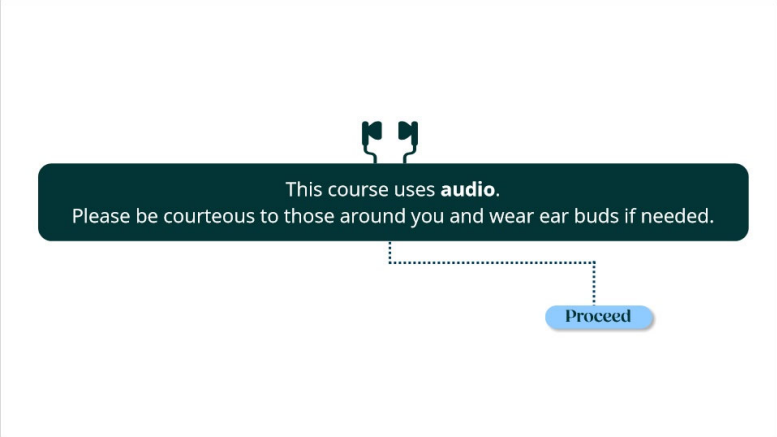
2026 HCSC Fraud, Waste and Abuse Course

1. 2026 Fraud, Waste Abuse Training

1.1 start



Notes:

This course uses **audio**.

Please be courteous to those around you and wear ear buds if needed.

1.2 HCSC 2026 Fraud, Waste & Abuse Compliance Course

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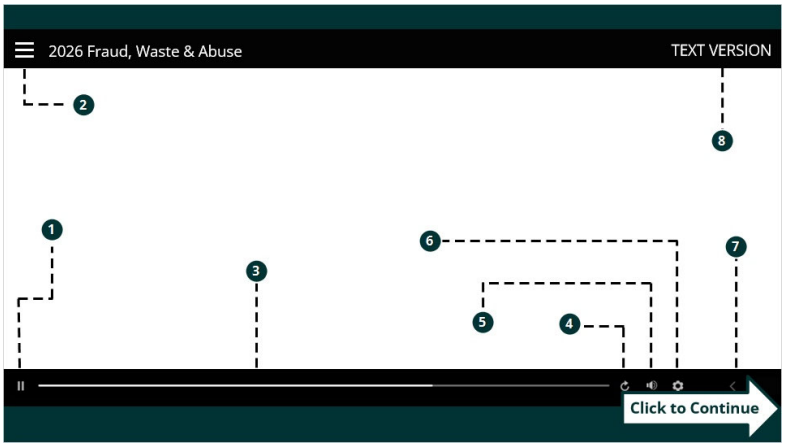
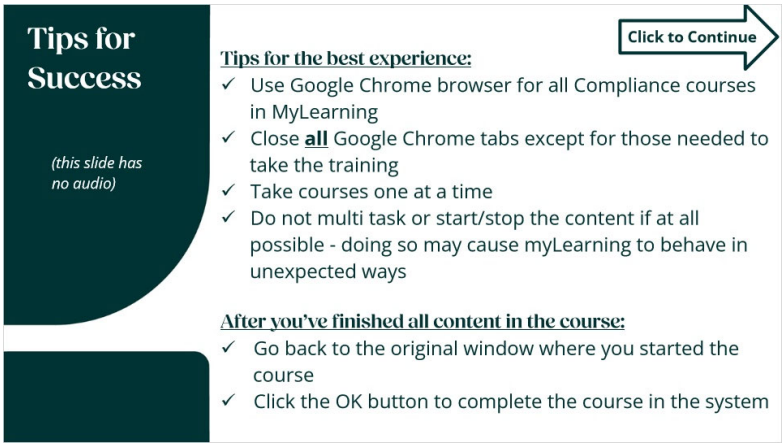
Notes:

1.3 Navigation



Notes:

1.4 Tips for Success



Notes:

1.5 Fraud Files 2026

Notes:

Lynn:
Hi everyone and welcome to Fraud Files 2026. I'm Lynn O'Dea.
James:
And I'm James Vanderberg.
Lynn:
Today, we will discuss a significant health care fraud case that involved multiple fraud schemes and also sadly resulted in significant patient harm.
The subject of the investigation is Dr. Mona Ghosh, an OB/GYN who operated a practice located in Hoffman Estates, IL, and fraudulently billed Blue Cross Blue Shield Illinois and other insurance carriers for office visits and services that she did not perform.
She excessively billed for telehealth services, and ordered medically unnecessary procedures that caused patients to worry. And some of the procedures she performed could have impacted her patients' fertility.
James:
Dr. Ghosh made excessive phone calls to members at all hours of the day and evening and would leave voice messages. She then would create and send fraudulent claims to Blue Cross Blue Shield of Illinois for telehealth services. Interviews conducted of her patients revealed that her patients felt harassed because they asked her to stop calling but she continued.
Lynn:
The patient harm in this investigation centered on Dr. Ghosh telling many of her patients on their initial visits that they could possibly have cancer when they did not have any indication of cancer. She told them this so that she could secure their approval to perform

a biopsy. The patients then found out by looking at their hospital paperwork that she had actually performed other procedures, including an endometrial ablation, without their knowledge or consent. This procedure can render a woman infertile.

James:

As we have mentioned, Dr. Ghosh over-billed insurers for office visits that were more complex than they actually were, for services that were not rendered, and some that were not necessary. To get her claims paid the investigation revealed that she falsified medical records to support her claims.

Lynn:

In an attempt to understand her billing, the SPECIAL INVESTIGATIONS DEPARTMENT initially conducted a peer-to-peer meeting with Dr. Ghosh. After the peer-to-peer meeting, when the inappropriate billing did not stop Dr. Ghosh was placed on a SPECIAL INVESTIGATIONS DEPARTMENT initiated prepayment review.

Prepayment review is one of several corrective actions the SPECIAL INVESTIGATIONS DEPARTMENT will take to stop inappropriate billing. When a provider is on a prepayment review the provider's claims are stopped from being paid until the doctor submits the supporting documentation and that documentation is reviewed by certified clinical coders or medical directors to determine if the claim is supported and/or the services were medically necessary. Dr. Ghosh was de-participated from the BCBSIL network in June of 2023.

James:

After a two week long trial in the Northern District of Illinois, a federal jury found that she filed at least $2.4 million in fraudulent claims and obtained reimbursements. On June 9, 2025, the court sentenced Dr. Ghosh to 10 years in a federal penitentiary and the court ordered $1.5 million in restitution.

There was a 2-day long sentencing hearing which is a rarity in federal court, but in this case, 17 of her victims willingly came forward to testify and many of the victims who testified or read victim statements in court were BCBS members.

These women were truly victims of her criminal conduct. Ghosh not only heightened the natural anxiety of expectant mothers, but the unnecessary and invasive procedures caused patient harm. The accounts of these women were heart wrenching.

Lynn:

This was truly an egregious case for our members. This investigation was initiated based on a tip from our fraud hotline. It is a great example of why it is important for all of us to keep fraud awareness on our minds so we can detect, prevent and report fraud. You'll learn more about fraud in this course.

Thank you for watching Fraud Files!

1.6 Welcome

Notes:

Welcome to this course on fraud, waste, and abuse! Fraud, waste and abuse (FWA) puts a financial burden on the cost of healthcare. In fact, in 2023, National Health Expenditures were $4.87 Trillion. Of that $4.87 trillion, they estimate between 3 to 10% was lost to healthcare fraud, waste, or abuse. That's somewhere between $146 billion and $487 billion!

In fact, healthcare fraud schemes evolve all the time as fraudsters find new ways to obtain personal or medical information. Then, they use the information to bill insurance companies - like us - or bill the government for medical services, medical equipment, or prescription drugs that were never provided or not medically necessary.
Fraudsters can even put our members in harm's way by using members' health insurance and personal information as a way to generate false medical claims.

Have you or a loved one been impacted by fraud? What happened? I bet it was very time consuming and stressful dealing with the fallout!
That's why it's so important for HCSC workers to recognize and report potential fraud, waste and abuse.
We must comply with the unique rules and requirements that support Medicare and Medicaid program administration.

1.7 What is FWA?

Notes:

So, what is Fraud, Waste and Abuse? Click on each number to learn more.

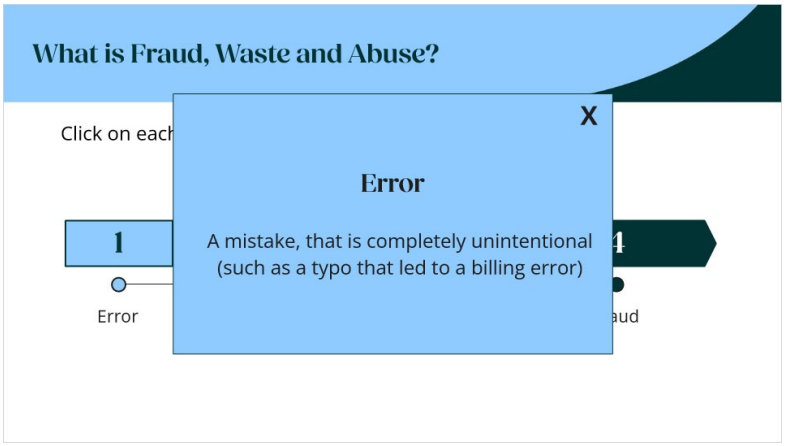
ERROR: An Error is exactly that: a mistake, that is completely unintentional (such as a typo that led to a billing error)

WASTE: Waste is any practice that a reasonably prudent person would deem careless or that would allow inefficient use of resources, items or service.

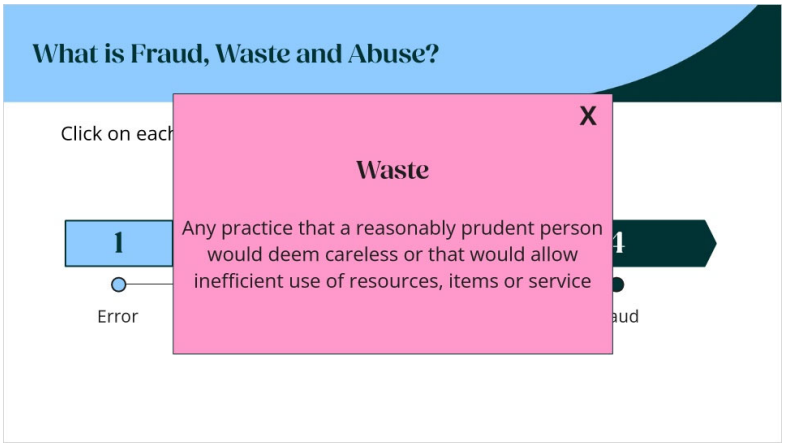
ABUSE: Abuse comes into play when medical services are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost or in reimbursement for services that are not medically necessary.

FRAUD: Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.

Error (Slide Layer)



Waste (Slide Layer)

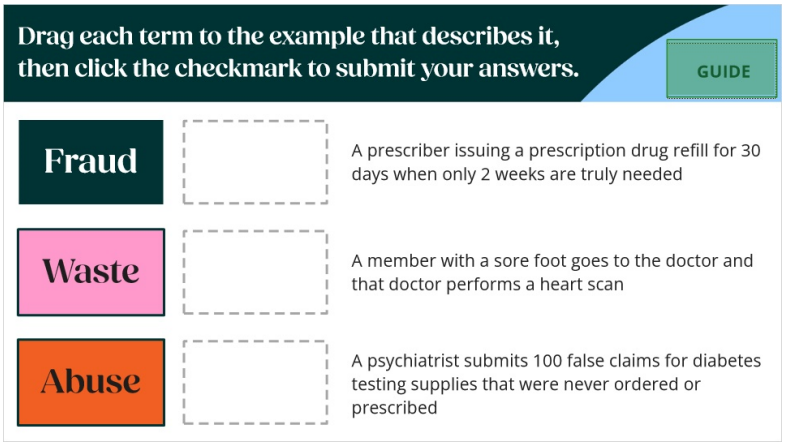


Abuse (Slide Layer)

Fraud (Slide Layer)

1.8 Matching Activity 1

(Drag and Drop, 0 points, unlimited attempts permitted)



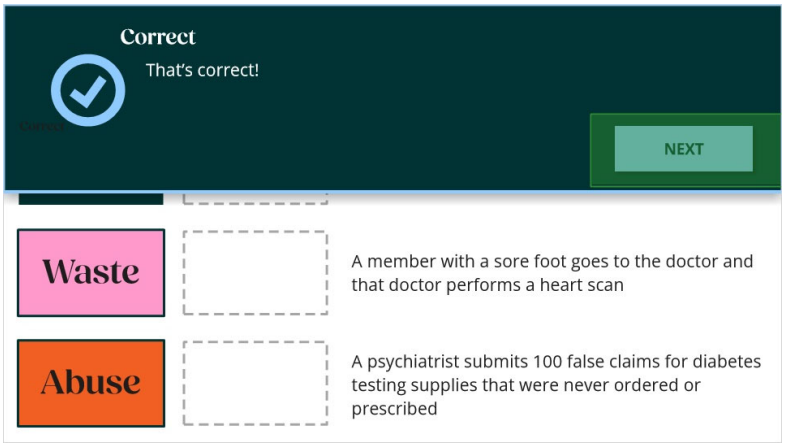
Drag Item	Drop Target
Fraud	TARGET3
Waste	TARGET1
Abuse	TARGET2

Drag and drop properties
Return item to start point if dropped outside the correct drop target
Snap dropped items to drop target (Snap to center)
Allow only one item in each drop target
Delay item drop states until interaction is submitted

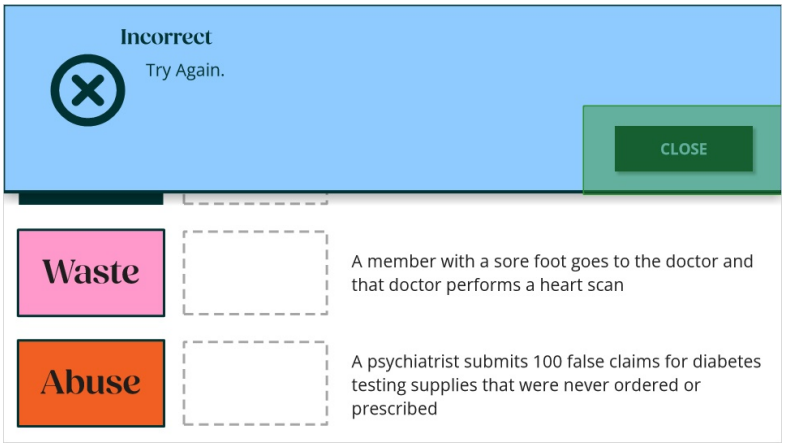
Notes:

Let's practice! Drag each term to the example that describes it, then click the checkmark to submit your answers.

Correct (Slide Layer)



Try Again (Slide Layer)



1.9 We Are All Responsible

Notes:

All employees and contingent workers of HCSC and its vendors are responsible for bringing forth a good faith concern and making an honest effort in reporting fraud, waste and abuse.

1.10 How to Prevent Fraud

Notes:

Click on each icon to review YOUR responsibilities in the fight against fraud, waste and abuse. Together, we can make a difference!

