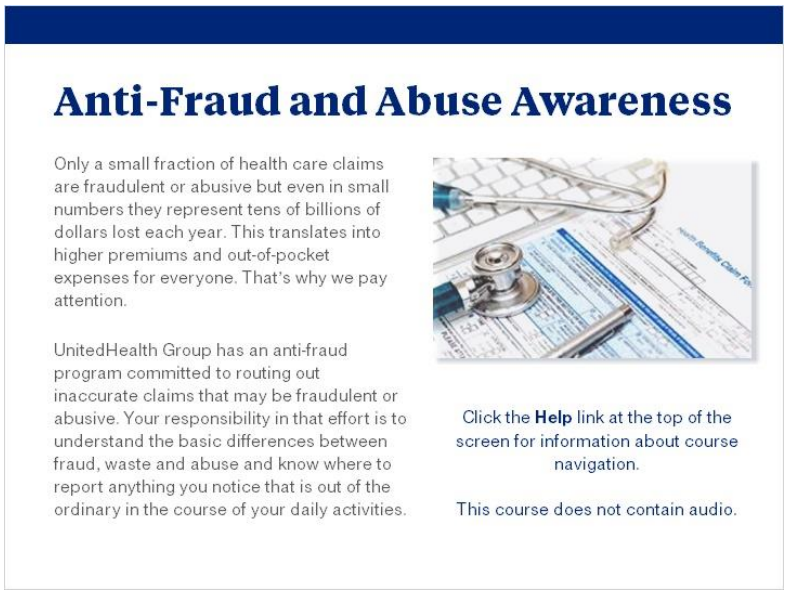
2022 Specialized Anti-Healthcare Fraud Training: Overview

1. Navigation

1.1 Title

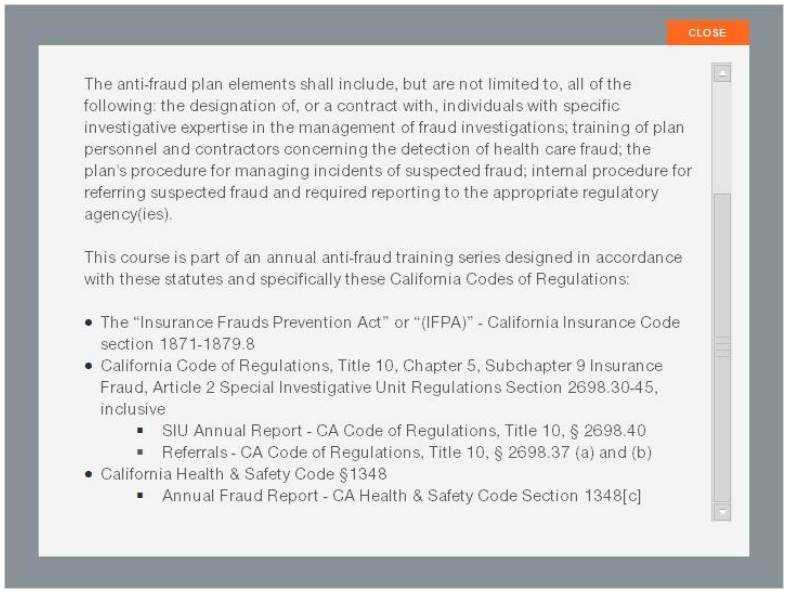


Notes:

1.2 Course Objectives

Notes:

Regulatory (Slide Layer)



1.3 CO2

1.4 CO3

Notes:

2. Fraud Indicators

2.1 Introduction

2.2 Fraud Indicators in Healthcare

General (Slide Layer)

Provider (Slide Layer)

Member (Slide Layer)

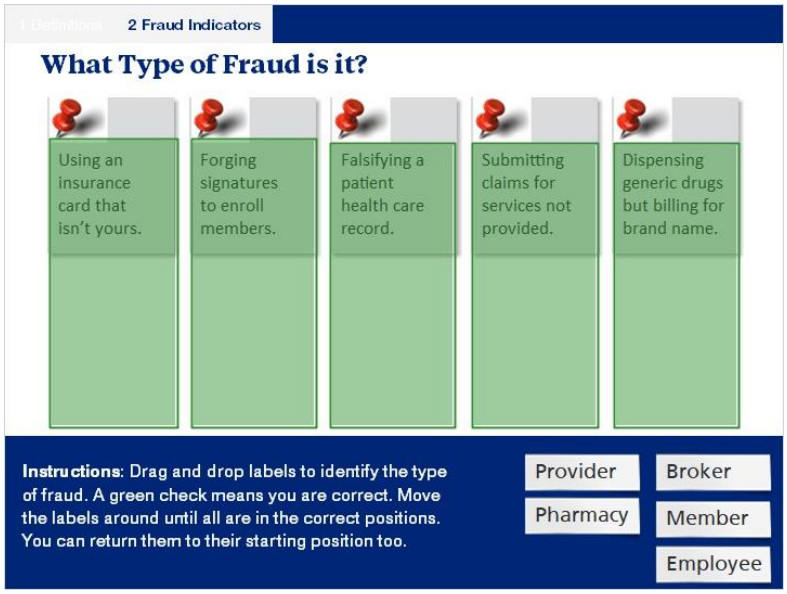
Pharmacy (Slide Layer)

Broker (Slide Layer)

Employee (Slide Layer)

2.3 Drag and Drop

(Drag and Drop, 10 points, 1 attempt permitted)

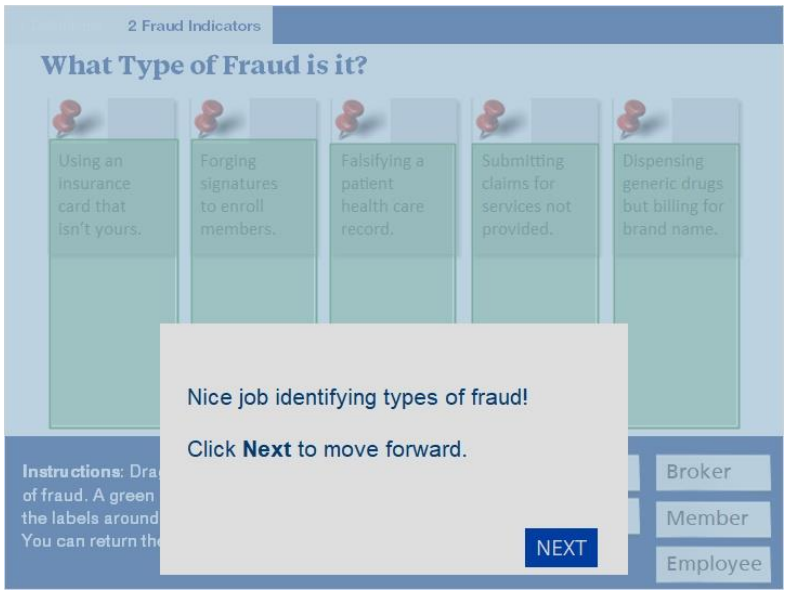


Drag Item	Drop Target
	Drop 1
	Drop 3
	Drop 2

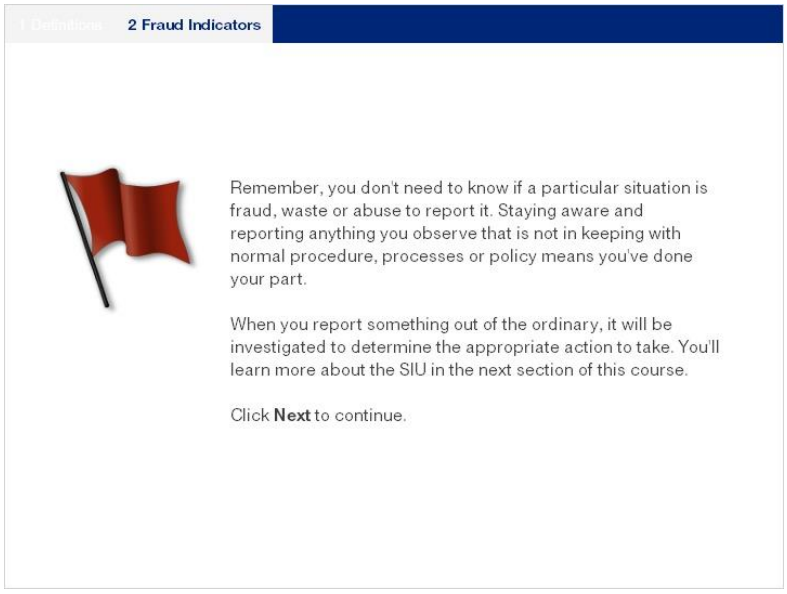
Drag and drop properties
Snap dropped items to drop target (Snap to center)

Notes:

Conclusion (Slide Layer)



