

WellWise Services Area Agency on Aging's Compliance Program.

Fraud, Waste, and Abuse



Agenda



- Introduction
- Topic One: Federal False Claims Act
- Topic Two: Medicaid False Claims Act
- Topic Three: Fraud
- Topic Four: How to Report

Introduction



WellWise Services Area Agency on Aging's Compliance Program began in 2018 as a requirement by Centers for Medicaid/Medicare and the Michigan Department of Health and Human Services for the MI Choice Waiver Program.

- It is meant to demonstrate to staff and community of our commitment to good corporate conduct.
- Identify and prevent criminal and unethical conduct
- Improve the quality of participant care
- Create a centralized source of information on health care regulations
- Develop a mechanism for reporting
- Develop procedures that allow the prompt, thorough investigation of alleged misconduct
- Initiate immediate and appropriate corrective action
- Reduce WellWise Services Area Agency on Aging's exposure to civil damages and penalties, criminal sanctions, and administrative remedies such as program exclusion.
- In essence the program is to work to identify fraud, waste, and abuse and develop a way for staff, providers, participants to report.

Topic one



Federal False Claims Act



Federal False Claims Act

The False Claims Act

- Prohibits any person from knowingly presenting or causing to be presented a false or fraudulent claim to the United States government for payment.

This act imposes civil liability on any person who:

- Knowingly presents a false or fraudulent claim for payment or approval.
- Knowingly makes or uses a false record or statement to get a false or fraudulent claim paid or approved.
- Conspires with another to get a false or fraudulent claim paid or allowed.
- Knowingly makes or uses a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property.
- Commits other fraudulent acts enumerated in the statute.

Topic two

Medicaid False Claim Act



Medicaid False Claims Act

The state of Michigan Law

- This is a companion law to the Federal False Claims Act.

This act imposes prison terms of up to 4 years and fines up to \$50,000 for:

- Knowingly making a false statement or false representation of a material fact in any application for Medicaid benefits or for use in determining rights to a Medicaid benefit
- Soliciting, offering, or receiving kickbacks or bribes for referrals to another for Medicaid-funded services
- Entering an agreement with another to defraud Medicaid through a false claim
- Making or presenting to the state of Michigan a False Claim for Payment.

Whistleblower Protection Law

Qui Tam Relater

- Any person may bring a civil action on behalf of the state of Michigan to recover losses that the state suffered from someone violating the Michigan Medicaid False Claims Act and the Michigan Attorney General is to be notified and has the opportunity to appear and intervene in the action brought on behalf of the state of Michigan. The person bringing forth the violation, may receive his/her expenses, costs, and reasonable attorney fees paid for, in addition to potentially receiving a portion of the monetary proceeds resulting from the action or settlement.

Whistleblower Protection Law

- In addition to WellWise Services Area Agency on Aging's Whistleblowing provision within this policy, both the federal and state laws protect individuals who investigate or report possible False Claims made by their employer against discharge or discrimination in employment because of such investigation. Employees who are discriminated against based on whistleblower activities may sue in court for damages. Under either the federal or state law, any employer who violates the whistleblower protection law is liable to the employee for (1) reinstatement of the employee's position without loss of seniority, (2) two times the amount of lost back pay, (3) interest and compensation for any special damages, and such other relief necessary to make the employee whole.

