



SECTION 6



FRAUD
WASTE
AND ABUSE

STATE AND FEDERAL LAWS



Federal and State fraud and abuse laws that apply to you include the False Claims Act, the Anti-Kickback Statute, and the Physician Self-Referral Law (Stark Law). Violations of these laws can result in nonpayment of claims, civil monetary penalties (CMP), exclusion from all federal healthcare programs, and criminal and civil liability.

ETERNALHEALTH'S FRAUD, WASTE, AND ABUSE OBLIGATIONS



As a partner of CMS, we are obligated to monitor for signs of fraud, waste, and abuse; and to ensure well-managed care through a payment integrity review both before and after payment is issued. eternalHealth uses software tools to identify providers and facilities whose billing practices match patterns associated with suspicious conduct.

If a claim, provider, or facility is identified as a behavioral outlier, further investigation is conducted by eternalHealth to determine the reason(s) for the outlier behavior or approximate explanation for an unusual claim, billing, or coding practice. If the investigation results in a determination that the provider's or facility's actions can involve fraud, waste, or abuse, the provider or facility is notified and given an opportunity to respond, and eternalHealth can institute an overpayment recovery process.

Reporting Fraud Waste and Abuse

You are obligated to report suspicious behavior to the OIG by calling 1-800-HHS-TIPS; TTY 1-800-377-4950; oig.hhs.gov/fraud/report-fraud

You can also report suspicious activity by calling eternalHealth's Compliance and Ethics Hotline at 1-857-557-6007 or by email at compliance@eternalHealth.com.

Compliance Training

To ensure that Providers remain compliant with applicable requirements, eternalHealth strongly encourages Providers to provide its workforce Members with compliance, FWA, and HIPAA training. This training may be completed by accessing the General Compliance Training available on the CMS Medicare Learning Network® at cms.gov.

Balance Billing and Inappropriate Billing of Members

If you are a Medicare-participating provider or you contract with eternalHealth, you cannot balance bill or inappropriately bill members. Any such billing is a violation of the Provider Agreement and applicable state laws. Providers who willfully or repeatedly balance bill members will be referred by eternalHealth to the relevant regulatory agency for further action and may have their contract terminated with eternalHealth.

Other inappropriate member billing includes, but may not be limited to:

- The difference between actual charges and the contracted reimbursement amount.
- Services denied due to timely filing requirements.
- Covered Services for which a claim has been returned and denied for lack of information.
- Remaining or denied charges for services where the Provider failed to notify eternalHealth of a service requiring Prior Authorization. Prior Authorizations do not guarantee claim payment.
- Covered Services for which payment was reduced as a result of claim editing as described in this Manual.