POLICY and PROCEDURE

TITLE: ND 5019 Fraud Waste and Abuse Awareness-First Tier, Downstream and Related Entities			
Version: 14	**Responsible Position: Senior** Director, Compliance	**Responsible Department:** Compliance	
Origination Date: 11/01/2011	**Last Review Date:** 04/27/2021	**Approval Date:** 06/17/2021	**Next Review Date:** 06/15/2022
Organization: Banner Health Insurance Division			
Population (Define): This policy applies to all Banner Medicaid and Medicare lines of business			
Policy Replaces: AD 228 SNP; CP 228 SNP; CP 1228 A; CP 1228 S			

I. Purpose/Expected Outcome:

A. To set forth the requirments for First Tier, Downstream and Related Entitiess regarding prevention, detection and reporting of Fraud, Waste and Abuse.

II. Definitions:

A. Please refer to the link below for full definitions:
http://sharepoint/sites/hppandp/new/Lists/Definitions/PP%20Definitions.aspx

III. Policy:

A. In support of the Insurance Division's Fraud, Waste, and Abuse Program, it is the policy of Banner Medicaid and Medicare Health Plans to require all First Tier, Downstream, and Related Entities (FDRs) to abide by all Banner Medicaid and Medicare Health Plans, federal and state regulations, laws, and guidelines regarding the prevention, detection, and reporting of Fraud, Waste, and Abuse.

IV. Procedure/Interventions:

A. FDR responsibility regarding Fraud, Waste and Abuse.
   1. The contract between Banner Medicaid and Medicare Health Plans and the FDRs contains Fraud, Waste and Abuse clauses as well as requirements regarding complying with Banner Medicaid and Medicare Health Plans requirements, federal and state laws.
   2. FDRs are required to abide by all Insurance Division policies and federal and state regulations pertaining to the prevention, detection and reporting of FWA.
   3. FDR's maintain an internal FWA process which could include data analysis, audits, clinical review, documentation validation, claims review or legal review.
   4. On a monthly basis, the Dental Vendor delegated FDR's Special Investigations Unit (SIU) or FWA Program meets with the Banner Medicaid and Medicare Health Plans SIU to discuss current audits, data mining and any FWA concerns. On a quarterly basis, the following staff as applicable: Banner Medicaid and Medicare Health Plan's SIU, Compliance Department, Network Development, Chief Medical Officer or Designee, Dental Consultant , Operations, Quality Management, Government Programs, Grievance and Appeals, Customer Care and the Vendor Oversight Manager meet with the Dental Vendor. The delegated Dental Vendor reports on claims reports, access to care reports, dental visit reports, types of services, training, outliers or trends, and any other pertinent topic.

5. The Pharmacy Vendor delegated FDR meets twice monthly with Banner Medicaid and Medicare Health Plan's SIU, Audit Staff, Pharmacy Staff and Vendor Oversight Manager to discuss any concerns including reviewing the Medicare reports distributed through HPMS Memos, audits, claims issues, enrollment, PDE or any other operational issues.
6. The Banner Medicaid and Medicare Health Plans' SIU and the Pharmacy Director meet with the Pharmacy Vendor on a quarterly basis to review audit results and discuss any FWA issues or concerns.
7. Banner Medicaid and Medicare Health Plan's Compliance Department or SIU can request copies of reports, audits, medical, dental or pharmacy records, training, claims reports, or other documentation. Banner Medicaid and Medicare Health Plans' Compliance Department or SIU has the authority to request that the delegated FDR conduct an audit, review medical/dental/pharmacy records, provide training or complete other actions as necessary.
8. Banner Medicaid and Medicare Health Plan's Compliance Department and SIU has the authority to determine if any of the findings or reported data are potential FWA. If that determination is made, Banner Medicaid and Medicare Health Plan's SIU reports the provider or member to AHCCCS Office of Inspector General (OIG) , CMS Plan Program Integrity (PPI) MEDIC, law enforcement, licensing boards or other regulatory body as applicable.
9. Once a report is made to AHCCCS OIG, Banner Medicaid and Medicare Health Plan's and the delegated FDR must adhere to AHCCCS ACOM Policy 103 indicating that once a case of alleged fraud, waste, or abuse has been referred no further action to recoup or otherwise offset any suspected overpayments can be made.
10. Once a report is made to PPI MEDIC, law enforcement, licensing boards or other regulatory body, Banner Medicaid and Medicare Health Plans and the delegated FDR must follow the direction provided in regard to the case.

B. FDR Fraud, Waste and Abuse Training Requirements
   1. All FDRs must, at a minimum, meet compliance requirements mandated by CMS and AHCCCS. All employees must complete the required training on General Compliance and FWA within 90 days of the contract effective date and annually thereafter. New employees of the FDR must complete these trainings within 90 days of hire.
   2. FDRs are required to attest that all employees engaged in the administration of Medicare Part C and D benefits have satisfied the mandatory CMS compliance requirements.
   3. Banner Medicaid and Medicare Health Plans will have available General Compliance and FWA training on the websites. FDRs will have an option to take the Banner Medicaid and Medicare Health Plans' training or a comparable training. FDRs will be required to complete an attestation and submit it to the Banner Medicaid and Medicare Health Plans' Vendor Oversight Department indicating that the employees involved in the administration of Medicare Part C and D benefits have satisfied the training requirement. For FDRs (Subcontractors) under the Medicaid lines of business, the following are required training elements:
      a. Detailed information about the Federal False Claims Act,
      b. The administrative remedies for false claims and statements,
      c. Any State laws relating to civil or criminal liability or penalties for false claims and statements, and
      d. The whistleblower protections under such laws.