Topic three



Fraud

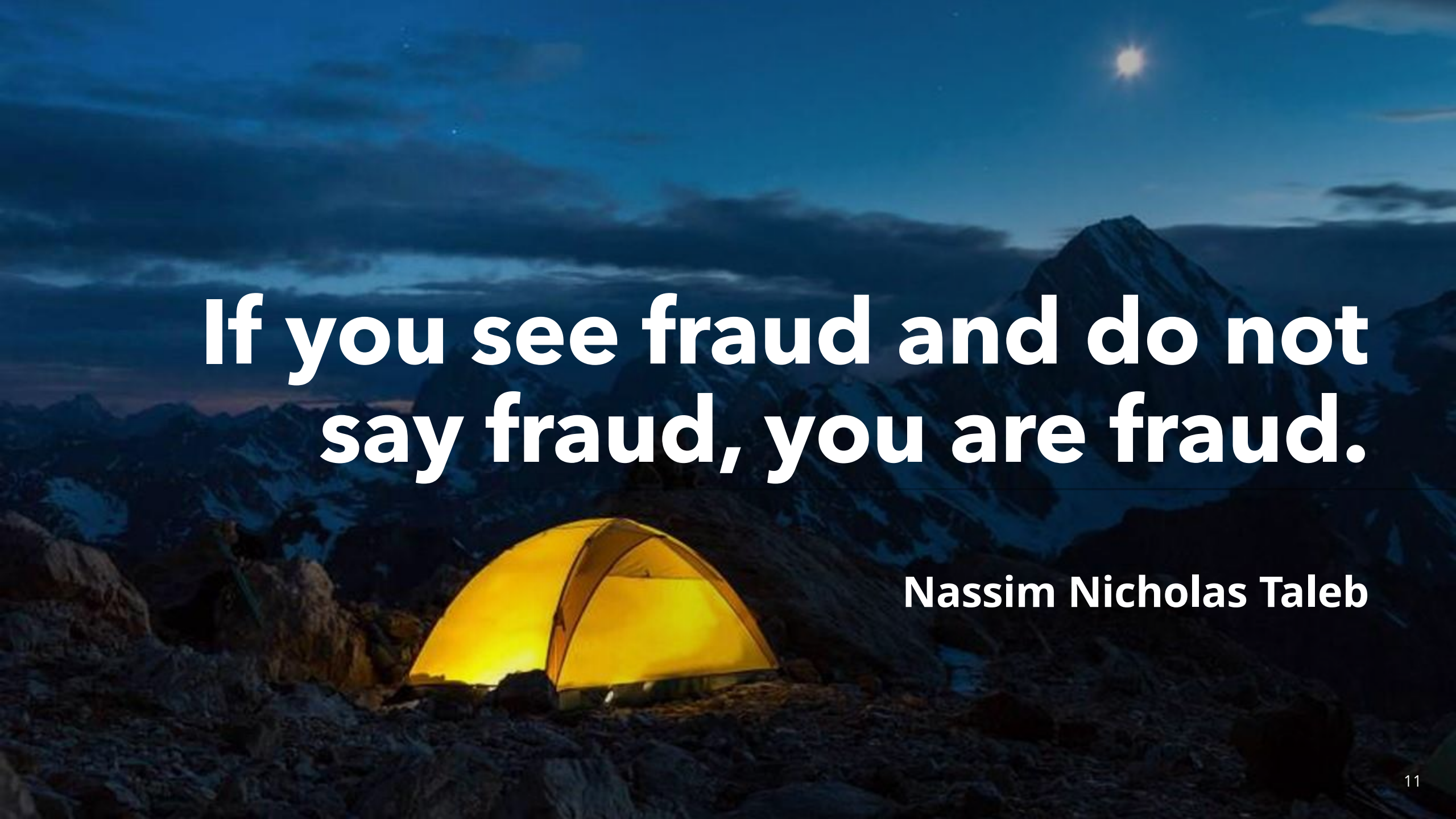
Let's Talk Fraud

What is it

- Fraud involves the false representation of facts, whether by intentionally withholding important information or providing false statements to another party for the specific purpose of gaining something that may not have been provided without the deception.

Examples

- Billing for goods or services that were not delivered or rendered.
- Submitting false service records such as time sheets when work was not completed.
- Having someone else do the work for you but submitting the timesheet like you had done it.
- Billing for work that was not performed.
- Forging participant signatures or signing for participants on timecards.
- Submitting false service records to show better than actual performance.

A glowing yellow tent is pitched on a rocky, dark mountain slope at night. The tent's interior light spills out, illuminating the surrounding rocks. In the background, dark, jagged mountain peaks rise against a deep blue night sky filled with stars and a few wispy clouds. A bright star or planet is visible in the upper right quadrant of the sky.

**If you see fraud and do not
say fraud, you are fraud.**

Nassim Nicholas Taleb

WellWise Services Area Agency on Aging Takes Allegations of Fraud, Waste, or Abuse Seriously.

