



Compliance, Cultural Competency, and Fraud, Waste and Abuse Training

What Is A Compliance Program?

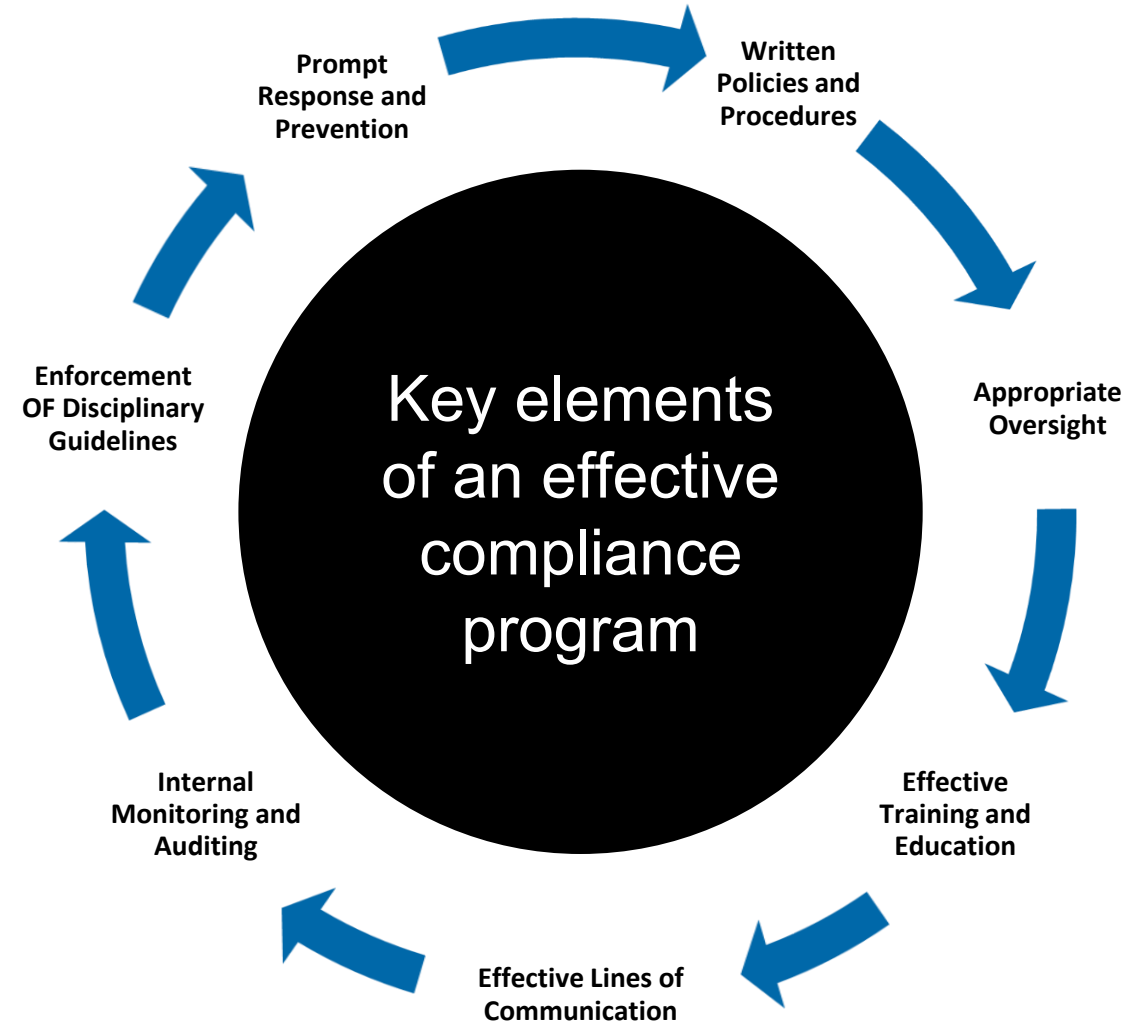
A compliance program is a platform used to facilitate compliance with the rules, regulations, contractual requirements and internal policies and procedures.

- ▶ A compliance program ensures guidance is provided on how to identify and report compliance violations.

What is an Effective Compliance Program?

What is compliance?

