



**Medicare Advantage  
General Compliance Training  
for Providers**

# General Compliance Training

- Why this training?
- Fraud, waste, and abuse terms
- Davis Vision's expectations of Providers compliance and fraud, waste, and abuse law
- Examples of fraud, waste, and abuse
- Where to ask questions or report potential fraud, waste and abuse violations

## Why This Training?

- Davis Vision has a comprehensive general compliance program and fraud, waste and abuse training programs for our employees and believe that this program would be beneficial to our provider network.
- The Centers for Medicare and Medicaid Services (CMS) recently amended its Medicare Advantage (MA) and Part D regulations to clarify the obligations of MA organizations and Part D sponsors, to include general compliance and fraud, waste and abuse training in their education plans for their providers and their providers' employees, managers and directors.

# Terms You Should Know

- Theft by deception – The use of deception for unlawful gain or unjust advantage
- Fraud – Using intentional deception or misrepresentation for unlawful gain or unjust advantage
- Waste – Using, consuming, spending, or expending thoughtlessly or carelessly
- Abuse - Using wrongly or improperly
- Conspiracy – An agreement between two or more persons to perform together an illegal, wrongful, or subversive act

## Terms You Should Know (Continued)

- Compliance Program – A program to ensure that Davis Vision, its employees and contractors comply with all applicable laws and contractual requirements, including those regulating the Medicare Advantage program and those prohibiting waste, fraud and abuse.
- Medical Identity Theft – Using another individual's medical insurance information to obtain medical treatment or services

# Expectations

Davis Vision's expectations of our providers:

- Conduct business activities and interactions with our members ethically and with integrity.
- Protect all member data made available by Davis Vision, and reporting any concerns to Davis Vision.
- Conduct business activities in full compliance with applicable statutory, regulatory and Medicare Program requirements.
- Maintain patient records that are accurate and complete and appropriately reflect treatment.
- Contact Davis Vision when you have compliance questions or concerns about potential fraud and abuse.

# Compliance with the Law

- The activities of Davis Vision and each of its contracting providers and their employees, managers and directors must be carried out in accordance with applicable laws and Davis Vision policies and procedures.
- Federal and state laws may include matters such as, submission of data, record keeping, access to records, and privacy of protected health information.
- Special provisions apply to government programs such as Medicare Advantage.
- Violations of laws may subject you to individual civil or criminal liability, as well as to disciplinary action.

# Conflicts of Interest

Conflicts of interest with Davis Vision and its members should be avoided.

- Conflicts of interest may arise when outside personal interests, employment, or affiliations influence or appear to influence business or medical practice decisions.
- The self-referral law prohibits physicians from referring Medicare patients for certain designated health services to an entity with which the physician or a member of the physician's immediate family has a financial relationship- unless an exception applies. It also prohibits an entity from presenting or causing to be presented under a Medicare Advantage plan a claim for a designated health service furnished as a result of a prohibited referral.



# Gifts, Gratuities and Entertainment

- Providers and their employees may not offer any gift or entertainment that might be perceived to be primarily intended to gain favor or to compromise a business or health care decision under a Federal health care program.
  - For example, providing gifts to Davis Vision employees in a position to influence decisions about your participation is prohibited.
  - Offering gifts to Medicare beneficiaries may also violate the prohibition on beneficiary inducements.
- Accepting gifts from pharmaceutical companies or device manufacturers that are intended to affect the way you practice medicine is strongly discouraged.

# Compliance with Relevant Laws

Medicare Advantage organizations are paid in part using federal Medicare funds. Therefore, Medicare Advantage plans and the providers and facilities that furnish services to their members are subject to laws applicable to individuals and entities receiving federal funds, including but not limited to, the Age Discrimination Act, the Americans with Disabilities Act, applicable provisions of criminal law and the False Claims Act.

# Fraud, Waste, and Abuse Laws

- **The False Claims Act**

- Prohibits knowingly presenting (or causing to be presented) to the Federal government a false or fraudulent claim for payment or approval.
- Prohibits knowingly making, using, or causing to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government.

# The False Claims Act

- Applies to claims made to Medicare Advantage Organizations
- Has been interpreted to mean that it is a potential violation of federal law if a provider makes little or no effort to validate the truth and accuracy of his or her statements, representations, or claims or otherwise acts in a reckless manner as to the truth.

# Fraud, Waste, and Abuse Laws

- **Anti-Kickback Statute**

- Prohibits knowingly and willfully paying, offering, soliciting or receiving remuneration (anything of value)
  - to induce a referral of a patient for items or services for which payment may be made, in whole or in part, under a Federal health care program; or
  - in return for purchasing, leasing, ordering, or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal health care program.
- There are certain exceptions specified in so-called “safe harbors” specified by law.

# Fraud, Waste, and Abuse Laws

- **Prohibition on beneficiary remuneration**
  - Prohibits offering or providing anything of value to beneficiaries to influence them to receive services from particular providers.

