CareFirst
Family of health care plans

6. Fraud, Waste and Abuse

To help you navigate through the manual, look for icons that indicate the relevant provider type as shown below.
Any content that is not marked with an icon applies to all provider types.

Ancillary Institutional Professional

Special Investigations Unit

The Special Investigations Unit (SIU) of CareFirst BlueCross BlueShield and CareFirst BlueChoice®, Inc. (CareFirst) and its affiliates and subsidiaries, is the in-house, dedicated unit responsible for coordinating the detection, investigation, referral and prevention of suspected fraud, waste and abuse (FWA). The resolution of these issues is consistent with CareFirst's mission: to provide affordable and accessible healthcare to its members.

The SIU strives to protect CareFirst, members, providers, vendors, and assets from FWA-caused harm. To accomplish its goals, the SIU may pursue a wide array of strategies, which may range from educational activities to financial recovery of improperly paid Company funds to termination of network providers. In certain instances, the SIU may engage, work with, and support local or federal law enforcement.

The SIU's anti-fraud activities are both proactive and reactive. Cases are derived from a variety of internal and external sources, such as tips, calls to the anonymous anti-fraud hotline, referrals from internal departments or external agencies, and leads generated from profile analysis of data stored in internal operating and claims processing systems. Case resolution results in education opportunities, changes in internal policies, processes, practices or procedures, recovered savings, referrals to law enforcement for criminal investigations and/or civil recovery of assets, termination of providers from CareFirst networks, and/or administrative referrals to applicable professional boards.

Fraud, Waste and Abuse

Our members and providers play an important role in helping us identify and combat fraud, waste and abuse. CareFirst's definitions of fraud, waste and abuse include:

Fraud

Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any healthcare 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 healthcare benefit program.

Waste

The expenditure, consumption, mismanagement, use of resources, practice of inefficient or ineffective procedures, systems and/or controls to the detriment or potential detriment of entities. Waste is generally not considered to be caused by deliberate misconduct but rather by the misuse of resources.

Abuse

Actions that may, directly or indirectly, result in unnecessary costs, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary, without knowingly and/or intentionally misrepresenting facts to obtain payment. Deliberate ignorance or reckless disregard of rules and procedures may be considered fraud.

If you suspect fraud, waste and/or abuse, call our hotline at 800-336-4522. You may also email us at SIU@carefirst.com.

Claims Reviews

CareFirst's SIU is comprised of experienced healthcare professionals with expertise in clinical, financial, revenue cycle, health information management and coding specializations and the unit works with various other functions within CareFirst to coordinate a comprehensive approach to the claims review process.

- **Flagged claims review:** CareFirst may review claims flagged as at risk for fraud, waste and abuse prior to payment. We look for easily identifiable errors and services claimed for payment that are not covered in a customer's benefit package.
- **Pre-payment review:** As a result of a post-payment audit or investigation, a provider may be required to submit all or selected claims with supporting medical records for review before claims are paid. This review is to determine appropriateness of services billed and/or the medical necessity of the services reported.
- **Post-payment review:** The SIU may perform a review after claims are paid to determine appropriateness of claim coding, services billed and medical necessity.

During the review process, CareFirst examines medical records to ensure they appropriately support the services billed on the claim. Documentation and services must meet contractual and individual provider licensing requirements, as well as be medically necessary, appropriate and covered by the member's benefit plan. This includes, but is not limited to, compliance with the Medical Record Documentation Standards Policy and compliance with national coding and billing standards (CPT®, HCPCS, ICD-10). Records that contain cloned documentation, conflicting information or other such irregularities may be disallowed for reimbursement.

Post-Payment Investigations and Audits

When a potential fraud, waste and abuse problem is identified or reported, CareFirst's SIU performs an investigation which may include obtaining medical records or performing an onsite visit at the provider's office, a facility or other locations where medical records are stored. Once complete, CareFirst notifies the provider of the findings. The provider may then be asked to perform a self-audit of clinical records and claims not previously subject to review. Additionally, CareFirst's SIU educates the provider on proper coding and billing practices and expects the provider to adhere to such practices on any future billings. CareFirst may also require the provider to comply with pre-payment claims review until appropriate billing practices are demonstrated.