2.4 When to Report

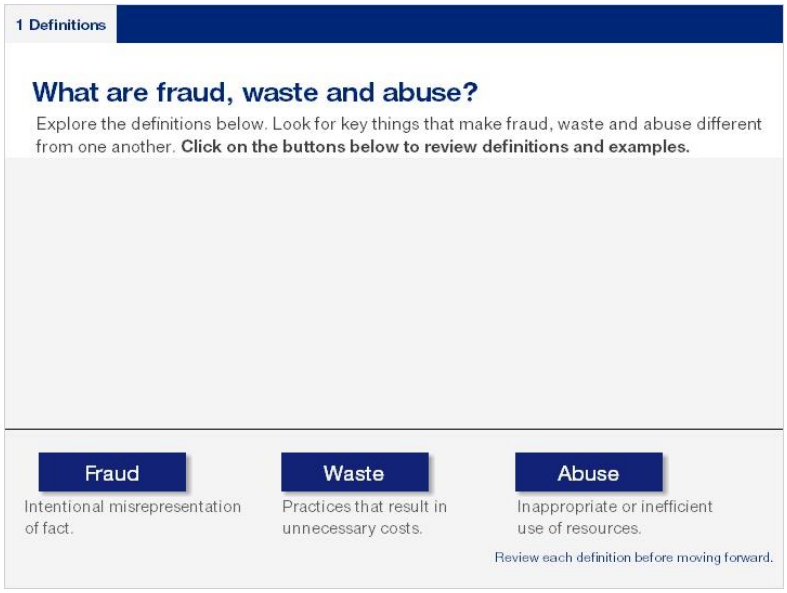


3. Definitions

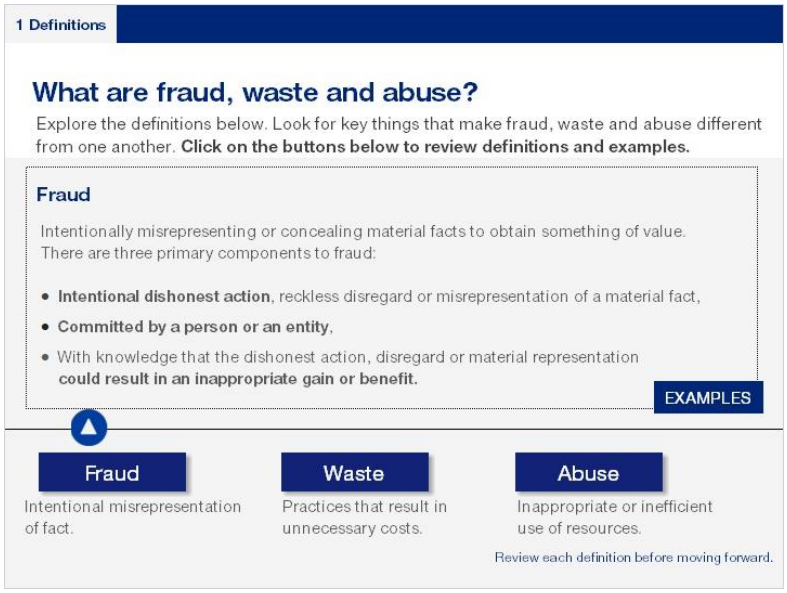
3.1 Introduction

Notes:

3.2 Definitions



Fraud (Slide Layer)



Waste (Slide Layer)

Abuse (Slide Layer)

Fraud - Examples (Slide Layer)

Waste - Examples (Slide Layer)

Abuse - Examples (Slide Layer)

3.3 Drag and Drop

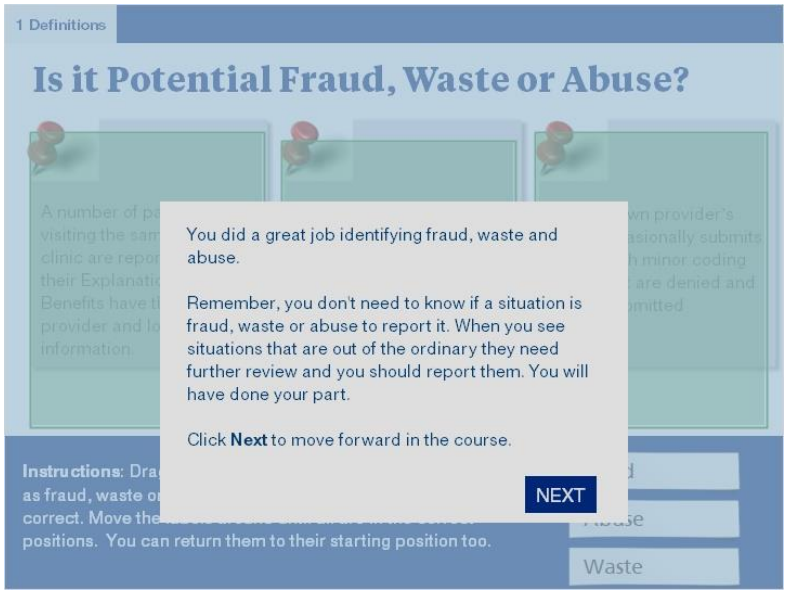
(Drag and Drop, 10 points, 1 attempt permitted)

Drag Item	Drop Target
Error	

Fraud
Abuse

Drag and drop properties
Snap dropped items to drop target (Snap to center)

Untitled Layer 1 (Slide Layer)

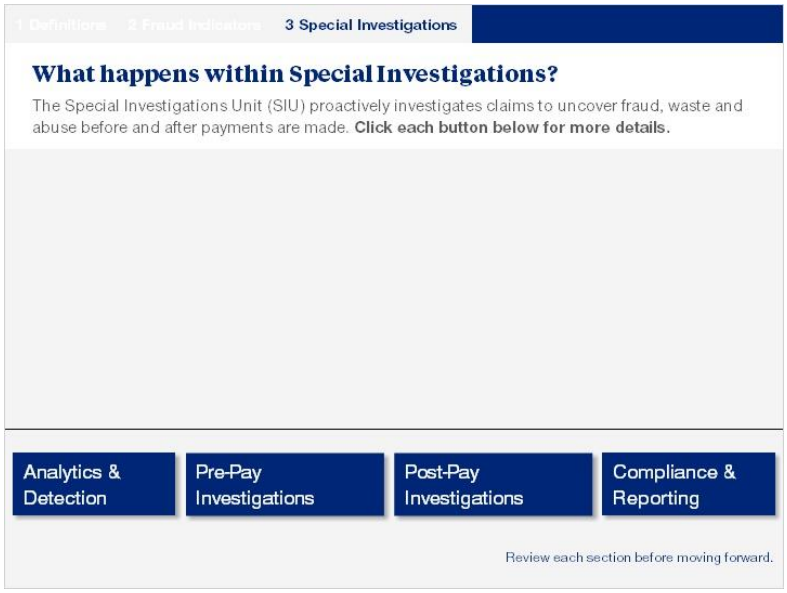


4. Special Investigations

4.1 Introduction

Notes:

4.2 Functions of the SIU



Notes:

Analytics (Slide Layer)

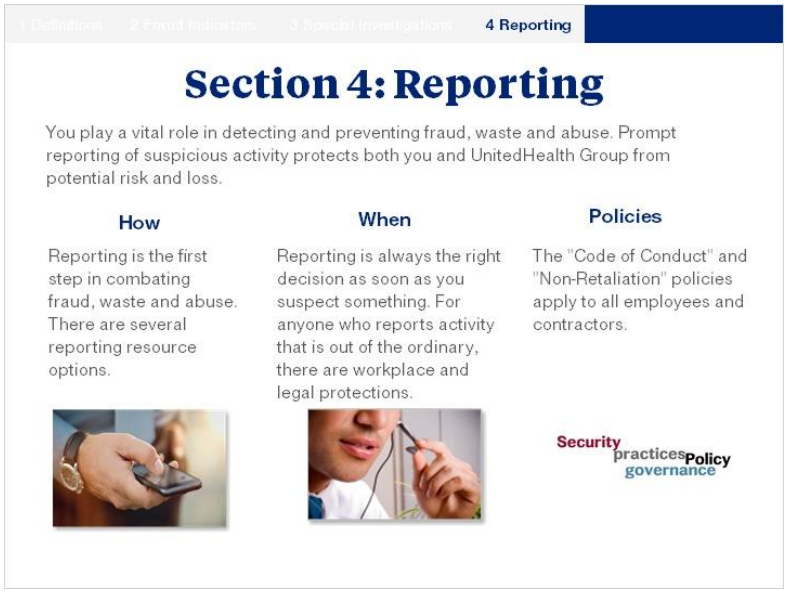
Pre-Pay (Slide Layer)

Post-Pay (Slide Layer)

Compliance (Slide Layer)

5. Reporting

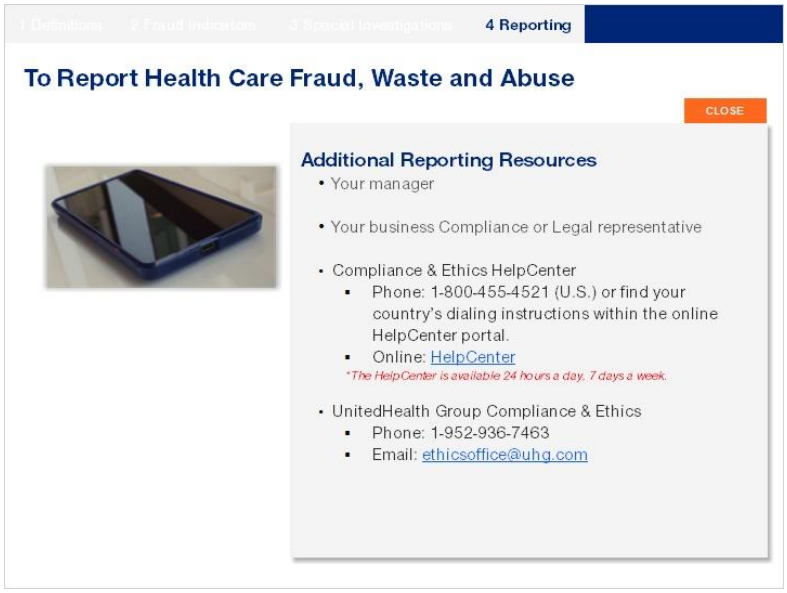
5.1 Introduction



5.2 Reporting Options

Notes:

Additional Reporting Methods (Slide Layer)



5.3 Examples of Fraud and Abuse

Notes:

Medical Equip (Slide Layer)

Diagnostic (Slide Layer)

Services not provided (Slide Layer)

Prescription (Slide Layer)

Medical Identity (Slide Layer)

Unlicensed (Slide Layer)

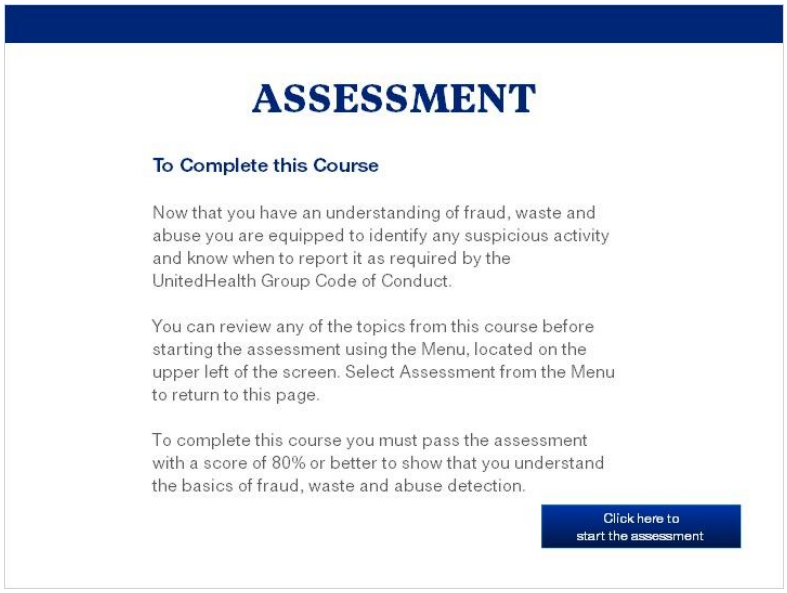
5.4 Code of Conduct

5.5 Non-Retaliation

Notes:

