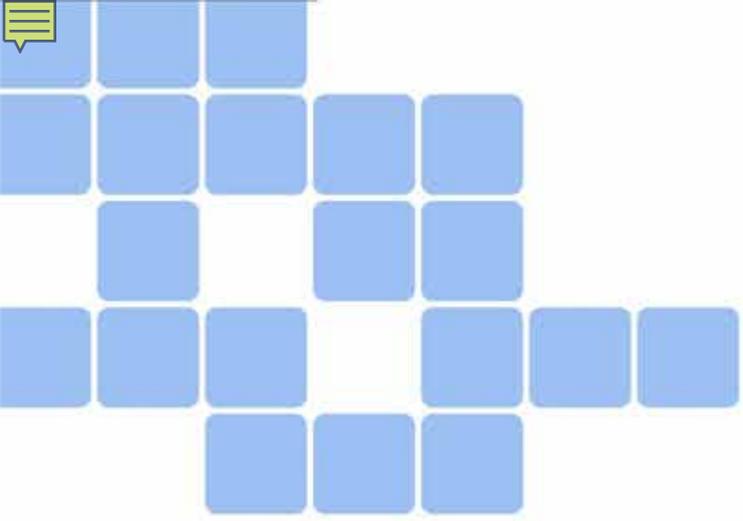




Module 10: Medicare and Medicaid Fraud & Abuse Prevention (Alaska)



 **National Medicare
TRAINING PROGRAM**
...helping people with Medicare
make informed health care decisions





Session Objectives

This session will help you to

- § Recognize the scope of fraud and abuse
- § Understand how CMS fights fraud and abuse
- § Explain how you can fight fraud
- § Identify sources of additional information

Medicare Overview

Each Work Day	Monthly	Yearly
§ 5.4 million claims processed	§19,000 Part A and Part B provider and 900 durable medical equipment enrollment applications received	§ Over \$497 billion in claims paid
§ From 1.5 million providers		§ Over 47 million beneficiaries
§ Worth \$1.1 billion		

Medicaid Overview

Yearly	Program Scope	Regions Covered
§ 4.4 million claims paid	§ Over 54 million beneficiaries	§ 56 state and territory-administered programs
§ Over \$300 billion in claims paid	§ 8.8 million are eligible for both Medicare and Medicaid	

The Medicaid program is growing.
By 2014, Americans who earn less than 133% of the Federal Poverty Level will be eligible to enroll.



Protecting the Medicare Trust Funds

§ CMS has to balance how to

- Pay claims on time vs. conduct reviews
- Prevent/detect fraud vs. limit burden on providers

§ CMS must protect the Trust Funds

1. Medicare Hospital Insurance Trust Fund
2. Supplementary Medical Insurance Trust Fund

Medicare Hospital Insurance Trust Fund

Pays for	Funded by
Part A (Hospital Insurance) benefits such as inpatient hospital care, skilled nursing facility care, home health care, and hospice care	§ Payroll taxes § Income taxes paid on Social Security benefits § Interest earned on trust fund investments § Part A premiums from people who aren't eligible for premium-free Part A



Supplementary Medical Insurance Trust Fund

Pays for	Funded by
<p>Part B benefits including doctor services, outpatient hospital care, home health care not covered under Part A, durable medical equipment, certain preventive services and lab tests, Medicare Part D prescription drug benefits, and Medicare program administrative costs, including costs for paying benefits and combating fraud and abuse</p>	<p>§ Funds authorized by Congress</p> <p>§ Part B premiums</p> <p>§ Part D premiums</p> <p>§ Interest earned on trust fund investments</p>



Medicare Dictionary

Fraud

When someone intentionally falsifies information or deceives Medicare.

Abuse

When health care providers or suppliers don't follow good medical practices, resulting in unnecessary costs to Medicare, improper payment, or services that aren't medically necessary.



Who commits fraud?

