

# National Training Program

## Module 10

## Medicare and Medicaid Fraud and Abuse Prevention





# Session Objectives

This session will help you

- § Define fraud and abuse
- § Recall causes of improper payments
- § Discuss how CMS fights fraud and abuse
- § Explain how you can fight fraud and abuse
- § Identify sources of additional information



# Lesson 1 - Fraud and Abuse Overview

- § Definition of fraud and abuse
- § Protecting the Medicare Trust Funds and other public resources
- § Who can commit fraud?
- § Causes of improper payments
- § Examples of fraud in different parts of Medicare or Medicaid
- § Quality of care concerns



# Definition of Fraud and Abuse

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## Fraud

When someone intentionally executes or attempts to execute a scheme to obtain money or property of any health care benefit program

## Abuse

When health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any health care benefit program

**The primary difference between fraud and abuse is intention.**



# Protecting Taxpayer Dollars

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§ CMS must protect Medicare Trust Funds

- Medicare Hospital Insurance Trust Fund
- Supplementary Medical Insurance Trust Fund

§ CMS must also protect the public resources that fund the Medicaid programs

§ CMS has to manage the careful balance between

- Paying claims quickly and limiting burden on the provider community with conducting reviews that prevent and detect fraud



# Who Commits Fraud?

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- § Most individuals and organizations that work with Medicare and Medicaid are honest
- § However, anyone can commit fraud
  - Health care providers and suppliers
  - Business owners and employees
  - People with Medicare
  - People with Medicaid

# Improper Payment Transparency

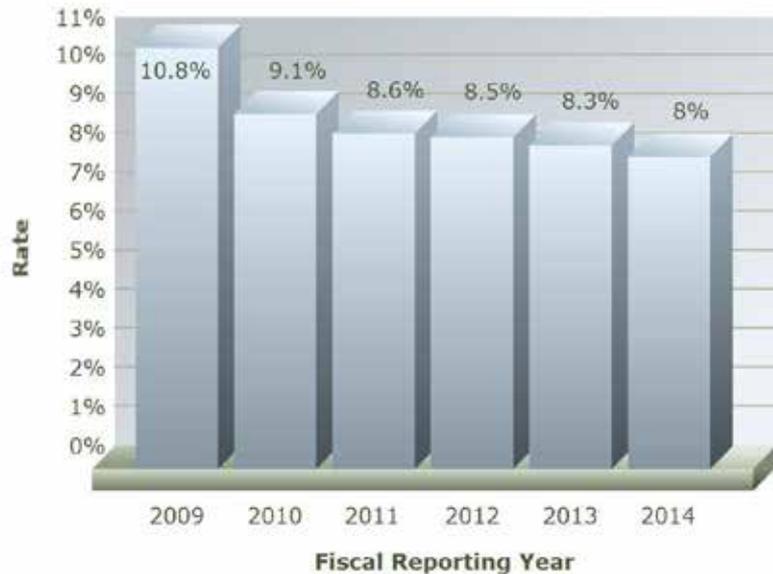
## MEDICARE FY 2012

Error rate is 8.5 percent or \$29.6 billion

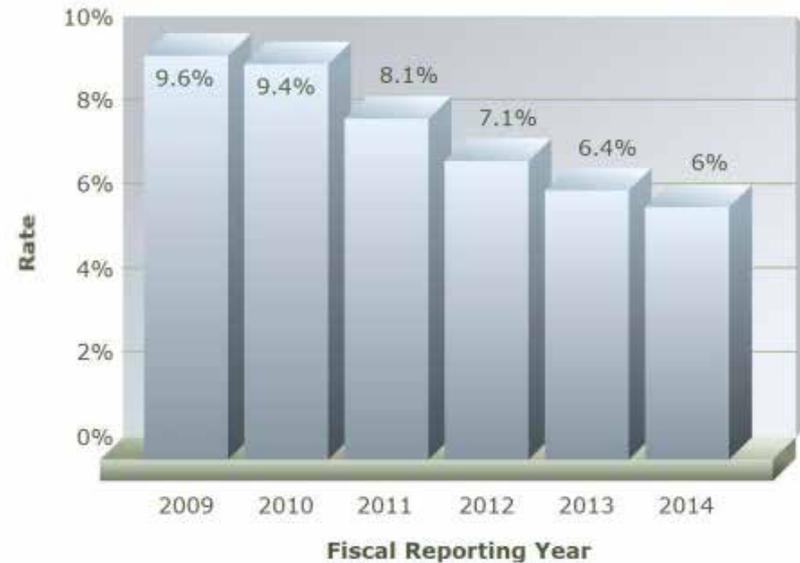
## MEDICAID FY 2012

Error rate is 7.1 percent or \$19.2 billion

Projected Improper Payments for  
Medicare Fee-for-Service



Projected Improper Payments for  
Medicaid



# Causes of Improper Payments

§ Not all improper payments are fraud, but all payments made due to fraud schemes are improper



