

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Open a
Text-Only Version

Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians

Fraud & Abuse



Physician
Compliance



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Introduction

Most physicians strive to work ethically, provide high-quality medical care to their patients, and submit proper claims for payment. Trust is at the core of the physician-patient relationship. The Federal Government also places enormous trust in physicians. Medicare and other Federal health care programs rely on physicians' medical judgment to treat patients with appropriate services. The Federal Government relies on physicians to submit accurate claims when requesting payment for Medicare-covered health care items and services.

The presence of some dishonest health care professionals who exploit Federal health care programs for illegal personal gain has created the need for laws that combat fraud and abuse and ensure appropriate quality medical care.

This booklet helps physicians understand how to comply with these Federal laws by identifying “red flags” that could lead to potential liability in criminal, civil, and administrative enforcement actions.

During their careers, physicians frequently encounter the following three types of business relationships that may raise fraud and abuse concerns:

1. Relationships with payers
2. Relationships with fellow physicians and other providers
3. Relationships with vendors

These key relationships and other issues addressed in this document are relevant to all physicians, regardless of specialty or practice setting.

Please Note

The information in this publication applies to the Medicare Fee-For-Service Program (also known as Original Medicare). Many of the laws discussed apply to all Federal Health Care Programs (including Medicaid and Medicare Managed Care).

Table 3. The Hyperlinks Table, at the end of this document, provides the complete URL for each hyperlink.



Fraud and Abuse Laws

Fraud and Abuse in Medicare Part C and Part D and Medicaid

The fraudulent conduct addressed by these laws is also prohibited in Medicare Part C and Part D and in Medicaid. For more information, look for the Web-Based Training (WBT) courses at the Medicare Learning Network® (MLN) [Learning Management and Product Ordering System](#) (LM/POS).

Federal fraud and abuse laws that apply to physicians include all of the following:

- False Claims Act (FCA)
- Anti-Kickback Statute (AKS)
- Physician Self-Referral Law (Stark Law)
- Social Security Act
- United States Criminal Code

Violating these laws may result in nonpayment of claims, Civil Monetary Penalties (CMPs), exclusion from all Federal health care programs (including Medicare), and criminal and civil liability. We briefly summarize each law below, and you can find hyperlinks to the text of the laws in Table 2.

Government agencies, including the U.S. Department of Justice (DOJ), the U.S. Department of Health & Human Services (HHS), the HHS Office of Inspector General (OIG), and the Centers for Medicare & Medicaid Services (CMS), enforce these laws.

The Federal False Claims Act (FCA)

The FCA protects the Federal Government from being overcharged or sold substandard goods or services. The FCA imposes civil liability on any person who **knowingly** submits, or **causes** the submission of, a false or fraudulent claim to the Federal Government. The terms “knowing” and “knowingly” mean a person has actual knowledge of the information or acts in deliberate ignorance or reckless disregard of the truth or falsity of the information related to the claim. No proof of specific intent to defraud is required to violate the civil FCA.

An example may be a physician who knowingly submits claims to Medicare for medical services not provided. [Civil penalties for violations of the FCA](#), occurring on or after November 2, 2015, may include fines of up to **three** times the amount of damages sustained by the Government as a result of the false claims plus up to \$21,563 per false claim filed. Under the Federal criminal statutes, criminal penalties for submitting false claims may include fines, imprisonment, or both.



The Anti-Kickback Statute (AKS)

The AKS makes it a crime to **knowingly and willfully** offer, pay, solicit, or receive any remuneration directly or indirectly to induce or reward referrals of items or services

reimbursable by a Federal health care program. Where a provider offers, pays, solicits, or receives unlawful remuneration, the provider violates the AKS.

Anti-Kickback Statute vs. Stark Law

Refer to the [Comparison of the Anti-Kickback Statute and Stark Law](#) handout.

NOTE: Remuneration includes anything of value, such as cash, free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

If an arrangement, however, satisfies certain regulatory safe harbors, it may not violate the AKS. Civil penalties for violating the AKS may include penalties of up to \$50,000 per kickback plus **three** times the amount of kickback. Criminal penalties for violating the AKS may include fines, imprisonment, or both.

