

## POLICY and PROCEDURE

<b>TITLE: CP 5019 Fraud Waste and Abuse Awareness-First Tier, Downstream and Related Entities</b>			
<b>Version:</b> 11	<b>Responsible Position:</b> Director of Compliance	<b>Responsible Department:</b> Compliance	
<b>Origination Date:</b> 11/01/2011	<b>Last Review Date:</b> 04/28/2020	<b>Approval Date:</b> 06/19/2020	<b>Next Review Date:</b> 06/15/2021
<b>Organization:</b> Banner University Health Plan, BUHP Compliance (CP)			
<b>Population (Define):</b> This policy applies to all Lines of Business			
<b>Policy Replaces:</b> AD 228 SNP; CP 228 SNP; CP 1228 A; CP 1228 S			

### I. Purpose/Expected Outcome:

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

### II. Definitions:

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

### III. Policy:

- A. In support of the Health Plan Fraud, Waste, and Abuse Program, it is the policy of the Health Plan to require all First Tier, Downstream, and Related Entities (FDRs) to abide by all Health Plan, 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 the Health Plan and the FDRs contains Fraud, Waste and Abuse clauses as well as requirements regarding complying with Health Plan requirements, federal and state laws.
  2. FDRs are required to abide by all Health Plan 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 Health Plan SIU to discuss current audits, data mining and any FWA concerns. On a quarterly basis, the following staff as applicable: 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 the Health Plan SIU, Audit Staff, Pharmacy Staff and Vendor Oversight Manager to discuss any FWA concerns including reviewing the Medicare reports distributed through HPMS Memos, audits, claims issues, enrollment, PDE or any other operational issues.
  6. The Health Plan Compliance Department or SIU can request copies of reports, audits, medical, dental or pharmacy records, training, claims reports, or other documentation. The Health Plan 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.
  7. The Health Plan 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, the Health Plan SIU reports the provider or member to AHCCCS OIG, NBI MEDIC, law enforcement, licensing boards or other regulatory body as applicable.
  8. Once a report is made to AHCCCS OIG, the Health Plan 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.
  9. Once a report is made to NBI MEDIC, law enforcement, licensing boards or other regulatory body, the Health Plan 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. The Health Plan will have available General Compliance and FWA training on the HP website. FDRs will have an option to take the HP training or a comparable training. FDRs will be required to complete an attestation and submit it to the HP 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 the Health Plan or CMS upon request.

#### C. FDR Reporting Requirements

1. FDRs who suspect possible FWA are required to report the suspicion to the Health Plan 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
5. To report suspected fraud by medical provider, please call the number below:
  - a. In Maricopa County: 602-417-4045
  - b. Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686
  - c. Or by accessing the AHCCCS website directly at:  
<https://www.azahcccs.gov/Fraud/ReportFraud/>
6. Member Fraud
7. To report suspected fraud by an AHCCCS member, please call the number below:
  - a. In Maricopa County: 602-417-4193
  - b. Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686
  - c. Or by accessing the AHCCCS website directly at:  
<https://www.azahcccs.gov/Fraud/ReportFraud/>
8. Questions
9. If FDRs have questions about AHCCCS fraud, abuse of the program, or abuse of a member, they can contact the AHCCCS OIG.
  - a. Email: [AHCCCSFraud@azahcccs.gov](mailto:AHCCCSFraud@azahcccs.gov)
10. 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. The Health Plan's Compliance Program and FWA Plan are made available to all FDRs on the Health Plan's website or as a hardcopy upon request. The Compliance Program and FWA Plans include the Health Plan's 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 Health Plan's FWA and Compliance requirements.
2. Applicable Health Plan FWA policies are made available for FDRs on the website.
3. The Health Plan provides 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 Health Plan 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. Health Plan Policy – ND 5003; Provider Notification and Communication Methods
- B. Health Plan Policy – ND 5002; New Provider Orientation
- C. Health Plan Policy – ND 1112A; Provider Office Visits
- D. Health Plan Policy – CP 5001; Compliance Program
- E. Health Plan Policy – CP 5018, Fraud, Waste and Abuse
- F. Health Plan Policy – CP 5020 FWA Employee Awareness
- G. Health Plan 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