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PRINT-FRIENDLY VERSION

AVOIDING MEDICARE FRAUD & ABUSE: A ROADMAP FOR PHYSICIANS

Target Audience: Medicare Fee-For-Service Program (also known as Original Medicare). Many of the laws discussed apply to all Federal Health Care Programs (including Medicaid and Medicare Advantage).

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

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INTRODUCTION

Most physicians strive to work ethically, provide high-quality medical care to their patients, and submit proper claims for payment. Trust is at the core of the physician-patient relationship. The Federal Government also places enormous trust in physicians. Medicare and other Federal health care programs rely on physicians' medical judgment to treat patients with appropriate, medically necessary services. Federal health care programs rely on physicians to submit accurate claims when requesting payment for Medicare-covered health care items and services.

The presence of some dishonest health care professionals who exploit Federal health care programs for illegal personal gain creates the need for laws that combat fraud and abuse and ensure appropriate quality medical care.

This booklet helps physicians understand how to comply with these Federal laws by identifying "red flags" that could lead to potential liability in criminal, civil, and administrative enforcement actions.

During their careers, physicians frequently encounter the following three types of business relationships that may raise fraud and abuse concerns:

1. Relationships with payers
2. Relationships with fellow physicians and other providers
3. Relationships with vendors

These key relationships, and other issues addressed in this document, apply to all physicians, regardless of specialty or practice setting.

FRAUD AND ABUSE LAWS

The following Federal fraud and abuse laws apply to physicians:

- False Claims Act (FCA)
- Anti-Kickback Statute (AKS)
- Physician Self-Referral Law (Stark Law)
- Social Security Act, which includes the Exclusion Statute and the Civil Monetary Penalties Law (CMPL)
- United States Criminal Code

FRAUD AND ABUSE IN MEDICARE PART C, PART D, AND MEDICAID

In addition to Medicare Part A and Part B, the Medicare Part C and Part D and Medicaid programs prohibit the fraudulent conduct addressed by these laws. For more information, look for the Web-Based Training (WBT) courses at the Medicare Learning Network® (MLN) Learning Management System (LMS).

Violating these laws may result in non-payment of claims, Civil Monetary Penalties (CMPs), exclusion from all Federal health care programs (including Medicare), and criminal and civil liability. This booklet briefly summarizes each law below and includes hyperlinks to the text of the laws in Table 2.

Government agencies, including the U.S. Department of Justice (DOJ), the U.S. Department of Health & Human Services (HHS), the HHS Office of Inspector General (OIG), and the Centers for Medicare & Medicaid Services (CMS), enforce these laws.

Federal False Claims Act (FCA)

The civil FCA protects the Federal Government from being overcharged or sold substandard goods or services. The FCA imposes civil liability on any person who **knowingly** submits, or **causes** the submission of, a false or fraudulent claim to the Federal Government.

The terms "knowing" and "knowingly" mean a person has actual knowledge of the information or acts in deliberate ignorance or reckless disregard of the truth or falsity of the information related to the claim. **No proof of specific intent to defraud is required to violate the civil FCA.**

An example may be a physician who knowingly submits claims to Medicare for medical services not provided.

Civil penalties for violating the FCA may include fines of up to **three** times the amount of damages sustained by the Government as a result of the false claims, plus up to $21,916 (in 2017) per false claim filed.

Additionally, under various Federal criminal statutes, individuals or entities may face criminal penalties for submitting false claims, including fines, imprisonment, or both.

Anti-Kickback Statute (AKS)

The AKS makes it a crime to **knowingly and willfully** offer, pay, solicit, or receive any remuneration directly or indirectly to induce or reward referrals of items or services reimbursable by a Federal health care program. When a provider offers, pays, solicits, or receives unlawful remuneration, the provider violates the AKS.

NOTE: Remuneration includes anything of value, such as cash, free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

SAFE HARBORS AND CMPS

Refer to the Revisions to Safe Harbors Under the AKS & CMPs to learn about recent updates to the existing safe harbor regulations and CMP rules.

Civil penalties for violating the AKS may include penalties of up to $74,792 (in 2017) per kickback plus **three** times the amount of the kickback. Criminal penalties for violating the AKS may include fines, imprisonment, or both.

If certain types of arrangements satisfy safe harbor regulations, they may not violate the AKS.

