FRAUD, WASTE, AND ABUSE

ATRIO Web-Based Training Course

Created 08/2022

Agenda

- Acronyms
- Introduction
- Lesson 1: What is FWA?
- Lesson 2: Your Role in the Fight Against FWA
- Check Your Knowledge
- Resources

Acronyms - The following acronyms are used throughout this course.

- **CMS –** Centers for Medicare & Medicaid Services
- **EPLS** – Excluded Parties List System
- **FCA –** False Claims Act
- **FDRs –** First-tier, Downstream, and Related Entities
- **FWA –** Fraud, Waste, and Abuse
- **GSA** – General Services Administration
- **HIPAA –** Health Insurance Portability and Accountability
- **LEIE –** List of Excluded Individuals and Entities
- **MA –** Medicare Advantage
- **OIG –** Office of Inspector General
- **PBM –** Pharmacy Benefits Manager
- **SAM** – The System for Award Management
- **WBT –** Web-Based Training

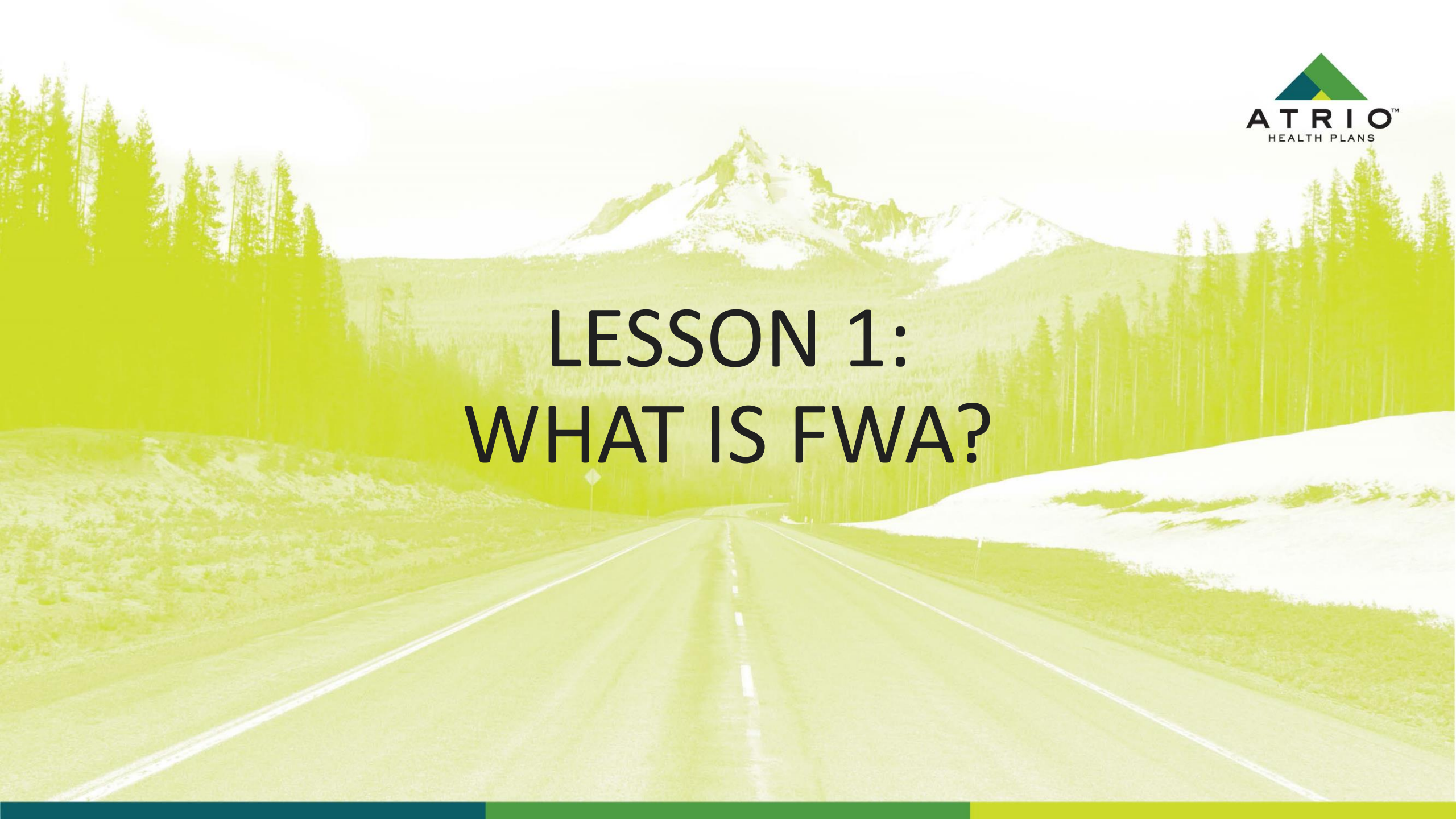
Introduction

More information on other Medicare Parts C and D compliance trainings and answers to common questions is available on the CMS website at www.cms.gov. Please contact Compliance at compliance@atriohp.com for more information.

Introduction

Why Do I Need Training?

FWA Training is a requirement for very good reasons! Every year **billions** of dollars are improperly spent because of FWA. It affects everyone.
You are part of the solution.


ATRIO
HEALTH PLANS
LESSON 1:
WHAT IS FWA?

What is FWA?

Learning Objectives

This lesson describes Fraud, Waste, and Abuse (FWA) and the laws that prohibit it. When you complete this lesson, you should correctly:

1. Recognize Fraud, Waste, and Abuse in the Medicare Program
2. Identify the major laws and regulations pertaining to FWA
3. Understand potential consequences and penalties associated with violations

FWA Defined

FRAUD – Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.
In other words, fraud is intentionally submitting false information to the Government or a Government contractor to get money or a benefit.

WASTE - Includes practices that, directly or indirectly, result in unnecessary costs to the Medicare Program, such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

ABUSE - includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

For the definitions of fraud, waste, and abuse, refer to:

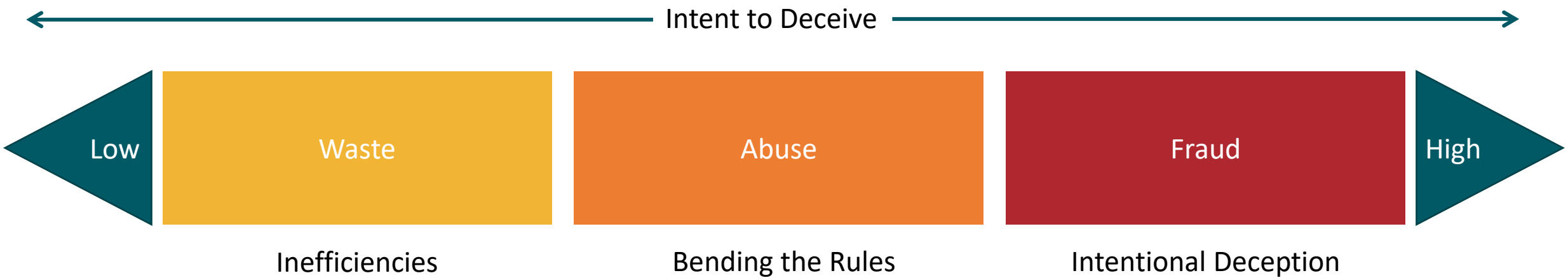
- *Chapter 21 of the Medicare Managed Care Manual and*
- *Chapter 9 of the Prescription Drug Benefit Manual*

on the Centers for Medicare & Medicaid Services (CMS) website.

