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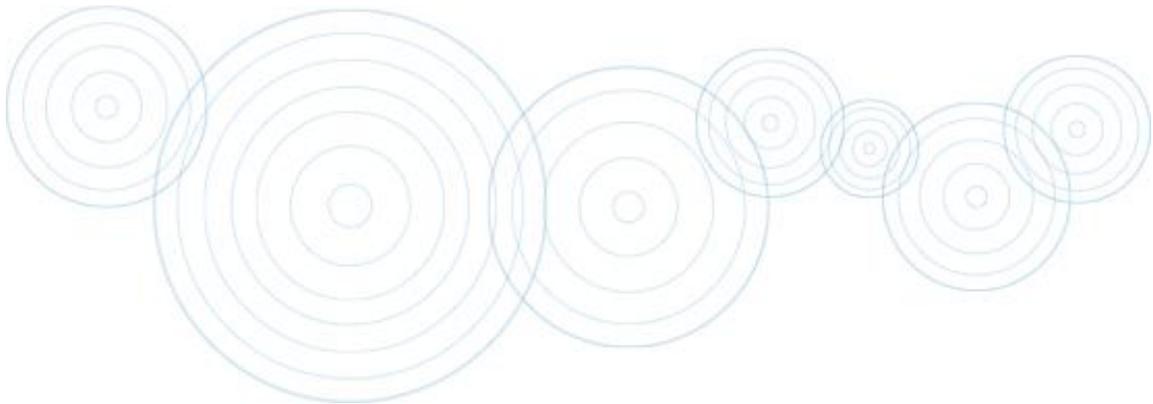
# SECTION 18



## FRAUD, WASTE AND ABUSE

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## Annual FW&A Training Required for Providers and Office Staff

Chinese Community Health Plan (CCHP) and their contracted providers and medical groups, affiliated provider entities or contractors, must ensure that all health care providers and staff, as well as pharmacies and vendors who render care to CCHP or transact business with CCHP in any capacity, including data related to them, participate in ongoing fraud, waste and abuse (FWA) training, no less than once per year. This is a mandatory training, required by the CCHP Compliance Plan and the CCHP Anti-Fraud, Waste, and Abuse Plan, as well as by the Centers for Medicare and Medicaid Services (CMS) and the California Department of Managed Health Care for all individuals and entities involved with CCHP, including the administration of Part C Medicare Advantage Plans (MA) and Part D Medicare Prescription Drug Plans (PDP).

CCHP requires providers and vendors to train all employees, management, and principals, continually to perform all required and necessary Compliance, and Anti-Fraud, Waste, and Abuse functions in a compliant manner. At minimum, all CCHP related individuals, staff, contracted providers, vendors, and their staff members must at least annually participate in and be validated as having participating in such trainings in their obligations within CCHP Compliance Plan and pursuant to its Anti- Fraud, Waste and Abuse Plan. To assist Providers in being able to meet this requirement, CCHP provides an annual online FWA training program on its web site as a PowerPoint presentation. To access the training, go to [www.cchphmo.com/providers](http://www.cchphmo.com/providers).

CCHP recognizes that many providers participate in more than one health plan and their respective Compliance & Anti-Fraud, Waste & Abuse programs, including those related to their Medicare Advantage contracts. Providers are responsible for training and providing evidence that their employees and principals are versed, knowledgeable, and familiar with CCHP reporting requirements as well as to its Compliance Plan and Anti-Fraud, Waste & Abuse Program, including its obligations under its Medicare Advantage contracts and programs. Other training and validations taken in behalf of other contracted Health Plans may be acceptable to validate that a specific affected individual has completed some if not all of the required CCHP annual and continual training. Providers should contact the CCHP Compliance Department or to the Provider Relations Department to request full or partial waiver of CCHP's Compliance and Fraud, Waste, & Abuse training and reporting requirements.

**All providers and organizations are responsible for logging and certifying all annual training and testing received by or provided to its respective staff, principals, providers, and or downstream principals.** At minimum, you must document the names of the individuals who received training, exact copies of agenda and content presented, copies of all testing and certifications, the dates and source of the training. Please keep these documents on file in the event of an audit by CCHP, CMS, or the DMHC.





## Examples of Fraud, Waste and/or Abuse

The following list provides examples of fraud, waste and abuse. The list is intended for informational purposes and does not represent the universe of actions which may be construed as fraud, waste and/or abuse.