Physician Self-Referral Law (Stark Law)

The Physician Self-Referral Law, often called the Stark Law, prohibits a physician from referring for certain designated health services payable by Medicare or Medicaid to an **entity** where the physician (or an immediate family member) has an ownership/investment interest or a compensation arrangement, unless an exception applies.

Penalties for physicians who violate the Stark Law may include fines, CMPs up to $24,253 (in 2017) for each service, repayment of claims, and potential exclusion from all Federal health care programs.

Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute prohibits **knowingly and willfully** executing, or attempting to execute, a scheme or artifice in connection with the delivery of or payment for health care benefits, items, or services to either:

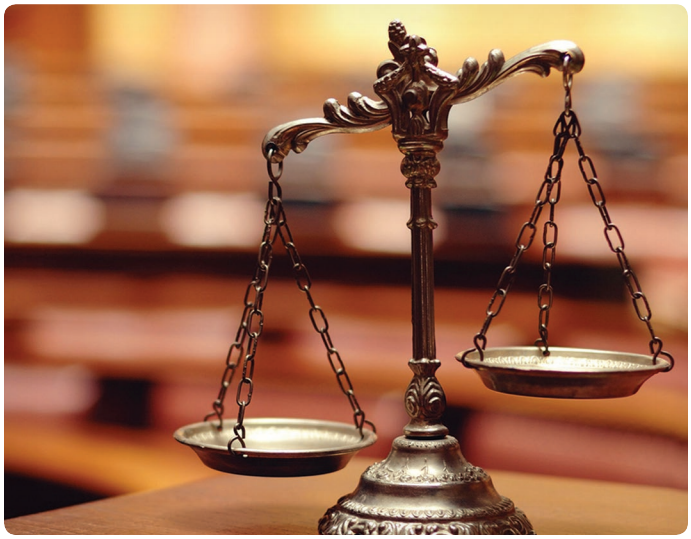
- Defraud any health care benefit program, or
- Obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the control of, any health care benefit program

Penalties for violating the Criminal Health Care Fraud Statute may include fines, imprisonment, or both.

Exclusion Statute

Under the Exclusion Statute, the OIG must exclude from participation in all Federal health care programs individuals and entities convicted of any of the following:

- Medicare or Medicaid fraud, as well as any other offenses related to the delivery of items or services under Medicare or Medicaid
- Patient abuse or neglect
- Felony convictions for other health care-related fraud, theft, or other financial misconduct
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances



OIG also has discretion to impose permissive exclusions on other grounds, including:

- Misdemeanor convictions related to health care fraud other than Medicare or Medicaid fraud or misdemeanor convictions in connection with the unlawful manufacturing, distributing, prescribing, or dispensing of controlled substances
- Suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence, professional performance, or financial integrity
- Providing unnecessary or substandard services
- Submitting false or fraudulent claims to a Federal health care program
- Engaging in unlawful kickback arrangements
- Defaulting on health education loan or scholarship obligations

OIG GENERAL EXCLUSION AUTHORITIES

Refer to the OIG's General Exclusion Authorities to learn about changes to the regulations.

Excluded providers may not participate in Federal health care programs for a designated period. An excluded provider may not bill Federal health care programs (including, but not limited to, Medicare, Medicaid, and State Children's Health Insurance Program [SCHIP]) for services he or she orders or performs. Additionally, an employer or a group practice may not bill for an excluded provider's services. At the end of an exclusion period, an excluded individual or entity must seek reinstatement; reinstatement is not automatic.

The OIG maintains a list of excluded parties called the List of Excluded Individuals/Entities (LEIE).

Civil Monetary Penalties Law (CMPL)

The Civil Monetary Penalties Law authorizes CMPs for a variety of health care fraud violations. The CMPL provides for different amounts of penalties and assessments based on the type of violation. CMPs may assess up to **three** times the amount claimed for each item or service or up to **three** times the amount of remuneration offered, paid, solicited, or received. Violations supporting CMPL actions include:

- Presenting a claim you know, or should know, is for an item or service not provided as claimed or is false and fraudulent
- Presenting a claim you know, or should know, is for an item or service for which Medicare will not pay
- Violating the AKS

CMP INFLATION ADJUSTMENT

Each year, the Federal Government adjusts all CMPs for inflation. These adjusted amounts apply to civil penalties assessed after August 1, 2016, and violations after November 2, 2015. Refer to 45 CFR 102.3 for the yearly inflation adjustments.

