Medicare Fraud & Abuse
Protecting the Medicare Trust Fund

Presented by:
Part B Provider Outreach and Education
December 17, 2015
Housekeeping Tips

Attendees can listen via computer speakers or by calling into the event

* ★ **Dial-in is preferred audio method**
  - Dial-in number: 1-800-791-2345
  - Attendee (participant) Code: 88096

- Request presentation materials at: MedicareOutreach@CahabaGBA.com
- Question & Answer session will immediately follow the presentation
Housekeeping Tips

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Disclaimer

THIS PRESENTATION WAS CURRENT AT THE TIME IT WAS PUBLISHED. MEDICARE POLICY UNDERGOES CONTINUOUS CHANGE, SO LINKS TO THE SOURCE DOCUMENTS HAVE BEEN PROVIDED WITHIN THE DOCUMENT FOR YOUR REFERENCE. THE MOST CURRENT EDITION OF INFORMATION CONTAINED IN THIS RELEASE CAN BE FOUND ON THE CAHABA GBA WEBSITE AT HTTP://WWW.CAHABAGBA.COM AND THE CMS WEBSITE AT HTTP://WWW.CMS.GOV.

THE PRESENTATION WAS PREPARED AS A TOOL TO ASSIST PROVIDERS AND IS NOT INTENDED TO GRANT RIGHTS OR IMPOSE OBLIGATIONS. ALTHOUGH EVERY REASONABLE EFFORT HAS BEEN MADE TO ASSUME THE ACCURACY OF THE INFORMATION IS THE ULTIMATE RESPONSIBILITY FOR CORRECT SUBMISSION OF CLAIMS LIES WITH THE PROVIDER.
Agenda

- DEFINING MEDICARE FRAUD, ABUSE & WASTE
- MEDICARE FRAUD & ABUSE LAWS
- PREVENTING MEDICARE FRAUD & ABUSE
- MEDICARE FRAUD & ABUSE PARTNERSHIPS
- REPORTING MEDICARE FRAUD & ABUSE
Medicare Fraud
Defining 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](http://www.stopmedicarefraud.gov/newsroom)

"We've had some reports of fraud in this department, Milby. Know anything about it?"
Medicare Abuse
Defining Medicare Fraud & 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 & 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 & 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 Statue
Medicare Fraud & 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

The Physician Self-Referral Law (Stark Law)
Medicare Fraud & Abuse Laws

- 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.

Stark Law – Exceptions
Medicare Fraud & Abuse Laws

- The Stark law regulations provide nine general exceptions to the ownership and compensation prohibitions:
  - Physician services (¶411)
  - In-office ancillary services (¶412)
  - Prepaid plans (¶413)
  - Intra-family rural referrals (¶414)
  - Academic medical center (¶415)
  - Implants furnished by an Ambulatory Surgery Center (¶416.1)
  - EPO and other dialysis-related drugs furnished or ordered by an ESRD facility (¶416.2)
  - Preventive screening test, immunizations and vaccines (¶416.3)
  - Eyeglasses and contact lenses following cataract surgery (¶416.4)

2016 Physician Self-Referral Updates
Medicare Fraud and Abuse Laws

- CY 2016 Physician Fee Schedule Final Rule [CMS-1631-FC]
- Clarification and Revision of the Stark Law regulations

2016 Changes:
- New Non-physician Practitioner Recruitment and Retention Exception
- Definitions for the Geographic Area Served by Federally Qualified Health Centers and Rural Health Clinics
- “Takes Into Account”
- Clarification of Policy Regarding Retention Payments in Underserved Areas
- Clarification/Revision of the Writing Requirements
- Clarification of One-Year Term Requirement
- Extension of Holdover Arrangements
- Remuneration Definition Changes
- “Stand in the Shoe” Definitional Change
- Locum Tenens
- Ownership of Publicly Traded Securities
- New Timeshare Exception
- Temporary Noncompliance with Signature Requirements
- Physician-Owned Hospitals
Stark Law - Designated Health Services (DHS) Medicare Fraud & Abuse Laws

- 2016 Designated Health Services List of Codes
  - Effective January 1, 2016

https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/Spotlight.html

"It's reading Health and Safety Regulations that make me feel sick!"
The Criminal Health Care Fraud Statute
Medicare Fraud & 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 Exclusion Statue
Medicare Fraud & 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](http://oig.hhs.gov/exclusions/advisories.asp)
The Civil Monetary Penalties (CMP) Law
Medicare Fraud & 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

Accurate Coding & Billing
Preventing Medicare Fraud and Abuse

- 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.