§ CMS is targeting all causes of improper payments

- From honest mistakes to intentional deception

§ Most common error is insufficient documentation



# Examples of Fraud

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- § Medicare or Medicaid is billed for
  - Services you never received
  - Equipment you never got or was returned
- § Documents are altered to gain a higher payment
- § Misrepresentation of dates, descriptions of furnished services, or the identity of the beneficiary
- § Someone uses your Medicare or Medicaid card with or without your permission
- § A company uses false information to mislead you into joining a Medicare plan



# Preventing Fraud in Medicare Parts C and D

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§ Plan agents and brokers must abide by CMS's Marketing Guidelines. Examples of what plans can't do include

- Send you unwanted emails
- Come to your home uninvited to get you to join
- Call you unless you are already a member
- Offer you cash to join their plan
- Give you free meals while trying to sell you a plan
- Talk to you about their plan in areas where you get health care

§ If you think a Medicare plan broke the rules

- Call 1-800-MEDICARE (1-800-633-4227)
- TTY users should call 1-877-486-2048



# Telemarketing and Fraud

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## § Durable Medical Equipment (DME) telemarketing rules

- DME suppliers can't make unsolicited sales calls

## § Potential DME scams

- Calls or visits from people saying they represent Medicare
- Telephone or door-to-door selling techniques
- Equipment or service is offered free and you are then asked for your Medicare number for “record keeping purposes”
- You're told that Medicare will pay for the item or service if you provide your Medicare number



# Quality of Care Concerns

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## § Patient quality of care concerns aren't fraud

- Medication errors
- Unnecessary or inappropriate surgery or treatment
- Change in condition not treated
- Discharged from the hospital too soon
- Incomplete discharge instructions and/or arrangements

## § Contact Quality Improvement Organizations

- Visit [medicare.gov/contacts](http://medicare.gov/contacts) and click on Find Helpful Contacts
- Call 1-800-MEDICARE (1-800-633-4227)
- TTY users should call 1-877-486-2048



# Check Your Knowledge – Question 1

The primary difference between fraud and abuse is bending the rules.

a. True

**b. False**

# Check Your Knowledge – Question 2

Possible causes of improper payment include

- a. Insufficient documentation
- b. Not eligible or their eligibility status could not be determined
- c. Honest mistakes
- d. All of the above



# Lesson 2 - CMS Fraud and Abuse Strategies

- § The Center for Program Integrity
  - Comprehensive Strategy
- § CMS Program Integrity Contractors
- § CMS Administrative Actions
- § Law Enforcement Actions
- § The Health Care Fraud Prevention Partnership
- § The Fraud Prevention Toolkit at [cms.gov](http://cms.gov)
- § Provider and Beneficiary Education
- § Region-Specific Discussion



# CMS Center for Program Integrity

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- § Consolidates CMS anti-fraud components
- § New authorities from the Affordable Care Act
  - More rigorous screenings for health care providers
  - Reciprocal termination of providers from Medicare and Medicaid
  - May temporarily stop enrollment in high-risk areas
    - ◻ Used first in July 2013 and is extended into 2014
  - Temporarily stop payments in cases of suspected fraud

# Comprehensive Strategy

Share information with states, law enforcement, and private plans to target and track fraudsters

Detect suspicious claims prior to payment

Revoke bad actors from Medicare and Medicaid

Engage partners



Prevent fraudulent providers from enrolling

Keep bad actors from reenrolling

Focus on risk and reduce burden on legitimate providers

Each dollar spent on health care-related fraud and abuse investigations through programs in the last 3 years recovered \$8.10.