Process for investigation

- Fraud allegation/complaint is logged.
- Compliance Officer and staff assist in the investigation
- WellWise Services Area Agency on Aging will request documents from providers for review. This could be timecards, payroll documents, service logs.
- WellWise Services Area Agency on Aging will speak to participant and providers if warranted.
- WellWise Services Area Agency on Aging will speak with Office of Inspector General (OIG) and/or Michigan Department of Health and Human Services (MDHHS) regarding any complaints if warranted.
- If the fraud is determined to be committed knowingly and is over \$5000, WellWise Services Area Agency on Aging is required to submit to OIG. They will investigate and make determination to prosecute or not with court guidance.
- WellWise Services Area Agency on Aging will be required to recoup any overpayments relevant to the fraud.
- If OIG determines to sanction the person involved in the fraud (provider agency or staff), WellWise Services Area Agency on Aging will no longer be able to use that provider or staff.
- WellWise Services Area Agency on Aging and all providers are required to do monthly sanction checks to make sure that there are no staff or providers listed. If so, they must be removed immediately.

WellWise Services Area Agency on Aging Additional Compliance Tasks.

Detection of Potential Fraud or abuse

WellWise Services Area Agency on Aging combats Medicaid fraud, waste, and abuse by investigation:

- Investigating tips/grievances reported through Compliance Hotline and email box.
- Auditing service providers for billing irregularities or over payments
- Data Mining agency billing claims data,
- Educating staff, service providers, and participants on compliance with state and federal laws.

Topic four



How to report

How To Report Fraud

Requirements

- WellWise Services Area Agency on Aging staff members, participants, and service providers and their staff are required to report potential Medicaid fraud, waste, and abuse cases.

Reports may be submitted anonymously or by leaving a name and contact information through one of the following options:

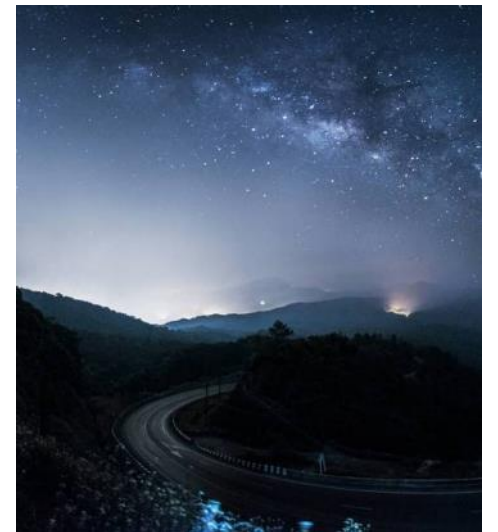
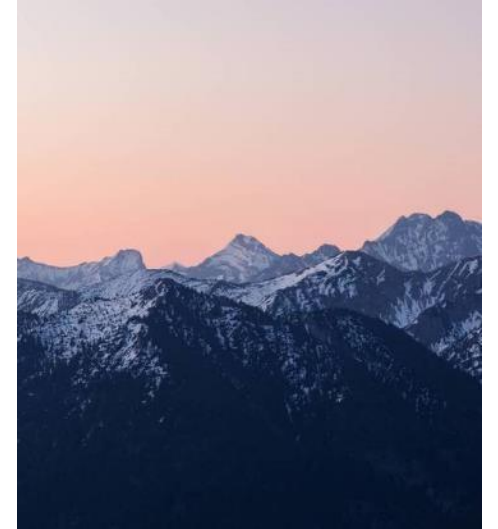
- The WellWise Services Area Agency on Aging Compliance Hotline (517-592-1659) .
- The WellWise Services Area Agency on Aging Hotline Mailbox (Compliance.Hotline@wellwiseservices.org)
- The Michigan Department of Health and Human Services, Office of Inspector General (MDHHS OIG) by calling 855-MI-FRAUD (643-7283) or sending a memo or letter to:

MDHHS Office of
Inspector General
P.O. Box 30062
Lansing, MI 48909
- Reports of suspicions of fraud can also be made online at www.michigan.gov/fraud

Summary

All WellWise Services Area Agency on Aging staff, providers, and provider staff are required to report any potential fraud to WellWise Services Area Agency on Aging Compliance Officer.

It is everyone's responsibility to be vigilant in reporting any fraud, waste, or abuse.



Compliance and Provider Team

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Compliance Officer

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Contracts and Provider Specialist

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Contracts & Provider Specialist

Contact Information:

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**Together we are better in
fighting fraud, waste, and abuse**

Thank you