§ Most people and organizations are honest

- There are some “bad actors”

§ Fraud and Abuse may be committed by

- Business owners
- Health care providers and suppliers
- People with Medicare
- People with Medicaid

Spectrum of Fraud and Abuse

- § Results in improper payments
- § Targeting causes of improper payments
 - From honest mistakes to intentional deception
- § 3–10% of health care funds lost due to fraud





Examples of Fraud

§ 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/Medicaid card

§ A company uses false information

- To mislead you into joining a Medicare plan



When Fraud is Detected

- § Administrative actions imposed include
 - Auto-denials, payment suspensions, prepayment edits, civil monetary penalties
- § Improper payments must be paid back
- § Providers/companies barred from program
 - Can't bill Medicare, Medicaid or CHIP
- § Fines are levied
- § Law enforcement gets involved
- § Arrests and convictions



Quality of Care Concerns

§ Patient quality concerns are **NOT** fraud

§ Examples of quality of care concerns include

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

§ Contact Quality Improvement Organizations (QIO)

- 1-800-MEDICARE or TTY 1-877-486-2048
- Visit www.ahqa.org and click on QIO Locator



Exercise

Fraud is when someone _____ falsifies information or deceives Medicare.

- A. Frequently
- B. Usually
- C. Intentionally
- D. Always



Prevention

- § Engage beneficiaries and providers
- § Educate providers on billing mistakes
- § Enhance private and public partnerships



Prevention

§ CMS Center for Program Integrity

- § Consolidates CMS anti-fraud components

§ New authorities from the Affordable Care Act

- More rigorous screenings for health care providers
- Cross-termination among Federal and state health programs
- Temporarily stop enrollment of new category of providers and suppliers
- Temporarily stop payments in cases of suspected fraud



Prevention

§ The Fraud Prevention System

- Streams 4.5 million claims daily (all Part A, B, DME)
 - ◻ Before payment is made
- Provides a national view of Fee-For-Service claims
- Sets workload priorities
 - ◻ Based on real-time claims
 - ◻ Continuously accounting for new information
- Provides leads and data
 - ◻ To support new and existing investigations



Detection

§ Incorporate sophisticated new technologies

§ Share data to fight fraud

- Medicare
- Medicaid
- VA
- Department of Defense
- Social Security Disability Insurance program
- Indian Health Service

§ Expand Recovery Audit Contractor program



Detection

National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC)

§ Supports CMS Center for Program Integrity

§ 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

§ Has investigators throughout the country

- Works with Federal, state, and local law enforcement
- Other stakeholders



Detection

NBI MEDIC Responsibilities

- § Investigate potential fraud, waste and abuse
- § Receive complaints
- § Resolve beneficiary fraud complaints
- § Perform proactive data analyses
- § Identify program vulnerabilities
- § Refer potential fraud cases to law enforcement agencies



Detection

Examples of Cases NBI MEDIC Handles

- § Someone pretends to represent Medicare/SSA 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 medical benefits form lists products or services you did not receive



Recovery

§ Zone Program Integrity Contractors (ZPICs)

- Perform integrity functions for
 - q Medicare Part A
 - q Medicare Part B
 - q Durable Medical Equipment Prosthetics, Orthotics and Supplies
 - q Home health
 - q Hospice
 - q Medicare – Medicaid Data Match Program

§ ZPIC zones align with Medicare Administrative Contractor (MAC) jurisdictions



Recovery

Recovery Audit Contractor (RAC) Program

- Mission is to 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
 - ◻ Ensure Medicare Advantage organizations have anti-fraud plans
- States and territories establish Medicaid RACs
 - ◻ Identify overpayments and underpayments
 - ◻ Coordinate efforts with Federal and state auditors



Health Care Fraud Prevention and Enforcement Action (HEAT) Team

- § Joint initiative between Department of Health and Human Services and Department of Justice
- § Improve inter-agency 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 20 Strike Force cities



HEAT Team Mission

- § Gather resources across government to help prevent waste, fraud and abuse
- § Reduce health care costs
- § Improve quality of care
- § Highlight best practices by providers and public sector employees
- § Build on partnership between Departments of Justice and Health & Human Services



Exercise

The mission of the Recovery Audit Contractor is to reduce improper Medicare payments by

- detecting and collecting overpayments,
- identifying underpayments,
- and implementing actions to prevent future improper payments.