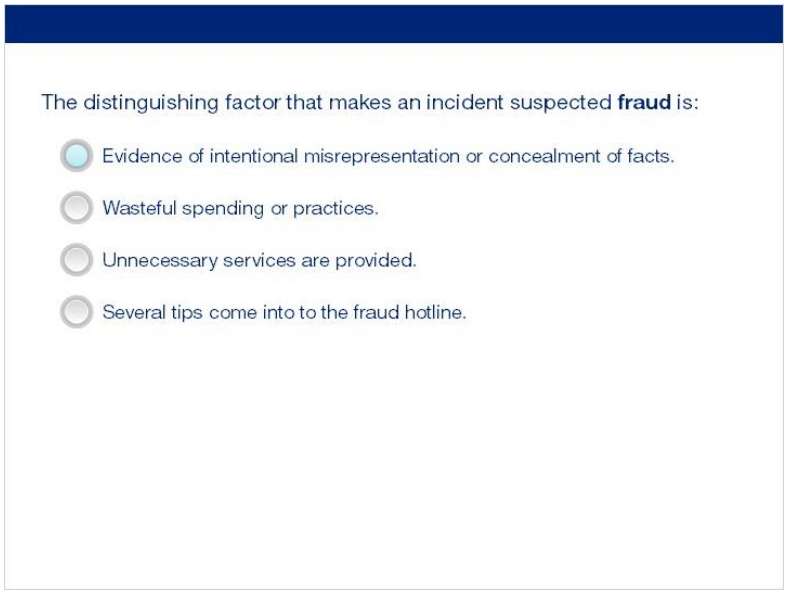
6. Mod 5_Assessment

6.1 Module 5



6.2 Q1

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
X	Evidence of intentional misrepresentation or concealment of facts.
	Wasteful spending or practices.
	Unnecessary services are provided.
	Several tips come into to the fraud hotline.

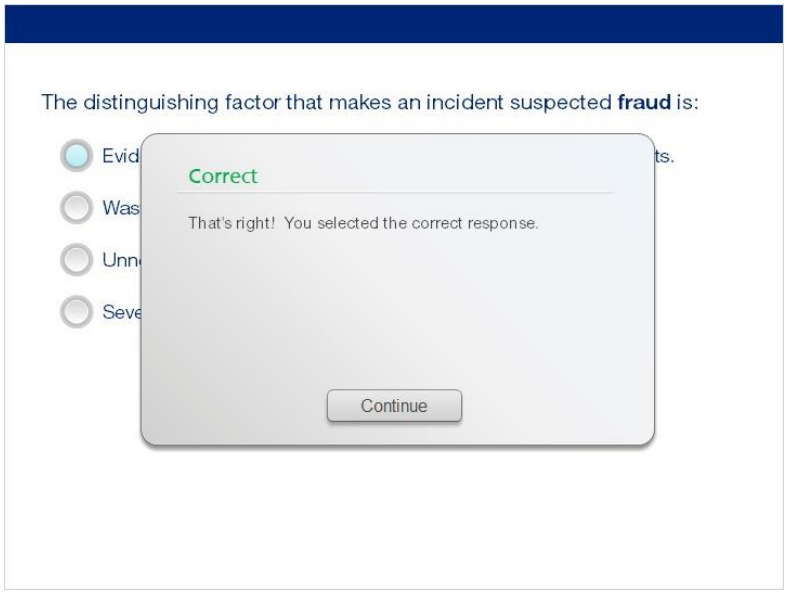
Feedback when correct:

That's right! You selected the correct response.

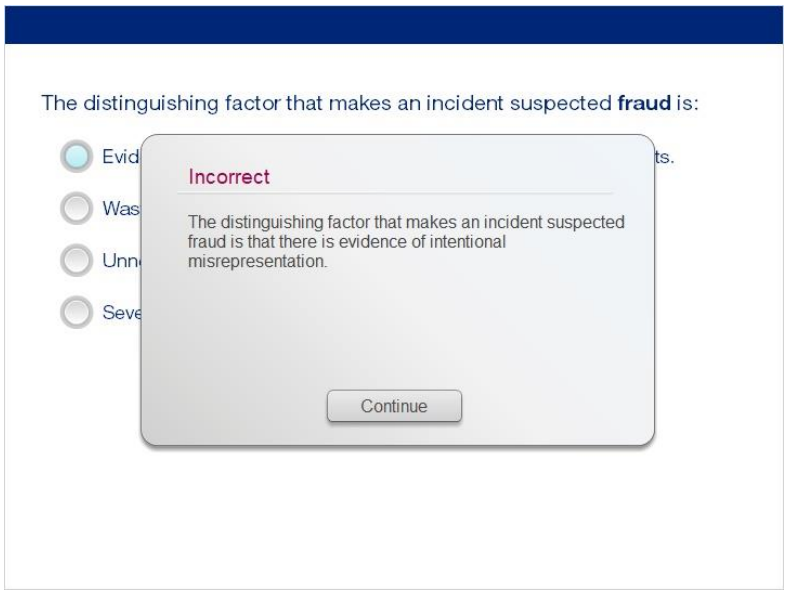
Feedback when incorrect:

The distinguishing factor that makes an incident suspected fraud is that there is evidence of intentional misrepresentation.

Correct (Slide Layer)

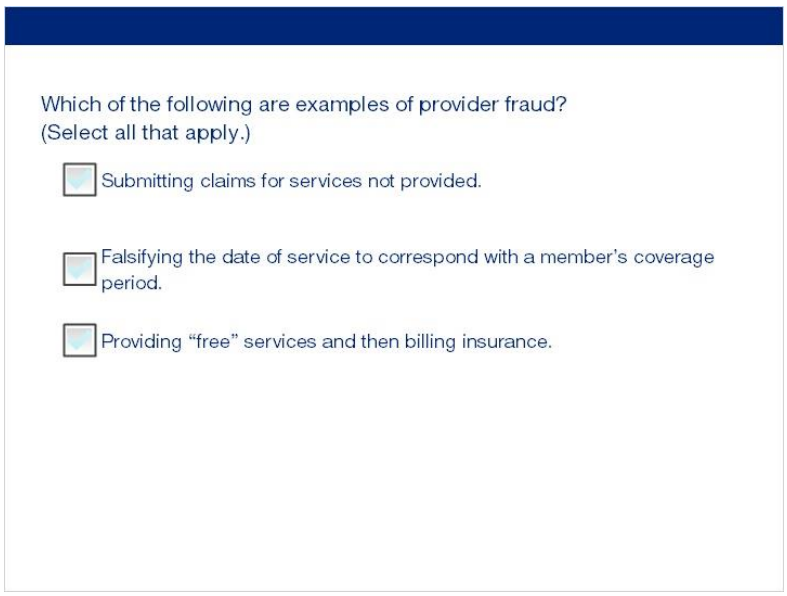


Incorrect (Slide Layer)



6.3 Q2

(Multiple Response, 10 points, 1 attempt permitted)



Correct	Choice
X	Submitting claims for services not provided.

X	Falsifying the date of service to correspond with a member’s coverage period.
X	Providing “free” services and then billing insurance.

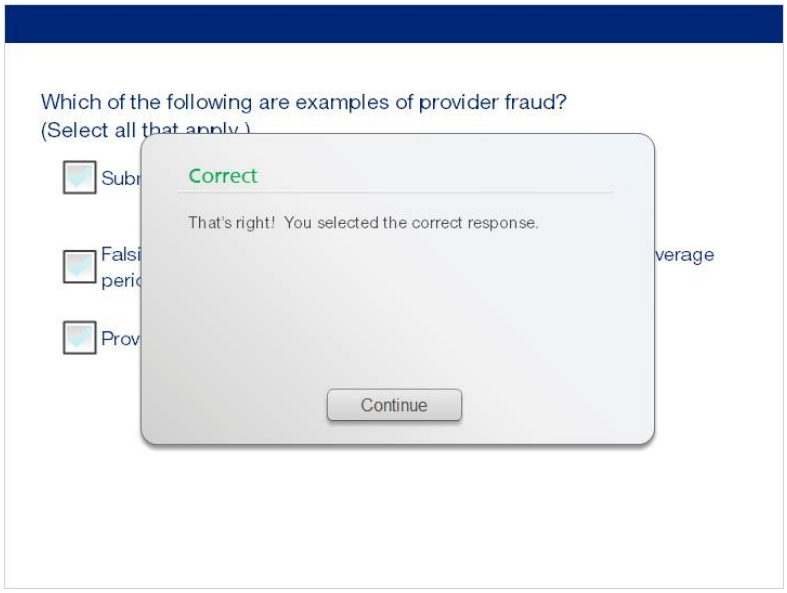
Feedback when correct:

That's right! You selected the correct response.

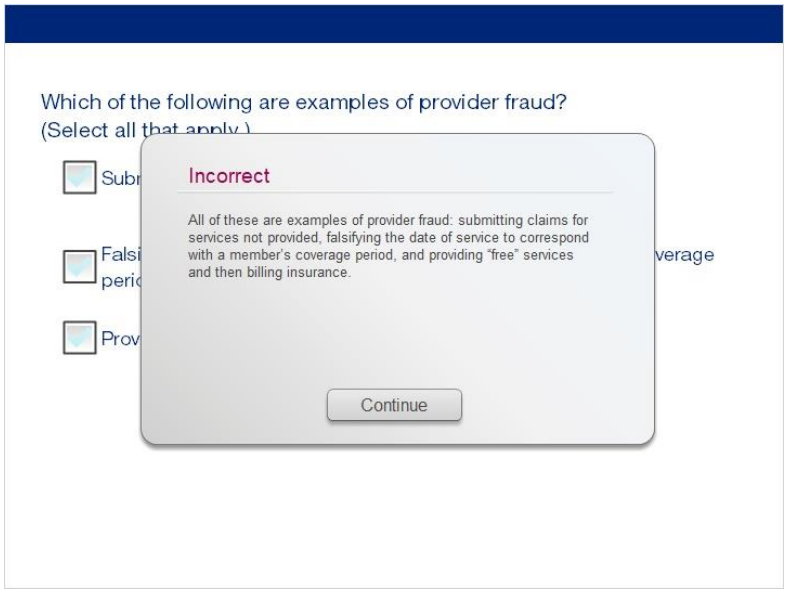
Feedback when incorrect:

All of these are examples of provider fraud: submitting claims for services not provided, falsifying the date of service to correspond with a member’s coverage period, and providing “free” services and then billing insurance.

