maintain membership in an association or licensing body

Continuing Medical Education
Preventing Medicare Fraud and Abuse
Affordable Care Act requires physicians who treat Medicare beneficiaries to establish a Compliance Program.

Establishing a compliance program will help providers to avoid fraudulent activities and ensure accurate claim submission.

Seven components of physician compliance program:

- Conduct internal monitoring and practice standards
- Implement compliance and practice standards
- Designate a compliance officer
- Respond appropriately to detected offenses and develop corrective action
- Open communication with employees
- Enforce disciplinary standards

https://oig.hhs.gov/compliance

Compliance Program

Preventing Medicare Fraud and Abuse
Four Strategies to Protect Medical Identity:

- Actively manage enrollment information with payers
- Control medical identifiers
- Monitor billing and compliance processes
- Talk to patients about medical identity theft

Medical Identity Theft Assistance

- [https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/ProviderVictimPOCs.pdf](https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/ProviderVictimPOCs.pdf)
CMS partners with an array of contractors, agencies, and programs to support its efforts to prevent, detect, and investigate potential Medicare Fraud and Abuse, including:

- Medicare Administrative Contractors (MACs)
- Comprehensive Error Rate Testing (CERT)
- Recovery Audit Program Recovery Auditors
- Zone Program Integrity Contractors (ZPICs)
- Accreditation Organizations (AOs)
- Office of the Inspector General (OIG)
- Department of Justice (DOJ)
- Federal Bureau of Investigation (FBI)
Office of Inspector General (OIG)

Medicare Fraud and Abuse Partnerships

- Medicare and Medicaid Oversight
- Audits, Investigates, and Evaluates health care information
- Develops and Distributes resources to assist the health care industry comply with the Nation’s Fraud & Abuse Laws
- Assist with the development of cases for criminal, civil, and administrative enforcement

- [http://oig.hhs.gov/](http://oig.hhs.gov/)
Health Care Fraud Prevention and Enforcement Action Team (HEAT)

Medicare Fraud and Abuse Partnerships

- Prevent waste, fraud, and abuse in the Medicare and Medicaid programs
- Reduce health care costs and improve quality of care
OIG Hotline
Reporting Medicare Fraud and Abuse

- Phone: 1-800-447-8477
- Fax: 1-800-223-8164
- Email: HHSTips@oig.hhs.gov
- Online: https://forms.oig.hhs.gov/hotlineoperations
- Mail: U.S. Department of Health & Human Services
  Office of Inspector General
  Attn: OIG Hotline Operations
  P.O. Box 23499
  Washington, DC 20026

Scan Here to Report Fraud Now!
Resources

Cahaba GBA Website
http://www.cahabagba.com

Centers for Medicare & Medicaid Services (CMS) Website
http://www.cms.gov

CMS Fraud and Abuse Products

HEAT Task Force Website

Office of the Inspector General
http://oig.hhs.gov/
*This program has the prior approval of AAPC for 1 continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor.

Continuing Education Unit (CEU)

Reporting Medicare Fraud and Abuse
If you registered online, your CEU certificate will be sent to the email listed on your registration.

If you are in attendance, but did not register online – Send an email titled – 12/17 MFA CEU to MedicareOutreach@CahabaGBA.com

Include the following information:
• Your name
• The name of the person or group who registered for the event through online registration
• Your email address

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Continuing Education Unit (CEU)
Reporting Medicare Fraud and Abuse
Medicare Fraud & Abuse
Protecting the Medicare Trust Fund
Questions?

You must use the following dial-in information to participate in the Q & A
Telephone: 1-800-791-2345
Conference code: 88096

Online Evaluation
- http://www.telspanvenue.com/SYID=EA50DF81884F
Thank You for Your Participation Today!
The evaluation will launch immediately upon conclusion