Spot it! Maybe you check your wallet and your insurance card is missing - you dropped it and didn't know. Or, there's something on your statement from the doctor's office that shouldn't be there; you're being charged for a service they never performed. What should you do?

Collect it! You should get all the facts together. Maybe you write down the services you did received at that doctor visit that you're being billed extra for, or you try to remember where you lost your insurance card.

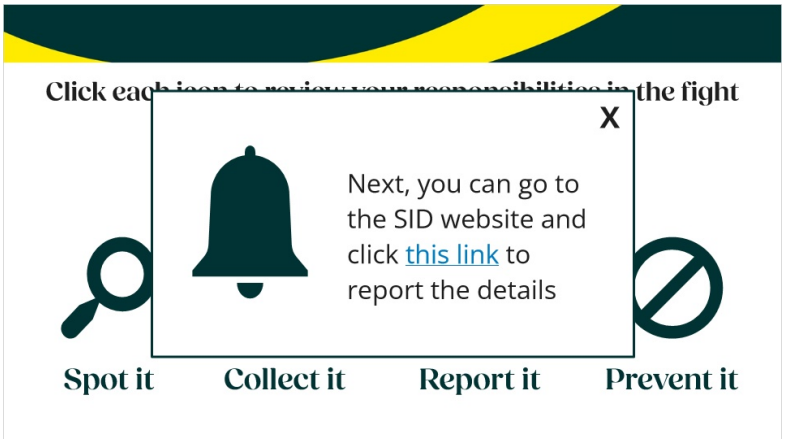
Report it! Next, you can go to the SID website and click this link to report the details.

Prevent it! Remember, be sure to protect your medical details and make sure you tell your family and friends how they can protect their identity.

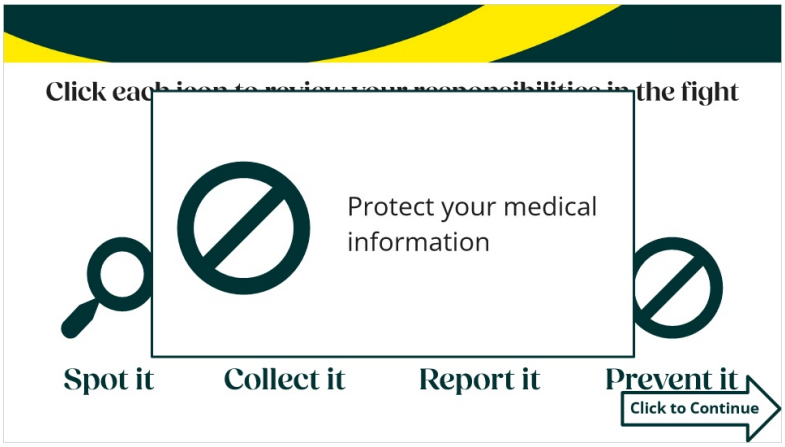
Spot it (Slide Layer)

Collect it (Slide Layer)

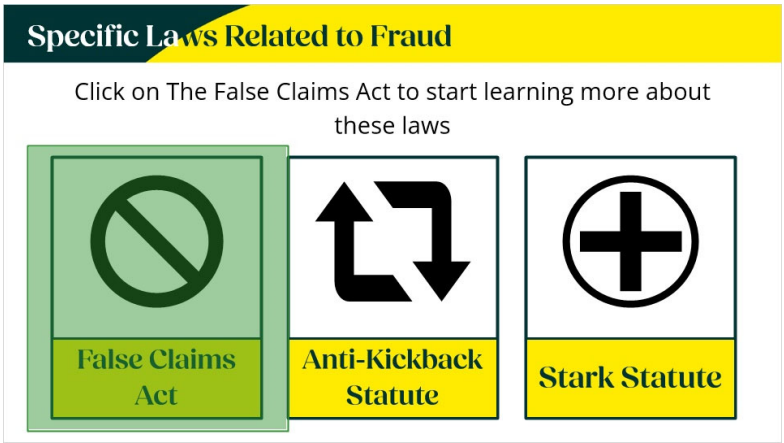
Report it (Slide Layer)



Prevent it (Slide Layer)



1.11 Specific Laws Relatd to Fraud

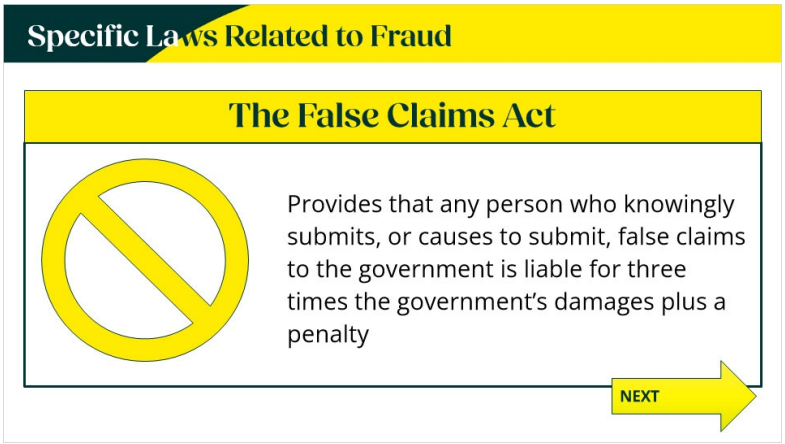


Notes:

There are specific laws related to fraud for health care organizations that apply to HCSC.
Click on the False Claims Act to learn more about these laws.
The False Claims Act:
The False Claims Act provides that any person who knowingly submits, or causes to submit, false claims to the government is liable for three times the government's damages plus a penalty.
The Anti-Kickback Statute:
The Anti-Kickback Statute is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs.
This includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals. In Federal health care programs, paying for referrals is a crime.

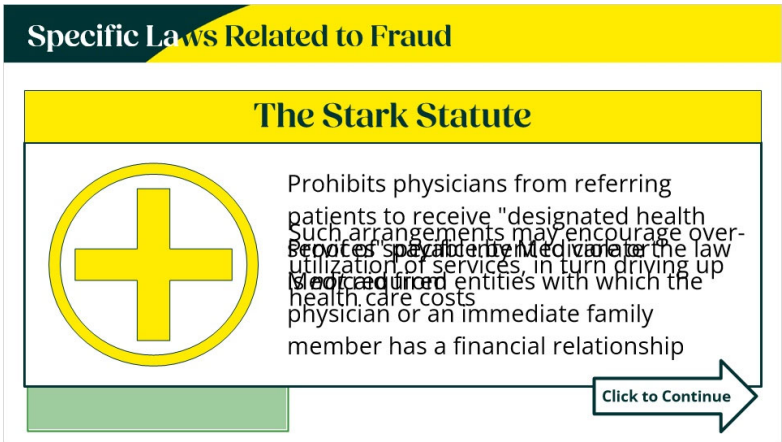
The Stark Statute:
The Physician Self-Referral Law, or Stark Statute, prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship.
The Stark Statute is a strict liability statute, which means proof of specific intent to violate the law is not required.
The rationale behind the Stark Statute is such arrangements may encourage overutilization of services, in turn driving up health care costs.

False (Slide Layer)



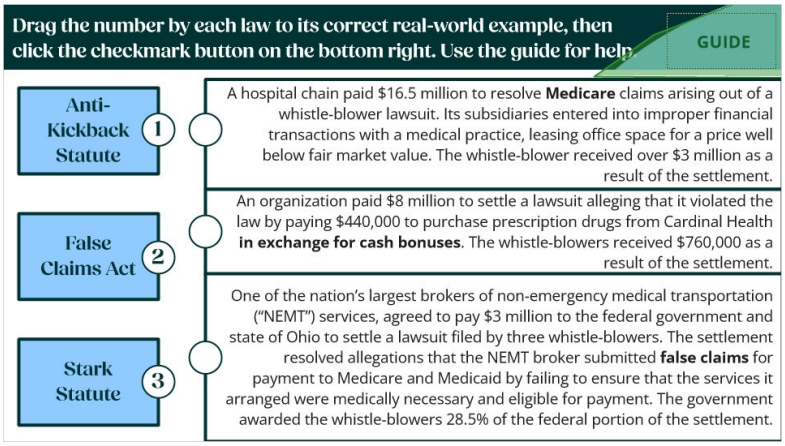
Anti (Slide Layer)

Stark (Slide Layer)



1.12 Matching Activity 2

(Drag and Drop, 0 points, unlimited attempts permitted)



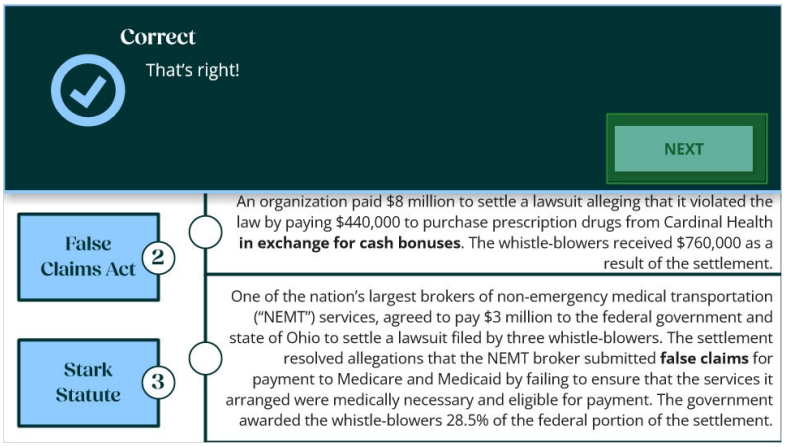
Drag Item	Drop Target
1	Oval 5
2	Oval 6
3	Oval 4

Drag and drop properties
Return item to start point if dropped outside the correct drop target
Snap dropped items to drop target (Snap to center)
Allow only one item in each drop target
Delay item drop states until interaction is submitted

Notes:

Put on your detective hat! Match these examples to the correct laws. Use the guide to help you.

Correct (Slide Layer)



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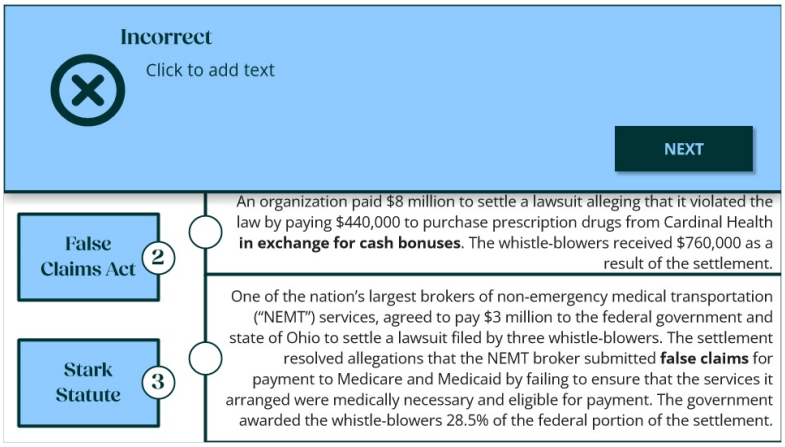
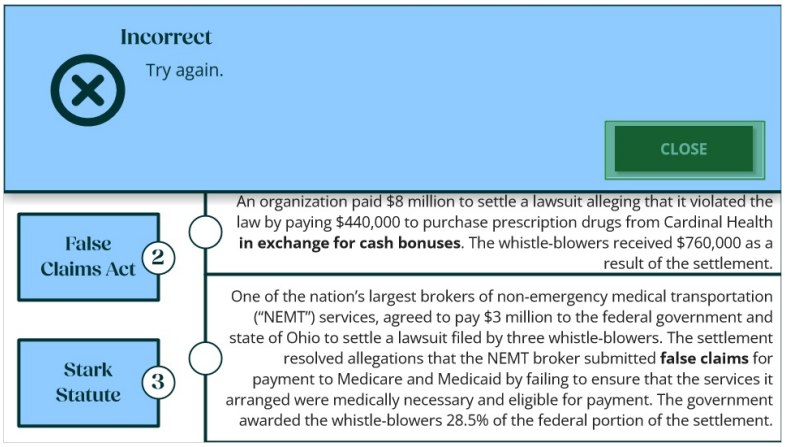


Try Again (Slide Layer)

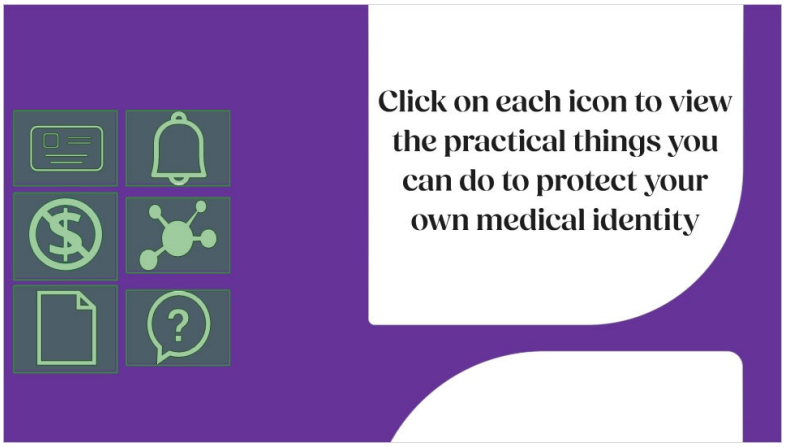


1.13 Reporting

Notes:

Have you suspected something wasn't quite right, but decided not to report it? Why was that? All employees and contingent workers of HCSC and its vendors are responsible for bringing forth a good faith concern and making an honest effort in reporting fraud, waste and abuse.
It's as simple as collecting information, and then picking up the phone or completing an on-line form. You don't have to give your name.
Has the thought of retaliation caused you to pause? Reporting can be done anonymously if you want. And HCSC stands by our Non-Retaliation Policy that will protect you when speaking up.
If you ever think that you have been retaliated against, or you think you see retaliation happening to someone else, SPEAK UP! You can talk to your manager, a reporting resource, or you can call our hotline

1.14 Practical Things



Notes:

Click on each icon to view the practical things you can do to protect your own medical identity.

Protect Your Own Medical Information

These are the practical things you can do to protect your own medical identity:

Protect your Health Insurance Card

Keep your health insurance card in a safe place. Notify your insurance carrier if it is lost or stolen. If not protected, anyone can obtain it, use the information to submit medical, pharmacy, or durable medical equipment (DME) claims for services not rendered or needed, or sell the medical information online.

Notify Employee Services of Membership Changes
Notify Employee Services of divorce or other changes in membership status. Otherwise, an unauthorized individual can receive your information such as any communication from BCBS (letters), Explanation of Benefits (EOB) and Pre-Authorization letters. All of these contain some form of Personally Identifiable Information (PII), and if obtained by a fraudster, could ultimately lead to you becoming a potential victim of a fraud scheme.

Be Careful About "FREE"
Be cautious when providing your insurance information in order to receive "free" medical services or medical equipment. Once a fraudster has your information, they can bill for unnecessary medical services and/or medical equipment without you knowing about it.