FWA Scale

Fraud, waste and abuse exist on a scale. This scale helps illustrate the level of intent an individual has to deceive.

The primary differences among fraud, waste, and abuse are **intent** and **knowledge**. Fraud requires intent to obtain payment and the knowledge the actions are wrong. Waste and abuse may involve obtaining an improper payment or creating an unnecessary cost to the Medicare Program but do not require the same intent and knowledge.



Examples of FWA

Examples:	• Unknowingly billing for medically unnecessary service. • Unknowingly billing for brand name drugs when generics are dispensed. • Unknowingly misusing codes on a claim, such as upcoding or unbundling codes.	• Improper Billing practices. • Conducting excessive office visits or writing excessive prescriptions. • Prescribing more medications than necessary for treating a specific condition • Ordering excessive laboratory tests.	• Knowingly billing for services or supplies that were not provided or were not medically necessary. • Billing for nonexistent prescriptions. • Knowingly altering claim forms, medical records, or receipts to receive a higher payment, such as upcoding.

Laws & Compliance

- ATRIO's FWA Program
- Code of Conduct and Conflict of Interest
- Health Care Fraud Statute
- Civil False Claims Act
- Anti-Kickback Statute
- Stark Statute
- CMP Law
- HIPAA
- Exclusion

To detect FWA, you need to know the **laws** as well as ATRIO's internal expectations for compliance.

The following pages provide high-level information about applicable laws and ATRIO's FWA Program.

For details about specific laws, consult the applicable statute and regulations.

Laws & Compliance

ATRIO's FWA Program

ATRIO has a comprehensive FWA Program, which outlines how we effectively address FWA. This program follows the same framework as our Compliance Program- using the seven core elements that you'll learn about in your General Compliance training course.

1. Written policies, procedures and standards of conduct
2. Oversight by the Chief Compliance Officer and Compliance Committees
3. Training and Education of Employees and Board Members
4. Effective Lines of Communication
5. Disciplinary Guidelines for violations
6. Routine Monitoring
7. Prompt Response to issues reported

The information provided in the FWA Program is reiterated throughout this training course. To learn more about the specific methods ATRIO uses to address FWA, or if you're interested in becoming a part of our FWA Work Group, please contact Compliance at compliance@atriohp.com

Laws & Compliance

Code of Conduct and Conflict of Interest

Code of Conduct

ATRIO's Corporate Code of Conduct provides a way to detect and prevent improper or illegal behavior. This policy is a valuable resource to better understand important information, including ATRIO's:

- Core business values;
- Deep commitment to ethical business conduct;
- Commitment to compliance with the laws and regulations that govern our business;
- Continuous effort to attain highest standards for all aspects of care;
- Requirement of everyone's duty to report any violations in good faith without retaliation;
- Requirement to address and correct reported issues; and
- Disciplinary action for violations of the Code.

Conflict of Interest

A **conflict of interest** may exist when an individual has a personal, professional, and/or financial relationship with another party that does business with ATRIO Health Plans.

The Conflict of Interest Policy requires all employees and Board Members to disclose any existing or potential conflicts of interest upon hire or as identified.

Laws & Compliance

Health Care Fraud Statute

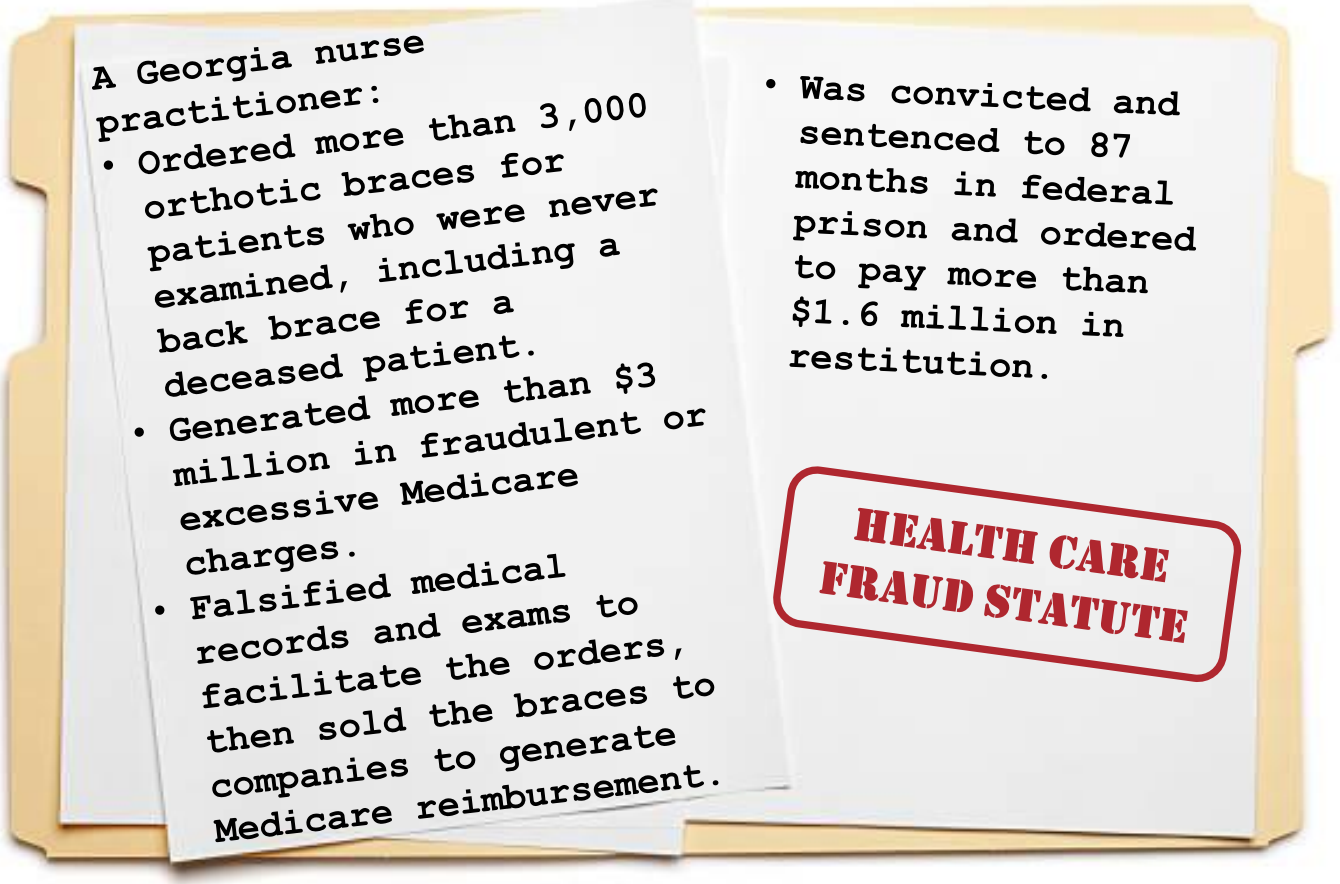
Health Care Fraud Statute

The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program.