## Other Payment Prohibitions

- Medicare Advantage Organizations and Part D Sponsors are generally prohibited by law from paying:
  - Providers who have been excluded from participation in a Federal Health Care Program such as Medicare, Medicaid or SCHIP
  - Providers who have “opted out” of the Medicare Program except for providing emergency services
- Providers may not contract with, or employ, such opted out or excluded individuals or entities to furnish services to members of Medicare Advantage Organizations and Part D Sponsors

# Examples of Fraud, Waste and Abuse

## Professional Provider:

- Billing for services or supplies that weren't provided
- Misrepresenting the diagnosis or prescription to ensure payment of materials or services
- Misrepresenting date of service
- Inappropriately altering a patient record
- Billing the medical carrier and Davis Vision for the same service
- Soliciting, offering or receiving a kickback, bribe or rebate (example: Paying for referral of clients for Laser Vision Correction or other premium services)
- An eligible provider billing for the services provided by a non-eligible provider or individual



# Examples of Fraud, Waste and Abuse

- Beneficiary/Member
  - Permitting another person to use their Medicare ID number/card
  - Falsifying Coordination of Benefits information to collect duplicate payments from multiple insurance plans
  - Participating in schemes that involve conspiracy between a provider/supplier and beneficiary.

# Consequences of Committing Fraud, Waste and Abuse

- Administrative Recoupment/Restitution
- Criminal and/or civil prosecution
- Fines/Penalties
- Imprisonment
- Suspension/Loss of Provider License
- Exclusion from the Medicare program

# Identifying Possible Fraud, Waste and Abuse

- You are a vital part of the effort to prevent, detect, and report possible fraud, waste and abuse issues. To do that you need to be able to identify various potential misconduct that could rise to the level of fraud.

# Identifying Possible Fraud, Waste and Abuse

- Professional Provider situations:
  - A practitioner knowingly misreported a prescription to ensure coverage for the materials
  - Patient records, claim forms, electronic claim forms, show signs of alteration
  - “Double billing” – Billing both the medical carrier and Davis Vision for the same services.
  - Submitting an unnecessary request for replacement of eyewear under breakage warranty in order to obtain additional eyewear.

# Identifying Possible Fraud, Waste and Abuse

- Beneficiary/Member Situations:
- Loaning or using another person's member identification number (and/or card) to obtain services or materials
- Altering date of service to align with new benefit period
- Altering prescription data to obtain eyeglasses for non-covered individuals
- Medical Identity Theft

# Your Involvement

Davis Vision engages in activities such as auditing, monitoring and other oversight to identify compliance issues. However, we need your assistance:

- Facilities and Professional Providers: Establish a fraud, waste and abuse prevention policy.
- Management: Educate **coworkers** of the importance of fraud and abuse prevention.
- All Individuals: Report any potential incidents of fraud waste or abuse to Davis Vision.

# Policies Regarding Inquiries and Reports

- All inquiries are confidential, subject to limitations imposed by law. If an individual is unwilling to identify himself or herself despite this protection, they may make an anonymous report. If an individual does not identify himself or herself, we ask that he or she provide some method of future contact. This will allow the internal investigator to ask follow up questions.
- Davis Vision policy prohibits retaliation against individuals who raise questions in good faith.

# How to Obtain More Information About, or Report Potential Fraud, Waste and Abuse

- Where can a provider go to ask questions about potential waste fraud and abuse?
- Who should a provider or a member of their staff report potential fraud waste or abuse to?



# Contact Information

**For information and inquiries or to report potential misconduct contact  
The Davis Vision Fraud Waste and Abuse Unit**

**Toll-Free Hotline**

available 24-Hour a day/ 7 days a week  
**1-800-501-1491**

**Confidential U.S. Post Office Box**

Davis Vision  
PO Box 1416  
Latham, NY 12110-1416

**Confidential Fax**

**1-866-999-4640**

E-Mail: [antifraud@davisvision.com](mailto:antifraud@davisvision.com)



## Follow-up

- For any credible report of potential waste, fraud and/or abuse, Davis Vision will undertake a reasonable investigation and may refer the issue, as appropriate, to the Highmark Special Investigations Unit, CMS or law enforcement.

# Congratulations!

- You have completed the 2009 General Compliance Training.
  - Please remember to return to the Davis Vision website to complete the certification process. This will only take a moment.
  - If you reviewed a hard copy of the training materials, or have difficulty using the online certification process – please print and complete this page and mail or fax it to:

**Davis Vision**  
**PO Box 1416**  
**Latham, NY 12110**  
**Fax: 1-866-999-4640**

**Provider Number:** \_\_\_\_\_ **Provider Name:** \_\_\_\_\_

**Individual Completing this Form:** \_\_\_\_\_

**Provider Telephone Number:** \_\_\_\_\_

I hereby certify, as the authorized representative having responsibility directly or indirectly for all employees, contracted personnel, providers/practitioners, and vendors providing health care or administrative services under Medicare Part C and/or Part D, that the compliance training provided by Davis Vision has been completed.

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