

A photograph of an elderly African American couple embracing outdoors. The woman is wearing a bright yellow cable-knit sweater and has her arms around the man. The man is wearing a light blue denim shirt and has his arms around the woman. They are both smiling warmly at the camera. The background is a soft-focus outdoor setting with green grass and trees.

# 2015 Medicare Advantage and Part D General Compliance Training

First Tier, Downstream  
and Related Entities

January, 2015

January 2015

# General Compliance Training Objectives

- 1 • What Is Medicare Compliance?
- 2 • What Is Expected of Me?
- 3 • How Can I Identify a Compliance Concern?
- 4 • What Should I Do If I See Something I Think Might Be a Concern?
- 5 • Is it Safe for Me to Make a Report?

# What Is Medicare Compliance?

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## What is Medicare Compliance?

Medicare Compliance is a system of policies, procedures, standards and practices that enable employees supporting Medicare business to meet CMS regulations.

The Medicare Compliance Program is comprised of seven essential elements and is governed by MMCM Chapter 21 and PDBM Chapter 9. The Medicare Compliance Program and its elements are required as part of our contract with CMS.

## Background

CMS requires Medicare Advantage, Medicare Advantage-Prescription Drug, and Prescription Drug Plan Sponsors (“Sponsors”) to implement an *effective* compliance program.

An effective compliance program should:



## Elements of an Effective Compliance Program

### Element 1: Written Policies, Procedures and Standards of Conduct

These are the blueprints for performing your job functions compliantly and conducting yourself and Anthem's business in an ethical manner.

## Elements of an Effective Compliance Program

### Element 2: Compliance Officer, Compliance Committee and High-Level Oversight

The involvement of senior management and Anthem's Board of Directors is a critical part of ensuring we are conducting business in accordance with federal and state regulations as well as Anthem's policies and procedures.

## Elements of an Effective Compliance Program

### Element 3: Effective Training and Education

Every employee deserves the opportunity to learn more about our job functions, be kept aware of new and updated guidance from CMS and the resources available to assist us in performing our jobs compliantly.



## Elements of an Effective Compliance Program

### Element 4: Effective Lines of Communication

The ability to report concerns with the assurance of confidentiality and non-retaliation is critical for all FDR employees. Communicating effectively and in a timely manner is an important aspect of compliance.

## Elements of an Effective Compliance Program

### Element 5: Well-publicized Disciplinary Standards

All FDR employees are entitled to know the consequences for non-compliance. The Medicare Compliance Program fulfills this element by educating FDRs on the effects of non-compliance for Anthem, for employees and for the member. Anthem is committed to accountability at all levels of the organization.

## Elements of an Effective Compliance Program

### **Element 6: Effective System for Routine Monitoring and Identification of Compliance Risks**

Each of us plays a role in monitoring and identifying issues which might pose a risk to compliance with Anthem's Standards of Conduct, the laws, regulations, policies and procedures governing the work we do.

## Elements of an Effective Compliance Program

### Element 7: Procedures and System for Prompt Response to Compliance Issues

When an issue is detected, all FDR employees must be aware of how to quickly respond by reporting, correcting and documenting the issue and improving processes to ensure continued compliance.

## Elements of an Effective Compliance Program

In addition to the seven elements of an effective Compliance Program, CMS emphasizes an eighth element:

**Element 8:** “A comprehensive fraud and abuse plan to detect, correct, and prevent fraud, waste, and abuse.”

# What is Expected of Me?

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## What Is Expected of Me?

Be familiar with and follow all applicable CMS regulations, Medicare policies and departmental procedures.

Report anything you think might be a Medicare compliance concern.

Act fairly and honestly.

Comply with the letter and spirit of the law.

Adhere to high ethical standards in all you do.

## What Is Expected of Me?

Trustworthy and accountable: We do the right thing and we make a difference for our customers.

At Anthem, we do the right thing – all the time, every time -  
- even if no one is watching, whether or not it's convenient,  
and even when it requires us to slow down in order to “get  
it right.” That level of accountability makes a real difference  
for our customers.

At Anthem, everyone is responsible for compliance!