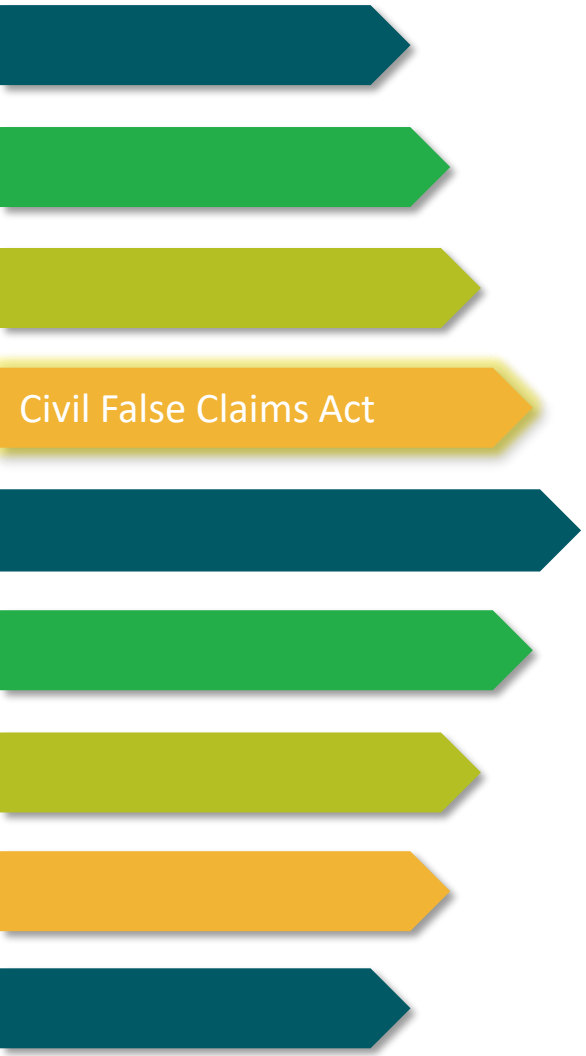
Damages and Penalties:

- Health care fraud is punishable by imprisonment up to 10 years.
- If the violation results in serious bodily injury, the individual may be imprisoned for up to 20 years.
- If the violation results in death, the individual may be imprisoned for any term of years or for life.
- It is also subject to criminal fines of up to $250,000.
- Conviction under the statute does not require proof that the violator had knowledge of the law or specific intent to violate the law.

TRUE CRIME FWA EDITION



Laws & Compliance



Civil False Claims Act (FCA)

The civil provisions of the FCA make a person liable to pay damages to the Government if he or she knowingly:

- Conspires to violate the FCA
- Carries out other acts to obtain property from the Government by misrepresentation
- Conceals or improperly avoids or decreases an obligation to pay the Government
- Makes or uses a false record or statement supporting a false claim
- Presents a false claim for payment or approval

Damages and Penalties:

- Any person who knowingly submits false claims to the Government is liable for three times the Government's damages caused by the violator plus a penalty.
- The Civil Monetary Penalty (CMP) range from $10,000 to $50,000 ***per violation***.

Laws & Compliance

Civil False Claims Act

Civil False Claims Act (FCA)

Reporting – Whistle Blower Protection

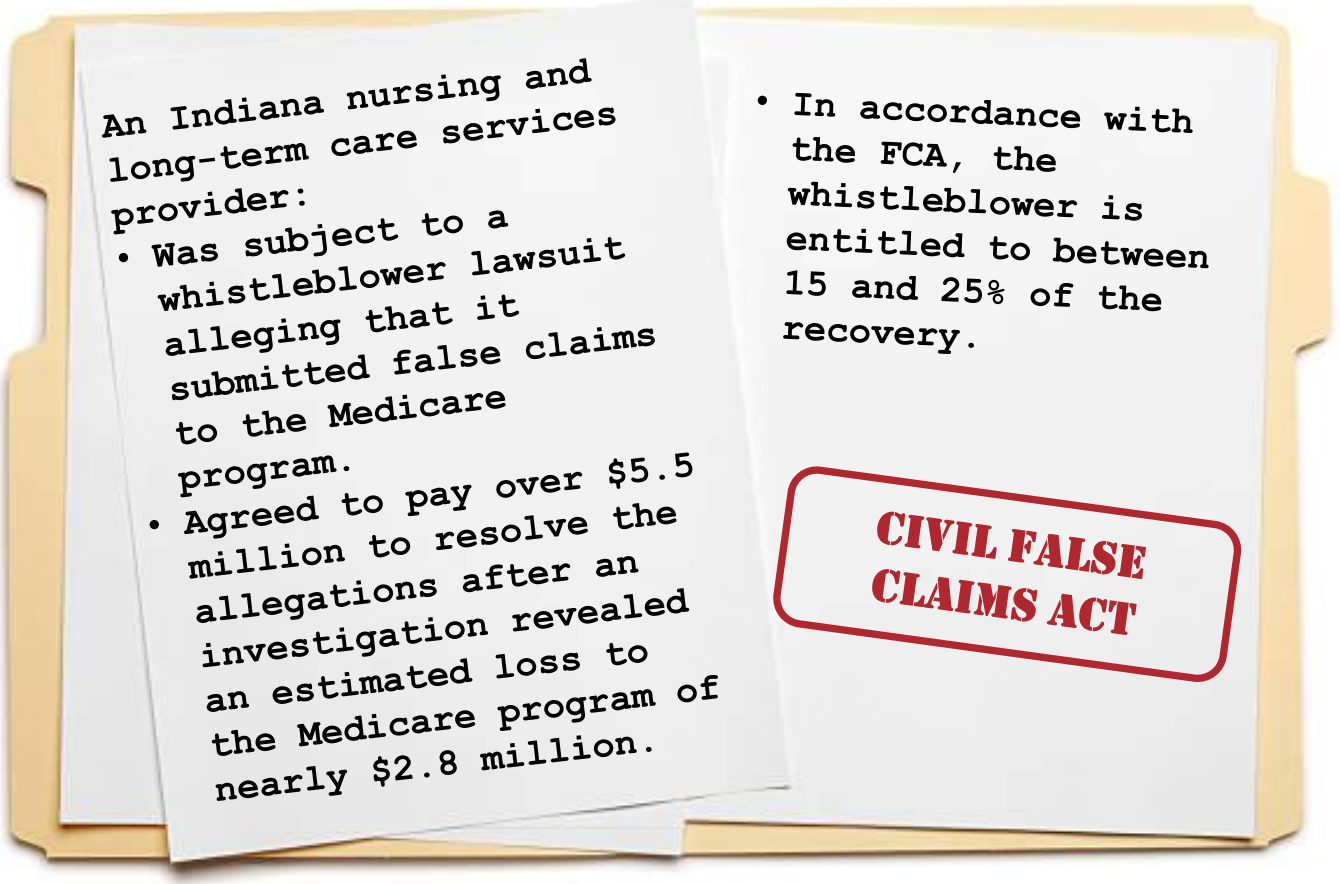
- Whistleblower – a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards.