# Lesson 2 – Learning Activity 1

- Medicare Fraud - "Cracking Down" TV ad





# CMS Program Integrity Contractors

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- § A nationally coordinated Medicare/Medicaid program integrity strategy that cuts across regions
- HEAT Strike Force Teams
  - Zone Program Integrity Contractors (ZPIC)
  - National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC)
  - Recovery Audit Program
  - Medicaid Integrity Contractors



# Health Care Fraud Prevention and Enforcement Action (HEAT) Team

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- § Joint initiative between U.S. Department of Health and Human Services and U.S. Department of Justice
- § Improve interagency collaboration on reducing and preventing fraud in federal health care programs
- § Increase coordination, data sharing, and training among investigators, agents, prosecutors, analysts, and policymakers
- § Expanded to nine Fraud Strike Force cities



# HEAT Strike Force Teams

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## § Strike Force Teams

- Located in Fraud “Hot Spot” locations
- Use advanced data analysis to identify high-billing levels in health care fraud hot spots
- Coordinate national takedowns

## § CMS supports Strike Force takedowns

- Perform data analysis
- Suspend Payment



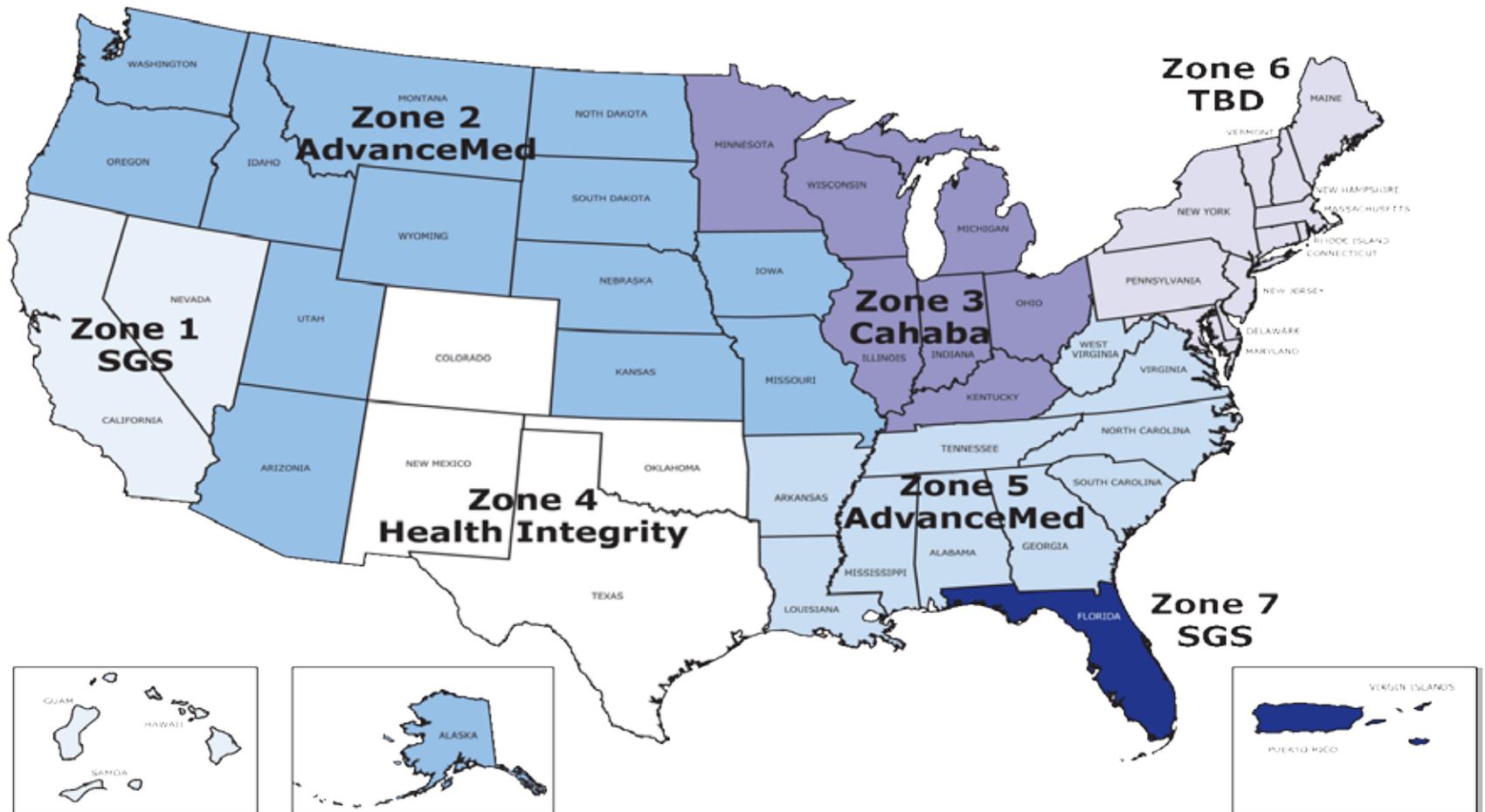
# Zone Program Integrity Contractors (ZPICs)

