

Fraud, Waste & Abuse



2013 TRAINING COURSE

Provided by **Health Care Service Corporation**
& its subsidiaries

Welcome to your Fraud, Waste & Abuse training. Throughout this course, you're going to receive some valuable answers to some very important questions.

WHY?

is this training so important



**The Bottom
Line**



Who Am I In
the Big Picture

WHO  ?



WHAT?

can I do to stop fraud, waste & abuse

The Action Steps



FRAUD WASTE & ABUSE

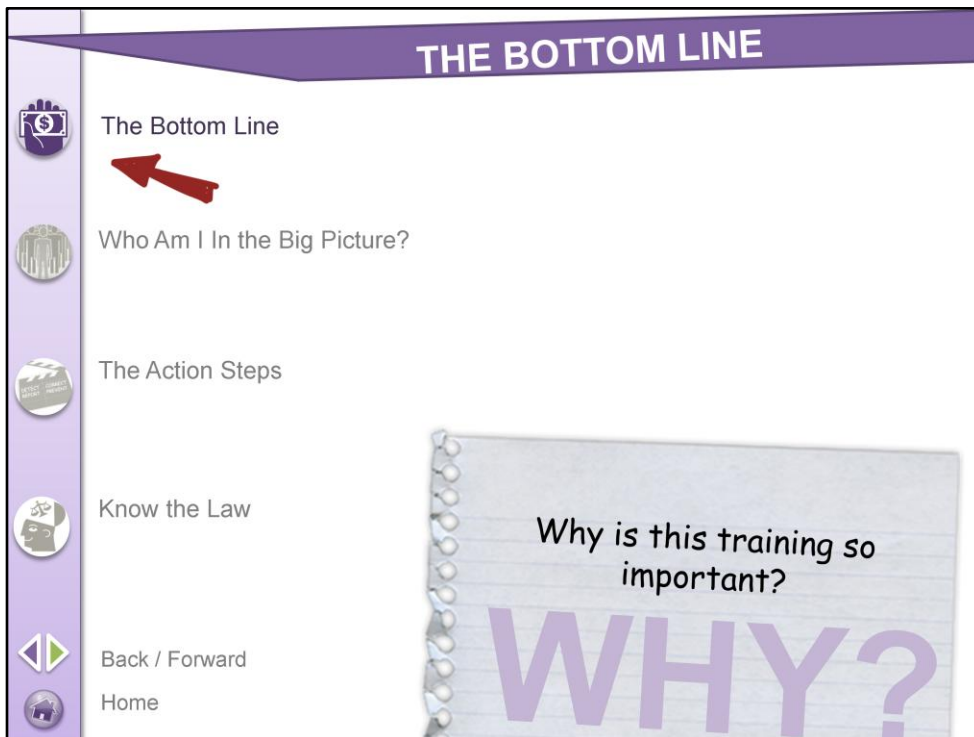


What do I need to know about the

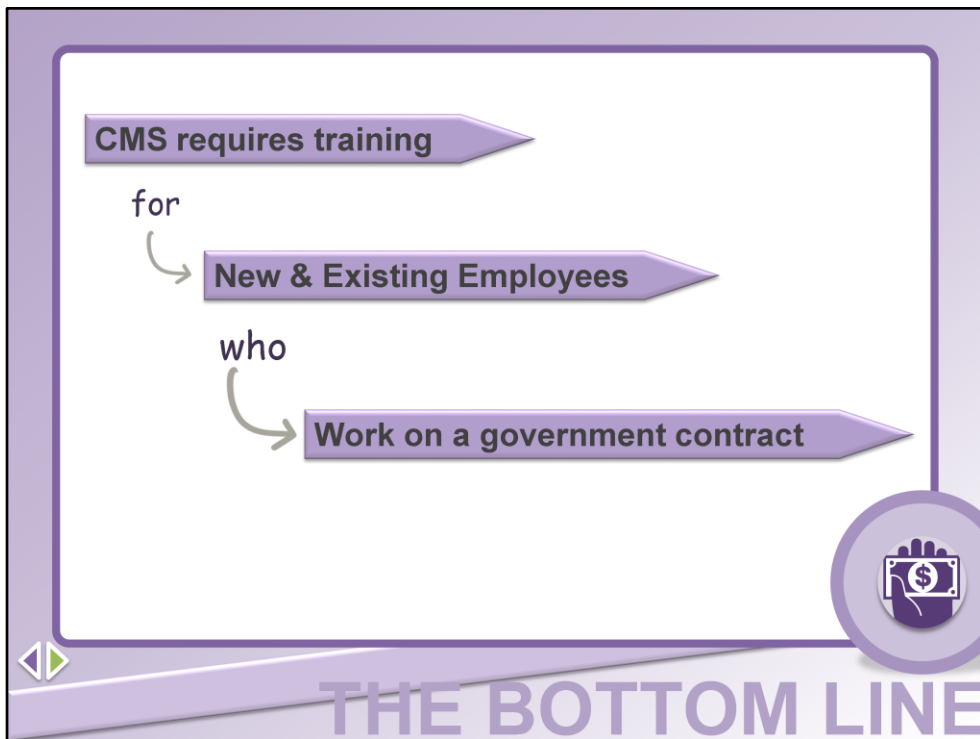


**Know
the Law**

LAW?



The course is divided into four topics. Let's start with The Bottom Line and answer the first question: Why is this training so important?



A big reason why you are taking this course today is because Fraud, Waste and Abuse (FWA) training is mandated by the Centers for Medicare & Medicaid Services (CMS). It is required training for any new or existing employees, temporary employees, contractors or vocational technical workers who work directly or indirectly on a government contract.

1. Written Policies, Procedures and Standards of Conduct
2. Compliance Officer, Compliance Committee and High Level Oversight
3. Effective Training and Education
4. Effective Lines of Communication
5. Well Publicized Disciplinary Standards
6. Effective System for Routine Monitoring and Identification of Compliance Risks
7. Procedures and System for Prompt Response to Compliance Issues

7 CMS Core Requirements

THE BOTTOM LINE

CMS outlines seven core requirements of an effective compliance program, including established policies and procedures, effective training and communication, as well as enforcement of compliance and ethics standards. Here are all seven core requirements.

1. Written Policies, Procedures and Standards of Conduct
2. Compliance Officer, Compliance Committee and High Level Oversight
3. Effective Training and Education
4. Effective Lines of Communication
5. Well Publicized Disciplinary Standards
6. Effective System for Routine Monitoring and Identification of Compliance Risks
7. Procedures and System for Prompt Response to Compliance Issues

Click [here](#) to view Chapter 9

7 CMS Core Requirements

THE BOTTOM LINE

These core requirements are outlined in Chapter 9 of the Medicare Prescription Drug Manual and in Chapter 21 of the Medicare Managed Care Manual. The content in Chapter 9 & Chapter 21 is the same.

Health Care Service Corporation (HCSC) fully supports and implements these seven core requirements as well as the seven US Sentencing Guidelines.

But what are the real reasons behind all of these requirements? What is the bottom line?

Chapter 9 link: www.cms.gov/Medicare/Prescription-Drug-Coverage/.../Chapter9.pdf



Take a look at what's on this desk. What do you think is going on here? Click on the magnifying glass for some clues.





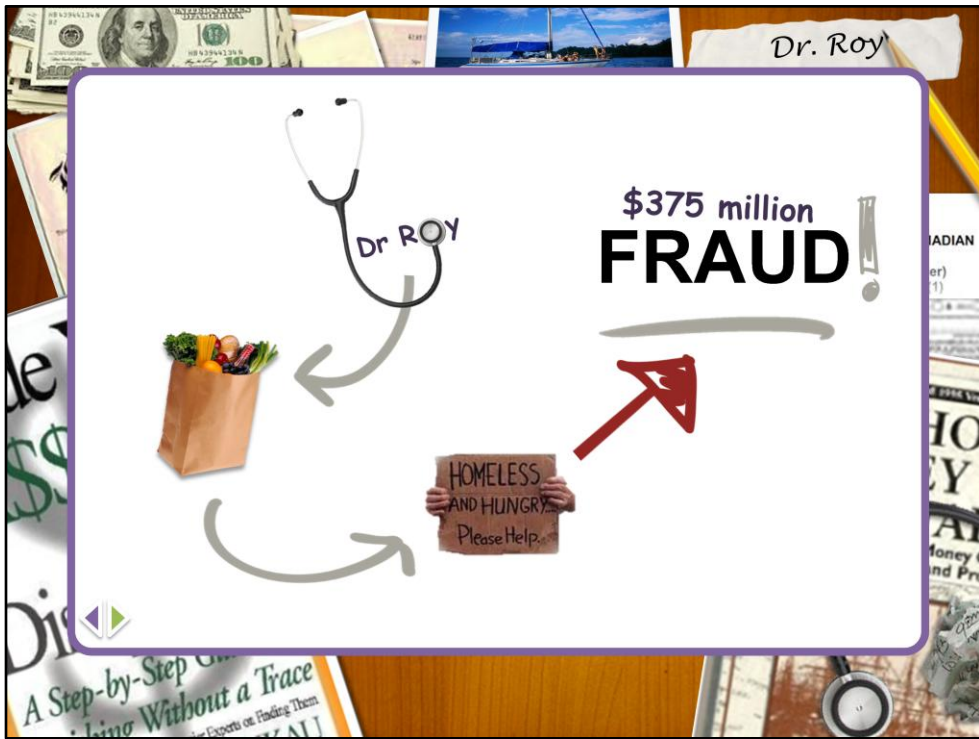




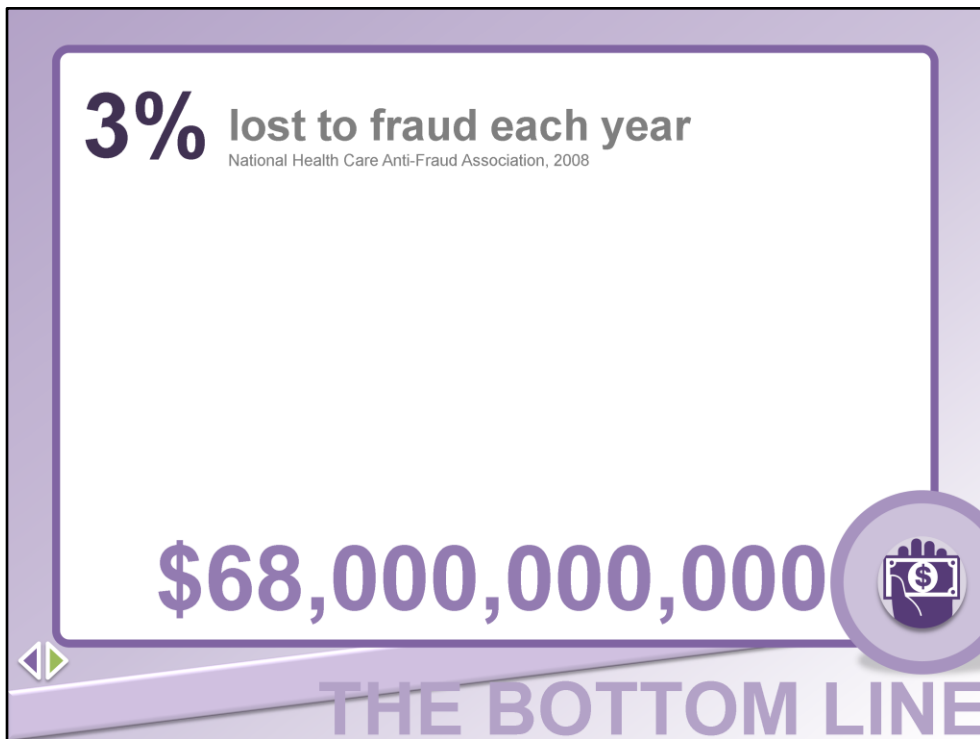




Does any of this look suspicious to you? These items were actually found in the house of Dr. Roy, a home health care doctor, who was indicted with scheming Medicare out of 375 million dollars!

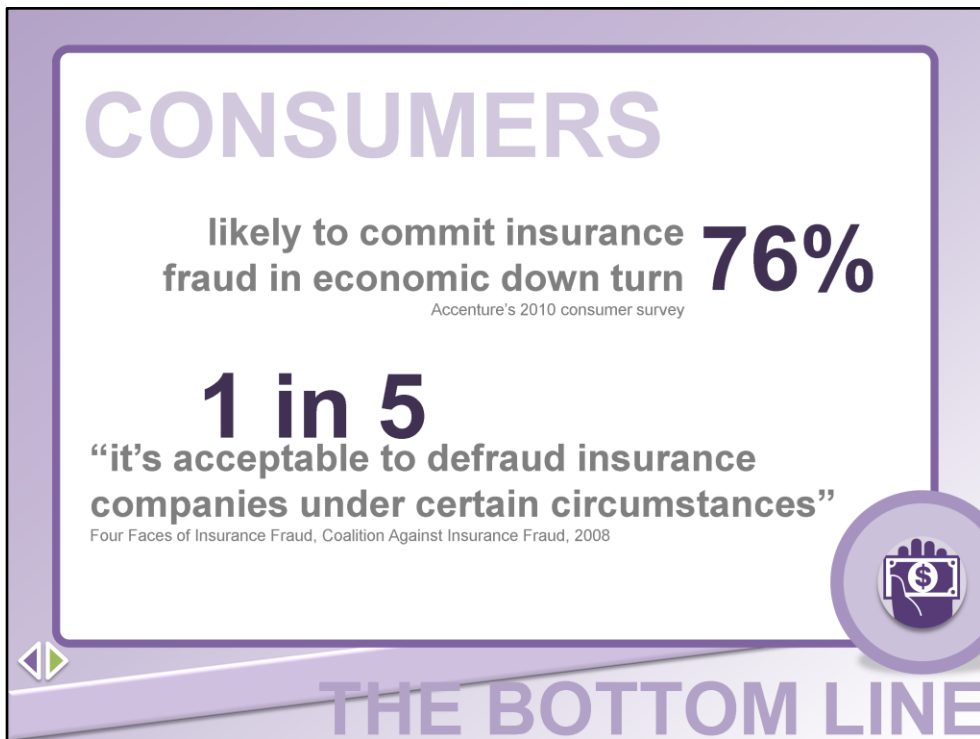


In some cases, it is alleged that Dr. Roy recruited Medicare patients by offering them cash and groceries in return for signing up for home health care. Some of the recruits did not even have a home to visit—they were recruited from homeless shelters. Sound suspicious? If the court determines that these allegations are true, it could be one of the largest Medicare fraud schemes investigators have ever discovered.