- Persons who report false claims or bring legal actions to recover money paid on false claims are **protected from retaliation**.

- Persons who bring a successful whistleblower lawsuit are **rewarded**. They receive at least 15 percent, but not more than 30 percent, of the money collected.

TRUE CRIME

FWA EDITION



Laws & Compliance

Anti-Kickback Statute

Anti-Kickback Statute

The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid, in whole or in part, under a Federal health care program (including the Medicare Program).

There are “safe harbor” regulations, which describe various scenarios that, although they potentially implicate the Anti-Kickback Statute, are not treated as offenses under the statute. This course is not all inclusive of the safe harbor provisions. If you want to learn more about the safe harbor laws, go to: https://oig.hhs.gov/compliance/safe-harbor-regulations/

Damages and Penalties:

Violations are punishable by:

- A fine of up to $25,000
- Imprisonment for up to 5 years

TRUE CRIME

FWA EDITION

A San Juan insurance company:

- Implemented a gift card incentive program which induced administrative assistants of providers to refer, recommend, or arrange for enrollment of Medicare beneficiaries into the company's MA plan.
- Voluntarily terminated the program and disclosed relevant facts concerning the program to the DOJ and HHS-OIG.
- Agreed to pay $4,200,000 to resolve allegations that the gift card program violated the Anti-Kickback Statute.

Laws & Compliance

Stark Statute

Stark Statute
(Physician Self-Referral Law)

The Stark Statute prohibits a physician from making referrals for certain designated health services to an entity when the physician (or a member of his or her family) has:

- An ownership/investment interest or
- A compensation arrangement

Exceptions and Safe Harbors may apply.

Damages and Penalties:

- Medicare claims tainted by an arrangement that does not comply with the Stark Statute are not payable.
- A penalty of around $24,250 can be imposed for each service provided.
- There may also be around a $161,000 fine for entering into an unlawful arrangement or scheme.

TRUE CRIME

FWA EDITION

Laws & Compliance

CMP Law

Civil Monetary Penalty (CMP) Law

The Office of Inspector General (OIG) may impose civil penalties for several reasons, including:

- Arranging for services or items from an excluded individual or entity
- Providing services or items while excluded
- Failing to grant OIG timely access to records
- Knowing of and failing to report and return an overpayment
- Making false claims
- Paying to influence referrals

Damages and Penalties:

- The penalties can be around $15,000 to $70,000 depending on the specific violation.
- Violators are also subject to three times the amount:
  - Claimed for each service or item; or
  - Of remuneration offered, paid, solicited, or received.

TRUE CRIME

FWA EDITION

From 2016 through 2019, a California center for autistic children:

- Is alleged to have billed the state's Medicaid Program for services to autistic children without actually providing care to the children, including billing for cancelled appointments.
- Paid $650,000 to resolve the false claims allegations.

- As part of this settlement, a whistleblower who came forward will receive $130,000

CIVIL MONETARY PENALTY LAW

Laws & Compliance

Heath Insurance Portability and Accountability Act (HIPAA)

What HIPAA did:

- Created greater access to health care insurance,
- Strengthened the protection of privacy of health care data, and
- Promoted standardization and efficiency in the health care industry.

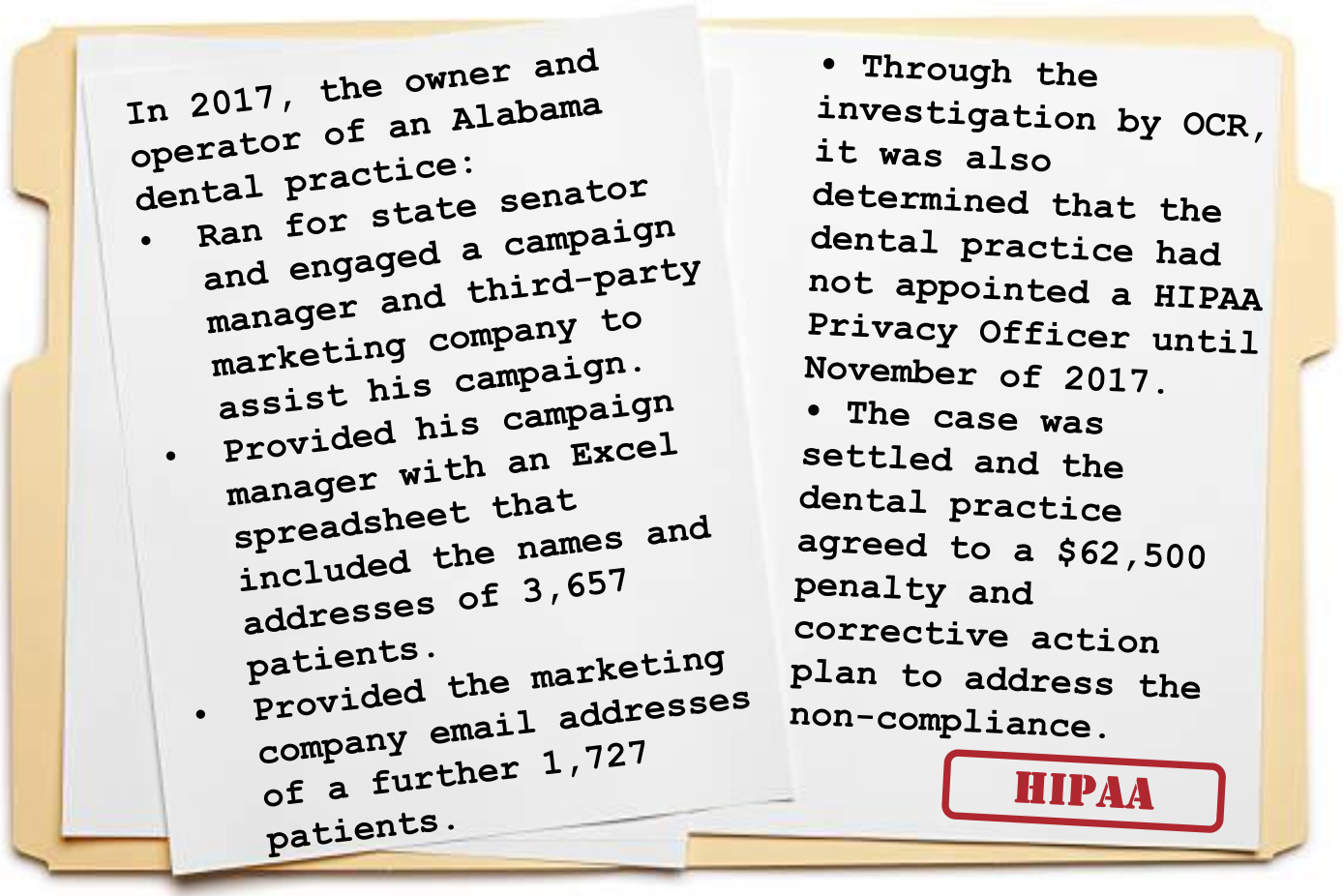
HIPAA safeguards deter unauthorized access to protected health care information. As an individual with access to protected health care information, you must comply with HIPAA.