- ▶ Renaissance and you, as a network provider, are required to maintain a compliance program that prevents and detects fraud and promotes an ethical culture.
- ▶ Fostering a culture focused on compliance not only reduces legal complications, but also improves operational efficiencies.
- ▶ Renaissance network providers have a duty to understand regulatory standards that are applicable to them, including a duty to report potential violations when they occur.



Renaissance Endorses a Culture of Compliance

Renaissance network providers are expected to endorse a culture of compliance.



COMPLIANCE IS EVERYONE'S RESPONSIBILITY!

Seven Core Elements to an Effective Compliance Program

Compliance
oversight and
leadership

Written policies,
procedures and
standards of
conduct

Effective lines of
communication

Effective training
and education

Well-publicized
guidelines for
noncompliance

Internal
monitoring and
auditing

Prompt response
and corrective
action

Seven Core Elements to an Effective Compliance Program

- ▶ Written policies, procedures and standards of conduct
 - ▶ These articulate your commitment to comply with all applicable federal and state standards and describe compliance expectations.
- ▶ Compliance officer, compliance committee and high-level oversight
 - ▶ Designate a compliance officer and a compliance committee accountable and responsible for the activities and status of the compliance program, including issues identified, investigated and resolved by the compliance program.
- ▶ Effective training and education
 - ▶ This covers the elements of the compliance plan as well as preventing, detecting and reporting fraud, waste and abuse (FWA).

Seven Core Elements to an Effective Compliance Program

- ▶ Effective lines of communication
 - ▶ Network providers must have effective lines of communication accessible to ensure confidentiality and provide methods for anonymous and good-faith reporting.
- ▶ Well-publicized disciplinary standards
 - ▶ Network providers must enforce standards through well-publicized disciplinary guidelines.

Seven Core Elements to an Effective Compliance Program

- ▶ Effective system for routine monitoring, auditing and identifying compliance risks
 - ▶ Network providers must monitor and audit its operations to evaluate compliance with all applicable requirements as well as the overall effectiveness of their compliance program.
- ▶ Procedures and system for prompt response to compliance issues
 - ▶ Providers must use effective measures to respond promptly to noncompliance incidents and undertake appropriate corrective action.

What is Noncompliance?

Noncompliance is conduct that does not comply with the law, federal or state health care program requirements, or to your participation agreement with Renaissance.



Noncompliance

- Upcoding
- Fraud, waste and abuse
- Unbundling claims
- Failing to fully and honestly cooperate in investigations
- Waiving copays for patient appointments
- Neglect
- Paying or accepting a referral fee for any federal or state health care program patient referral

How Do I Report Suspected Fraudulent Activity?

If you are aware of any false information submitted to Renaissance, please call our toll-free anti-fraud hotline at 800-971-4139.

- ▶ For any suspected fraudulent activity related to TennCare please contact the Tennessee Bureau of Investigation at 800-433-5454
- ▶ Send a letter to Tennessee Bureau of Investigation, Medicaid Control Fraud Division, 901 R. S. Gass Blvd., Nashville, TN 37216
- ▶ Report online at: [Tennessee Bureau of Investigation Online Submission Form](#)

Renaissance will not intimidate or retaliate against you for disclosing or reporting suspected activity in good faith.

