LifeWORKS
A nonprofit serving people with disabilities

Fraud, Waste, & Abuse Prevention Training

Medicare Requirements

The **Centers for Medicare and Medicaid Services** (**CMS**) requires Medicare Advantage Organizations, Medicare Prescription Drug Plans, collectively known as Parts C&D have a comprehensive plan to detect, prevent, and correct Fraud, Waste, and Abuse.

A plan sponsor is a health insurance company contracting with CMS to provide benefits through a Part C Medicare Advantage Organization (MAO) or a Part D Prescription Drug Plan (PDP).

Medicare Requirements continued

Plan sponsor must implement an effective compliance program that meets the regulatory requirements.

Included in the effective compliance program is a program to effectively train and educate its governing body members, employees and First Tier, Downstream or Related Entity (FDR)

Training and education must occur new employees within 90 days of initial hiring

Additional resource:
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf

An effective compliance program includes 7 elements

1. Written policies, procedures, and standards of conduct that articulate the organization’s commitment to comply with all applicable Federal and State Standards

2. The designation of a compliance officer and compliance committee that are accountable to senior management.

3. Effective training and education between the compliance officer and the MA organization's employees, managers and directors, and the MA organization's first tier, downstream and related entities.

An effective compliance program includes 7 elements continued

4. Effective lines of communication between the compliance officer, members of the compliance committee, and the MA organization's employees, managers and directors, and the MA organization's first tier, downstream and related entities.

5. Enforcement of standards through well-published disciplinary guidelines.

6. Procedures for internal monitoring and auditing

7. Procedures for ensuring prompt response to detected offenses and development of corrective action initiatives relating to the organization's MA contract.

Lifeworks complies with:

- Deficit Reduction Act of 2005
- Federal and state False Claims Act
- The Social Security Act section 1902 (a)(68)(A)
- HIPAA
- Civil False Claims Act and the Fraud Enforcement and Recovery Act (FERA)

These laws help prevent fraud, waste, and abuse in the public health care programs that support our services and benefit the public and the people we serve by ensuring that public programs pay for legitimate and quality health and social services.

It is the policy of Lifeworks to conduct business in accordance with the letter, spirit and intent of the law and to refrain from any illegal, dishonest, or unethical conduct.

Lifeworks expects its employees, as well as its directors, officers, vendors and contractors, to conduct business in accordance with this policy.

Learning Objectives

Provide an understanding on:

- What is fraud, waste, and abuse
- Detecting fraudulent schemes
- Preventing, and reporting incidents of fraud, waste, and abuse
- Understanding your protections

DEFINING CRIMINAL FRAUD

- 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 pretenses, representation or promises, any money or property owned by or under the custody of an organization.

DEFINING WASTE

- The overutilization of services or other practices that directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent action, but rather the misuse of resources.

DEFINING ABUSE

- Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are unnecessary.

- Involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented the facts to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between fraud and abuse depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.

Differences exist between fraud, waste and abuse

The primary difference is fraud requires intent and knowledge. *The intent to obtain payment with the knowledge the action is wrong*.

Both waste and abuse may involve receiving an improper payment, but do not include the person having the same intent and knowledge.

The Scope of Fraud, Waste & Abuse

Examples include, but are not limited to:

- Submitting false or misleading claims to government or any other third-party vendor.
- Making false representation of any person or entity to receive payment. All timecards and attendance records must be filled out accurately.
- Offering anything, in cash or in kind, to obtain or encourage referrals
- Offering anything, in cash or in kind, to influence an individual to attend a program or otherwise receive services from Lifeworks

Who commits Fraud, Waste and Abuse?

Anyone with a motive, means and opportunity can commit fraud, waste, and abuse.

Compliance with our polices is the responsibility of **every** Lifeworks employee.

All employees are expected to use good judgment based on high ethical principles to guide them with respect to lines of acceptable conduct

Reporting Fraud, Waste & Abuse

- Speak with your supervisor or anyone in management.
- Contact the Compliance Department at Lifeworks Services
- Call the national Whistle Blower Hotline at 1-877-369-0179
- Contact In Touch at 1-877-767-7781

Reporting Fraud, Waste & Abuse continued

Contacting In Touch:

- Be prepared to write down a five-digit case number that you will be assigned by the automated system. It's important that you keep this number because it's the only way that Lifeworks will be able to request additional information and keep you posted on the progress of its investigation.

- You will be asked to record a message of any length. Within one business day, the independent company providing the In Touch service will transcribe the message you left and then it will be deleted from their system. Unless you elect to leave your name, anything you say can be completely **confidential** and **anonymous.**

- As you will be reminded by In Touch after you leave a message, you should call back in three to four business days and be prepared to enter your five-digit case number. When you do that, you will receive a message from Lifeworks regarding the status of your case.

You can also submit a message via e-mail. Send it to Lifeworks@getintouch.com. If you request it, In Touch will remove the originating address and forward just the content of the message to Lifeworks.

Reporting Fraud, Waste & Abuse continued

Although we prefer that you first try to resolve any questions or concerns with your supervisor or a human resources representative, there may be times when you're not comfortable doing that or you're not satisfied with the outcome. That's when you should consider using In Touch.

Employees cannot be retaliated against for reporting suspected fraud, waste & abuse.