“No, sir, I’m afraid your insurance doesn’t pay for medical tests performed on you by space aliens.”
Comparative Billing Reports (CBR)
Preventing Medicare Fraud and Abuse

- Comparative Billing Reports compares your specific billing practice to that of your assigned provider specialty

- Comparative Billing Reports Information (CBR)
  https://www.cahabagba.com/part-b/medical-review/comparative-billing-reports/

- Comparative Billing Report Request Form
Physician Documentation
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.”

Continuing Medical Education
Preventing Medicare Fraud and Abuse

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

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

- MLN National Provider Calls
Compliance Program
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](https://oig.hhs.gov/compliance)
Provider Identity Theft
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

“Your good cholesterol is fine, but your bad cholesterol is plotting to hack into your computer, empty your bank account and steal your wife.”
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 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

“During the fraud investigations, I’ll be staying beneath everyone’s radar screen, Ms. Williams.”
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

“Who can we notify in case of emergency other than Josephine Bonaparte?”
• Cahaba Website
  http://www.cahabagba.com

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

• CMS Trustees Report & Trust Funds

• Comprehensive Error Rate Testing (CERT) Website
  https://www.certprovider.com/Home.aspx

• Congressional Budget Office Medicare Projection Report

• Connolly Healthcare Website
  http://www.connolly.com/healthcare/Pages/CMSRACProgram.aspx

• Departments of Justice and Health and Human Services Article: “Recoveries resulting from joint efforts to combat health care fraud”
- Department of Justice Health Care Fraud and Abuse Control Program Annual Report for Fiscal Year 2012

- HEAT Task Force Website

- Office of the Inspector General
  http://oig.hhs.gov/

- Payment Accuracy
  http://www.paymentaccuracy.gov/

- Safeguard Services (ZPIC) Website
  http://www.safeguard-servicesllc.com/default.asp

- U.S. Department of Justice
  http://www.justice.gov/

"They've rebranded the reference library."
Protects the Medicare Trust Fund by monitoring the accuracy of claims payment

http://www.cahabagba.com/part-b/education/comprehensive-error-rate-testing-cert/

Scenario-Driven Education focused on avoiding specific claim submission errors

http://www.cahabagba.com/part-b/education/comprehensive-error-rate-testing-cert/cert-task-force
InSite

https://insite.cahabagba.com/insite/start.swe?SWECmd=Login&SWEPCM=S&SWEHo=insite.cahabagba.com
Your feedback is very important to Cahaba and the Centers for Medicare and Medicaid Services (CMS)

ForeSee Survey

http://www.cahabagba.com/
• Would you like to receive the latest Medicare information, sign up today to receive email updates from Cahaba

Cahaba Email Notifications

http://www.cahabagba.com/
Cahaba University

Cahaba University is an educational program designed to provide a broad variety of Medicare related training to meet the needs of Medicare health care providers and suppliers. It provides centralized management and access to content created by the Provider Outreach and Education Department for the provider community.

Provider Education is very important to Cahaba and we continue to develop new content for Cahaba University. The most commonly viewed computer based courses and most recent recorded events are listed for your use.

Computer Based Training
Recorded Events

http://www.cahabagba.com/part-b/education/cahaba-u-18370/
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://listmgr.cahabagba.com/subscribe/survey?f=1721&x=c3c2b53c

Provider Contact Center: 1-(877)-567-7271
Thank You for Your Participation Today!