



<u>Payment Policy:</u> Fraud, Waste and Abuse		
Purpose: To protect the ethical and fiscal integrity of CCA’s benefit plans and programs, the Fraud, Waste and Abuse (FWA) payment policy helps to ensure reimbursement accuracy while assisting Providers to stay within the Centers for Medicare and Medicaid Services (CMS) and Executive Office of Health and Human Services (EOHHS) compliance guidelines.		
<u>Original Date Approved:</u> 08/03/17	<u>Effective Date</u> 08/03/17	<u>Date Revised:</u> N/A
<u>Scope: Commonwealth Care Alliance (CCA) Product Lines:</u> <input checked="checked" type="checkbox"/> All product lines <input type="checkbox"/> Senior Care Options <input type="checkbox"/> One Care		
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PAYMENT POLICY SUMMARY

The Fraud, Waste and Abuse payment policy has been implemented to ensure that Commonwealth Care Alliance (CCA) fulfills its responsibility to follow CMS and EOHHS rules, laws, regulations, contract provisions, policies and procedures. CCA will monitor Provider payment integrity to confirm that all claim submissions accurately represent the services provided. CCA periodically conducts claims review audits to ensure quality claims adjudication performance. The claims data and/or medical records will be reviewed to verify services, level of care and appropriateness of billing. All services provided should be billed in accordance with CMS and EOHHS applicable standards. CCA will begin a Provider payment integrity investigation under the following conditions:

- Possible fraud, waste or abuse or willful misrepresentation
- Breach of contract
- License violation
- Failure to respond to record requests for services under investigation for payment compliance practices
- Incorrect coding and billing for services provided
- Excluded Providers: MassHealth, Health and Human Services – Office of Inspector General (HHS-OIG), General Services Administration (GSA)

PROVIDER CODING COMPLIANCE

CCA encourages providers to code to the most appropriate level of specificity as a general standard of practice (CPT, ICD10, PCS). CCA, CMS and/or EOHHS may audit a provider at any point for over-coding and/or similar billing practices related to Fraud, Waste and Abuse. Providers are



encouraged to contact CCA Provider Relations at (800) 341-8478 to request education about coding and/or documentation compliance.

PROVIDER SUSPENSION REVIEW PROCESS

The CCA FWA department may suspend payments to any provider when there is reliable information that the provider was paid incorrectly for previously submitted claims. During a payment integrity investigation, CCA will notify the provider of the payment suspension. Payments will be suspended as CCA deems appropriate and a suspension notice will be sent to the provider by the FWA department. The payment suspension notice will provide the following detail:

- The reason for the investigation
- The extent of the investigation
 - All claims
 - Certain types of claims (i.e. inpatient, outpatient, place of service, date range)
 - 100 % payment suspension or partial payment suspension
- Effective date of payment suspension
- The items and services affected by the payment suspension
- Length of suspension (if applicable)
- Whether claims will be denied or held

During the investigation review process, providers will be required to adhere to any reasonable requests made by CCA for supporting documentation. For any provider under review, CCA shall have the right to evaluate through inspection, evaluation, review or request, or other means, whether announced or unannounced, any record pertinent to the review. These records may include, but are not limited to, medical records, billing records, financial records, and/or any records related to services rendered, quality, appropriateness and timeliness of services. Such evaluation, inspection, review or request, when performed or requested, shall be executed with the immediate cooperation of the Provider. Upon request, the Provider shall assist in such reviews and provide complete copies of medical records.

AUDIT AND DISCLAIMER INFORMATION:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how a specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that an office/facility did not comply with this payment policy, CCA has the right to expect that office/facility to refund all payments related to non-compliance.

HIPAA Privacy Rule

The U.S. Department of Health and Human Services (HHS) issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996



(HIPAA). The Privacy Rule standards address the use and disclosure of individuals' health information ("protected health information") by organizations subject to the Privacy Rule ("covered entity"). The Privacy Rule also decrees standards for individuals to understand and control how their health information is used. Within HHS, the Office for Civil Rights (OCR) has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil monetary penalties.

Permitted Uses and Disclosures

A covered entity is permitted, but not required, to use and disclose protected health information without an individual's authorization for the following purposes or situations: (1) treatment, payment, and health care operations; (2) public interest and benefit activities; and (3) limited data set for the purposes of research, public health or health care operations. Covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

REFERENCES:

CMS Website: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-MedicaidCoordination.html>

EOHHS Website: <http://www.mass.gov/eohhs/>

ICD-10-CM Official Guidelines for Coding and Reporting FY 2017: https://www.cdc.gov/nchs/data/icd/10cmguidelines_2017_final.pdf

CCA Provider Portal: <http://www.commonwealthcarealliance.org/>

