

Special Investigations Unit (SIU) Training

FRAUD, WASTE, AND ABUSE

4/2020



Objective

Understand the role of the SIU

Define Fraud, Waste, and Abuse (FWA)

Understand who, what, why we investigate

Understand who is impacted

Understand YOUR role in an effective FWA
Prevention & Detection Program

Reporting actual or suspected FWA

Understand the Laws around FWA

Resources

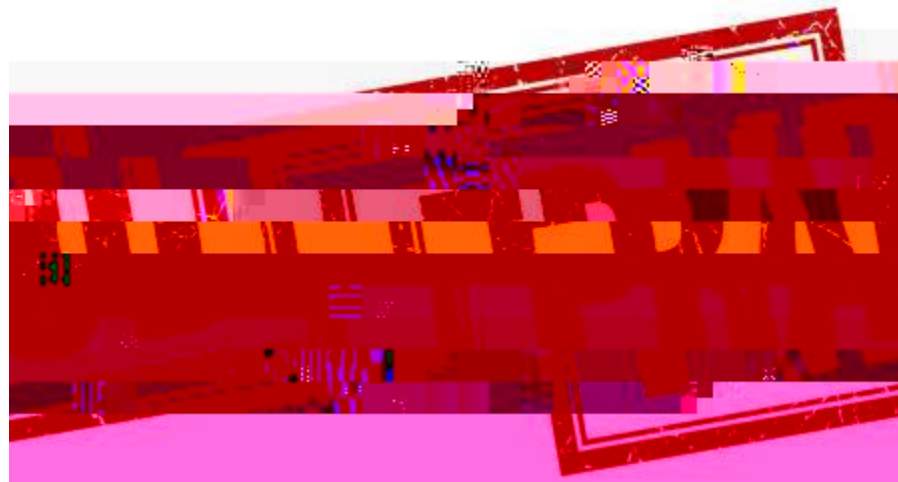
Role of the SIU

The Special Investigations Unit (SIU) is responsible for the detection, investigation, prevention, and education of individuals who commit fraud, waste, and abuse.



Definition

FRAUD an intentional deception, misrepresentation or submission of a document or statement that contains a material representation made by an individual/entity knowing that the document/statement contains false or misleading information for the purpose of receiving benefits to which they would not have otherwise been entitled. Fraud may also be the result of an act of omission.



Definition

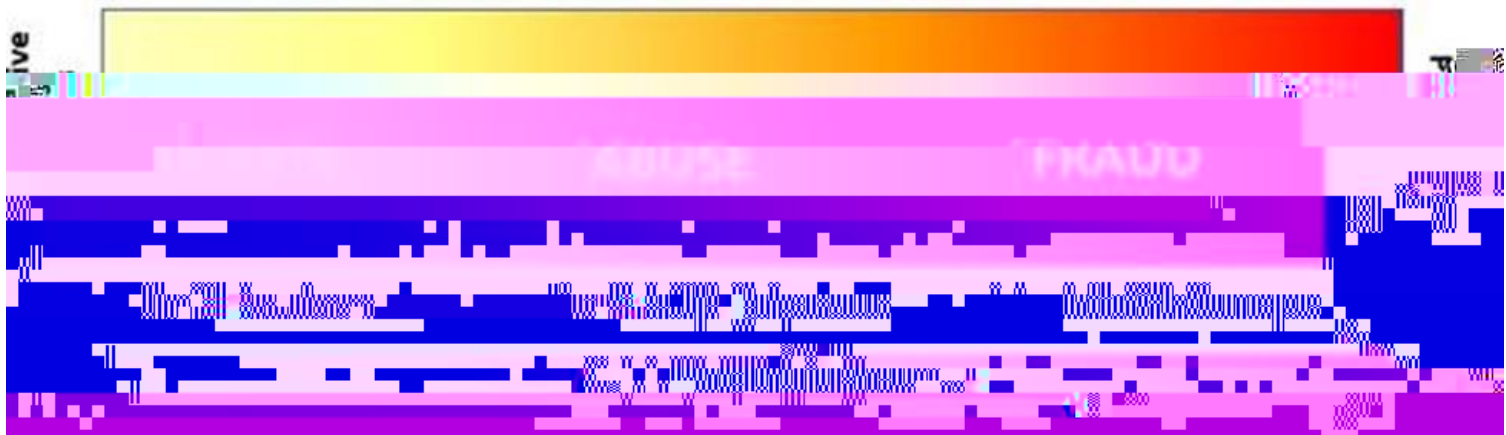
Waste is overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the healthcare system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the overutilization, inappropriate utilization or misuse of resources. Waste also includes incurring unnecessary costs resulting from inefficient or ineffective practices, systems or controls.

Abuse involves actions that are inconsistent with sound fiscal, business or accepted behavioral healthcare practices and result in an unnecessary cost or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. Involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Differences: FWA

Fraud requires intent to obtain payment and the knowledge that the actions are wrong.

