

Fraud Waste and Abuse 2 hours – Online @ dcpowerhours.com

Jenny Crosby Wiemann, D.C.

Goals of first hour

- 1) Understand the differences between Medicare Parts A B C and D
- 2) Understand the necessity for proper e/m and documentation
- 3) Understand the need for a good compliance program and knowledge of what that entails
- 4) Create awareness of the I9 and everify for new hires
 - Proper coding/billing and proper documentation
 - Medicare bill 2021 from the ACA
 - PART review (documentation required by cms)
 - Modifiers reviewed AT GA GX GY GZ
 - Core Elements of a Good Compliance Plan
 - Exclusion statute
 - eVerify and the I-9 with new hires

Goals of second hour

- 1) Understand the difference between fraud, waste and abuse per federal guidelines
- 2) Have a clear understanding of when a service is not medically necessary
- 3) Have a clear understanding of the penalties each federal agency may impose when they suspect fraud, waste or abuse
- 4) Understand how to use the ABN to navigate active care and supportive care
- 5) Understanding when to use OIG and SAM
 - CMS definitions of Fraud Waste and Abuse
 - When is a service not medically necessary?
 - False Claims Act
 - Anti-Kickback Statute
 - Beneficiary Inducement Statute
 - Stark Law
 - Red Flag Rule
 - HIPAA
 - Sanctions, Penalties and Prosecution
 - OIG and SAM
 - Examples of Fraud
 - Common causes of incorrect payments 2019 from CMS data
 - CPI (Center for Program Integrity)
 - Recovery Audit Programs
 - Unified Program Integrity Contractors April 2020 by region

- CMS Administrative Actions
- Law Enforcement Actions
- Health Care Fraud Prevention Partnership HFPP
- Health Care Fraud Prevention and Enforcement Action Team (HEAT)
- Questions of Fraud Waste and Abuse (self test)
- Advanced Beneficiary Notice (current version) ABN
- When to issue an ABN
- How to fill out an ABN