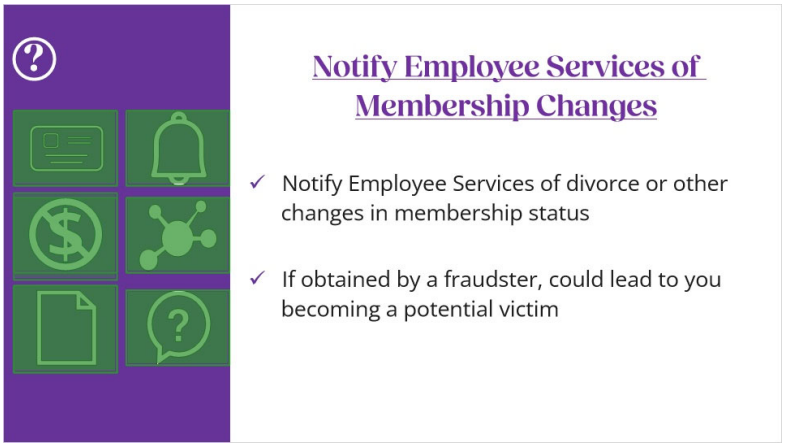
Stay in Provider Network
Obtain health care services from providers in your insurance network. Report providers who pressure you to receive medical services from out-of-network providers.

Read Your EOBs
Review all Explanation of Benefits (EOBs). If medical procedures that were not actually performed appear on your EOB, this is a red flag for potential fraud.

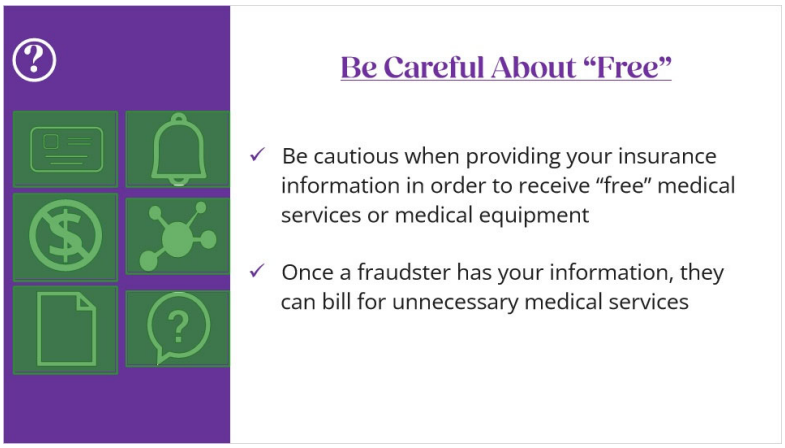
Ask Questions
If you are referred for a test or procedure that you are unfamiliar with, or one that does not make sense based on your symptoms, ask your physician to explain why the test or procedure is necessary. Make an effort to understand your treatment program, and if you don't understand your treatment, seek a second opinion.

protect (Slide Layer)

notify (Slide Layer)

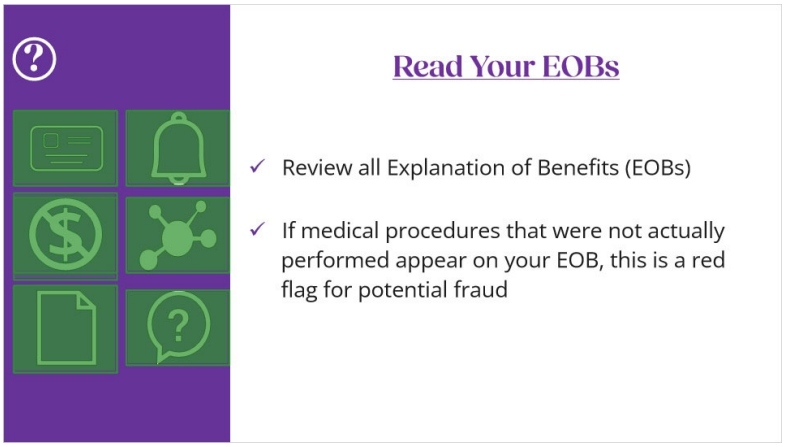


free (Slide Layer)

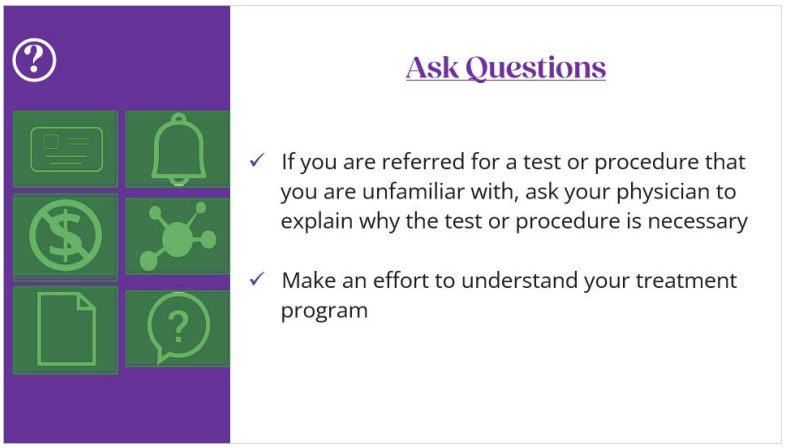


network (Slide Layer)

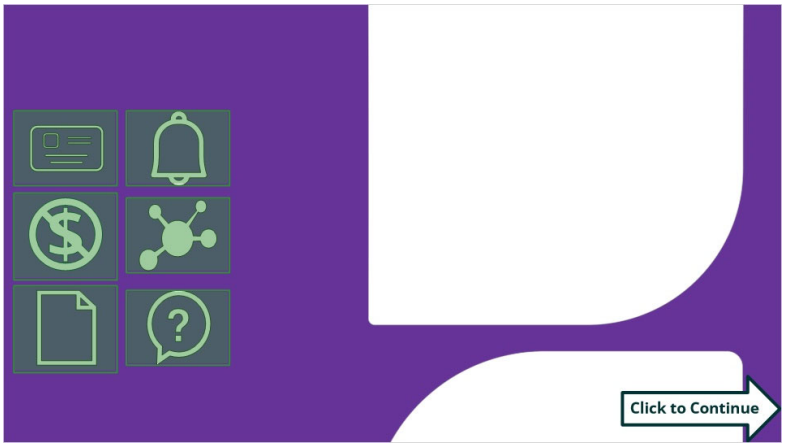
eob (Slide Layer)



ask (Slide Layer)



Click Next (Slide Layer)

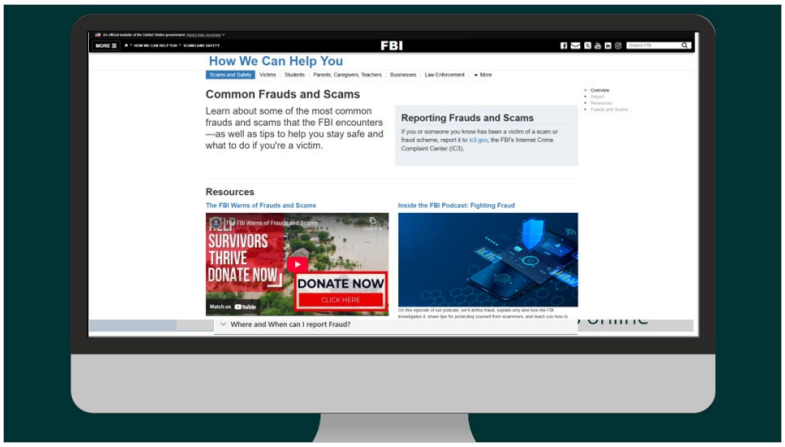


1.15 Impacts Can Live On

Notes:

Keep in mind: once an identity is stolen, the impact can live on. It cannot be un-stolen. There very well could be false claims or fraud in the future, so stay vigilant even after you discover fraud!

1.16 Stay Up To Date



Notes:

Special Investigations has a great site. We've already covered reporting Fraud on their site - but we also have lots of resources available like an FAQ page that gives you lots of details on how the SID investigation process works. There are also sections that give you examples of some real life recent cases and schemes!
HCSC and Dearborn workers can access HCSC's SID SharePoint site. And, everyone can follow the FBI's list of common scams and crimes. Remember, you can share this list of common scams with your friends and family members to help them stay aware and help prevent fraud!

1.17 It's Up To All Of Us

Notes:

It's up to all of us to prevent fraud, waste, and abuse. Remember that you can always feel free to speak up if you see anything that seems off. A small thing that seems out of place

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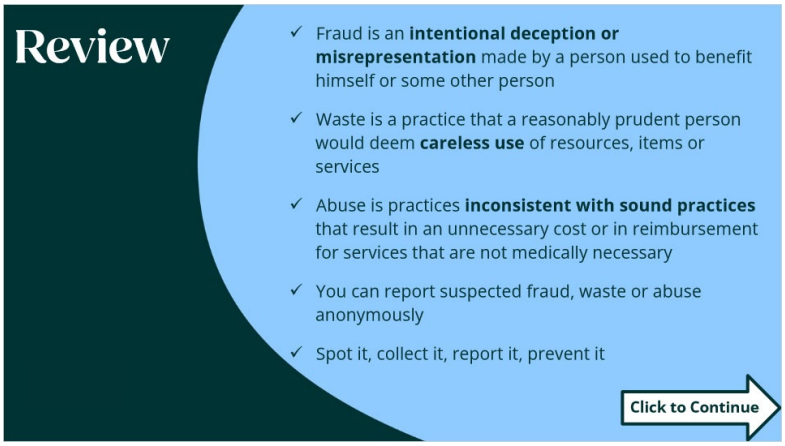
could be just the tip of the iceberg!
SID will investigate reports to determine if further action needs to be taken.
Protect your medical identity and beware of anyone attempting to steal your personal or medical information!
Thanks for participating!

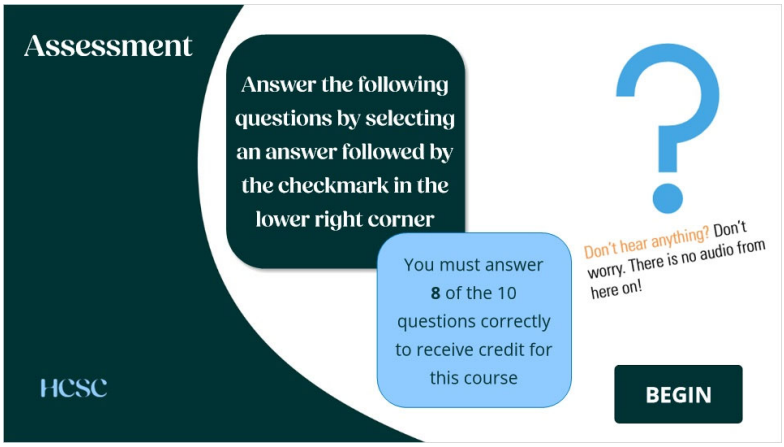
1.18 Review



Notes:

Let's review everything we've learned.
Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.
Waste is a practice that a reasonably prudent person would deem careless or that would allow inefficient use of resources, items or service.
Abuse are practices inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost or in reimbursement for services that are not medically necessary.
You can report suspected fraud, waste or abuse anonymously. Regardless of whether you choose to give your name, we have a strong non-retaliation policy to protect you.
Spot it, collect it, report it, prevent it.

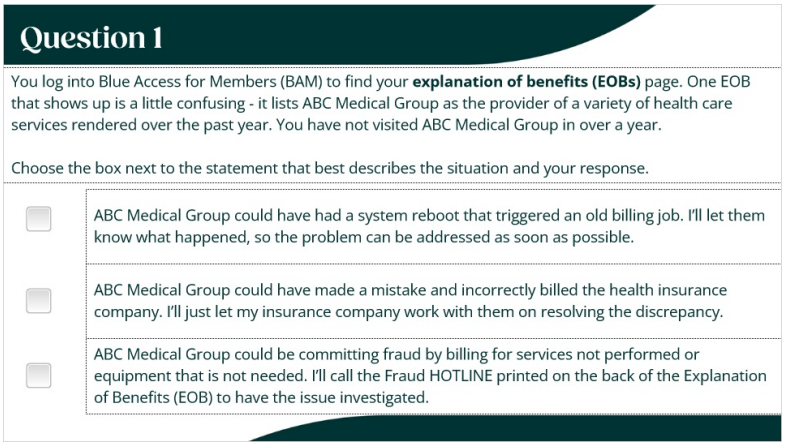
1.19 Assessment start



Notes:

1.20 Question 1

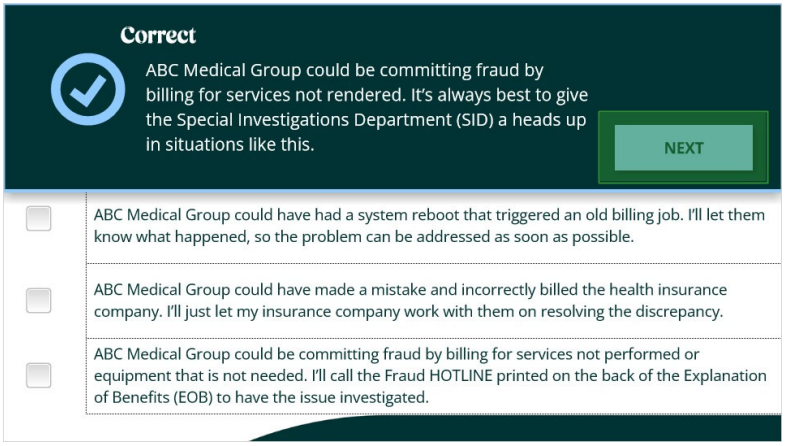
(Pick One, 10 points, 1 attempt permitted)



Correct	Choice
	Check Box 1
	Check Box 2
X	Check Box 3

Notes:

Correct (Slide Layer)



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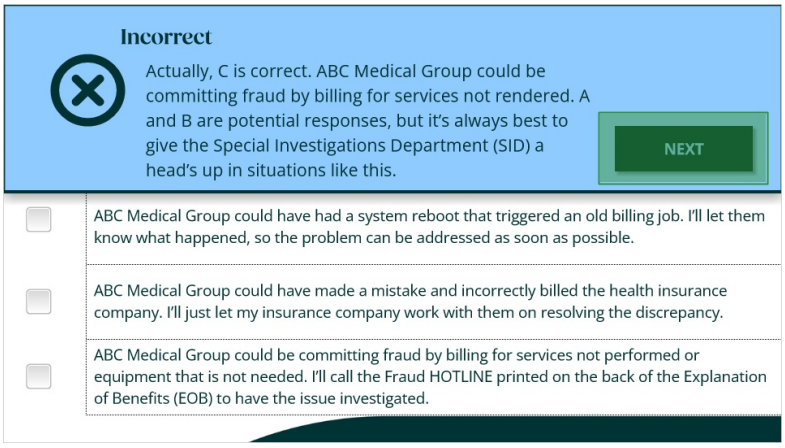
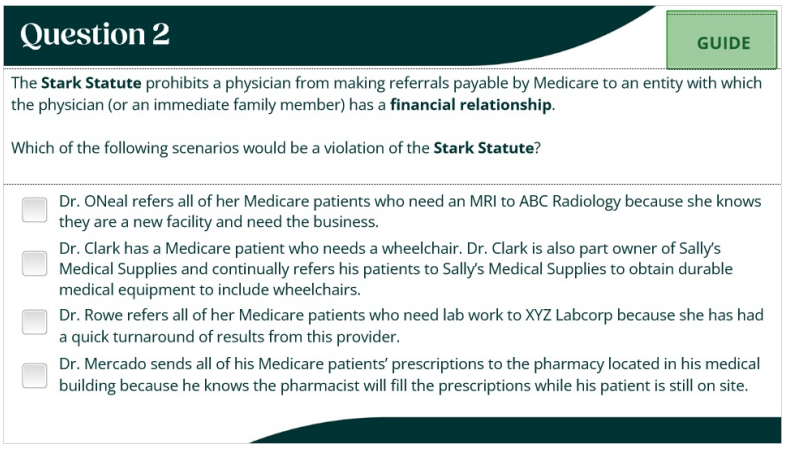