# How Can I Identify a Compliance Concern?

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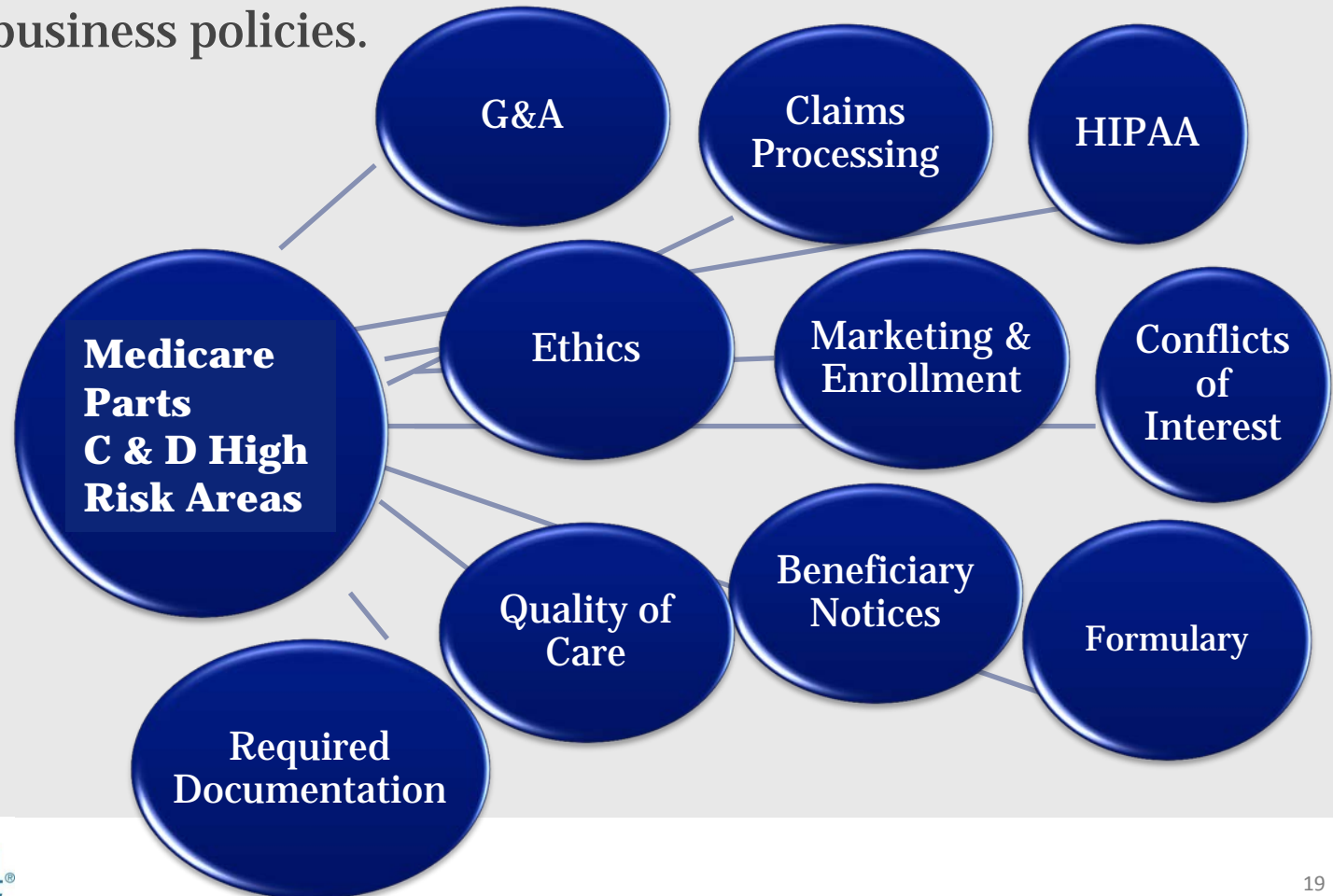
## What is Compliance Concern?

The knowledge and ability to identify potential Medicare compliance concerns is critical for all employees supporting Medicare business. So how can you identify a Medicare compliance concern? What exactly do we mean when we say, “Medicare compliance concern?”

A Medicare compliance concern can be any potential or actual violation of law, CMS regulation, Anthem policy or standard or a question or concern an employee may have related to Medicare.

## What is Non-Compliance?

Non-compliance is conduct that does not conform to the law, and Federal health care program requirements, or to an organization's ethical and business policies.



## What Are Some Examples?

“I don’t think those appeals are being processed within CMS required timeframes.”

“I’m not sure if we should be including Social Security Numbers in that type of correspondence.”

“From his record, it looks like this broker did not complete his required training this year.”

“Our Customer Care Representatives don’t have access to the most current plan information.”

“This sales brochure does not follow CMS guidelines.”

# What Should I Do If I See Something I Think Might Be a Compliance Concern?

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## What Should You Do?

What should you do if you see something you think might be a compliance issue?

**Report It!**

Always err on the side of reporting. If it turns out not to be an issue, that's OK; it might be an opportunity for process improvement.

# How Do I Report a Compliance Concern?

- Call the Anthem Helpline at [877.725.2702](tel:877.725.2702) (all compliance issues)
- Call the Anthem Fraud Hotline at [866.847.8247](tel:866.847.8247) (FWA issues related to Anthem)
- Email [ethicsandcompliance@Anthem.com](mailto:ethicsandcompliance@Anthem.com) (all compliance issues)
- Contact Anthem's Ethics & Compliance Department at P.O. Box 791, Indianapolis, IN 469206 (all compliance issues)
- Call the Anthem Medicare Programs Compliance Officer, Sarah Lorange (all compliance issues)
  - By Phone: [303.764.7277](tel:303.764.7277)
  - By Email: [MedicareProgramsComplOfficer@Anthem.com](mailto:MedicareProgramsComplOfficer@Anthem.com)
  - By Mail: 700 Broadway, Denver CO 80273
- Call or emailing your Anthem point of contact (all compliance issues)
- Call or emailing your Compliance Officer (Internal Compliance Officer/Contact)

# Is it Safe for Me to Make a Report?

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## Is it Safe for Me to Make a Report?

Whichever method you choose to report a compliance concern, remember: **Anthem does not tolerate retaliation or retribution** for making a good faith report of a compliance concern or participating in an investigation including reports made by contracted vendors (a.k.a., First Tier, Downstream & Related Entities).

If you believe you have been retaliated against for making a compliance report in good faith, please report your concern to your Anthem Manager or the Anthem Medicare Compliance Officer, Sarah Lorange, immediately.

## What Does Retaliation Look Like?

Retaliation can occur in different ways; for example, being...

- Terminated from employment
- Rated poorly on a performance review
- Denied access to information necessary to perform your job
- Excluded from meetings
- Given all the assignments no one else wants to do
- Pressured, bullied or made to feel uncomfortable by managers or peers

The issue of retaliation is so important Anthem includes non-retaliation in our Standards of Ethical Business Conduct. It is part of how Anthem does business.