A. True

B. False



2011 Results

Nearly **\$4.1** billion in fraud recoveries

Federal prosecutors filed criminal charges against **1430** defendants for health care fraud-related crimes

Approximately **\$2.4** billion recovered through civil health care fraud cases brought under the False Claims Act

HHS obtained **21** criminal convictions and **\$1.3** million in criminal fines, forfeitures, restitution and disgorgement in criminal matters involving the pharmaceutical and device manufacturing industry



3. How You Can Fight Fraud

- § Medicare Summary Notices
- § www.MyMedicare.gov
- § 1-800-MEDICARE
- § Senior Medicare Patrol
- § www.stopmedicarefraud.gov
- § Protecting Personal Information/ID Theft
- § Helpful Tips
- § Part C and D Plan Marketing Fraud

Medicare Summary Notice (MSN)

§ Part A and Part B MSNs

§ Shows all your services or supplies

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

§ Read it carefully

- Keep your receipts and bills
- Keep note of appointments/ services dates
- Compare them to your MSN

Medicare Summary Notice

MEDICARE SERVICE INFORMATION

Your Medicare Number: 000-000-0000

If you have questions, write or call:
Medicare (711) 877-8389
800 Medicare (24/7, toll-free)
Medicare Building
Medicare (24/7) 800-898-0939

Call 1-800-4MEDICARE (1-800-468-4273)
Ask for Member Services
TTY for Hearing Impaired: 1-877-486-2049

BE INFORMED: Review all information affecting you or document Medicare dates or services.

This is a summary of claims processed from 01/01/2010 through 03/31/2010.

PART B MEDICAL SERVICES - UNAPPROVED CLAIMS

Date of Service	Amount Charged	Medicare Approved	Medicare Paid	You Owe (By Bill)	Notes
01/01/10	100.00	100.00	100.00	0.00	0
02/01/10	200.00	200.00	200.00	0.00	0
Claim Total	300.00	300.00	300.00	0.00	

PART B MEDICAL SERVICES - UNAPPROVED CLAIMS

Date of Service	Amount Charged	Medicare Approved	Medicare Paid	You Owe (By Bill)	Notes
01/01/10	100.00	100.00	100.00	0.00	0
02/01/10	200.00	200.00	200.00	0.00	0
Claim Total	300.00	300.00	300.00	0.00	

FORM 09-001 A-BLL - Keep this notice for your records.

Newly designed MSN will be online in 2012. Mailed in 2013.

MyMedicare.gov

§ Secure site to manage personal information

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

§ Review claims

- Don't have to wait for MSN

Medicare.gov
The Official U.S. Government Site for Medicare

Sign In to MyMedicare.gov

Search Medicare.gov

Home Manage Your Health Medicare Basics Resource Locator Help & Support

MyMedicare.gov

Getting Started

Welcome to Medicare's free, secure online service for accessing personalized information regarding your Medicare benefits and services.

New to MyMedicare.gov?
[Create an account](#)

Secure Sign In

Username:

Password:

[Sign In](#)

New To MyMedicare.gov?
[Create an Account](#)
[Trouble Signing In?](#)

What's New?

Blue Button is here! Blue Button allows you to download your data to a text file. Look for the Blue Button as you search claims and view your On-the-Go Report.

[Blue Button Download My Data](#)

[Learn More](#)

Registration Information

In order to use this service you must be a registered user. If you have not registered, [sign up](#).

For more information on the registration process, access the [online demo](#).

