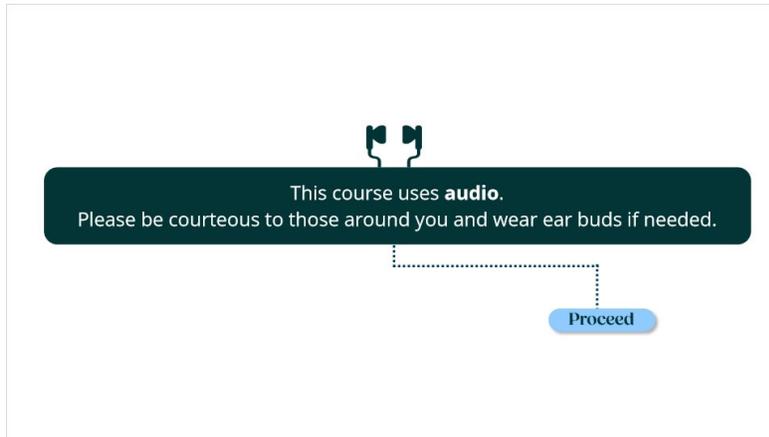


2026 HCSC Fraud, Waste and Abuse Course

1. 2026 Fraud, Waste Abuse Training

1.1 start



Notes:

This course uses **audio**.

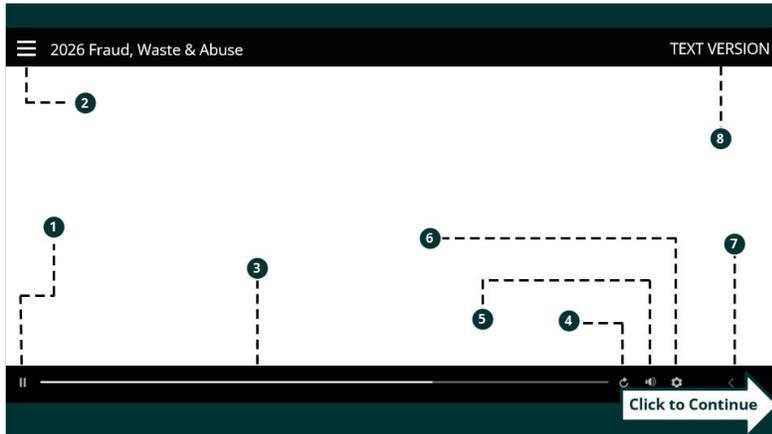
Please be courteous to those around you and wear ear buds if needed.

1.2 HCSC 2026 Fraud, Waste & Abuse Compliance Course



Notes:

1.3 Navigation



Notes:

1.4 Tips for Success

Tips for Success

(this slide has no audio)

Tips for the best experience:

- ✓ Use Google Chrome browser for all Compliance courses in MyLearning
- ✓ Close **all** Google Chrome tabs except for those needed to take the training
- ✓ Take courses one at a time
- ✓ Do not multi task or start/stop the content if at all possible - doing so may cause myLearning to behave in unexpected ways

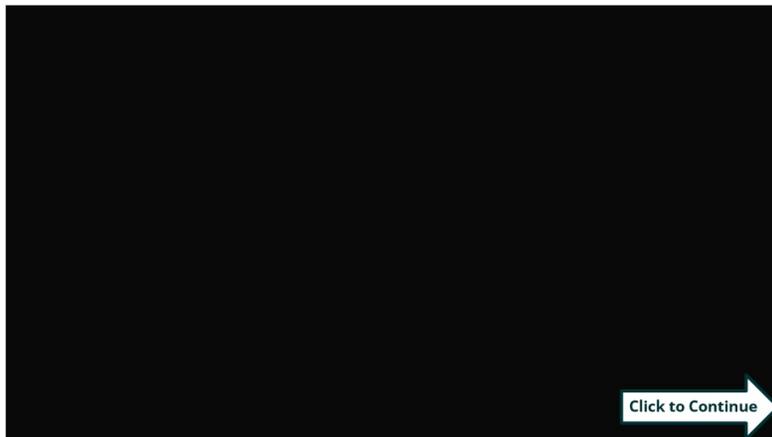
After you've finished all content in the course:

- ✓ Go back to the original window where you started the course
- ✓ Click the OK button to complete the course in the system

[Click to Continue](#)

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?

What is Fraud, Waste and Abuse?

Click on each number for more information

1 2 3 4

Error Waste Abuse Fraud

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)

What is Fraud, Waste and Abuse?

Click on each

1

Error

Error

A mistake, that is completely unintentional (such as a typo that led to a billing error)

1

aud

Waste (Slide Layer)

What is Fraud, Waste and Abuse?

Click on each

1

Error

Waste

Any practice that a reasonably prudent person would deem careless or that would allow inefficient use of resources, items or service

1

aud

Abuse (Slide Layer)

What is Fraud, Waste and Abuse?

Click on each

1

Error

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

1

aud

Fraud (Slide Layer)

What is Fraud, Waste and Abuse?

Click on each

Fraud

1 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

Click to Continue

1.8 Matching Activity 1

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

Drag each term to the example that describes it, then click the checkmark to submit your answers.

Fraud A prescriber issuing a prescription drug refill for 30 days when only 2 weeks are truly needed

Waste A member with a sore foot goes to the doctor and that doctor performs a heart scan

Abuse A psychiatrist submits 100 false claims for diabetes testing supplies that were never ordered or prescribed

GUIDE

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)

Correct
That's correct!

Waste A member with a sore foot goes to the doctor and that doctor performs a heart scan

Abuse A psychiatrist submits 100 false claims for diabetes testing supplies that were never ordered or prescribed

NEXT

Try Again (Slide Layer)

Incorrect
Try Again.

Waste A member with a sore foot goes to the doctor and that doctor performs a heart scan

Abuse A psychiatrist submits 100 false claims for diabetes testing supplies that were never ordered or prescribed

CLOSE

1.9 We Are All Responsible

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

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

Click each icon to review your responsibilities in the fight against fraud, waste, and abuse

Together, we can make a difference!

Spot it Collect it Report it Prevent it

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 receive 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)

Click each icon to review your responsibilities in the fight



This slide layer features a central white box with a dark green border. Inside the box, there is a magnifying glass icon on the left and a prohibition sign on the right. The text inside the box reads: "There is something missing - what will you do? your insurance card statement". Below the box, there are four icons: a magnifying glass, a document with a downward arrow, a speech bubble, and a prohibition sign. Below these icons are the labels "Spot it", "Collect it", "Report it", and "Prevent it".

There is something missing - what will you do? your insurance card statement

Spot it Collect it Report it Prevent it

Collect it (Slide Layer)

Click each icon to review your responsibilities in the fight



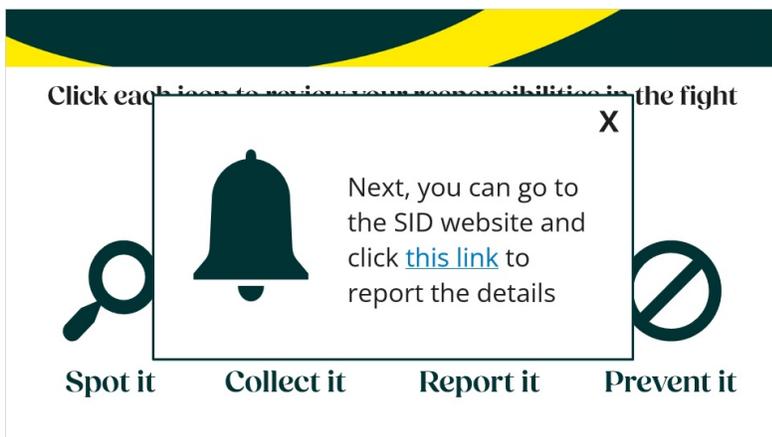
This slide layer features a central white box with a dark green border. Inside the box, there is a magnifying glass icon on the left and a prohibition sign on the right. The text inside the box reads: "Collect all the information you can". Below the box, there are four icons: a magnifying glass, a document with a downward arrow, a speech bubble, and a prohibition sign. Below these icons are the labels "Spot it", "Collect it", "Report it", and "Prevent it".