## What Are the Consequences of Non-Compliance?

Your organization is required to have disciplinary standards in place for non-compliant behavior. Those who engage in non-Compliant behavior may be subject to any of the following:

**Mandatory  
Training or  
Re-Training**

**Disciplinary  
Action**

**Termination  
of  
Employment**

# Whose Responsibility is Compliance?

Compliance is everyone's responsibility!

## Prevent

Operate within your organization's ethical expectations to PREVENT noncompliance!



## Detect and Report

If you DETECT potential noncompliance, REPORT it!



## Correct

CORRECT noncompliance to protect beneficiaries and to save money!

# Compliance Scenarios

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## Scenario 1

You have discovered an unattended email address or fax machine in your office which receives beneficiary appeals requests.

You suspect that no one is processing the appeals. What should you do?

- A) Contact Law Enforcement
- B) Nothing
- C) Contact your Compliance Department
- D) Wait to confirm someone is processing the appeals before taking further action
- E) Contact your supervisor

## Scenario 1-Answer

**The correct answer is: C – Contact your Compliance Department.**

Suspected or actual noncompliance should be reported immediately upon discovery. It is best to report anything that is suspected rather than wait and let the situation play out.

Your Sponsor's compliance department will have properly trained individuals who can investigate the situation and then, as needed, take steps to correct the situation according to the Sponsor's Standards of Conduct and Policies and Procedures.

## Scenario 2

A sales agent, employed by the Sponsor's first-tier or downstream entity, has submitted an application for processing and has requested two things:

- i) the enrollment date be back-dated by one month
- ii) all monthly premiums for the beneficiary be waived

What should you do?

- A) Refuse to change the date or waive the premiums, but decide not to mention the request to a supervisor or the compliance department
- B) Make the requested changes because the sales agent is responsible for determining the beneficiary's start date and monthly premiums
- C) Tell the sales agent you will take care of it, but then process the application properly (without the requested revisions). You will not file a report because you don't want the sales agent to retaliate against you
- D) Process the application properly (without the requested revisions). Inform your supervisor and the compliance officer about the sales agent's request.
- E) Contact law enforcement and CMS to report the sales agent's behavior.



## Scenario 2 - Answer

**The correct answer is: D - Process the application properly (without the requested revisions). Inform your supervisor and the compliance officer about the sales agent's request.**

The enrollment application should be processed in compliance with CMS regulations and guidance. If you are unclear about the appropriate procedure, then you can ask your supervisor or the compliance department for additional, job-specific training.

Your supervisor and the compliance department should be made aware of the sales agent's request so that proper retraining and any necessary disciplinary action can be taken to ensure that this behavior does not continue. *No one*, including the sales agent, your supervisor, or the Compliance Department, can retaliate against you for a report of noncompliance made in good faith.

## Scenario 3

You work for an MA-PD Sponsor. Last month, while reviewing a monthly report from CMS, you identified multiple enrollees for which the Sponsor is being paid, who are not enrolled in the plan.

You spoke to your supervisor, Tom, who said not to worry about it. This month, you have identified the same enrollees on the report again.

What do you do?

- A) Decide not to worry about it as your supervisor, Tom, had instructed. You notified him last month and now it's his responsibility.
- B) Although you have seen notices about the Sponsor's non-retaliation policy, you are still nervous about reporting. To be safe, you submit a report through your Compliance Department's anonymous tip line so that you cannot be identified.
- C) Wait until next month to see if the same enrollees are on the report again, figuring it may take a few months for CMS to reconcile its records. If they are, then you will say something to Tom again.
- D) Contact law enforcement and CMS to report the discrepancy.
- E) Ask Tom about the discrepancies again.

## Scenario 3 - Answer

**The correct answer is: B - Although you have seen notices about the Sponsor's non-retaliation policy, you are still nervous about reporting. To be safe, you submit a report through your Compliance Department's anonymous tip line so that you cannot be identified.**

There can be no retaliation for reports of noncompliance made in good faith. To help promote reporting, Sponsors should have easy-to-use, confidential reporting mechanisms available to its employees 24 hours a day, 7 days a week.

It is best to report any suspected noncompliance to the Compliance Department promptly to ensure that the Sponsor remains in compliance with CMS requirements. Do the right thing! Compliance is everyone's responsibility.

## Resources - 2015 Training Presentation

- This 2015 General Compliance and FWA Awareness Training presentation was created by Anthem to be used by any FDR to meet their annual general compliance and FWA training requirement.
- This General Compliance and FWA Awareness Training presentation may not be altered in anyway without Anthem Medicare Program Compliance and Legal's approval.