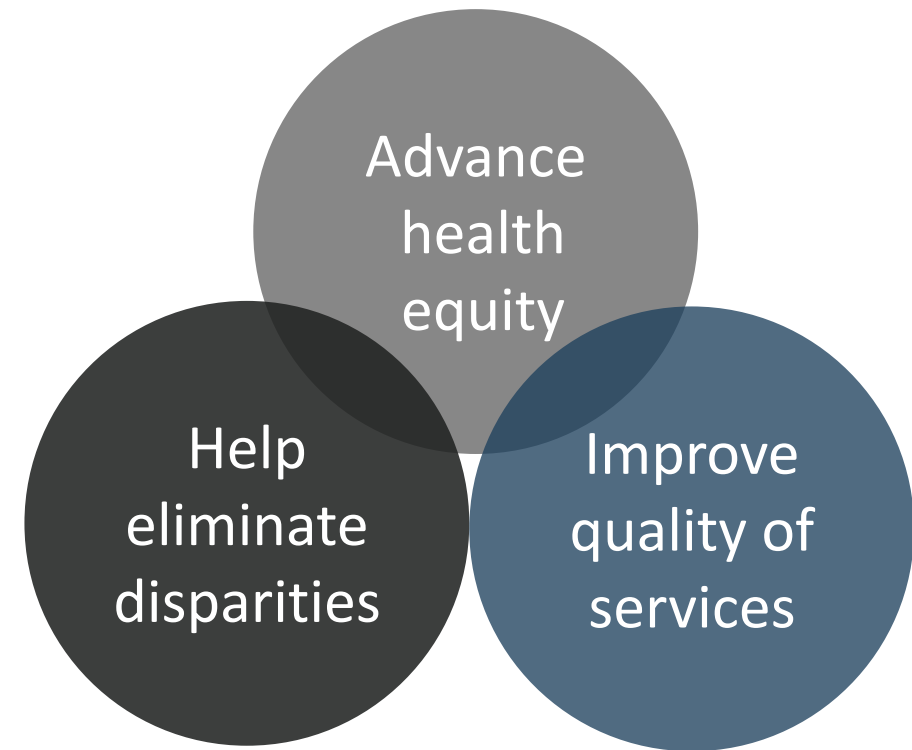


Culturally and Linguistically Appropriate Services (CLAS)

CLAS Standards Overview

The National CLAS Standards are a group of 15 separate guidelines that establish a blueprint for health and health care organizations.

Principle standard—Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.



What Is the Goal: Health Equity

- ▶ **The goal:** Health equity, the attainment of the highest level of health for *all* people.
- ▶ **The barriers:** Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for many reasons. One of the most modifiable barriers to health equity is the lack of CLAS.
- ▶ **The tools:** Cultural competency and linguistic competency.

What is Cultural Competency?

Cultural competency is a lifelong learning process of increasing awareness, knowledge and skills, which refers to the ongoing and intentional attainment of skills that allow an individual to function effectively when interacting with people who have different backgrounds and experiences.

Valuing, embracing, and implementing cultural competency and diversity.

What is the Goal of Cultural Competency?

- ▶ The goal of cultural competency is not to change your core values or beliefs, but rather to provide you with the **skills** needed to work with and assist people who may have different life perspectives than you.
- ▶ People who are well-versed in cultural competency are able to better assist Renaissance members, while at the same time maintaining their own personal identities.

Cultural Competency Skills

- ▶ **Awareness of your own culture**—Self-knowledge increases your sensitivity to differences. Recognizing your own cultural uniqueness, and how that impacts your daily life, allows you to see the cultural uniqueness in others.
- ▶ **Learn to accept differences**—Acceptance does not mean changing the way you see the world. Acceptance means understanding that other people may view the world differently than you do and being welcoming and accepting of people in light of those differences.
- ▶ **Seek to understand the history and experience of others**—Know and learn the history of others.
- ▶ **Know your stereotypes and biases**—Knowledge and acceptance of personal stereotypes and biases reduces the likelihood of their use.
- ▶ **Recognize barriers to care**—In some instances, individuals may not seek services due to their background and/or beliefs.

Barriers: Cultural, Religious and Spiritual Beliefs

▶ Examples of cultural beliefs:

- ▶ In some cultures, people believe that talking about a possible poor health outcome will cause that outcome to occur.
- ▶ Among some Asian individuals, there is the belief that illness in the body needs to be drawn out, which may be achieved by vigorously rubbing the body with a coin or other metal object.

▶ Examples of religious faith and spiritual beliefs:

- ▶ Among many individuals from Central America, the Mediterranean, parts of Asia, the Middle East and parts of Africa, there is the belief that illness is caused by an evil eye or curse, usually issued by someone who is envious of the cursed individual.
- ▶ Among some American Muslims, there is the belief that God controls illness and healing, and that healing is achieved through religious activity (e.g., prayer, or religious rituals) in addition to the use of technology, medicine, social services, etc.

What is Health Literacy?

Health literacy is defined as the degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.