1.21 Question 2

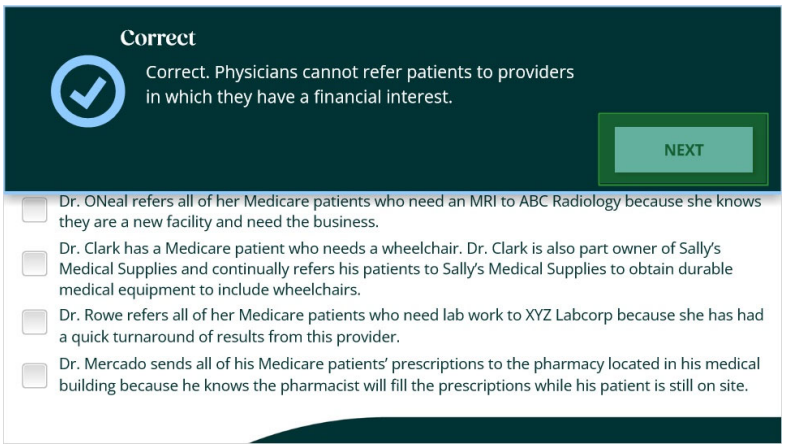
(Pick One, 10 points, 1 attempt permitted)



Correct	Choice
	Check Box 1
X	Check Box 2
	Check Box 4
	Check Box 5

Notes:

Correct (Slide Layer)



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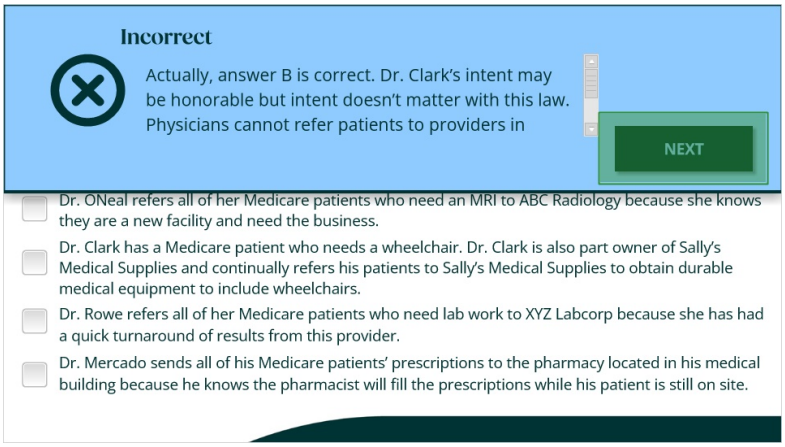
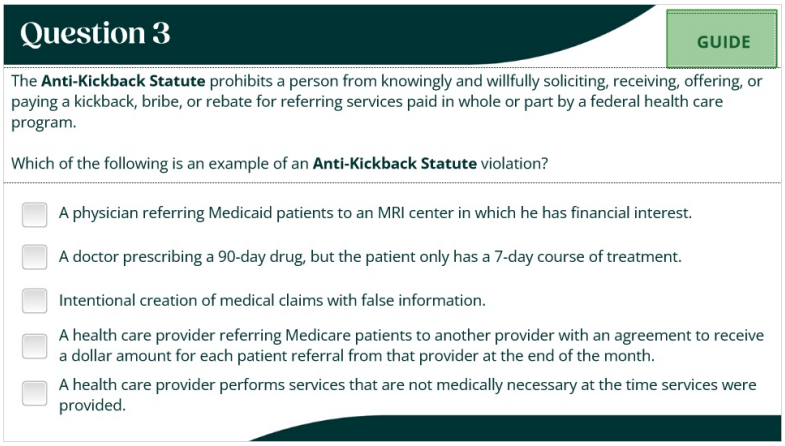


1.22 Question 3

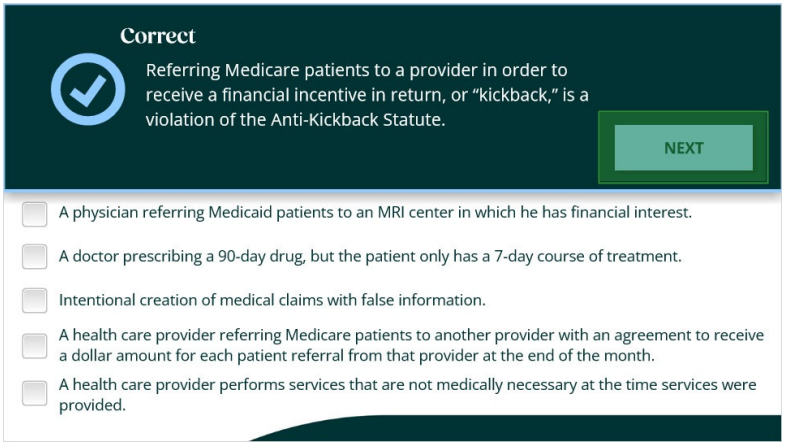
(Pick One, 10 points, 1 attempt permitted)



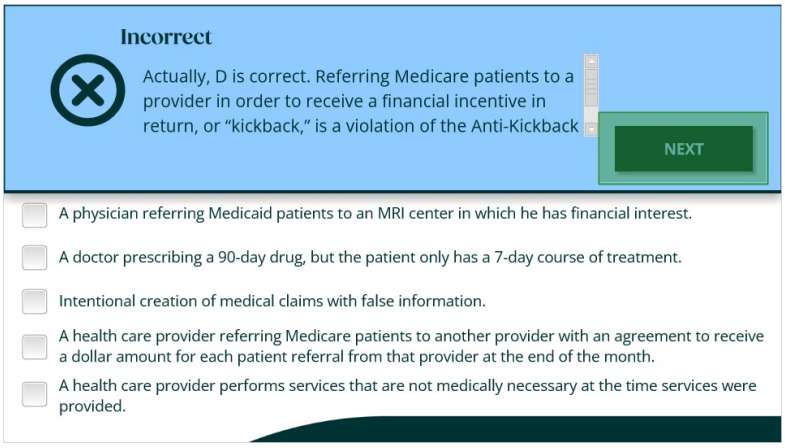
Correct	Choice
	Check Box 1
	Check Box 2
	Check Box 3
X	Check Box 4
	Check Box 5

Notes:

Correct (Slide Layer)

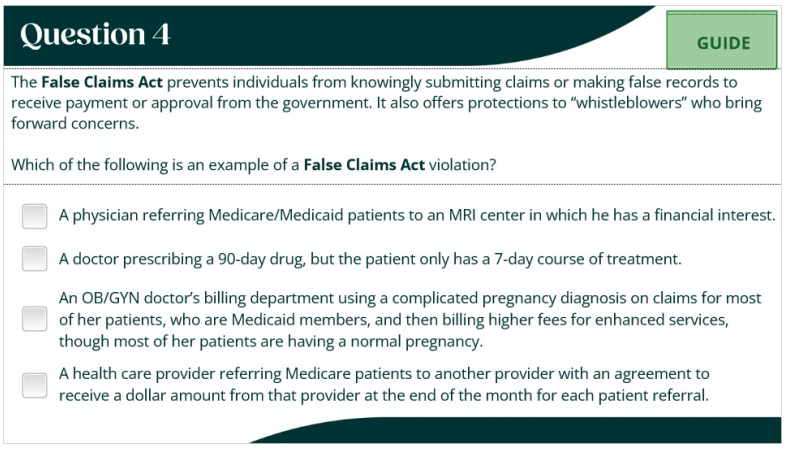


Incorrect (Slide Layer)



1.23 Question 4

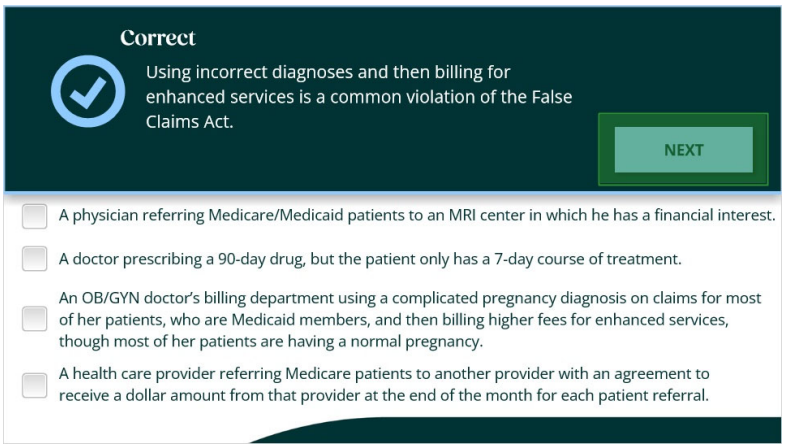
(Pick One, 10 points, 1 attempt permitted)



Correct	Choice
	Check Box 1
	Check Box 2
X	Check Box 3
	Check Box 5

Notes:

Correct (Slide Layer)



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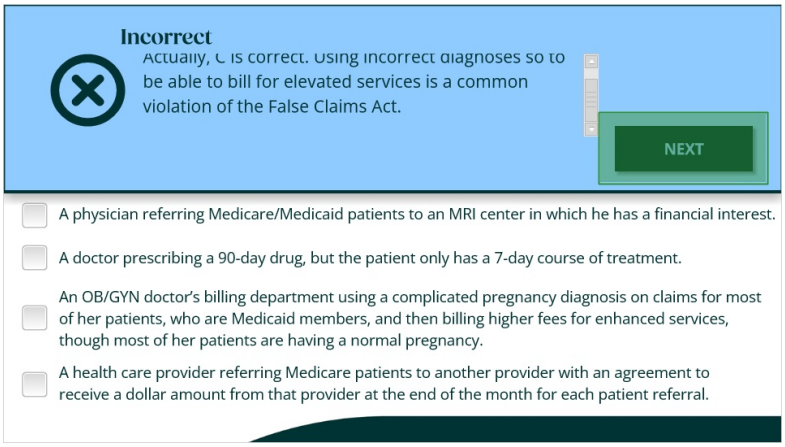
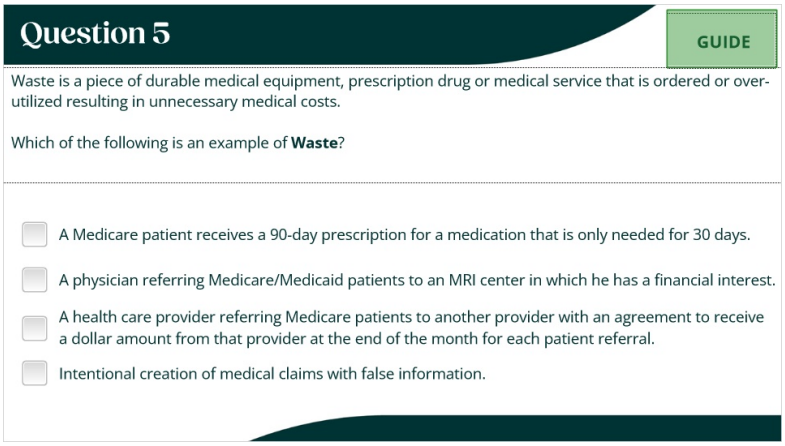


1.24 Question 5

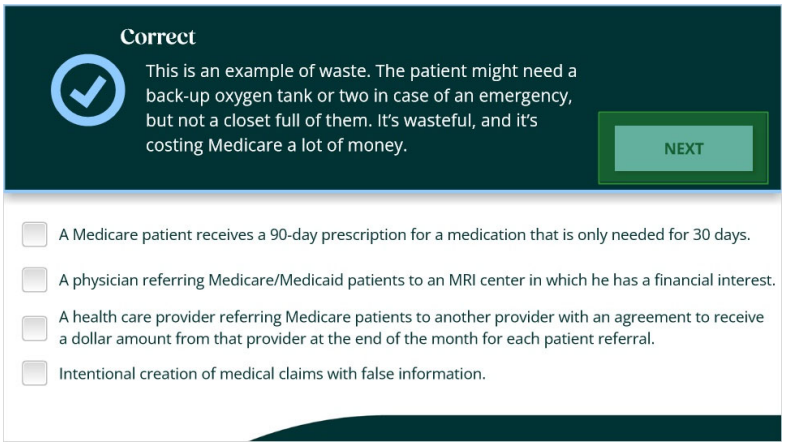
(Pick One, 10 points, 1 attempt permitted)



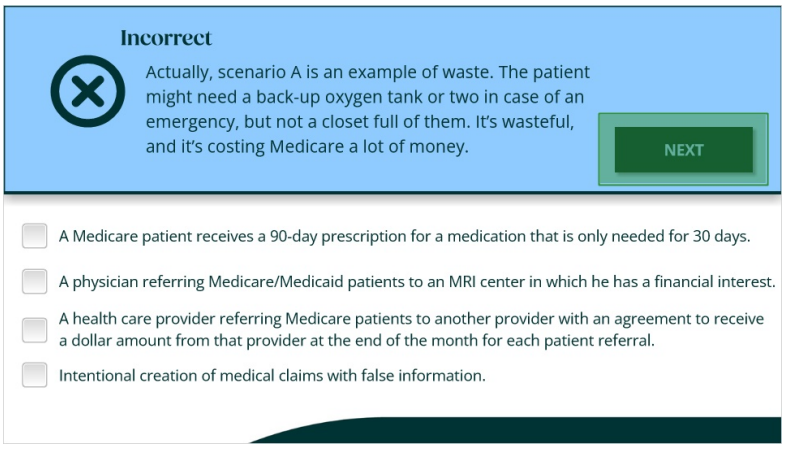
Correct	Choice
X	Check Box 1
	Check Box 2
	Check Box 3
	Check Box 4

Notes:

Correct (Slide Layer)

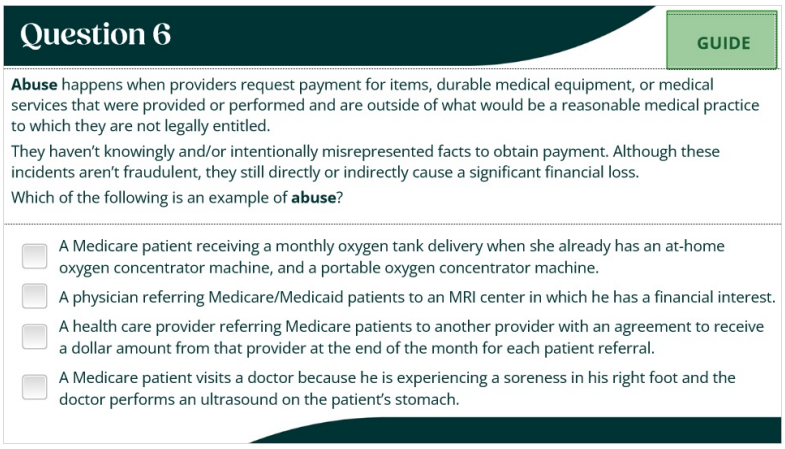


Incorrect (Slide Layer)