### Examples of **Provider** Fraud, Waste or Abuse

- Lack of medical necessity for medical services and prescription drugs billed
- Services not provided but billed
- Upcoding of CPT and DRG codes to obtain a higher rate of reimbursement
- Inappropriate use of CPT codes and/or modifiers to seek higher reimbursement
- Unbundling CPT codes to obtain higher reimbursement
- Prescription drugs that were not dispensed as written
- Home health care and/or durable medical equipment prescribed when not medically necessary
- Inappropriate use of unlisted CPT codes
- Inflating billed charges to seek higher reimbursement
- Scheduling more frequent return visits than are needed to increased reimbursement
- Billing for services outside of your medical qualifications
- Balance billing of members for any balance owed after CCHP has paid the contracted fee for services rendered
- Duplicate payments for services
- Drugs billed for inpatients as if they were outpatients
- Payments stemming from kickbacks or Stark Violations
- Submission of any false documents

### Examples of **Member** Fraud, Waste or Abuse

- Members sharing their CCHP ID cards with nonmembers
- Visiting a variety of providers for controlled substances
- Prescription forging or prescription modification to obtain controlled substances, other medications, or more medication than prescribed
- Non-disclosed other health insurance coverage
- Providing false enrollment information



## Fraud, Waste and Abuse Program Policy

Policy Number	13-2.19
Line of Business	Commercial and Medicare Advantage
Initial Date	5-26-2011
Revision Date(s)	
Approval	
Page(s)	8

**TITLE: Fraud, Waste and Abuse Program**

**PURPOSE:**

To establish the requirement that compliance with fraud prevention and reporting is everyone’s responsibility. CCHP has developed a Fraud, Waste and Abuse Program (FWA) to comply with the Centers for Medicare and Medicaid Services (CMS) Medicare Advantage requirements in preventing and detecting fraud in federal and state funded programs, as well as to comply to its obligations under the California Knox Keene Act pursuant to §1348, the California Department of Managed Health Care, and as described in the Code of Federal Regulations, Title 42, Part 423, Code of Federal Regulations, Title 42, Part 455, §455.2, and the Federal False Claims Act, US Code, Title 31.

**POLICY:**

1. The objective of CCHP’s FWA Program is to identify and reduce costs caused by fraudulent activities and to protect consumers, Members, health care providers and others in the delivery of health care services.
2. Providers are educated regarding the federal and state false claims statutes and the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs.
3. CCHP has created a Compliance Committee (CC) to oversee its FWA and to manage all instances of suspected fraud.
4. CCHP reports its fraud prevention activities and suspected fraud to regulatory and law enforcement agencies as required by law.
5. Providers must adhere to federal and California State laws, including but not limited to False Claims laws.





6. Providers with CCHP will comply with federal and California State laws in regards to the detection, reporting, and investigation of suspected fraud, waste and/or abuse, to have all mandated Compliance Plans and functions in place pursuant to applicable Federal and California regulations and statutes, and to adhere to CCHP's Medicare Advantage contracts with the Centers for Medicare and Medicaid Services.

**DEFINITIONS:**

1. A complaint of fraud, waste and/or abuse is a statement, oral or written, alleging that a practitioner, supplier, or beneficiary received a benefit to which they are not otherwise entitled. Included are allegations of misrepresentations and violations of Medicare, Medicaid or other health care program requirements applicable to persons applying for covered services, as well as the lack thereof of such covered services.
2. Fraud and abuse differ in that:
  - A. Abuse applies to practices that are inconsistent with sound fiscal, business, medical or recipient practices and result in an unnecessary cost to a health care program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. Mistakes that are repeated after discovery or represent an on-going pattern could constitute abuse.
  - B. Fraud is an intentional or knowing misrepresentation made by a person with the knowledge (or knowingly) that the deception could result in some unauthorized benefit to him/herself or another person. It includes any portion that constitutes fraud under applicable federal or state law. Mistakes that are not committed knowingly or that are a result of negligence are not fraud, but could constitute abuse.