**Please complete and print the certificate on the next slide and retain for your records.**

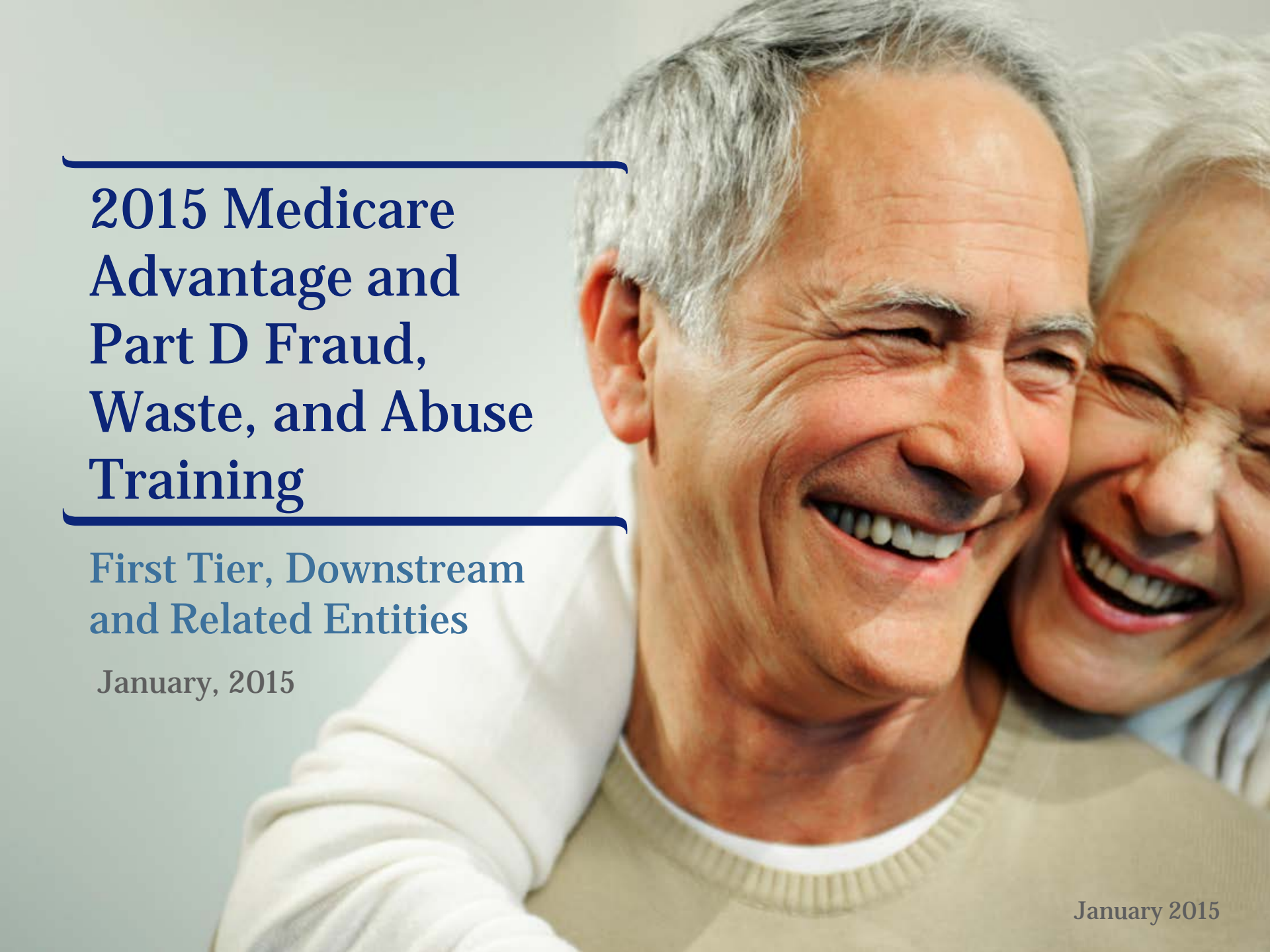


# **CERTIFICATE OF COMPLETION**

**This certifies completion of the  
2015 Anthem General Compliance Training  
for First Tier, Downstream & Related Entities**

**Name**

**Date**



# 2015 Medicare Advantage and Part D Fraud, Waste, and Abuse Training

First Tier, Downstream  
and Related Entities

January, 2015

January 2015

# Fraud, Waste and Abuse Awareness Training Objectives

1

- Why is Fraud, Waste, and Abuse (FWA) Training So Important?

2

- What is FWA?

3

- What Does CMS Expect and Require?

4

- How Can I Prevent, Detect, and Correct FWA?

5

- Where Can I Go if I Want More Information?

# Why is Fraud, Waste, and Abuse (FWA) Training So Important?

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# Why is FWA Important?

## Why Is FWA Training Important?

**Every Year  
Millions of  
Dollars Are  
Improperly  
Spent Because  
of Fraud,  
Waste, and  
Abuse**

**It Affects  
Everyone  
Including You**

**This Training  
Will Help You  
Detect, Correct,  
and Prevent  
Fraud, Waste,  
and Abuse**

**You Are Part Of  
The Solution**

## Why is FWA Training Important?

Although there is no exact measure of health care fraud, those who are intent on abusing the system can cost taxpayers billions of dollars and put beneficiaries health and welfare at risk.

To combat fraud and abuse, you need to know what to watch for to protect your organization and Anthem from potential abusive practices, civil liability, and perhaps criminal activity.

## What Are My Roles And Responsibilities as an FDR?

First Tier, Downstream and Related entities provide health care services or assist in the administration of the Medicare program on behalf of Anthem.

As an FDR for Anthem, you are required to comply with all applicable statutory, regulatory, and other Part C and/or Part D requirements.

You have a duty and obligation to both Anthem and the Medicare Program to detect, prevent, and correct fraud, waste, and abuse in the Medicare Part C and Part D programs.