You will learn more about HIPAA during your HIPAA/HITECH training module.

Damages and Penalties:

- Violations may result in Civil Monetary Penalties. In some cases, criminal penalties may apply.

TRUE CRIME FWA EDITION



Laws & Compliance

Exclusion

Exclusion

No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the OIG.

The OIG has authority to exclude individuals and entities from federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE).

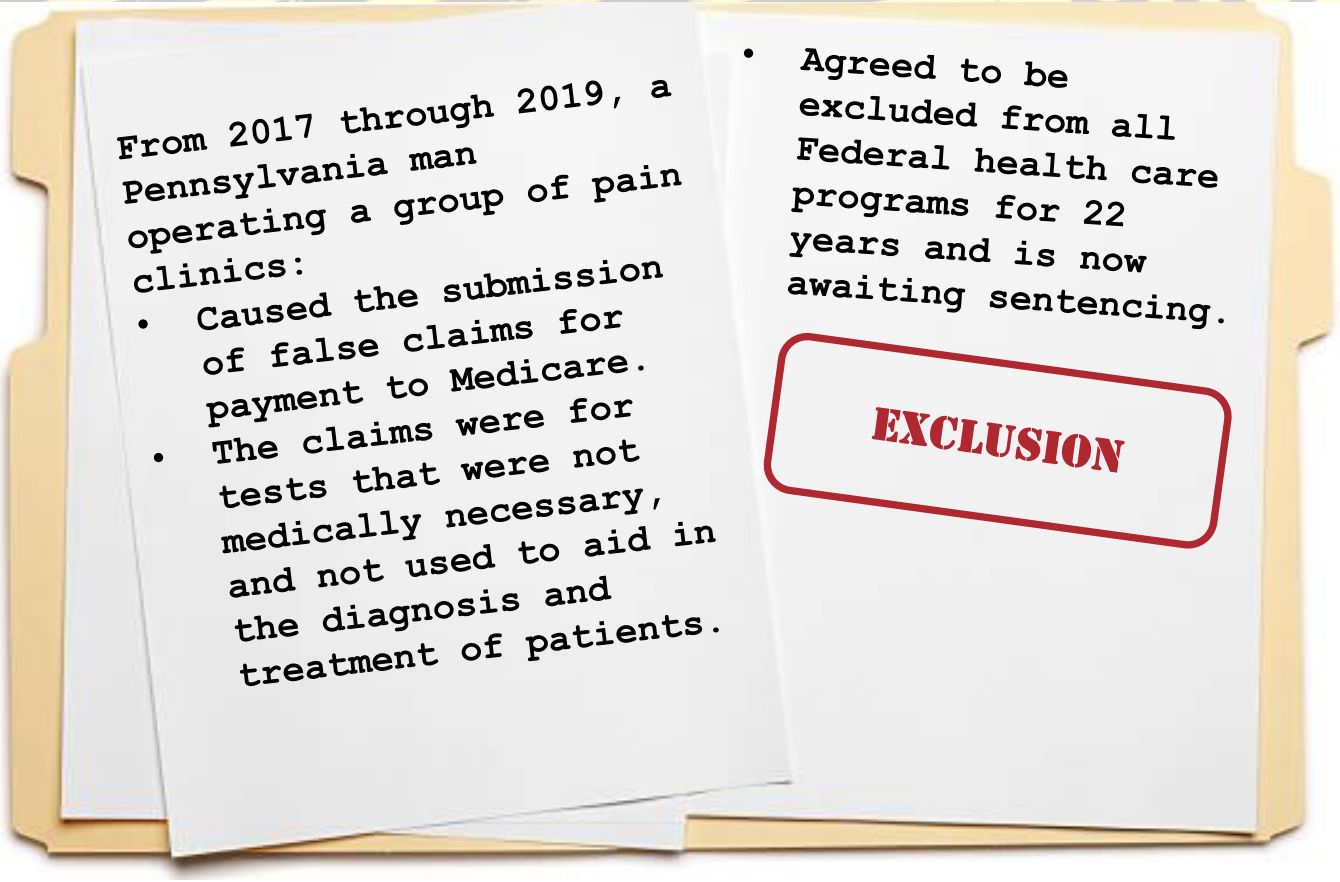
The U.S. General Services Administration (GSA) administers the Excluded Parties List System (EPLS), which contains debarment actions taken by various Federal agencies, including the OIG. You may access the EPLS on the System for Award Management (SAM) website.

If looking for excluded individuals or entities, check both the LEIE and the EPLS since the lists are not the same.

ATRIO screens all employees, contractors, FDRs, and providers against these two exclusion lists upon hire/contracting and monthly thereafter.

TRUE CRIME

FWA EDITION



Lesson 1 Summary

Defining FWA

There are differences among fraud, waste, and abuse. The primary differences are intent and knowledge. **Fraud** requires the person to have **intent** to obtain payment and the **knowledge** his or her actions are wrong. Waste and abuse may involve obtaining an improper payment but not the same intent and knowledge.

Penalties

Laws and regulations exist that prohibit FWA. Penalties for violating these laws may include:

- Civil Monetary Penalties
- Civil prosecution
- Criminal conviction, fines, or both
- Exclusion from all Federal health care program participation
- Imprisonment
- Loss of professional license

LESSON 1 KNOWLEDGE CHECK

Now that you completed Lesson 1, let's do a quick review.

