POLICY PURPOSE

Troy Health, Inc. is committed to detect, prevent, and correct potential fraud, waste, and abuse (FWA) to comply with Federal and state laws and regulations, including applicable provisions. The purpose of this policy is to demonstrate Troy Medicare’s commitment to comply with Medicare Advantage and Part D regulations, Social Security Act, Federal and State criminal laws, the False Claims Act, and to report to authorities for further investigation and prosecution.

SCOPE

This policy applies to all employees and Board of Directors.

REFERENCES

- False Claims Act (31 U.S.C. 3729 et. Seq.)
- Anti-Kickback Statute (section 1128B(b)) of the Social Security Act
- CMS-4190-F2 Plan Sponsor Reporting Requirements
- SUPPORT Act of 2018, Sections 6063 and 2008
- Patient Protection and Affordable Care Act (PPACA)
- 42 CFR 422.500
- 42 CFR 422.504(h)
- 42 CFR 422.503(b)(4)(vi)
- 42 CFR 422.503(b)(4)(vi)(G)(3) and (4)
- 42 CFR 422.503(b)(4)(vi)(G)(5)
- 42 CFR 423.4

RESPONSIBLE PARTIES

- Chief Compliance Officer
DEFINITIONS

- Fraud – an intentional deception or misrepresentation made by a person with the knowledge that the deception or misrepresentation could result in some authorized benefit to him or her or other person.
- Fraud Hotline – a telephone reporting system to the Federal HHS Office of Inspector General (OIG) hotline or the health plan’s compliance/ethics hotline.
- Inappropriate Prescribing – after investigation of allegations and facts, there is an established pattern of potential fraud, waste, and abuse related to prescribing of opioids.
- PI Portal – a CMS application in HPMS for FWA reporting of payment suspensions based on credible allegations of fraud, inappropriate prescribing of opioids, and substantiated FWA activities by providers.
- Substantiated FWA Activities – includes but is not limited to, allegations that a provider of services or supplier has engaged in a pattern of improper billing, submitted improper claims, and is subject to a tip to a fraud hotline.
- Waste and Abuse – any practice that is inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to a Federal or State insurance program, or in reimbursement of services that are not medically necessary or fail to meet professionally recognized standards of health care.

POLICY

Troy Health, Inc., doing business as Troy Medicare, has a Special Investigation Unit (SIU) as part of the Compliance Department. It is dedicated to detecting, investigating, and preventing all forms of suspicious activities related to possible health insurance fraud or abuse. The Compliance Department has overall responsibility for oversight of the SIU. Troy has established policy and procedures and internal controls to identify, investigate and report health care fraud and abuse activities.

The SIU reviews all allegations of FWA referred to the SIU and reports all Substantiated FWA Activities to the appropriate regulatory agency.

PROCEDURE

I. Identification of Activities

Examples, but not limited to, potential suspicious activities:

- Falsifying claims (alteration of claim, double billing, billing for services not provided)
- Financial schemes (recoupment, fraudulent credentials, embezzlement, kickbacks)
- Delivery of services (denial of access, failure to refer, under-utilization, over-utilization)
- Member fraud (residency, citizenship, prescription forgery, DME theft, failure to report other insurance)
• Pharmacy related (billing for expired drugs, dispensing without prescription, altering prescriptions, billing for brand when generics are dispensed, DEA number manipulation)

II. Reporting to SIU
   a. All reports are treated as confidential and will be investigated.
   b. Employees, agents, members, brokers, providers, business associates and others have an ethical and contractual obligation to report any suspicious activity.
   c. Reports can be made through the Ethics Helpline at 1-844-977-0475, Ethics portal at troymedicare.ethicspoint.com, calling the Chief Compliance Officer, or writing to Troy Health, Attn: Chief Compliance Officer, 615 S College St., 9th floor, Charlotte, NC 28202.
   d. If alleged fraud or abuse is substantiated, the SIU will report the case to the OIG (Part C) or the Investigations Medicare Drug Integrity Contractor (I-MEDIC) (Part D) through the PI Portal.

III. Detection and Prevention
   a. Troy will evaluate protocols used to identify potential fraud or abuse by evaluating internal controls.
   b. By auditing and monitoring for compliance, detection of vulnerabilities may be identified and researched further for potential FWA.
   c. In collaboration with federal and state agencies, Troy will collect evidence of larger schemes and report patterns and suspicious behaviors.

