

GENERAL COMPLIANCE AND FRAUD, WASTE & ABUSE TRAINING

Promoting Excellence
Through Training
2024



DentaQuest[®] 

Learning Objectives



- Recognize Non-Compliance and Fraud, Waste & Abuse (FWA)
- Identify the major laws and regulations pertaining to FWA
- Recognize potential consequences and penalties associated with violations
- Identify methods of preventing FWA
- Identify how to report FWA and potential compliance incidents
- Recognize how to correct FWA

Acronyms

CFR - Code of Federal Regulations

CMS – Centers for Medicare & Medicaid Services

EPLS – Excluded Parties List System

FCA – False Claims Act

FDRs – First-tier, Downstream, and Related Entities

FWA – Fraud, Waste, and Abuse

HIPAA – Health Insurance Portability and Accountability Act

LEIE – List of Excluded Individuals and Entities

MA – Medicare Advantage

MAC – Medicare Administrative Contractor

NPI – National Provider Identifier

OIG – Office of Inspector General

Who must take this training?

As someone who provides health or other services to a Medicaid enrollee or a Medicare beneficiary, you fall into one of these categories and must take this training as required under the Social Security Act, and by the Centers for Medicare and Medicaid Services:

- Any First Tier, Downstream or Related Entity (FDR), as defined by CMS, that provides services or support to our Medicaid or Medicare members.
- Any contractor, contingent worker, or contracted entity of DentaQuest.
- Any subcontractor-vendor that provides administrative or ministerial services under a state contract which serves a Medicaid enrollee of DentaQuest.

Every year millions of dollars are improperly spent because of fraud, waste, and abuse. It affects everyone including you. This training will teach you how to prevent, detect, and report fraud, waste, and abuse.

What Is an Effective Compliance Program?

An effective compliance program fosters a culture of compliance within an organization and, at a minimum:

- Prevents, detects, and corrects non-compliance;
- Is fully implemented and is tailored to an organization's unique operations and circumstances;
- Has adequate resources;
- Promotes the organization's Standards of Conduct; and
- Establishes clear lines of communication for reporting non-compliance.

An effective compliance program is essential to prevent, detect, and correct non-compliance as well as Fraud, Waste, and Abuse (FWA). It must, at a minimum, include the **seven** core compliance program requirements.

The Seven Elements of an Effective Compliance Program

1. Written Policies & Procedures
2. Compliance Committee
3. Effective Training & Education
4. Effective Lines of Communication
5. Disciplinary Standards
6. Auditing & Monitoring
7. Corrective Action Development

Seven Core Compliance Program Requirements

CMS requires that an effective compliance program must include seven core requirements:

1. Written Policies, Procedures, and Standards of Conduct

Polices and Procedures are reviewed annually and managed through the DentaQuest Compliance Department.

2. Compliance Officer, Compliance Committee, and High-Level Oversight

DentaQuest must designate a compliance officer and a compliance committee that will be accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.

DentaQuest's senior management and governing body must be engaged and exercise reasonable oversight of the DentaQuest's compliance program.

Seven Core Compliance Program Requirements

3. Effective Training and Education

This covers the elements of the compliance plan as well as prevention, detection, and reporting of FWA. This training and education should be tailored to the different responsibilities and job functions of employees.

4. Effective Lines of Communication

Effective lines of communication must be accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith reporting of compliance issues at **DentaQuest** and First-Tier, Downstream, or Related Entity (FDR) levels.

5. Well-Publicized Disciplinary Standards

DentaQuest must enforce standards through well-publicized disciplinary guidelines.

Seven Core Compliance Program Requirements

6. Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks

DentaQuest is required to perform routine monitoring and auditing of it's and its subcontractor's operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program.

Note: DentaQuest must ensure that FDRs performing delegated administrative or health care service functions **meet downstream contractual obligations**.

7. Procedures and System for Prompt Response to Compliance Issues

DentaQuest has implemented effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

What is Non-Compliance?



Non-compliance is conduct that does not conform to the law, contract requirements, or our policies, procedures and standards of conduct.