Collect all the information you can

Spot it Collect it Report it Prevent it

Report it (Slide Layer)

Click each icon to review your responsibilities in the fight



This slide layer features a central white box with a dark green border. Inside the box, there is a magnifying glass icon on the left and a prohibition sign on the right. The text inside the box reads: "Next, you can go to the SID website and click [this link](#) to report the details". Below the box, there are four icons: a magnifying glass, a bell, a speech bubble, and a prohibition sign. Below these icons are the labels "Spot it", "Collect it", "Report it", and "Prevent it".

Next, you can go to the SID website and click [this link](#) to report the details

Spot it Collect it Report it Prevent it

Prevent it (Slide Layer)

Click each icon to review your responsibilities in the fight

Protect your medical information

Spot it Collect it Report it **Prevent it**

Click to Continue

1.11 Specific Laws Related to Fraud

Specific Laws Related to Fraud

Click on The False Claims Act to start learning more about these laws

False Claims Act Anti-Kickback Statute Stark Statute

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.

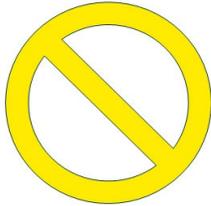
The Stark Statute is a strict liability statute, which means proof of specific intent to violate the law is not required.

The rationale behind the Stark Statute is such arrangements may encourage overutilization of services, in turn driving up health care costs.

False (Slide Layer)

Specific Laws Related to Fraud

The False Claims Act



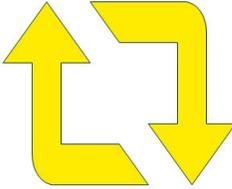
Provides that any person who knowingly submits, or causes to submit, false claims to the government is liable for three times the government's damages plus a penalty

NEXT 

Anti (Slide Layer)

Specific Laws Related to Fraud

The Anti-Kickback Statute



A criminal law that prohibits the knowing ~~and willful payment of or arrangement to take any form of payment or referral or the generation of business~~ ~~to take any form of payment or referral or the generation of business~~

NEXT 

Stark (Slide Layer)

Specific Laws Related to Fraud

The Stark Statute



Prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from the utilization of services, in turn driving up health care costs, if the physician or an immediate family member has a financial relationship with the entity with which the health care costs are incurred.



1.12 Matching Activity 2

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

Drag the number by each law to its correct real-world example, then click the checkmark button on the bottom right. Use the guide for help.

Anti-Kickback Statute 1

False Claims Act 2

Stark Statute 3

GUIDE

A hospital chain paid \$16.5 million to resolve **Medicare** claims arising out of a whistle-blower lawsuit. Its subsidiaries entered into improper financial transactions with a medical practice, leasing office space for a price well below fair market value. The whistle-blower received over \$3 million as a result of the settlement.

An organization paid \$8 million to settle a lawsuit alleging that it violated the law by paying \$440,000 to purchase prescription drugs from Cardinal Health **in exchange for cash bonuses**. The whistle-blowers received \$760,000 as a result of the settlement.

One of the nation's largest brokers of non-emergency medical transportation ("NEMT") services, agreed to pay \$3 million to the federal government and state of Ohio to settle a lawsuit filed by three whistle-blowers. The settlement resolved allegations that the NEMT broker submitted **false claims** for payment to Medicare and Medicaid by failing to ensure that the services it arranged were medically necessary and eligible for payment. The government awarded the whistle-blowers 28.5% of the federal portion of the settlement.

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)

The screenshot shows a quiz interface with a dark green header. On the left, a blue circle with a white checkmark is labeled "Correct" and "That's right!". On the right, a green button labeled "NEXT" is visible. Below the header, there are two blue boxes on the left representing options: "False Claims Act" with a circled "2" and "Stark Statute" with a circled "3". To the right of these boxes is a text area containing two paragraphs of text. The first paragraph is connected to the "False Claims Act" option by a line and a circle, and the second paragraph is connected to the "Stark Statute" option by a line and a circle.

Correct
That's right!

False Claims Act 2

Stark Statute 3

An organization paid \$8 million to settle a lawsuit alleging that it violated the law by paying \$440,000 to purchase prescription drugs from Cardinal Health **in exchange for cash bonuses**. The whistle-blowers received \$760,000 as a result of the settlement.

One of the nation's largest brokers of non-emergency medical transportation ("NEMT") services, agreed to pay \$3 million to the federal government and state of Ohio to settle a lawsuit filed by three whistle-blowers. The settlement resolved allegations that the NEMT broker submitted **false claims** for payment to Medicare and Medicaid by failing to ensure that the services it arranged were medically necessary and eligible for payment. The government awarded the whistle-blowers 28.5% of the federal portion of the settlement.

Incorrect (Slide Layer)

Incorrect
Click to add text

NEXT

False Claims Act ②

Stark Statute ③

An organization paid \$8 million to settle a lawsuit alleging that it violated the law by paying \$440,000 to purchase prescription drugs from Cardinal Health **in exchange for cash bonuses**. The whistle-blowers received \$760,000 as a result of the settlement.

One of the nation's largest brokers of non-emergency medical transportation ("NEMT") services, agreed to pay \$3 million to the federal government and state of Ohio to settle a lawsuit filed by three whistle-blowers. The settlement resolved allegations that the NEMT broker submitted **false claims** for payment to Medicare and Medicaid by failing to ensure that the services it arranged were medically necessary and eligible for payment. The government awarded the whistle-blowers 28.5% of the federal portion of the settlement.

Try Again (Slide Layer)

Incorrect
Try again.

CLOSE

False Claims Act ②

Stark Statute ③

An organization paid \$8 million to settle a lawsuit alleging that it violated the law by paying \$440,000 to purchase prescription drugs from Cardinal Health **in exchange for cash bonuses**. The whistle-blowers received \$760,000 as a result of the settlement.

One of the nation's largest brokers of non-emergency medical transportation ("NEMT") services, agreed to pay \$3 million to the federal government and state of Ohio to settle a lawsuit filed by three whistle-blowers. The settlement resolved allegations that the NEMT broker submitted **false claims** for payment to Medicare and Medicaid by failing to ensure that the services it arranged were medically necessary and eligible for payment. The government awarded the whistle-blowers 28.5% of the federal portion of the settlement.