MyMedicare.gov Help

- MyMedicare.gov Help
- Getting Started
- Account Services
- Customer Service
- Security & Privacy
- Virtual Tour
- Use Help

Privacy and Security

OMB respects your privacy. Additional details regarding the security of your information on MyMedicare.gov can be found in:

- Online Services/Web Confidentiality Agreement
- Security Help Page

STOP Medicare Fraud
Visit www.StopMedicareFraud.gov

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



1-800-MEDICARE

- § Making identifying and reporting fraud easier
- § 1-800-MEDICARE beneficiary complaints used to
 - Target certain providers/suppliers for review
 - Create ‘heat maps’ of fraud complaints
 - Show where fraud scams are heating up
- § Review claims for past 18 months
 - Interactive Voice Response on 1-800-MEDICARE
 - TTY users call 1-877-486-0428



The Senior Medicare Patrol

- § Recruit and train senior citizens to
 - Recognize and report health care fraud
 - Empower beneficiaries to protect themselves
- § Active programs in all states
 - DC, Puerto Rico, Guam & US Virgin Islands
- § Seeks volunteers to represent their communities
- § CMS has SMP liaisons in each Regional Office



The Senior Medicare Patrol

§ CMS dedicated \$18 million in funding for grants

- Doubles existing funding for the program
- Targets additional funding to fraud ‘hot spots’

§ SMP successes since 1997

- Trained/counseled almost 2M beneficiaries
- Led to the recovery of \$5M in Medicare funds
- Led to the recovery of \$101M in other funds

www.stopmedicarefraud.gov

- § Learn about fraud
- § Find resources
- § See recent HEAT Task Force results by state

The screenshot shows the homepage of the STOP Medicare Fraud website. The header features the logo and the text "STOP Medicare Fraud" with "U.S. Department of Health & Human Services and U.S. Department of Justice" below it. A search bar is on the right. A navigation menu includes "Home", "About Fraud", "Prevent Fraud", "Announcements", "HEAT Task Force", "HEAT Newsroom", and "Events & Videos".

Key content areas include:

- Regional Fraud Prevention Summit - Detroit:** A news item dated Tuesday, March 13, 2011, featuring photos of HHS Secretary Kathleen Sebelius and U.S. Attorney General Eric Holder. It mentions a series of Health Care Fraud Research Summits in Detroit, MI.
- Report Medicare Fraud:** A section with contact information for reporting fraud to Inspector General: email: complaint@stopfraud.gov, Call: 1-800-447-7493, (1-800-447-8477), TTY: 1-800-371-4850.
- Learn More About Fighting Fraud:** A central section with three sub-sections:
 - Older Adults Volunteer in the Fight Against Medicare Fraud:** Describes the Senior Medicare Patrol (SMP) program, which educates older adults and reports health care fraud. It includes links for "Read About the SMP State Health Care Fraud Campaign", "Watch Region Summit Videos - Senior Medicare Patrol", and "HealthCare.gov BLOG: Talking About Medicare Fraud".
 - Free Resources:** Offers tools to help inform loved ones on how to spot, stop, and report Medicare fraud. Links include "Find Back Brochure", "Stop Medicare Fraud Widget", and "Website Banners".
 - Medicare Fraud HEAT Task Force Operations:** Announces that the task force charged 111 defendants in nine cities for alleged participation in Medicare fraud schemes involving more than \$225 million in false billing. Links include "Read HEAT News Press Release", "Watch Boston Summit Videos - Law Enforcement", and "HEAT BLOG: A Year of Tackling Health Care Fraud".

On the right side, there are social media icons for Twitter, Facebook, YouTube, and RSS, along with a "HEAT Task Force in Your Area" map and a "Medicare just got stronger." banner featuring an elderly man and text about new benefits, cost savings, and fraud-fighting tools.

The footer contains a list of links: "HHS Home", "Justice.gov", "Questions?", "Contacting HHS", "Accessibility", "Privacy Policy", "FOIA", "Disclaimers", "Inspector General", "Be FEAR Act", "The White House", "USA.gov", "HHS Archive", and "EEO.gov".