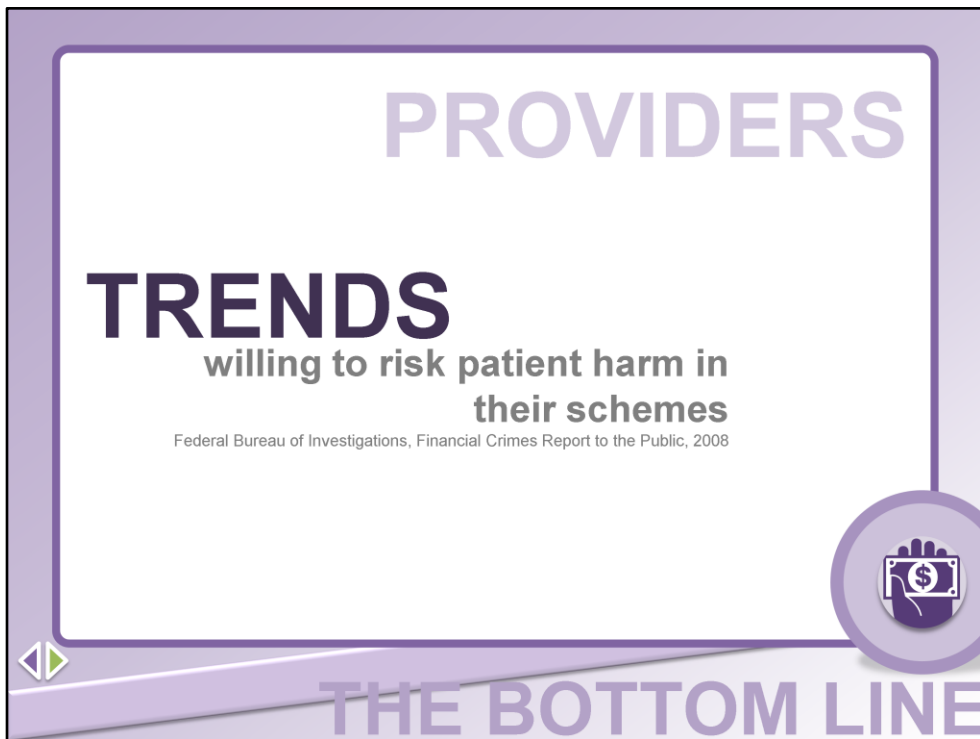
If Dr. Roy's scheme seems alarming, take a look at these statistics.

At least 3% of government healthcare spending—over \$68 billion—is lost to fraud each year. 3% is a conservative estimate. Behind this statistic are some damaging attitudes towards fraud, which are the underlying reasons why fraud continues. Take a look.



Consumer tolerance of insurance fraud has increased in recent years. 76% of consumers say they’re more likely to commit insurance fraud during an economic down turn than during normal times (that’s up from 66% in 2003).

1 in 5 adults in the US (about 45 million people) say it’s acceptable to defraud insurance companies under certain circumstances.



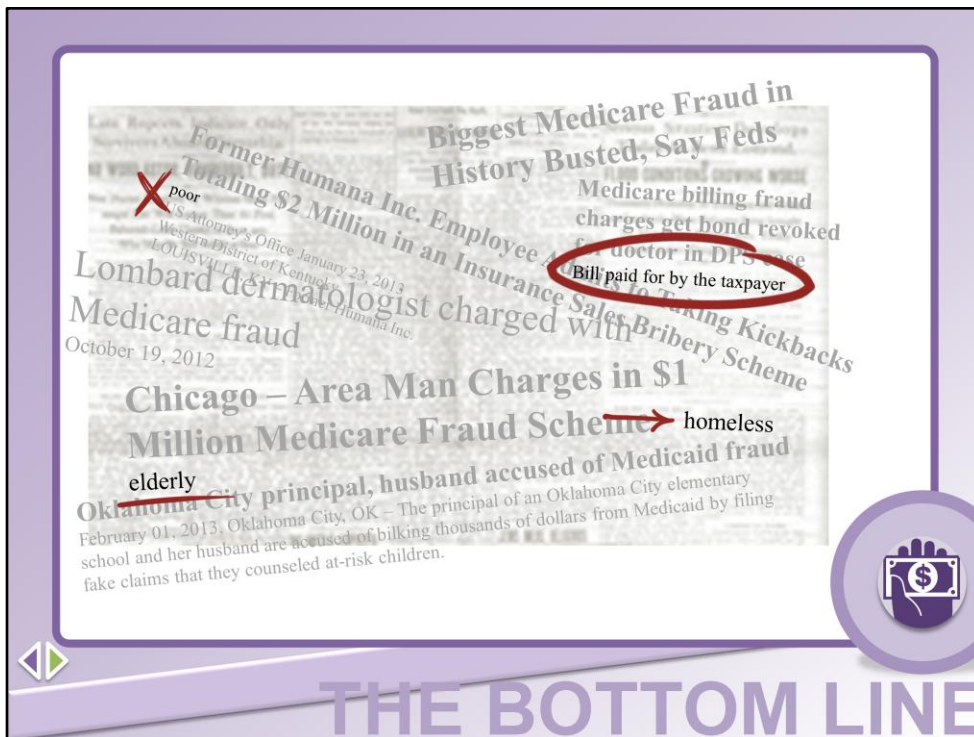
The FBI reported in 2008 that one of the most significant trends observed in recent health care fraud cases includes the willingness of medical professionals to risk patient harm in their schemes.

These are staggering statistics. The fact that there are plenty of people out there willing to be dishonest, is reason enough to require some accountability.

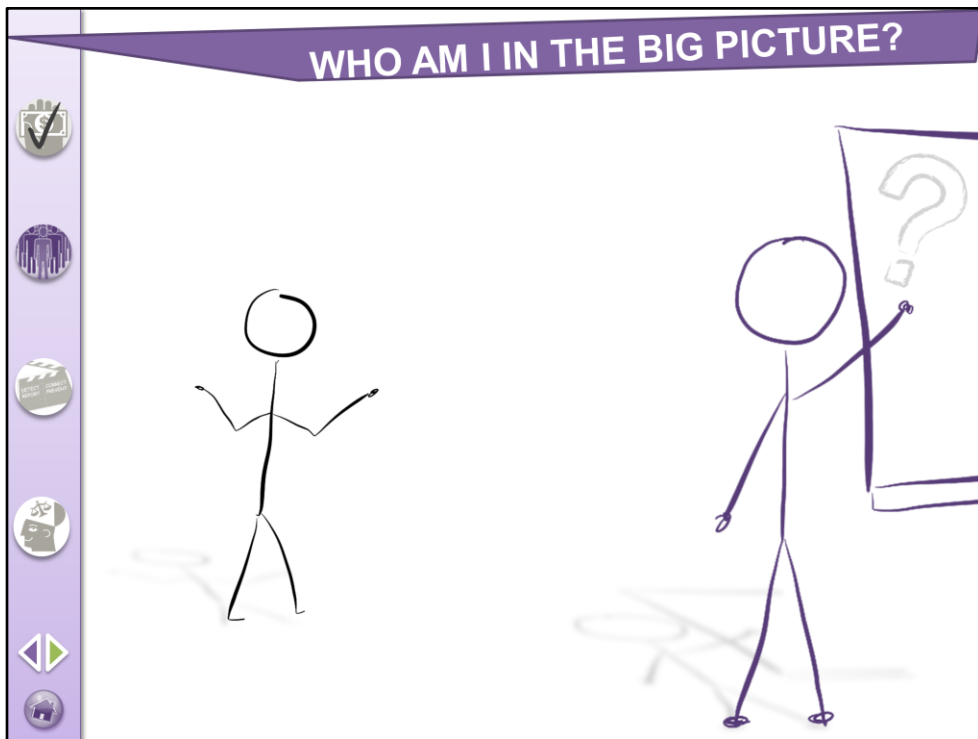


It's clear that some people are missing the point. People commit fraud...look the other way...wink at dishonesty.

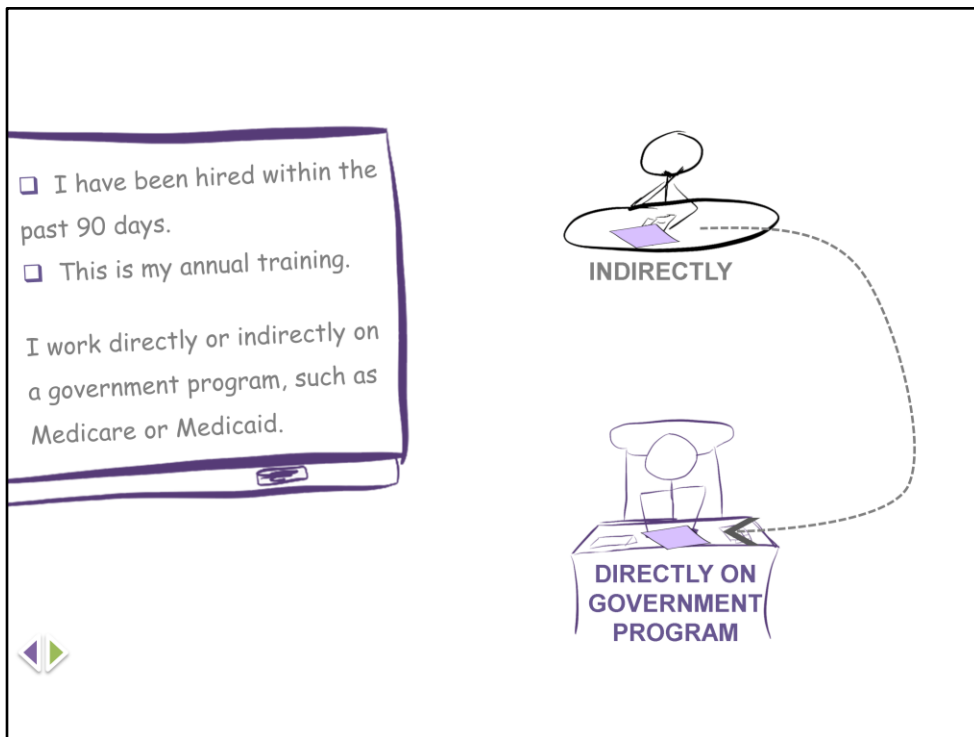
But who are they cheating? This is the bottom line.



Ultimately, they are cheating you, the taxpayer, and possibly causing harm to the most vulnerable people in our society. The elderly, the poor and, yes, even the homeless. The good news is...you can do something about it.



You are the key to preventing fraud, waste and abuse. So, let's look at who you are in the big picture.



You have either recently been hired or contracted (within the past 90 days) or this is your annual training. In either case, you work **directly** on a government program (Government Programs include Medicare, Medicaid and Medicare & Medicaid Alignment Initiative) or your job may touch a government program in an **indirect** way. For example, your work may involve processing claims for Medicare only occasionally, or you may work in imaging, the mailroom or IT and you may handle documents or may access systems containing information that is linked to a government program.



Being in such a position comes with responsibilities. Here are some of the things you should know as you work on government programs.

Know and abide by the terms of the government contract you are performing services for and stay true to your company's Code. This, along with abiding by any relevant laws and regulations, is one of the best ways to maintain a good working relationship with the government.

You must be truthful and cooperate fully when interacting with government agencies, providing accurate and complete information.

HCSC Code of Conduct link:

http://www.hisc.net/code_conduct/pdf/hc_code_conduct.pdf



Report any improper payment to government officials or from suppliers and vendors, including gifts, money and anything of value to your Compliance Officer or HCSC's Government Programs Compliance Officer, Kim Green. A violation by you of the laws and regulations regarding gifts to government employees can result in serious criminal and/or civil legal consequences.

Comply with the laws that impact government programs. Throughout this course, you'll be taking Law Litmus Tests to assess your own knowledge of these laws. We'll keep you up-to-date with the newest changes in the law.

6 Avoid conflicts of interest



Avoid conflicts of interest. If you are faced with a business decision or other employment or professional responsibility, and you feel that your own personal interest or personal gain is influencing your judgment, stop and take a good look at the facts. Are you considering the business interests of HCSC and/or your employer? Is there a conflict between what is good for the company and what may benefit you or someone close to you? If so, there may be a conflict of interest. If you are not sure, talk with your manager and keep in mind that even the appearance of a conflict of interest creates problems regardless of your intentions.



Another one of your responsibilities—and the main purpose of this course—is to recognize and report fraud, waste and abuse. If you are aware of fraud, waste or abuse, but fail to report it, you may be subject to disciplinary action. We’ve already looked at WHY we should report fraud, but you may still have some unanswered questions. HOW do I report fraud? WHO do I report it to? WHERE can I turn for help?

Let’s start at the top and see where you fit into the big picture.

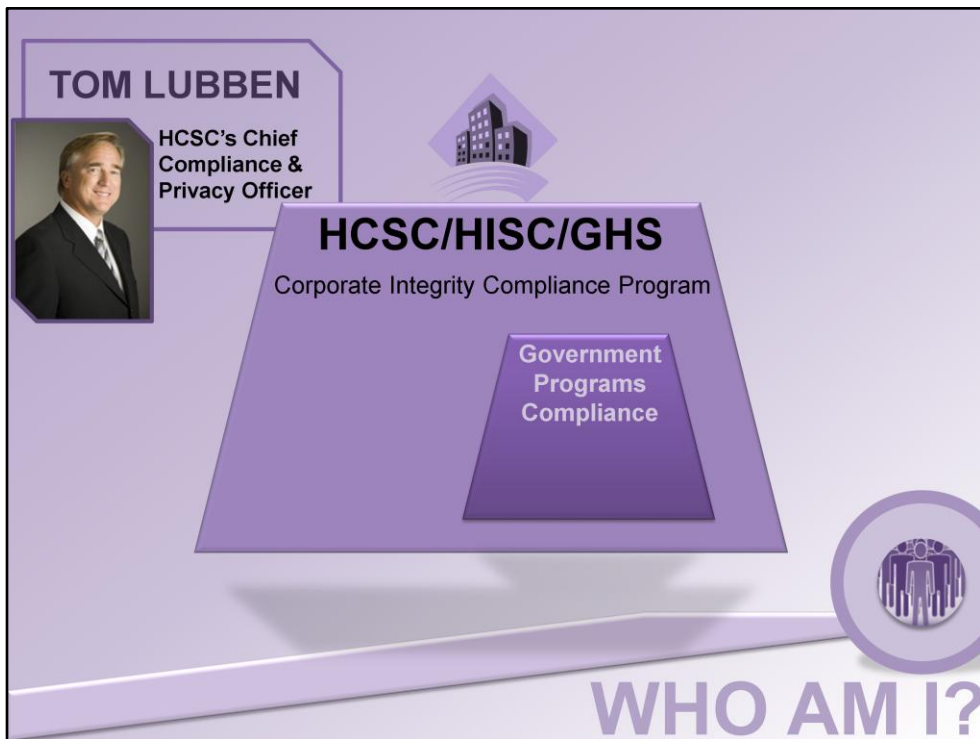


Here are HCSC, HISC and GHS, the Plan Sponsors. HISC stands for HCSC Insurance Services Company and is a wholly owned subsidiary of HCSC. GHS HMO, Incorporated DBA BlueLincs HMO is a wholly owned subsidiary of Blue Cross and Blue Shield of Oklahoma.