Examples include:

- Improper use or disclosure of personal information
- Failing to provide required notification to individuals
- Engaging in or failing to disclose conflicts of interest
- Inaccurate documentation and timeliness requirements
- Intentional or negligent acts resulting in Fraud, Waste, or Abuse (FWA)
- Poor or substandard Quality of Care

Reporting Non-Compliance and FWA Outside Your Organization

HHS Office of Inspector General:	For Medicare Parts C and D:	For all other Federal health care programs:
Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950	National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) at 1-877-7SafeRx (1-877-772-3379)	CMS Hotline at 1-800-MEDICARE [1-800-633-4227] or TTY 1-877-486-2048
Fax: 1-800-223-8164		HHS and U.S. Department of Justice (DOJ): https://www.stopmedicarefraud.gov
Email: HHSTips@oig.hhs.gov		
Online: https://forms.oig.hhs.gov/hotlineoperations		

How to Report Non-Compliance and Fraud, Waste & Abuse (FWA) to DentaQuest

DentaQuest's Corporate Compliance Department:

- By email: DL-Compliance@greatdentalplans.com

Anonymous Compliance Alert Line (Hotline):

- By phone: 866-737-3559;
- Anonymous Compliance Reporting Form: <https://clearviewconnects.com>; or
- Submitting a "Report Fraud" form found on the DentaQuest.com website.

Other Reporting Channels:

- FWA Hotline, by phone: 1-800-237-9139
- FairTreatment: fairtreatment@greatdentalplans.com

Fraud Prevention and Recovery

The Fraud Prevention and Recovery Department (FPR) or Special Investigations Unit (SIU) has the primary responsibility for preventing, detecting, investigating, correcting, and reporting Fraud, Waste & Abuse.

By working closely with Operations, Compliance, and Legal and through:

- Focused & In-Office Record Reviews
- System & Desk Audits
- Utilization Review & Complaints and Grievance Reports

FPR identifies, prevents, and reports suspected Fraud, Waste & Abuse by providers and members to State and Health Plan clients.

You can contact our FPR by any of the reporting channels in this training.

Ethics—Do the Right Thing!

You are receiving this training as a part of DentaQuest's requirements to comply with contractual obligations and Federal regulations specific to monitoring of First Tier, Downstream, and Related Entities (FDRs), and applicable oversight regulations required by the Centers for Medicare & Medicaid Services (CMS). As an FDR, you must conduct yourself in an ethical and legal manner. It's about doing the right thing!

- Act fairly and honestly;
- Adhere to high ethical standards in all you do;
- Comply with all applicable laws, regulations, and CMS requirements; and
- Report suspected violations.

What is FWA?

Fraud, waste and abuse occurs when a provider/office, member, patient or an employee knowingly submits/reports or helps someone else submit/report false information.

Fraud, Waste and Abuse is defined as:

- **Fraud:** includes any instances of waste or abuse if committed with intentional deception or misrepresentation
- **Waste:** includes over-utilization of services or practices that result in unnecessary costs to the healthcare system
- **Abuse:** actions are inconsistent with sound fiscal business or involve misappropriation of company funds. This results in unnecessary costs or reimbursement for services that:
 - Are not necessary
 - Fail to meet professionally recognized standards of care
 - Involve non-compliance with licensure standards, misuse of billing privileges, or any other behavior that results in unnecessary costs to the healthcare system

What is FWA?

Fraud	Waste	Abuse
Knowingly billing for services not furnished or supplies not provided, including billing Medicare/Medicaid for appointments that the patient failed to keep	Conducting excessive office visits or services	Unknowingly billing for unnecessary medical services
Non-approved use of company assets	Providing more services than necessary for the treatment of a specific condition	Unknowingly excessively charging for services or supplies
Knowingly altering claim forms, medical records, or receipts to receive a higher payment	Ordering excessive tests or supplies	Unknowingly misusing codes on a claim, such as upcoding or unbundling codes
Falsifying an expense report	Knowingly falsifying time sheets/PTO	Misappropriation of funds (use of company funds for personal use)

To detect FWA, you need to know the law!

- Civil False Claims Act, Health Care Fraud Statute, and Criminal Fraud
- Anti-Kickback Statute
- Stark Statute (Physician Self-Referral Law)
- Exclusion from all Federal health care programs
- Health Insurance Portability and Accountability Act (HIPAA)

Conflict of Interest and Disclosure

- As an employee, temporary workforce member, contractor, subcontractor vendor, provider, First Tier, Downstream, or Related Entity (FDR), board of director or executive team leader, you are required to report if you are involved in any situation that may be in conflict with the goals of our company
- The Code of Conduct emphasizes that we are committed to not putting our own personal interests ahead of the company, our client and or members, and avoid activities that can harm or reflect negatively on any of them.
- If you have a Conflict of Interest to report, you will be required to complete a Conflict of Interest Disclosure Form as part of your annual compliance training. You must provide any information related to an actual or potential conflict of interest.