Lesson 1- Check Your Knowledge

Which category do actions that inadvertently result in unnecessary costs to the Medicare Program fall under?

A. Waste

B. Fraud

C. Abuse

D. Both A and B

E. Either A or C

Click to the next page to see the answer →

Lesson 1- Check Your Knowledge

Which category do actions that inadvertently result in unnecessary costs to the Medicare Program fall under?

A. Waste

B. Fraud

C. Abuse

D. Both A and B

★ E. Either A or C

Fraud requires intent and knowledge the actions are wrong. Waste and abuse do not require the same intent and knowledge.

Lesson 1- Check Your Knowledge

Bribes or kickbacks of any kind for services that are paid under a Federal health care program (which includes Medicare) constitute fraud by the person making as well as the person receiving them.

A. True
B. False

Click to the next page to see the answer →

Lesson 1- Check Your Knowledge

Bribes or kickbacks of any kind for services that are paid under a Federal health care program (which includes Medicare) constitute fraud by the person making as well as the person receiving them.

★. True

B. False

Lesson 1- Check Your Knowledge

Any person who knowingly submits false claims to the Government is liable for five times the Government's damages caused by the violator plus a penalty.

A. True
B. False

Click to the next page to see the answer →

Lesson 1- Check Your Knowledge

Any person who knowingly submits false claims to the Government is liable for five times the Government's damages caused by the violator plus a penalty.

A. True

★ B. False

Any person who knowingly submits false claims to the Government is liable for **three times** the Government's damages caused by the violator plus a penalty.

Lesson 1- Check Your Knowledge

Some of the laws governing Medicare Parts C and D fraud, waste, and abuse (FWA) include the Health Insurance Portability and Accountability Act (HIPAA), the False Claims Act, the Anti-Kickback Statute, and the Health Care Fraud Statute.

A. True
B. False

Click to the next page to see the answer →

Lesson 1- Check Your Knowledge

Some of the laws governing Medicare Parts C and D fraud, waste, and abuse (FWA) include the Health Insurance Portability and Accountability Act (HIPAA), the False Claims Act, the Anti-Kickback Statute, and the Health Care Fraud Statute.


A. True

B. False

Lesson 1- Check Your Knowledge

Waste includes any misuse of resources, such as the overuse of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program.

A. True

B. False

Click to the next page to see the answer →

Lesson 1- Check Your Knowledge

Waste includes any misuse of resources, such as the overuse of services or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program.

A. True

B. False

Lesson 1- Check Your Knowledge

The following can all be considered fraud, except:

A. Unintentional errors

B. Deliberate omissions

C. False statements

D. Misrepresentations

Click to the next page to see the answer →

Lesson 1- Check Your Knowledge

The following can all be considered fraud, except:

A. Unintentional errors

B. Deliberate omissions

C. False statements

D. Misrepresentations

Lesson 1- Check Your Knowledge

Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

A. True

B. False

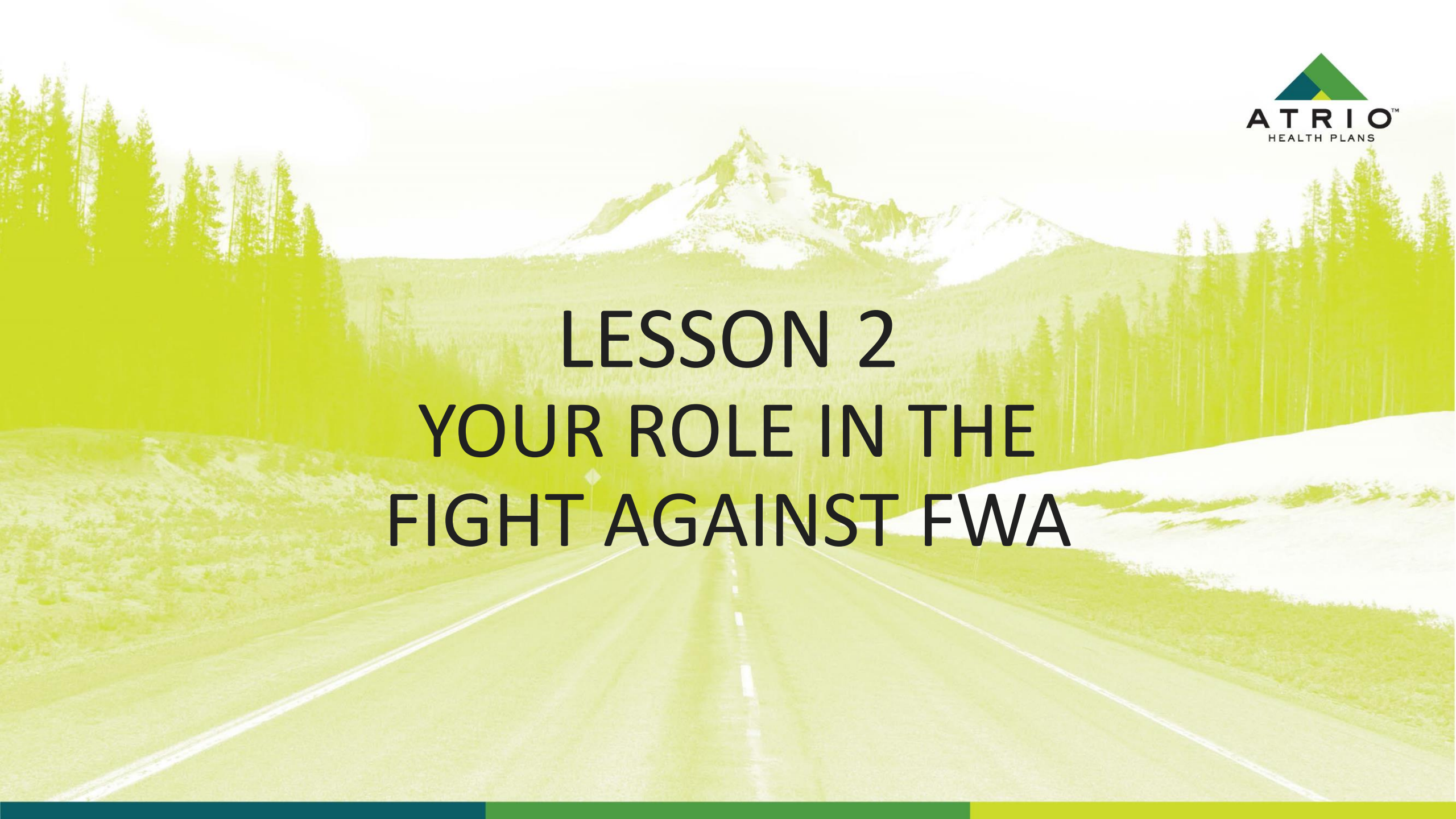
Click to the next page to see the answer →

Lesson 1- Check Your Knowledge

Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

★ A. True

B. False


ATRIO
HEALTH PLANS
LESSON 2
YOUR ROLE IN THE
FIGHT AGAINST FWA

Your Role in the Fight Against FWA

Learning Objectives

This lesson explains the role you play in fighting against FWA, including your responsibilities for preventing, reporting, and correcting FWA. Upon completing this lesson, you should correctly:

How do I prevent FWA?