For more information, visit the OIG's [Safe Harbor Regulations](#).

The Physician Self-Referral Law (Stark Law)

The Stark Law prohibits a physician from making a referral for certain designated health services payable by Medicare or Medicaid to an entity in which the physician (or an immediate family member) has an ownership/investment interest or with which he or she has a compensation arrangement, unless an exception applies. Penalties for physicians who violate the Stark Law may include fines, CMPs up to \$15,000 for each service, repayment of claims, and potential exclusion from all Federal health care programs.

Exclusion From Participation in All Federal Health Care Programs

Exclusion means that, for a designated period, Medicare, Medicaid, and other Federal health care programs will not pay the provider for items or services furnished, ordered, or prescribed by the excluded party. For more information on the effects of exclusion, refer to the OIG's [Special Advisory Bulletin and Other Guidance](#).

The Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute prohibits **knowingly and willfully** executing, or attempting to execute, a scheme or artifice in connection with the delivery of or payment for health care benefits, items, or services to either:

- Defraud any health care benefit program
- Obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the control of, any health care benefit program

Penalties for violating the Criminal Health Care Fraud Statute may include fines, imprisonment, or both.

The Exclusion Statute

The Exclusion Statute requires OIG to impose exclusions from participation in all Federal health care programs on health care providers and suppliers who have been convicted of any of the following:

- Medicare fraud, as well as any other offenses related to the delivery of items or services under Medicare
- Patient abuse or neglect
- Felony convictions for other health care-related fraud, theft, or other financial misconduct
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances

OIG also has discretion to impose permissive exclusions on other grounds, including:

- Misdemeanor convictions related to health care fraud other than Medicare or Medicaid fraud or misdemeanor convictions in connection with the unlawful manufacture, distribution, prescription, or dispensing of controlled substances
- Suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence, professional performance, or financial integrity
- Provision of unnecessary or substandard services
- Submission of false or fraudulent claims to a Federal health care program
- Engaging in unlawful kickback arrangements
- Defaulting on health education loan or scholarship obligations

Excluded physicians may not bill directly for treating Medicare and Medicaid patients, nor may their services be billed indirectly through an employer or a group practice.

The Civil Monetary Penalties Law

The Civil Monetary Penalties Law authorizes the imposition of CMPs for a variety of health care fraud violations. Different amounts of penalties and assessments may be authorized based on the type of violation. Penalties range from \$10,000 to \$50,000 per violation. CMPs also may include an assessment of up to **three** times the amount claimed for each item or service or up to **three** times the amount of remuneration offered, paid, solicited, or received.



Physician Relationships With Payers

The U.S. health care system relies heavily on third-party payers, and therefore, patients are often **not** the ones who pay most of their medical bills. Third-party payers include commercial insurers and the Federal and State Governments.

When the Federal Government covers items or services rendered to Medicare beneficiaries, Federal fraud and abuse laws apply. Many similar State laws apply to your provision of care under State-financed programs and to private-pay patients. The issues discussed here may apply to the care you provide to all insured patients.

Accurate Coding and Billing

As a physician, payers trust you to provide necessary, cost-effective, and quality care. You exert significant influence over what services your patients receive. You control the documentation describing what services they actually received, and your documentation serves as the basis for claims sent to insurers for services you provided. Generally, the Federal Government pays claims based solely on your representations in the claims documents.

When you submit a claim for services performed for a Medicare patient, you are filing a bill with the Federal Government and certifying you earned the payment requested and complied with the billing requirements. If you knew or should have known the submitted claim was false, then the attempt to collect payment constitutes a violation. Examples of improper claims include:

- Billing for services that you did not actually render
- Billing for services that were not medically necessary
- Billing for services performed by an improperly supervised or unqualified employee
- Billing for services performed by an employee excluded from participation in Federal health care programs
- Billing for services of such low quality that they are virtually worthless
- Billing separately for services already included in a global fee, like billing for an evaluation and management service the day after surgery

Upcoding

Medicare pays for many physician services using Evaluation and Management (E/M) codes. New patient visits generally require more time than follow-up visits for established patients. E/M codes for new patients are paid at higher reimbursement rates than E/M codes for established patients. An example of upcoding would be when you provide a follow-up office visit to an established patient but bill using a higher level E/M code for a comprehensive new patient office visit.

