Overview

- Delta Dental contracts with Medicare Advantage organizations to provide dental and/or administrative services.
- The Centers for Medicare & Medicaid Services (CMS) requires all downstream entities of Medicare Advantage plans – like Delta Dental (us), and our contracted providers (you) – to attest that we have completed the Fraud, Waste and Abuse (FWA) training no later than December 31st annually.
- If your office has already completed this training through another entity or has developed your own training plan that meets CMS requirements, please click here to complete the attestation page.

For more information about the Fraud Waste and Abuse federal training requirement, please visit: http://www.cms.gov/.

FWA Training Learning Objectives

- FWA definitions and laws
- How to recognize FWA
- Steps to prevent and combat FWA
- How to report suspected FWA

At the conclusion of this presentation, an authorized representative from your organization will need to complete the enclosed Attestation form.

Definitions

Fraud, Waste and Abuse is a national problem that affects all of us directly or indirectly. Billions of dollars are lost each year, which drives up healthcare costs and premiums. We are all responsible for preventing, detecting and eliminating FWA.

Fraud – intentional misrepresentation of information for financial gain
- Example: Submitting false claims for dental services (e.g., filing claims for services that were not provided or for more complicated services than those provided)

Waste – extravagant, careless or needless expenditure of healthcare benefits or services that results from deficient practices or decisions
- Example: Over-utilization of services or misuse of resources

Abuse – providing products or services that are inconsistent with accepted practices or are clearly not reasonable or necessary
- Example: Billing for a non-covered service
Anti-Kickback Laws
The Anti-Kickback Statute and Stark Law are Federal laws that prohibit someone from knowingly or willfully offering, paying or receiving anything of value for a referral.

Examples of prohibited activities include:

- Waiving a copayment or deductible
- Accepting payment that is different from fair market value as a means to obtain more business
- Demanding or requesting a kickback (i.e. gifts, cash, write-offs or free supplies in exchange for referring patients to specific providers)
- Referring Medicare patients to an entity where the provider or member of the provider’s immediate family has a financial relationship

Failure to comply can result in fines, jail and/or exclusion from Medicare, Medicaid and/or State Health Programs.

False Claims Act (FCA)
The FCA is a Federal law that prohibits knowingly submitting false, fictitious or fraudulent claims to obtain payment from Federal or state programs.

- Knowingly and/or willfully making a false statement on a claim is a Federal crime (felony).
- Penalties could result in significant fines, jail time and/or exclusion from participation in Federal and state programs.

Health Insurance Portability and Accountability Act (HIPAA)
Compliance with HIPAA regulations is mandatory and the confidentiality of records, documents and business practices must be maintained.

- Protected Health Information (PHI) and other member information must be appropriately safeguarded:
  - This includes paper, e-mail, electronic records and oral communication.
  - PHI should only be shared if the disclosure is specifically allowed by HIPAA.

Criminal Activity (self disclosure)

- Felony convictions or other criminal activity (other than minor traffic violations) occurring prior to or during your contract with Delta Dental must be self-disclosed.
- Evidence of criminal activity will be reviewed during the initial and re-credentialing processes and at other times as deemed appropriate.
Debarred Or Excluded

If an individual/entity has participated or engaged in certain impermissible, inappropriate or illegal conducts, he or she is debarred or excluded from the Office of Inspector General (OIG) and/or General Service Administration (GSA).

- These individuals cannot be employed or contracted in Medicare Advantage programs and therefore cannot be paid through a Federal or state dental program for services or products furnished, prescribed or ordered.

- You are required to self-disclose any information concerning debarment, exclusion or any other activities that prevent you from working directly or indirectly with Medicare, Medicaid or Federal health programs.

Recognizing Fraud, Waste Or Abuse

- Monitor claims for accuracy—ensure coding reflects services provided
- Monitor patient records—ensure documentation supports services provided
- Maintain confidentiality of Protected Health Information (PHI)

Remember that you are ultimately responsible for claims bearing your name, regardless of whether you submitted the claim.

Preventing potential FWA

- Develop a compliance plan that includes:
  - Written standards of conduct
  - Designation of a Compliance Officer
  - Effective compliance training
  - Internal monitoring and auditing
  - Disciplinary mechanisms
  - Effective lines of communication
  - Procedures for responding to detected offenses, reporting and corrective action

- Check the OIG and General Services Administration (GSA) List of Excluded Individuals/Entities (LEIE) for all new employees and at least once a year thereafter to ensure they are NOT included in such lists:
  - LEIE: http://exclusions.oig.hhs.gov/search.aspx
  - GSA: https://www.epis.gov/
Reporting Suspected FWA

You have the right and responsibility to report suspected fraud, waste or abuse. Your identity can remain anonymous unless required by law. All reports will be investigated. Retaliation is prohibited when you report a concern in good faith.

To report suspected fraud, please contact Delta Dental at any of the methods below:

Call our Fraud Hotline at 800-526-1852
or
Call the OIG Hotline at 800-368-5779
or
Medicare at 1-800-MEDICARE

Write to us at: Network Oversight and Compliance
One Delta Drive
Mechanicsburg, PA 17055

Corrective Action

- When an investigation confirms a violation, corrective action will be initiated
- Corrective action may include, but is not limited to:
  - Mandatory retraining
  - Required regulatory agency reporting
  - Contract suspension and/or contract termination

Fraud, Waste And Abuse Resources

Federal government websites are sources of information regarding detection, correction and prevention of fraud, waste and abuse:

- Department of Health and Human Services (HHS) and Office of Inspector General (OIG):
  http://oig.hhs.gov/fraud.asp

- Centers for Medicare & Medicaid Services (CMS):
  http://www.cms.hhs.gov/MD FraudAbuseGenInfo

- CMS Information about the Physician Self Referral Law:
  www.cms.hhs.gov/PhysicianSelfReferral

Congratulations, you have completed the FWA training requirement for the calendar year. Please be sure to complete, sign and fax the enclosed attestation form to 770 570-5466. Or, you may email it to fraudtraining@delta.org.
Attestation
Fraud, Waste and Abuse Training

As a first tier, downstream or related entity, I attest that this organization has administered appropriate education and training to detect, correct and prevent potential fraud, waste and abuse, as required by the final rule issued in the Federal Register for 42 CFR Parts 422 and 423 of the Medicare Program on December 5, 2007.

By submitting this attestation, I acknowledge that my organization will furnish training logs and certifications from downstream entities upon request to your local Plan Sponsors to validate that training was completed.

Attester
First Name: ____________________________ Last Name: ____________________________
Title/Position: ____________________________
Email Address: ____________________________
Contact Phone Number: ____________________________

Business
Organization Name: ____________________________
Business NPI: ____________________________ Last 4 digits of TIN: ____________________________

Address
Street Address: ____________________________
City: ____________________________ State: ____ ZIP: ____________________________

Date: __________ Authorized Signature: ____________________________

Note: It is important that this attestation be returned prior to December 31st of each calendar year. This form does not need to be completed if your office has submitted an online attestation. For paper attestations, please send via:

Email: fraudtraining@delta.org OR

Fax: 770-570-5466 OR

Mail: Delta Dental Insurance Company
      Attn: Professional Relations
      1130 Sanctuary Parkway, Suite 600
      Alpharetta, GA 30009