

Policy

DEPARTMENT: Compliance	
TITLE: Fraud, Waste, and Abuse	VERSION: 2.0
APPROVED BY: Allen Chrisman	DATE: 04/27/2023
DEPENDENCIES: <i>Disciplinary Standards</i>	

Contents

Purpose2

Definitions, Abbreviations, and Acronyms2

Policy.....3

 FWA Program3

 Training3

 Reporting Mechanisms4

 Investigation4

Change Log4

Purpose

The purpose of this policy is to set forth the manner in which Perennial Advantage complies with the requirements of the Medicare Managed Care Manual, Chapter 21 and Prescription Drug Benefit Manual, Chapter 9 to have an effective compliance program, which includes measures to prevent, detect and correct fraud, waste and abuse (FWA).

Definitions, Abbreviations, and Acronyms

Term/Acronym	Meaning
Abuse	Actions that may, directly or indirectly, result in: unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or not intentionally misrepresented facts to obtain payment. Abuse cannot be differentiated categorically from fraud, because the distinction between “fraud” and “abuse” depends on specific facts and circumstances, intent and prior knowledge, and available evidence, among other factors.
CMS	Centers for Medicare & Medicaid Services
Downstream Entity/ Contractor	Any party that enters into a written arrangement, acceptable to the CMS, with persons or entities involved with the MA (Medicare Advantage) benefit or Part D benefit, below the level of the arrangement between a MAO (Medicare Advantage Organization) or applicant or a Part D plan sponsor or applicant and a first-tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. <i>(See 42 C.F.R. §, 423.501).</i>
Employee	Means any full time, part time, or temporary employee of the Plan who works directly or indirectly on the Medicare Advantage and/or Prescription Drug (Part D) plans. Additionally, for the purposes of this Program, the term employee includes the Plan volunteers who work directly or indirectly on the Medicare Advantage and/or Prescription Drug (Part D) plans.
FDR	First Tier, Downstream, or Related Entity
First Tier Entity	Any party that enters into a written arrangement, acceptable to CMS, with a MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. <i>(See 42 C.F.R. § 423.501).</i>
Fraud	Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. <i>(See 18 U.S.C. § 1347.)</i>
FWA	Fraud, Waste, and Abuse

Term/Acronym	Meaning
Related Entity	Means any entity that is related to a MAO or Part D sponsor by common ownership or control and: <ul style="list-style-type: none"> • Performs some of the MAO or Part D plan sponsor’s management functions under contract or delegation. • Furnishes services to Medicare enrollees under an oral or written agreement. • Leases real property or sells materials to the MAO or Part D plan sponsor at a cost of more than \$2,500 during a contract period. <i>(See 42 C.F.R. §423.501).</i>
MMCM	Medicare Managed Care Manual
Waste	The overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Policy

This policy applies to all Perennial Advantage employees. Perennial Advantage provides information to its employees upon hire and during annual training about the federal and state False Claims Acts and about the organization’s policies and procedures for detecting and preventing FWA.

Note: Within this document, the term “employee” refers to all permanent, temporary, full-time, part-time and volunteer employees who: 1) have primary job duties related to Perennial Advantage’s Part C and Part D operations and/or sales; and/or 2) are members of the Perennial Advantage Board of Directors. The terms “employee” or “staff member” includes all these types of workers.

FWA Program

Perennial Advantage has a comprehensive internal FWA Program with processes to prevent and detect violations, and reporting when violations occur.

Training

Perennial Advantage is committed to complying with all applicable laws, including but not limited to, the Fraud and Abuse laws described in this policy and assuring that all Plan employees are routinely on how to identify and report real and suspected FWA.

Perennial Advantage employees are expected to immediately report any potential false, inaccurate, or questionable issues to their supervisors or to the Perennial Advantage Compliance Officer, or designee, in accordance with Perennial Advantage’s policies. Perennial Advantage is prohibited by law from retaliating in any way against any employee who in good faith reports a perceived problem, concern, or FWA issue.

Examples of potential false claims include, but are not limited to, the following:

- Claiming reimbursement for services that have not been rendered.
- Characterizing the service differently than the service actually rendered.
- Falsely indicating that a particular health care professional attended a procedure.
- Billing for services/items that are not medically necessary.
- Forging or altering a prescription or claim.
- Improperly obtaining prescriptions for controlled substances or card sharing.

Perennial Advantage’s employees who prepare, process, and/or review claims should be alert for false claims or billing errors. In addition, all employees must watch for any other questionable situations throughout their workplace environment.

Reporting Mechanisms

Employees must immediately report any false, inaccurate, or questionable claims or actions as well as questions, concerns, or potential FWA issues to:

- Their immediate supervisor;
- The Compliance Hotline: 1-844-317-9059; Fax: 1-833-572-2367 or
- The Compliance e-mail mailbox at compliance@Perennialadvantage.com.
- In emergency situations, employees can contact the Perennial Advantage Compliance Officer, or designee. If the supervisor is potentially involved in the questionable activity, the employee or contractor must report it directly to the Perennial Advantage Compliance Officer, or designee.

Investigation

All activity reported pursuant to this policy will be investigated. Perennial Advantage will not discriminate or retaliate against any employee for reporting in good faith a potential or actual fraudulent activity or for cooperating in any government or law enforcement agency’s investigation or prosecution. Perennial Advantage will make diligent efforts to recover improper payments or funds misspent due to fraudulent or abusive actions by Perennial Advantage’s employees, providers, enrollees, or any other person or entity. All reports will be kept in strict confidence and can be anonymous. Disciplinary action may be taken for substantiated FWA according to the *Disciplinary Standards* policy.

Change Log

Document Version	Major or Minor Revision?	Date	Name	Comments
1.0	New	7/23/2021	Sandra Ferguson	Initial creation Compliance Officer Approval: Sandra Ferguson

				Compliance Committee Approval: 09/15/2021
				Board Approval: 09/28/2021
2.0	Annual Review	4/15/2023	Allen Chrisman	Approved 4/27/2023
				Board Approval: 9/28/2023