Another example of upcoding related to E/M codes is the misuse of modifier -25. Modifier -25 allows additional payment for an E/M service provided on the same day as a separate procedure or service. Upcoding occurs if a provider uses modifier -25 to claim payment for an E/M service when the patient care rendered was not medically necessary, was not distinctly separate from the other service provided, and was not above and beyond the care usually associated with the procedure.

Physician Documentation

Maintain accurate and complete medical records and documentation of the services you provide. Also, ensure your documentation supports the claims you submit for payment.

Good documentation ensures your patients receive appropriate care from you and other providers who may rely on your records for patients' medical histories. The

Medicare Program may review beneficiaries' medical records. Good documentation helps you address challenges raised about the integrity of your claims. You may have heard the saying regarding malpractice litigation: "If you didn't document it, it's the same as if you didn't do it." The same can be said for Medicare billing.

Physician Documentation

For more information on physician documentation, refer to the [Evaluation and Management Services](#) guide. You may wish to review the [Complying with Medical Record Documentation Requirements](#) fact sheet and an [OIG video](#) on the topic.

Physician Relationships With Other Providers

Any time a health care business offers something to you for free or below fair market value, ask yourself, **"Why?"**

Physician Investments in Health Care Business Ventures

Some physicians who invest in health care business ventures with outside parties (for instance, imaging centers, laboratories, equipment vendors, or physical therapy clinics) refer more patients to those parties than physicians who do not invest. These business relationships can sometimes improperly influence or distort physician decision-making and result in the improper steering of a patient to a particular therapy or source of services in which a physician has a financial interest.

Excessive and medically unnecessary referrals cost the Federal Government and Medicare beneficiaries and can expose the beneficiaries to harm from unnecessary services. Many of these investment relationships have serious legal risks under the AKS and Stark Law.

If you are invited to invest in a health care business whose services you might order or to which you might refer your patients, ask yourself the following questions. If you answer "yes" to any of them, you should carefully consider the reasons for your investment.

- Are you being offered an investment interest for a nominal capital contribution?

Physician Relationships

For more information on physician relationships with:

- **Fellow providers**, refer to the [OIG's Compliance Program for Individual and Small Group Physician Practices](#)
- **Hospitals**, refer to the [OIG's Supplemental Compliance Program Guidance for Hospitals](#)
- **Nursing homes**, refer to the [OIG's Supplemental Compliance Program Guidance for Nursing Facilities](#)

- Will your ownership share be larger than your share of the aggregate capital contributions made to the venture?
- Is the venture promising you high rates of return for little or no financial risk?
- Is the venture, or any potential business partner, offering to loan you the money to make your capital contribution?
- Are you being asked to promise or guarantee that you will refer patients or order items or services from the venture?
- Do you believe you will be more likely to refer more patients for the items and services provided by the venture just because you made the investment?
- Will the venture have sufficient capital from other sources to fund its operations?

Physician Investments

For more information on physician investments, refer to the OIG's:

- [Special Fraud Alert: Joint Venture Arrangements](#)
- [Special Fraud Alert: Physician-Owned Entities](#)
- [Special Advisory Bulletin: Contractual Joint Ventures](#)
- [Supplemental Compliance Program Guidance for Hospitals](#)

Physician Recruitment

A hospital will sometimes provide a recruitment incentive to induce a physician to relocate to the hospital's geographic area, join its medical staff, and establish a practice that helps serve that community's medical needs. Often, such recruitment efforts fill a legitimate "clinical gap" in a medically underserved area where it may be difficult to attract physicians in the absence of financial incentives. However, in some communities, especially ones with multiple hospitals, hospitals compete fiercely for patients. To gain referrals, some hospitals may offer illegal incentives to you or to the established physician practice you join in the hospital's community. This means the competition for your loyalty can cross the line into an illegal arrangement with legal consequences for you and the hospital.