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- § Investigate leads generated by the new Fraud Prevention System (FPS) and a variety of other sources
- § Provide feedback to CMS to improve the FPS
- § Perform data analysis to identify cases of suspected fraud, waste, and abuse
- § Make recommendations to CMS for appropriate administrative actions to protect Medicare Trust Fund dollars
- § Make referrals to law enforcement for potential prosecution
- § Provide support for ongoing investigations
- § Identify improper payments to be recovered

# ZPIC Map

## Zone Program Integrity Contractors (ZPIC)



# National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC)

- § Monitors fraud, waste, and abuse in the Part C and Part D programs in all 50 states, the District of Columbia, and U.S. Territories
- § Works with law enforcement and other stakeholders
- § Key responsibilities include
  - Receive complaints
  - Resolve beneficiary fraud complaints
  - Perform proactive data analyses
  - Identify program vulnerabilities
  - Refer potential fraud cases to law enforcement agencies
- § There is also an Outreach and Education MEDIC (O&E MEDIC) that provides outreach tools





# Examples of Cases NBI MEDIC Handles

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- § Someone pretends to represent Medicare or Social Security and asks for your Medicare number
- § Someone asks you to sell your Medicare prescription drug card
- § Someone offers to pay you cash to visit specific providers, suppliers, or pharmacies
- § You were billed for drugs you didn't receive
- § Your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) lists products or services you didn't receive



# Recovery Audit Program

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## § Recovery Audit Program's mission

- Reduce improper Medicare payments by
  - ◻ Detecting and collecting overpayments
  - ◻ Identifying underpayments
  - ◻ Implementing actions to prevent future improper payments

## § Establish Medicare Part C and D programs

## § States and territories establish Medicaid Recovery Audit Contractors

- Identify overpayments and underpayments
- Coordinate efforts with federal and state auditors



# Medicaid Integrity Contractors (MICs)

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- § Support, not supplant, state Medicaid program integrity efforts
- § Conduct post-payment audits of Medicaid providers under Generally Accepted Governmental Auditing (Yellow Book) Standards
- § Identify overpayments, and refer to the state for collection of the overpayments
- § Doesn't adjudicate appeals, but supports state adjudication process
- § Three types of MICs – review, audit, and education



# CMS Administrative Actions

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§ When CMS suspects fraud, administrative actions include the following

- Automatic denials of payment
- Payment suspensions
- Prepayment edits
- Civil monetary penalties
- Revocation of billing privileges
- Referral to law enforcement
- Payments must be paid back



# Law Enforcement Actions

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- § When law enforcement finds fraudulent activities, enforcement actions include
- Providers/companies are barred from program
  - Providers/companies can't bill Medicare, Medicaid, or Children's Health Insurance Plan (CHIP)
  - Fines are levied
  - Arrests and convictions occur
  - Corporate Integrity Agreements may be negotiated



# Health Care Fraud Prevention Partnership

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- § Launched in July 2012
- § Shares information and best practices
- § Improves detection
- § Prevents payment of fraudulent health care billings across public and private payers
- § Enables the exchange of data and information among the partners



# Fraud Prevention Toolkit

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§ Visit [cms.gov](http://cms.gov) to access the Fraud Prevention Toolkit, including

- The 4Rs brochure
- Fact sheets on preventing and detecting fraud
- Frequently Asked Questions

§ [cms.gov](http://cms.gov) also has information about the Center for Program Integrity and fraud prevention efforts in Medicare fee-for-service, Parts C and D, and Medicaid



# Educate Providers and Beneficiaries

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- § Provider education helps correct vulnerabilities
  - Maintain proper documentation
  - Reduce inappropriate claims submission
  - Protect patient and provider identity information
  - Establish a broader culture of compliance
- § Beneficiary education helps identify and report suspected fraud



# Lesson 2 – Region-Specific Discussion

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§ To learn about real-life state-specific cases visit

- [STOPMedicarefraud.gov/newsroom/your-state/index.html](http://STOPMedicarefraud.gov/newsroom/your-state/index.html)
- Justice News at <http://www.justice.gov/opa/pr/2014/January/14-crm-082.html>
- Annual report on the Health Care Fraud and Abuse Program, available on the Office of Inspector General website

# Lesson 2 - Learning Activity 2

Name the Program Integrity Contractor	Contractor
1. Who coordinates national takedowns based on evidence of the geographic dispersion of Medicare fraud?	The Health Care Fraud Prevention and Enforcement Action Strike Force teams.
2. Who investigates leads that you report based on zones and from other sources?	Zone Program Integrity Contractor
3. Who handles Medicare Part C and D complaints?	National Benefit Integrity Medicare Drug Integrity Contractor
4. Who handles post-payment audit for the states?	Medicaid Integrity Contractors
5. Who conducts audits to reduce improper payments in both Medicare and Medicaid?	Recovery Audit Contractor