Barrier : Low Health Literacy

Without adequate health literacy, a patient may have trouble with the following tasks:

Scheduling an appointment

Understanding written information and forms

Understanding follow-up care and instructions

Considering the risks and benefits of a dental procedure

What is Linguistic Competency?

Linguistic competency is the ability to communicate effectively with patients at every point of contact. Effective communication includes providing information, whether verbal, nonverbal or written, in a way that individuals from culturally diverse groups can easily understand.

Verbal Communication

Ask the patient what is meant by terms they use and check in to make sure terms you use are understood.

This will help the patient communicate more openly with you and react honestly to the information you provide, allowing a higher quality of care that will leave your patient satisfied.

Nonverbal Communication

- ▶ **Eye contact or physical touch:** May be expected in some cultures and inappropriate or offensive in others.
- ▶ **Communication style:** Loud speech with facial expressions or gesturing may be expected or may be perceived as impolite.
- ▶ **Personal space:** Individuals may stand very close when speaking or interpret this as being aggressive.

Written Communication

- ▶ **Written materials and forms:** Communication through written language is just as important as verbal and nonverbal communication since it is one of the ways that critical information is shared and reinforced.

Language Assistance

- ▶ An interpreter communicates a message, either spoken or signed in one language, into a second language, and abides by a code of professional ethics.
- ▶ Interpreters bridge the communication gap between you and your patients who do not share a common language.
- ▶ Using untrained individuals or minors (children interpreting for their parents) is discouraged.
- ▶ Speak directly to the patient, not the interpreter.
- ▶ Don't rush. Pause every sentence or two for interpretation.

Want to Know More?

- ▶ “Cultural Competency for Oral Health Providers”
 - ▶ Think Cultural Health (www.hhs.gov)
<https://thinkculturalhealth.hhs.gov/education/oral-health-providers>
- ▶ TN Department of Health Office of Minority Health
 - ▶ <https://www.tn.gov/health/health-program-areas/division-of-health-disparities-elimination-/omh.html> -
- ▶ HHS Action Plan to Reduce Racial and Ethnic Health Disparities
 - ▶ <https://www.govinfo.gov/content/pkg/GOVPUB-HE-PURL-gpo64706/pdf/GOVPUB-HE-PURL-gpo64706.pdf>
- ▶ Centers for Medicare and Medicaid Services (CMS)
 - ▶ www.cms.gov
- ▶ US HHS Office of Minority Health (CLAS)
 - ▶ www.minorityhealth.hhs.gov

Governance, Leadership and Workforce Standards

Guidance for promoting CLAS through policy, practices and allocated resources

Governance, Leadership and Workforce Standards

- ▶ Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.
- ▶ Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- ▶ Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance Standards

- ▶ Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
- ▶ Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
- ▶ Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
- ▶ Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability Standards

- ▶ Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organization's planning and operations.
- ▶ Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
- ▶ Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.



Civil Rights, Discrimination and Harassment Training

Definitions

- ▶ **UNLAWFUL DISCRIMINATION** occurs when an employer, either knowingly or unknowingly, treats similarly situated individuals or a protected class differently based on unlawful considerations, including but not limited to race, sex, age, marital status, height, weight, or disability.
- ▶ **HARASSMENT** refers to behavior that interferes with an individual's work performance or creates an intimidating, hostile, or an offensive work environment.
- ▶ **RETALIATION** occurs when an employee is subjected to adverse employment action as a result of engaging in or exercising their rights protected under the law.

Zero Tolerance

- ▶ Renaissance **does not tolerate** unlawful discrimination, harassment, or retaliation of any kind.
- ▶ Discrimination against any individual on the basis of race, color, religion, age, national origin, familial status, citizenship, genetic information, disability, sex, marital status, pregnancy, height, weight, military status or any other status protected under federal, state, or local law or ordinance will not be tolerated.
- ▶ Any participating provider found to have engaged in discrimination or harassment in violation of this policy will be subject to disciplinary action, up to and including termination of participation status.

Compliance Required

- ▶ Renaissance complies with all applicable federal, state, and local workplace discrimination laws and regulations and is committed to maintaining a workplace that is free from unlawful discrimination and harassment.
- ▶ To that extent, all providers are responsible for providing and maintaining a work environment that is free from unlawful discrimination, harassment, and retaliation.

What is Nondiscrimination?