A hospital may pay you a fair market-value salary as an employee or pay you fair market value for specific services you render to the hospital as an independent contractor. However, the hospital may **not** offer you money, provide you free or below-market rent for your medical office, or engage in similar activities designed to influence your referral decisions. **You should admit your patients to the hospital best suited to care for their particular medical conditions or to the hospital your patient selects based on his or her preference or insurance coverage.**

As noted, if a hospital or physician practice recruits you as a physician to the community, you may be offered a recruitment package. Unless you are a hospital employee, you cannot negotiate for benefits in exchange for an implicit or explicit promise that you will admit your patients to a specific hospital or practice setting. Seek knowledgeable legal counsel if a prospective business relationship requires you to admit patients to a specific hospital or practice group.

Physician Relationships With Vendors

Free Samples

Many drug and biologic companies provide physicians with free samples physicians may give to patients free of charge. It is legal to give these samples to your patients for free, but it is illegal to sell them. The Federal Government prosecutes physicians for billing Medicare for free samples. If you choose to accept samples, you will need reliable systems in place to safely store the samples and ensure samples remain separate from your commercial stock.

Industry Relationships

For more information on distinguishing between legitimate and questionable industry relationships, refer to the OIG's [Compliance Program Guidance for Pharmaceutical Manufacturers](#).

Relationships With the Pharmaceutical and Medical Device Industries

Some pharmaceutical and device companies use sham consulting agreements and other arrangements to buy physician loyalty to their products. As a practicing physician, you may have opportunities to work as a consultant or promotional speaker for the drug or device industry. For every financial relationship offered to you, evaluate the link between the services you can provide and the compensation you will receive. Test the appropriateness of any proposed relationship by asking yourself the following questions:

- Does the company **really** need **your** particular expertise or input?
- Does the company's monetary compensation represent a **fair, appropriate, and commercially reasonable** exchange for your services?
- Is it possible the company's monetary compensation is for **your loyalty** so you will prescribe its drugs or use its devices?

If your contribution is your time and effort or your ability to generate useful ideas and the payment you receive is fair market value compensation for your services without regard to referrals, then, depending on the circumstances, you may legitimately serve as a bona fide consultant. **If your contribution is your ability to prescribe a drug, use a medical device, or refer patients for particular services or supplies, the potential consulting relationship likely is one you should avoid as it could violate fraud and abuse laws.**

Pharmaceutical and Medical Device Industries Codes of Ethics

Both the pharmaceutical industry through the Pharmaceutical Research and Manufacturers of America (PhRMA) and the medical device industry through the Advanced Medical Technology Association (AdvaMed) adopted codes of ethics regarding relationships with health care professionals. For more information, visit the [PhRMA Code on Interactions With Health Care Professionals](#) and the [AdvaMed Code of Ethics](#).

Transparency in Physician-Industry Relationships

Although some physicians believe free lunches, subsidized trips, and gifts do not affect their medical judgment, research shows these types of privileges can influence prescribing practices.

Open Payments Program

The Open Payments Program is a Federal program that highlights financial relationships between physicians, teaching hospitals, and drug and device manufacturers. The Affordable Care Act requires drug, device, and biologic companies to publicly report nearly all gifts or payments they make to physicians. The Open Payments Program implements the Sunshine Act, which requires manufacturers of pharmaceuticals or medical devices to publicly report payments to physicians and teaching hospitals. CMS posts [Open Payments data](#) on June 30 each year, including payments or other transfers of value and ownership or investment interest reports.

Information that may be publicly available about you includes:

- Activities such as speaking engagements
- Educational materials like text books or journal reprints
- Entertainment
- Gifts
- Meals
- Participating in a paid advisory board
- Travel expenses

CMS does not require physicians to register with or send any information to Open Payments. However, CMS encourages you to help ensure accurate information by doing the following:

- Keep records and use the Open Payments Mobile for Physicians app to track payments and other transfers of value you received from applicable manufacturers and applicable Group Purchasing Organizations (GPOs) (visit [Apps for Tracking Assistance](#) for instructions on downloading the app)
- Register with the Open Payments system and subscribe to the electronic mailing list for program updates
- Review the information manufacturers and GPOs submit on your behalf
- Work with manufacturers and GPOs to settle data issues about your Open Payments profile

CMS' commitment to data accuracy extends to closely monitoring this process to ensure integrity in the data posted. For more information, visit [OpenPaymentsData.CMS.gov](#).