1.25 Question 6

(Pick One, 10 points, 1 attempt permitted)



Correct	Choice
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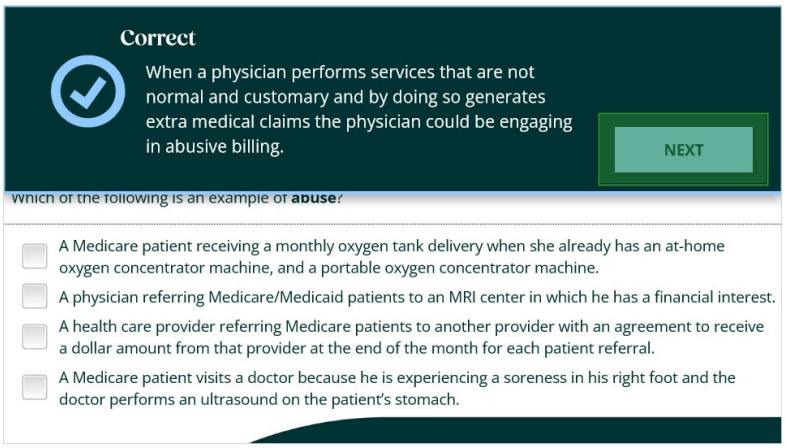
	Check Box 2
	Check Box 3
X	Check Box 4

Notes:

Correct (Slide Layer)



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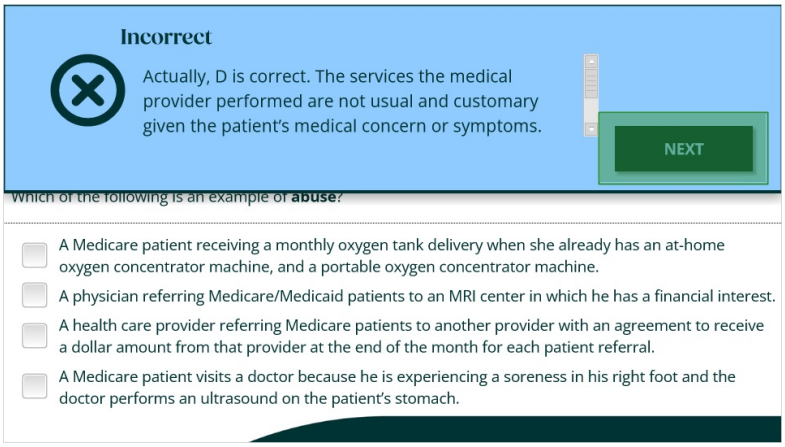
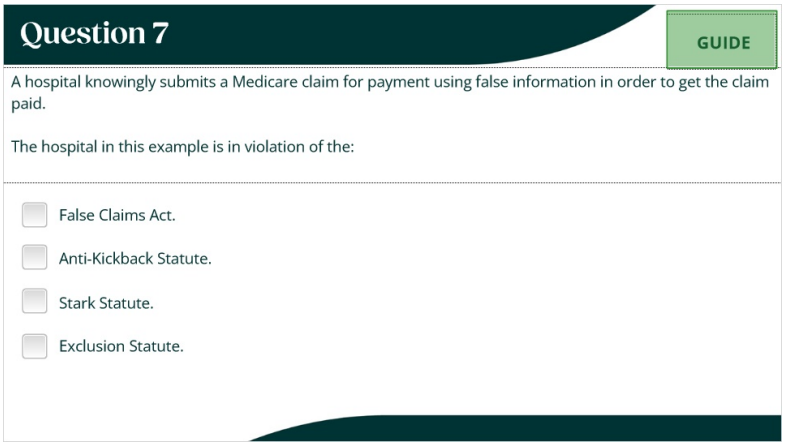


1.26 Question 7

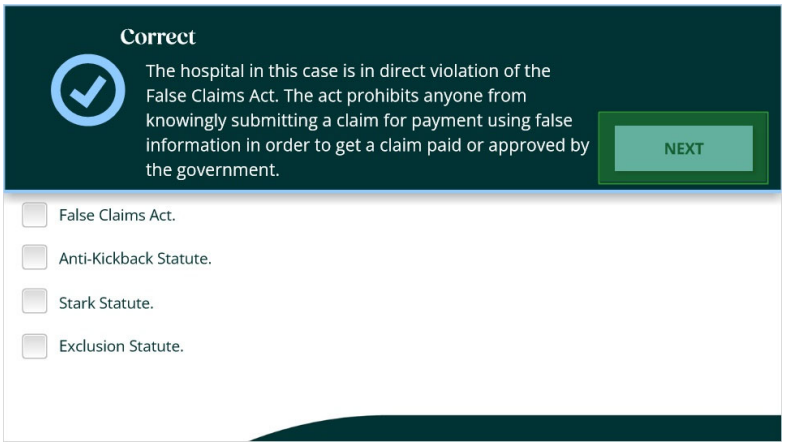
(Pick One, 10 points, 1 attempt permitted)



Correct	Choice
X	Check Box 1
	Check Box 2
	Check Box 3
	Check Box 4

Notes:

Correct (Slide Layer)



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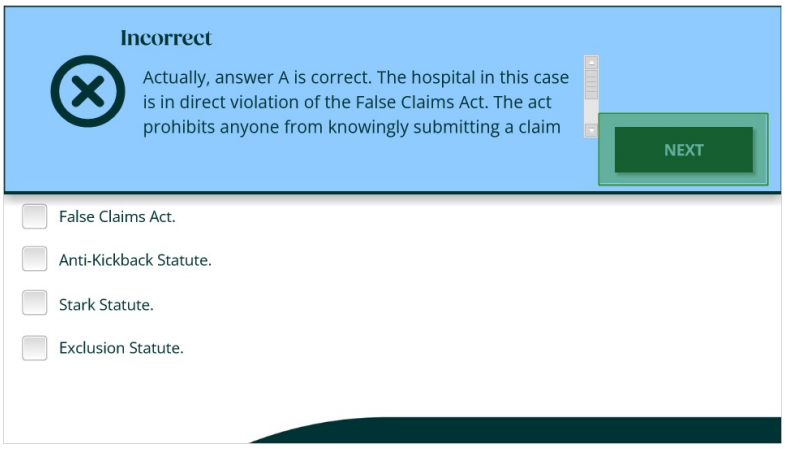
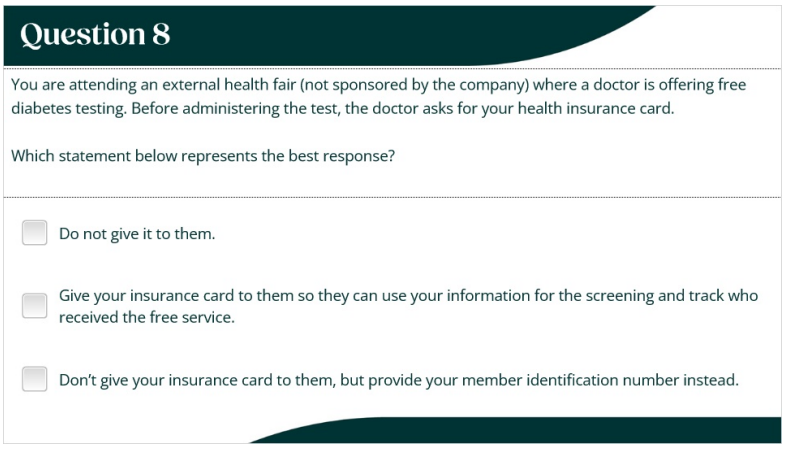


1.27 Question 8

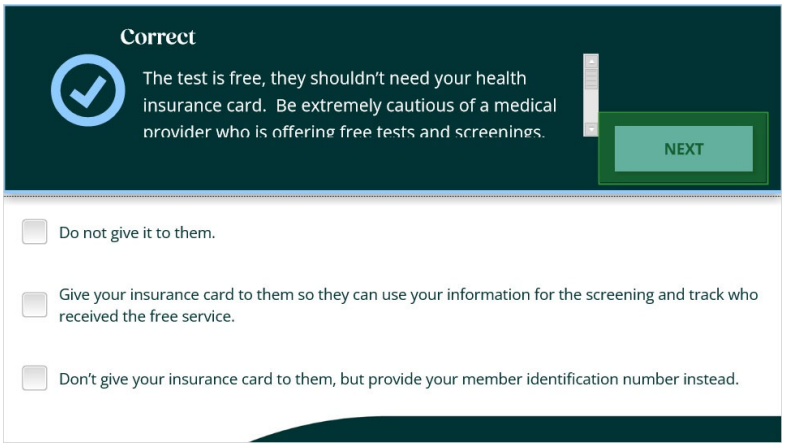
(Pick One, 10 points, 1 attempt permitted)



Correct	Choice
X	Check Box 1
	Check Box 2
	Check Box 3

Notes:

Correct (Slide Layer)



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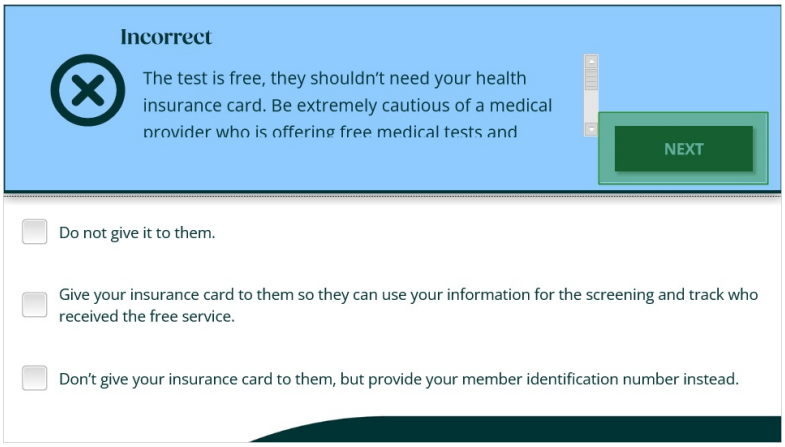
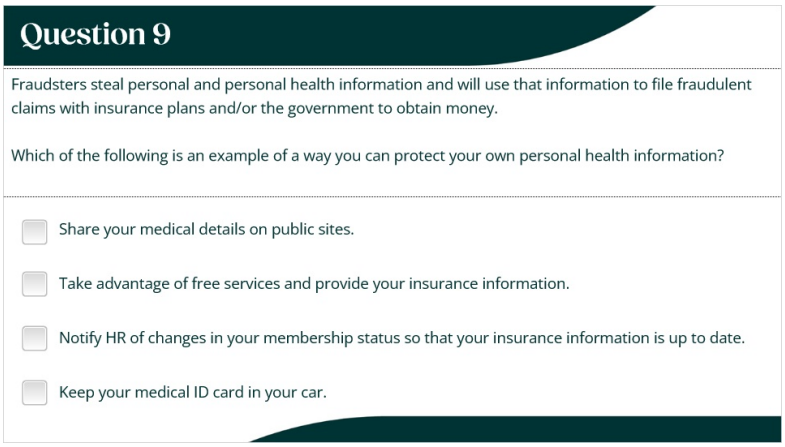


1.28 Question 9

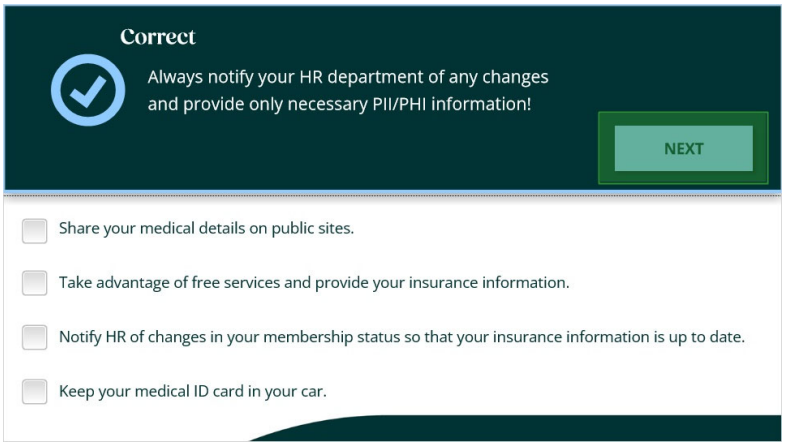
(Pick One, 10 points, 1 attempt permitted)



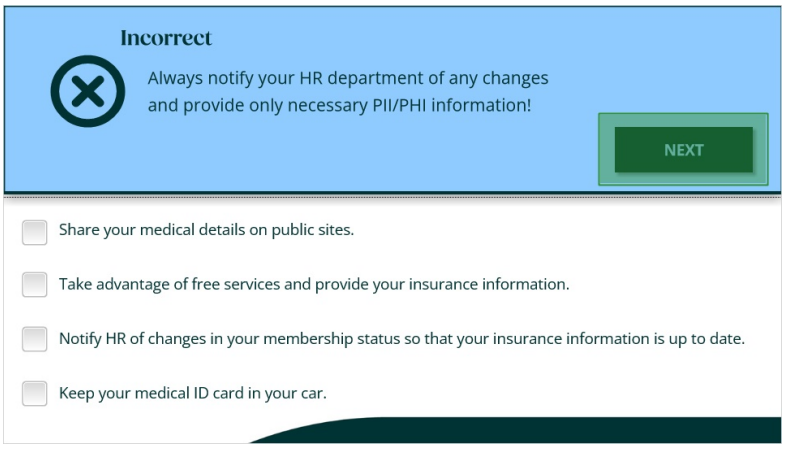
Correct	Choice
	Check Box 1
	Check Box 2
X	Check Box 3
	Check Box 4

Notes:

Correct (Slide Layer)

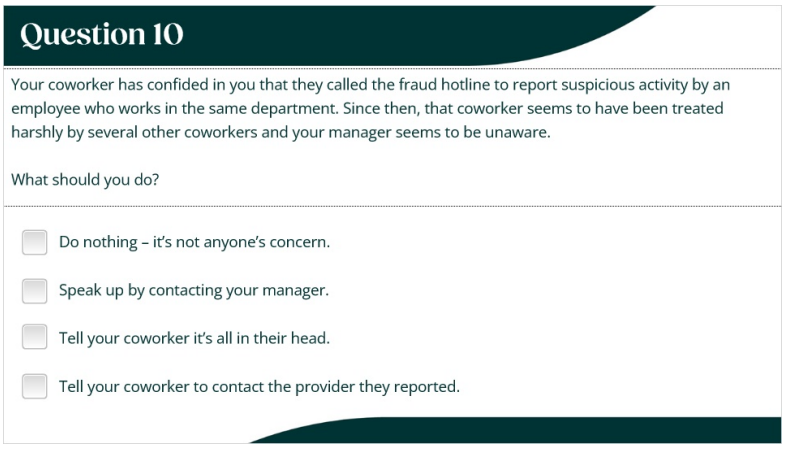


Incorrect (Slide Layer)