**PROCEDURE:**

1. CCHP's FWA Program is designed to deter, identify, investigate and resolve potential fraudulent activities that may occur in CCHP daily operations, both internally and externally.
2. The Corporate Compliance Officer is responsible for ensuring that the objectives of CCHP's Fraud, Waste and Abuse Program are carried out, and for preventing, detecting and investigating fraud-related issues in a timely manner. To accomplish this, the Corporate Compliance Officer designates and oversees the Compliance Department to perform the following responsibilities:





- A. Developing fraud training programs to educate staff, Providers, practitioners, Members and down-stream entities on prevention, deterrence and detection of fraud, waste and abuse.
  - B. Identifying, detecting, thoroughly investigating, managing and resolving all suspected instances of fraud, waste, and abuse, waste and abuse internally and externally.
  - C. Cooperating with, reporting and referring suspected fraud, waste and abuse to the appropriate governmental and law enforcement agencies, as applicable, including exchange of information as appropriate.
3. Both CCHP and Providers have responsibilities for fraud prevention.
  4. CCHP responsibilities include, but are not limited to the following:
    - A. Training CCHP staff, Providers, practitioners, Members and vendors on fraud, the CCHP Fraud, Waste and Abuse Program, and fraud prevention activities at least annually.
    - B. Communicating its FWA and efforts through the CCHP Provider Policy and Procedure Manual, CCHP Provider Newsletter, targeted mailings, or in-service meetings.
    - C. Continuous monitoring and oversight, both internally and externally, of daily operational activities to detect and/or deter fraudulent behavior. Such activities include, but are not limited to:
      - (1) Monitoring of Member grievances
      - (2) Monitoring of Provider and physician grievances
      - (3) Claims Audits and monitoring activities
      - (4) Review of Providers' financial statements
      - (5) Medical Management Audits
      - (6) Utilization Management monitoring activities
      - (7) Quality Management monitoring activities
      - (8) Case Management Oversight activities
      - (9) Pharmacy Audits
      - (10) Encounter Data Reporting Edits
      - (11) Chart Audits
      - (12) Clinical Audits





D. Investigating and resolving all reported and/or detected suspected instances of fraud and taking action against confirmed suspected fraud, waste, and abuse including but not limited to reporting to law enforcement agencies, termination of the CCHP contract (if a Provider, direct contracting practitioner, or vendor), and/or removal of a participating practitioner from the CCHP network. CCHP reports suspected fraud to the following entities, as deemed appropriate and required by law:

- (1) The Centers for Medicare and Medicaid Services (CMS)
- (2) The Federal Office of the Inspector General (Medicaid/Medicare Fraud)
- (3) Medical Board of California (MBOC)
- (4) Local law enforcement agencies
- (5) Submitting periodic reports to CMS as required by law.
- (6) Encouraging and supporting Provider activities related to fraud prevention and detection.

5. The Providers' responsibilities for fraud prevention and detection include, but are not limited to, the following:

- A. Training Provider staff, contracting physicians and other affiliated or ancillary providers, and vendors on CCHP and Provider's Fraud, Waste and Abuse Program and fraud, waste and abuse prevention activities and false claims laws at least annually.
- B. Verifying and documenting the presence/absence of contracted individuals and/or entities by accessing the following online site prior to contracting and periodically thereafter:  
[www.oig.hhs.gov/fraud/exclusions.asp](http://www.oig.hhs.gov/fraud/exclusions.asp).
- C. Terminating the CCHP network participation of individuals and entities who appear on the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE).
- D. Developing a FWA Program, implementing fraud, waste and abuse prevention activities and communicating such program and activities to contractors and subcontractors.



- E. Communicating awareness, including:
    - (1) Identification of fraud, waste and abuse schemes.
    - (2) Detection methods and monitoring activities to contracted and subcontracted entities of CCHP.
  - F. Notifying CCHP of suspected fraudulent behavior and asking for assistance in completing investigations.
  - G. Taking action against suspected or confirmed fraud, waste and abuse including referring such instances to law enforcement and reporting activity to CCHP.
  - H. Policing and/or monitoring own activities and operations to detect and/or deter or prevent fraudulent behavior.
  - I. Cooperating with CCHP in fraud, waste and abuse detection and awareness activities, including monitoring, reporting, etc., as well as cooperating with CCHP in fraud, waste and abuse investigations to the extent permitted by law.
  - J. Prompt return of identified overpayments of state and/or federal claims.
6. Reporting Concerns Regarding Fraud, Waste Abuse and False Alarms
- A. CCHP takes issues regarding false claims and fraud, waste and abuse seriously. CCHP providers, and their contractors or agents of CCHP's providers are to be aware of the laws regarding fraud, waste and abuse and false claims and to identify and resolve any issues immediately. Affiliated providers' employees, managers, and contractors are to report concerns to their immediate supervisor when appropriate.
  - B. CCHP provides the following ways in which to report alleged and/or suspected fraud, waste and/or abuse directly to the plan:
    - (1) In writing to:

Corporate Compliance Officer  
Chinese Community Health Plan  
445 Grant Avenue, Ste. 700  
San Francisco, CA 94108





(2) By E-mail to: [cdobry@cchphmo.com](mailto:cdobry@cchphmo.com)

(3) By telephone to the confidential Corporate Compliance Hotline:  
(415) 955.8810

(4) By fax to: (415) 955.8818

C. The Suspected Noncompliance/Fraud Report Form is to be completed when reporting concerns regarding fraud, waste, abuse and false claims (Attachment A). The form is also available on the CCHP website.