Conflict-of-Interest Disclosures

Many of the relationships discussed in this document are subject to conflict-of-interest disclosure policies. Even if the relationships are legal, you may have an obligation to disclose their existence. Rules about disclosing and managing conflicts of interest come from a variety of sources, including grant funders, such as States, universities, and the National Institutes of Health (NIH), and from the U.S. Food and Drug Administration (FDA) when you submit data to support marketing approval for new drugs, devices, or biologics. **If you are uncertain whether a conflict exists, apply the “newspaper test” and ask yourself whether you would want the arrangement to appear on the front page of your local newspaper.**

FDA Bad Ad Program

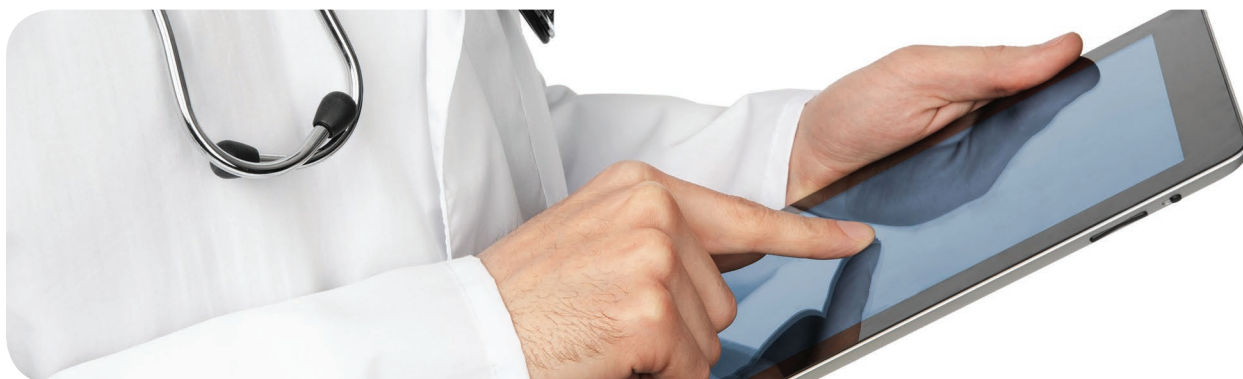
Advertisements and other promotional materials for drugs, biologics, and medical devices must be truthful, not misleading, and limited to approved uses. The FDA requests physicians' assistance in identifying misleading advertisements through its Bad Ad Program. If you spot advertising violations, you should report them to the FDA by calling 877-RX-DDMAC (877-793-3622) or by emailing BadAd@fda.gov.

Watch the [What To Do About Misleading Drug Ads](#) video for more information.

Continuing Medical Education

You are responsible for your Continuing Medical Education (CME) to maintain State licensure, hospital privileges, and board certification. Drug and device manufacturers sponsor many educational opportunities for physicians. **It is important to distinguish between CME sessions that are educational and sessions that constitute marketing by a drug or device manufacturer.** If speakers recommend using a drug to treat conditions for which there is no FDA approval or use of a drug by children when the FDA has approved only adult use, you should independently seek out the empirical data that support these recommendations.

NOTE: Although physicians may prescribe drugs for off-label uses, it is illegal under the Federal Food, Drug, and Cosmetic Act for drug manufacturers to promote off-label uses of drugs.



Compliance Programs for Physicians

Establishing and following a compliance program helps physicians avoid fraudulent activities and helps ensure they submit true and accurate claims. The following seven components provide a solid basis upon which a physician practice can create a compliance program:

1. Conduct internal monitoring and auditing
2. Implement compliance and practice standards
3. Designate a compliance officer or contact
4. Conduct appropriate training and education
5. Respond appropriately to detected offenses and develop corrective action
6. Develop open lines of communication with employees
7. Enforce disciplinary standards through well-publicized guidelines

Section 6401(a)(7) of the Affordable Care Act requires physicians who treat Medicare beneficiaries to establish a compliance program.

