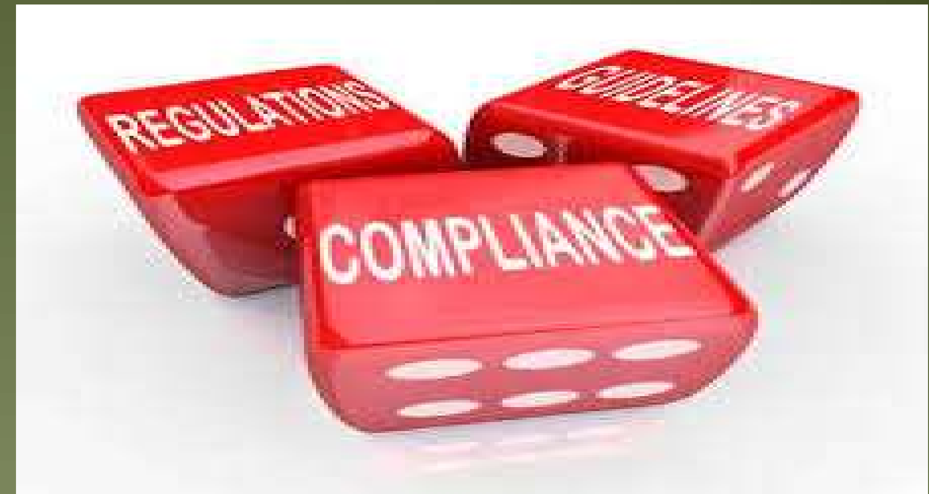
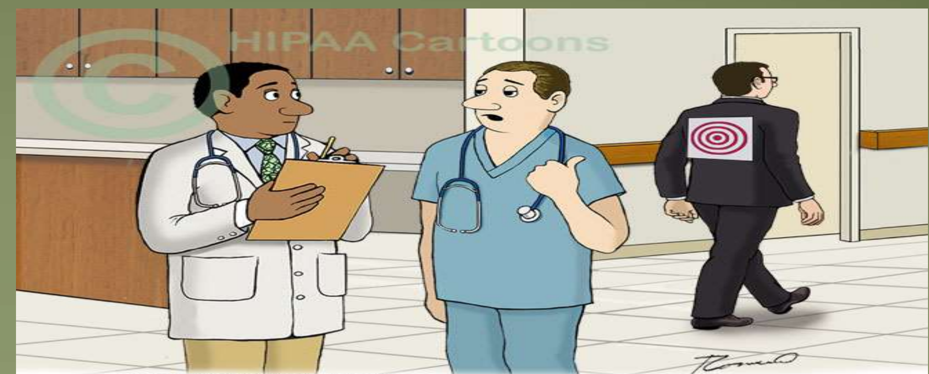
Fraud, Waste, Abuse and Compliance Update 2023





Take away Messages

- Costs Taxpayers Billions $ each year
- Review of what constitutes Fraud and Abuse
- Consequences for all levels (intentional and unintentional)
- Examples of Documents received at VMG that are suspicious for Fraud