# Lesson 3 - How You Can Fight Fraud

- § 4Rs for Fighting Medicare Fraud
- § [stopmedicarefraud.gov](http://stopmedicarefraud.gov)
- § Medicare Summary Notices
- § [mymedicare.gov](http://mymedicare.gov)
- § 1-800-MEDICARE
- § Senior Medicare Patrol
- § Protecting Personal Information and ID Theft
- § Reporting Medicaid Fraud
- § Helpful Resources

# 4Rs for Fighting Medicare Fraud

Record



Review



4Rs for  
Fighting Fraud

Report



OIG Online Hotline  
Operations

Remember



# STOPMedicareFraud.gov

- § Learn about fraud
- § Find resources
- § Report fraud online
- § Access videos
- § See recent HEAT Task Force results by state

The screenshot shows the homepage of STOP Medicare Fraud.gov. At the top, there is a navigation bar with links for Home, Newsroom, Videos, Toolkit, and En Español. The main header features the STOP Medicare Fraud logo and the text "U.S. Department of Health & Human Services and U.S. Department of Justice". Below the header is a search bar and a navigation menu with four tabs: About Fraud, Prevent Fraud, Report Fraud, and For Providers. The main content area is divided into several sections. The top section is titled "\$223 Million in False Billing Found by Medicare Fraud Strike Force" and includes a photo of two officials and a brief description of a nationwide takedown. Below this is a "Report Medicare Fraud Now" section with contact information for the Office of Inspector General. The bottom section features four columns of featured content: "Identify Common Scams", "Senior Medicare Patrols", "Partnership to Fight Fraud", and "Anti-Fraud News", each with a small image and a brief description.

# Medicare Summary Notice (MSN)

§ CMS redesigned the MSN for Part A and Part B to make it easier to read and spot fraud

§ Shows all your services or supplies

- Billed to Medicare in 3-month period
- What Medicare paid
- What you owe

§ Read it carefully

Jennifer Washington

THIS IS NOT A BILL | Page 2 of 5

## Making the Most of Your Medicare

### How to Check This Notice

Do you recognize the name of each doctor or provider? Check the dates. Did you have an appointment that day?

Did you get the services listed? Do they match those listed on your receipts and bills?

If you already paid the bill, did you pay the right amount? Check the maximum you may be billed. See if the claim was sent to your Medicare supplement insurance (Medigap) plan or other insurer. They may pay part of the share.

### How to Report Fraud

If you think a provider or business is involved in fraud, call us at 1-800-MEDICARE (1-800-633-4227).

Some examples of fraud include offers for free Medicare services or billing you for Medicare services you didn't get. If we determine that your tip led to uncovering fraud, you may qualify for a reward.

You can make a difference! Last year, Medicare saved tax-payers \$4 billion—the largest sum ever recovered in a single year—thanks to people who reported suspicious activity to Medicare.

### Medicare Preventive Services

Medicare covers many free or low-cost exams and screenings to help you stay healthy. For more information about preventive services:

- Talk to your doctor.
- Look at your "Medicare & You" handbook for a complete list.
- Visit [www.MyMedicare.gov](http://www.MyMedicare.gov) for a personalized list.

### Your Messages from Medicare

Get a pneumococcal shot. You may only need it once in a lifetime. Contact your health care provider about getting this shot. You pay nothing if your health care provider accepts Medicare assignment.

To report a change of address, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Early detection is your best protection. Schedule your mammogram today, and remember that Medicare helps pay for screening mammograms.

Want to see your claims right away? Access your Original Medicare claims at [www.MyMedicare.gov](http://www.MyMedicare.gov), usually within 24 hours after Medicare processes the claim. You can use the "Blue Button" feature to help keep track of your personal health records.

# MyMedicare.gov

## § Secure site to manage personal information

- Review eligibility, entitlement, and plan information
- Track preventive services
- Keep a prescription drug list

## § Review claims

- Available almost immediately after they are processed

The screenshot shows the MyMedicare.gov website interface. At the top, there are navigation links for Español, About Us, FAQ, Glossary, CMS.gov, and MyMedicare.gov Login. The main header features the Medicare.gov logo and a search bar. Below the header is a navigation menu with tabs for Sign Up / Change Plans, Your Medicare Costs, What Medicare Covers, Drug Coverage (Part D), Supplements & Other Insurance, Claims & Appeals, Manage Your Health, and Forms, Help, & Resources. The main content area is divided into sections: 'Getting Started' with a welcome message and a 'New to MyMedicare.gov? Create an account' link; 'Secure Sign In' with fields for Username and Password, and a 'Sign In' button; and 'What's New?' featuring a 'Blue Button Download My Data' button. A red arrow points from a text box to this button.