# What is a FDR?

## First Tier Entity

Any party that enters into a written agreement, acceptable to CMS, with a MAO/Part D Sponsor or applicant to provide administrative services or health care services for a Medicare eligible individual under Part C or Part D

## Downstream Entity

Any party that enters into a written agreement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

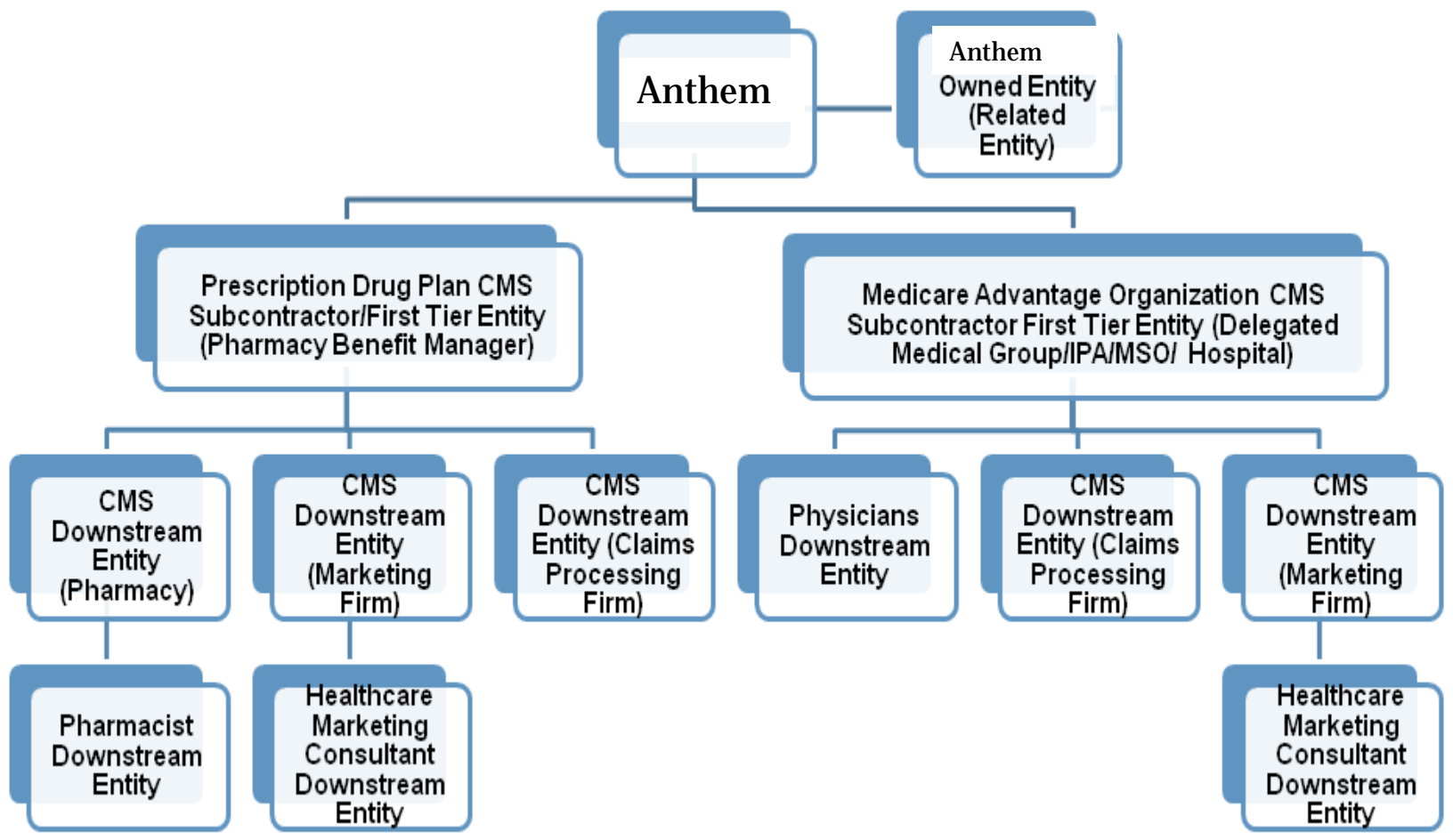
## Related Entity

Any entity that is related to the MAO/Part D Sponsor by common ownership or control and:

- Performs some of the MAO/Part D Sponsor's management functions under contract or delegation;
- Furnishes services to Medicare enrollees under an oral or written agreement; or
- Leases real estate property or sells materials to the MAO/Part D Sponsor at a cost of more than \$2500 during a contract period