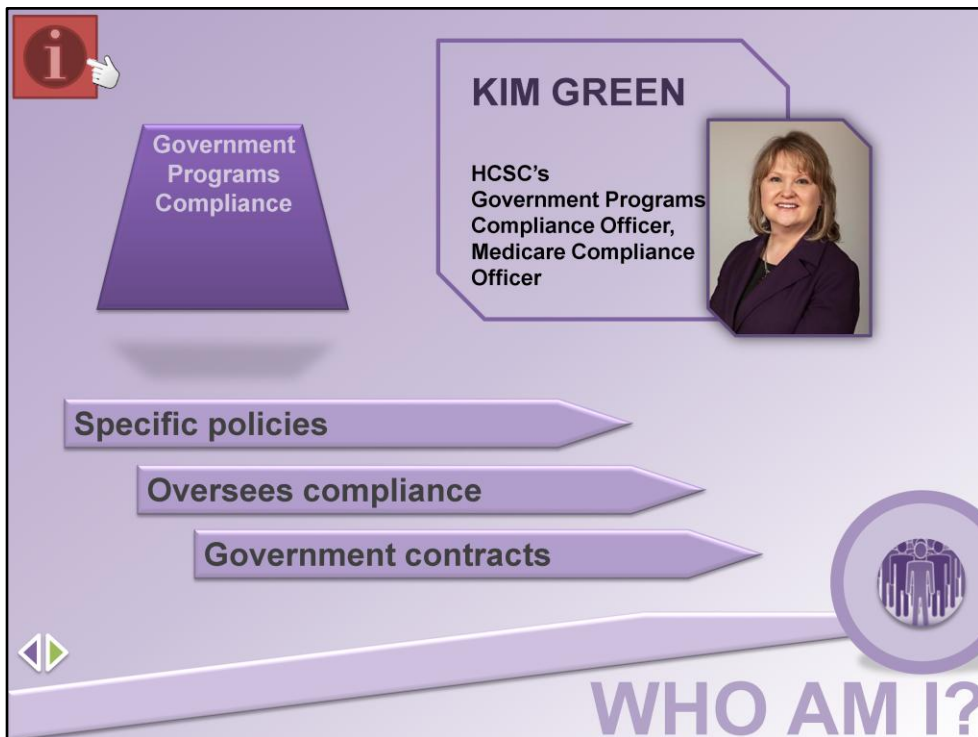
HCSC maintains a Corporate Integrity and Compliance Program that covers everything from the company's core values to cooperating with the government. HCSC is committed to fostering a culture of ethics and compliance in the workplace.



HCSC's Chief Compliance and Privacy Officer is Tom Lubben.



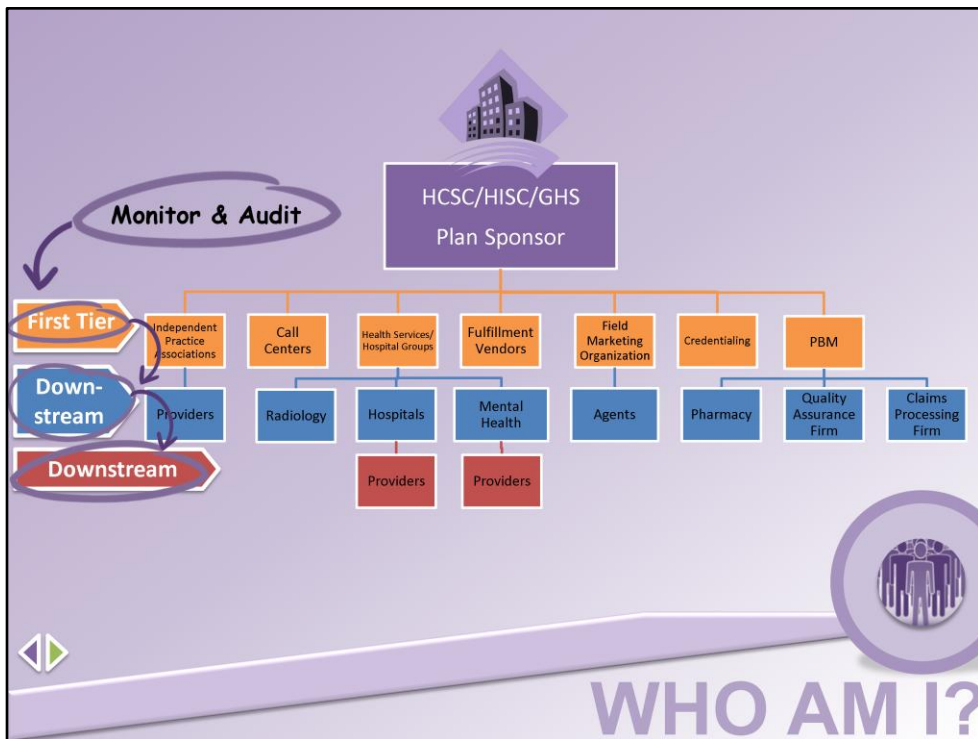
A portion of the Compliance Program is devoted to Government Programs Compliance.



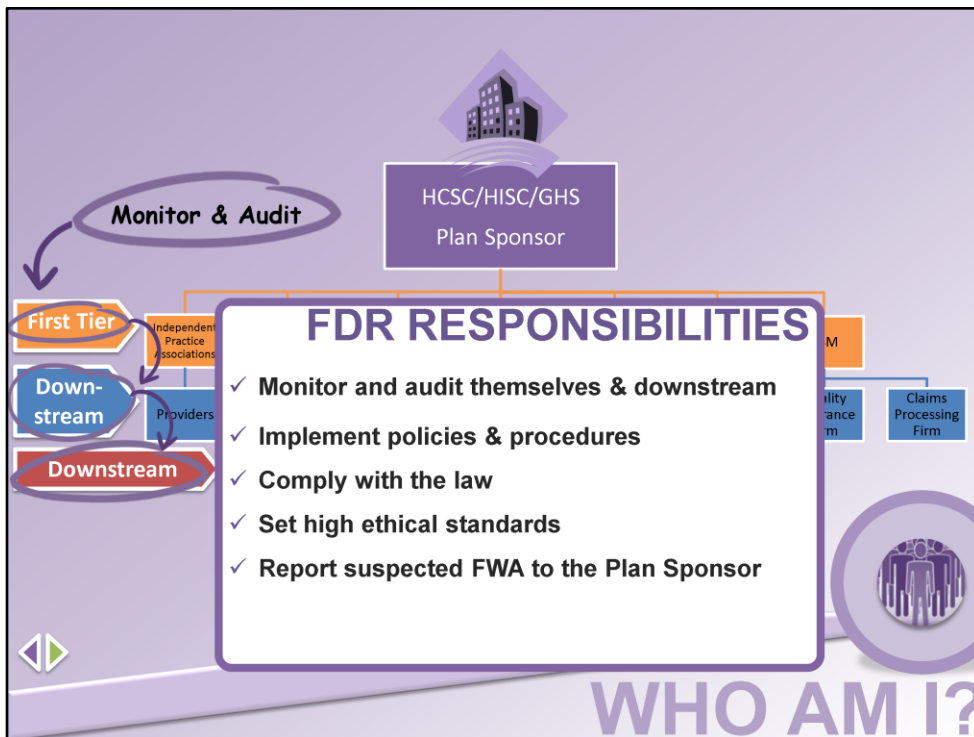
Government Programs Compliance has its own set of specific policies, rules and regulations that address compliance with the company's government contracts. HCSC's Government Programs Compliance Officer, Medicare Compliance Officer is Kim Green.

Click the information icon to go to our website and view the HCSC Corporate Integrity and Compliance Program, including Government Contracts Medicare Compliance Policies and Procedures.

Link to HISC website: <http://hisccompliance.com/>



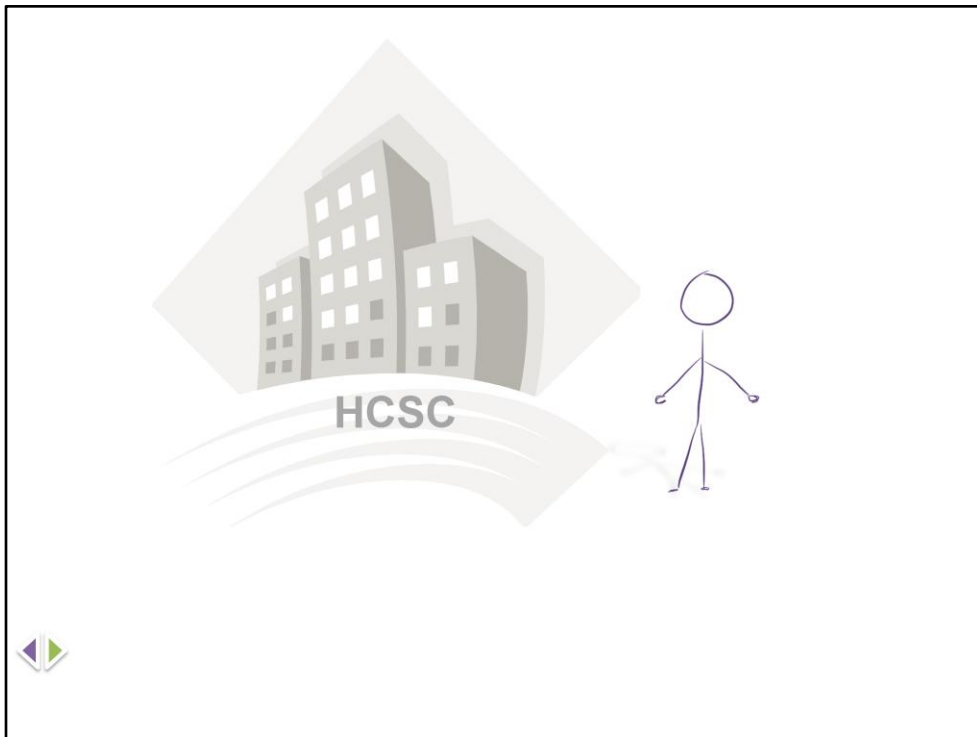
The Plan Sponsors are responsible for providing education to their First-tier, Downstream and Related Entities (or FDRs). The Plan Sponsors also conduct routine monitoring and auditing of their FDRs to ensure contract compliance and to help identify potential risks. Every FDR has the responsibility to perform monitoring and auditing of their own activities, and the activities of their downstream entities.



It is the responsibility of each FDR to implement their own policies and procedures, or adopt HCSC's policies and procedures, that address fraud, waste and abuse. Each FDR shares the commitment, not only to comply with the law and the spirit of the law, but to also set a high ethical standard where employees act fairly and honestly. FDRs have the responsibility to report suspected fraud, waste and abuse to the Plan Sponsor.



In Dr. Roy's case, seventy-eight companies associated with him had their Medicare eligibility suspended as a result of his indictment.



That's why your participation is required in combatting fraud, waste and abuse. We can't do it without you. You have the full support of HCSC's senior leadership. Together we can make a difference.



Let's get started by applying the four action steps of Detect, Report, Correct & Prevent...



...beginning with Detect.

Detect

Fraud Waste Abuse

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice—

- (1) To defraud any health care benefit program or
- (2) 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

US Code Title 18, Section 1347

ACTION STEPS

Fraud, waste and abuse detection begins by knowing what fraud, waste & abuse are. Take a moment to review US Code Title 18, Section 1347.

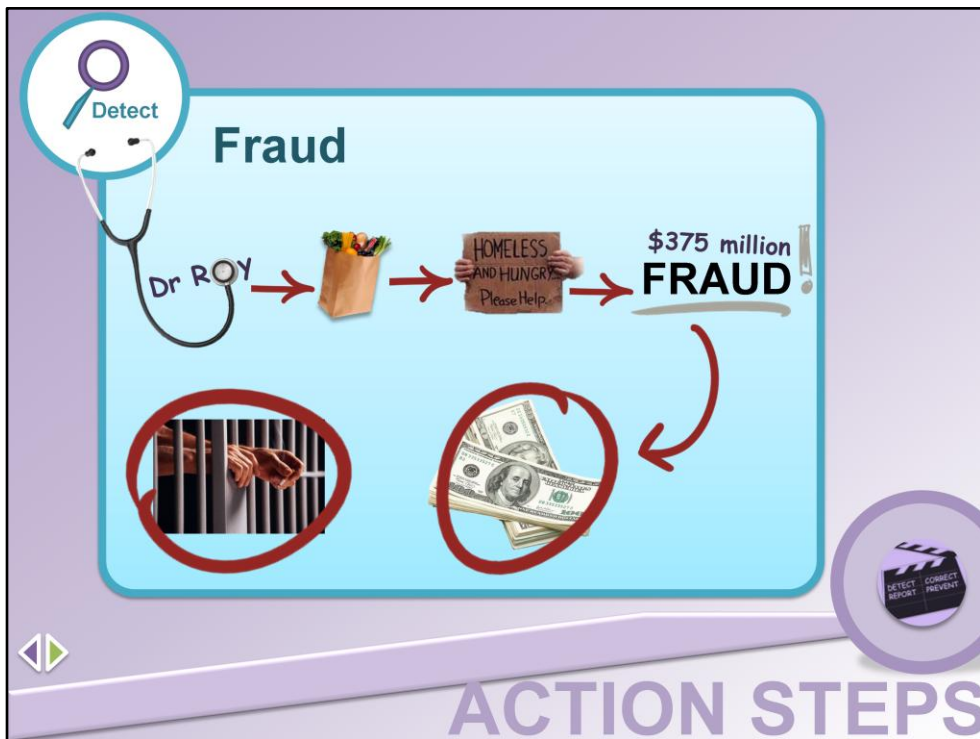
Fraud

False information is intentionally submitted to the government to get money or a benefit

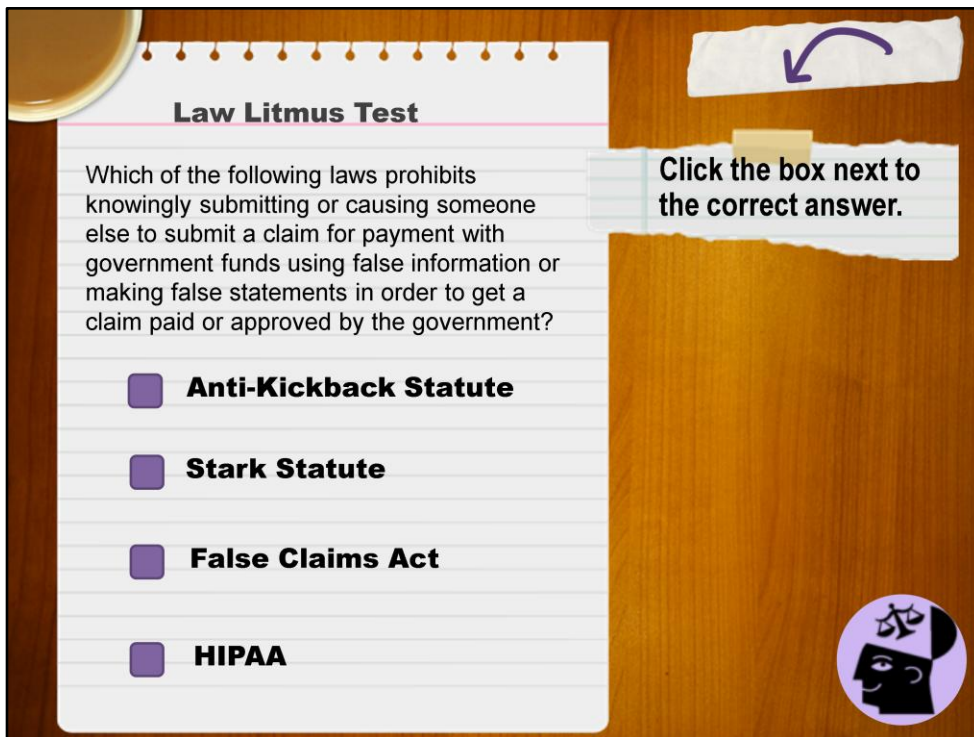
US Code Title 18, Section 1347

ACTION STEPS

What does all of this mean? It means that false information is intentionally submitted to the government or a government contractor to get money or a benefit.