Compliance Programs for Physicians

For more information on compliance programs for physicians, visit the [OIG's Compliance website](#) or watch this [Compliance Program Basics](#) video.

Resources

Where to Go for Help

When considering whether or not to engage in a particular billing practice; enter into a particular business venture; or pursue an employment, consulting, or other personal services relationship, evaluate the arrangement for potential compliance problems. The following list of possible resources may help you.

Legal Counsel

- Experienced health care lawyers can analyze your issues and provide a legal evaluation and risk analysis of the proposed venture, relationship, or arrangement.
- The Bar Association in your State may maintain a directory of attorneys in your area who practice in the health care field.



Professional Organizations

- Your State or local medical society may be a good resource for issues affecting physicians and may keep listings of health care lawyers in your area.
- Your specialty society may have information on additional risk areas specific to your type of practice.

CMS

- Medicare Administrative Contractor (MAC) medical directors are a valuable source of information on Medicare coverage policies and appropriate billing practices. Refer to the [Review Contractor Directory – Interactive Map](#) for contact information.
- CMS issues advisory opinions to parties who seek advice on the Stark Law. For more information on how to request a CMS advisory opinion and links to published CMS advisory opinions, visit the [CMS Advisory Opinion](#) webpage.

OIG

- For more information on OIG compliance recommendations and discussions of fraud and abuse risk areas, refer to OIG's [Compliance Program Guidance](#). For compliance education, visit [Compliance Education Materials](#).
- OIG issues advisory opinions to parties who seek advice on the application of the Anti-Kickback Statute, Civil Monetary Penalties Law, and Exclusion Authorities. For more information on how to request an OIG advisory opinion and links to published OIG advisory opinions, visit the [OIG Advisory Opinion](#) webpage.

Medical Identity Theft

For more information, refer to the [Preventing Provider Medical Identity Theft](#) fact sheet or the [Medical Identity Theft & Medicare Fraud](#) brochure.

What to Do if You Think You Have a Problem

If you think you are in a problematic relationship or have been following billing practices you now realize were wrong:

- Immediately cease filing the problematic bills
- Seek knowledgeable legal counsel
- Determine what money you collected in error from patients and from the Federal health care programs and report and return overpayments
- Undo the problematic investment by taking all necessary steps to free yourself from your involvement in the investment
- Disentangle yourself from the suspicious relationship
- Consider using OIG's or CMS' self-disclosure protocols, as applicable

OIG Provider Self-Disclosure Protocol

The OIG Provider Self-Disclosure Protocol is a vehicle for physicians to voluntarily disclose self-discovered evidence of potential fraud. The protocol gives providers the opportunity to avoid the costs and disruptions associated with a Federal Government-directed investigation and civil or administrative litigation. For more information, visit the [OIG Self-Disclosure Information](#) webpage.

CMS Self-Referral Disclosure Protocol (SRDP)

The SRDP enables health care providers and suppliers to self-disclose actual or potential violations of the Stark Law. You can report using the SRDP on the [Physician Self-Referral Law](#) (Stark Law) webpage.

What to Do if You Have Information About Fraud and Abuse Against Federal Health Care Programs

If you have information about fraud and abuse against Federal health care programs, use the OIG Fraud Hotline to report that information to the appropriate authorities. The Hotline allows the option of reporting anonymously. You may also contact your local MAC.

Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950

Fax: 1-800-223-8164

Email: HHSTIPS@oig.hhs.gov

Online: [Forms.oig.hhs.gov/hotlineoperations](https://forms.oig.hhs.gov/hotlineoperations)
[Stopmedicarefraud.gov](https://stopmedicarefraud.gov)

Mail: U.S. Department of Health & Human Services
Office of Inspector General
Attn: OIG HOTLINE OPERATIONS
P.O. Box 23489
Washington, DC 20026

You Can Help Fight Fraud – Report It!