Conflict of Interest Examples

- Are you accepting a position to serve, or serving as a director, trustee, officer, committee member, employee, independent contractor, consultant, advisor, agent or similar position for any outside entity or organization?
- Are you asking for or receiving anything from a supplier, competitor, or customer with a cash value greater than \$75, such as cash, airline tickets, meals, tickets to sporting or other events, clothing, jewelry, and the like?
- Are you directly conducting business with a family member employed by a supplier or a provider that does business with our companies?
- Any of the above scenarios could be a conflict of interest.

Conflict of Interest – Course of Action

- If a situation arises any time during the year, please contact your Provider Engagement Representative. Your Provider Engagement Representative will provide with a Conflict of Interest form, as part of this training course. Also, more information on potential conflicts of interest can be found in our Code of Conduct, which can be made available upon request.
- If you are not certain if your situation could be a conflict, please submit the information, and the DentaQuest Compliance team will help you and your manager make the determination.

False Claims Act (FCA)

Any person who knowingly submits false claims to the Government is liable for three times the Government's damages caused by the violator plus a penalty. Liability occurs when an individual:

- Conspires to violate the FCA;
- Carries out other acts to obtain property from the Government by misrepresentation;
- Conceals or improperly avoids or decreases an obligation to pay the Government
- Makes or uses a false record or statement supporting a false claim
- Presents a false claim for payment or approval

See 31 United States Code (USC) Sections 3729–3733.

Health Care Fraud Statute

The Health Care Fraud statute imposes strict liability. Regardless of any knowledge or specific intent to violate the law, an individual who defrauds or attempts to defraud a federal health care program may face criminal liability.

- “Whoever knowingly and willfully executes, or attempts to execute, a scheme to ... defraud any health care benefit program ... shall be fined ... or imprisoned not more than 10 years, or both.”

See 18 USC Sections 1346–1347.

Anti-Kickback Statute

The Anti-Kickback Statute prohibits soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid under a Federal health care program (including CMS).

Violations are punishable by:

- A fine of up to \$25,000
- Exclusion from participation in federally funded health care programs
- Imprisonment for up to 5 years
- All of the above.

See 42 USC Section 1320a-7b(b).

Stark Statute (Physician Self-Referral Law)

The Stark Law prohibits a physician from referring individuals to an entity with which the physician (or the physician's family member) has:

- An ownership/investment interest; or
- A compensation arrangement (exceptions apply).

Claims tainted by such an arrangement violate the Stark Law and are not payable. A penalty of around \$24,250 can be imposed by CMS for each service provided. There may also be around a \$161,000 fine for entering into an unlawful arrangement or scheme.

See the Physician Self-Referral webpage and refer to the Act, Section 1877.

Civil Monetary Penalties Law

The Office of Inspector General (OIG) may impose Civil Monetary Penalties (CMP) for several reasons, including:

- Arranging for services or items from an excluded individual or entity;
- Providing services or items while excluded;
- Failing to grant OIG timely access to records;
- Knowing of and failing to report and return an overpayment;
- Making false claims; and
- Paying to influence referrals.

CMPs range from \$15,000 to \$70,000 depending on the specific violation. Violators may also be subject to treble damages:

- Each service or item claimed; or
- The remuneration offered, paid, solicited, or received

See 42 USC 1320a-7a and the Act, Section 1128A(a).

State False Claims Act

Many states have FCAs that complement the federal law, relating to false or fraudulent claims for under the Medicaid program relating to some examples include (additional details can be found in COM10-ENT- False Claims):

- Tennessee (T.C.A. 71-5-182, 183): imposes fines of \$5,000 to \$25,000 and treble damages for false claims submitted to the state Medicaid Program
- New Jersey: imposes fines of \$2,000 to \$10,000 per offense; treble damages; suspension from the Medicaid program; and imprisonment of up to 3 years
- New Mexico: imposes fines of \$5,000 to \$10,000 and treble damages. The law allows for a right of private action if the state declines to prosecute
- Louisiana: the Medical Assistance Programs Integrity Law (“MAPIL”) imposes treble damages the amount that was defrauded, plus up to \$11,000 per violation. The law provides for a private right of action and Whistleblower protections, including monetary damages for employers who retaliate.
- Michigan: A violator will be liable to the State for a felony punishable by imprisonment for not more than 4 years or a fine of not more than \$50,000.00, or both. A violator who engaged in a conspiracy to violate the MMFCA will be liable to the State for a criminal penalty of \$50,000, and imprisonment of up to 10 years. A recipient, knowingly and willfully, of the fraudulent activity will be liable to the state for a civil penalty of not less than \$5,000.00 or more than \$10,000.00 plus triple the number of damages suffered by the state as a result of the conduct by the violator. See Mich. Law Ann. §§ 400.606, 400.607, 400.612.