FRAUD

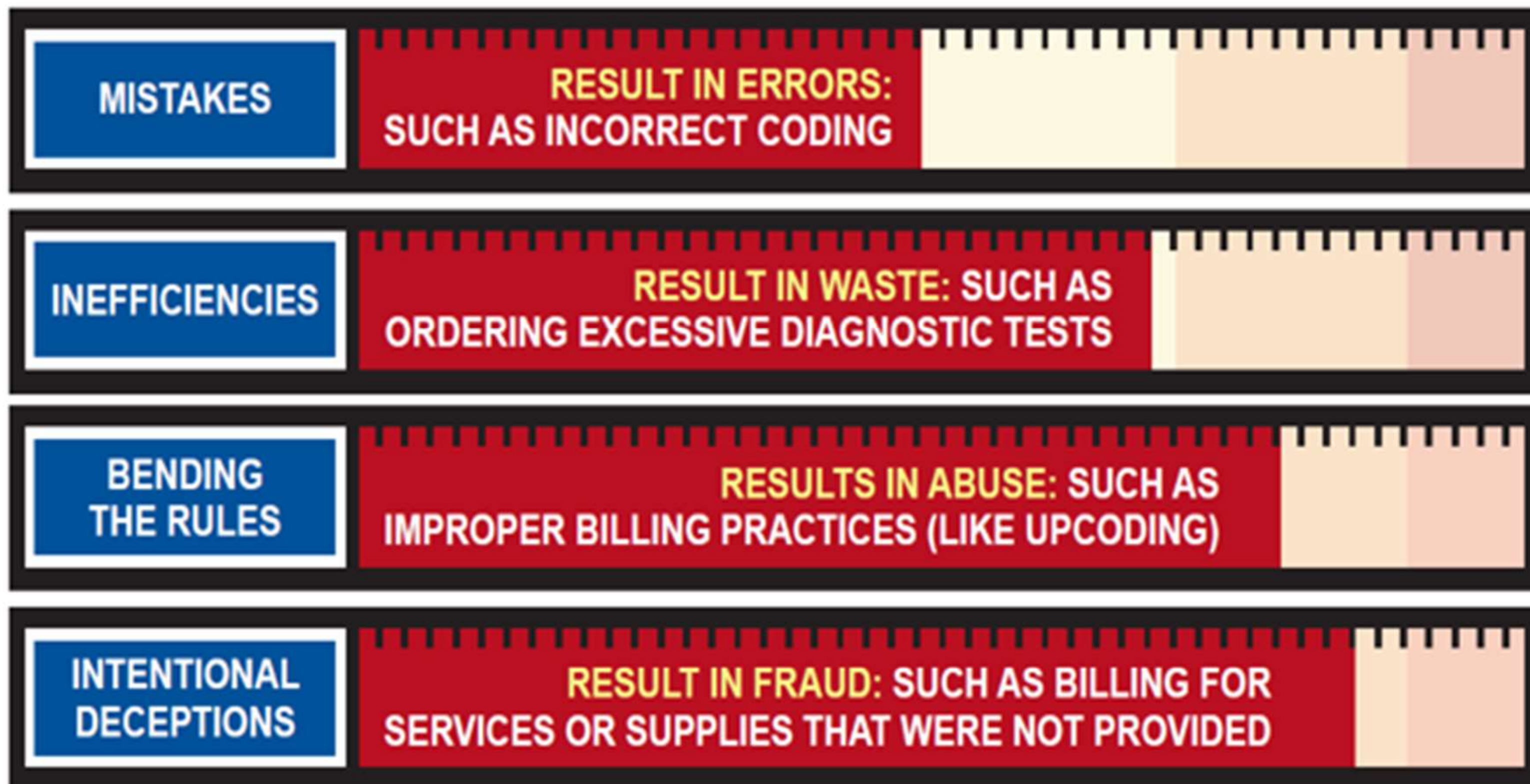
- Knowingly making false claims or misrepresenting the facts to obtain a Federal health care payment either in excess of benefits or when no entitlement to benefits would normally exist.
- Knowingly soliciting, receiving, offering, and or paying remuneration to induce rewards or referrals for items or services reimbursed by a Federal health care program

Abuse (includes Waste)

- Billing for unnecessary medical services
- Charging excessively for services or supplies
- Misusing codes on a claim such as upcoding or unbundling codes
- These include Mistakes!

Program integrity encompasses a range of activities targeting various causes of improper payments. Figure 1 shows examples along the spectrum of causes of improper payments.

Figure 1. Types of Improper Payments*



* The types of improper payments in Figure 1 are strictly examples for educational purposes, and the precise characterization of any type of improper payment depends on a full analysis of the particular facts and circumstances. Providers who engage in incorrect coding, ordering excessive diagnostic tests, upcoding, or billing for services or supplies not provided may be subject to administrative, civil, or criminal liability.

Examples of Documents suspicious for Fraud Received at VMG

- HIPAA compliant physician authorization to confirm an active patient- These come in "Spoofing" a legitimate pharmacy and are designed to obtain a provier signature to be used to order unnecessary services and DME equipment
- Genetic Testing- These come as a lab order from a far away state, to be authorized "as requested by patient or provider" when in fact neither has asked for it!
- Back, Elbow, Knee braces, Pain Cream –These also appear legitimate and may state "as requested by provider or patient".

Remember, it is only Fraud or Abuse if VMG does not identify and deny the unnecessary services being asked for. Best way to handle these in the inbox is to mark as suspicious for fraud and delete them.

Examples of Documents Suspicious for Fraud

HIPAA Compliant Form

What is the purpose of this Form?
This is just an active patient authorization form to confirm whether the patient is still under the care at this office or the patient has changed or switched to another Provider so no clinical or office visit notes of the above mentioned is required. Office notes face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, clinic records, reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, are not required.

Section 1: Patient Information

Full Name: [redacted]
DOB: [redacted]
Gender: Male
Member ID: 3[redacted]
Address: [redacted] Florence MA 01062
Patient Phone: 4[redacted]

Section 2: Provider Information

Provider Name: Dr. Jerald Feinland MD
Address: 238 Northampton St Easthampton MA 01027
Phone: 4135299300
Fax: 8666440870
NPI: 1114986460

- Please confirm whether the patient is still under the care at this office.
- Please fax this form back within 48 hours so that we can follow up with you on patients refill accordingly.
- If the patient has changed or switched to another Provider please mention providers name below.