Correct (Slide Layer)

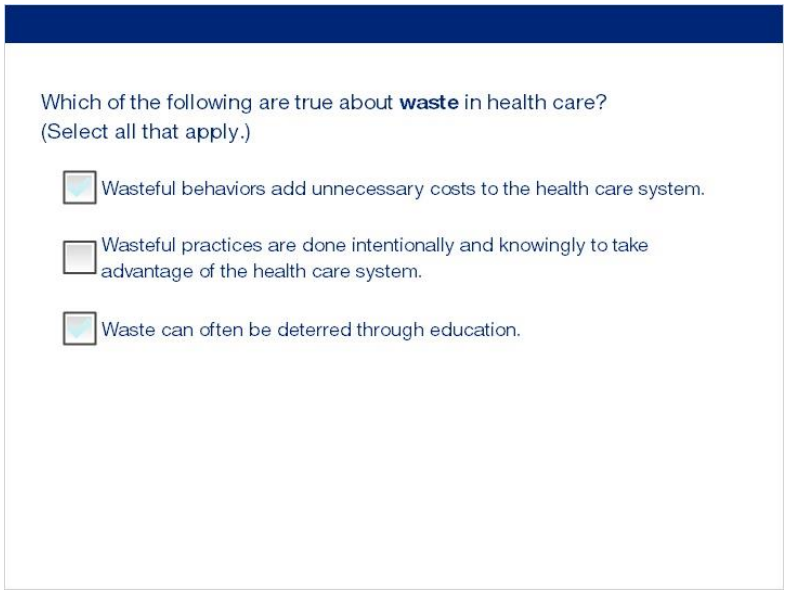


Incorrect (Slide Layer)



6.4 Q3

(Multiple Response, 10 points, 1 attempt permitted)



Correct	Choice
X	Wasteful behaviors add unnecessary costs to the health care system.

	Wasteful practices are done intentionally and knowingly to take advantage of the health care system.
X	Waste can often be deterred through education.

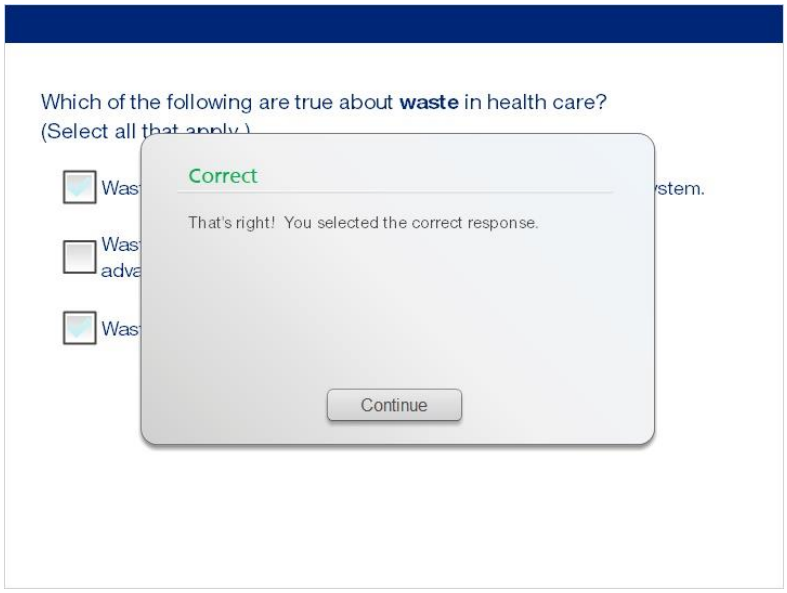
Feedback when correct:

That's right! You selected the correct response.

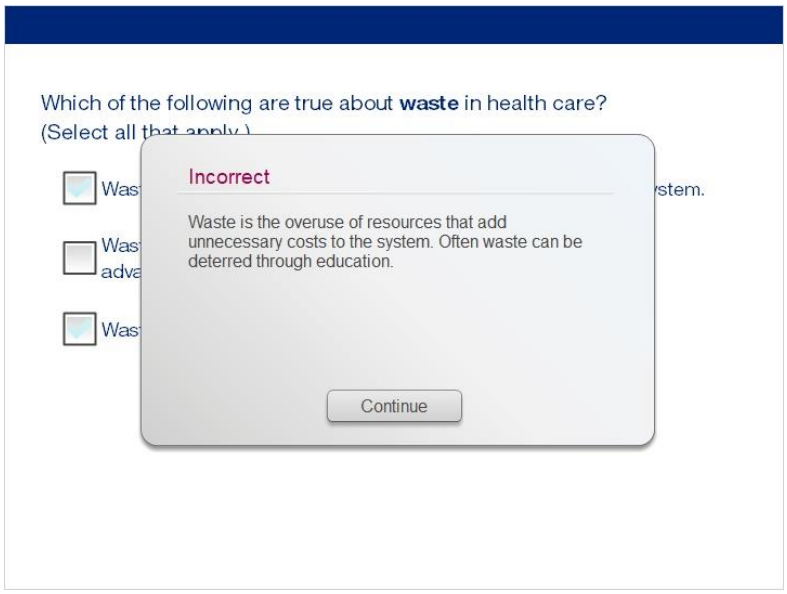
Feedback when incorrect:

Waste is the overuse of resources that add unnecessary costs to the system. Often waste can be deterred through education.

Correct (Slide Layer)

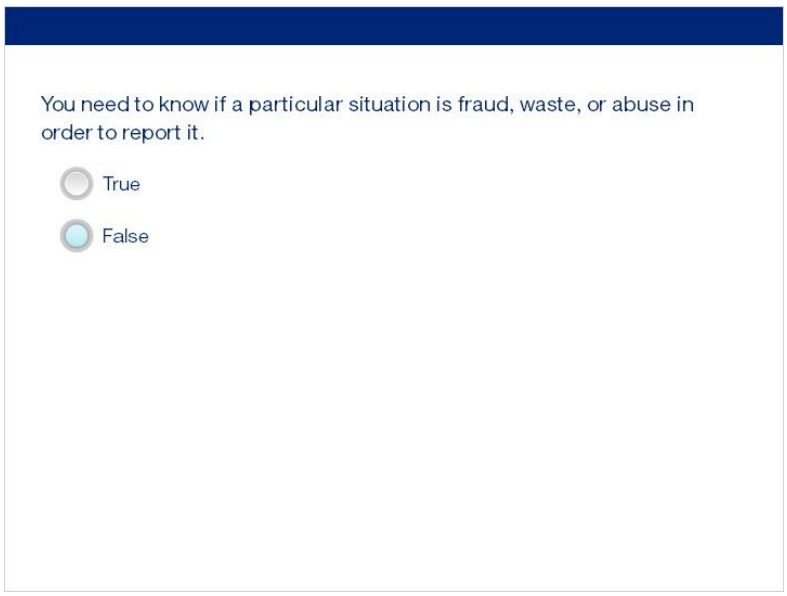


Incorrect (Slide Layer)



6.5 Q4

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
	True

X	False

Feedback when correct:

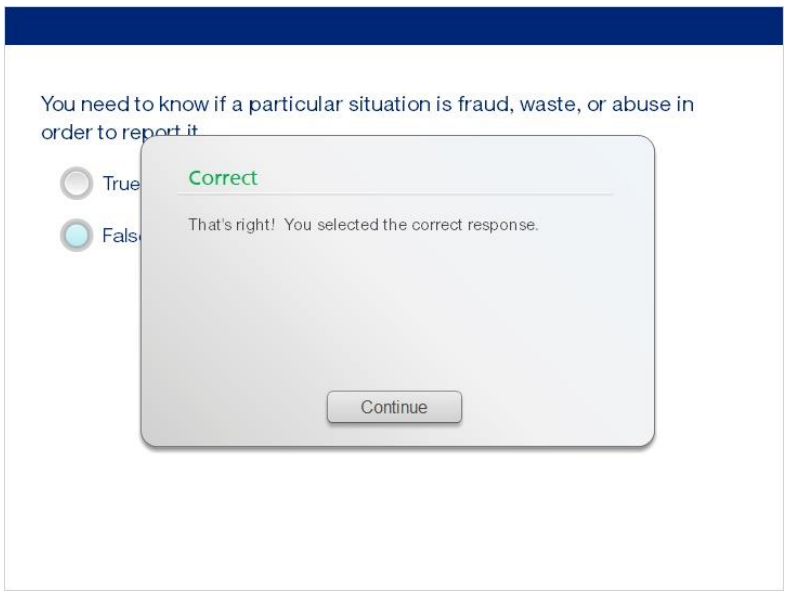
That's right! You selected the correct response.

Feedback when incorrect:

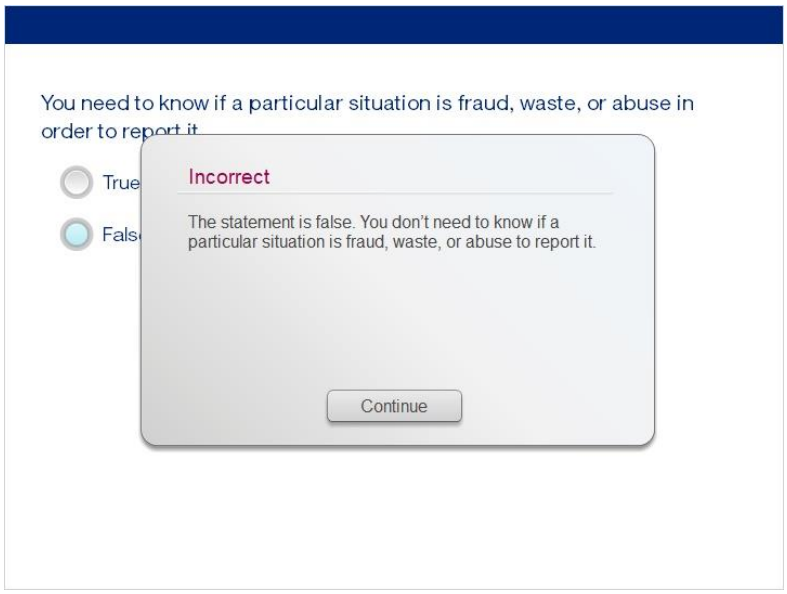
The statement is false. You don’t need to know if a particular situation is fraud, waste, or abuse to report it.