If potential fraud is detected, CareFirst's SIU refers the issue to the appropriate law enforcement and/or regulatory agency. If necessary, the SIU will work with CareFirst's Provider Contracting department to terminate providers from the CareFirst networks.

Retroactive Denials and Overpayment Recovery

CareFirst's SIU will, to the extent allowed by law and the provider contract, deny claims and collect overpayments through a future offset of payments when appropriate. Situations giving rise to such denials, recoveries and/or offsets may include a provider's failure to supply requested records, identification of improperly coded or billed claims or other identified fraud, waste and abuse. Providers will be notified in advance of the SIU's intent to conduct such recovery and will be provided an opportunity to provide supplemental information regarding the underlying claims related to the SIU's decision.

Payment Integrity Program

CareFirst has multiple prepayment and post payment activities that occur to identify billing errors. CareFirst partners with several third-party strategic vendors to help support our payment integrity activities.

CareFirst's Payment Integrity program is comprised of experienced healthcare professionals with expertise in clinical, financial, revenue cycle, health information management and coding specializations, and the unit works with various other functions within CareFirst to coordinate a comprehensive approach to the claims review process.

- **Claims Editing:** Medical claims will go through first and second pass claims editing to ensure any billing errors are identified in an automated process to ensure accurate payments. These edits may be national coding requirements, billing regulations and/or CareFirst published medical and payment policies. We look for easily identifiable errors and services claimed for payment that are not covered in a customer's benefit package. See Clinical Editing Applications in Chapter 9 for additional information.
- **Pre-payment Review:** Enhanced Automated and Manual claim code editing applies approved medical and reimbursement policies to submitted claims using nurses/clinicians for manual review of the members history.
- **High Dollar Forensic Review:** Based on billed amount on medical claims, a team of certified coding nurses will use itemized bills or other medical documentation to review the high dollar claim to identify potential billing errors.
- **Post-payment Audits:** CareFirst uses multiple vendors to conduct data mining, hospital bill audits, chart reviews and credit balance audits to identify overpayments.
- **Third Party Liabilities:** CareFirst utilizes vendor work with members and their legal counterparts to manage subrogation, mass tort, class action lawsuits and workers compensation cases.
- **Post-Payment Review:** The SIU may perform a review after claims are paid to determine appropriateness of claim coding, services billed and medical necessity.

CareFirst reserves the right to request a vendor be onsite at the provider's office to conduct these reviews when appropriate.

CareFirst will send a letter of representation on behalf of each participating vendor. As the vendors identify overpayments, a notification letter will be sent to inform the provider of the overpayment and to provide guidance on the next steps.

Providers will have the option to sign the letter in agreement with the overpayment, initiating an offset toward future remittances. Providers will also have the option to send a check for the amount of the overpayment, or to submit a request for reconsideration along with supplemental documentation. Please refer to the overpayment letter for additional information on timeframes and where to send responses for the overpayment in question.

The processing of claim adjustments for overpaid claims does not require a signed agreement from the medical provider. Overpaid charges will be offset if no response is received. In the case of a level of care audit or a hospital bill audit, previously unbilled charges will not be processed without an accurate and updated bill. If a corrected claim is requested and not received, CareFirst will recoup the claim in full.

CareFirst BlueCross BlueShield is the shared business name of CareFirst of Maryland, Inc. and Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Medicare Advantage is the shared business name of CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc. and CareFirst Advantage DSNP, Inc. CareFirst BlueCross BlueShield Community Health Plan Maryland is the business name of CareFirst Community Partners, Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). CareFirst of Maryland, Inc., Group Hospitalization and Medical Services, Inc., CareFirst Advantage, Inc., CareFirst Advantage PPO, Inc., CareFirst Advantage DSNP, Inc., CareFirst Community Partners, Inc., CareFirst BlueCross BlueShield Community Health Plan District of Columbia, CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.