1.29 Question 10

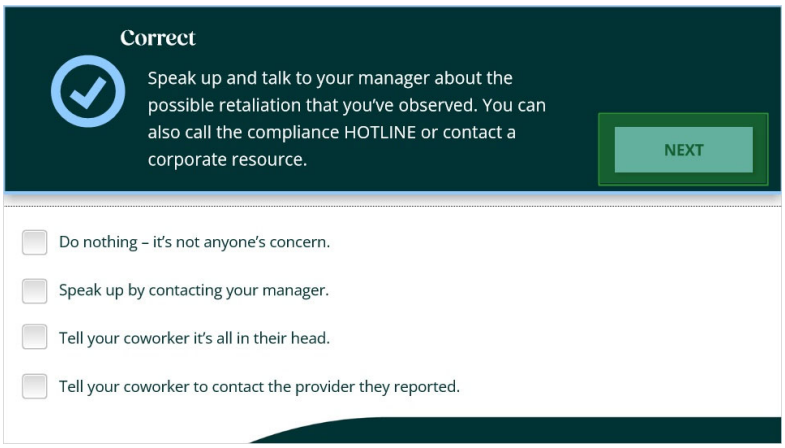
(Pick One, 10 points, 1 attempt permitted)



Correct	Choice
	Check Box 1
X	Check Box 2
	Check Box 3
	Check Box 4

Notes:

Correct (Slide Layer)



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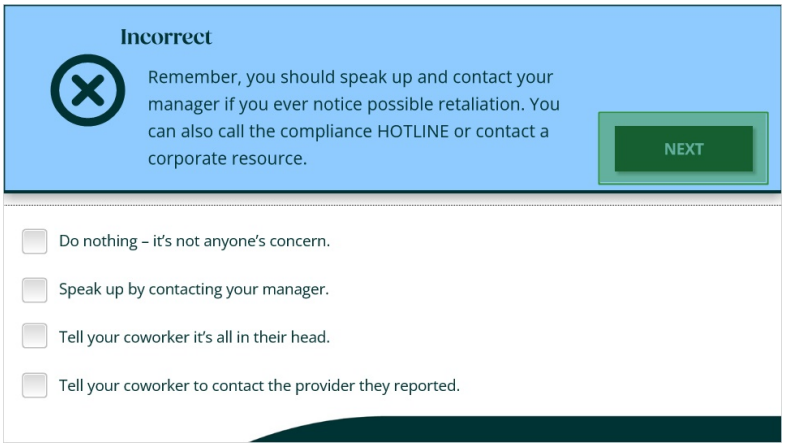
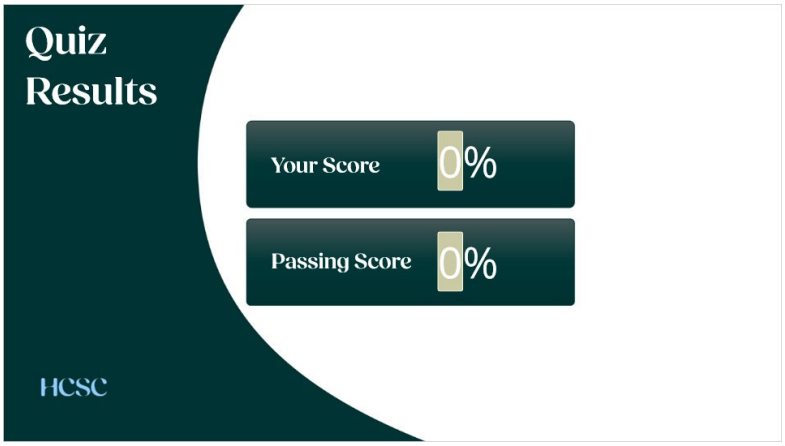


1.30 Quiz Results

(Results Slide, 0 points, 1 attempt permitted)



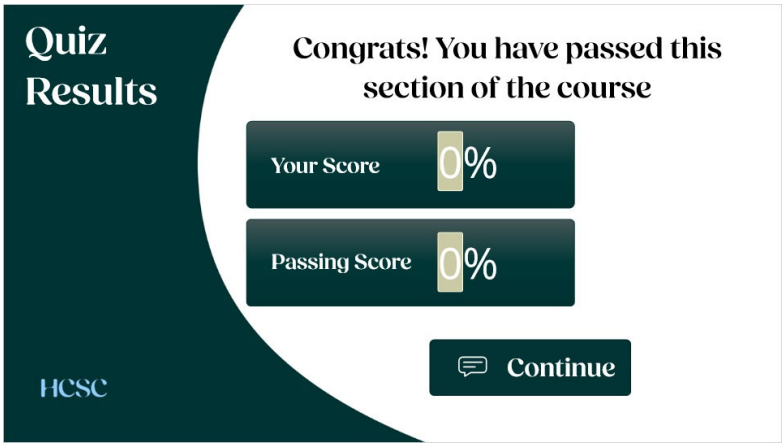
Results for
1.20 Question 1
1.21 Question 2
1.22 Question 3
1.23 Question 4
1.24 Question 5

Results for
1.25 Question 6
1.26 Question 7
1.27 Question 8
1.28 Question 9
1.29 Question 10

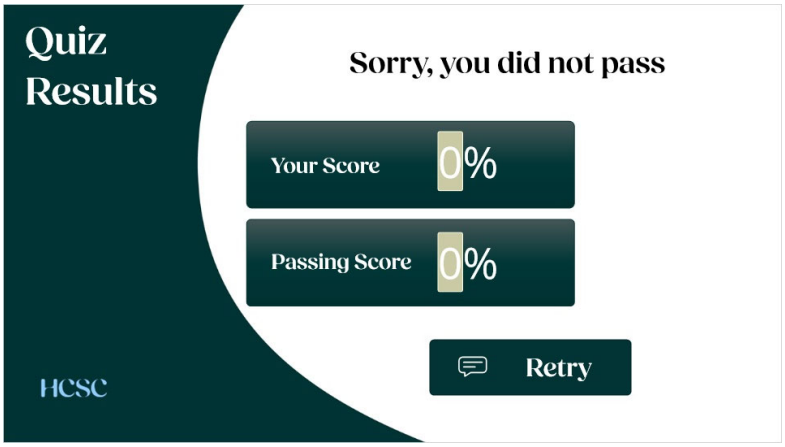
Result slide properties	Passing Score
80%	

Notes:

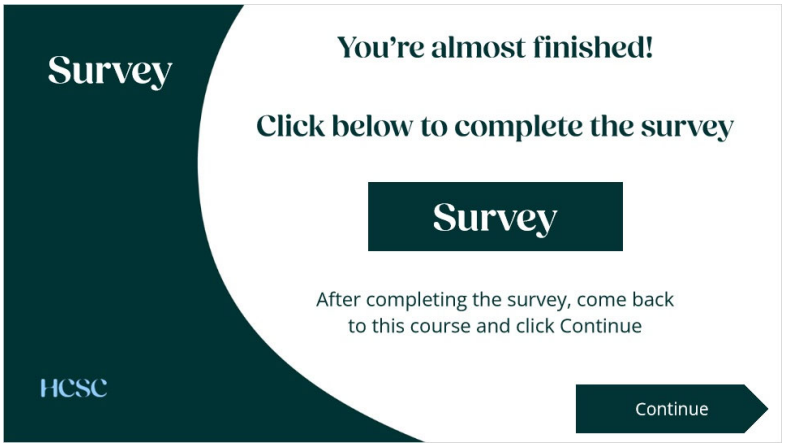
Success (Slide Layer)



Failure (Slide Layer)

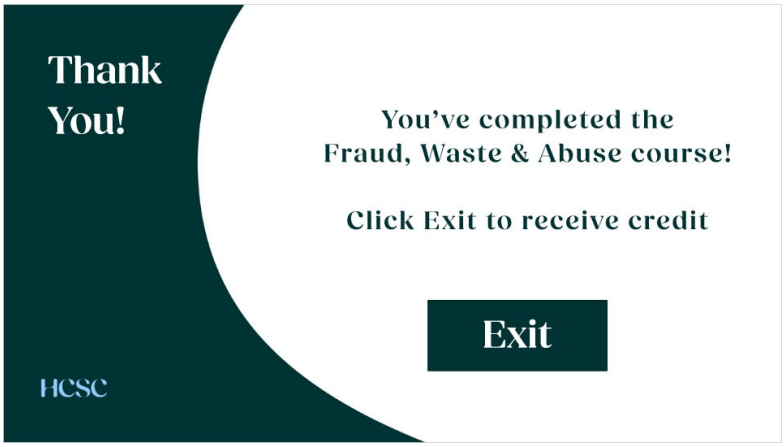


1.31 Survey



Notes:

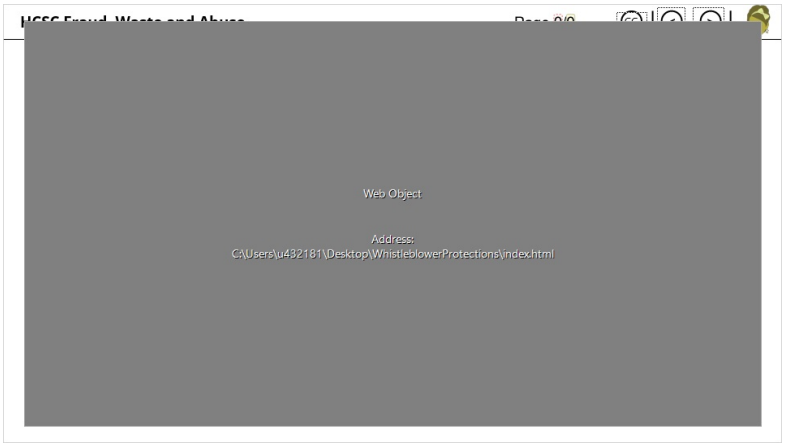
1.32 Congratulations



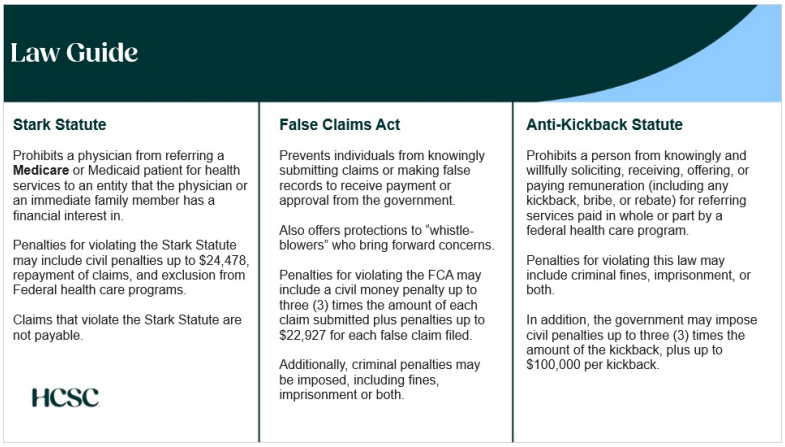
Notes:

2. Job Aids

2.1 Whistleblower



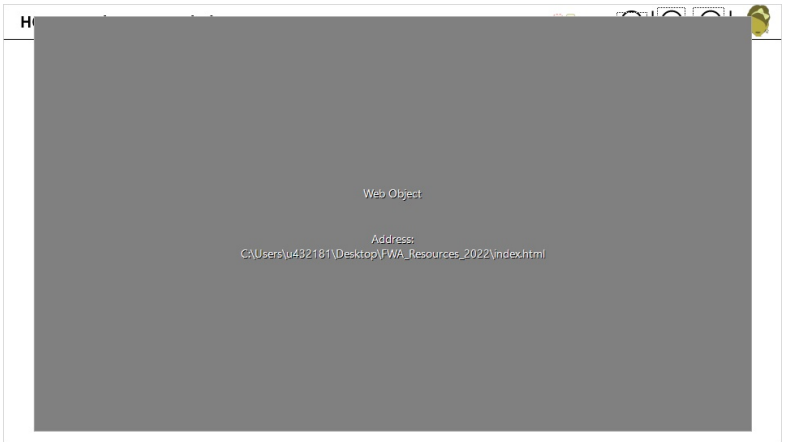
2.2 Law Guide



2.3 FWA Guide

2.4 NonRetaliation

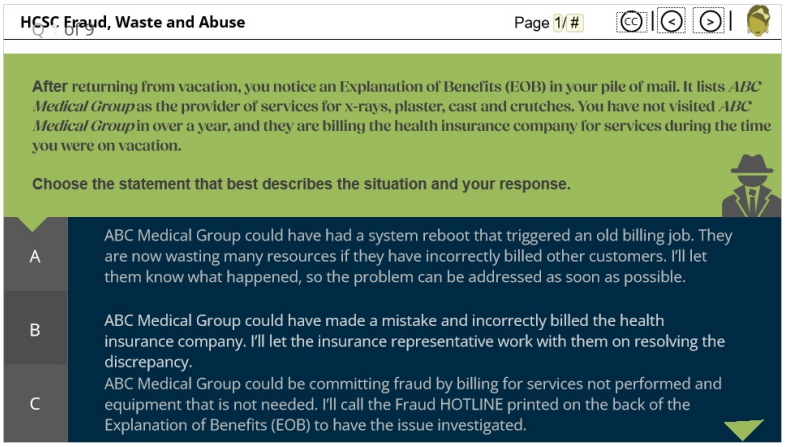
2.5 Resources



1. Assessment

Q1.1 After returning from vacation, you notice an Explanation of Benefits (EOB) in your pile of mail. It lists ABC Medical Group as the provider of services for x-rays, plaster, cast and crutches. You have not visited ABC Medical Group in over a year, and they are billing the health insurance company for services during the time you were on vacation. Choose the statement that best describes the situation and your response.

