



MEDICARE ADVANTAGE – PRESCRIPTION DRUG FRAUD, WASTE, AND ABUSE TRAINING

FREQUENTLY ASKED QUESTIONS

Background

The Centers for Medicare & Medicaid Services (CMS) requires all Medicare Advantage-Prescription Drug health plans to ensure that their participating providers and their employees complete Fraud, Waste, and Abuse (FWA) training no later than December 31, 2009 and annually thereafter. To assist in streamlining the training process, HealthCare Administrative Solutions (HCAS) and its member health plans have created a website that includes an online FWA training program. HCAS member health plans that have Medicare Advantage-Prescription Drug health plans include:

- Blue Cross Blue Shield of Massachusetts
- Fallon Community Health Plan
- Harvard Pilgrim Health Care
- Health New England
- Tufts Health Plan

Key Points

- **Who must take the training?** All providers and employees who work or contract with a Part C Medicare Advantage (MA) and or a Part D Medicare Prescription Drug health plan need to take the training.
- **By when?** Training must be completed by December 31, 2009 and annually, thereafter.
- **Cost?** There is no cost for the training provided through HCAS.
- **Is there a test?** No. Instead, you must attest that you have completed the training.
- **How do I take the training?** HCAS member health plans have developed one training presentation, which is posted on the HCAS website.
 - Go to www.hcasma.org
 - Select the “Medicare Training” option on the toolbar at the top of the home page.
 - When you complete the training, click on the link that states “ATTESTATION- Attest that you have completed the training.”
- **Assistance?** See the contact list on the last page of this document.

HCAS provides access to this FAQ document for the convenience of HCAS member plans and their participating providers. HCAS makes no guarantee regarding this FAQ document and disclaims any responsibility for its accuracy, completeness and compliance with CMS requirements. Further, it is the responsibility of each provider to complete the required training and attest to health plans and CMS regarding the same, and HCAS disclaims any responsibility for making or communicating such attestations.

Detailed Information

Q. What is considered health care fraud, waste, or abuse (FWA)*?

A.

- **Health care fraud** is intentionally, knowingly, and willfully attempting to execute a scheme to falsely obtain money from any health care benefit program.
- **Waste** is health care spending that can be eliminated without reducing the quality of care.
- **Abuse** is improper behavior or billing practices that create unnecessary costs.

* Sources: Prescription Drug Benefit Manual, Chapter 9—Part D Program to Control Fraud, Waste and Abuse (Rev.2, 04-25-2006). Federal Register, Part V Department of Health and Human Services Centers for Medicare & Medicaid Services 42 CFR 422 and 423, Wednesday, December 5, 2007.

Q. Why should providers and their employees take the training?

A. Providers and employees that contract directly or indirectly with the federal government have an obligation to report FWA. This training, mandated by CMS, helps to identify FWA and provides an overview of the types of internal policies and procedures that an organization can develop to identify and combat FWA, including reporting protocols.

Q. Who needs to take the training?

A. The FWA training is required for providers and employees of all Medicare Advantage (Part C) and Prescription Drug (Part D) first tier, downstream, and related entities who provide administrative or health care services for a Medicare-eligible individual. This includes:

- Primary care providers
- Hospitals
- Specialists
- Ancillary providers
- Dentists
- Pharmacy Benefit Managers
- Pharmacies and pharmacists
- Subcontractors such as claims processing firms

Q. Are Medex health plans or Medicare supplementary plans part of this training?

A. No.

Q. Why is the online training a good method to complete the required FWA training?

A. We urge you and your employees to take the training online available through the HCAS website (www.hcasma.org) because once completed, you only need to attest *once* for all five of the HCAS-participating health plans that the training has been completed. Otherwise, you will need to contact each health plan separately to attest to having taken the training.

If the provider or employee cannot take the training online, please contact any of the Health Plans indicated on the last page of this FAQ document for additional assistance.

Q. What is a first tier, downstream, or related entity*?

A. Please refer to 42 CFR 422.500 and 423.501:

- **First tier entity:** any party that enters into acceptable written arrangement with a Medicare Advantage Organization (MAO) or Part D Plan sponsor to provide administrative or health care services for a Medicare eligible individual.
- **Downstream entity:** any party that enters into an acceptable written arrangement below the level of the arrangement between an MAO or Part D Plan sponsor and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.
- **Related entities:** any entity that is related to the MAO or Part D plan sponsor by common ownership or control, performs some management functions under contract or delegation, furnishes services to Medicare enrollees under an oral or written agreement, or leases real property or sells materials to the MAO or Part D plan sponsor.

* Sources: Prescription Drug Benefit Manual, Chapter 9—Part D Program to Control Fraud, Waste and Abuse (Rev.2, 04-25-2006). Federal Register, Part V Department of Health and Human Services Centers for Medicare & Medicaid Services 42 CFR 422 and 423, Wednesday, December 5, 2007.