Nondiscrimination means ensuring that every patient receives care that is fair, respectful, and free from bias or unequal treatment, regardless of their personal characteristics. This includes compliance with Section 1557 of the Affordable Care Act, which prohibits discrimination based on:

- ▶ Race
- ▶ Color
- ▶ National origin
- ▶ Sex (including gender identity and sexual orientation)
- ▶ Age
- ▶ Disability

Importance of Nondiscrimination

Nondiscrimination in healthcare is essential for building a system that is fair, inclusive, and effective.

Every patient—regardless of race, sex, age, disability, or national origin—deserves access to high-quality healthcare. Discrimination deters people from seeking care and undermines public health goals

Section 1557

Section 1557 of the Affordable Care Act (ACA) prohibits discrimination in health programs and activities based on sex, race, disability, and other factors. It applies to health care providers, health insurance issuers, and other entities that receive federal funding.

What Section 1557 protects

- Prohibits denying health care or coverage based on sex
- Requires equal treatment for women and men in health care and insurance
- Prohibits discriminatory marketing practices

How Section 1557 applies to health programs and activities that receive federal funding

- Includes health insurance issuers that participate in Health Insurance Marketplaces (Exchanges)
- Includes programs administered by the Department of Health and Human Services (HHS)

What is Title VI of The Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 is a foundational U.S. civil rights law that prohibits discrimination based on race, color, or national origin in any program or activity that receives federal financial assistance

- ▶ Prohibits discrimination based on race, color, or national origin in federally funded programs
- ▶ Applies to healthcare providers, schools, public agencies, and other federally funded organizations
- ▶ Enforced by federal agencies through compliance reviews, funding termination, or DOJ referral
- ▶ Requires meaningful language access for individuals with limited English proficiency (LEP)
- ▶ Protects individuals from retaliation for filing complaints or opposing discriminatory practices

What is the ADA (Americans with Disabilities Act)

The **Americans with Disabilities Act (ADA)** is a landmark federal civil rights law enacted in 1990 that prohibits discrimination against individuals with disabilities in all areas of public life

- ▶ Purpose: Prohibits discrimination against individuals with disabilities in all areas of public life.
- ▶ Who It Protects: Individuals with physical or mental impairments that substantially limit major life activities, those with a history of such impairments, or those perceived as having such impairments

The Rehabilitation Act of 1973

Section 504 is a federal law that protects qualified individuals from discrimination based on disabilities.

- ▶ Applies to employers and organizations receiving federal financial assistance.
- ▶ Prohibits exclusion or denial of equal opportunity to receive program benefits and services.
- ▶ Defines rights of individuals with disabilities to participate in and access program benefits and services

Title II of The ADA

Prohibits discrimination against individuals with disabilities in state and local government services.

Disability is defined as a physical or mental impairment that substantially limits one or more major life activities.

- ▶ Examples of impairments include:
 - ▶ Visual, speech, and hearing impairments
 - ▶ Learning disabilities, intellectual disabilities and emotional illness
 - ▶ Cerebral palsy, epilepsy
 - ▶ Muscular dystrophy, multiple sclerosis, orthopedic conditions
 - ▶ Cancer, heart disease, diabetes
 - ▶ Contagious and non-contagious diseases such as tuberculosis and HIV (symptomatic or asymptomatic)

Limited English Proficiency (LEP) Requirements under the ACA

Provide information in a culturally competent manner to all individuals, including those with LEP or limited reading skills, and diverse cultural and ethnic backgrounds.

- ▶ Providers must ensure that information is delivered in a way that is culturally and linguistically appropriate, especially for individuals from diverse ethnic and cultural backgrounds
- ▶ Examples of Language Assistance Services:
 - ▶ Qualified interpreters (in-person, phone, or video)
 - ▶ Translated documents (e.g., consent forms, discharge instructions)
- ▶ Without proper language access, LEP patients are at higher risk for:
 - ▶ Misunderstanding diagnoses or treatment plans
 - ▶ Medication errors
 - ▶ Poor health outcomes

Limited English Proficiency (LEP) Requirements under the ACA

Language services must be provided free of charge.