Click the “Blue Button” to download your data to a text file.



# 1-800-MEDICARE (TTY 1-877-486-2048)

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## § Beneficiary fraud complaints received

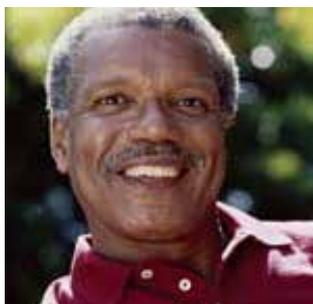
- Help target certain providers/suppliers for review
- Show where fraud scams are heating up

## § Using the interactive Voice Response System

- Goes back to 15 months of claims
- Check for proper dates, services, and supplies received

q If not checking claims on MyMedicare.gov

# Lesson 3 – Learning Activity 3



John has concerns and wants to discuss his Medicare Summary Notice with you.

What are some things that might indicate fraud?

Page 1 of 4

## 1 Medicare Summary Notice for Part A (Hospital Insurance)

The Official Summary of Your Medicare Claims from the Centers for Medicare & Medicaid Services

JENNIFER WASHINGTON  
TEMPORARY ADDRESS NAME  
STREET ADDRESS  
CITY, ST 12345-6789

**THIS IS NOT A BILL**

**2 Notice for Jennifer Washington**

Medicare Number	XXX-XX-1234A
Date of This Notice	September 15, 2013
Claims Processed Between	June 15 – September 15, 2013

**3 Your Claims & Costs This Period**

Did Medicare Approve All Claims?	YES
Total You May Be Billed	\$2,062.50

**4 Facilities with Claims This Period**

June 18 – June 21, 2013  
Otero Hospital

**5 Your Deductible Status**

Your deductible is what you must pay each benefit period for most health services before Medicare begins to pay.

**Part A Deductible:** You have now met your **\$1,184.00 deductible for inpatient hospital services** for the benefit period that began May 22, 2013.

**Be Informed!**

Welcome to your new Medicare Summary Notice! It has clear language, larger print, and a personal summary of your claims and deductibles. This improved notice better explains how to get help with your questions, report fraud, or file an appeal. It also includes important information from Medicare!

**7**

(¿Dónde que puede recibir este aviso y otros tipos de ayuda de Medicare en español? Llame y hable con un agente en español. 中文普通话等语言, 请致电 Medicare 中心, 请致电 "agent", 或致电 "Medicare". 1-800-MEDICARE (1-800-431-4227)

# Lesson 3 – Learning Activity 3

## What Might Indicate Fraud?

- ✓ Was he charged for any medical services he didn't get, or do any charges look unfamiliar?
- ✓ Do the dates of services and charges look unfamiliar?
- ✓ Was he billed for the same thing twice?
- ✓ Does his credit report show any unpaid bills for medical services or equipment you didn't receive?
- ✓ Has he received any collection notices for medical services or equipment he didn't receive?

**What are the next steps?**

**Fight Back!**  
Deter, Detect, Defend

# Lesson 3 – Learning Activity 3 Discussion

If John	Whom Should He Contact
Spots unusual or questionable charges	His provider
Still hasn't resolved the issue	Medicare
Suspects Medicare fraud	Department of Health and Human Services Office of Inspector General
Thinks someone is misusing his personal information	The Federal Trade Commission



# Fighting Fraud Can Pay

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§ You may get a reward if you meet **all** of these conditions

- You call either 1-800-HHS-TIPS (1-800-447-8477) or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048 to report suspected fraud.
- The suspected Medicare fraud you report must be investigated and validated by CMS's contractors.
- The reported fraud must be formally referred to the Office of Inspector General for further investigation.
- You aren't an excluded individual.
- The person or organization you are reporting isn't already under investigation by law enforcement.
- Your report leads directly to the recovery of at least \$100 of Medicare money.