Notes:

Correct (Slide Layer)

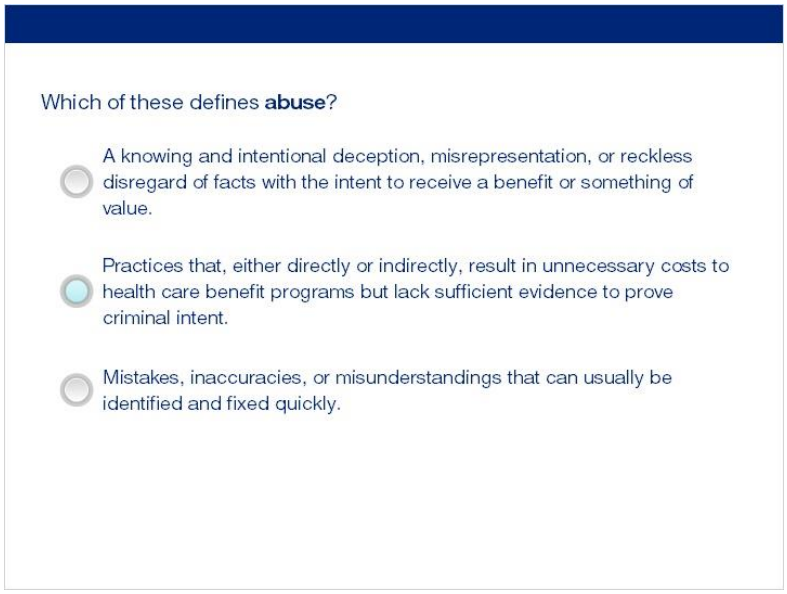


Incorrect (Slide Layer)



6.6 Q5

(Multiple Choice, 10 points, 1 attempt permitted)



Correct	Choice
	A knowing and intentional deception, misrepresentation, or reckless disregard of

	facts with the intent to receive a benefit or something of value.
X	Practices that, either directly or indirectly, result in unnecessary costs to health care benefit programs but lack sufficient evidence to prove criminal intent.
	Mistakes, inaccuracies, or misunderstandings that can usually be identified and fixed quickly.

Feedback when correct:

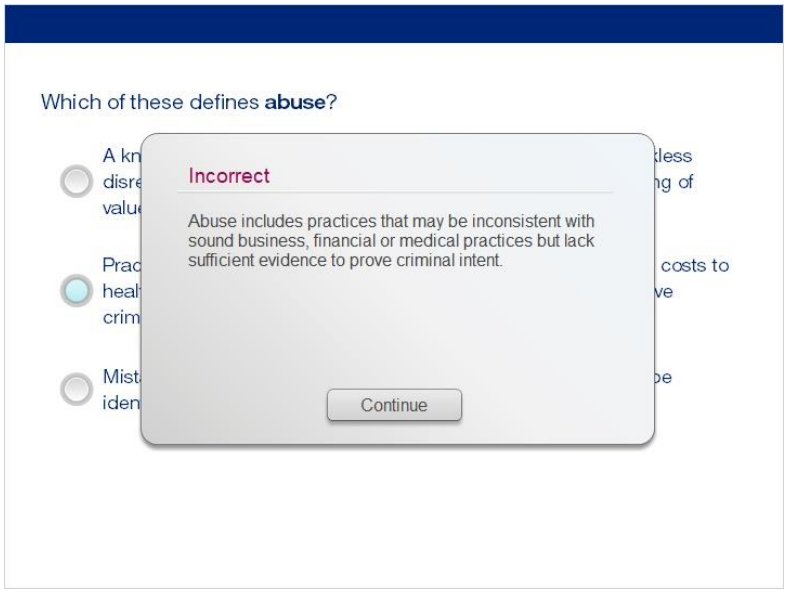
That's right! You selected the correct response.

Feedback when incorrect:

Abuse includes practices that may be inconsistent with sound business, financial or medical practices but lack sufficient evidence to prove criminal intent.

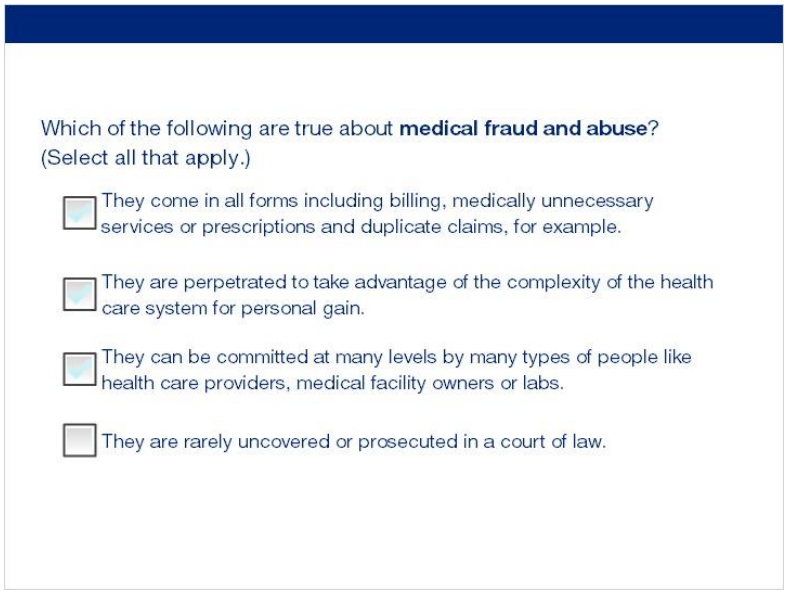
Correct (Slide Layer)

Incorrect (Slide Layer)



6.7 Q6

(Multiple Response, 10 points, 1 attempt permitted)



Correct	Choice
X	They come in all forms including billing, medically unnecessary services or

	prescriptions and duplicate claims, for example.
X	They are perpetrated to take advantage of the complexity of the health care system for personal gain.
X	They can be committed at many levels by many types of people like health care providers, medical facility owners or labs.
	They are rarely uncovered or prosecuted in a court of law.

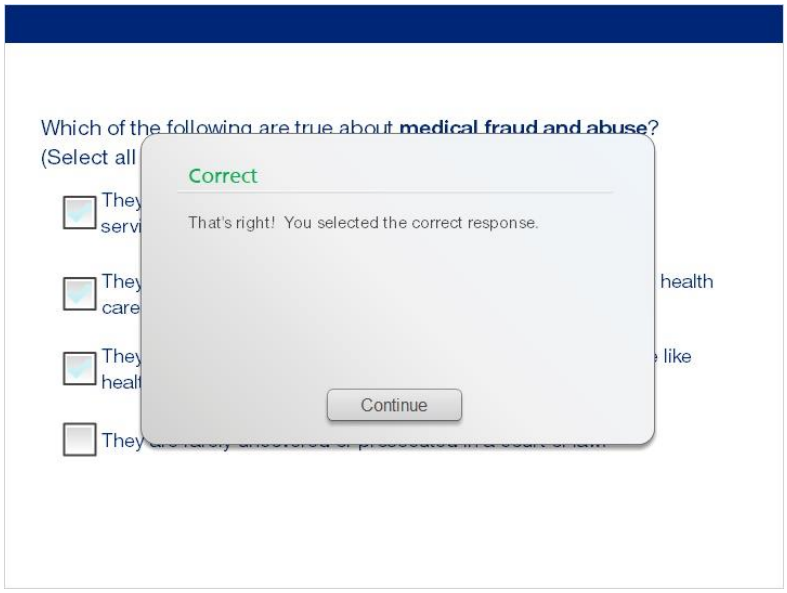
Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

Fraud and abuse come in all forms and can be seen at all levels of an organization. Large health care programs are often the target. When uncovered cases of fraud and abuse are prosecuted to the fullest extent under the law.

Correct (Slide Layer)



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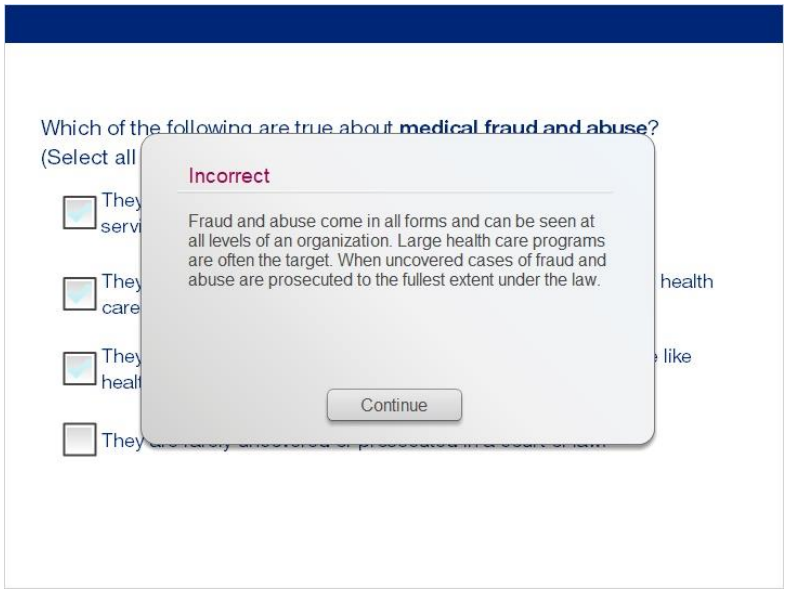
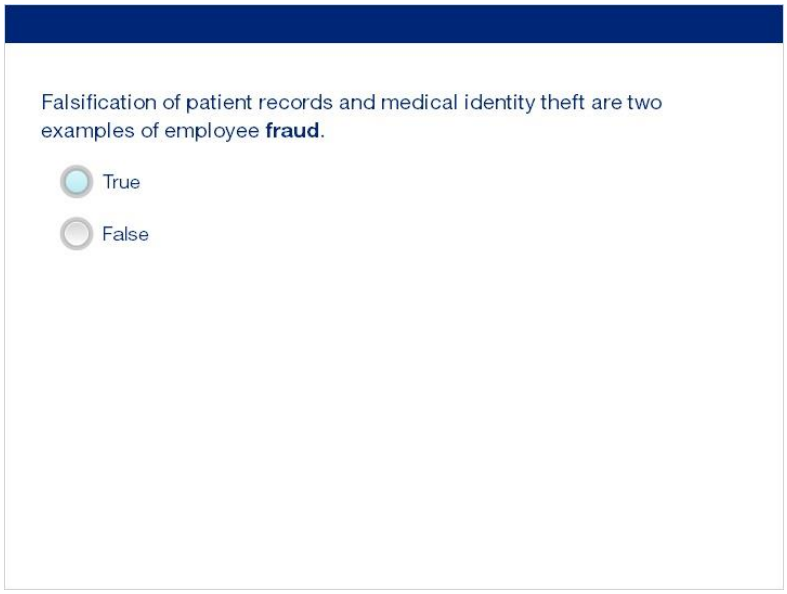