State False Claims Act, continued

Many states have FCAs that complement the federal law, relating to false or fraudulent claims for under the Medicaid program relating to (additional details can be found in COM10-ENT- False Claims):

- New Hampshire: A violator will be liable to the State of New Hampshire for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the number of damages sustained by the State because of the act of the person, and the costs of a civil action brought to recover the damages. The civil penalty may be waived if violator furnishes the State with all information known to the violator within thirty (30) days of receiving such information, and fully cooperates with any investigation, provided that the violator does not have knowledge of an investigation at the time the violator furnishes such information. See N.H. Rev. Stat. Ann. § 167:61-b.

Exclusion Screening

- No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded or debarred from federal health care programs. The Office of the Inspector General maintains the List of Excluded Individuals and Entities (LEIE); and the General Services Administration administers the Excluded Parties List System (EPLS).
- The prohibition applies not just to DentaQuest but flows down to all individuals and entities we contract with, including providers. Just as DentaQuest screens all its employees and subcontracts, so too must our provider organizations and vendors.
- **Failure to appropriately screen can subject the individual or entity to a False Claims Act violation.**

See 42 USC Section 1320a-7 and 42 CFR Section 1001.1901.

What are your responsibilities?

Prevent, Detect & Report

Everyone plays a vital role in preventing and detecting and reporting FWA, and other non-compliance situations.

- **FIRST**, you must comply with all applicable statutory, regulatory, and other CMS requirements, including adopting and using an effective compliance program.
- **SECOND**, understand how to identify and who to report potential non-compliance and potential FWA.
- **THIRD**, follow your organization's standards of conduct and ethical rules of behavior.

How do you prevent FWA?

- Be Watchful - **Look** for suspicious activity
- Be Ethical - Conduct yourself in an **ethical** manner
- Be Accurate/Timely - Ensure **accurate and timely** data and billing
- Be Knowledgeable – **Familiarize** yourself with the Compliance policies and procedures
- Be a Fact Checker - **Verify** all information provided to you.
- Be Informed – **Review** the policies and procedures for your organization
- **Be Compliant – Make sure that you follow internal processes to identify and recover overpayments.**

Everyone is responsible for helping to detect, prevent, report and correct Non-Compliance and Fraud, Waste & Abuse.

How to Report Non-Compliance and Fraud, Waste & Abuse (FWA)

Office of Inspector General (OIG) :

- By phone: 800-HHS-Tips (1-800-447-8477)
- By email: HHSTips@oig.hhs.gov
- By Fax: 1-800-223-8164
- Online: <https://forms.oig.hhs.gov/hotlineoperations/index.aspx>

Coordinate with payers and regulatory agencies through mechanisms, such as:

- Medicare Drug Integrity Contractor.
- Medicaid Fraud Control Units.
- Bureau of Program Integrity in each state.

Reminder to Report FWA

Although there are differences among fraud, waste, and abuse, any of the situations explained in this training should be investigated immediately. Be sure to **report and escalate any concerns** of suspected fraud, waste, and abuse.

Your role is vital:

You are integral to the success of our efforts to prevent, detect, and report potential non-compliance as well as immediately escalate any instances of possible fraud, waste, and abuse.

Everyone is required to report suspected instances of fraud, waste, and abuse.

The DentaQuest Code of Conduct clearly states this obligation. A copy of the Code can be made available, upon request.

Whistleblower Protection

DentaQuest protects individuals who make good faith reports of potential instances of Non-Compliance or FWA. Federal and State “whistleblower” protection laws ensure that persons who expose information or activity that is deemed illegal, dishonest, or violates professional or clinical standards will not be retaliated against.

Whistleblowers are:

Protected: Persons who report false claims or bring legal actions to recover money paid on false claims are protected from retaliation.

Rewarded: Persons who bring a successful whistleblower lawsuit receive at least 15 percent, but not more than 30 percent of the money collected.

Summary

You are the first line of defense in the prevention of Fraud, Waste, and Abuse.

Here's how you can do your part:

1. Complete Compliance & FWA Training on a regular basis to keep up to date with laws, regulations, and policies.
2. Ensure data and records are both timely and accurate.
3. Be on the lookout for suspicious activity and report it.