In the case of Dr. Roy, if he is found guilty of scheming to trick the health insurance company and the government by submitting claims for services he never rendered, he could be fined, imprisoned or both. This brings us to our first Law Litmus Test.




Law Litmus Test

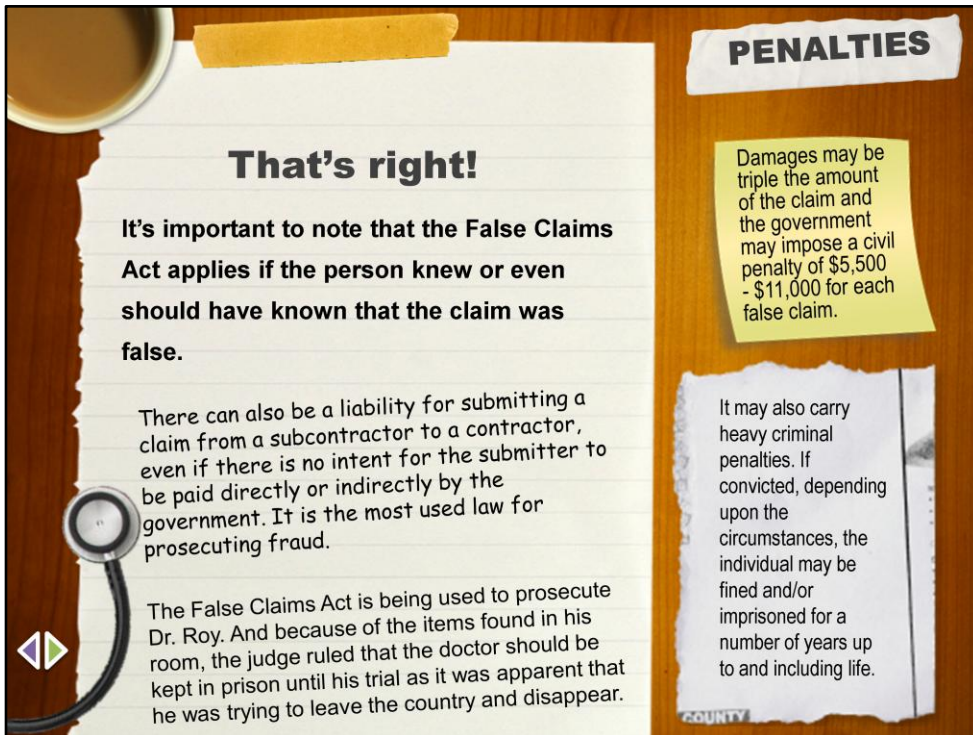
Which of the following laws prohibits knowingly submitting or causing someone else to submit a claim for payment with government funds using false information or making false statements in order to get a claim paid or approved by the government?

- ☐ **Anti-Kickback Statute**
- ☐ **Stark Statute**
- ☐ **False Claims Act**
- ☐ **HIPAA**

Click the box next to the correct answer.



Click the box next to the correct answer.



That's right!

It's important to note that the False Claims Act applies if the person knew or even should have known that the claim was false.

There can also be a liability for submitting a claim from a subcontractor to a contractor, even if there is no intent for the submitter to be paid directly or indirectly by the government. It is the most used law for prosecuting fraud.

The False Claims Act is being used to prosecute Dr. Roy. And because of the items found in his room, the judge ruled that the doctor should be kept in prison until his trial as it was apparent that he was trying to leave the country and disappear.

PENALTIES

Damages may be triple the amount of the claim and the government may impose a civil penalty of \$5,500 - \$11,000 for each false claim.

It may also carry heavy criminal penalties. If convicted, depending upon the circumstances, the individual may be fined and/or imprisoned for a number of years up to and including life.




Waste and Abuse are similar to fraud in that they result in unnecessary costs to the Medicare program. The difference lies in the intention. Fraud is intentional. Waste and Abuse generally are not.



Waste is the overutilization of services that result in unnecessary costs to the government program. It is generally not considered to be criminally negligent, but rather a misuse of resources.

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

It is not important for you to determine whether it is fraud, waste or abuse, only that you are able to detect it and report it. Your compliance department or HCSC's Government Programs Compliance Department or Special Investigations Department (SID) will investigate and decide on the next steps.

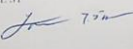


Which prescription is suspicious?

LIC. # 01245135468725 **XYZ Diagnostics, Inc.** 24975

1604 Alphabet Rd, Suite ABC, Attoz, AL 54545
TEL: (800) 123-4567 FAX: (800) 123-4568

PATIENT NAME: JOHNNIE DOE DOB 10/11/70
ADDRESS: 1212 PURDUE ST DATE 7/10/2013



JANE DOOLITTLE, MD

☐ LABEL ☐ DO NOT SUBSTITUTE


LIC. # 01245135468725 **XYZ Diagnostics, Inc.** 24975

1604 Alphabet Rd, Suite ABC, Attoz, AL 54545
TEL: (800) 123-4567 FAX: (800) 123-4568

PATIENT NAME: JOHNNIE DOE DOB 10/11/70
ADDRESS: 1212 PURDUE ST DATE 8/08/2013


JANE DOOLITTLE, MD

☐ LABEL ☐ DO NOT SUBSTITUTE



ACTION STEPS

Let's put your detective skills to the test. Click on the prescription that seems suspicious.

Detect

CORRECT!

XYZ Diagnostics, Inc.
1604 Alphabet Rd, Suite ABC, Attoz, AL 54545
TEL: (800) 123-4567 FAX: (800) 123-4568

PATIENT NAME: JOHNNIE DOE
ADDRESS: 1212 PURDUE ST
DOB: 10/11/70
DATE: 8/20/2013

JANE DOOLITTLE, MD

☐ I AM REF. ☐ DO NOT SUBSTITUTE

It appears that the date on this prescription has been altered.

DETECT REPORT CORRECT PREVENT

ACTION STEPS


Correct! If you look closely, it appears that the date on this prescription has been altered.

**PRESCRIPTIONS & MEDICINE
FRAUD CLUES**


- Many identical prescriptions in a short time
- Prescription does not match the beneficiary's medical history
- Generics are being provided when prescription requires a brand
- Drugs are expired.

ACTION STEPS


Here are some other indicators that may provide fraud clues regarding prescriptions and medicine.




Which scenario is suspicious?




This is a simple case of tonsillitis. You'll be out of the hospital today.



I'm going to run a series of 12 tests: an MRI, blood work, CAT Scan...

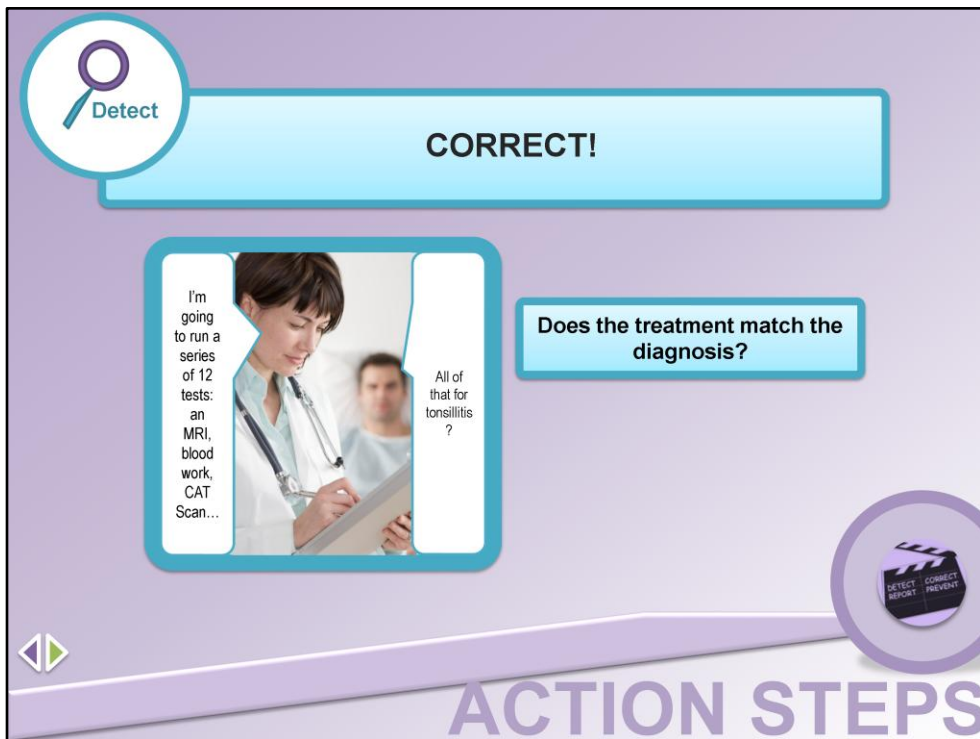


All of that for tonsillitis?

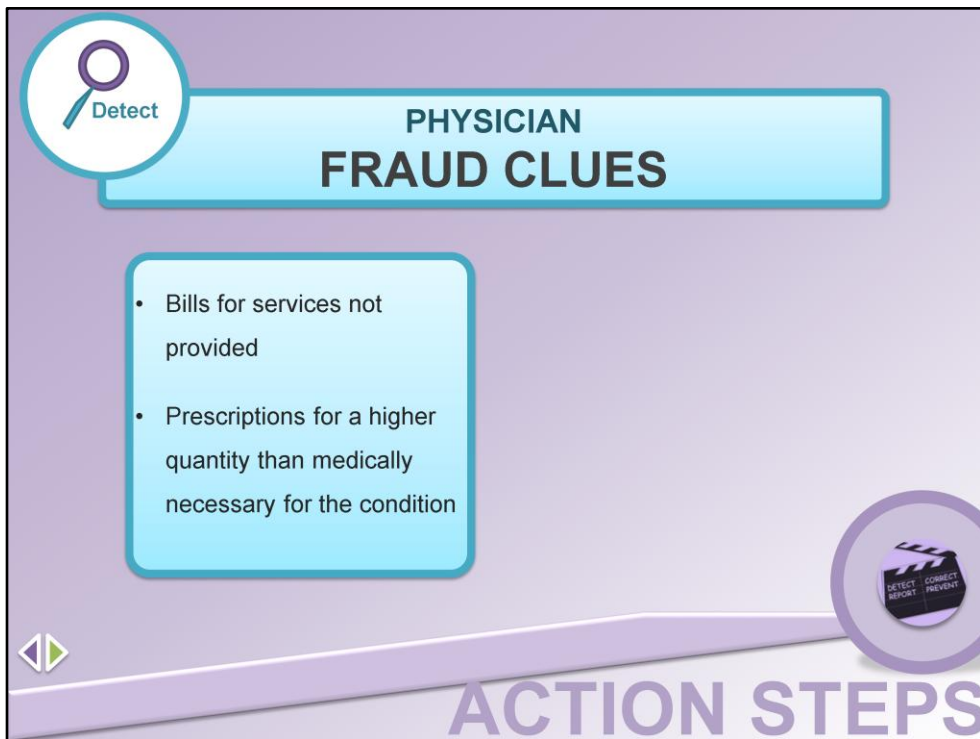


ACTION STEPS


Click on the scenario that seems suspicious.



Correct! If the treatment plan does not match the diagnosis, it could be a sign of fraud, waste or abuse.




Here are some additional indicators of fraud to keep an eye on.




Read the sales scenarios below.


Which one is suspicious?



If you sign up for Medicare today and make Dr. Popper your primary physician, you'll get a \$100 gift card.

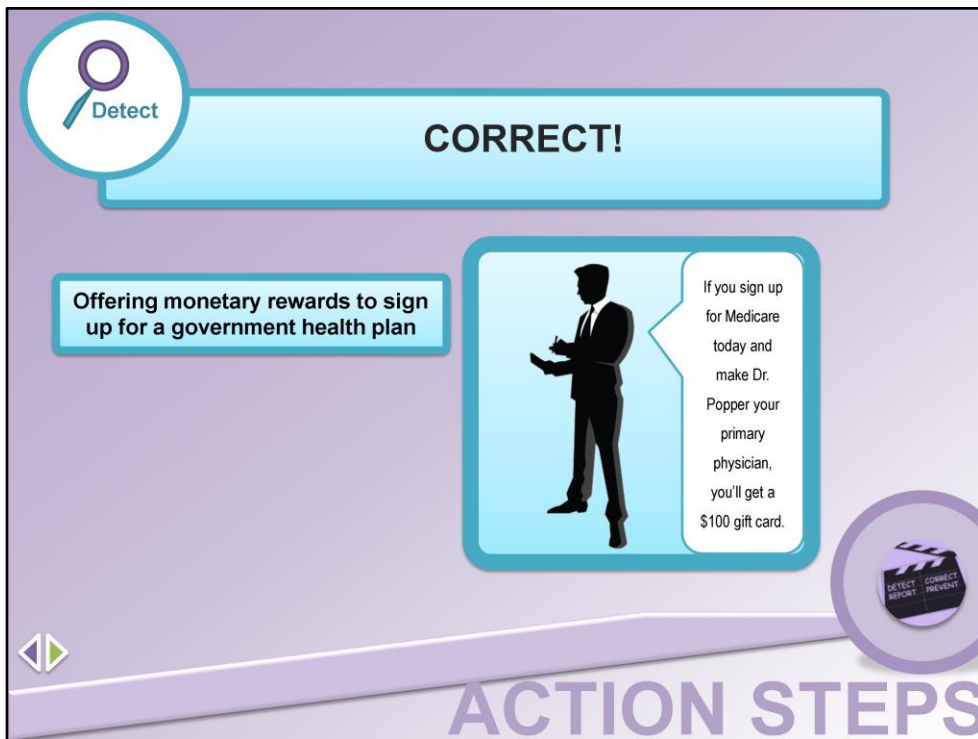
These are the services you can expect if you sign up for Medicare. I've also provided a list of doctors in your area who accept Medicare.