1.13 Reporting

Click to Continue

Notes:

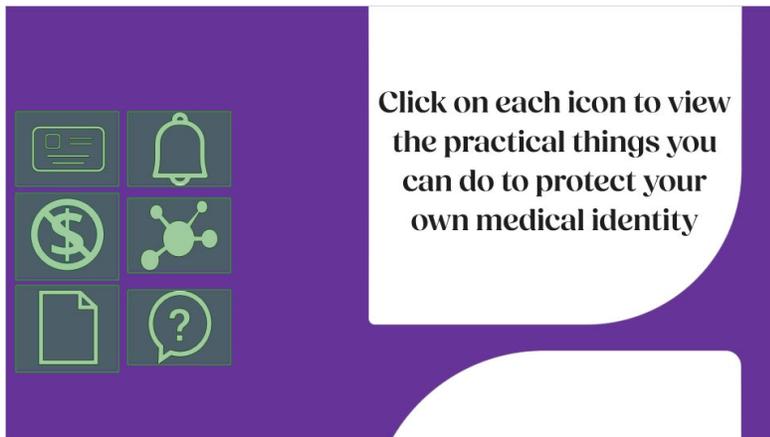
Have you suspected something wasn't quite right, but decided not to report it? Why was that? All employees and contingent workers of HCSC and its vendors are responsible for bringing forth a good faith concern and making an honest effort in reporting fraud, waste and abuse.

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)



Protect Your Health Insurance Card

- ✓ Keep your health insurance card in a safe place
- ✓ Notify your insurance carrier if lost or stolen
- ✓ If not protected, anyone can obtain it and use the information to submit medical, pharmacy, or durable medical equipment (DME) claims

notify (Slide Layer)



Notify Employee Services of Membership Changes

- ✓ Notify Employee Services of divorce or other changes in membership status
- ✓ If obtained by a fraudster, could lead to you becoming a potential victim

free (Slide Layer)



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

network (Slide Layer)



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

eob (Slide Layer)



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

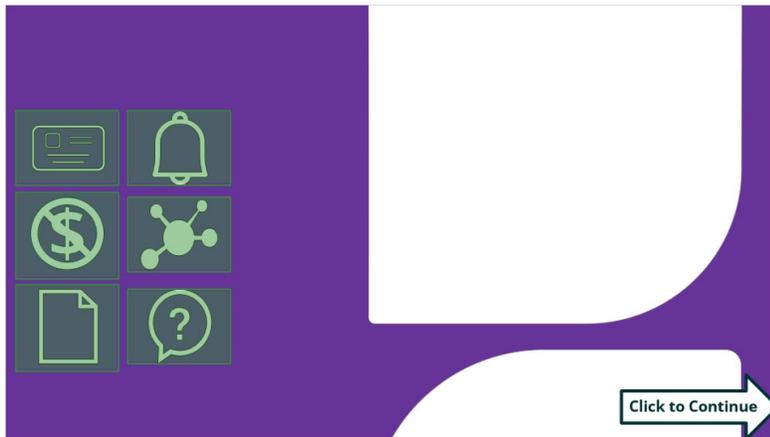
ask (Slide Layer)



Ask Questions

- ✓ If you are referred for a test or procedure that you are unfamiliar with, ask your physician to explain why the test or procedure is necessary
- ✓ Make an effort to understand your treatment program

Click Next (Slide Layer)



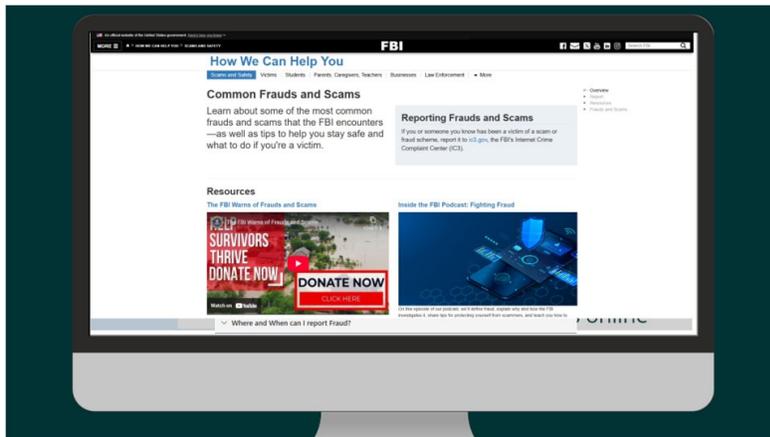
1.15 Impacts Can Live On



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

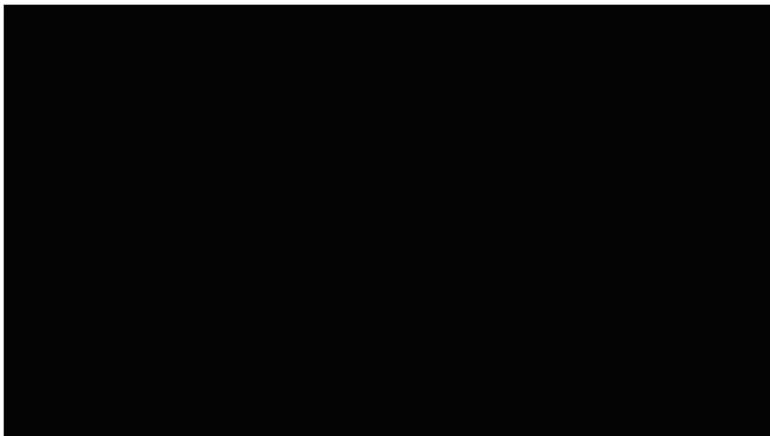


Notes:

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

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



Review

- ✓ Fraud is an **intentional deception or misrepresentation** made by a person used to benefit himself or some other person
- ✓ Waste is a practice that a reasonably prudent person would deem **careless use** of resources, items or services
- ✓ Abuse is practices **inconsistent with sound practices** that result in an unnecessary cost or in reimbursement for services that are not medically necessary
- ✓ You can report suspected fraud, waste or abuse anonymously
- ✓ Spot it, collect it, report it, prevent it

Click to Continue

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

Assessment

Answer the following questions by selecting an answer followed by the checkmark in the lower right corner

You must answer **8** of the 10 questions correctly to receive credit for this course

Don't hear anything? Don't worry. There is no audio from here on!

BEGIN

HCSC

Notes:

1.20 Question 1

(Pick One, 10 points, 1 attempt permitted)

Question 1

You log into Blue Access for Members (BAM) to find your **explanation of benefits (EOBs)** page. One EOB that shows up is a little confusing - it lists ABC Medical Group as the provider of a variety of health care services rendered over the past year. You have not visited ABC Medical Group in over a year.

Choose the box next to the statement that best describes the situation and your response.

- ABC Medical Group could have had a system reboot that triggered an old billing job. I'll let them know what happened, so the problem can be addressed as soon as possible.
- ABC Medical Group could have made a mistake and incorrectly billed the health insurance company. I'll just let my insurance company work with them on resolving the discrepancy.
- ABC Medical Group could be committing fraud by billing for services not performed or equipment that is not needed. I'll call the Fraud HOTLINE printed on the back of the Explanation of Benefits (EOB) to have the issue investigated.

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

Notes:

Correct (Slide Layer)

Correct

 ABC Medical Group could be committing fraud by billing for services not rendered. It's always best to give the Special Investigations Department (SID) a heads up in situations like this.

NEXT

ABC Medical Group could have had a system reboot that triggered an old billing job. I'll let them know what happened, so the problem can be addressed as soon as possible.

ABC Medical Group could have made a mistake and incorrectly billed the health insurance company. I'll just let my insurance company work with them on resolving the discrepancy.

ABC Medical Group could be committing fraud by billing for services not performed or equipment that is not needed. I'll call the Fraud HOTLINE printed on the back of the Explanation of Benefits (EOB) to have the issue investigated.

Incorrect (Slide Layer)

Incorrect

 Actually, C is correct. ABC Medical Group could be committing fraud by billing for services not rendered. A and B are potential responses, but it's always best to give the Special Investigations Department (SID) a head's up in situations like this.

NEXT

ABC Medical Group could have had a system reboot that triggered an old billing job. I'll let them know what happened, so the problem can be addressed as soon as possible.

ABC Medical Group could have made a mistake and incorrectly billed the health insurance company. I'll just let my insurance company work with them on resolving the discrepancy.

ABC Medical Group could be committing fraud by billing for services not performed or equipment that is not needed. I'll call the Fraud HOTLINE printed on the back of the Explanation of Benefits (EOB) to have the issue investigated.

1.21 Question 2

(Pick One, 10 points, 1 attempt permitted)

Question 2

GUIDE

The **Stark Statute** prohibits a physician from making referrals payable by Medicare to an entity with which the physician (or an immediate family member) has a **financial relationship**.

Which of the following scenarios would be a violation of the **Stark Statute**?

- Dr. O'Neal refers all of her Medicare patients who need an MRI to ABC Radiology because she knows they are a new facility and need the business.
- Dr. Clark has a Medicare patient who needs a wheelchair. Dr. Clark is also part owner of Sally's Medical Supplies and continually refers his patients to Sally's Medical Supplies to obtain durable medical equipment to include wheelchairs.
- Dr. Rowe refers all of her Medicare patients who need lab work to XYZ Labcorp because she has had a quick turnaround of results from this provider.
- Dr. Mercado sends all of his Medicare patients' prescriptions to the pharmacy located in his medical building because he knows the pharmacist will fill the prescriptions while his patient is still on site.

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

Notes:

Correct (Slide Layer)

Correct

 Correct. Physicians cannot refer patients to providers in which they have a financial interest.

NEXT

- Dr. O'Neal refers all of her Medicare patients who need an MRI to ABC Radiology because she knows they are a new facility and need the business.
- Dr. Clark has a Medicare patient who needs a wheelchair. Dr. Clark is also part owner of Sally's Medical Supplies and continually refers his patients to Sally's Medical Supplies to obtain durable medical equipment to include wheelchairs.
- Dr. Rowe refers all of her Medicare patients who need lab work to XYZ Labcorp because she has had a quick turnaround of results from this provider.
- Dr. Mercado sends all of his Medicare patients' prescriptions to the pharmacy located in his medical building because he knows the pharmacist will fill the prescriptions while his patient is still on site.

Incorrect (Slide Layer)

Incorrect

 Actually, answer B is correct. Dr. Clark's intent may be honorable but intent doesn't matter with this law. Physicians cannot refer patients to providers in

[NEXT](#)

- Dr. O'Neal refers all of her Medicare patients who need an MRI to ABC Radiology because she knows they are a new facility and need the business.
- Dr. Clark has a Medicare patient who needs a wheelchair. Dr. Clark is also part owner of Sally's Medical Supplies and continually refers his patients to Sally's Medical Supplies to obtain durable medical equipment to include wheelchairs.
- Dr. Rowe refers all of her Medicare patients who need lab work to XYZ Labcorp because she has had a quick turnaround of results from this provider.
- Dr. Mercado sends all of his Medicare patients' prescriptions to the pharmacy located in his medical building because he knows the pharmacist will fill the prescriptions while his patient is still on site.

1.22 Question 3

(Pick One, 10 points, 1 attempt permitted)

Question 3 [GUIDE](#)

The **Anti-Kickback Statute** prohibits a person from knowingly and willfully soliciting, receiving, offering, or paying a kickback, bribe, or rebate for referring services paid in whole or part by a federal health care program.

Which of the following is an example of an **Anti-Kickback Statute** violation?

- A physician referring Medicaid patients to an MRI center in which he has financial interest.
- A doctor prescribing a 90-day drug, but the patient only has a 7-day course of treatment.
- Intentional creation of medical claims with false information.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount for each patient referral from that provider at the end of the month.
- A health care provider performs services that are not medically necessary at the time services were provided.

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

Notes:

Correct (Slide Layer)

Correct

 Referring Medicare patients to a provider in order to receive a financial incentive in return, or "kickback," is a violation of the Anti-Kickback Statute.

NEXT

- A physician referring Medicaid patients to an MRI center in which he has financial interest.
- A doctor prescribing a 90-day drug, but the patient only has a 7-day course of treatment.
- Intentional creation of medical claims with false information.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount for each patient referral from that provider at the end of the month.
- A health care provider performs services that are not medically necessary at the time services were provided.

Incorrect (Slide Layer)

Incorrect

 Actually, D is correct. Referring Medicare patients to a provider in order to receive a financial incentive in return, or "kickback," is a violation of the Anti-Kickback

NEXT

- A physician referring Medicaid patients to an MRI center in which he has financial interest.
- A doctor prescribing a 90-day drug, but the patient only has a 7-day course of treatment.
- Intentional creation of medical claims with false information.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount for each patient referral from that provider at the end of the month.
- A health care provider performs services that are not medically necessary at the time services were provided.

1.23 Question 4

(Pick One, 10 points, 1 attempt permitted)

Question 4

GUIDE

The **False Claims Act** prevents individuals from knowingly submitting claims or making false records to receive payment or approval from the government. It also offers protections to “whistleblowers” who bring forward concerns.

Which of the following is an example of a **False Claims Act** violation?

- A physician referring Medicare/Medicaid patients to an MRI center in which he has a financial interest.
- A doctor prescribing a 90-day drug, but the patient only has a 7-day course of treatment.
- An OB/GYN doctor's billing department using a complicated pregnancy diagnosis on claims for most of her patients, who are Medicaid members, and then billing higher fees for enhanced services, though most of her patients are having a normal pregnancy.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount from that provider at the end of the month for each patient referral.

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

Notes:

Correct (Slide Layer)

Correct

 Using incorrect diagnoses and then billing for enhanced services is a common violation of the False Claims Act.

[NEXT](#)

- A physician referring Medicare/Medicaid patients to an MRI center in which he has a financial interest.
- A doctor prescribing a 90-day drug, but the patient only has a 7-day course of treatment.
- An OB/GYN doctor's billing department using a complicated pregnancy diagnosis on claims for most of her patients, who are Medicaid members, and then billing higher fees for enhanced services, though most of her patients are having a normal pregnancy.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount from that provider at the end of the month for each patient referral.

Incorrect (Slide Layer)

Incorrect
ACTUALLY, C IS CORRECT. Using incorrect diagnoses so to be able to bill for elevated services is a common violation of the False Claims Act.

NEXT

- A physician referring Medicare/Medicaid patients to an MRI center in which he has a financial interest.
- A doctor prescribing a 90-day drug, but the patient only has a 7-day course of treatment.
- An OB/GYN doctor's billing department using a complicated pregnancy diagnosis on claims for most of her patients, who are Medicaid members, and then billing higher fees for enhanced services, though most of her patients are having a normal pregnancy.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount from that provider at the end of the month for each patient referral.

1.24 Question 5

(Pick One, 10 points, 1 attempt permitted)

Question 5 **GUIDE**

Waste is a piece of durable medical equipment, prescription drug or medical service that is ordered or over-utilized resulting in unnecessary medical costs.

Which of the following is an example of **Waste**?

- A Medicare patient receives a 90-day prescription for a medication that is only needed for 30 days.
- A physician referring Medicare/Medicaid patients to an MRI center in which he has a financial interest.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount from that provider at the end of the month for each patient referral.
- Intentional creation of medical claims with false information.

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

Notes:

Correct (Slide Layer)

Correct

 This is an example of waste. The patient might need a back-up oxygen tank or two in case of an emergency, but not a closet full of them. It's wasteful, and it's costing Medicare a lot of money.