Providers ***may not*** do the following:

- ▶ Require an individual to provide his or her own interpreter.
- ▶ Rely on a minor child to interpret, except in a life threatening emergency where there is no qualified interpreter immediately available.
- ▶ Rely on interpreters that the individual prefers when there are competency, confidentiality or other concerns.
- ▶ Rely on unqualified bilingual or multilingual staff.
- ▶ Use low-quality video remote interpreting services.

Auxiliary Aids and Services

Patients with disabilities may need auxiliary aids and services to effectively communicate.

Examples of common auxiliary aids and services.

- ▶ Auxiliary aids and services include
- ▶ Qualified sign language interpreters
- ▶ Large print materials
- ▶ Text telephones (TTYs)
- ▶ Screen reader software
- ▶ Video remote interpreting services

Equal Access for Individuals with Disabilities

An individual with a disability may need a reasonable accommodation/modification to be able to receive a service or benefit.

Examples of common accommodations:

- ▶ Accessible exam rooms: Free of clutter, wide door entry, space to maneuver wheelchairs, walkers, etc.
- ▶ Adjustable exam tables/chairs
- ▶ Accessible bathroom
- ▶ Wheelchair ramp
- ▶ Disabled parking spots

Resources

- ▶ Telecommunications Relay Service - TRS
 - ▶ www.fcc.gov/consumers/guides/telecommunications-relay-service-trs
- ▶ Limited English Proficiency Federal Website
 - ▶ <http://www.lep.gov/>
- ▶ ADA information
 - ▶ <http://www.ada.gov/>
- ▶ HHS, Office of Civil Rights
 - ▶ www.hhs.gov/ocr/index.html

Fraud, Waste and Abuse (FWA)

Fraud, Waste and Abuse (FWA)

- ▶ **Combatting fraud, waste and abuse is everyone's responsibility.**
- ▶ This training will help you detect, correct and ultimately prevent fraud, waste and abuse.

WE CAN MAKE A DIFFERENCE!

What is Fraud?

Fraud is any activity defined by an intent to deceive on the part of a member, provider or client, third-party biller, or even a payor, with the purpose of receiving an improper benefit.

In order to be considered fraud, the act must be done knowingly, willfully and intentionally.

What is Waste?

Waste occurs from practices that result in unnecessary costs.

What is Abuse?

Abuse is very similar to fraud but occurs when a provider's practices are not consistent with sound fiscal, business or medical/dental practices. Unlike fraud, abuse may not involve acts that are done intentionally.

FWA in the Health Care Industry

- ▶ Every year millions of dollars are lost and improperly spent as a result of fraud, waste and abuse.
 - HHS-OIG reported 320 criminal and 320 civil actions against individuals or entities that engaged in offenses related to health care fraud from October 1, 2021, through March 31, 2022.
 - OIG also reported over \$1.4 billion in recoveries and more than \$262 million in non-HHS investigative receivables, including civil and administrative settlements or civil judgements related to Medicare, Medicaid, and other Federal, State and private health care programs.

Examples of Fraud in Insurance

Examples of Fraud

- ▶ Identity theft
- ▶ Billing for services not rendered
- ▶ Performing unnecessary services
- ▶ Changing the date(s) of service
- ▶ Providing false, incomplete or misleading information as part of the application/enrollment process
- ▶ Falsifying a claim form for a member or provider during claim processing
- ▶ Conflicting descriptions of illness or accident
- ▶ Inconsistent information provided by business owners including payroll, products, etc.

Examples of Waste and Abuse in Dental Insurance

Examples of Waste

- ▶ Scheduling excessive office visits that are not necessary or writing excessive prescriptions
- ▶ Ordering unnecessary or excessive laboratory tests

Examples of Abuse

- ▶ Unknowingly billing for unnecessary medical services
- ▶ Unknowingly misusing codes on a claim, such as up-coding or unbundling codes

What is the False Claims Act?

The False Claims Act *establishes liability for damages for those who knowingly submit a “false or fraudulent” claim to the government for payment.*

- ▶ **“Knowingly”** means actual knowledge, deliberate ignorance and/or reckless disregard.
- ▶ A simple error is not enough; intent is generally required. However, failing to follow procedures, or failing to question something that doesn’t seem right, may be found to be deliberate ignorance or reckless disregard.
- ▶ As a provider to Medicaid beneficiaries, the False Claims Act may apply to claims submitted to Renaissance under these programs.

