



Aetna Better Health[®] of Florida

Provider training – Fraud, Waste and Abuse



September 1, 2020

Agenda

Let's take a look at...

- Fraud Waste and Abuse – Interesting Facts
- What is Fraud?
- Aetna's Fraud Waste and Abuse Mandates
- Who Commits Fraud, Waste and Abuse?
- Fraud, Waste and Abuse Laws
- Types of Fraud, Waste and Abuse
- Reporting Fraud, Waste and Abuse
- Fraud, Waste and Abuse Learning Tools
- Attestation (must be completed)

Did you know.....

The National Health Care Anti-Fraud Association estimates that approximately \$60 billion annually is lost to fraud.

The State of Florida – especially Broward and Dade counties - continue to lead the nation in fraudulent billing.

Organized crime syndicates and former drug dealers are turning to Medicare and Medicaid fraud as a “safer” way of getting rich.



What is fraud?

FRAUD means an intentional deception or misrepresentation made by a health care provider or a Medicaid recipient with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under Federal or State law related to Medicaid.

Aetna's Fraud, Waste and Abuse Mandates

Aetna is committed to detecting and fighting Fraud, Waste and Abuse (FWA).

- Corporate Compliance and Anti-Fraud Plan
- Required as part of the Deficit Reduction Act (DRA) of 2005.

It is expected that EVERY Provider, Contractor, Subcontractor, and Vendor actively participates in the prevention and detection of FWA.

FWA must be appropriately reported. This training will provide you with various mechanisms to report suspected FWA.

Who Commits Fraud, Waste, and Abuse and why?

FWA may be committed by anyone – members, providers, suppliers, vendors, brokers or employees, home health agencies, labs, personal care attendants.

FWA violations usually happen when someone is trying to get payment for benefits he/she is not entitled to receive.

FWA laws may be violated – unintentionally – when employees don't know or understand the rules.

Fraud, Waste and Abuse Laws

Federal Health Care Fraud Statute: prohibits schemes to defraud any federal health care benefit program or obtain the money or property of such a program through false or fraudulent means.

Federal Anti-Kickback Statute: prohibits offering, paying, soliciting or receiving anything of value for the referral of federal health care program business.

Federal Civil False Claims Act (FCA): prohibits knowingly and willfully submitting or causing to be submitted or conspiring to submit a false or fraudulent claim for payment from the government or the use of a false record or statement in support of a claim for government payment.

Physician Self-Referral Law (Stark Law): prohibits physicians from referring patients to receive designated health services (i.e., lab services, PT, OT, diagnostic imaging, etc.) payable by Medicare or Medicaid from entities which the physician or a family member has a financial relationship.



Fraud, Waste and Abuse Laws continued

Federal Civil Monetary Penalty Provisions: impose fines for conduct affecting federal health care programs, including:

- Presenting or causing to be presented false or improper claims.
- Offering anything of value to influence a beneficiary to receive services from a provider
- Arranging for the provision of items or services by suppliers or providers who are excluded from program participation.

Florida Statute §409.91212: requires every Florida Medicaid managed care plan to adopt an anti-fraud plan relating to the provision of and payment for Medicaid services. [Medicaid Program Integrity Plan filed with the Agency for Health Care Administration (AHCA)].

- This statute requires all health plans operating in the state to report suspected or confirmed instances of fraud, waste, or abuse within 15 days of detection.

Exclusion Statute: Coventry is not permitted to conduct business with any provider who is excluded from participating in all Federal health care programs by the Office of Inspector General.