# The Senior Medicare Patrol

- § Education and prevention program aimed at educating beneficiaries on preventing, identifying, and reporting health care fraud
- § Active programs in all states, DC, Puerto Rico, Guam, and U.S. Virgin Islands
- § Seeks volunteers to represent their communities
- § Nationwide toll-free number 1-877-808-2468



# Senior Medicare Patrol Video

- § Senior Medicare Patrol (SMP) Projects
- § View Senior Medicare Patrol 60-Second Public Service Announcement





# Sharing Information With Family/Caregiver

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§ If a caregiver wishes to speak to Medicare

- Medicare requires written permission to protect personal information.
- You must designate an authorized person
- Power of attorney isn't enough
  - Must submit “Medicare Authorization to Disclose Personal Information” CMS Form No. 10106



# Protecting Personal Information

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- § Only share with people you trust
- Your doctors or other health care providers
  - Your Medicare Health or Drug Plan, or your insurance company, Medigap, or Employer/Union
  - Your State Health Insurance Assistance Program  
Social Security, Medicaid, and Medicare



# Identity Theft

- § Identity theft is a serious crime
  - Someone else uses your personal information, like your Social Security or Medicare number
- § If you think someone is using your information
  - Call your local police department
  - Call the Federal Trade Commission's ID Theft Hotline at 1-877-438-4338
- § If your Medicare card is lost or stolen, report it right away
  - Call Social Security at 1-800-772-1213
  - TTY users should call 1-800-325-0778



# Consequences of Sharing a Medicaid Card or Number

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## § Medicaid-specific lock-in program

- Limits you to certain doctors/drug stores/hospitals
  - For activities like ER visits for non-emergency care, using multiple physicians that duplicate treatment/medication

## § Your medical records could be wrong

## § You may have to pay money back or be fined

## § You could be arrested

## § You might lose your Medicaid benefits



# Reporting Suspected Medicaid Fraud

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## § Medicaid Fraud Control Unit (MFCU or Unit)

- Investigates and prosecutes
  - ◻ Medicaid fraud
  - ◻ Patient abuse and neglect in health care facilities
- Call Office of the Inspector General at 1-800-447-8477 (TTY 800-377-4950)
  - ◻ They also certify and annually re-certify the MFCU

## § State Medical Assistance (Medicaid) office

- See state listing for Medicaid
  - ◻ Download contacts here: [oig.hhs.gov/fraud/Medicaid-fraud-control-units-mfcu/files/contact-directors.pdf](https://oig.hhs.gov/fraud/Medicaid-fraud-control-units-mfcu/files/contact-directors.pdf)



# Key Points to Remember

- ü The key difference between fraud and abuse is intention
- ü Improper payments are often mistakes
- ü CMS fights fraud and abuse with support from Program Integrity Contractors
- ü You can fight fraud and abuse with the 4Rs – Record, Review, Report, Remember
- ü There are many sources of additional information

# Medicare Fraud & Abuse Resource Guide

## Resources

### Centers for Medicare & Medicaid Services (CMS)

1-800-MEDICARE  
(1-800-633-4227)  
(TTY 1-877-486-2048)  
[Medicare.gov](http://Medicare.gov)

[MyMedicare.gov](http://MyMedicare.gov)  
[MyMedicare.gov/](http://MyMedicare.gov/)

**CMS Program Integrity** [CMS.gov/ About-CMS/Components/CPI/Center-for-program-integrity.html](http://CMS.gov/About-CMS/Components/CPI/Center-for-program-integrity.html)

### [STOPMedicarefraud.gov](http://STOPMedicarefraud.gov)

**Office of Inspector General** [OIG.hhs.gov/](http://OIG.hhs.gov/)  
U.S. Department of Health & Human Services  
ATTN: HOTLINE (<https://forms.oig.hhs.gov/hotlineoperations/>)  
P.O. Box 23489  
Washington, DC 10026

### Fraud Hotline

1-800-HHS-TIPS (1-800-447-8477)  
TTY 1-800-337-4950  
Fax 1-800-223-8162

### HealthCare.gov

[HealthCare.gov/how-can-i-protect-myself-from-fraud-in-the-health-insurance-marketplace/](http://HealthCare.gov/how-can-i-protect-myself-from-fraud-in-the-health-insurance-marketplace/)

### Social Security Administration

[SSA.gov](http://SSA.gov)  
1-800-772-1213  
TTY-1-800-325-0778

### Senior Medicare Patrol Program

[SMPresource.org](http://SMPresource.org)  
Find the SMP resources in your state under Find Help - SMP locator

### Fraud Scams

[SMPresource.org/AM/Template.cfm?Section=Scams1&Template=/CM/HTMLDisplay.cfm&ContentID=5912](http://SMPresource.org/AM/Template.cfm?Section=Scams1&Template=/CM/HTMLDisplay.cfm&ContentID=5912)