D. The following information is needed in order for the CCHP Compliance Department to investigate suspected fraud, waste and/or abuse:

- (1) The date the report is being completed
- (2) The date of the incident
- (3) Person's name. Although an individual may choose to report anonymously, it is very helpful for the CCHP Compliance Department to hear the allegations directly from the individual. If a person chose to give their name, please provide a contact number.
- (4) The organization
- (5) Type of Allegation
- (6) Who the fraud involves. If you know the name of the individual and/or their ID #, please provide this information.
- (7) Is there documentation that can be used as evidence?
- (8) Is documentation attached to the report?
- (9) Has this been previously reported?
- (10) A description of the potential fraudulent activity.
- (11) Has law enforcement been contacted?
- (12) Has a regulatory agency been contacted?

Information reported to the CCHP Fraud Prevention Program will remain confidential to the extent possible by law.



**Suspected Noncompliance / Fraud Report Form**  
**Attachment A**



**SUSPECTED NONCOMPLIANCE / FRAUD REPORT FORM**  
**To: Carmen Dobry, M.S., Corporate Compliance Officer**  
**Chinese Community Health Plan, 445 Grant Avenue, Ste. 700**  
**San Francisco, CA 94108 FAX 415.955.8818**

Today's Date \_\_\_\_\_ Date of Incident \_\_\_\_\_

Reported by (Your Name)\* \_\_\_\_\_ Your contact # \_\_\_\_\_

Your Organization\* \_\_\_\_\_

\* This form can be completed and submitted anonymously, if necessary.

**Type of Allegation: (Check all that apply)**

<input type="checkbox"/> ID Card	<input type="checkbox"/> Utilization	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Prescription/Pharmacy	<input type="checkbox"/> Claims/Billing/Capitation	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Eligibility	<input type="checkbox"/> Encounter/Data/Data Reporting	<input type="checkbox"/> Financial
<input type="checkbox"/> Enrollment/Disenrollment	<input type="checkbox"/> TPL/Co-Insurance/COB	<input type="checkbox"/> Purchasing/Bidding
<input type="checkbox"/> Referrals/Denial	<input type="checkbox"/> Credentialing/Licensing	<input type="checkbox"/> Marketing
<input type="checkbox"/> Other		

**Fraud Involves: (Check all that apply)**

<input type="checkbox"/> Member	<input type="checkbox"/> Practitioner	<input type="checkbox"/> Provider
<input type="checkbox"/> CCHP Team Member	<input type="checkbox"/> CCHP Vendor	<input type="checkbox"/> Other

Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Do you have documentation in your possession, which could be used as evidence?  Yes  
 No

Is the documentation attached to this report?  No  Yes

Have you previously reported this?  No  Yes to whom: \_\_\_\_\_

**Describe the potential fraudulent activity (attach extra sheet, if necessary):**





Law Enforcement has been contacted?  Yes  No

Date Reported: \_\_\_\_\_ Report Number: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Regulatory Agency contacted?  Yes  No

Date Reported: \_\_\_\_\_ Report Number: \_\_\_\_\_

Report Number: \_\_\_\_\_ Report Number: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Resolution:

**IMPORTANT**

It is CCHP policy to carefully review every report of possible wrongdoing or violation of the compliance plan. It is also CCHP policy not to discipline anyone for providing any information that (s)he reasonably believes to be accurate and complete. However, anyone who intentionally provides false, misleading or incomplete information may be subject to discipline.

If you provided your name, it may be necessary for us to contact you for additional information and assistance. However, you may remain anonymous if you wish. If you have any questions, you may contact the Corporate Compliance Officer directly by telephone at 415.955.8800 x3253.

Do Not Write In This Space/Compliance Use Only

Report #: \_\_\_\_\_

Received by Compliance: / \_\_\_\_ / \_\_\_\_\_