# What Does it Mean to be an FDR?

## Examples of Parent Organization Relationship



# What is FWA?

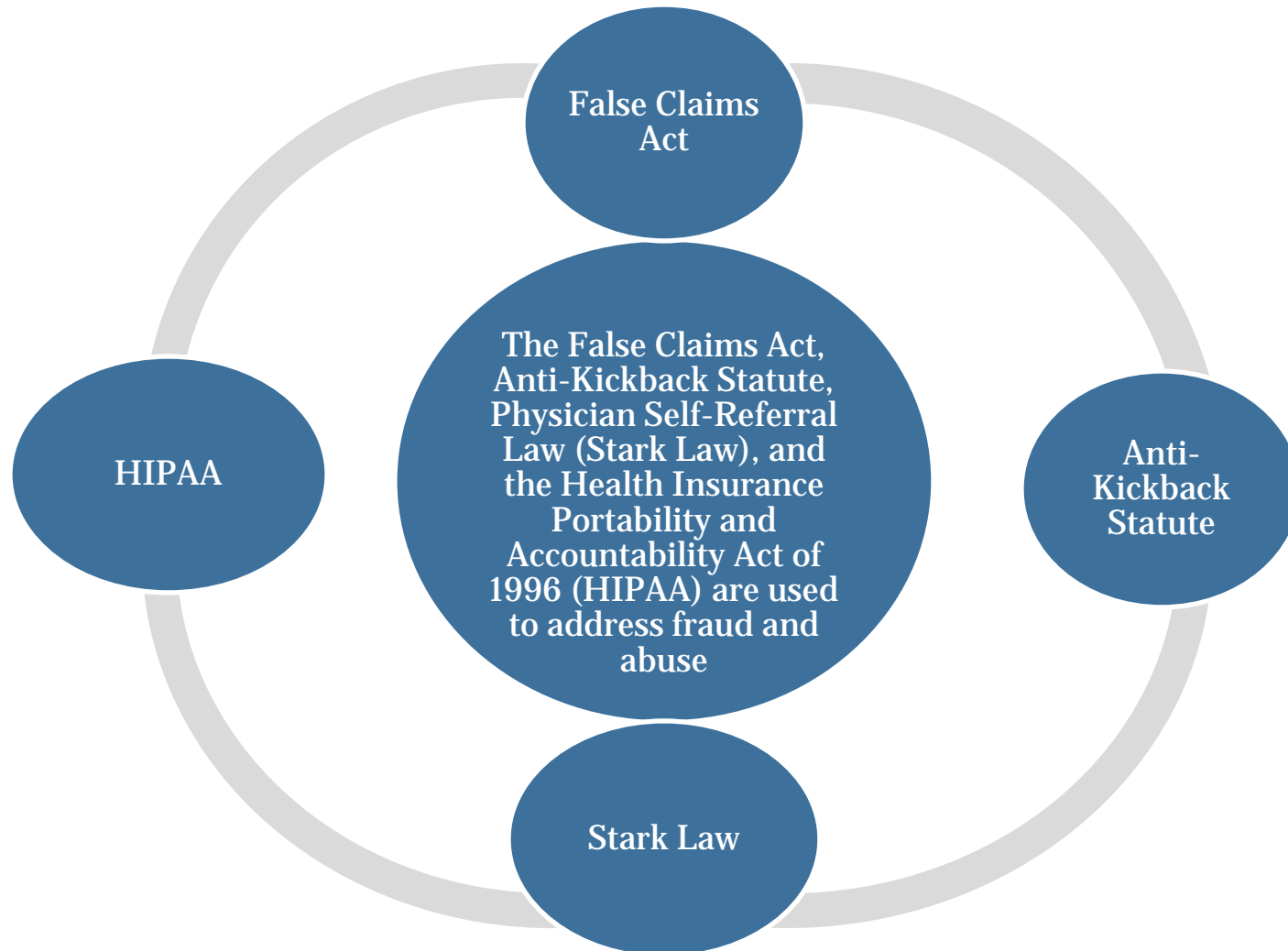
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# What's the Difference Between Fraud, Waste, and Abuse?

| <b>Intentional</b>   |
|--|
| <b><u>Fraud</u></b>  |
| <u>Defined:</u> Intentionally submitting false information to the government or a government contractor in order to get money or a benefit   |
| <b><u>Examples</u></b>   |
| <ul style="list-style-type: none"><li>•Billing for services not furnished</li><li>•Billing for services at a higher rate than is actually justified</li><li>•Soliciting offering or receiving a kickback, bribe, or rebate</li></ul> |

| <b>Not Intentional</b>   |                     |
|--|---------------------|
| <b><u>Waste</u></b>  | <b><u>Abuse</u></b> |
| <u>Defined:</u> Requesting a payment for items and services when there is no legal entitlement to payment. Unlike fraud, there is no knowledge and/or intentionally misrepresented facts in order to obtain payment  |                     |
| <b><u>Examples</u></b>   |                     |
| <ul style="list-style-type: none"><li>•Over-utilization of services</li><li>•Misuse of resources</li><li>•Charging in excess for services or supplies</li><li>•Providing medically unnecessary services</li><li>•Providing services that do not meet professionally recognized standards</li><li>•Unknowingly billing Medicare for services that are the responsibility of another insurer</li></ul> |                     |

# FWA-Statutes and Regulatory Guidance





# FWA-Statutes and Regulatory Guidance

## False Claims Act

### Prohibits

- Knowingly presenting a false claims for payment or approval;
- Knowingly making or using a false record or statement in support of a false claim;
- Knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay the Government;
- Conspiring to violate the False Claims Act

### Penalties

- The damages may be tripled. Civil Money Penalty between \$5,000 and \$10,000 for each claim
- Exclusion from the Medicare program

# FWA-Statutes and Regulatory Guidance

## Anti-Kickback Statute

### Prohibits

Knowingly and willfully soliciting, receiving, offering or paying remuneration (including any kickback, bribe, or rebate) for referrals for services paid for in whole or in part under a federal health care program

### Penalties

- Fine of up to \$25,000
- Imprisonment up to five (5) years, or
- Both a fine and imprisonment (civil and criminal penalties)
- Exclusion from the Medicare program

# FWA-Statutes and Regulatory Guidance

## Stark Statute (Physician Self-Referral Law)

### Prohibits

Prohibits a physician from making a referral for certain designated health services to an entity in which the physician (or a member of his or her family) has an ownership/investment interest or with which he or she has a compensation arrangement

### Penalties

- Medicare claims confirmed to have an arrangement that does not comply with Stark are not payable
- Up to a \$15,000 fine for each service provided
- Up to a \$100,000 fine for entering into an arrangement or scheme

# FWA-Statutes and Regulatory Guidance

## Health Insurance Portability and Accountability Act of 1996 (HIPAA)

### Prohibits

Unauthorized access, use or disclosure to protected health care information

### Penalties

The following are potential penalties. The actual consequences depends on the violation

- Civil Money Penalties
- Criminal Conviction/Fines
- Civil Prosecution
- Imprisonment
- Loss of Provider License
- Exclusion from Federal Health Care programs

## OIG/SAM Exclusion Lists

### REMINDER

Anthem and FDRs are required to check the *Office of Inspector General (OIG) and the System for Award Management (SAM)* exclusion lists prior to hire of new employees (including the governing board, senior administration and managers) and monthly thereafter, to validate that those who assist in the administration or delivery of services to Medicare beneficiaries are not included on the lists

OIG list of excluded individuals/entities:

<http://exclusions.org.hhs.gov/>

SAM list of excluded individuals/entities:

<http://sam.gov>

# What Does CMS Expect and Require?

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## What Does CMS Expect and Require?