### NBI Medic's Parts C&D Fraud Reporting Group

1-877-7SAFERX (1-877-772-3379)  
<http://www.healthintegrity.org/contracts/nbi-med/Reporting-a-complaint>  
Fax a Complaint Form to 410-819-8698  
Mail to: Health Integrity, LLC, 9240 Centreville Road, Easton, Maryland 21601  
<http://www.healthintegrity.org/contracts/nbi-med>

### National Health Care Anti-Fraud Assoc.

[www.NHCAA.org](http://www.NHCAA.org)

### Medicaid Beneficiary Education

[CMS.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html](http://CMS.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html)

### Prevention Toolkit

<http://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/FraudPreventionToolkit.html>

## Medicare Products

### "Medicare Authorization to Disclose Personal Information" form

CMS Product No. 10106

### "Help Prevent Fraud: Check Your Medicare Claims Early!"

CMS Product No. 11491 and 11492

### "Protecting Medicare and You From Fraud"

CMS Product No. 10111

### "Quick Facts About Medicare Plans and Protecting Your Personal Information"

CMS Product No. 11147

### "4Rs for Fighting Fraud"

CMS Product No. 11610

### "You Can Help Protect Yourself and Medicare From Fraud Committed by Dishonest Suppliers"

CMS Product No. 11442

### To access these products:

View and order single copies:  
[Medicare.gov/publications](http://Medicare.gov/publications)

Order multiple copies (partners only):  
[productordering.cms.hhs.gov](http://productordering.cms.hhs.gov)  
(You must register your organization.)

# Medicare Fraud & Abuse Resource Guide

## Additional Resources

**Annual report on the Health Care Fraud and Abuse Program**, available on the OIG website at [oig.hhs.gov/reports-and-publications/hcfac/index.asp](http://oig.hhs.gov/reports-and-publications/hcfac/index.asp).

**Civil Money Penalties** [oig.hhs.gov/fraud/enforcement/cmp/](http://oig.hhs.gov/fraud/enforcement/cmp/)

**CMS Outreach & Education MEDIC** website [medic-outreach.rainmakersolutions.com/free-resources](http://medic-outreach.rainmakersolutions.com/free-resources)

**Data:** [www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Statistics-Reference-Booklet/2013.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/CMS-Statistics-Reference-Booklet/2013.html) and [cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareMedicaidStatSupp/2013.html](http://cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareMedicaidStatSupp/2013.html)

**HEAT Task Force results by state** available at [stopmedicarefraud.gov/newsroom/your-state/index.html](http://stopmedicarefraud.gov/newsroom/your-state/index.html)

**Medicaid RACs At-a-Glance** webpage [w2.dehpg.net/RACSS/Map.aspx](http://w2.dehpg.net/RACSS/Map.aspx)

**Payment errors** [www.paymentaccuracy.gov/](http://www.paymentaccuracy.gov/)



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# Appendix A: Program Integrity Contractors

Program Integrity Contractor	Responsibilities
1. HEAT Strike Force Teams	<ul style="list-style-type: none"> <li>§ Joint initiative between the U.S. Department of Health and Human Services and the U.S. Department of Justice to combat fraud</li> <li>§ Located in fraud “hot spots”</li> <li>§ Coordinate national takedowns based on evidence of the geographic dispersion of Medicare fraud</li> </ul>
2. Zone Program Integrity Contractors (ZPIC)	<ul style="list-style-type: none"> <li>§ Formerly known as Program Safeguard Contractors (PSC)</li> <li>§ Investigate leads in seven zones</li> <li>§ Medicare Parts A and B; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies; Home Health and Hospice; and Medicare-Medicaid data matching</li> </ul>
3. National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC)	<ul style="list-style-type: none"> <li>§ Monitors fraud, waste, and abuse in Part C and Part D programs in all 50 states, the District of Columbia, and U.S. Territories</li> <li>§ Also, Outreach and Education MEDIC (O&amp;E MEDIC) that provides outreach and education tools</li> </ul>
4. Medicaid Integrity Contractors (MICs)	<ul style="list-style-type: none"> <li>§ Three types: review, audit, and education</li> <li>§ Conducts post-payment audits of Medicaid providers</li> <li>§ Identifies overpayments and refers to state for collection</li> </ul>
5. Recovery Audit Contractors (RACs)	<ul style="list-style-type: none"> <li>§ Reduce improper payments through detection and collection of overpayments, identify underpayments, and implement action to prevent future improper payments</li> </ul>