4. Documentation of internal training can be through an individual certificate or a list showing the information for all of those who completed it through the internal web-based training.
5. The Vendor Oversight Department tracks completion of training by FDRs through the completion and collection of annual attestations from all FDRs.
6. Records must be maintained for 10 years and made available to Banner Medicaid and Medicare Health Plans or CMS upon request.

C. FDR Reporting Requirements
1. FDRs who suspect possible FWA are required to report the suspicion to Banner Medicaid and Medicare Health Plans' Compliance Department immediately.
2. FDRs may report via telephone, email, or via mail. FDRs may also use the Compliance Hotline – ComplyLine at 1-888-747-7989 for anonymous and confidential reporting of any suspected FWA.
3. FDRs shall report suspected FWA directly to AHCCCS OIG at:
    4. Provider Fraud
        a. To report suspected fraud by medical provider, please call the number below:
        b. In Maricopa County: 602-417-4045
        c. Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686
        d. Or by accessing the AHCCCS website directly at: https://www.azahcccs.gov/Fraud/ReportFraud/
    5. Member Fraud
        a. To report suspected fraud by an AHCCCS member, please call the number below:
        b. In Maricopa County: 602-417-4193
        c. Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686
        d. Or by accessing the AHCCCS website directly at: https://www.azahcccs.gov/Fraud/ReportFraud/
    6. Questions
        a. If FDRs have questions about AHCCCS fraud, abuse of the program, or abuse of a member, they can contact the AHCCCS OIG.
        b. Email: AHCCCSFraud@azahcccs.gov
7. FDRs may report suspected FWA directly to Medicare at:
   Mail: US Department of Health and Human Services
   Office of Inspector General
   ATTN: OIG HOTLINE OPERATIONS PO Box 23489
   Washington, DC 20026
   Phone: 1-800-HHS-TIPS (1-300-447-8477)
   Fax: 1-800-223-8164
   TTY: 1-800-377-4950
   Website: https://forms.oig.hhs.gov/hotlineoperations

D. FWA Educational Materials Provided to FDRs
1. Banner Medicaid and Medicare Health Plans' Compliance Program and FWA Plan are made available to all FDRs on Banner Medicaid and Medicare Health Plans' websites or as a hardcopy upon request. The Compliance Program and FWA Plan includes Banner Medicaid and Medicare Health Plans' Fraud, Waste and Abuse Plan and the Code of Conduct. FDRs and their employees are encouraged to read this document to

familiarize themselves with the Banner Medicaid and Medicare Health Plans' FWA and Compliance requirements.
2. Applicable Insurance Division FWA policies are made available for FDRs on the websites.
3. Banner Medicaid and Medicare Health Plans provide additional training, educational materials and FWA-related information to FDRs through provider forums, the Provider Manuals, provider newsletters and email communications.
4. AHCCCS FWA information and requirements are located in the Provider Manual.

V. Performance and Outcome Measures:

A. 100% of delegated FDRs complete the annual Health Plan FDR Compliance Attestation.
B. 100% of delegated FDRs complete the required FWA training.
C. FWA reporting from FDRs to be documented and reported at the Banner Medicaid and Medicare Health Plans Compliance Committee.

VI. References:

A. CMS Website: Fraud and Abuse for Consumers
B. 42 C.F. R. 455.2
C. 42 CFR §422.503(b)(4)(vi)(C) and 42 CFR §423.504(b)(4)(vi)(C))
D. A.R.S. §36-2918.01, §36-2932, §36-2905.04
E. Medicare Managed Care Manual Chapter 11, 120 Compliance with Other Laws and Regulations
F. Chapter 21 Medicare Managed Care Manual, Chapter 9 Prescription Drug Benefit Manual – Section 50.3
G. AHCCCS Complete Care Contract
H. AHCCCS ALTCS Contract
I. Insurance Division Compliance Program and FWA Plan
J. AHCCCS ACOM Policy 103 – Fraud, Waste and Abuse

VII. Related Policies/Procedures:

A. Insurance Division Policy – ND 5003; Provider Notification and Communication Methods
B. Insurance Division Policy – ND 5002; New Provider Orientation
C. Insurance Division Policy – ND 1112A; Provider Office Visits
D. Insurance Division Policy – CP 5001; Compliance Program
E. Insurance Division Policy – CP 5018, Fraud, Waste and Abuse
F. Insurance Division Policy – CP 5020 FWA Employee Awareness
G. Insurance Division Policy – CP 1101A Disclosure of ownership information and control

VIII. Keywords and Keyword Phrases:

A. Fraud
B. Waste and Abuse
C. FDR Training
D. Reporting FWA