IV. FWA Medical Review
   a. If during an investigation it is determined that a medical record review is warranted, the SIU will request records from the provider and reviewed. This request will be small in nature to determine if the provider’s records show any evidence of incorrect, missing, or insufficient documentation in comparison with claims.
   b. The medical records will be reviewed by the Medical Director, and he/she will provide an opinion in writing to the SIU.
   c. The SIU may increase the number of cases requested if the sample shows potential abuse to establish a trend.

V. Compliance Committee
   a. The Chief Compliance Officer will report FWA activities to the Compliance Committee on a quarterly basis.

VI. Official Reporting
   a. Specific substantiated fraud and abuse activities will be reported to the appropriate regulatory agency through the PI portal.
      i. Potential criminal, civil, or administrative law violations.
ii. Allegations that extend beyond on Medicare Advantage plan, involving multiple health plans, multiple states, or widespread schemes.

iii. Allegations involving known patterns of fraud.

iv. Patterns of fraud and abuse threatening the life or well-being of beneficiaries (e.g., patient harm).

v. Scheme with large financial risk to the Medicare Program or beneficiaries.

b. Payment Suspensions – example

i. Troy notices a spike in billing from a subject pharmacy.

ii. Three (3) drugs accounted for 70% of the pharmacy’s total claims.

iii. Pharmacy had out-of-state claims, including claims in a non-licensed state.

iv. Members denied requesting medications.

v. One of the prescribers is not in practice and another is deceased.

vi. Pharmacies notified of Payment Suspension, but pharmacies did not respond.

vii. Claims reversed.

c. Trending Data

i. Referrals by plan sponsors to the OIG and I-MEDIC are reviewed and analyzed to report on the top seven (7) industry trends: Kickbacks, Identity Theft-Medical by beneficiaries, Over-utilization, Telemarketing, Drug Diversion, Billing for services not rendered, and Misrepresentation of services/products.

ii. I-MEDIC reports on drug schemes quarterly, which include Abnormal prescribing trends, billing practices of high-risk drugs, inappropriate billing during COVID-19 public health emergency, questionable dispensing of high-cost drugs and diabetic test strips.

iii. Over-utilization of alcohol prep pads and topical medications are under current monitoring by the OIG and health plan SIUs.

VII. Board of Directors

a. The Chief Compliance Officer will report FWA activities to the Board of Directors on a quarterly basis.

VIII. Training and Education

a. Troy is dedicated to combat insurance fraud and raise awareness of the issues. A strong FWA training program is under development to raise awareness to members, employees, and the Board of Directors.

b. The SIU uses the Compliance Newsletter to share FWA information with employees.

c. Compliance training includes FWA information for new employees and directors on the Board, and annually thereafter.

d. Member training through mailings, educational events, and the Troy Medicare website.

e. Provider handbook

IX. Exclusion/Debarment/Suspension/Medicare Opt-Out

a. Employees, officers, board members, and contracted personnel are screened at hire and then monthly against the Office of Inspector General’s (OIG) LEIE database to
prevent Troy Health from hiring persons that are excluded from participation in the Medicare program.

b. Vendors and delegated entities are screened against the LEIE database and the GSA SAM database prior to signing the contract, and monthly thereafter.

c. Providers are screened against the Preclusion database and the LEIE database at credentialing and monthly thereafter. They are also reviewed against the Medicare Opt-Out list to ensure no Medicare dollars are paid to a provider that has opted out of the Medicare Program.

d. If a screening results in a potential match, it is verified and reported to the Chief Compliance Officer. Once terminated, the employee, the provider, or vendor is reported to the OIG as required, and state licensing boards if applicable.

e. See CMP001 Troy Medicare Excluded Persons Policy for more information.

X. Confidentiality

a. Troy Health has established privacy and confidentiality policies that comply with federal HIPAA laws to ensure that member and provider confidential information, including protected health information (PHI) and any individually identifiable information is safeguarded.

b. During a SIU investigation, all collected information is kept secure and confidential as part of health care operations, and is only disclosed as allowed by law, including a referral to applicable law enforcement or regulatory bodies.

XI. Claims Analysis

a. Troy Health has internal controls in place for claims processing.

b. Claim analytics is used to identify double billing, overpayments, upcoding issues, and other inappropriate billing.

c. Troy’s Pharmacy Benefits Manager handles the analysis of pharmacy claims and PDE data.

XII. Explanation of Benefits (EOB)

a. Troy Health provides members with an Explanation of Benefits, showing services rendered by providers on a specific date. Members are encouraged to report any suspicious information on their EOB.
APPROVALS

Sally A. Scott

Chief Compliance Officer

09 / 24 / 2022

Date:

Sally A. Scott

Committee Approval

09 / 27 / 2022

Date: