

Fraud, Waste, Abuse and Compliance Update May 2024



Notable Recent Fraud Settlements

- May 16, 2024 Cape Cod Hospital To Pay \$24.3 Million To Resolve False Claims Act Allegations Concerning Its Failure To Comply With Medicare Rules For Cardiac Procedures
- May 10, 2024 Glastonbury CT Psychologist Sentenced To Prison For Defrauding Medicaid Of More Than \$1.6 Million
- April 11, 2024 Telemedicine Nurse Practitioner Sentenced For \$7.8 Million Durable Medical Equipment Fraud Scheme Involving Medically Unnecessary DME Including Back And Knee Braces
- May 15, 2024 U.S. Attorney Announces \$2.5 Million False Claims Act Settlement With New York Diagnostic Testing Facility For Paying Kickbacks To Physicians For Patient Referrals
- May 7, 2024 DOJ Resolves Allegations Tacoma Spine Surgeon Billed For Unnecessary Surgeries, Ordered To Repay \$197,054, Hospital To Pay \$745,654
- February 15, 2024 U.S. Attorney Announces \$25.5 Million Settlement With Durable Medical Equipment Supplier Lincare Inc. For Fraudulent Billing Practices

FRAUD

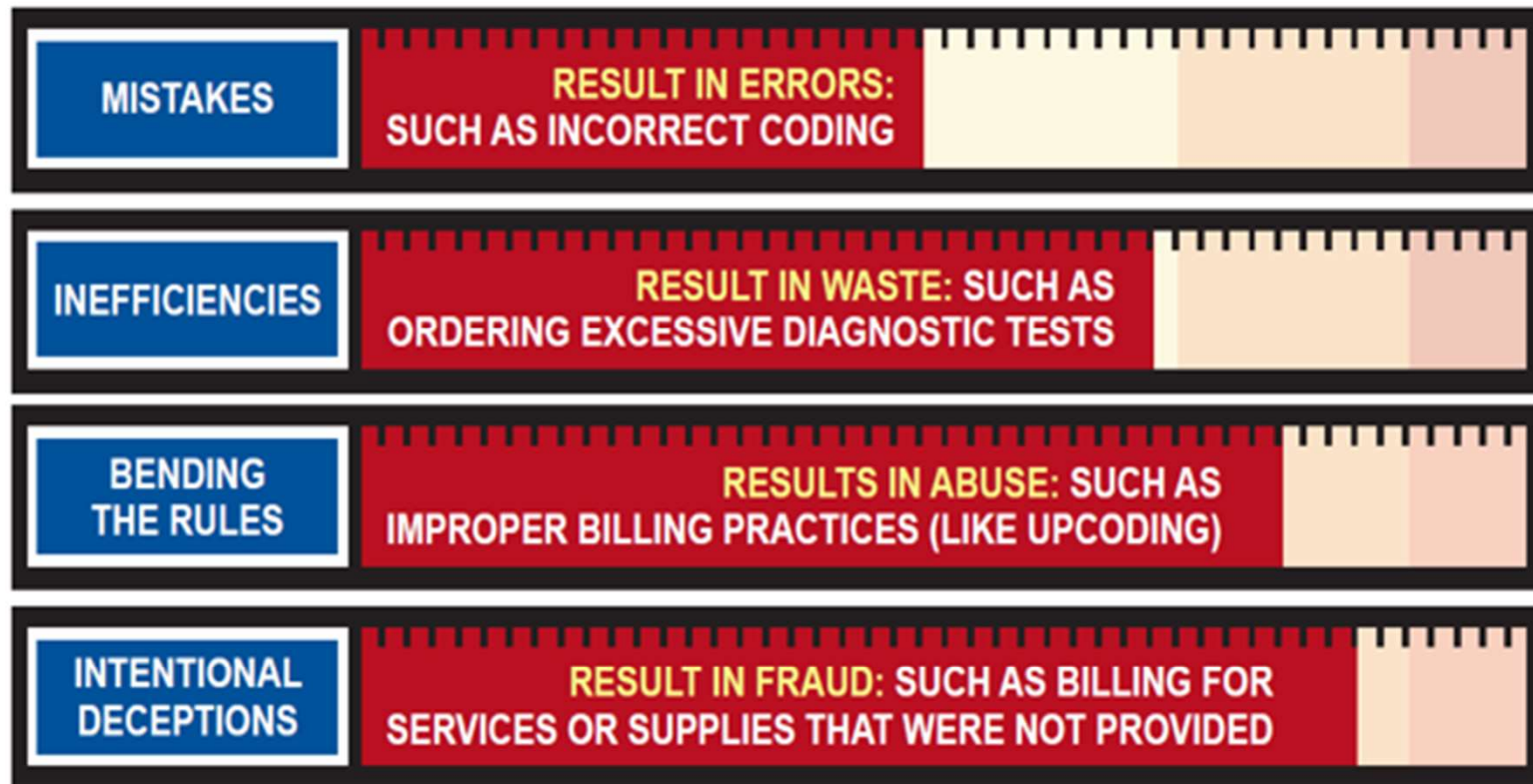
- Knowingly making false claims or misrepresenting the facts to obtain a Federal health care payment either in excess of benefits or when no entitlement to benefits would normally exist.
- Knowingly soliciting, receiving, offering, and or paying remuneration to induce rewards or referrals for items or services reimbursed by a Federal health care program

ABUSE (includes Waste)

- Billing for unnecessary medical services
- Charging excessively for services or supplies
- Misusing codes on a claim such as upcoding or unbundling codes
 - Any of these situation can be due to a mistake/error made, but it is still considered abuse/waste, and we have a duty to act to correct the error!
 - When we don't act to correct the error, then it becomes Fraud.

Program integrity encompasses a range of activities targeting various causes of improper payments. Figure 1 shows examples along the spectrum of causes of improper payments.

Figure 1. Types of Improper Payments*



* The types of improper payments in Figure 1 are strictly examples for educational purposes, and the precise characterization of any type of improper payment depends on a full analysis of the particular facts and circumstances. Providers who engage in incorrect coding, ordering excessive diagnostic tests, upcoding, or billing for services or supplies not provided may be subject to administrative, civil, or criminal liability.

Examples of Documents suspicious for Fraud Received at VMG

- ❖ HIPAA compliant physician authorization to confirm an active patient- These come in “Spoofing” a legitimate pharmacy and are designed to obtain a provider signature to be used to order unnecessary services and DME equipment
- ❖ Genetic Testing- These come as a lab order from a far away state, to be authorized “as requested by patient or provider” when in fact neither has asked for it!
- ❖ Back, Elbow, Knee braces, Pain Cream –These also appear legitimate and may state “as requested by provider or patient”.

Remember, it is only Fraud or Abuse if VMG does not identify and deny the unnecessary services being asked for. Best way to handle these in the inbox is to mark as suspicious for fraud and delete them.

Examples of Documents Suspicious for Fraud

HIPAA Compliant Form



What is the purpose of this Form?

This is just an active patient authorization form to confirm whether the patient is still under the care at this office or the patient has changed or switched to another Provider so no clinical or office visit notes of the above mentioned is required. Office notes, face sheets, history and physical, consultation notes, inpatient, outpatient and emergency room treatment, all clinical charts, reports, order sheets, progress notes, nurse's notes, clinic records, reports of consultations, documents, correspondence, test results, statements, questionnaires/histories, are not required.

Section 1: Patient Information

Full Name: [REDACTED]
DOB: [REDACTED]
Gender: Male
Member ID: [REDACTED]
Address: [REDACTED] Florence MA 01062
Patient Phone: [REDACTED]

Section 2: Provider Information

Provider Name: Dr. Jared Feinland MD
Address: 238 Northampton St Easthampton MA 01027
Phone: 4135299300
Fax: 8009440870
NPI: 111498460

- Please confirm whether the patient is still under the care at this office.
- Please fax this form back within 48 hours so that we can follow up with you on patients refill accordingly.
- If the patient has changed or switched to another Provider please mention providers name below.

I undersigned; certify that the above patient is under my care and being treated at our facility. I certify that this information is true and correct and as per as HIPAA Compliance. The above mentioned information will strictly remain confidential.

Treating Physician OR FNP Signature
NPI:

Date

Phone: (786) 802-6155
Return Fax: (786) 551-4363



PRIOR AUTHORIZATION PRESCRIPTION REQUEST FORM FOR HIP ORTHOSIS

Please Send RX Form & Pertinent Chart Notes Fax No: (7578915126)
PLEASE SEND THIS FORM BACK IN 3 BUSINESS DAYS

Date: 04/14/2021	Physician Name: Dr. Marguerite Gump
First: [REDACTED] Last: [REDACTED]	NPI: 1982604328
DOB: [REDACTED]	Address: 329 Conway St
Address: [REDACTED]	City: Greenfield
City: South Deerfield	State: MA
State: MA	Postal code: 01301
Postal Code: 01373	Postal code: 01301
Patient Phone Number: [REDACTED]	Phone Number: 4137746301
Primary Ins: MEDICARE	Fax Number: 8666440871
Policy#: [REDACTED]	
Height: 5.5 Weight: 250	

This patient is being treated under a comprehensive plan of care for hip pain.
I, the undersigned, certify that the prescribed orthosis is medically necessary for the patient's overall well-being. This patient has suffered an injury or undergone surgery. In my opinion, the following hip orthosis products are both reasonable and necessary in reference to treatment of the patient's condition and/or rehabilitation. My patient has been in my care regarding the diagnosis below. This is the treatment I see fit for this patient at this time. I certify that this information is true and correct.

DIAGNOSIS: Provider can simply cut off the diagnosis which they don't find appropriate

- M16.6 Other bilateral secondary osteoarthritis of hip
- M16.2 Bilateral osteoarthritis resulting from hip dysplasia
- M16.4 Bilateral post-traumatic osteoarthritis of hip
- M16.0 Bilateral primary osteoarthritis of hip
- S73.1 Sprain of hip

Other/Explain (Include Code): _____

Our evaluation of the above patient has determined that providing the following hip pain orthosis product will benefit this patient:

DISPENSE:

L1690 - Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, Prefabricated, includes fitting and adjustment.

Length of need is 99 months unless otherwise specified 99_ (99= LIFETIME)

Physician Signature: _____ Date signed: _____

Physician Name: Dr. Marguerite Gump NPI: 1982604328

		Tessa Bioscience 7130 Business Center Dr. Suite 300 Houston, TX 77043 Phone: 832-240-8378 (214) 450-8828		CARDIOVASCULAR DISEASE (CVD) GENETIC REQUESTION FORM	
Fax Back To: 1-800-657-6619		POC: REP: MS CHART: C007247515		Please submit both pages of this form.	
Date Received: _____ Tech Initials: _____		Lab Accession #: _____		Date: _____ Time: _____	
1. PATIENT INFORMATION			2. PHYSICIAN INFORMATION		
Last Name: [REDACTED] MI [REDACTED] First Name: [REDACTED] Suffix: F Date of Birth: [REDACTED] Sex: [REDACTED] Address: [REDACTED] City: [REDACTED] EASTHAMPTON MA 01027 State: MA Zip: 01027			Facility Name: _____ Referring Physician: LAUREN C SCHWARTZ Medical Credential: NPI 1093991267 City: [REDACTED] State: [REDACTED] Zip: [REDACTED] Phone: 1-413-529-9300 Fax: 1-866-644-0870 Additional Health Organization: _____ Physician Name: _____ Title: _____		
3. SPECIMEN INFORMATION			4. PAYMENT INFORMATION		
Specimen type: <input checked="" type="checkbox"/> Urine <input checked="" type="checkbox"/> Saliva <input type="checkbox"/> Blood Collected by: _____ Date: _____ Time: _____			Medicare ID: _____ Name of the insurance: MEDICARE HIP: _____ Other: _____		
5. Test Selection:					
Comprehensive Cardiovascular NGS (126 Genes) <input checked="" type="checkbox"/>		Comprehensive Cardiovascular NGS (111 Genes) <input type="checkbox"/>			
Comprehensive Cardiovascular NGS (126 Genes) <input checked="" type="checkbox"/>		Comprehensive Cardiovascular NGS (111 Genes) <input type="checkbox"/>			
6. INDICATION FOR TESTING: (Check all that apply)					
<input checked="" type="checkbox"/> Diagnostic <input checked="" type="checkbox"/> Pre-symptomatic <input checked="" type="checkbox"/> Family History					
<input type="checkbox"/> Family Variant <input type="checkbox"/> Other					
7. DIAGNOSTIC INFORMATION: (ICD 10 Code(s), ICD9 Code(s))					
I10: Z70.01, R07.9, R04.01, Z92.42, Z92.49					
*ICD 10 codes approved unless changed on page 3					
8. MEDICAL NECESSITY:					
Please complete page 2 of this form and attach clinical notes for medical necessity.					
9. CONFIRMATION OF INFORMED CONSENT & MEDICAL NECESSITY:					
The tests ordered are medically necessary for the diagnosis, prognosis, or determination of disease, or for management, symptom, syndrome or disease. The results will determine the patient's medical management and treatment decisions. The patient (or the ordering physician if legally authorized to make the health care decisions) has been provided with all relevant information and has consented to genetic testing.					
Physician Signature: _____		Date: _____			
Any Genetic testing not performed by this laboratory will be forwarded to another CLIA certified reference laboratory.					

Compliance Key Messages

- VMG Board of Directors Maintains a Compliance Policy which requires:
 - Establish a Compliance Program
 - Establish a Compliance Committee
 - Designate a Compliance Officer
 - Provide Education and Training in regard to VMG Compliance Program
 - Monitor, Investigate and remediate any reports of suspected or identified violations of Compliance Program

VMG Compliance Program

- Compliance Program includes written standards of conduct, policies and procedures that promote commitment to compliance with Federal and State healthcare regulations.
 - Examples: HIPAA Policies, Confidentiality Agreements, VMG Code of Conduct
- Compliance Committee Chaired by Compliance Officer:
 - Reviews Data Security issues/complaints
 - Reviews Privacy issues/complaints
 - Reviews changes in Federal/State laws for privacy and confidentiality
 - Reviews coding compliance and regulations
 - Reviews Employment Law issues
 - Updates compliance policies to reflect new or updated Rules and Regulations

Who is managing this at VMG?

We all are!

In addition to the Board of Directors, Compliance Committee members, and the components of VMG's compliance program, all staff and providers are responsible to recognize and report Fraud Waste & Abuse!

If you see or suspect something, say something! You can report concerns to your supervisor, or email qualityreporting@vmgma.com.