Types of Fraud, Waste and Abuse

Intentionally misrepresenting facts regarding payment of benefits	Routinely waiving copays or deductibles.	Billing for medically unnecessary items or services.	“Unbundling” claims – separate billing procedures instead of a more global billing procedure.	Withholding of medically necessary services.	Withholding of medically necessary services.
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Pharmacy Fraud, Waste And Abuse	Billing for a brand name prescription while dispensing a generic.	Dispensing different medication than what was prescribed.	Altering the quantity of the prescription without documenting why.	Submitting hardcopy prescriptions that don't identify the prescribing physician name
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What provider fraud looks like

- Billing for patients who did not really receive services
- Billing for a service and/or equipment that wasn't provided
- Billing for items and services that the patient no longer needs
- Overcharging for equipment or services
- Concealing ownership or associations in a related company,
- Paying a “kickback” in exchange for a referral for medical services/equipment
- Billing more than once for the same service
- Using false credentials such as diplomas, licenses or certifications
- Ordering tests or prescriptions that the patient does not need.

Most providers who commit fraud fall into one or more of these categories



Reporting Fraud, Waste and Abuse

There are various means of reporting FWA:

CVS Health Ethics Line: **1-888-891-8910**

Special Investigation Unit (SIU) Hotline: **1-855-415-1558**

Email the SIU: **Aetnasiu@aetna.com**

Fax the SIU: **1-860-975-9719**

FL Medicaid Program Integrity Office: **1-888-419-3456**

AHCA OIG Complaint Form:

https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx


FL Attorney General's Office: **1-866-966-7226**

Florida Medicaid SIU Investigator: **959-299-7560**


Florida Medicaid Compliance: **954-858-3672**

Florida Medicaid Program Integrity Contact Poster

REPORT MEDICAID FRAUD
Online or 866-966-7226
REPORTAR FRAUDE




Those who report fraud may be entitled to a reward if a criminal case results in a fine, penalty or forfeiture of property. The amount of the reward may be up to 25 percent of the amount recovered or a maximum of \$500,000 per case.

Agency for Health Care Administration
 Medicaid Program Integrity
 In Florida call toll-free: 1-888-419-3456
 Internet: www.ahca.myflorida.com click 

2727 Mahan Drive, MS#6
 Tallahassee, FL 32308

Office of the Attorney General
 Medicaid Fraud Control Unit
 Call toll-free: 1-866-966-7226

U.S. Department of Health and Human Services
 (Handles calls about Medicare and Medicaid)
 Call toll-free: 1-800-HHS-TIPS



WHAT YOU CAN DO TO PREVENT FRAUD

- Do not give your Medicaid card number to anyone except your doctor, hospital or other health care provider.
- Do not ask your doctor or other medical provider for medical care you do not need.
- Be suspicious if you are offered free screenings or tests in exchange for your Medicaid card number.
- Ask questions if someone wants you to have services or treatments that you feel you do not need. If necessary, get a second opinion from another health care provider.
- Do not accept money or gifts from anyone who offers to buy medicine that you have received through Medicaid.

HOW TO REPORT FRAUD


You can help protect your tax dollars by reporting suspected fraud by phone, through the Internet or by regular mail. You can do this without giving your name, but if you agree to give your name and other contact information, that helps the investigators to obtain future information.

Before you make a report, try to get as much information as possible, including:

- the name of the person you suspect of committing fraud. This might be a person receiving medical benefits or a health care professional hospital, nursing home, or other facility that provides Medicaid services
- the Medicaid ID number
- the date of services
- the amount of money involved, and/or
- a description of the acts that you suspect involve fraud

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**Medicaid Fraud:
 Protect Your
 Tax Dollars**

**Florida Medicaid Compliance:
 954-858-3672**

Fraud, Waste and Abuse Training Attestation

I attest that employee Fraud, Waste, and Abuse training was completed on _____ (Month/Day/Year).

Please complete the following information and return via fax at: 1-844-235-1340 which is required for tracking purposes:

Entity Name *OR* Provider Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Provider Medicaid Number: _____

NPI Number: _____

License Number: _____

Authorized signature _____ Date: _____

Print Name: _____

Questions?

Please feel free to contact Aetna's Network Operations Department, SIU, or Compliance Departments for any questions you may have regarding fraud, waste, and abuse.

Thank you for your continued cooperation and partnership in detecting, preventing, and reporting suspected or confirmed fraud, waste, and abuse.