6.8 Q7

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
X	True

False

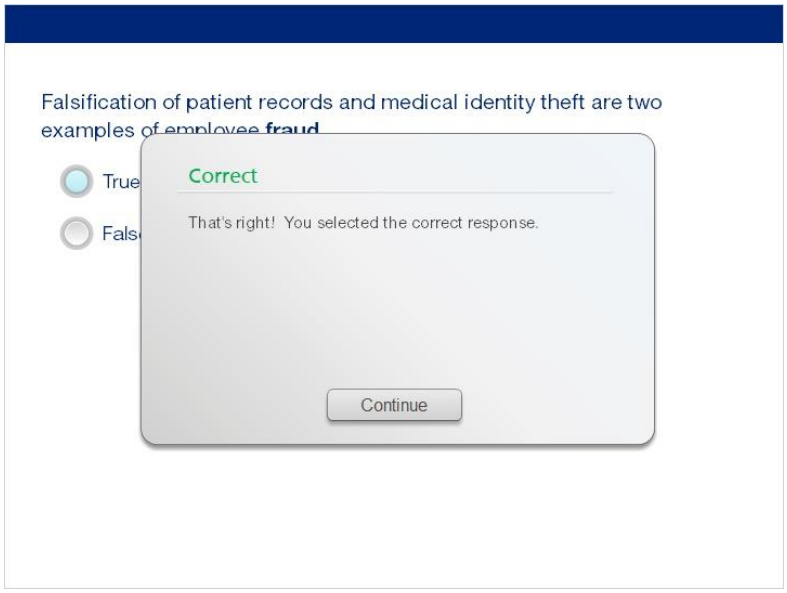
Feedback when correct:

That's right! You selected the correct response.

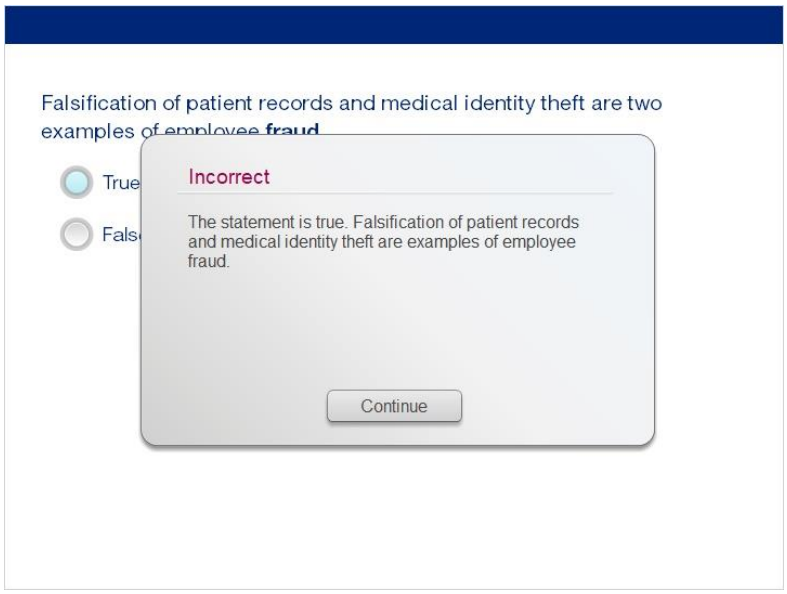
Feedback when incorrect:

The statement is true. Falsification of patient records and medical identity theft are examples of employee fraud.

Correct (Slide Layer)



Incorrect (Slide Layer)



6.9 Q8

(Multiple Choice, 10 points, 1 attempt permitted)

Correct	Choice
X	Immediately

	Within 24 hours
	Once fraud, waste, or abuse is confirmed

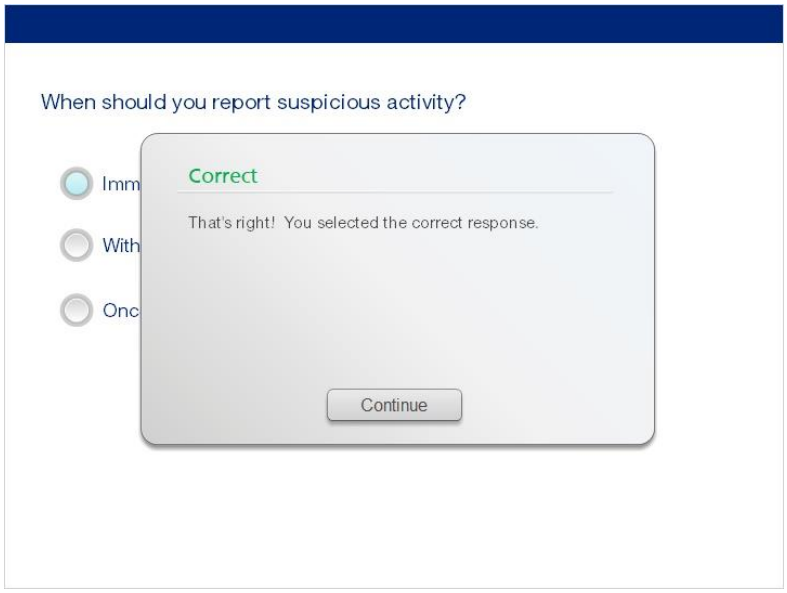
Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

That is incorrect. Suspicious activity should be reported immediately.

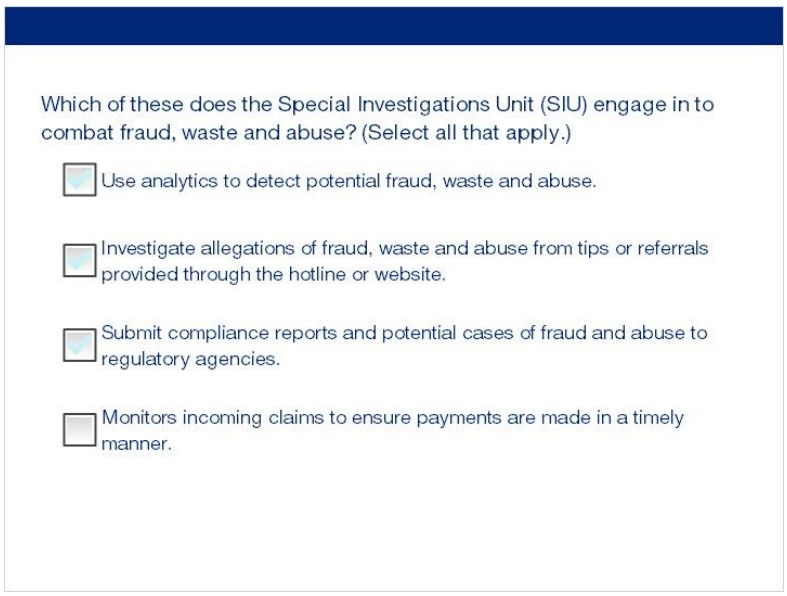
Correct (Slide Layer)



Incorrect (Slide Layer)

6.10 Q9

(Multiple Response, 10 points, 1 attempt permitted)



Correct	Choice
X	Use analytics to detect potential fraud, waste and abuse.

X	Investigate allegations of fraud, waste and abuse from tips or referrals provided through the hotline or website.
X	Submit compliance reports and potential cases of fraud and abuse to regulatory agencies.
	Monitors incoming claims to ensure payments are made in a timely manner.

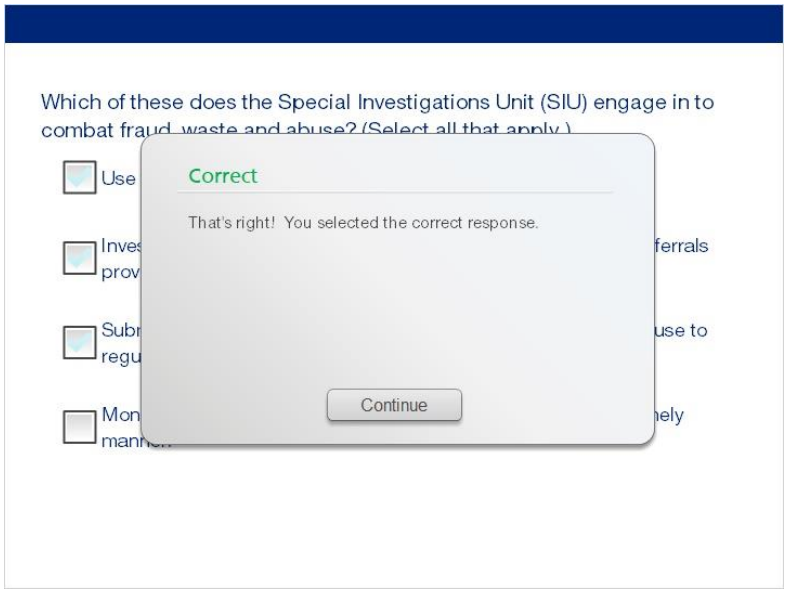
Feedback when correct:

That's right! You selected the correct response.

