



Payment Policy: Fraud Waste & Abuse

Original Date Approved:
08/03/2017

Effective Date
08/03/2017

Date Revised:
09/28/2021

Scope: Commonwealth Care Alliance (CCA) Product Lines:

- Senior Care Options
- One Care
- CCA Medicare Preferred – (PPO) MA
- CCA Medicare Preferred – (PPO) RI
- CCA Medicare Value - (PPO) MA
- CCA Medicare Value - (PPO) RI
- Medicare Maximum – (HMO DNSP) RI

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 EOHHHS 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. Under the Fraud, Waste, and Abuse Program, CCA utilizes a variety of methods to detect, prevent, investigate, and correct fraud, waste, abuse, and other instances on non-compliance or improper billing. CCA periodically conducts claims review audits to ensure quality claims adjudication performance. Claims data and/or medical records will be reviewed to verify services, level of care, appropriateness of billing, and proper documentation. CCA shall not be liable for charges or claims incurred as a result, in whole or in part, of fraud or misrepresentation, and makes appropriate efforts to recover overpayments resulting from improper billing practices.

PROVIDER CODING COMPLIANCE:

CCA requires providers code to the most appropriate level of specificity as a general standard of practice (CPT, ICD10, PCS). CCA, CMS and/or EOHHHS may audit a provider at any point for billing practices related to Fraud, Waste and Abuse. Providers are encouraged to contact CCA Provider Relations to request education about coding and/or documentation compliance. All services provided should be billed in accordance with CMS and EOHHHS applicable standards.

INVESTIGATION PROCESS:

During the investigation review process, providers will be required to comply with all reasonable requests made by CCA for supporting documentation. For any provider under review, CCA shall have the right to evaluate through inspection, evaluation, review, 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. Failure to cooperate with any audit or investigation will result in the denial or recoupment of claims in question, and remedial action up to and including termination of contracts.

The CCA FWA department may suspend payments to any provider when there is reliable information that the provider has improperly billed CCA. Payments will be suspended as CCA deems appropriate and a suspension notice will be sent to the provider.

DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how 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 and 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 your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

[CMS Website: https://www.cms.gov/Medicare-Medicaid-Coordination/MedicareMedicaidCoordination.html](https://www.cms.gov/Medicare-Medicaid-Coordination/MedicareMedicaidCoordination.html)

[EOHHS Website: http://www.mass.gov/eohhs](http://www.mass.gov/eohhs)

POLICY TIMELINE DETAILS

1. Original approval date August 2017
2. Revised September 28th 2021