Test Your Knowledge

Let's see if you know the difference between fraud, waste, and abuse. Remember, **Fraud** is intentional deception. **Waste** refers to inefficiencies, and **abuse** results in unnecessary costs to the Medicare or Medicaid Programs.

Scenario:

A doctor conducts excessive office visits or writes excessive prescriptions.

Test Your Knowledge

Let's see if you know the difference between fraud, waste, and abuse. Remember, **Fraud** is intentional deception. **Waste** refers to inefficiencies, and **abuse** results in unnecessary costs to the Medicare or Medicaid Programs.

Scenario:

A doctor conducts excessive office visits or writes excessive prescriptions.

Answer:

This is **WASTE**.

Test Your Knowledge

Let's see if you know the difference between fraud, waste, and abuse. Remember, **Fraud** is intentional deception. **Waste** refers to inefficiencies, and **abuse** results in unnecessary costs to the Medicare or Medicaid Programs.

Scenario:

A provider knowingly bills for services not furnished or supplies not provided.

Test Your Knowledge

Let's see if you know the difference between fraud, waste, and abuse. Remember, **Fraud** is intentional deception. **Waste** refers to inefficiencies, and **abuse** results in unnecessary costs to the Medicare or Medicaid Programs.

Scenario:

A provider knowingly bills for services not furnished or supplies not provided.

Answer:

This is **FRAUD**.

Test Your Knowledge

Let's see if you know the difference between fraud, waste, and abuse. Remember, **Fraud** is intentional deception. **Waste** refers to inefficiencies, and **abuse** results in unnecessary costs to the Medicare or Medicaid Programs.

Scenario:

A doctor unknowingly bills for brand name drugs when generics are dispensed.

Test Your Knowledge

Let's see if you know the difference between fraud, waste, and abuse. Remember, **Fraud** is intentional deception. **Waste** refers to inefficiencies, and **abuse** results in unnecessary costs to the Medicare or Medicaid Programs.

Scenario:

A doctor unknowingly bills for brand name drugs when generics are dispensed.

Answer:

This is **ABUSE**.

Test Your Knowledge

Question: TRUE or FALSE? Waste is generally associated with criminal intent.

Answers:

☐ TRUE

☐ FALSE

Test Your Knowledge

Question: TRUE or FALSE? Waste is generally associated with criminal intent.

Answers:

☐ TRUE

✓ FALSE

That's right! Waste is generally **NOT** associated with criminal intent.

Test Your Knowledge

Question: TRUE or FALSE: A pattern or practice of abuse or misrepresentations of facts may lead to a potential allegation of fraud

Answers:

☐ TRUE

☐ FALSE

Test Your Knowledge

Question: TRUE or FALSE: A pattern or practice of abuse or misrepresentations of facts may lead to a potential allegation of fraud

Answers:

✓ **TRUE**

☐ **FALSE**

That's right! This is true. A pattern or practice of abuse or misrepresentations of facts may lead to a potential allegation of fraud.

Test Your Knowledge

Question: What's the difference between fraud, waste, and abuse?

Answers:

- ☐ Waste and abuse require an intent to obtain payment and the knowledge that the actions are wrong. Fraud may involve obtaining an improper payment but does not require the same intent and knowledge.
- ☐ Fraud requires an intent to obtain payment or unauthorized benefit, and the knowledge that his or her actions are wrong. Waste and abuse may involve obtaining an improper payment, but do not require the same intent and knowledge.
- ☐ Fraud, waste, and abuse require an intent to obtain payment and knowledge that the actions are wrong

Test Your Knowledge

Question: What's the difference between fraud, waste, and abuse?

Answers:

- ☐ Waste and abuse require an intent to obtain payment and the knowledge that the actions are wrong. Fraud may involve obtaining an improper payment but does not require the same intent and knowledge.
- ✓ Fraud requires an intent to obtain payment or unauthorized benefit, and the knowledge that his or her actions are wrong. Waste and abuse may involve obtaining an improper payment, but do not require the same intent and knowledge.
- ☐ Fraud, waste, and abuse require an intent to obtain payment and knowledge that the actions are wrong

Test Your Knowledge

Question: What's the difference between fraud, waste, and abuse?

Answers:

- ✓ Fraud requires an intent to obtain payment or unauthorized benefit, and the knowledge that his or her actions are wrong. Waste and abuse may involve obtaining an improper payment, but do not require the same intent and knowledge.