- Conduct yourself in an ethical manner
- Look for suspicious activity
- Verify all received information
- Ask questions

Report FWA

Don’t hesitate to report FWA

Everyone must report suspected instances of FWA. ATRIO’s Code of Conduct clearly states this obligation.

Do not be concerned about whether it is fraud, waste, or abuse. Just report any potential FWA concerns you have to ATRIO’s compliance department. The Compliance Department will investigate and make the proper determination.

- ✓ ATRIO must have a mechanism for reporting potential FWA by employees and FDRs.
- ✓ ATRIO must accept anonymous reports and cannot retaliate against you for reporting.
- ✓ Review ATRIO’s materials for the ways to report FWA. When in doubt, contact the Compliance Department at **compliance@atriohp.com** OR call the Compliance Hotline at **1-877-309-9952**

Report FWA

ATRIO's Non-Retaliation Policy

- ATRIO maintains a policy prohibiting intimidation and retaliation.
- There can be NO retaliation against you for reporting suspected non-compliance or FWA in good faith. ATRIO does not support or tolerate this behavior.
- There can be NO acts of intimidation toward staff that would prevent them from reporting suspected non-compliance or FWA.
- Each reported issue will be handled confidentially and respectfully
- ATRIO is committed to protecting the job security and promotion opportunities of persons who, in good faith, report violations.
- If you think you've been a victim of intimidation or retaliation, contact Human Resources.

Report FWA

How to report FWA at ATRIO

- Email ATRIO Compliance Department: compliance@atriohp.com

Anonymous Reporting Options:

- ATRIO Compliance Hotline: **1-877-309-9952**
- Mail: ATRIO Health Plans, PO Box 12645, Salem, OR 97309
- Online Incident Reporting Form: http://www.atriohp.com

FDR Employees:

In addition to the methods above, FDRs can report by talking to a Manager, either at ATRIO or in their own facility, or calling Ethics/Compliance Help Line (if available).

FWA should be reported as soon as possible, but no later than 72 hours after discovery. Even if you don't have all the details yet, notify Compliance by any of the methods listed in this training.

Report FWA

- **Details to include when reporting FWA:**
  - Contact information for the information source, suspects, and witnesses
  - Alleged FWA details
  - Alleged Medicare rules violated
  - If available, the suspect's history of compliance, education, training, and communication with ATRIO or other entities

Report FWA

How ATRIO can report FWA outside of the organization

HHS Office of Inspector General

- Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950
- Fax: 1-800-223-8164
- Email: HHSTips@oig.hhs.gov
- Online: Forms.OIG.hhs.gov/hotlineoperations/index.aspx

For Medicare Parts C and D:

- Investigations Medicare Drug Integrity Contractor (I MEDIC) at 1-877-7SafeRx (1-877-772-3379)

For all other Federal health care programs:

- CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048
- Medicare beneficiary website: https://www.medicare.gov/forms-help-resources/help-fight-medicare-fraud

Correcting FWA

Once FWA is detected, work with the Compliance Department to promptly correct it.

Correcting the problem saves the Government money and ensures compliance with CMS requirements.

A plan to correct the issue can be developed through an Incident Report or a Corrective Action Plan. The actual plan will vary, depending on the specific circumstances.

Correcting FWA

In general, corrective actions:

- Should be designed to **correct** the underlying problem (root cause) that results in FWA program violations and to **prevent** future non-compliance.
- Can be tailored to address the particular FWA, problem, or deficiency identified, and should include timeframes for specific actions.
- Are important pieces of documentation and should include consequences for failure to satisfactorily complete the corrective action.
- Should be monitored to ensure effectiveness.

Correcting FWA

Corrective Action Examples:

- Adopt new prepayment edits or document review requirements
- Conduct mandated training
- Provide educational materials
- Revise policies or procedures
- Send warning letters
- Take disciplinary action, such as suspension of marketing, enrollment, or payment
- Terminate an employee or provider

Indicators of Potential FWA

Now that you know about your role in preventing, reporting, and correcting FWA, let's review some key indicators to help you recognize the signs of someone committing FWA.

The following pages present potential issues or examples of what FWA may look like. Each page provides questions to ask yourself about different areas, depending on your role.

Indicators of Potential FWA

Potential Beneficiary Issues

- Does the prescription, medical record, or laboratory test look altered or possibly forged?
- Does the beneficiary's medical history support the services requested?
- Have numerous identical prescriptions been filled for this beneficiary, possibly from different doctors?
- Is the person receiving the medical service the beneficiary (identity theft)?
- Is the prescription appropriate based on the beneficiary's other prescriptions?

Indicators of Potential FWA

Potential Provider Issues

- Is the provider balance billing the beneficiary when ATRIO has already paid the claim?
- Are the provider's prescriptions appropriate for the member's health condition (medically necessary)?
- Does the provider bill ATRIO for services not provided?
- Does the provider write prescriptions for diverse drugs or primarily for controlled substances?
- Is the provider performing medically unnecessary services for the member?
- Is the provider prescribing a higher quantity than medically necessary for the condition?
- Does the provider's prescription have their active and valid National Provider Identifier on it?
- Is the provider's diagnosis for the member supported in the medical record?

Indicators of Potential FWA

Potential Pharmacy Issues

- Are drugs being diverted (drugs meant for nursing homes, hospice, and other entities being sent elsewhere)?
- Are the dispensed drugs expired, fake, diluted, or illegal?
- Are generic drugs provided when the prescription requires dispensing brand drugs?
- Are PBMs billed for unfilled or never picked up prescriptions?
- Are proper provisions made if the entire prescription is not filled (no additional dispensing fees for split prescriptions)?
- Do you see prescriptions being altered (changing quantities or Dispense As Written)?
- Are Eligibility facilitations services and the information they provide being used for purposes other than for determining patient eligibility?

Indicators of Potential FWA

Potential Wholesaler Issues

- Is the wholesaler distributing fake, diluted, expired, or illegally imported drugs?
- Is the wholesaler diverting drugs meant for nursing homes, hospices, and Acquired Immune Deficiency Syndrome (AIDS) clinics, marking up the prices, and sending to other smaller wholesalers or pharmacies?

Potential Manufacturer Issues

- Does the manufacturer promote off-label drug usage?
- Does the manufacturer knowingly provide samples to entities that bill Federal health care programs for them?