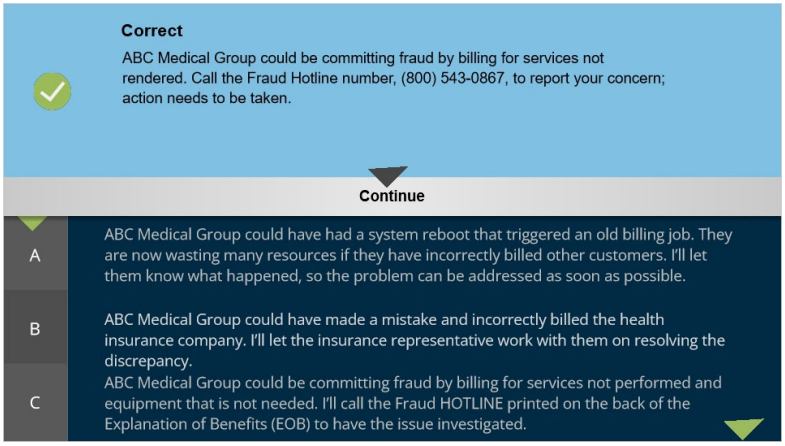
(Pick One, 10 points, 1 attempt permitted)



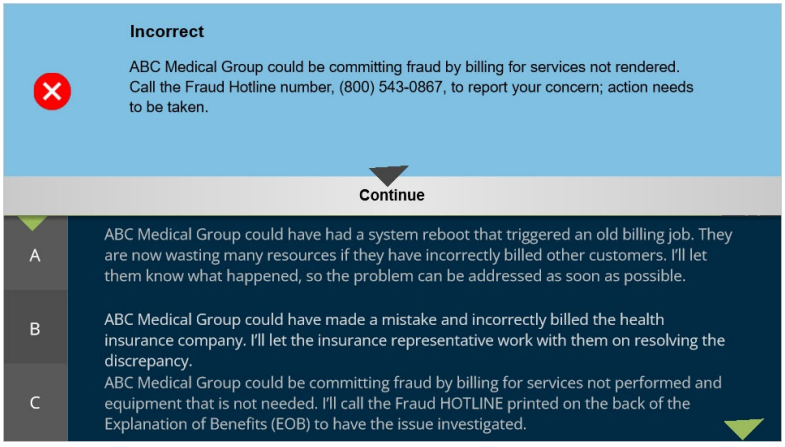
Correct	Choice
	A
	B
X	C

Notes:

Correct (Slide Layer)

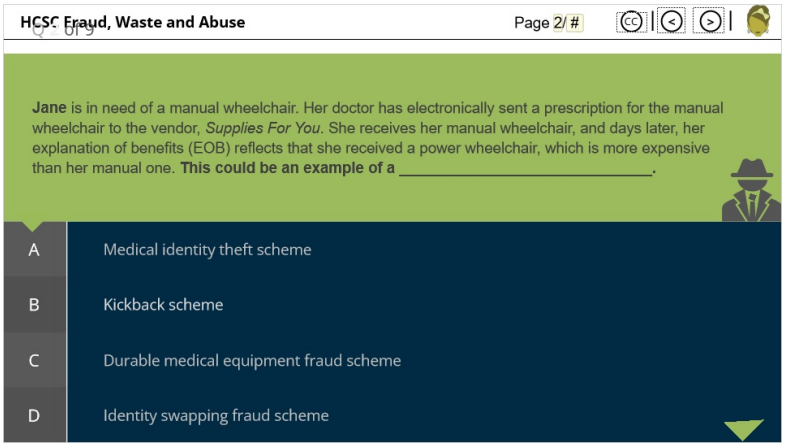


Incorrect (Slide Layer)



Q1.2 Jane is in need of a manual wheelchair. Her doctor has electronically sent a prescription for the manual wheelchair to the vendor, Supplies For You. She receives her manual wheelchair, and days later, her explanation of benefits (EOB) reflects that she received a power wheelchair, which is more expensive than her manual one. This could be an example of a _____.

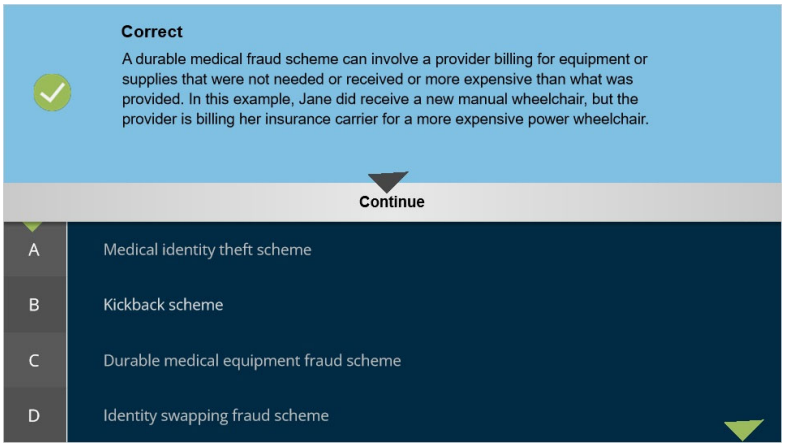
(Pick One, 10 points, 1 attempt permitted)



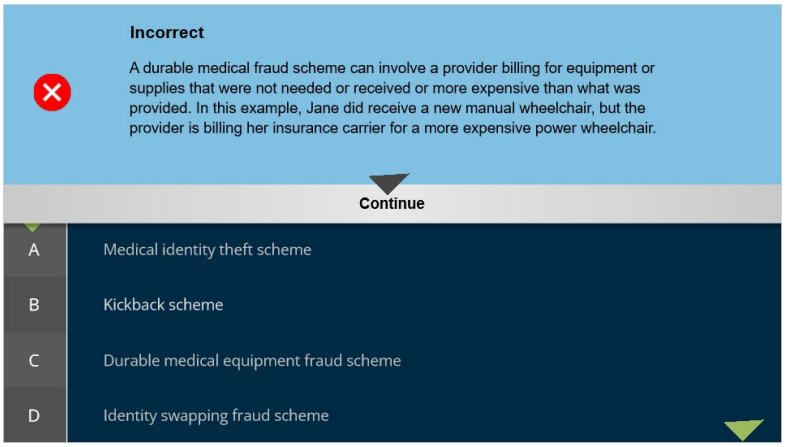
Correct	Choice
	A
	B
X	C
	D

Notes:

Correct (Slide Layer)

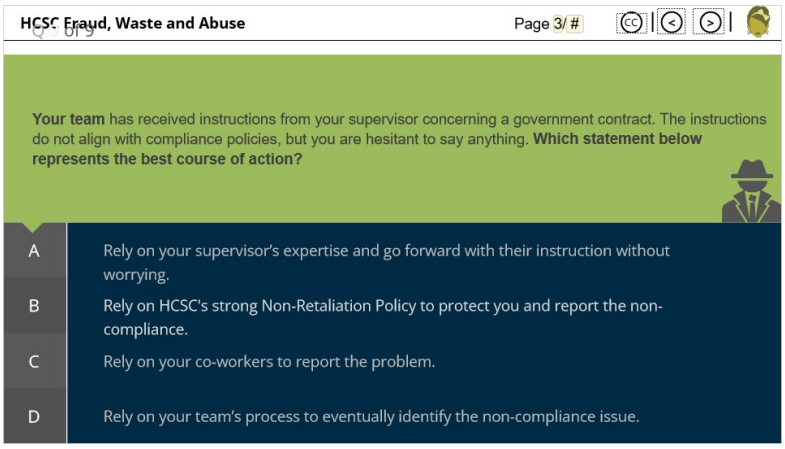


Incorrect (Slide Layer)



Q1.3 Your team has received instructions from your supervisor concerning a government contract. The instructions do not align with compliance policies, but you are hesitant to say anything. Which statement below represents the best course of action?

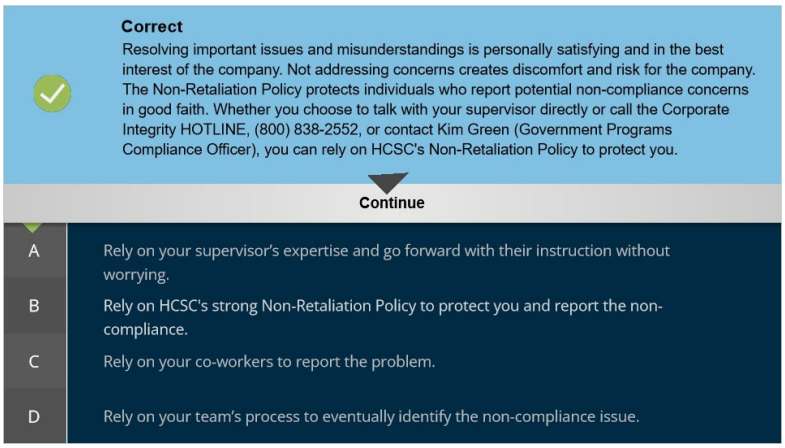
(Pick One, 10 points, 1 attempt permitted)



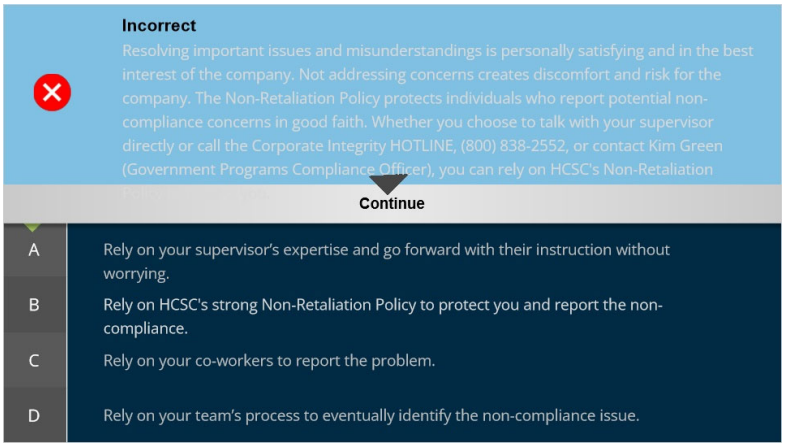
Correct	Choice
	A
X	B
	C
	D

Notes:

Correct (Slide Layer)

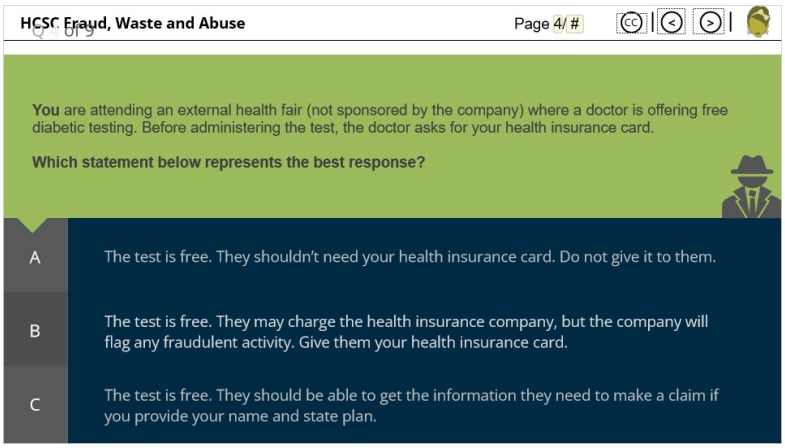


Incorrect (Slide Layer)



Q1.4 You are attending an external health fair (not sponsored by the company) where a doctor is offering free diabetic testing. Before administering the test, the doctor asks for your health insurance card. Which statement below represents the best response?

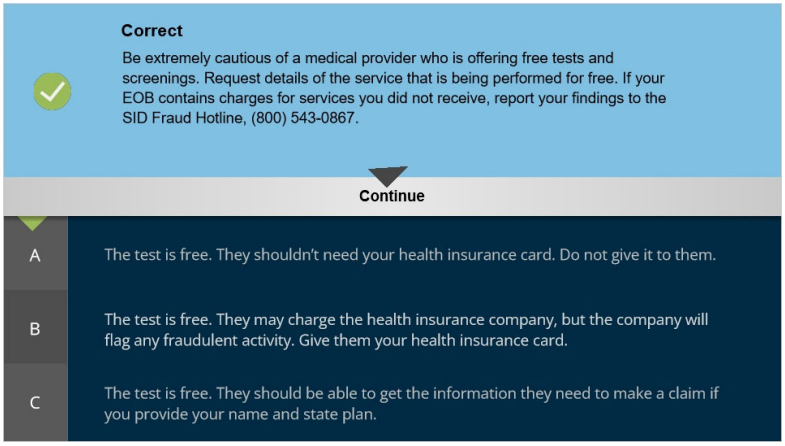
(Pick One, 10 points, 1 attempt permitted)



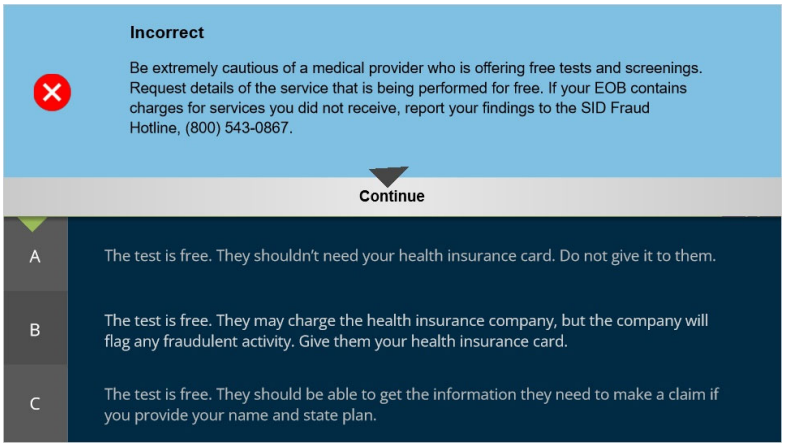
Correct	Choice
X	A
	B
	C

Notes:

Correct (Slide Layer)

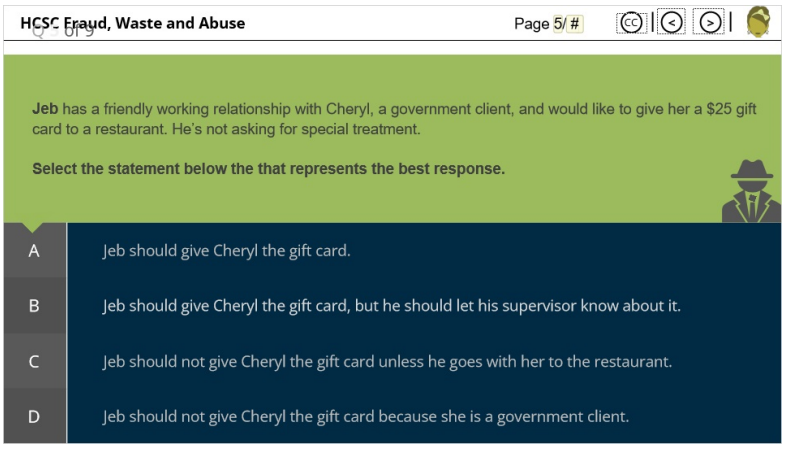


Incorrect (Slide Layer)



Q1.5 Jeb has a friendly working relationship with Cheryl, a government client, and would like to give her a $25 gift card to a restaurant. He's not asking for special treatment. Select the statement below the that represents the best response.