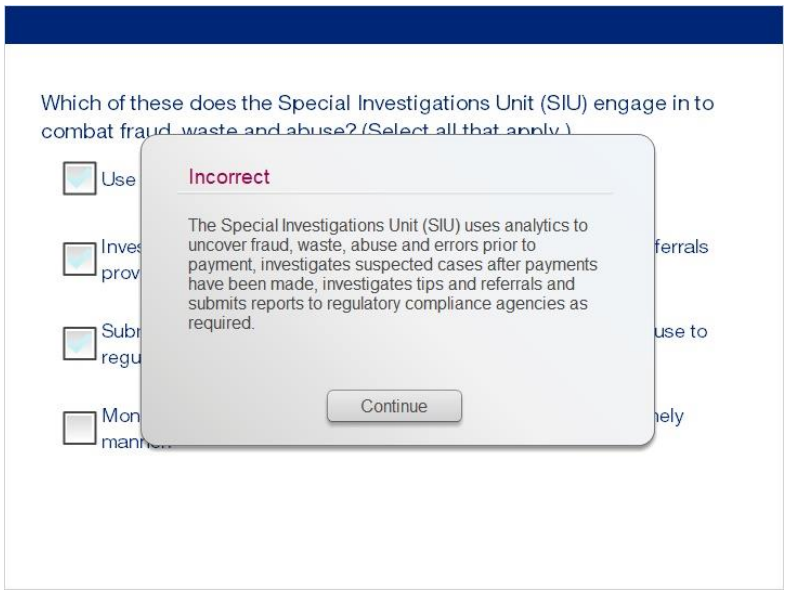
Feedback when incorrect:

The Special Investigations Unit (SIU) uses analytics to uncover fraud, waste, abuse and errors prior to payment, investigates suspected cases after payments have been made, investigates tips and referrals and submits reports to regulatory compliance agencies as required.

Correct (Slide Layer)

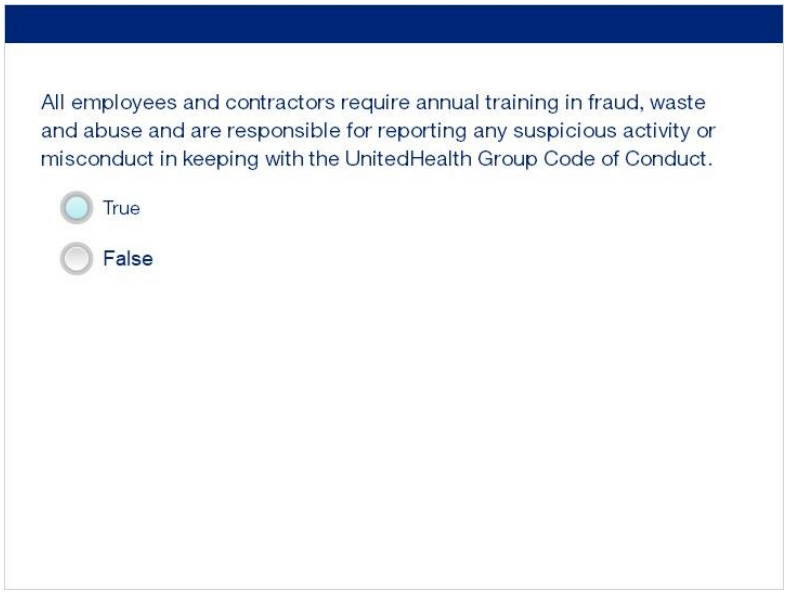


Incorrect (Slide Layer)



6.11 Q10

(True/False, 10 points, 1 attempt permitted)



Correct	Choice
X	True

False

Feedback when correct:

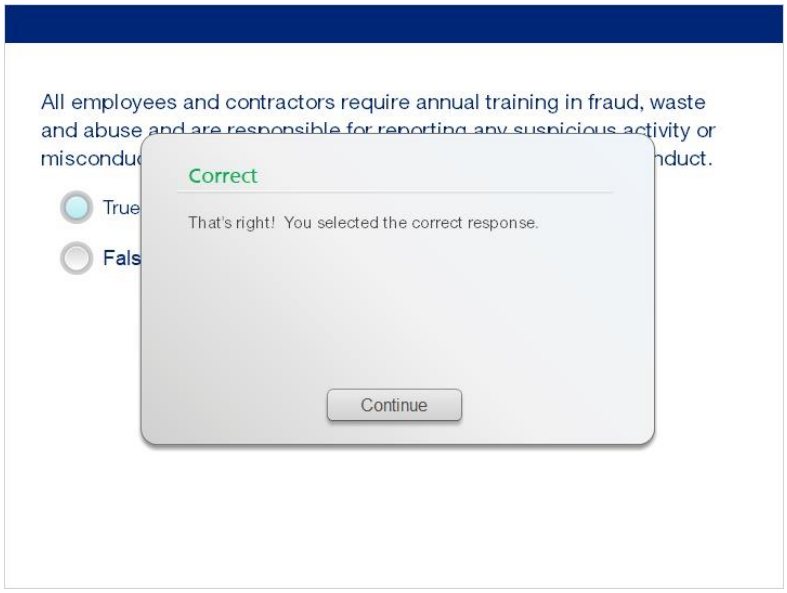
That's right! You selected the correct response.

Feedback when incorrect:

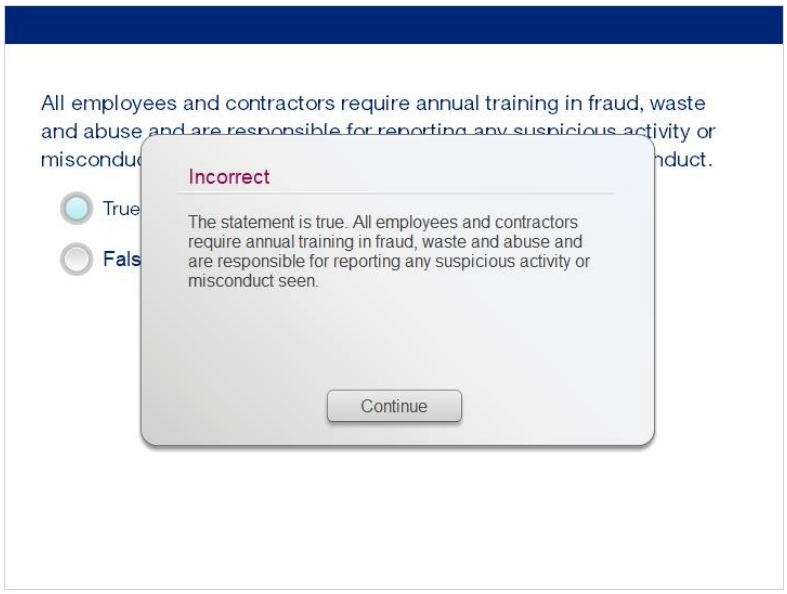
The statement is true. All employees and contractors require annual training in fraud, waste and abuse and are responsible for reporting any suspicious activity or misconduct seen.

Notes:

Correct (Slide Layer)

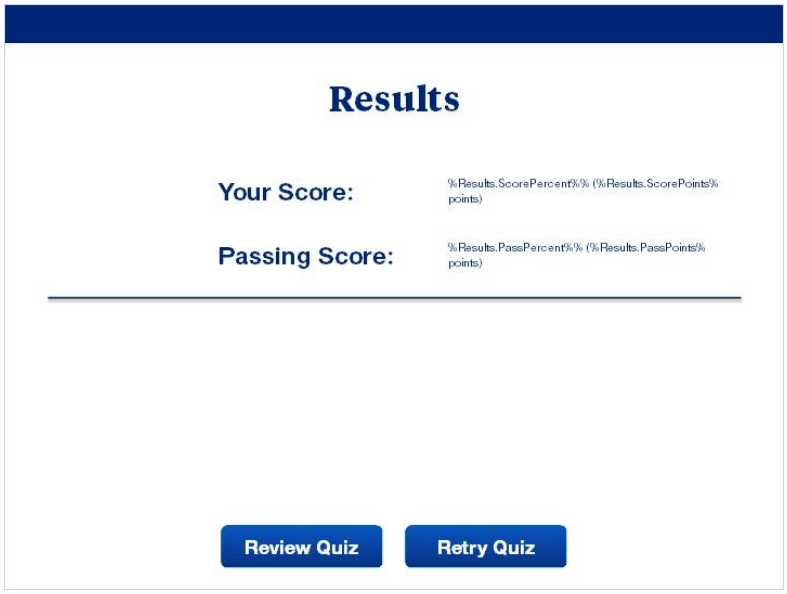


Incorrect (Slide Layer)



6.12 Results Slide

(Results Slide, 0 points, 1 attempt permitted)



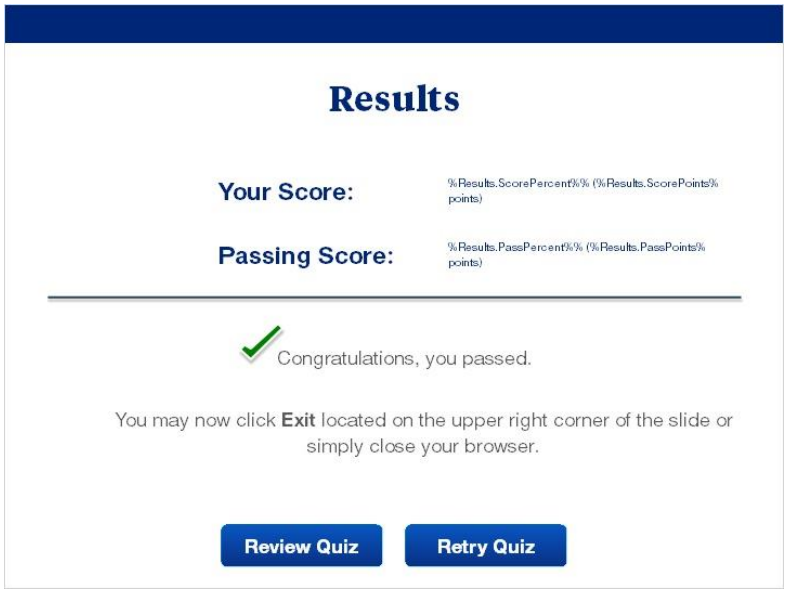
Results for
6.2 Q1
6.3 Q2
6.4 Q3
6.5 Q4
6.6 Q5
6.7 Q6
6.8 Q7
6.9 Q8
6.10 Q9
6.11 Q10