Q. What are some examples of first tier and downstream entities?

A. Examples appear below:

Part C:

First Tier Entity: Physician Hospital Organization (PHO)

Downstream Entity: Group or individual providers that the PHO enters into a contract with (hospital employees, provider groups, or individual primary care providers and specialists, employees of a group practice)

Part D:

First Tier Entity: Pharmacy Benefit Manager (PBM)

Downstream Entity: Pharmacies and pharmacists

Q. Is it sufficient for one person in my organization to take the training?

A. No. CMS guidelines require all individuals and or entities down to the level of the ultimate provider of both health and administrative services to take the training.

Q. What is the deadline to take the training?

A. Training must be completed by end of year—December 31, 2009—and annually, thereafter. We strongly encourage organizations to take the training as early in the year as possible.

Q. What is required?

A. Once per year, providers and employees required to take the training must:

- Complete training as required in 42 CFR 422.503 (“Medicare Advantage Programs”) and 42 CFR 423.504 (“Voluntary Medicare Prescription Drug Benefit”); and
- Submit an attestation to each of the health plans with which you are contracted to provide services for Medicare Advantage and/or Part D beneficiaries. You only need to attest once through the HealthCare Administrative Solutions (HCAS) website for all of its participating health plans.

Q. Will I be expected to take follow-up training? If so, how frequently must I be retrained?

A. CMS expects providers and employees subject to the training requirement to take the FWA training annually.

Q. How much does the training cost?

A. There is no cost for the training provided through HCAS.

Q. Is a test required to complete the training?

A. No. Instead, you must attest that you have completed the training. Click on the link that states “ATTESTATION-Attest that you have completed the training.”

Q. How do I access the training?

A. Go to www.hcasma.org:

- Select the “Medicare Training” option on the toolbar at the top of the home page.
- When you have complete the training, click on the link that states “ATTESTATION-Attest that you have completed the training.”

Note:

You only need to complete the training one time for the HCAS Medicare Advantage health plans in which you participate. Therefore, if you have already taken training, please complete the attestation screen to demonstrate that you have completed Medicare training at another location. The online training should take approximately 25 minutes.

All providers and employees that have taken the training need to attest to the completion of training. For organizations where multiple persons have taken the training, an authorized individual entering attestation data must complete a separate attestation for each individual who has taken the training.

Q. How do employees complete the attestation process if they do not have an NPI or license number?

A. All providers must include NPI and license numbers before they attest. Employees that complete the training and do not have an NPI or license number should type in the words “not applicable” in the space provided.

Q. Can users stop in the middle of the training, log off, and return at a later time to complete the training?

A. Yes, simply return to the presentation and click a slide title in the “Contents” tab to continue.

Q. Can I start the course on one computer and finish it on another, such as at work and at home?

A. Yes, from inside the presentation, click a slide title to continue viewing the presentation from that location.

Q. Can I bookmark the training presentation?

A. Yes, or add it to your “Favorites” list.

Q. I'm having trouble viewing the presentation. What should I do?

A. If you have a slow internet connection, please allow 3 minutes for loading. If there is no change, you may have a configuration issue that is preventing the presentation from loading properly. Firewalls or pop-up blockers (personal or corporate) sometimes block viewer scripts (Flash or Windows Media) as part of their network security.

- ▶ If you are using a browser that has an integrated pop-up blocker, you should follow the instructions in the browser's prompts to access the pop-up blocker settings screen.
- ▶ If you continue to have trouble, other software such as Banner Ad blocking or "Pop-Up Blocker" software might be preventing you from viewing the presentation. (For example, the Google and Yahoo toolbars have a pop-up blocker component included with the download.) If you have any of these installed on your computer, please turn them off, or configure them to allow our site, restart your browser, and try viewing the presentation.

Another option is to view the presentation with a different browser or computer.

Health Plan Contact Information for Additional Assistance

Blue Cross Blue Shield of MA (BCBSMA) Provider Relations 1-800-316-BLUE (2583) providerrelationsandcommunications@bcbsma.com Fraud Hotline 1-800-992-4100	Fallon Community Health Plan Provider Service Line 1-866-275-3247 prompt 4 askfchp@fchp.org Fraud Hotline 1-866-275-3247 prompt 4
BCBSMA Dental Provider Contact Dental Network Management 1-800-882-1178 Option 4 dentalblue@bcbsma.com Fraud Hotline 1-800-992-4100	Harvard Pilgrim Health Care Provider Service Center 1-800-708-4414 provider_callcenter@hphc.org Fraud Hotline 1-617-509-1029
Health New England Provider Relations Department 1-800-842-4464, ext. 3313 providerrelations@hne.com FWA/Reporting: http://www.hne.com/quality/fraud.html Fraud Hotline 1-800-453-3959	Tufts Health Plan Medicare Preferred Provider Services 1-800-279-9022 THPMP_Provider_Relations@tufts-health.com Fraud Hotline 1-800-246-1781