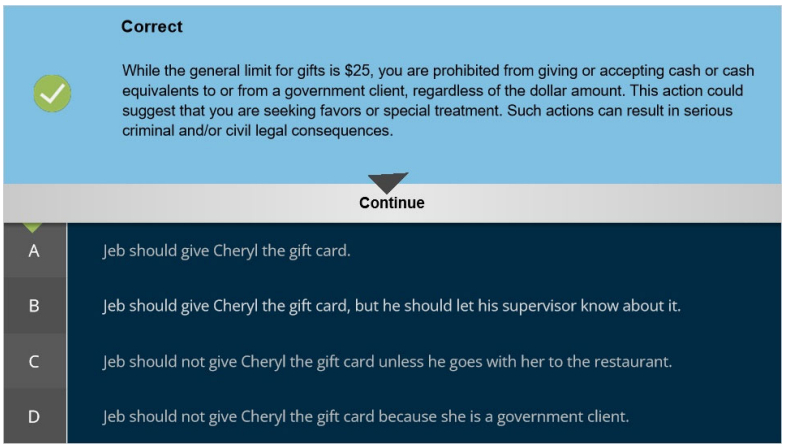
(Pick One, 10 points, 1 attempt permitted)



Correct	Choice
	A
	B
	C
X	D

Notes:

Correct (Slide Layer)



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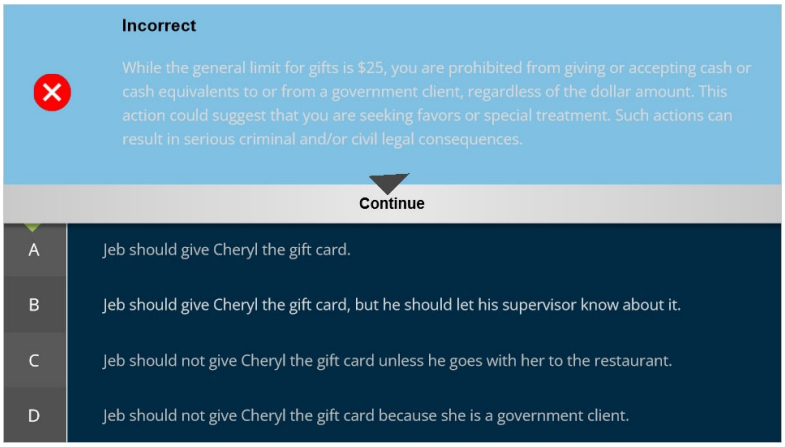
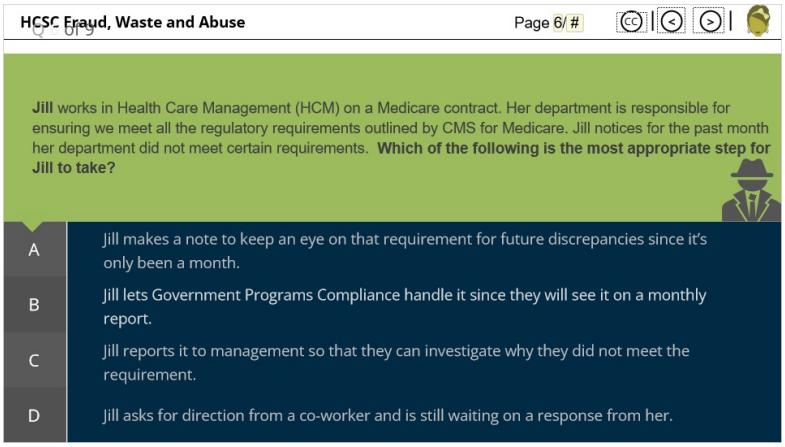


Q1.6 Jill works in Health Care Management (HCM) on a Medicare contract. Her department is responsible for ensuring we meet all the regulatory requirements outlined by CMS for Medicare. Jill notices for the past month her department did not meet certain requirements. Which of the following is the most appropriate step for Jill to take?

(Pick One, 10 points, 1 attempt permitted)

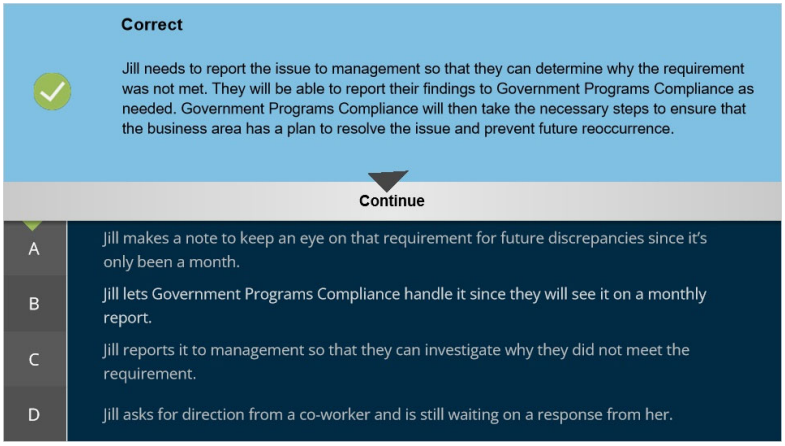


Correct	Choice
	A
	B
X	C

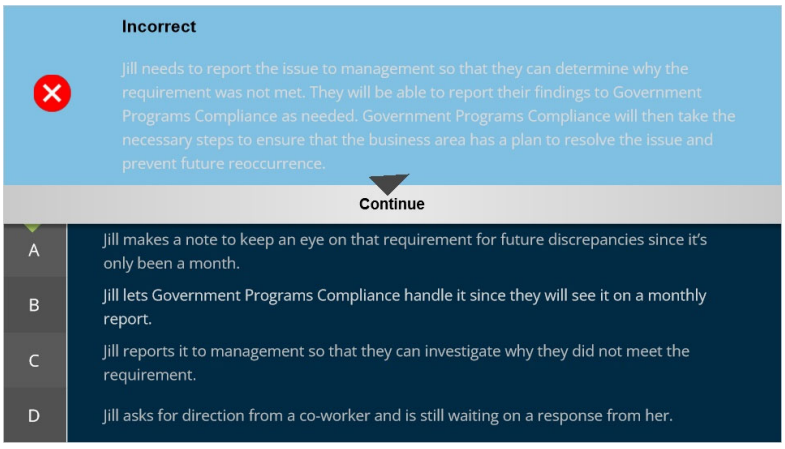
Correct	Choice
	D

Notes:

Correct (Slide Layer)

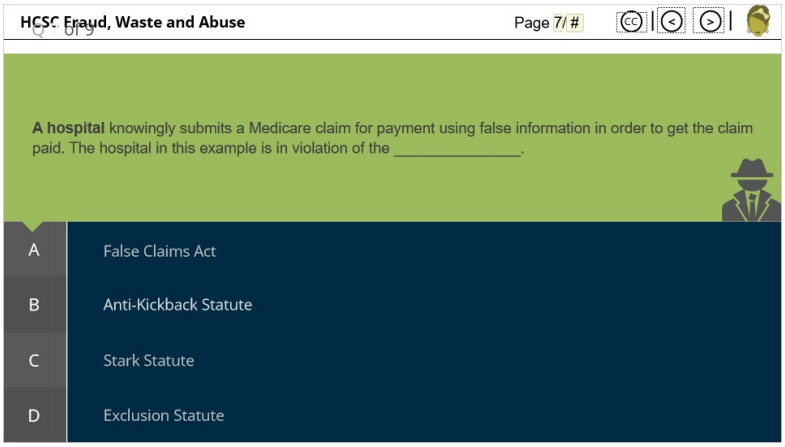


Incorrect (Slide Layer)



Q1.7 A hospital knowingly submits a Medicare claim for payment using false information in order to get the claim paid. The hospital in this example is in violation of the _____.

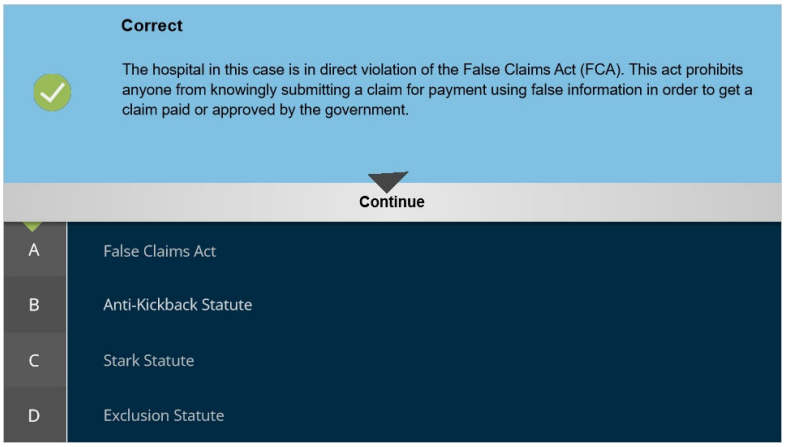
(Pick One, 10 points, 1 attempt permitted)



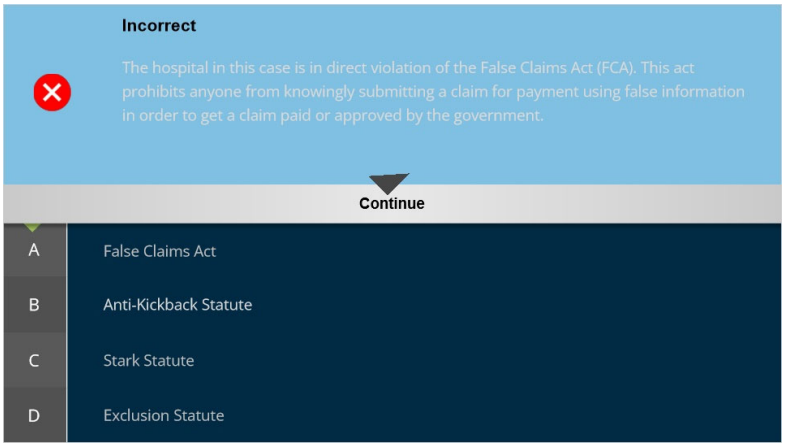
Correct	Choice
X	A
	B
	C
	D

Notes:

Correct (Slide Layer)

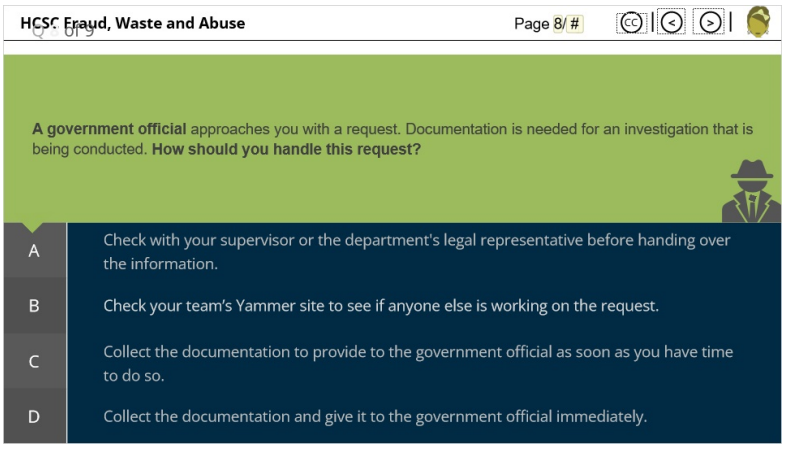


Incorrect (Slide Layer)



Q1.8 A government official approaches you with a request. Documentation is needed for an investigation that is being conducted. How should you handle this request?

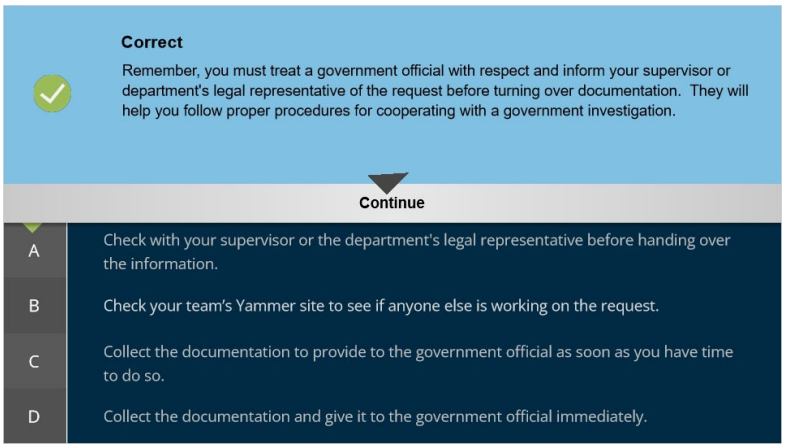
(Pick One, 10 points, 1 attempt permitted)



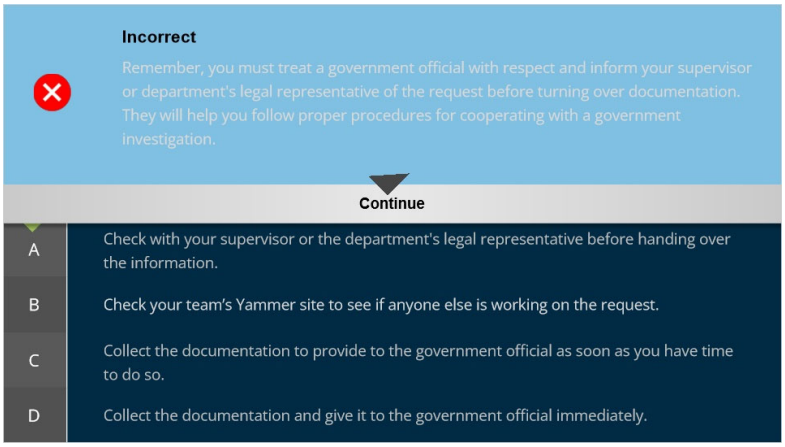
Correct	Choice
X	A
	B
	C
	D

Notes:

Correct (Slide Layer)

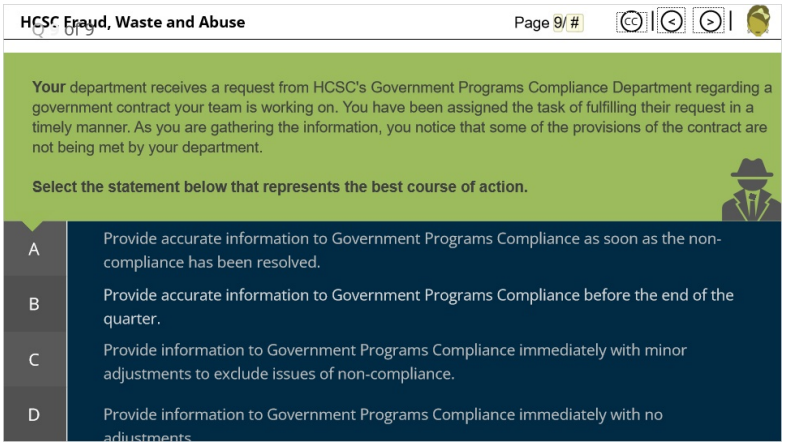


Incorrect (Slide Layer)



Q1.9 Your department receives a request from HCSC's Government Programs Compliance Department regarding a government contract your team is working on. You have been assigned the task of fulfilling their request in a timely manner. As you are gathering the information, you notice that some of the provisions of the contract are not being met by your department. Select the statement below that represents the best course of action.

(Pick One, 10 points, 1 attempt permitted)

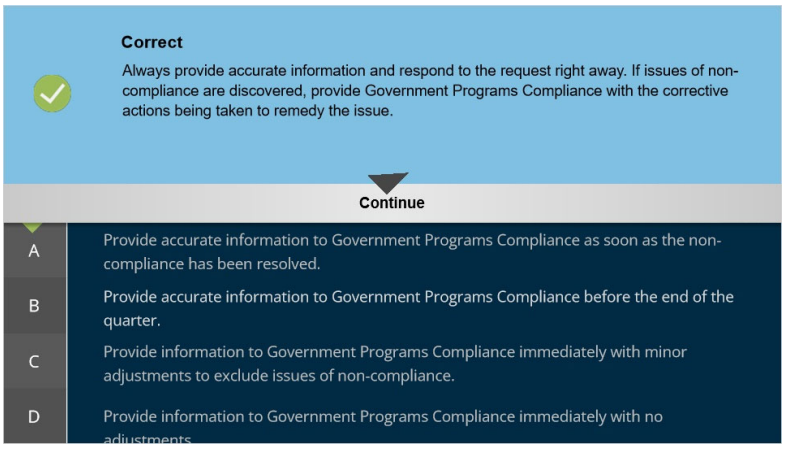


Correct	Choice
	A
	B

Correct	Choice
	C
X	D

Notes:

Correct (Slide Layer)



Incorrect (Slide Layer)