Waste and Abuse



Why do we investigate?

Financial Loss

The National Health Care Anti-Fraud Association (NHCAA) estimates that the financial losses due to healthcare fraud are in the tens of billions of dollars each year (in excess of 10% of the cost of health care).

Patient Harm

False medical history can cause harm to the patient as a result of improperly billed claims. Example: If you receive a diagnosis of diabetes and are not

unconscious and admitted to the ER, you receive the wrong or delayed treatment.

Who else investigates healthcare fraud?

Medicaid Fraud Control Unit (MFCU)

Federal Bureau of Investigation (FBI)

Drug Enforcement Agency (DEA)

U.S. Department of Health and Human Services,
Office of Inspector General (OIG)

Who is impacted?

Providers

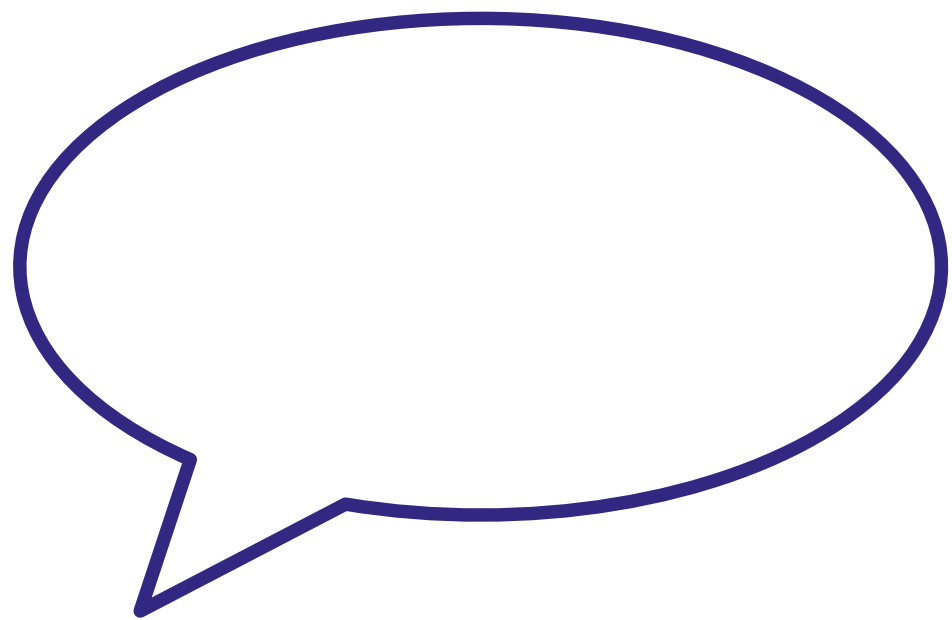
Reimbursement

Malpractice

Your Responsibilities

You have a duty to immediately report and escalate any incidents of potential non-compliance or suspected FWA.

SIU is a regulatory function and is unable to provide updates to cases/referrals submitted due to the nature of this role.



Reporting actual or suspected FWA

You can report actual or suspected FWA via:

Fraud Tip Hotline: 1.877.888.0002 (also to place an anonymous report)

Email: SIU@CommunityHealthChoice.org.

Online: <https://www.communityhealthchoice.org/>

Your Role: Vigilance

Members:

Read Your Explanation of Benefits to verify you

Understanding FWA Laws

Civil False Claims Act (FCA)

Health Care Fraud Statute and Criminal Fraud

Anti-Kickback Statute

Stark Statute (Physician Self-Referral Law)

Exclusions



Civil False Claims Act (FCA)

The civil provisions of the FCA make a person liable to pay damages to the Government if he or she knowingly:

- Conspires to violate the FCA

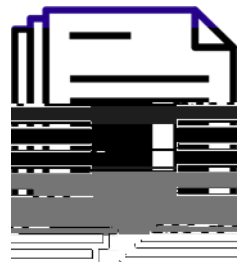
- Carries out other acts to obtain property from the Government by misrepresentation

- Conceals or improperly avoids or decreases an obligation to pay the government

Health Care Fraud Statute & Criminal Health Care Fraud

Anti-Kickback Statute

The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid, in whole or in part, under a Federal health care program.



Stark Statute

The Stark Statute (Physician Self-Referral Law) prohibits a physician from making referrals for certain designated health services to an entity when the physician (or a member of his or her family) has:

- An ownership/investment interest or
- A compensation arrangement



A penalty of around \$24,250 can be imposed for each service provided. There may also be around a \$161,000 fine for entering into an unlawful arrangement or scheme. Exceptions may apply. For more information, refer to 42 USC Section 1395nn.

Excluded Individuals: Stark Statute

No healthcare program payment may be made for any item or service furnished, ordered or prescribed by an individual or entity excluded by the OIG.

The U.S. General Services Administration (GSA) administers the Excluded Parties List System

FIGHT AGAINST FWA