False Claims Act

Examples of false claims:

- ▶ Submitting false information or documents to the government
 - This includes requests for proposals, claims data, or payment data
- ▶ Falsifying dates of service and provider credentials
- ▶ A dental group paid \$5.1 million to settle a case where they:
 - ▶ Upcoded simple tooth extractions (D7140) and improperly billed surgical extractions (D7210)
 - ▶ Improperly billed for scale and root planing (deep cleaning) when they were either not performed or not medically necessary

What is the Anti-Kickback Statute?

The Anti-Kickback Statute is a federal law that prohibits knowingly and willfully offering, paying, soliciting or receiving anything of value, directly or indirectly, in return for referrals or to induce referrals for services for which payment may ultimately be made in part under a federal health care program.

Anti-Kickback Statute

Claims that are submitted as a result of a violation of the Anti-Kickback Statute may be subject to the False Claims Act.

Example of the Anti-Kickback Statute:

- ▶ In the July of 2024, U.S. Attorney Dena J. King announced that the United States has filed a complaint against Murphy Medical Center, Inc. doing business as Erlanger Western Carolina Hospital and Chattanooga-Hamilton County Hospital Authority doing business as Erlanger Health System and Erlanger Medical Center (collectively, Erlanger). The government alleges that Erlanger, a health care system located in Tennessee and North Carolina, violated the Stark Law and thereby submitted false claims to the Medicare program.
- ▶ The government's complaint alleges that Erlanger compromised Stark Law compliance to boost its financial standing, knowingly overpaying physicians whose practices generated profits for the hospital. Improper financial relationships between hospitals and physicians threaten the integrity of clinical decision-making and can influence the type and amount of health care that is provided to patients
- ▶ The United States filed its complaint in a lawsuit originally filed under the *qui tam* or whistleblower provisions of the False Claims Act, which allow private parties to file suit on behalf of the United States for false claims and to receive a share of any recovery. The Act permits the United States to intervene and take over the lawsuit, as it has done here in part. Those who violate the Act are subject to treble damages and applicable penalties.
- ▶ Source: [UNITED STATES DISTRICT COURT](#).



What is Unlawful Patient Inducement?

Unlawful Patient Inducement is similar to the prohibitions of the Anti-Kickback Statute and states that it is unlawful in some situations to provide gifts (remuneration) or free items or services to induce beneficiaries to receive services from your office that are reimbursable by a federal health care program.

Exception: Items and services of a nominal value—less than \$15, and no greater than \$75 per year.

Unlawful Patient Inducement

Example of Unlawful Patient Inducement:

- ▶ An employee of a hospital that is responsible for granting contracts to suppliers who billed government programs (like Medicare and Medicaid) received expensive gifts, free trips and consulting fees from a supplier so that the employee would grant the contract to the supplier.
 - Not only was this likely in violation of the hospital's code of conduct, these actions were prosecuted under the Anti-Kickback Statute.

Penalties Associated With Violating Laws

- ▶ Penalties for individuals and/or entities that violate the previously mentioned laws:
 - Civil lawsuits and monetary penalties
 - Criminal prosecution and monetary penalties
 - Treble damages (three times the actual damages)
 - Suspension or exclusion from participation in the federal programs
- ▶ Penalties for network providers
 - Providers can also face the termination of their provider agreement
 - Loss or suspension of license

Renaissance Anti-fraud Efforts

Renaissance monitors, detects and investigates FWA, and has a specific department that educates, detects, corrects, prevents, reports and deters insurance FWA.

- ▶ As an administrator of dental benefits, Renaissance has a responsibility to ensure claims are paid accurately.
- ▶ This is accomplished by review, analysis and investigation of suspicious claims and investigations from members, clients, dental offices, employees and others to ensure that benefits are administered in accordance with all applicable contracts, policies and regulations.

Conclusion

- ▶ Thank you for your dedication to Renaissance's compliance, cultural competency and FWA programs. Your participation is essential to the success of these programs.
- ▶ Please submit the Training Acknowledgement Attestation to be marked complete for this year.