[NEXT](#)

- A Medicare patient receives a 90-day prescription for a medication that is only needed for 30 days.
- A physician referring Medicare/Medicaid patients to an MRI center in which he has a financial interest.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount from that provider at the end of the month for each patient referral.
- Intentional creation of medical claims with false information.

Incorrect (Slide Layer)

Incorrect

 Actually, scenario A is an example of waste. The patient might need a back-up oxygen tank or two in case of an emergency, but not a closet full of them. It's wasteful, and it's costing Medicare a lot of money.

[NEXT](#)

- A Medicare patient receives a 90-day prescription for a medication that is only needed for 30 days.
- A physician referring Medicare/Medicaid patients to an MRI center in which he has a financial interest.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount from that provider at the end of the month for each patient referral.
- Intentional creation of medical claims with false information.

1.25 Question 6

(Pick One, 10 points, 1 attempt permitted)

Question 6

GUIDE

Abuse happens when providers request payment for items, durable medical equipment, or medical services that were provided or performed and are outside of what would be a reasonable medical practice to which they are not legally entitled.

They haven't knowingly and/or intentionally misrepresented facts to obtain payment. Although these incidents aren't fraudulent, they still directly or indirectly cause a significant financial loss.

Which of the following is an example of **abuse**?

- A Medicare patient receiving a monthly oxygen tank delivery when she already has an at-home oxygen concentrator machine, and a portable oxygen concentrator machine.
- A physician referring Medicare/Medicaid patients to an MRI center in which he has a financial interest.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount from that provider at the end of the month for each patient referral.
- A Medicare patient visits a doctor because he is experiencing a soreness in his right foot and the doctor performs an ultrasound on the patient's stomach.

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

Notes:

Correct (Slide Layer)

Correct

 When a physician performs services that are not normal and customary and by doing so generates extra medical claims the physician could be engaging in abusive billing.

Which of the following is an example of **abuse**?

- A Medicare patient receiving a monthly oxygen tank delivery when she already has an at-home oxygen concentrator machine, and a portable oxygen concentrator machine.
- A physician referring Medicare/Medicaid patients to an MRI center in which he has a financial interest.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount from that provider at the end of the month for each patient referral.
- A Medicare patient visits a doctor because he is experiencing a soreness in his right foot and the doctor performs an ultrasound on the patient's stomach.

Incorrect (Slide Layer)

Incorrect

 Actually, D is correct. The services the medical provider performed are not usual and customary given the patient's medical concern or symptoms.

Which of the following is an example of **abuse**?

- A Medicare patient receiving a monthly oxygen tank delivery when she already has an at-home oxygen concentrator machine, and a portable oxygen concentrator machine.
- A physician referring Medicare/Medicaid patients to an MRI center in which he has a financial interest.
- A health care provider referring Medicare patients to another provider with an agreement to receive a dollar amount from that provider at the end of the month for each patient referral.
- A Medicare patient visits a doctor because he is experiencing a soreness in his right foot and the doctor performs an ultrasound on the patient's stomach.

[NEXT](#)

1.26 Question 7

(Pick One, 10 points, 1 attempt permitted)

Question 7 [GUIDE](#)

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:

- False Claims Act.
- Anti-Kickback Statute.
- Stark Statute.
- Exclusion Statute.

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

Notes:

Correct (Slide Layer)

Correct

 The hospital in this case is in direct violation of the False Claims Act. The act prohibits anyone from knowingly submitting a claim for payment using false information in order to get a claim paid or approved by the government.

False Claims Act.

Anti-Kickback Statute.

Stark Statute.

Exclusion Statute.

NEXT

Incorrect (Slide Layer)

Incorrect

 Actually, answer A is correct. The hospital in this case is in direct violation of the False Claims Act. The act prohibits anyone from knowingly submitting a claim

False Claims Act.

Anti-Kickback Statute.

Stark Statute.

Exclusion Statute.

NEXT

1.27 Question 8

(Pick One, 10 points, 1 attempt permitted)

Question 8

You are attending an external health fair (not sponsored by the company) where a doctor is offering free diabetes testing. Before administering the test, the doctor asks for your health insurance card.

Which statement below represents the best response?

- Do not give it to them.
- Give your insurance card to them so they can use your information for the screening and track who received the free service.
- Don't give your insurance card to them, but provide your member identification number instead.

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

Notes:

Correct (Slide Layer)

Correct

 The test is free, they shouldn't need your health insurance card. Be extremely cautious of a medical provider who is offering free tests and screenings.

Do not give it to them.

Give your insurance card to them so they can use your information for the screening and track who received the free service.

Don't give your insurance card to them, but provide your member identification number instead.

[NEXT](#)

Incorrect (Slide Layer)

Incorrect

 The test is free, they shouldn't need your health insurance card. Be extremely cautious of a medical provider who is offering free medical tests and

NEXT

- Do not give it to them.
- Give your insurance card to them so they can use your information for the screening and track who received the free service.
- Don't give your insurance card to them, but provide your member identification number instead.

1.28 Question 9

(Pick One, 10 points, 1 attempt permitted)

Question 9

Fraudsters steal personal and personal health information and will use that information to file fraudulent claims with insurance plans and/or the government to obtain money.

Which of the following is an example of a way you can protect your own personal health information?

- Share your medical details on public sites.
- Take advantage of free services and provide your insurance information.
- Notify HR of changes in your membership status so that your insurance information is up to date.
- Keep your medical ID card in your car.

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

Notes:

Correct (Slide Layer)

Correct

 Always notify your HR department of any changes and provide only necessary PII/PHI information!

NEXT

- Share your medical details on public sites.
- Take advantage of free services and provide your insurance information.
- Notify HR of changes in your membership status so that your insurance information is up to date.
- Keep your medical ID card in your car.

Incorrect (Slide Layer)

Incorrect

 Always notify your HR department of any changes and provide only necessary PII/PHI information!

NEXT

- Share your medical details on public sites.
- Take advantage of free services and provide your insurance information.
- Notify HR of changes in your membership status so that your insurance information is up to date.
- Keep your medical ID card in your car.

1.29 Question 10

(Pick One, 10 points, 1 attempt permitted)

Question 10

Your coworker has confided in you that they called the fraud hotline to report suspicious activity by an employee who works in the same department. Since then, that coworker seems to have been treated harshly by several other coworkers and your manager seems to be unaware.

What should you do?

- Do nothing – it's not anyone's concern.
- Speak up by contacting your manager.
- Tell your coworker it's all in their head.
- Tell your coworker to contact the provider they reported.

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

Notes:

Correct (Slide Layer)

Correct

 Speak up and talk to your manager about the possible retaliation that you've observed. You can also call the compliance HOTLINE or contact a corporate resource.

[NEXT](#)

- Do nothing – it's not anyone's concern.
- Speak up by contacting your manager.
- Tell your coworker it's all in their head.
- Tell your coworker to contact the provider they reported.

Incorrect (Slide Layer)

Incorrect

 Remember, you should speak up and contact your manager if you ever notice possible retaliation. You can also call the compliance HOTLINE or contact a corporate resource.

NEXT

- Do nothing – it's not anyone's concern.
- Speak up by contacting your manager.
- Tell your coworker it's all in their head.
- Tell your coworker to contact the provider they reported.