Indicators of Potential FWA

Potential Sponsor Issues

- Does the Sponsor encourage or support inappropriate risk adjustment submissions?
- Does the Sponsor lead the beneficiary to believe the cost of benefits is one price, when the actual cost is higher?
- Does the Sponsor offer beneficiaries cash inducements to join the plan?
- Does the Sponsor use unlicensed agents?

Lesson 2 Summary

Your Role

You play a vital role in preventing FWA. Conduct yourself ethically and keep an eye out for key indicators of potential FWA.

Reporting

Report potential FWA. ATRIO has mechanisms for reporting potential FWA. ATRIO accepts anonymous reports and cannot retaliate against you for reporting.

Correcting

Promptly correct identified FWA with an effective corrective action plan.

LESSON 2 KNOWLEDGE CHECK

Now that you completed Lesson 2, let's do a quick review.

Lesson 2- Check Your Knowledge

Sponsors may retaliate against you for making a good faith effort in reporting FWA

A. True

B. False

Click to the next page to see the answer →

Lesson 2- Check Your Knowledge

Sponsors may retaliate against you for making a good faith effort in reporting FWA

A. True

★ B. False

Lesson 2- Check Your Knowledge

Ways to report potential fraud, waste, and abuse (FWA) include:

A. Phone hotlines
B. Mail drops
C. In-person reporting to the compliance department/supervisor
D. All of the above

Click to the next page to see the answer →

Lesson 2- Check Your Knowledge

Ways to report potential fraud, waste, and abuse (FWA) include:

A. Phone hotlines
B. Mail drops
C. In-person reporting to the compliance department/supervisor
D. All of the above

Lesson 2- Check Your Knowledge

You can help prevent fraud, waste, and abuse (FWA) by doing all of the following:

- Conduct yourself in an ethical manner
- Look for suspicious activity
- Verify all information provided to you

A. True
B. False

Click to the next page to see the answer →

Lesson 2- Check Your Knowledge

You can help prevent fraud, waste, and abuse (FWA) by doing all of the following:

- Conduct yourself in an ethical manner
- Look for suspicious activity
- Verify all information provided to you


A. True

B. False

Lesson 2- Check Your Knowledge

What are some of the penalties for violating fraud, waste, and abuse (FWA) laws?

A. Civil Monetary Penalties
B. Imprisonment
C. Exclusion from participation in all Federal health care programs
D. All of the above

Click to the next page to see the answer →

Lesson 2- Check Your Knowledge

What are some of the penalties for violating fraud, waste, and abuse (FWA) laws?

A. Civil Monetary Penalties
B. Imprisonment
C. Exclusion from participation in all Federal health care programs
D. All of the above

Compliance is *Everyone's* Responsibility!

What YOU can do to Prevent, Detect and Correct non-compliance:

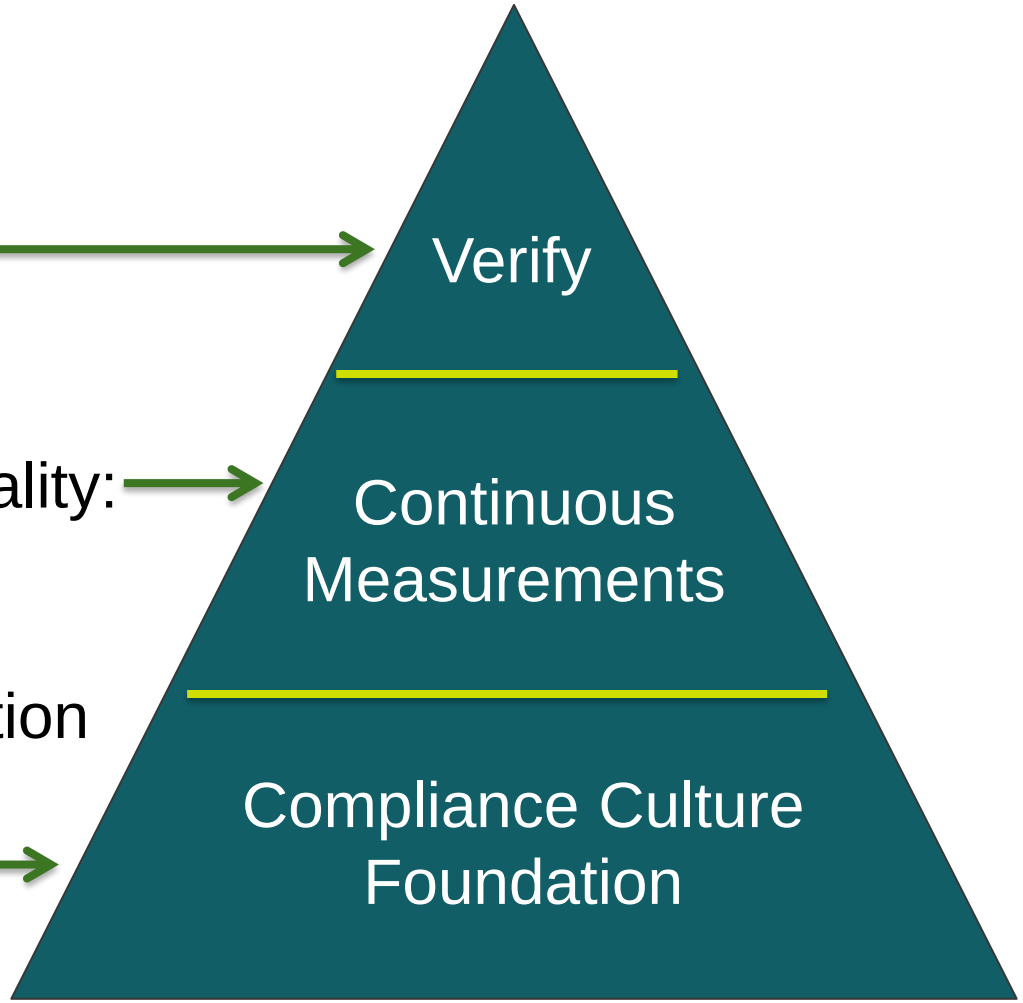
1. **Make sure you have written policies, procedures,** and comprehensive work instructions
2. **Conduct effective training and education**
3. **Ensure effective lines of communication**
4. **Conduct monitoring to assure compliance**
5. **Respond promptly to detected offenses and notify the compliance dept.**
6. **Undertake and document any necessary corrective actions**

Three Lines of Defense

Internal Audits:

Compliance, General Counsel, Risk, and Quality:

Business Areas are responsible for identification of risks, internal controls, and monitoring to ensure compliance:



Resources

Disclaimers

This Web-Based Training (WBT) course was current at the time it was published or uploaded onto the web.

This course was prepared as a service to the organization and is not intended to grant rights or impose obligations. This course may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. Medicare policy changes frequently so we encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Glossary

For glossary terms, visit the Centers for Medicare & Medicaid Services Glossary.

Congratulations!

You completed the course!