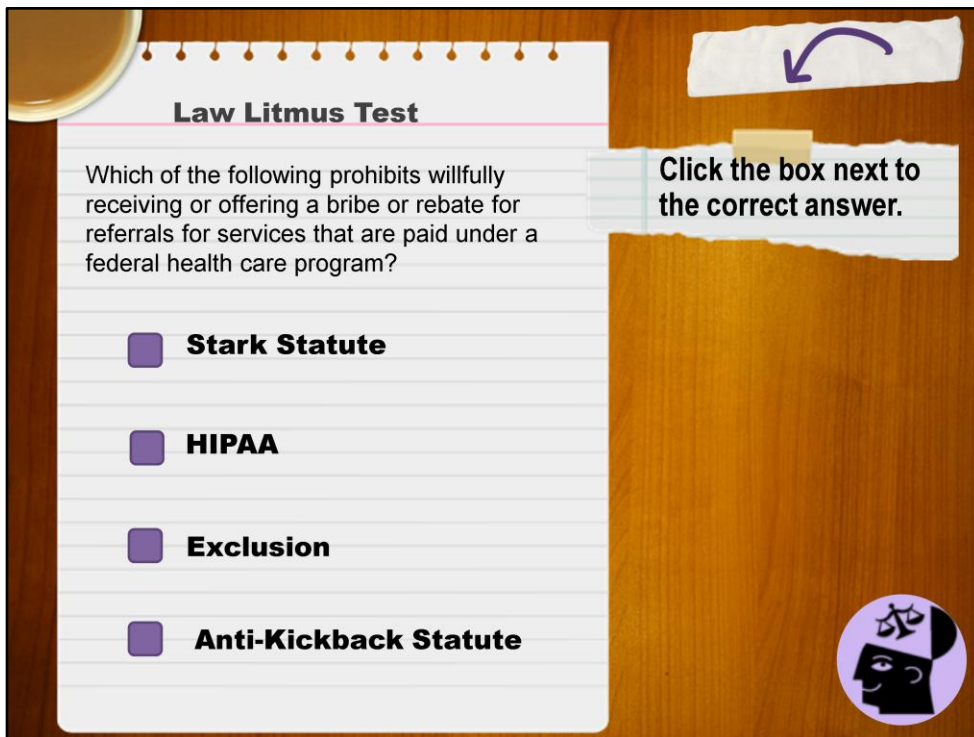
ACTION STEPS

Click on the sales scenario that seems suspicious.



That's right. Offering any kind of monetary reward to entice an individual to sign up for a particular government health plan is illegal. Also, it appears that the salesman may have an arrangement with Dr. Popper to refer patients to him.

Let's take a closer look at what's going on in this scenario in the next Law Litmus Test.



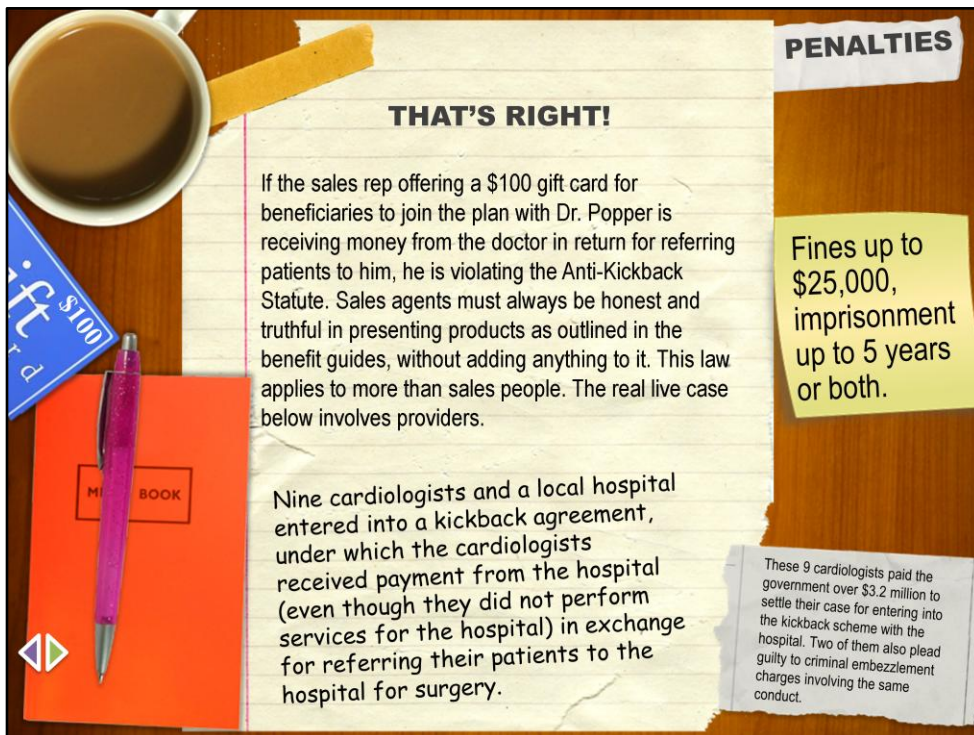
Law Litmus Test

Which of the following prohibits willfully receiving or offering a bribe or rebate for referrals for services that are paid under a federal health care program?

- ☐ **Stark Statute**
- ☐ **HIPAA**
- ☐ **Exclusion**
- ☐ **Anti-Kickback Statute**

Click the box next to the correct answer.

Click the box next to the correct answer.



PENALTIES

THAT'S RIGHT!

If the sales rep offering a \$100 gift card for beneficiaries to join the plan with Dr. Popper is receiving money from the doctor in return for referring patients to him, he is violating the Anti-Kickback Statute. Sales agents must always be honest and truthful in presenting products as outlined in the benefit guides, without adding anything to it. This law applies to more than sales people. The real live case below involves providers.

Fines up to \$25,000, imprisonment up to 5 years or both.

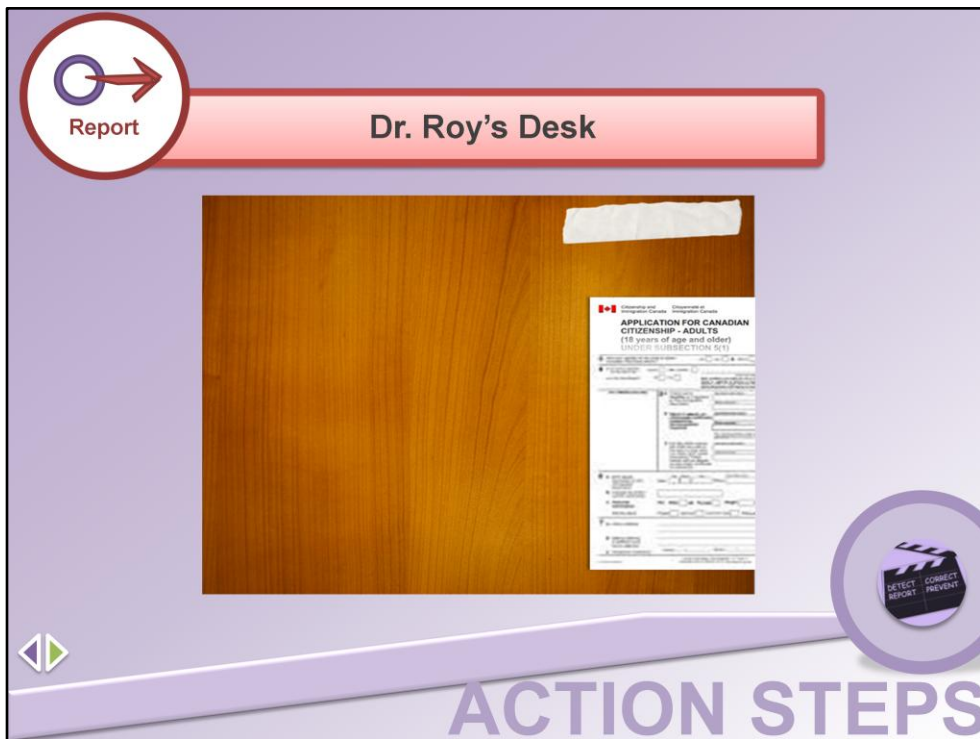
Nine cardiologists and a local hospital entered into a kickback agreement, under which the cardiologists received payment from the hospital (even though they did not perform services for the hospital) in exchange for referring their patients to the hospital for surgery.

These 9 cardiologists paid the government over \$3.2 million to settle their case for entering into the kickback scheme with the hospital. Two of them also plead guilty to criminal embezzlement charges involving the same conduct.

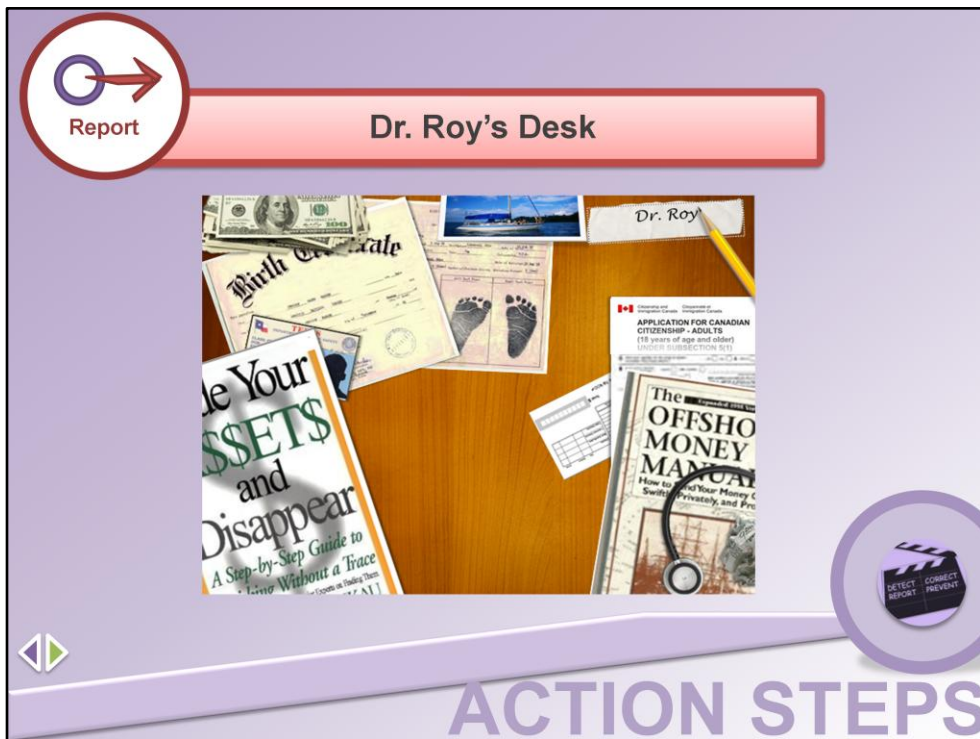


Detect is the first action step in fighting fraud, waste and abuse. If you spot something suspicious, it's time to move to the second step...Report.



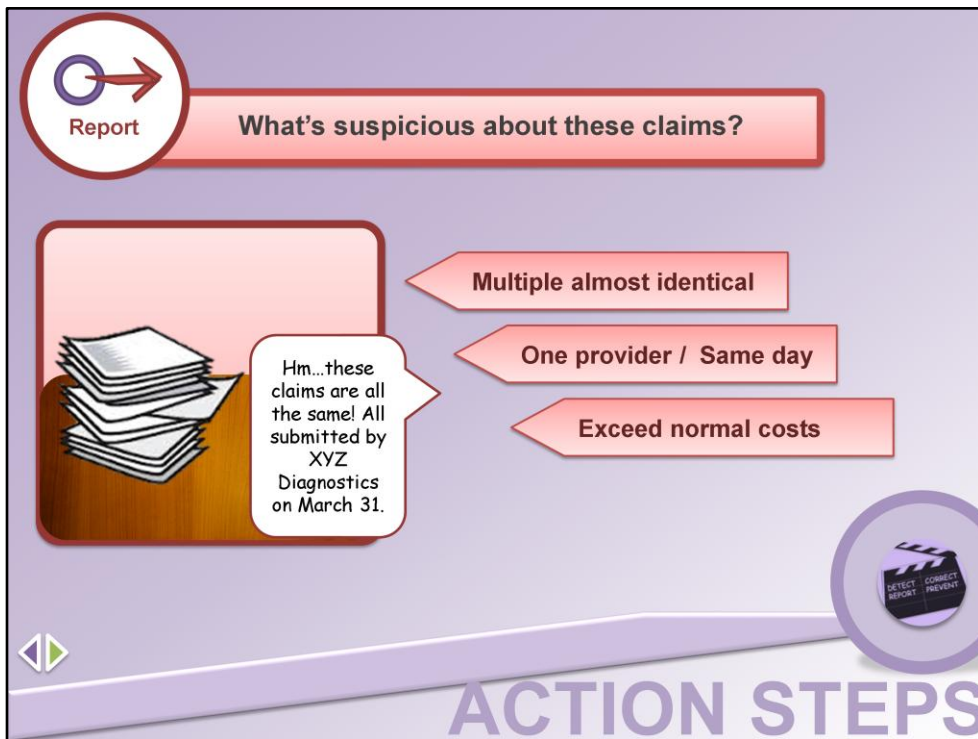


Take another look at Dr. Roy's desk. What if there was only one clue? Would you suspect something? Maybe, but not necessarily.



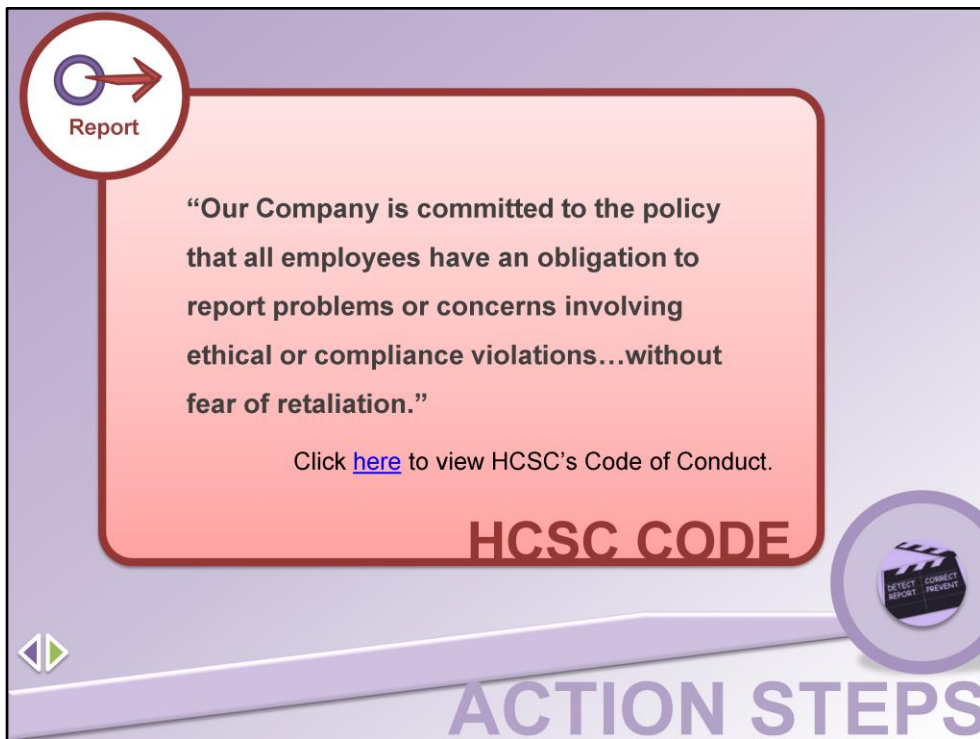
It's the sum of all the clues that adds up to suspicion of fraud.