1.30 Quiz Results

(Results Slide, 0 points, 1 attempt permitted)

Quiz Results

Your Score **0%**

Passing Score **0%**

HCSC

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%

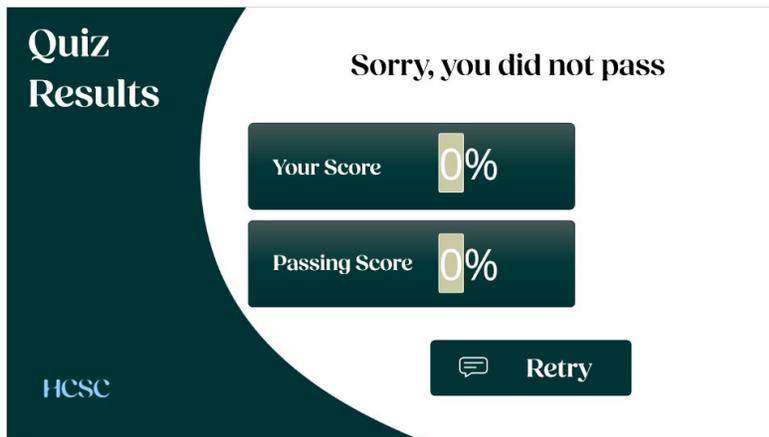
Notes:

Success (Slide Layer)

The slide features a dark green curved background on the left with the text "Quiz Results" in white. The main content area is white and contains the following elements:

- Text: "Congrats! You have passed this section of the course"
- Score display: "Your Score 0%" with a small green bar next to the 0%
- Passing score display: "Passing Score 0%" with a small green bar next to the 0%
- Button: "Continue" with a speech bubble icon
- Logo: "HCSC" in the bottom left corner

Failure (Slide Layer)



Quiz Results

Sorry, you did not pass

Your Score 0%

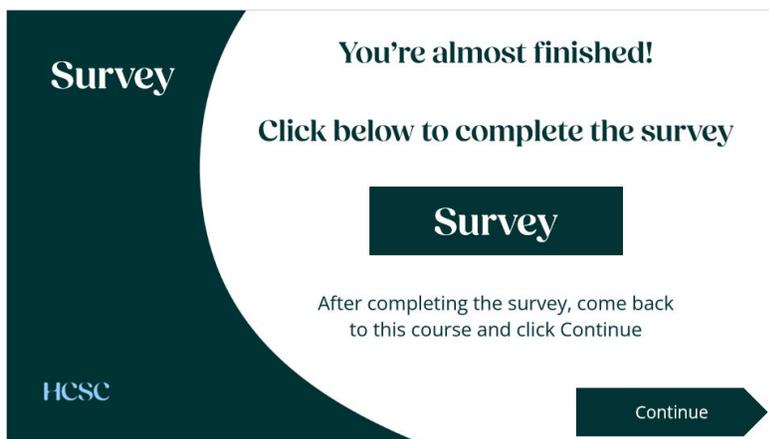
Passing Score 0%

 **Retry**

HCSC

The slide features a dark green curved background on the left with the text 'Quiz Results' in white. The main content area is white and contains a message 'Sorry, you did not pass'. Below this are two dark green bars, each with a white '0%' score. At the bottom right is a dark green button with a white speech bubble icon and the text 'Retry'. The 'HCSC' logo is in the bottom left corner.

1.31 Survey



Survey

You're almost finished!

Click below to complete the survey

Survey

After completing the survey, come back to this course and click Continue

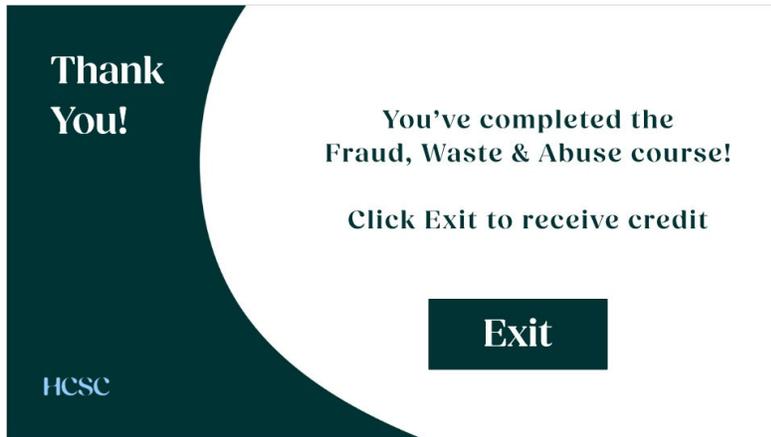
Continue

HCSC

The slide has a dark green curved background on the left with the text 'Survey' in white. The main content area is white and contains the text 'You're almost finished!' and 'Click below to complete the survey'. In the center is a dark green button with the text 'Survey'. Below this is the text 'After completing the survey, come back to this course and click Continue'. At the bottom right is a dark green arrow-shaped button with the text 'Continue'. The 'HCSC' logo is in the bottom left corner.

Notes:

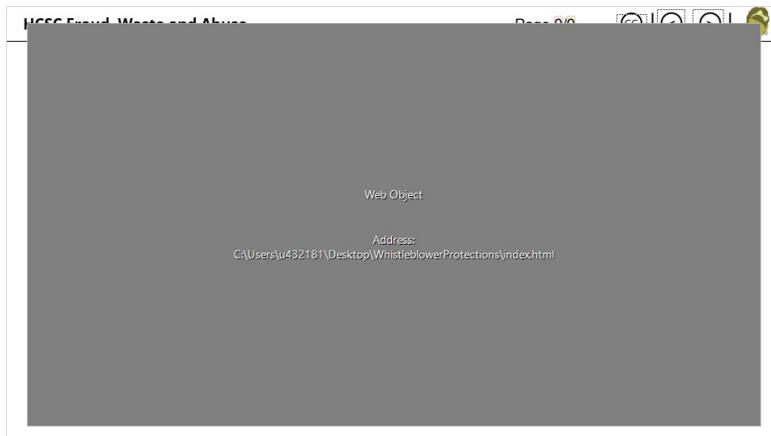
1.32 Congratulations



Notes:

2. Job Aids

2.1 Whistleblower



2.2 Law Guide

Law Guide		
<p>Stark Statute</p> <p>Prohibits a physician from referring a Medicare or Medicaid patient for health services to an entity that the physician or an immediate family member has a financial interest in.</p> <p>Penalties for violating the Stark Statute may include civil penalties up to \$24,478, repayment of claims, and exclusion from Federal health care programs.</p> <p>Claims that violate the Stark Statute are not payable.</p> <p>HCSC</p>	<p>False Claims Act</p> <p>Prevents individuals from knowingly submitting claims or making false records to receive payment or approval from the government.</p> <p>Also offers protections to "whistle-blowers" who bring forward concerns.</p> <p>Penalties for violating the FCA may include a civil money penalty up to three (3) times the amount of each claim submitted plus penalties up to \$22,927 for each false claim filed.</p> <p>Additionally, criminal penalties may be imposed, including fines, imprisonment or both.</p>	<p>Anti-Kickback Statute</p> <p>Prohibits a person from knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referring services paid in whole or part by a federal health care program.</p> <p>Penalties for violating this law may include criminal fines, imprisonment, or both.</p> <p>In addition, the government may impose civil penalties up to three (3) times the amount of the kickback, plus up to \$100,000 per kickback.</p>