### An Effective Compliance Program

- The program must include measures to **prevent, detect, and correct fraud, waste and abuse (FWA)**

### Annual Training and Education

- It must also be a **part of the orientation** for all employees of FDRs who support Anthem Medicare Advantage and Part D business

## Are There Exceptions?

FDR employees who have met the FWA certification requirements through enrollment into the Medicare program or accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are deemed to have met the Training requirements of FWA

If your FDR meets one of the exemptions above, you must provide Anthem with confirmation the FDR is enrolled in the Medicare program and your FWA training requirement is considered met.



## Training Requirements -Required Documentation

Anthem requires FDRs formally attest that all employees supporting Anthem Medicare Programs complete Fraud, Waste and Abuse (FWA) Training within 90 days of hire and annually thereafter. FDRs are also required to attest to the distribution of Anthem's Standards of Ethical Business Conduct and/or Compliance Plan to all employees.

FDRs must have a process in place to train their associates within 90 days of hire and annually thereafter. Written policies describing this process must be made available upon request, as well as specific training documentation including:

Copies of sign-in sheets

Training objectives and any provided material

Completed assessments (if applicable)

Completion certificates from each employee (if generated)

# How Can I Prevent, Detect, and Correct FWA?

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## How Can I Prevent FWA?

Make sure you are up-to-date with laws, regulations, policies

Ensure data/billing is both accurate and timely

Verify information provided to you

Be on the lookout for suspicious activity

Be familiar with your policies and procedures

## How Can I Detect FWA?

### FWA Beneficiary Examples

Does a prescription look altered or possibly forged?

Have numerous identical prescriptions been filled for this beneficiary, possibly from different doctors?

Is the person receiving the service/picking up the prescription the actual beneficiary (identity theft)?

Is the prescription appropriate based on beneficiary's other prescriptions?

Does the beneficiary's medical history support the services being requested?

# How Can I Detect FWA?

## FWA Provider Examples

Does the provider write for diverse drugs or primarily only for controlled substances?

Are the provider's prescriptions appropriate for the member's health condition (medically necessary)?

Is the provider writing for a higher quantity than medically necessary for the condition?

Is the provider performing unnecessary services for the member?

Is the provider's diagnosis for the member supported in the medical record?

Does the provider bill the sponsor for services not provided?

# How Can I Detect FWA?

## FWA Pharmacy Examples

Are the dispensed drugs expired, fake, diluted, or illegal?

Does the prescription appear to have been altered (changing the quantities or Dispense As Written)?

Are proper provisions made if the entire prescription cannot be filled (no additional dispensing fees for split prescriptions)?

Are generics provided when the prescription requires that brand be dispensed?

Are PBMs being billed for prescriptions that are not filled or picked up?

Are drugs meant for nursing homes, hospice, etc. being sent elsewhere?

## How Can I Detect FWA?

### FWA Wholesaler/Manufacturer Examples

Is the wholesaler distributing fake, diluted, expired, or illegally imported drugs?

Is the wholesaler diverting drugs meant for nursing homes, hospices, and AIDS clinics and then marking up the prices and sending to other smaller wholesalers or to pharmacies?

Does the manufacturer promote off label drug usage?

Does the manufacturer provide samples, knowing that the samples will be billed to a federal health care program?

# How Can I Detect FWA?

## FWA Parent Organization/Sponsor Examples

Does the sponsor (example: sales agents/brokers) offer cash inducements for beneficiaries to join the plan?

Does the sponsor lead the beneficiary to believe that the cost of benefits are one price, only for the beneficiary to find out that the actual costs are higher?

Does the sponsor use unlicensed agents?

Does the sponsor encourage/support inappropriate risk adjustment submissions (example: health plan associate push for adjustments not in alignment with the record of member's health)?



## What do I do if I Identify or Suspect FWA?

### REPORT IT!

- Call the Anthem Helpline at [877.725.2702](tel:877.725.2702)
- Do not worry about whether it is fraud, waste, or abuse
- Report any concerns to your Compliance Department, to your Anthem business partner, or directly to Anthem's Compliance Department.
  - By Phone: [303.764.7277](tel:303.764.7277); or
  - Email: [MedicareProgramsComplOfficer@Anthem.com](mailto:MedicareProgramsComplOfficer@Anthem.com)
- Anthem's Compliance Department area will investigate and make the proper determination

# How Do I Report an Issue?

**FDRs can easily and confidentially report a known or suspected violation by:**

- Calling the Anthem Helpline at [877.725.2702](tel:877.725.2702) (all compliance issues)
- Calling the Anthem Fraud Hotline at [866.847.8247](tel:866.847.8247) (FWA issues related to Anthem)
- Sending an email to [ethicsandcompliance@Anthem.com](mailto:ethicsandcompliance@Anthem.com) (all compliance issues)
- Contacting Anthem's Ethics & Compliance Department at P.O. Box 791, Indianapolis, IN 469206 (all compliance issues)
- Calling the Anthem Medicare Programs Compliance Officer, Sarah Lorance (all compliance issues)
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  - By Email: [MedicareProgramsComplOfficer@Anthem.com](mailto:MedicareProgramsComplOfficer@Anthem.com)
  - By Mail: 700 Broadway, Denver CO 80273
- Calling or emailing your Anthem point of contact (all compliance issues)
- Calling or emailing your Compliance Officer (Internal Compliance Officer/Contact)

## How Can I Correct FWA?

Once issues have been identified, a plan to correct the issue needs to be developed

Individual assistance with the plan to correct FWA is expected

The actual plan is going to vary, depending on the specific circumstances

## Am I Protected if I Report an Issue?

**YES!!**

Anthem maintains a strong policy where retaliation is strictly prohibited for any compliance or FWA concern reported in good faith **including** all reports received from our FDRs

# Scenarios of FWA

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## Scenario 1

Based on what you have reviewed so far, read the following scenario, then choose the answer that best fits the example.