You may come across one piece of information that seems suspicious. If you ignore it and don't report it immediately, the clues will never come together. That's why this step is crucial.



Let's say that you are a claims processor and you see this. Do you detect something suspicious about this set of claims?

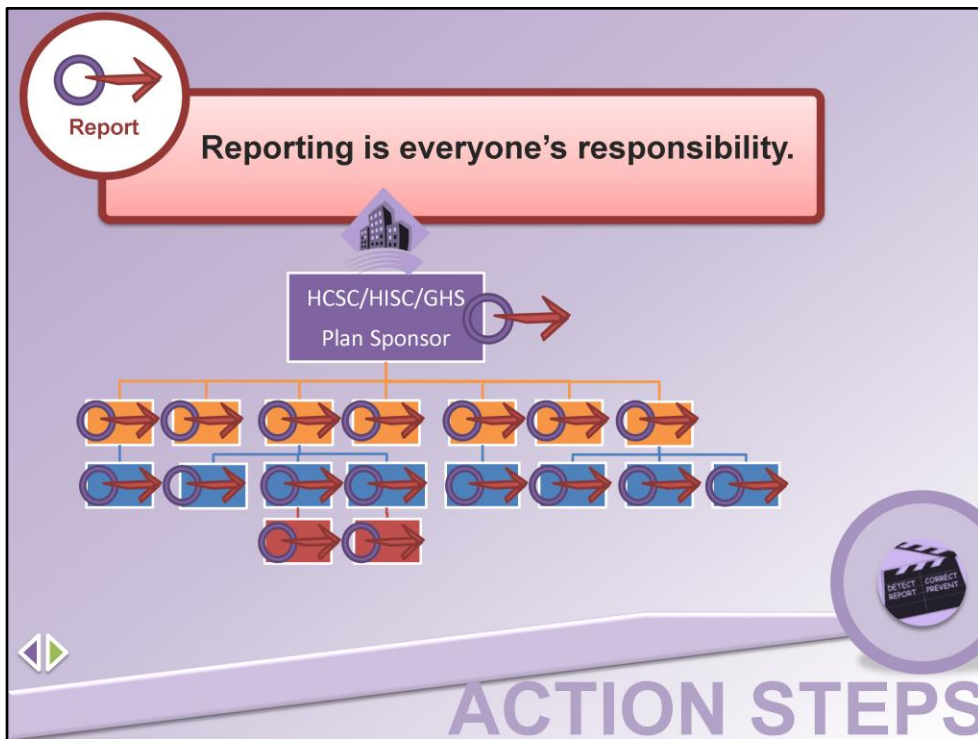
Multiple, almost identical, claims submitted by one provider all on the same day. Furthermore, after research, you find that the claims submitted by XYZ Diagnostics far exceed claims for this procedure offered by other providers. This isn't necessarily fraud, but if you think it looks suspicious, what do you do? Report it.



Take a moment to read this statement from the HCSC Code of Conduct.

HCSC Code of Conduct link:

http://www.hisc.net/code_conduct/pdf/hc_code_conduct.pdf



It's the obligation of every employee of HCSC and any employee of their FDRs to bring forth a good faith concern and make an honest effort in reporting. HCSC will not retaliate against you for doing this. Without this step of Reporting, fraud, waste & abuse can continue unchecked.



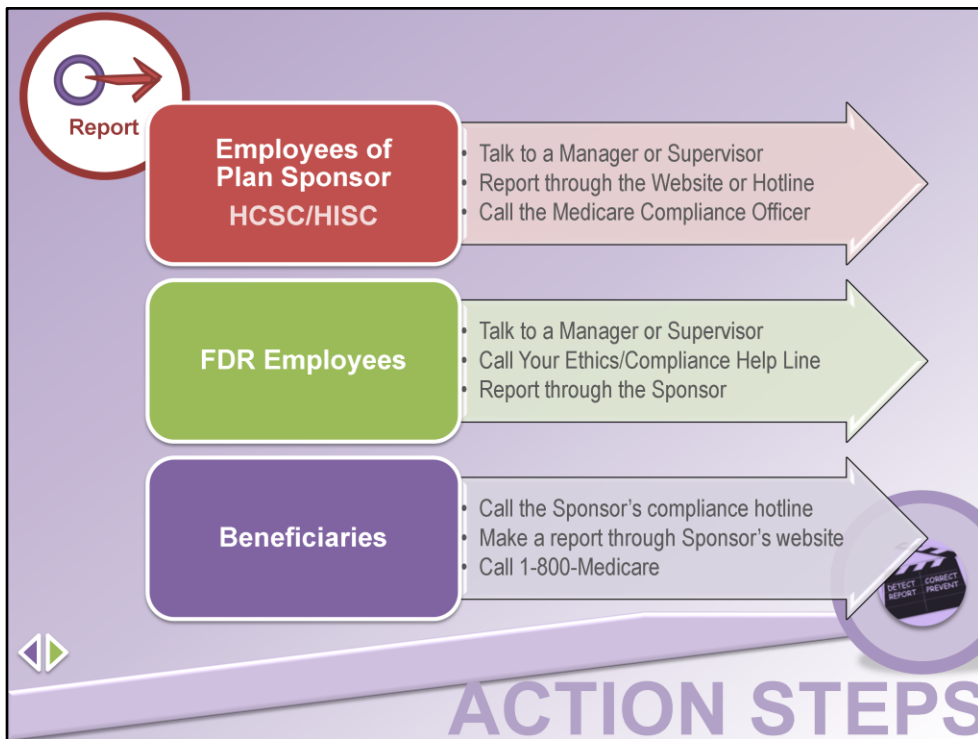
That's why you are provided with many ways to report fraud, waste & abuse once you've detected it. You have access to all of HCSC's resources. It's as simple as picking up the phone or completing an on-line form. And it can all be done anonymously, confidentially and without retaliation.

You can contact Kim Green directly by phone or email if you have a question or concern regarding unethical behavior pertaining to a government program.

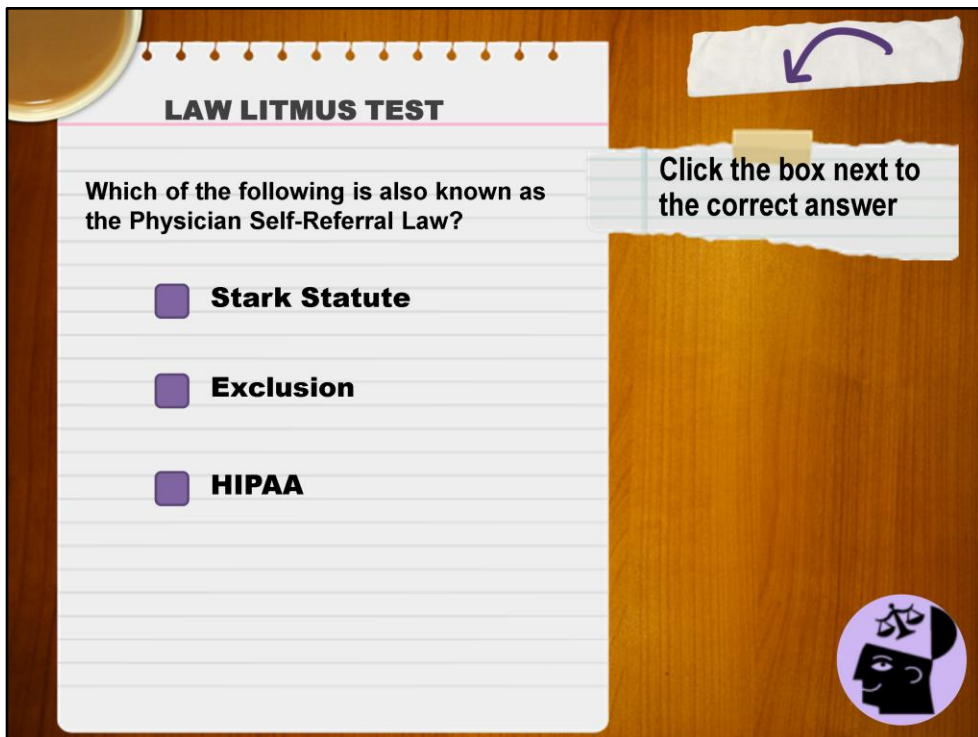
If you are unsure or have an uneasy feeling about whether certain behavior or activities are consistent with standards of ethical business conduct, reach out to any of these resources for guidance. You may not have the answer to every ethical question, but you do have the resources.

Click the information icon to view a complete Resource Document on our website and save it to your favorites.

Resource Document link: http://hisccompliance.com/pdf/fwa_resources.pdf



Huge fraud cases are cracked because someone like you did their part in reporting. Take a moment to review the reporting path most appropriate for you.



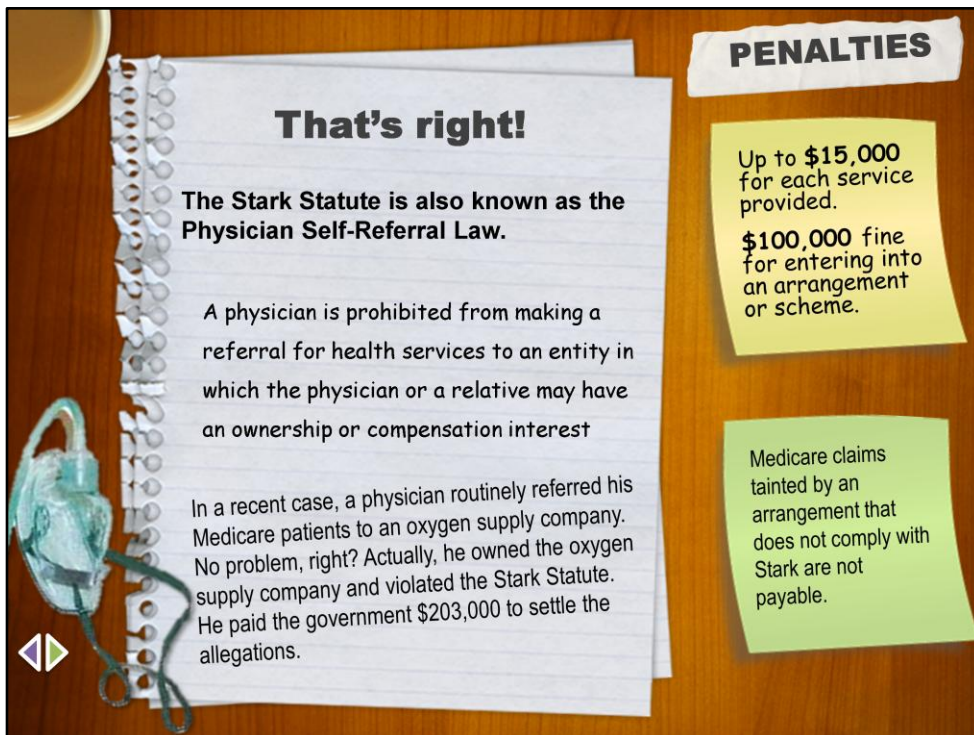
LAW LITMUS TEST

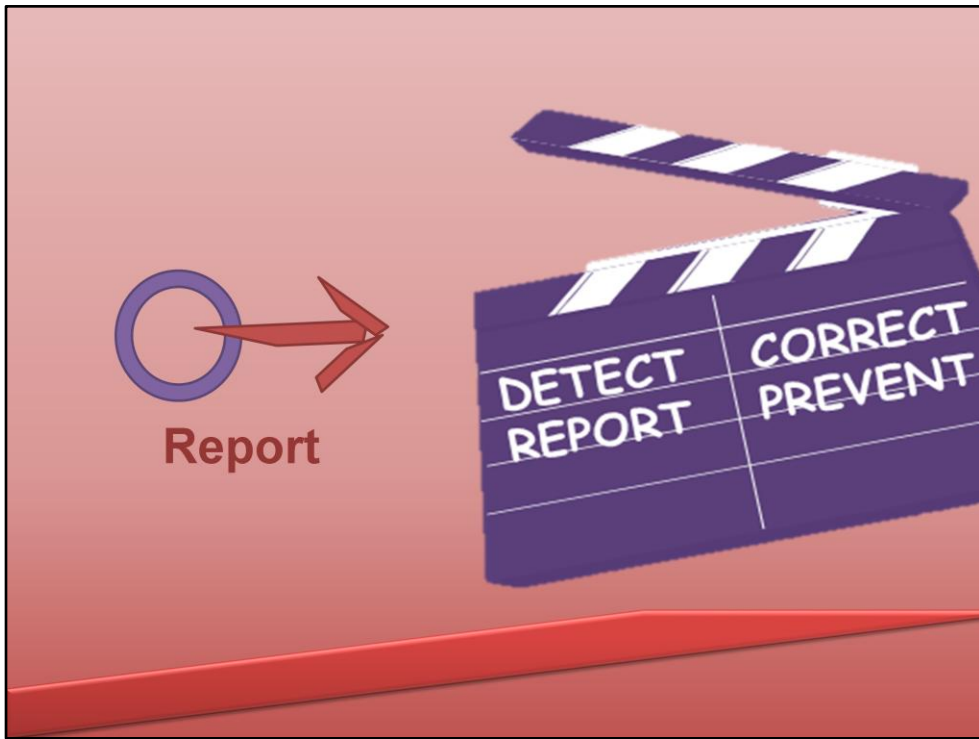
Which of the following is also known as the Physician Self-Referral Law?

- ☐ **Stark Statute**
- ☐ **Exclusion**
- ☐ **HIPAA**

Click the box next to the correct answer

Click the box next to the correct answer.





By reporting suspect violations, you provide the ammunition to fight against fraud, waste and abuse.




Now, let's take a look at Correct, the next action step.





Reporting knowledge or suspicion of fraud, waste and abuse must be done immediately. There's a reason for this. The sooner potential fraud, waste or abuse is identified, the quicker the issue can be investigated and corrected, preventing the problem from happening again, not to mention the financial savings.


Kim Green, HCSC's government programs compliance officer, can assist in further research of potential fraud, waste or abuse and make sure appropriate follow-up action is taken.


 Correct

Which is the correct response?

 I found a drug listed on my Explanation of Benefits that I was never given.

 This sounds suspicious. It might be fraud.

 This guy probably doesn't remember what drugs he's taken.

 DETECT REPORT CORRECT PREVENT

ACTION STEPS

In this scenario, a Medicare member is calling his health insurance company. Click on the picture that demonstrates a correct response.

CORRECT!
What should she do now?

- ☐ Call her company's fraud hotline
- ☐ Contact her compliance officer
- ☐ Notify her supervisor
- ☐ Call the pharmacy that filled the member's prescription
- ☐ Call the member's provider

This sounds suspicious. It might be fraud.