The OIG Hotline accepts tips and complaints from all sources on potential fraud, waste, and abuse. View instructional videos about the [OIG Hotline operations](#), as well as [reporting fraud to OIG](#).

Resources on the Web

For more information about the OIG and fraud, visit the [OIG website](#). For more information regarding preventing, detecting, and reporting fraud and abuse, as well as other Medicare information, refer to the resources listed in Table 1. Table 2 provides hyperlinks to applicable laws. Table 3 includes the addresses for all embedded hyperlinks in this booklet.

Table 1. Fraud and Abuse Resources

Resource	Website
CMS Fraud and Abuse Products	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-Products.pdf
CMS Fraud Prevention Toolkit	https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/FraudPreventionToolkit.html
Frequently Asked Questions (FAQs): Medicare Fraud and Abuse	https://questions.cms.gov/faq.php?id=5005&rtopic=1887
Health Care Fraud Prevention and Enforcement Action Team (HEAT) Task Force	https://www.stopmedicarefraud.gov/aboutfraud/heattaskforce
“How CMS Is Fighting Fraud: Major Program Integrity Initiatives”	https://www.medscape.org/viewarticle/764791 NOTE: To access this program, you will need to create a free account.
Medicaid Program Integrity Education	https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/edmic-landing.html
“Medicaid Program Integrity: Safeguarding Your Medical Identity” Products	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SafeMed-ID-Products.pdf
“Medicare Learning Network® Electronic Mailing Lists: Keeping Health Care Professionals Informed” fact sheet	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243324.html
MLN Guided Pathways (GPs)	Basic Medicare Resources for Health Care Professionals, Suppliers, and Providers https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf

Table 1. Fraud and Abuse Resources (cont.)

Resource	Website
MLN Provider Compliance	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html
OIG Email Updates	http://oig.hhs.gov/contact-us
“Reducing Medicare and Medicaid Fraud and Abuse: Protecting Practices and Patients”	https://www.medscape.org/viewarticle/764496 NOTE: To access this program, you will need to create a free account.
The “Basics of Medicare” Web-Based Training (WBT) Series <ul style="list-style-type: none"> • Part One: History, program overview, enrollment • Part Two: Billing, reimbursement, appeals • Part Three: Claim review programs, fraud and abuse, outreach and education 	https://learner.mlnlms.com

Table 2. Applicable Laws

Statutory References	Website
Anti-Kickback Statute 42 United States Code (U.S.C.) Section 1320a-7b(b)	https://www.gpo.gov/fdsys/pkg/USCODE-2014-title42/pdf/USCODE-2014-title42-chap7-subchapXI-partA.pdf
Civil Monetary Penalties Law 42 U.S.C. Section 1320a-7a	https://www.gpo.gov/fdsys/pkg/USCODE-2014-title42/pdf/USCODE-2014-title42-chap7-subchapXI-partA-sec1320a-7a.pdf
Criminal Health Care Fraud 18 U.S.C. Section 1347	https://www.gpo.gov/fdsys/pkg/USCODE-2014-title18/pdf/USCODE-2014-title18-partI-chap63-sec1347.pdf
Exclusion Statute 42 U.S.C. Section 1320a-7	https://www.gpo.gov/fdsys/pkg/USCODE-2014-title42/pdf/USCODE-2014-title42-chap7-subchapXI-partA-sec1320a-7.pdf

Table 2. Applicable Laws (cont.)

Statutory References	Website
Federal Civil False Claims Act 31 U.S.C. Sections 3729–3733	https://www.gpo.gov/fdsys/pkg/USCODE-2014-title31/pdf/USCODE-2014-title31-subtitleIII-chap37-subchapIII.pdf Civil Monetary Penalties Inflation Adjustment https://www.gpo.gov/fdsys/pkg/FR-2016-06-30/pdf/2016-15528.pdf
Federal Criminal False Claims Act 18 U.S.C. Section 287	https://www.gpo.gov/fdsys/pkg/USCODE-2014-title18/pdf/USCODE-2014-title18-partI-chap15-sec287.pdf
Physician Self-Referral Law (Stark Law) 42 U.S.C. Section 1395nn	https://www.gpo.gov/fdsys/pkg/USCODE-2014-title42/pdf/USCODE-2014-title42-chap7-subchapXVIII-partE-sec1395nn.pdf
Regulatory Safe Harbors 42 Code of Federal Regulations (CFR) Section 1001.952	https://www.gpo.gov/fdsys/pkg/CFR-2015-title42-vol5/pdf/CFR-2015-title42-vol5-sec1001-952.pdf