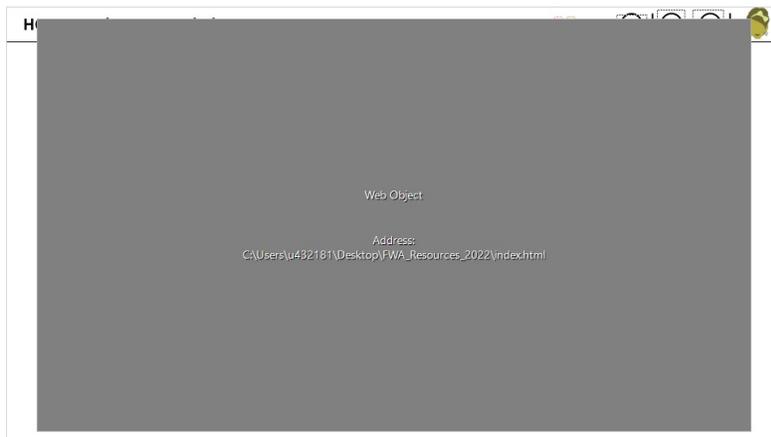
2.3 FWA Guide

What is Fraud, Waste, and Abuse?		
<p>Fraud</p> <p>Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person.</p> <p>HCSC</p>	<p>Waste</p> <p>Waste is any practice that a reasonably prudent person would deem careless or that would allow inefficient use of resources, items or service.</p>	<p>Abuse</p> <p>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.</p>

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)

A screenshot of a quiz question interface. At the top, it says 'HCSF: Fraud, Waste and Abuse' and 'Page 1/#'. The question text is: '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.' Below the question are three options: A, B, and C. Option A: 'ABC Medical Group could have had a system reboot that triggered an old billing job. They are now wasting many resources if they have incorrectly billed other customers. I'll let them know what happened, so the problem can be addressed as soon as possible.' Option B: 'ABC Medical Group could have made a mistake and incorrectly billed the health insurance company. I'll let the insurance representative work with them on resolving the discrepancy.' Option C: 'ABC Medical Group could be committing fraud by billing for services not performed and equipment that is not needed. I'll call the Fraud HOTLINE printed on the back of the Explanation of Benefits (EOB) to have the issue investigated.' There is a small icon of a person in a suit and hat on the right side of the question text.

Correct	Choice
	A
	B
X	C

Notes:

Correct (Slide Layer)

Correct
ABC Medical Group could be committing fraud by billing for services not rendered. Call the Fraud Hotline number, (800) 543-0867, to report your concern; action needs to be taken.

Continue

A

ABC Medical Group could have had a system reboot that triggered an old billing job. They are now wasting many resources if they have incorrectly billed other customers. I'll let them know what happened, so the problem can be addressed as soon as possible.

B

ABC Medical Group could have made a mistake and incorrectly billed the health insurance company. I'll let the insurance representative work with them on resolving the discrepancy.

C

ABC Medical Group could be committing fraud by billing for services not performed and equipment that is not needed. I'll call the Fraud HOTLINE printed on the back of the Explanation of Benefits (EOB) to have the issue investigated.

Incorrect (Slide Layer)

Incorrect
ABC Medical Group could be committing fraud by billing for services not rendered. Call the Fraud Hotline number, (800) 543-0867, to report your concern; action needs to be taken.

Continue

A

ABC Medical Group could have had a system reboot that triggered an old billing job. They are now wasting many resources if they have incorrectly billed other customers. I'll let them know what happened, so the problem can be addressed as soon as possible.

B

ABC Medical Group could have made a mistake and incorrectly billed the health insurance company. I'll let the insurance representative work with them on resolving the discrepancy.

C

ABC Medical Group could be committing fraud by billing for services not performed and equipment that is not needed. I'll call the Fraud HOTLINE printed on the back of the Explanation of Benefits (EOB) to have the issue investigated.

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)

HCSC Fraud, Waste and Abuse Page 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 _____.

- A Medical identity theft scheme
- B Kickback scheme
- C Durable medical equipment fraud scheme
- D Identity swapping fraud scheme

Correct	Choice
	A
	B
X	C
	D

Notes:

Correct (Slide Layer)

Correct

 A durable medical fraud scheme can involve a provider billing for equipment or supplies that were not needed or received or more expensive than what was provided. In this example, Jane did receive a new manual wheelchair, but the provider is billing her insurance carrier for a more expensive power wheelchair.

 Continue

- A Medical identity theft scheme
- B Kickback scheme
- C Durable medical equipment fraud scheme
- D Identity swapping fraud scheme 

Incorrect (Slide Layer)

Incorrect

 A durable medical fraud scheme can involve a provider billing for equipment or supplies that were not needed or received or more expensive than what was provided. In this example, Jane did receive a new manual wheelchair, but the provider is billing her insurance carrier for a more expensive power wheelchair.

 Continue

- A Medical identity theft scheme
- B Kickback scheme
- C Durable medical equipment fraud scheme
- D Identity swapping fraud scheme 

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)



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?



- A Rely on your supervisor's expertise and go forward with their instruction without worrying.
- B Rely on HCSC's strong Non-Retaliation Policy to protect you and report the non-compliance.
- C Rely on your co-workers to report the problem.
- D Rely on your team's process to eventually identify the non-compliance issue.

Correct	Choice
	A
X	B
	C
	D

Notes:

Correct (Slide Layer)

Correct

Resolving important issues and misunderstandings is personally satisfying and in the best interest of the company. Not addressing concerns creates discomfort and risk for the company. The Non-Retaliation Policy protects individuals who report potential non-compliance concerns in good faith. Whether you choose to talk with your supervisor directly or call the Corporate Integrity HOTLINE, (800) 838-2552, or contact Kim Green (Government Programs Compliance Officer), you can rely on HCSC's Non-Retaliation Policy to protect you.

Continue

- A Rely on your supervisor's expertise and go forward with their instruction without worrying.
- B Rely on HCSC's strong Non-Retaliation Policy to protect you and report the non-compliance.
- C Rely on your co-workers to report the problem.
- D Rely on your team's process to eventually identify the non-compliance issue.

Incorrect (Slide Layer)

Incorrect

Resolving important issues and misunderstandings is personally satisfying and in the best interest of the company. Not addressing concerns creates discomfort and risk for the company. The Non-Retaliation Policy protects individuals who report potential non-compliance concerns in good faith. Whether you choose to talk with your supervisor directly or call the Corporate Integrity HOTLINE, (800) 838-2552, or contact Kim Green (Government Programs Compliance Officer), you can rely on HCSC's Non-Retaliation

Continue

- A Rely on your supervisor's expertise and go forward with their instruction without worrying.
- B Rely on HCSC's strong Non-Retaliation Policy to protect you and report the non-compliance.
- C Rely on your co-workers to report the problem.
- D Rely on your team's process to eventually identify the non-compliance issue.

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)

HCSC Fraud, Waste and Abuse Page 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?

- A The test is free. They shouldn't need your health insurance card. Do not give it to them.
- B The test is free. They may charge the health insurance company, but the company will flag any fraudulent activity. Give them your health insurance card.
- C The test is free. They should be able to get the information they need to make a claim if you provide your name and state plan.

Correct	Choice
X	A
	B
	C

Notes:

Correct (Slide Layer)

Correct

Be extremely cautious of a medical provider who is offering free tests and screenings. Request details of the service that is being performed for free. If your EOB contains charges for services you did not receive, report your findings to the SID Fraud Hotline, (800) 543-0867.

Continue

A The test is free. They shouldn't need your health insurance card. Do not give it to them.

B The test is free. They may charge the health insurance company, but the company will flag any fraudulent activity. Give them your health insurance card.

C The test is free. They should be able to get the information they need to make a claim if you provide your name and state plan.