That's right! Fraud requires an intent to obtain payment or unauthorized benefit, and the knowledge that their actions are wrong. Waste and abuse may involve obtaining an improper payment, but do not require the same intent and knowledge.

Test Your Knowledge

Question: Dr. Reid prescribes mostly controlled substances, drugs that have potential for abuse or dependence, such as OxyContin. What should you do?

Answers:

- ☐ Contact the Compliance Alert Line (Hotline), the Special Investigations Unit, or the Compliance department immediately.
- ☐ Contact the provider to verify the prescription and quantity.
- ☐ Contact the member to ask for more details about the provider and the prescriptions.

Test Your Knowledge

Question: Dr. Reid prescribes mostly controlled substances, drugs that have potential for abuse or dependence, such as OxyContin. What should you do?

Answers:

- ✓ Contact the Compliance Alert Line (Hotline), the Special Investigations Unit, or the Compliance department immediately.
- ☐ Contact the provider to verify the prescription and quantity.
- ☐ Contact the member to ask for more details about the provider and the prescriptions.

Test Your Knowledge

Question: Dr. Reid prescribes mostly controlled substances, drugs that have potential for abuse or dependence, such as OxyContin. What should you do?

Answers:

- ✓ Contact the Compliance Alert Line (Hotline), the Special Investigations Unit, or the Compliance department immediately.

That's right! Contact the Compliance Alert Line (Hotline), the Special Investigations Unit, or the Compliance department immediately.

Test Your Knowledge

Question: What information is **not** necessary to provide when reporting a suspected incident of fraud, waste, or abuse?

Answers:

- ☐ When the incident occurred.
- ☐ Does this incident impact services reimbursed by federal or state healthcare programs?
- ☐ Who was involved in the incident and what happened.
- ☐ Your name, provider office or other ID.

Test Your Knowledge

Question: What information is **not** necessary to provide when reporting a suspected incident of fraud, waste, or abuse?

Answers:

- ☐ When the incident occurred.
- ☐ Does this incident impact services reimbursed by federal or state healthcare programs?
- ☐ Who was involved in the incident and what happened.
- ✓ Your name, provider office or other ID.

Test Your Knowledge

Question: What information is **not** necessary to provide when reporting a suspected incident of fraud, waste, or abuse?

Answers:

✓ Your name, provider office or other ID.

That's right! Your name or any other form ID is not necessary to provide to report an incident of FWA. Concerns can be reported anonymously.

Test Your Knowledge

Question: How can you report suspected fraud, waste, or abuse?
Select four correct answers.

Answers:

- ☐ Call the Compliance Alert Line.
- ☐ Use the Report Fraud form on the DentaQuest website.
- ☐ Call the DentaQuest Service Desk.
- ☐ Call or email the DentaQuest Corporate Compliance Department.
- ☐ Contact the DentaQuest Special Investigation Unit.

Test Your Knowledge

Question: How can you report suspected fraud, waste, or abuse?
Select four correct answers.

Answers:

- ✓ Call the Compliance Alert Line.
- ✓ Use the Report Fraud form on the DentaQuest website.
- ☐ Call the DentaQuest Service Desk.
- ✓ Call or email the DentaQuest Corporate Compliance Department.
- ✓ Contact the DentaQuest Special Investigation Unit.

Test Your Knowledge

Question: Something's not right. You're not sure if it's fraud, waste, or abuse. It could be nothing. What should you do?

Answers:

- ☐ See if it happens again and then report it.
- ☐ Report it and let the Special Investigations Unit look into it.
- ☐ Call the individuals involved and ask questions to verify your suspicions.

Test Your Knowledge

Question: Something's not right. You're not sure if it's fraud, waste, or abuse. It could be nothing. What should you do?

Answers:

- ☐ See if it happens again and then report it.
- ✓ Report it and let the Special Investigations Unit look into it.
- ☐ Call the individuals involved and ask questions to verify your suspicions.

Test Your Knowledge

Question: Something's not right. You're not sure if it's fraud, waste, or abuse. It could be nothing. What should you do?

Answers:

✓ Report it and let the Special Investigations Unit look into it.

That's right! If you are unsure of a situation then report it and let the Special Investigations Unit look into it.

Resources

For providers that wish to complete additional FWA and General Compliance Training, there are several online resources, including trainings from the Centers of Medicare & Medicaid Services (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining>).

Attestation

Please click on the link below to attest that you have completed this training on General Compliance and Fraud, Waste, and Abuse.

<https://www.surveymonkey.com/r/D3WR3DC>

DentaQuest[®] 