➔ **I undersigned; certify that the above patient is under my care and being treated at our facility. I certify that this information is true and correct and as per as HIPAA Compliance. The above mentioned information will strictly remain confidential.**

Treating Physician OR FNP Signature ____________ Date ____________
NPI:

Phone: (786) 802-6155
Return Fax: (786) 551-4363

PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR HIP ORTHOSIS

Please Send RX Form & Pertinent Chart Notes **Fax No: (7578915126)**
PLEAS E SEND THIS FORM BACK IN 3 BUSINESS DAYS

Date: 04/14/2021	
First: [redacted] Last: [redacted]	Physician Name: Dr. Marguerite Gump
DOB: [redacted]	NPI: 1982604328
Address: [redacted]	Address: 329 Conway St
City: South Deerfield	City: Greenfield
State: MA	State: MA
Postal Code: 01373	Postal code: 01301
Patient Phone Number: [redacted]	Phone Number: 4137746301
Primary Ins: MEDICARE	Fax Number: 8666440871
Policy#: [redacted]	
Height: 5.5 Weight: 250	

This patient is being treated under a comprehensive plan of care for hip pain.
I, the undersigned; certify that the prescribed orthosis is medically necessary for the patient's overall well-being. This patient has suffered an injury or undergone surgery. In my opinion, the following hip orthosis products are both reasonable and necessary in reference to treatment of the patient's condition and/or rehabilitation. My patient has been in my care regarding the diagnosis below. This is the treatment I see fit for this patient at this time. I certify that this information is true and correct.

DIAGNOSIS : Provider can simply cut off the diagnosis which they don't find appropriate

M16.6 Other bilateral secondary osteoarthritis of hip
M16.2 Bilateral osteoarthritis resulting from hip dysplasia
M16.4 Bilateral post-traumatic osteoarthritis of hip
M16.0 Bilateral primary osteoarthritis of hip
S73.1 Sprain of hip
Other/Explain (Include Code):____________

Our evaluation of the above patient has determined that providing the following hip pain orthosis product will benefit this patient:

DISPENSE:

L1690 – Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, Prefabricated, includes fitting and adjustment.

Length of need is 99 months unless otherwise specified 99 (99= LIFETIME)

Physician Signature:____________ **Date signed:**____________

Physician Name: Dr. Marguerite Gump **NPI:** 1982604328

tesis — CARDIOVASCULAR DISEASE (CVD) GENETIC REQUISTION FORM

Tesis Biosciences
1140 Business Center Dr. Suite 360
Houston, TX 77043
PHONE: 855-239-8378
REP: 85
CHART: CCC72-47513

Fax Back To: 1-800-657-6619

Date Received: ____________
Tech Initials: ____________
Please submit both pages of this form. PAGE 1
Lab Accession # ____________

1. PATIENT INFORMATION
Last Name [redacted] MI [redacted]
First Name [redacted] Sex F
Date of Birth 1[redacted] [redacted]
Address 1[redacted] EASTHAMPTON MA 01027
City State Zip

2. PHYSICIAN INFORMATION
Facility Name
Referring Physician LAUREN C SCHWARTZ
Medical Credentials NPI 1093991267
Tel 1-413-529-9300 Fax 1-866-644-0870

3. SPECIMEN INFORMATION
Specimen type: ☑ Swab ☑ Saliva ☐ Blood
Collected by:
Date ______ Time ______

4. PAYMENT INFORMATION
Medicare ID [redacted]
Name of the insurance MEDICARE

5. Test Selection
Comprehensive Cardiovascular NGS (126 Genes) ☑
Comprehensive Cardiomyopathy NGS (119 Genes) ☐
Comprehensive Arrhythmia NGS (77 Genes) ☐

6. INDICATION FOR TESTING (Check all that apply)
☑ Diagnostic ☑ Pre-symptomatic ☑ Family History
☐ Family Variant ☐ Other

7. DIAGNOSTIC INFORMATION ICD 10 Codes (Required)
I10, Z79.01, R07.9, R94.31, Z80.42, Z82.49
*ICD 10 codes approved unless changed on page 3

8. MEDICAL NECESSITY

9. CONFIRMATION OF INFORMED CONSENT & MEDICAL NECESSITY

Physician Signature: Date:

10. PAYMENT OPTIONS
☑ INSURANCE
☐ INSTITUTIONAL BILL
☐ CREDIT CARD
☑ I am covered by Insurance and understand and authorize:

Patient Signature: Date:

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Compliance Key Messages

- VMG Board of Directors Maintains a Compliance Policy which requires:
  - Establish a Compliance Program
  - Establish a Compliance Committee
  - Designate a Compliance Officer
  - Provide Education and Training in regard to VMG Compliance Program
  - Monitor, Investigate and remediate any reports of suspected or identified violations of Compliance Program

VMG Compliance Program

- Compliance Program includes written standards of conduct, policies and procedures that promote commitment to compliance with Federal and State healthcare regulations.
  - Examples: HIPAA Policies, Confidentiality Agreements, VMG Code of Conduct
- Compliance Committee Chaired by Compliance Officer:
  - Reviews Data Security issues/complaints
  - Reviews Privacy issues/complaints
  - Reviews changes in Federal/State laws for privacy and confidentiality
  - Reviews coding compliance and regulations
  - Reviews Employment Law issues
  - Updates compliance policies to reflect new or updated Rules and Regulations

Who is managing this at VMG?

We all are!

In addition to the Board of Directors, Compliance Committee members, and the components of VMG's compliance program, all staff and providers are responsible to recognize and report Fraud Waste & Abuse!

If you see or suspect something, say something! You can report concerns to your supervisor, or email qualityreporting@vmgma.com.