ACTION STEPS

That's right! The customer service representative has detected that this is possible fraud. What should she do now? Click the box next to the appropriate answer. There is more than one correct response.

Correct

CORRECT!

- ✓ Call her company's fraud hotline
- ✓ Contact her compliance officer
- ✓ Notify her supervisor

HCSC Fraud Hotlines (24/7, anonymous)
(877) 272-9741 SID Fraud Hotline (Producers, Vendors, Providers)
(800) 543-0867 SID Fraud Hotline (Members)
(877) 211-2290 Medicare Compliance Hotline

On-line form (anonymous)
<https://www.incidentform.com/BCBSFraudHotline.jsp>

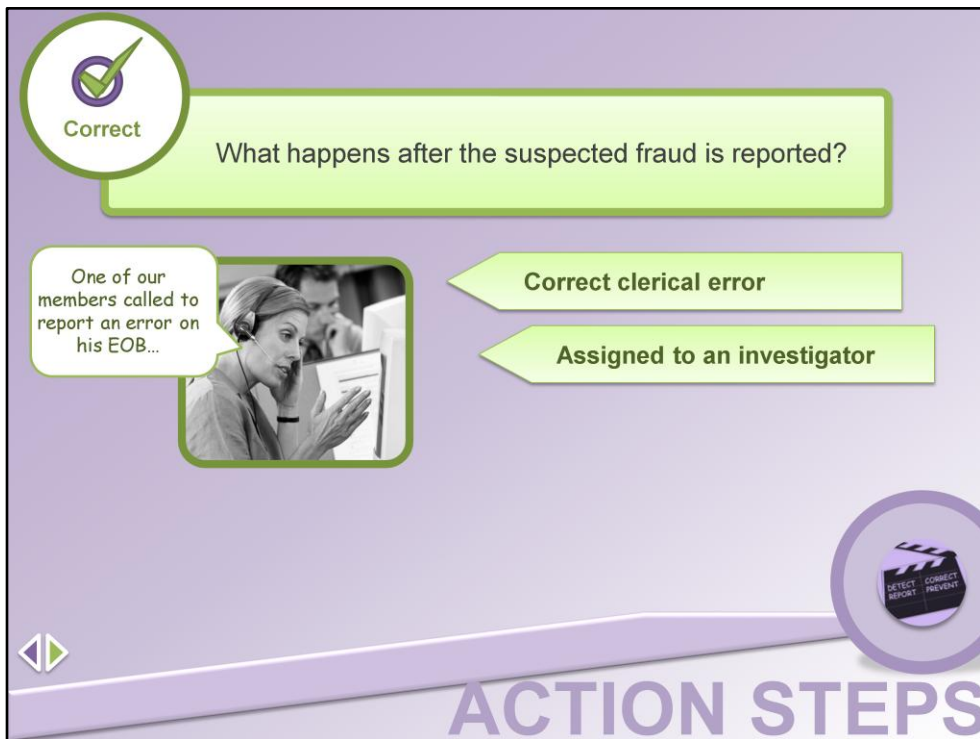
Kim Green, HCSC Government Programs Compliance Officer,
Medicare Compliance Officer
✉ hisccompliance@bcbsil.com

DETECT REPORT

STEPS

Yes, she could also contact any one of these HCSC/HISC Resources.

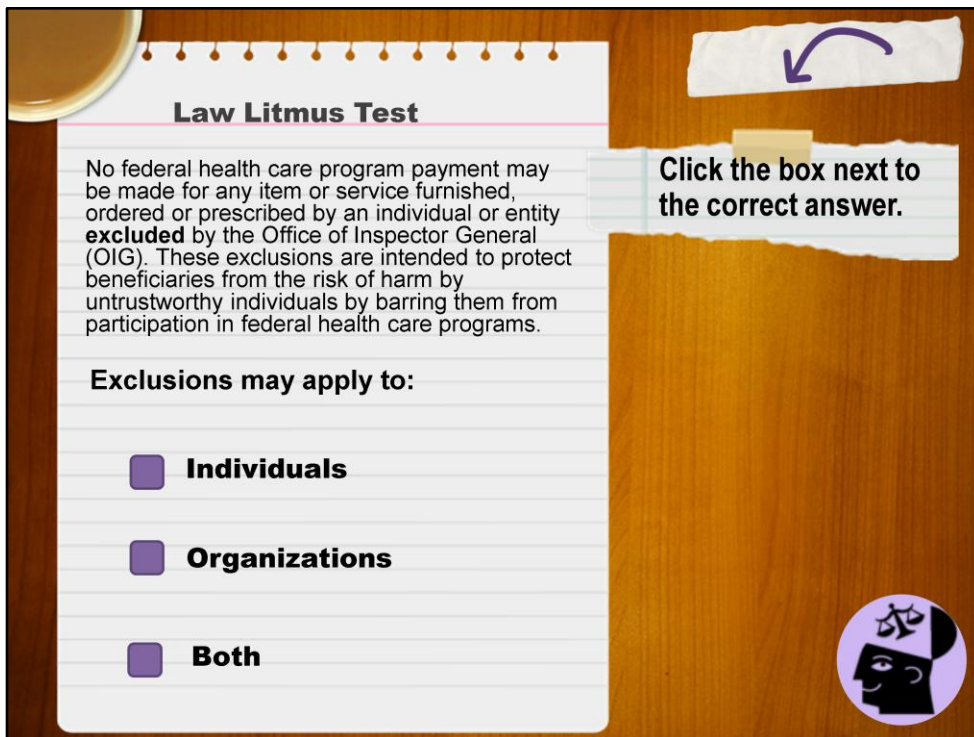
Resource Document link: http://hisccompliance.com/pdf/fwa_resources.pdf



The Customer Service Representative has done her part. She has detected and reported the suspected fraud. Now the error on the member's Explanation of Benefits (EOB) will be checked and appropriate actions will be taken. Appropriate actions for this situation may be as simple as correcting a clerical error on the member's EOB. Or, if it appears that the error was intentional, it will be assigned to an investigator. No matter what the problem is, it will be corrected.



In one such case, similar to this scenario, a member called their health insurance company to inform them that the name of a drug listed on their EOB was not a drug they had received. After a full investigation, it was determined that the member's pharmacist, Mr. Hammerman, was doing this intentionally and had cheated Medicare and various health insurance companies out of at least \$200,000. Because the Customer Service Representative did her part, Mr. Hammerman is no longer able to continue his fraudulent behavior. Take the next Law Litmus Test and find out what happened to him...and the pharmacy.




Law Litmus Test

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 Office of Inspector General (OIG). These exclusions are intended to protect beneficiaries from the risk of harm by untrustworthy individuals by barring them from participation in federal health care programs.

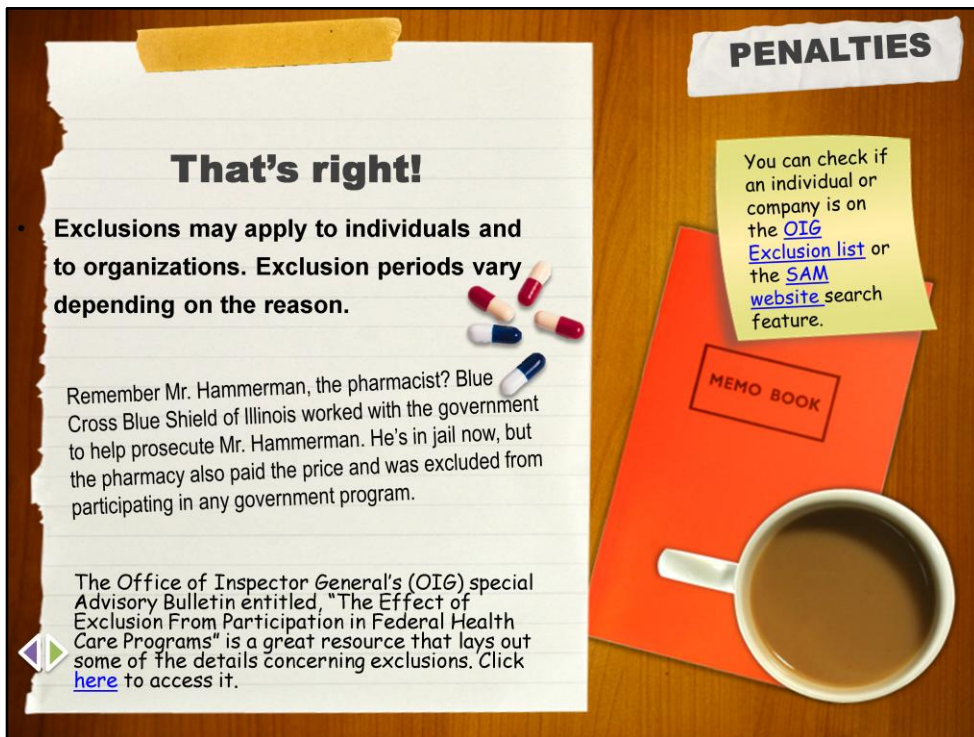
Exclusions may apply to:

- ☐ **Individuals**
- ☐ **Organizations**
- ☐ **Both**

Click the box next to the correct answer.



Click the box next to the correct answer.



"The Effect of Exclusion From Participation in Federal Health Care Programs" link:

<https://oig.hhs.gov/fraud/docs/alertsandbulletins/effected.htm>

OIG Exclusion List link: <http://exclusions.oig.hhs.gov/>

SAM website link:

[https://www.sam.gov/portal/public/SAM/?portal:componentId=1f834b82-3fed-4eb3-](https://www.sam.gov/portal/public/SAM/?portal:componentId=1f834b82-3fed-4eb3-a1f8-)

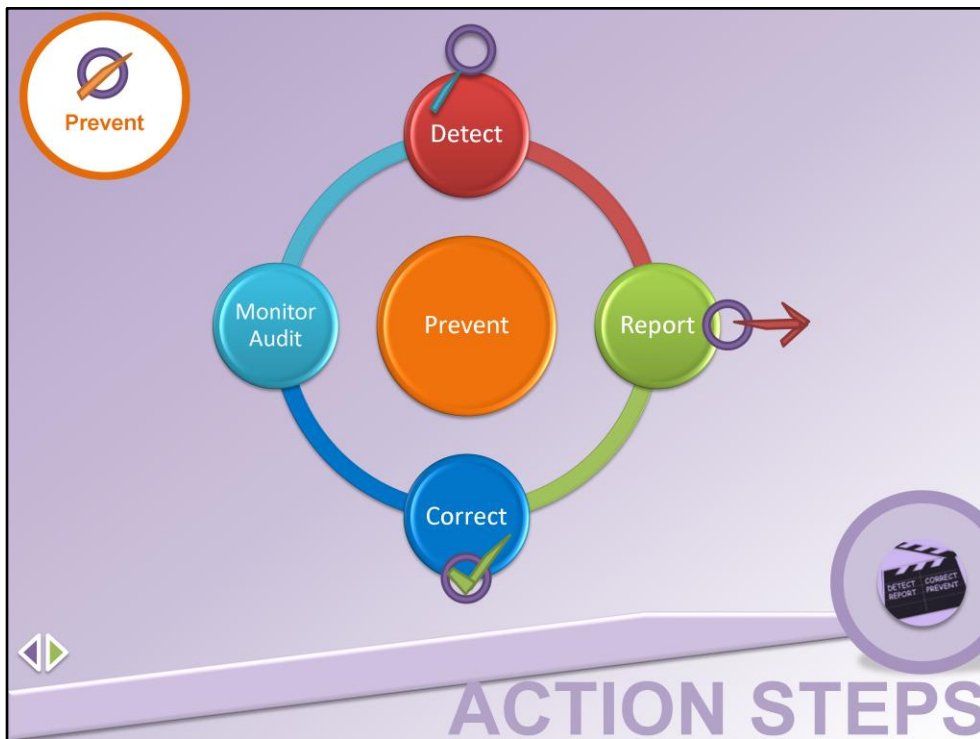
[ea1f226a7955&portal:type=action&interactionstate=JBPNS_r00ABXc0ABBFanNmQnJpZGdlVmlld0lkAAAAAQATL2pzZi9uYXZpZ2F0aW9uLmpzcAAHX19FT0ZfXw**](https://www.sam.gov/portal/public/SAM/?portal:componentId=1f834b82-3fed-4eb3-a1f8-)



You know what action steps to take if fraud, waste or abuse are suspected or known.



The fourth action step is just as vital: Prevent.



Since you know what fraud, waste and abuse look like, you can detect it, report it and start the process of correcting it. Through continued monitoring and auditing, fraud, waste & abuse can be prevented. It's reminders such as this course that prompt us to keep fraud at the forefront of our minds.



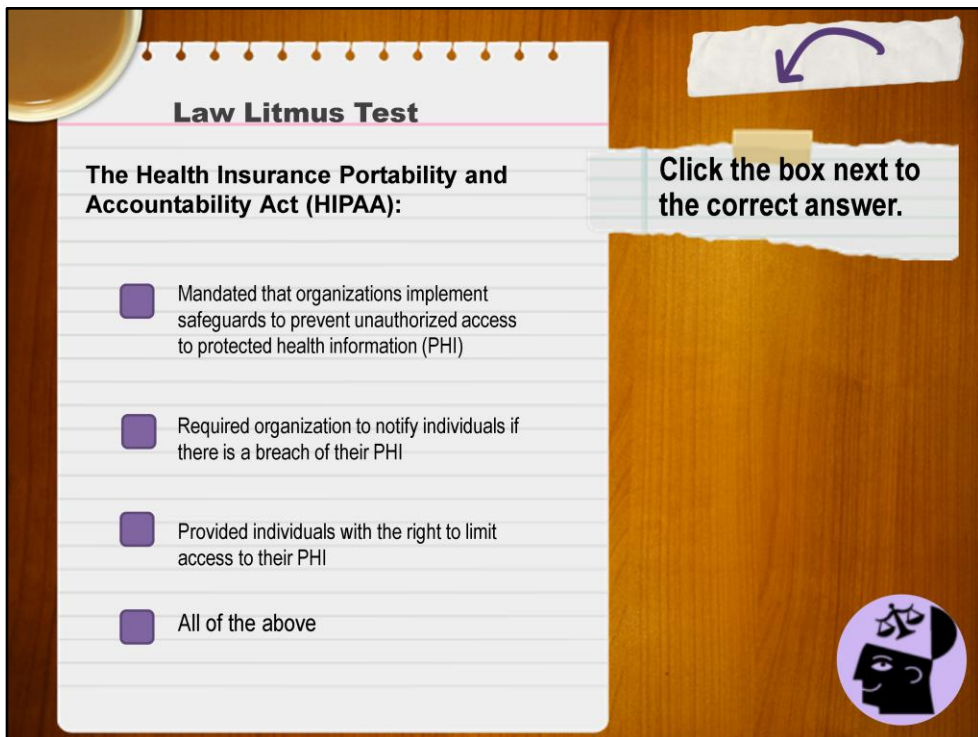
Be on the lookout for suspicious activity. Don't ignore the signs of fraud, waste and abuse, especially in these high risk areas.