Result slide properties

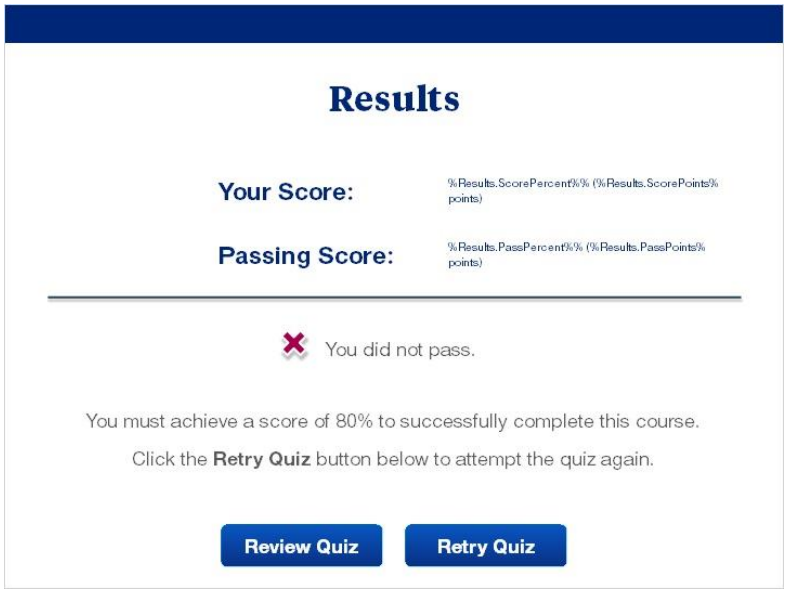
Passing	80%
Score	

Notes:

Success (Slide Layer)

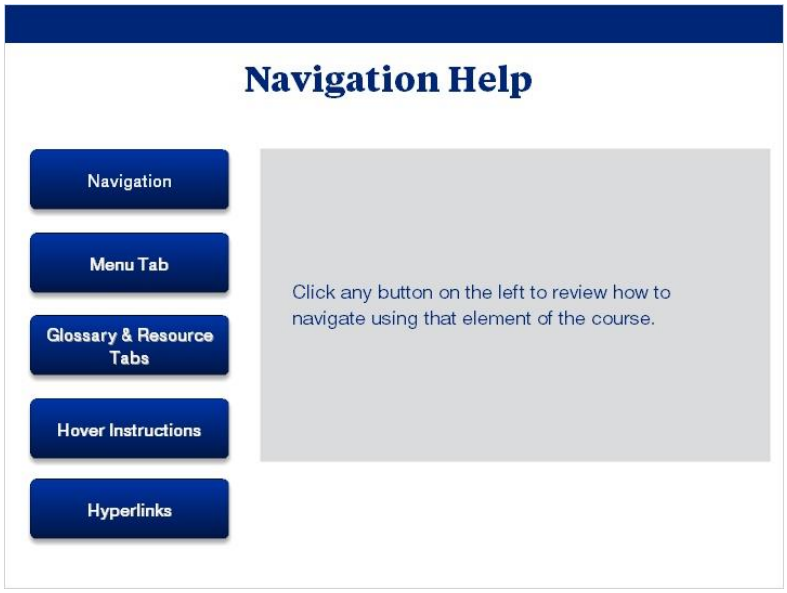


Failure (Slide Layer)



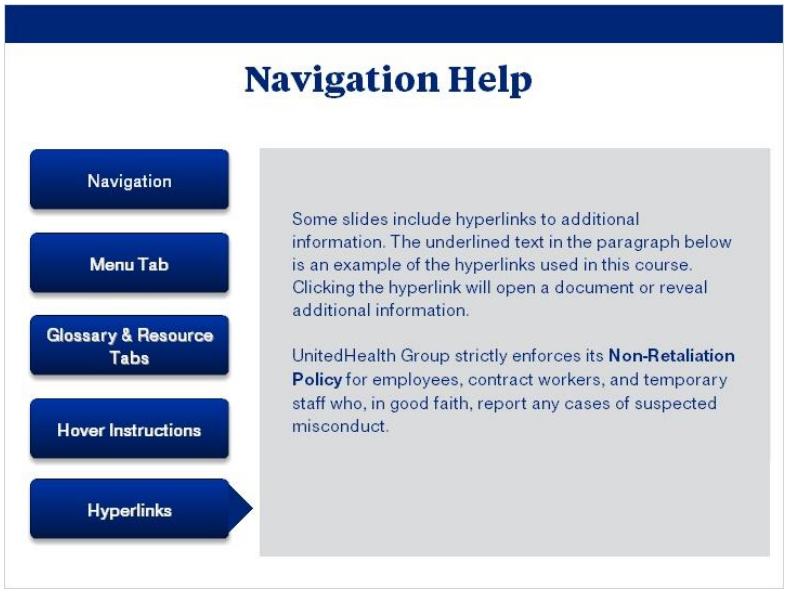
7. Untitled Scene

7.1 Untitled Slide



Notes:

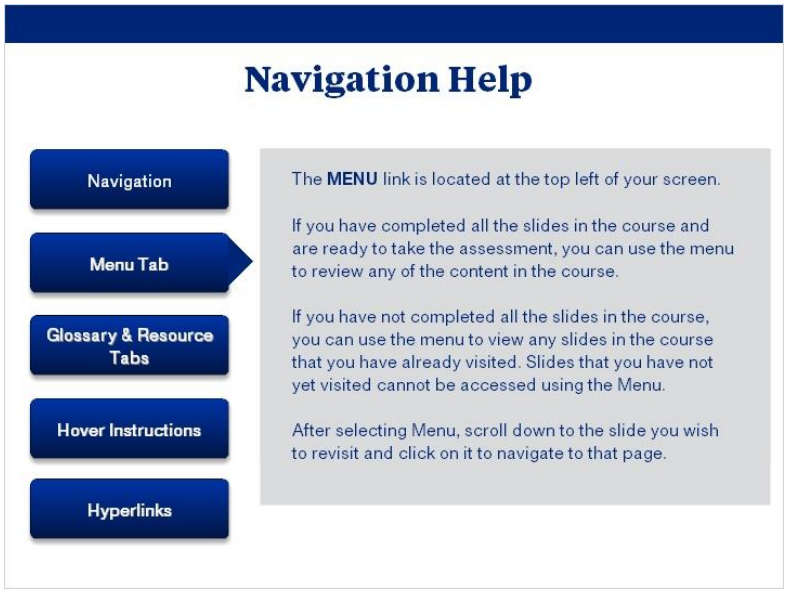
Hyperlink Inst (Slide Layer)



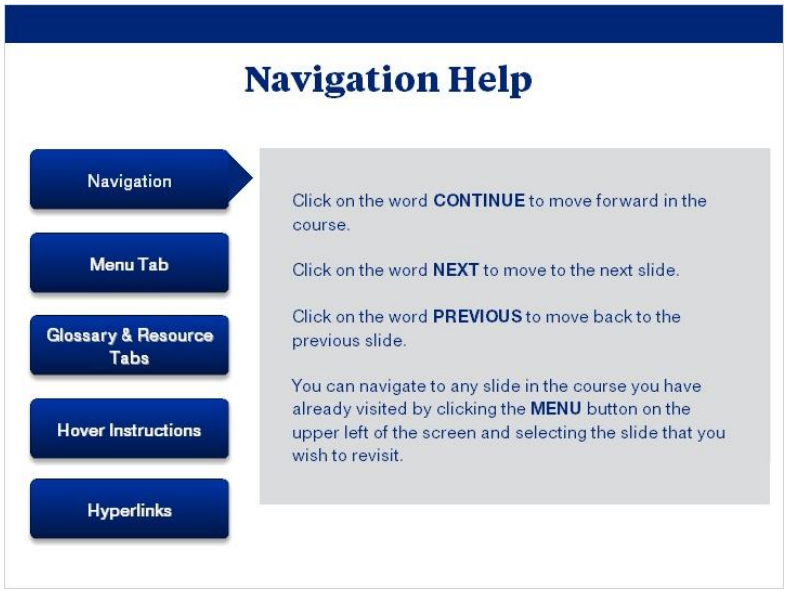
Hover Inst (Slide Layer)

Glossary and Resources (Slide Layer)

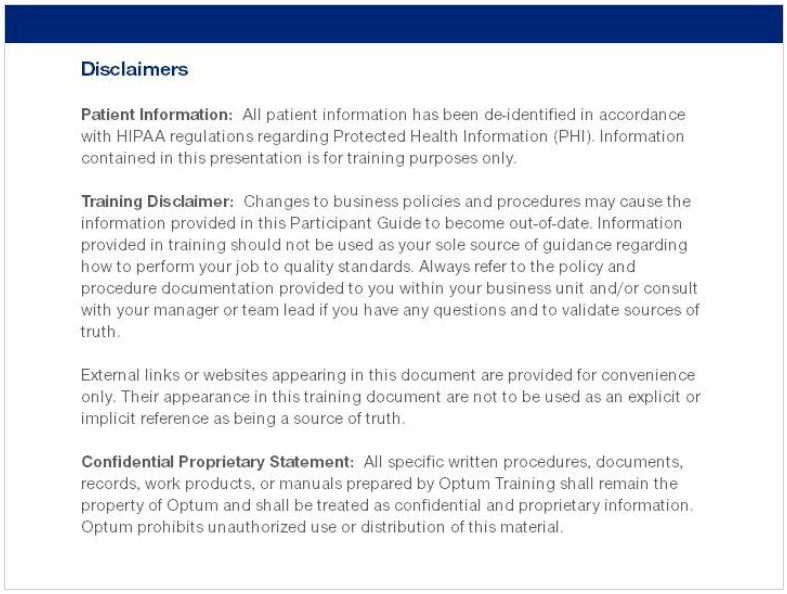
Menu (Slide Layer)



Navigation (Slide Layer)



8.2 Disclaimer



Notes:

9. Course Attestation

Click Course Attestation to acknowledge your completion of this course. Save the document to your computer and follow the instructions to return the complete attestation to Compliance.