Table 3. Hyperlinks Table

Embedded Hyperlink	Complete URL
AdvaMed Code of Ethics	http://advamed.org/issues/code-of-ethics
Apps for Tracking Assistance	https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Apps-for-Tracking-Assistance.html
Civil Penalties for Violations of the FCA	https://www.gpo.gov/fdsys/pkg/FR-2016-06-30/pdf/2016-15528.pdf
CMS Advisory Opinion	https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/advisory_opinions.html
Comparison of the Anti-Kickback Statute and Stark Law	http://oig.hhs.gov/compliance/provider-compliance-training/files/StarkandAKSChartHandout508.pdf
Compliance Education Materials	http://oig.hhs.gov/compliance/101
Compliance Program Basics	https://www.youtube.com/watch?v=bFT2KDTEjAk
Compliance Program for Individual and Small Group Physician Practices	http://oig.hhs.gov/authorities/docs/physician.pdf
Compliance Program Guidance	http://oig.hhs.gov/compliance/compliance-guidance

Table 3. Hyperlinks Table (cont.)

Embedded Hyperlink	Complete URL
Compliance Program Guidance for Pharmaceutical Manufacturers	http://oig.hhs.gov/authorities/docs/03/050503FRCPGPharmac.pdf
Complying with Medical Record Documentation Requirements	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909160.html
Evaluation and Management Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html
Learning Management and Product Ordering System	https://learner.mlnlms.com
Medical Identity Theft & Medicare Fraud	http://oig.hhs.gov/fraud/medical-id-theft/OIG_Medical_Identity_Theft_Brochure.pdf
OIG Advisory Opinion	http://oig.hhs.gov/compliance/advisory-opinions
OIG Hotline Operations	https://www.youtube.com/watch?v=Wlsnd1DYG6Y
OIG Self-Disclosure Information	http://oig.hhs.gov/compliance/self-disclosure-info
OIG Website	http://oig.hhs.gov
OIG's Compliance Website	http://oig.hhs.gov/compliance
Open Payments Data	https://openpaymentsdata.cms.gov
PhRMA Code on Interactions With Health Care Professionals	http://www.phrma.org/principles-guidelines/code-on-interactions-with-health-care-professionals
Physician Self-Referral Law	https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral
Preventing Provider Medical Identity Theft	https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Provider-Education-Toolkits/Downloads/prevent-medID-theft-factsheet.pdf
Reporting Fraud to OIG	https://www.youtube.com/watch?v=nH7p30j7dOw
Review Contractor Directory – Interactive Map	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map
Safe Harbor Regulations	http://oig.hhs.gov/compliance/safe-harbor-regulations
Special Advisory Bulletin: Contractual Joint Ventures	http://oig.hhs.gov/fraud/docs/alertsandbulletins/042303SABJointVentures.pdf

Table 3. Hyperlinks Table (cont.)

Embedded Hyperlink	Complete URL
Special Advisory Bulletin and Other Guidance	http://oig.hhs.gov/exclusions/advisories.asp
Special Fraud Alert: Joint Venture Arrangements	http://oig.hhs.gov/fraud/docs/alertsandbulletins/121994.html
Special Fraud Alert: Physician-Owned Entities	http://oig.hhs.gov/fraud/docs/alertsandbulletins/2013/pod_special_fraud_alert.pdf
Supplemental Compliance Program Guidance for Hospitals	http://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf
Supplemental Compliance Program Guidance for Nursing Facilities	http://oig.hhs.gov/fraud/docs/complianceguidance/nhg_fr.pdf
Video	https://www.youtube.com/watch?v=1M7kKGqSa14
What To Do About Misleading Drug Ads	http://www.medscape.com/viewarticle/754890



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