Here are some additional things you can do to prevent fraud, waste and abuse.

- Verify information you receive is true
- Check billing information for accuracy and timeliness.
- Stay in sync with your organization's policies and procedures. They'll only work if they are put into practice.
- Stay up-to-date on all applicable laws, regulations and policies

Another way to prevent fraud is to protect confidential information and keep it out of the hands of dishonest people. That brings us to our last Law Litmus Test.




Law Litmus Test

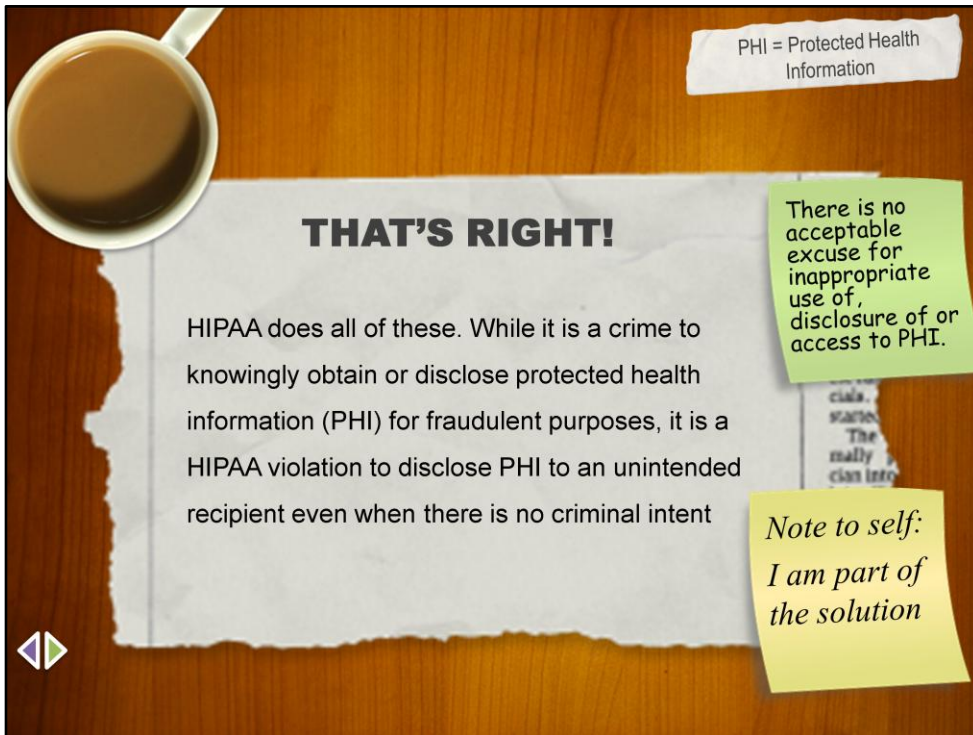
The Health Insurance Portability and Accountability Act (HIPAA):

- ☐ Mandated that organizations implement safeguards to prevent unauthorized access to protected health information (PHI)
- ☐ Required organization to notify individuals if there is a breach of their PHI
- ☐ Provided individuals with the right to limit access to their PHI
- ☐ All of the above

Click the box next to the correct answer.



Click the box next to the correct answer.



PHI = Protected Health
Information

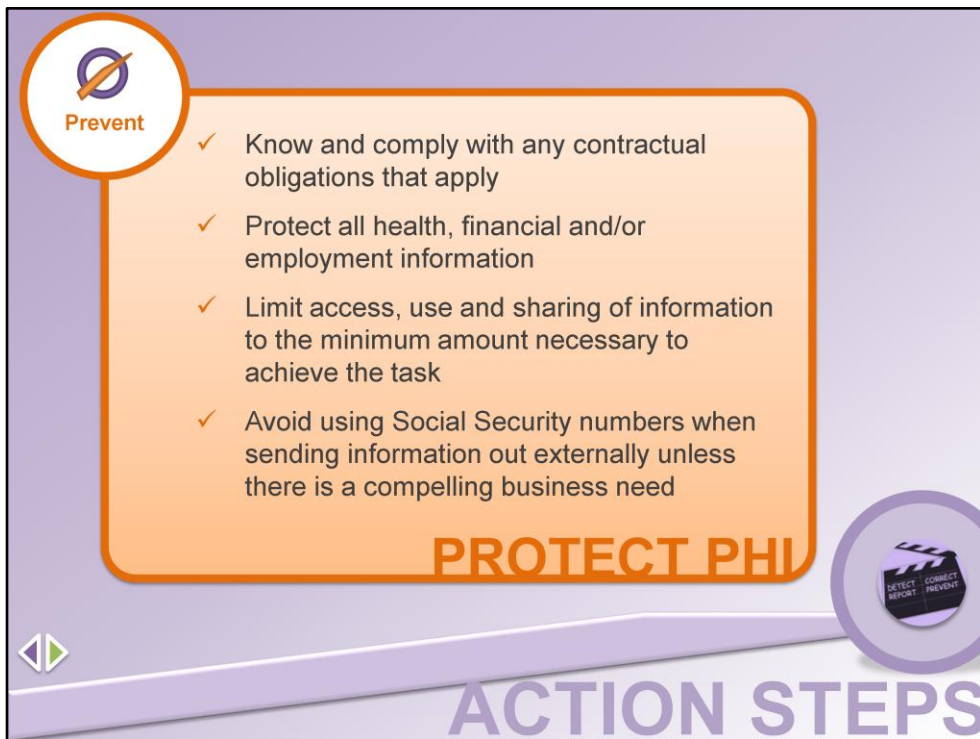
THAT'S RIGHT!

HIPAA does all of these. While it is a crime to knowingly obtain or disclose protected health information (PHI) for fraudulent purposes, it is a HIPAA violation to disclose PHI to an unintended recipient even when there is no criminal intent

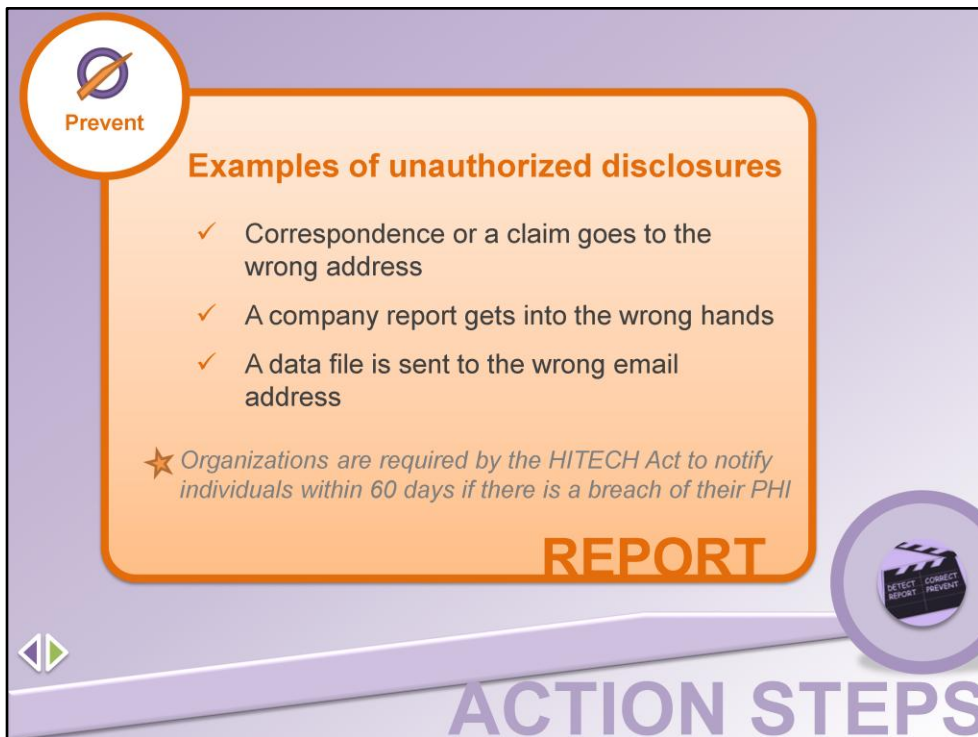
There is no
acceptable
excuse for
inappropriate
use of,
disclosure of or
access to PHI.

*Note to self:
I am part of
the solution*





Here are some things you can do to protect PHI.



You must immediately report, according to your organization's reporting procedures, any unauthorized disclosure or access to PHI. Here are some examples of unauthorized disclosures.



From the desk of Dr. Roy to the fraudulent prescriptions of Mr. Hammerman, crooks are out there trying to rob health insurance companies, the Government and you. Don't look the other way. We all share the responsibility to fight fraud, waste and abuse.

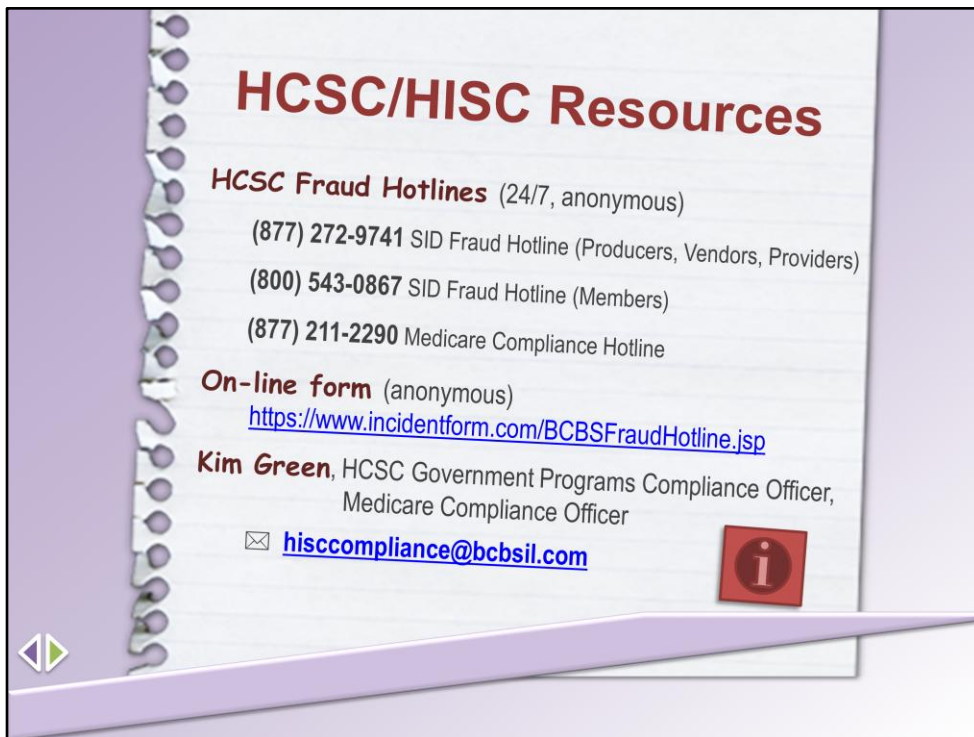


FRAUD WASTE & ABUSE

- Civil Money Penalties
- Criminal Conviction / Fines
- Civil Prosecution
- Imprisonment
- Loss of Provider License
- Exclusion from Federal Health Care Programs

CONSEQUENCES

Committing fraud bears steep consequences for both the individual and the company. Know your responsibilities and the law. Take the Action Steps.



If you have questions regarding fraud, waste and abuse, don't hesitate to contact someone. All of these resources are available to you.

Resource Document link: http://hisccompliance.com/pdf/fwa_resources.pdf

HCSC Corporate Integrity and Compliance Program

HCSC and its subsidiaries are founded on the basic principles of good business behavior. Among these principles are a commitment to the highest standard of business ethics and integrity. This includes strict observance of and compliance with the laws and regulations governing the business operations of HCSC, and in particular, the services that it performs or has delegated to others to perform pursuant to its Medicare and Medicaid contract(s).

Any individuals who impact HCSC's Medicare or Medicaid contract(s) are expected to abide by HCSC's Corporate Integrity and Compliance Program, which includes a code of ethics.

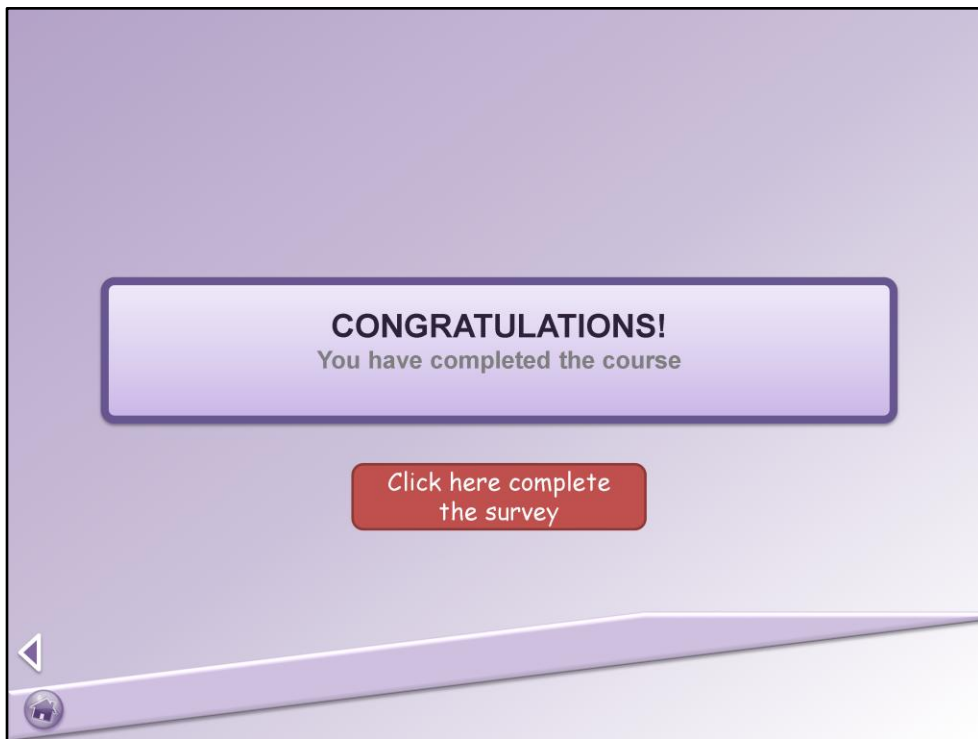
Medicare Fraud Hotline Numbers

Visit our web site at <http://hisccompliance.com/> and stay current on government programs issues. Check out Kim Green's quarterly newsletter.

Comments or suggestions concerning training?
HISCCompliance@bcbsil.com

Need a refresher on fraud, waste and abuse, Government Programs Compliance or HCSC's Code of Ethics and Business Conduct? You can always access valuable information, like Kim Green's quarterly newsletter, here at our web site.

If you have comments or suggestions concerning training, please email us and we'll be happy to assist.



Congratulations! You have completed the course.

Survey Link: https://www.surveymonkey.com/s/FDRs_FWA_training_evaluation