Incorrect (Slide Layer)

Incorrect

Be extremely cautious of a medical provider who is offering free tests and screenings. Request details of the service that is being performed for free. If your EOB contains charges for services you did not receive, report your findings to the SID Fraud Hotline, (800) 543-0867.

Continue

A The test is free. They shouldn't need your health insurance card. Do not give it to them.

B The test is free. They may charge the health insurance company, but the company will flag any fraudulent activity. Give them your health insurance card.

C The test is free. They should be able to get the information they need to make a claim if you provide your name and state plan.

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)



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 that represents the best response.



- A Jeb should give Cheryl the gift card.
- B Jeb should give Cheryl the gift card, but he should let his supervisor know about it.
- C Jeb should not give Cheryl the gift card unless he goes with her to the restaurant.
- D Jeb should not give Cheryl the gift card because she is a government client.

Correct	Choice
	A
	B
	C
X	D

Notes:

Correct (Slide Layer)

Correct

While the general limit for gifts is \$25, you are prohibited from giving or accepting cash or cash equivalents to or from a government client, regardless of the dollar amount. This action could suggest that you are seeking favors or special treatment. Such actions can result in serious criminal and/or civil legal consequences.

Continue

- A Jeb should give Cheryl the gift card.
- B Jeb should give Cheryl the gift card, but he should let his supervisor know about it.
- C Jeb should not give Cheryl the gift card unless he goes with her to the restaurant.
- D Jeb should not give Cheryl the gift card because she is a government client.

Incorrect (Slide Layer)

Incorrect

While the general limit for gifts is \$25, you are prohibited from giving or accepting cash or cash equivalents to or from a government client, regardless of the dollar amount. This action could suggest that you are seeking favors or special treatment. Such actions can result in serious criminal and/or civil legal consequences.

Continue

- A Jeb should give Cheryl the gift card.
- B Jeb should give Cheryl the gift card, but he should let his supervisor know about it.
- C Jeb should not give Cheryl the gift card unless he goes with her to the restaurant.
- D Jeb should not give Cheryl the gift card because she is a government client.

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)

HCSC Fraud, Waste and Abuse Page 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?

- A Jill makes a note to keep an eye on that requirement for future discrepancies since it's only been a month.
- B Jill lets Government Programs Compliance handle it since they will see it on a monthly report.
- C Jill reports it to management so that they can investigate why they did not meet the requirement.
- D Jill asks for direction from a co-worker and is still waiting on a response from her.

Correct	Choice
	A
	B
X	C

Correct	Choice
	D

Notes:

Correct (Slide Layer)

Correct

 Jill needs to report the issue to management so that they can determine why the requirement was not met. They will be able to report their findings to Government Programs Compliance as needed. Government Programs Compliance will then take the necessary steps to ensure that the business area has a plan to resolve the issue and prevent future reoccurrence.

 Continue

- A Jill makes a note to keep an eye on that requirement for future discrepancies since it's only been a month.
- B Jill lets Government Programs Compliance handle it since they will see it on a monthly report.
- C Jill reports it to management so that they can investigate why they did not meet the requirement.
- D Jill asks for direction from a co-worker and is still waiting on a response from her.

Incorrect (Slide Layer)

Incorrect

 Jill needs to report the issue to management so that they can determine why the requirement was not met. They will be able to report their findings to Government Programs Compliance as needed. Government Programs Compliance will then take the necessary steps to ensure that the business area has a plan to resolve the issue and prevent future reoccurrence.

 Continue

- A Jill makes a note to keep an eye on that requirement for future discrepancies since it's only been a month.
- B Jill lets Government Programs Compliance handle it since they will see it on a monthly report.
- C Jill reports it to management so that they can investigate why they did not meet the requirement.
- D Jill asks for direction from a co-worker and is still waiting on a response from her.

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)

HCSC Fraud, Waste and Abuse Page 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 _____.



- A False Claims Act
- B Anti-Kickback Statute
- C Stark Statute
- D Exclusion Statute

Correct	Choice
X	A
	B
	C
	D

Notes:

Correct (Slide Layer)

Correct

 The hospital in this case is in direct violation of the False Claims Act (FCA). This act prohibits anyone from knowingly submitting a claim for payment using false information in order to get a claim paid or approved by the government.

 Continue

A	False Claims Act
B	Anti-Kickback Statute
C	Stark Statute
D	Exclusion Statute

Incorrect (Slide Layer)

Incorrect

 The hospital in this case is in direct violation of the False Claims Act (FCA). This act prohibits anyone from knowingly submitting a claim for payment using false information in order to get a claim paid or approved by the government.

 Continue

A	False Claims Act
B	Anti-Kickback Statute
C	Stark Statute
D	Exclusion Statute

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)



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



- A Check with your supervisor or the department's legal representative before handing over the information.
- B Check your team's Yammer site to see if anyone else is working on the request.
- C Collect the documentation to provide to the government official as soon as you have time to do so.
- D Collect the documentation and give it to the government official immediately.

Correct	Choice
X	A
	B
	C
	D

Notes:

Correct (Slide Layer)

Correct

Remember, you must treat a government official with respect and inform your supervisor or department's legal representative of the request before turning over documentation. They will help you follow proper procedures for cooperating with a government investigation.

Continue

- A Check with your supervisor or the department's legal representative before handing over the information.
- B Check your team's Yammer site to see if anyone else is working on the request.
- C Collect the documentation to provide to the government official as soon as you have time to do so.
- D Collect the documentation and give it to the government official immediately.

Incorrect (Slide Layer)

Incorrect

Remember, you must treat a government official with respect and inform your supervisor or department's legal representative of the request before turning over documentation. They will help you follow proper procedures for cooperating with a government investigation.

Continue

- A Check with your supervisor or the department's legal representative before handing over the information.
- B Check your team's Yammer site to see if anyone else is working on the request.
- C Collect the documentation to provide to the government official as soon as you have time to do so.
- D Collect the documentation and give it to the government official immediately.

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)

HCSC Fraud, Waste and Abuse Page 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.

- A Provide accurate information to Government Programs Compliance as soon as the non-compliance has been resolved.
- B Provide accurate information to Government Programs Compliance before the end of the quarter.
- C Provide information to Government Programs Compliance immediately with minor adjustments to exclude issues of non-compliance.
- D Provide information to Government Programs Compliance immediately with no adjustments.

Correct	Choice
	A
	B

Correct	Choice
	C
X	D

Notes:

Correct (Slide Layer)

Correct

 Always provide accurate information and respond to the request right away. If issues of non-compliance are discovered, provide Government Programs Compliance with the corrective actions being taken to remedy the issue.

Continue

- A Provide accurate information to Government Programs Compliance as soon as the non-compliance has been resolved.
- B Provide accurate information to Government Programs Compliance before the end of the quarter.
- C Provide information to Government Programs Compliance immediately with minor adjustments to exclude issues of non-compliance.
- D Provide information to Government Programs Compliance immediately with no adjustments.

Incorrect (Slide Layer)

Incorrect

 Always provide accurate information and respond to the request right away. If issues of non-compliance are discovered, provide Government Programs Compliance with the corrective actions being taken to remedy the issue.

Continue

- A Provide accurate information to Government Programs Compliance as soon as the non-compliance has been resolved.
- B Provide accurate information to Government Programs Compliance before the end of the quarter.
- C Provide information to Government Programs Compliance immediately with minor adjustments to exclude issues of non-compliance.
- D Provide information to Government Programs Compliance immediately with no adjustments.