Protecting Personal Information

§ Keep your personal information safe

- Like your Medicare, Social Security, Credit Card #s
- Only share with people you trust like
 - q Doctors
 - q Health care providers
 - q Plans approved by Medicare
 - q Your insurance company (Medigap or Employer/Union)
 - q Your State Health Insurance Assistance Program (SHIP)
 - q Social Security, Medicaid and Medicare



Identity Theft

§ Identity theft is a serious crime

- e.g.; 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

◦ 1-877-438-4338

§ Report lost/stolen Medicare card right away

- Call SSA for replacement



Sharing Medical Information with Family/Caregiver

- § Medicare requires written permission
- Must designate an authorized person
 - Power of attorney is not enough
 - Must submit Medicare Authorization to Disclose Personal Information form (CMS Form No. 10106)



Helpful Tips

§ Ask questions

- You have the right to know what is billed

§ Educate yourself about Medicare/Medicaid

- Know your rights
- Know what a provider can/can't bill to Medicare

§ Be wary of providers who tell you

- You can get an item or service not usually covered, but they know “How to bill Medicare”



Medicare Part C & D Plans Marketing Rules

§ Examples – plans can't

- 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

§ If you think a Medicare plan broke the rules

- Call 1-800-MEDICARE



Reporting Suspected Medicaid Fraud

§ Report Medicaid fraud

- State Medical Assistance (Medicaid) office
- OIG National Fraud hotline at 1-800-HHS-TIPS (1-800-447-8477).

§ Visit www.cms.gov/fraudabuseforconsumers to learn more



Telemarketing & Fraud

§ Durable Medical Equipment Telemarketing Rules

- DME suppliers cannot make unsolicited sales calls

§ Potential 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



Fighting Fraud Can Pay

§ You may get a reward of up to \$1,000 if you meet **all** of these conditions

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



Exercise

If you suspect that a Medicare plan broke plan marketing rules, you should call

- A. 1-800-MEDICARE
- B. Senior Medicare Patrol
- C. HEAT Team
- D. Office of the Inspector General

Medicare Fraud & Abuse Resource Guide

Resources

Centers for Medicare & Medicaid Services (CMS)

1-800-MEDICARE
(1-800-633-4227)
(TTY 1-877-486-2048)
www.Medicare.gov

www.stopmedicarefraud.gov

www.healthcare.gov

NBI MEDIC

877-7SAFERX (877-772-3379)
Fax a Complaint Form to 410-819-8698
Mailing to:
Health Integrity, LLC, 9240 Centreville Road,
Easton, Maryland 21601
<http://www.healthintegrity.org/html/contracts/medic/index.html>
MyMedicare.gov

Social Security Administration

www.ssa.gov
1-800-772-1213
TTY – 1-800-325-0778

Senior Medicare Patrol Program

www.smpresource.org
Find the SMP resources in your state:
www.smpresource.org/AM/Template.cfm?Section=SMP_Locator1&Template=/custom/SmResults.cfm

National Health Care Anti-Fraud Assoc.

www.nhcaa.gov

Office of the Inspector General

U.S. Department of Health & Human Services
ATTN: HOTLINE
PO 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

NBI Medic's Parts C&D Fraud Reporting Group

1-877-7SAFERX (1-877-772-3379)
<http://www.healthintegrity.org/html/contracts/medic/index.html>

How to read an MSN Webpage link

<http://www.medicare.gov/navigation/medicare-basics/understanding-claims/read-your-msn-part-a.aspx>

Medicare Products

Medicare Authorization to Disclose Personal Information form

CMS Product No. 10106

Help Prevent Fraud: Check your Medicare claims early by visiting MyMedicare.gov or by calling 1-800-MEDICARE!

CMS Product No. 11491

Protecting Medicare and You from Fraud

CMS Product No. 10111

Quick Facts About Medicare Prescription Drug Coverage and Protecting Your Personal Information

CMS Product No. 11147

To access these products:

View and order single copies:
Medicare.gov

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



This training module is provided by the

 **National Medicare**
TRAINING PROGRAM

For questions about training products, e-mail
NMTP@cms.hhs.gov

To view all available NMTP materials
or to subscribe to our listserv, visit
www.cms.gov/NationalMedicareTrainingProgram