The Attorney General of Pennsylvania filed criminal charges against two pharmacists for billing insurance claims for nearly \$1 million worth of prescription drugs that were not prescribed by any doctors and were not dispensed to any customers. The pharmacists were also accused of crating drug prescriptions (Levitra, Marinol, Restoril, and Pexeva) and submitting the claims to CMS for more than \$155,000 in reimbursements. They also submitted more than \$180,000 in claims by using the names of employees who worked for businesses near the pharmacy.

**The law or statute that is violated in this example would be the:**

- A. False Claims Act
- B. Beneficiary Inducement Statute
- C. Anti-Kickback Statute

## Scenario 1-Answer

The law or statute that is violated in this example would be the:

- A. False Claims Act (correct)—The pharmacists knowingly filed the false claims to be reimbursed by the government. These claims were not prescribed by any doctor and were not dispensed to any customers
- B. Beneficiary Inducement Statute (incorrect) – The pharmacists were not providing any type of incentives that would have influenced a beneficiary to select their pharmacy for their prescriptions. These prescriptions were written fraudulently therefore no beneficiaries were involved
- C. Anti-Kickback Statute (incorrect) – The pharmacists were providing fraudulent prescriptions for their benefit to the government. There was no payment in return for their referral recommendations to any outside the government.

## Scenario 2

Based on what you have reviewed so far, read the following scenario, then choose the answer that best fits the example.

Your job is to submit risk diagnosis to CMS for purposes of payment. As part of this job you are to verify, through a certain process, that the data is accurate. Your immediate supervisor tells you to ignore the sponsor's process and adjust/add risk diagnosis codes for certain individuals.

### What do you do?

- A. Do what is asked of your immediate supervisor
- B. Report the incident to the Compliance Department (via the compliance hotline or other mechanism)
- C. Discuss concerns with your immediate supervisor
- D. Contact law enforcement



## Scenario 2-Answer

You should do the following:

- B. Report the incident to the Compliance Department (via the compliance hotline or other mechanism) (correct)**
- The Compliance Department is responsible for investigating and taking appropriate action
  - Your sponsor/supervisor may **NOT** intimidate or take retaliatory action against you for good faith reporting concerning a potential compliance, fraud, waste, or abuse issue

## Scenario 3

Based on what you have reviewed so far, read the following scenario, then choose the answer that best fits the example.

You are in charge of payment of claims submitted for providers. You notice a certain diagnostic provider (“Doe Diagnostics”) has requested a substantial payment for a large number of members. Many of these claims are for a certain procedure. You review the same type of procedure for other diagnostic providers and realize that Doe Diagnostics’ claims far exceed any other provider that you reviewed.

### What do you do?

- A. Call Doe Diagnostics and request additional information for the claims
- B. Consult with your immediate supervisor or next steps
- C. Contact the Compliance Department
- D. Reject the claims
- E. Pay the claims

## Scenario 3-Answer

You should do the following:

**B. Consult with your immediate supervisor for next steps and/or**

**C. Contact the Compliance Department**

- Either of these answers would be acceptable
- You do not want to contact the provider because this may jeopardize a current or future investigation
- You do not want to pay or reject the claims until further discussions with your supervisor and/or the Compliance Department have occurred, including whether additional documentation is necessary

# Where Can I Go if I Want More Information?

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# Where Can I Go if I Want More Information?

| Resource  | Link  |
|---|---|
| Federal Register citations 42 CFR 422.50342, 422.50442, CFR 423.50442 and CFR 423.505 | <a href="#">42 CFR 422.503</a><br><a href="#">42 CFR 423.504</a>                              |
| HIPAA   | <a href="#">HIPAA Education Materials</a>   |
| Medicare Fraud and Abuse Brochure   | <a href="#">Fraud &amp; Abuse Brochure</a>  |
| Medicare Managed Care Manual  | <a href="#">CMS Online Manuals</a>  |
| Medicare Learning Network- FWA Training   | <a href="#">CMS FWA Training</a>  |
| Medicare Fraud & Abuse, Fact Sheet  | <a href="#">Medicare Fraud &amp; Abuse Fact Sheet</a>   |
| Office of Inspector General<br>Department of Health and Human Services                | <a href="https://oig.hhs.gov/">https://oig.hhs.gov/</a>                                       |
| Health Care Fraud Prevention and Enforcement Action Team (HEAT) Task Force            | <a href="http://stopmedicarefraud.gov/index.html">http://stopmedicarefraud.gov/index.html</a> |

## Resources - 2015 Training Presentation

- This 2015 General Compliance and FWA Awareness Training presentation was created by Anthem to be used by any FDR to meet their annual general compliance and FWA training requirement.
- This General Compliance and FWA Awareness Training presentation may not be altered in anyway without Anthem Medicare Program Compliance and Legal's approval.

**Please complete and print the certificate on the next slide and retain for your records.**



# **CERTIFICATE OF COMPLETION**

**This certifies completion of the  
2015 Anthem Fraud, Waste and Abuse Awareness Training  
for First Tier, Downstream & Related Entities**

**Name**

**Date**