

# Medicare Fraud, Waste, and Abuse

## Course Outline - All Employees

Module	Topics	Module Description	Learning Objectives <i>Learners will be able to...</i>
Introduction	<ul style="list-style-type: none"><li>• Introduction to the course</li></ul>	This module provides a brief overview of what will be covered in this course. It has two configurable pages.	<ul style="list-style-type: none"><li>• Introduction to course content</li></ul>
Defining the Problem	<ul style="list-style-type: none"><li>• Defining Fraud, Waste, and Abuse</li><li>• False Claims Act and Other Legislation</li></ul>	This module lays the groundwork for the course by explaining the prevalence of Medicare fraud, waste, and abuse, and its cost on the the healthcare system. Through defining fraud, waste, and abuse and exploring relevant legislation and consequences of those actions, the learner is able to identify this behavior and contribute to preventing it in their workplaces. This module has one configurable page.	<ul style="list-style-type: none"><li>• Define Medicare fraud, waste, and abuse and explore laws prohibiting misconduct</li><li>• Analyze costs of Medicare fraud to the federal government</li><li>• Explain various pieces of legislation that impose liability on those who defraud Medicare</li></ul>
Preventing Problems	<ul style="list-style-type: none"><li>• Following Policies and Procedures</li><li>• Ensure Accuracy and Timeliness</li><li>• Verify Information</li></ul>	This module emphasizes the importance of ensuring policies and procedures are followed, and that information gathered is accurate, timely, and regularly verified. The learner has the opportunity to apply these lessons to multiple interactive scenarios to identify multiple prevention strategies. This module has two configurable pages.	<ul style="list-style-type: none"><li>• Recognize your organization's policies and procedures</li><li>• Identify fraud prevention strategies you can implement</li></ul>

# Medicare Fraud, Waste, and Abuse

## Course Outline - All Employees

Module	Topics	Module Description	Learning Objectives <i>Learners will be able to...</i>
Detecting Problems	<ul style="list-style-type: none"><li>• Role of Beneficiaries</li><li>• Role of Providers</li><li>• Role of Pharmacies</li><li>• Role of Manufacturers and Wholesalers</li></ul>	<p>This module explores the roles of beneficiaries, providers, pharmacies, manufacturers, and wholesalers in the claims process. By understanding these roles, the learner also explores the different motivations each of these players may have in contributing to Medicare fraud, waste, and abuse. The learner then applies this knowledge and practices identifying these warning signs through interactive scenarios. This module has one configurable page.</p>	<ul style="list-style-type: none"><li>• Identify warning signs to be aware of when working with beneficiaries, providers, pharmacies, and manufacturers and wholesalers</li></ul>
Correcting Problems	<ul style="list-style-type: none"><li>• Reporting</li></ul>	<p>This module reminds the learner of their duty to report suspicious behavior, as well as how they would be protected if they do choose to report. This module has one configurable page.</p>	<ul style="list-style-type: none"><li>• Identify how and when you should report suspicious activity</li><li>• Recognize protections for whistleblowers</li><li>• Recall your organization's process to correct these problems"</li></ul>
Conclusion	<ul style="list-style-type: none"><li>• Conclusion to the course</li></ul>	<p>This module provides a brief review of content covered in the course. It has three custom policy pages and five other configurable pages.</p>	<ul style="list-style-type: none"><li>• Review of course content</li></ul>