PHYSICIAN RELATIONSHIPS WITH PAYERS

The U.S. health care system relies heavily on third-party payers. Third-party payers often pay the majority of beneficiary medical bills and include commercial insurers and the Federal and State Governments. **When the Federal Government covers items or services rendered to Medicare beneficiaries, Federal fraud and abuse laws apply.** Many similar State laws apply to your provision of care under State-financed programs and to private-pay patients. The issues discussed here may apply to the care you provide to all insured patients.

Accurate Coding and Billing

As a physician, payers trust you to provide medically necessary, cost-effective, quality care. You exert significant influence over what services your patients receive. You control the documentation describing what services they actually received, and your documentation serves as the basis for claims sent to insurers for services provided. Generally, the Federal Government pays claims based solely on representations in the claims documents.

When you submit a claim for services performed for a Medicare patient, you are filing a bill with the Federal Government and certifying you earned the payment requested and complied with the billing requirements. If you knew or should have known the submitted claim was false, then the attempt to collect payment is illegal. Examples of improper claims include:

- Billing for medically unnecessary services
- Billing for services not provided
- Billing for services performed by an improperly supervised or unqualified employee
- Billing for services performed by an employee excluded from participation in the Federal health care programs
- Billing for services of such low quality that they are virtually worthless
- Billing separately for services already included in a global fee, like billing for an evaluation and management service the day after surgery

Physician Documentation

Maintain accurate and complete medical records and documentation of the services you provide, and ensure your documentation supports submitted claims for payment. **Good documentation ensures your patients receive appropriate care from you and other providers who may rely on your records for patients' medical histories.**

The Medicare Program may review beneficiaries' medical records. Good documentation helps address any challenges raised about the integrity of your claims. You may have heard the saying regarding malpractice litigation: "If you didn't document it, it's the same as if you didn't do it." The same can be said for Medicare billing.

ACCURACY OF MEDICAL RECORD DOCUMENTATION

For more information on physician documentation, refer to the Evaluation and Management Services guide, Complying With Medical Record Documentation Requirements fact sheet, and an OIG video on the Importance of Documentation.

Upcoding

Medicare pays for many physician services using Evaluation and Management (E/M) codes. New patient visits generally require more time than follow-up visits for established patients. Medicare pays E/M codes for new patients at higher reimbursement rates than E/M codes for established patients. An example of upcoding is billing an established patient follow-up visit using a higher level E/M code, such as a comprehensive new patient office visit.

Another example of E/M upcoding is the misuse of modifier -25. Modifier -25 allows additional payment for an E/M service provided on the same day as a separate procedure or service. Upcoding occurs when a provider uses modifier -25 to claim payment for a medically unnecessary E/M service, a service not distinctly separate from the other service provided, or a service not above and beyond the care usually associated with the procedure.

PHYSICIAN RELATIONSHIPS WITH OTHER PROVIDERS

Anytime a health care business offers you something for free or below fair market value, ask yourself, **"Why?"**

Physician Investments in Health Care Business Ventures

Some physicians who invest in health care business ventures with outside parties (for instance, imaging centers, laboratories, equipment vendors, or physical therapy clinics) refer more patients to those parties than physicians who do not invest. These business relationships can improperly influence or distort physician decision-making and result in the improper steering of a patient to a particular therapy or service where a physician has a financial interest.

Excessive and medically unnecessary referrals cost the Federal Government and Medicare beneficiaries and can expose beneficiaries to harm from unnecessary services. Many of these investment relationships have serious legal risks under the AKS and Stark Law.

If you are invited to invest in a health care business whose services you might order or where you might refer your patients, ask yourself the following questions. If you answer "yes" to any of them, you should carefully consider the reasons for your investment.

- Is the investment interest offered for a nominal capital contribution from you?
- Is the ownership share larger than your share of the aggregate capital contributions made to the venture?
- Is the venture promising you high rates of return for little or no financial risk?
- Is the venture, or any potential business partner, offering to loan you the money to make your capital contribution?

PHYSICIAN INVESTMENTS

For more information on physician investments, refer to the OIG's:

- Special Fraud Alert: Joint Venture Arrangements
- Special Fraud Alert: Physician-Owned Entities
- Special Advisory Bulletin: Contractual Joint Ventures
- Supplemental Compliance Program Guidance for Hospitals

PHYSICIAN RELATIONSHIPS

For more information on physician relationships with:

- **Fellow providers**, refer to the OIG's Compliance Program for Individual and Small Group Physician Practices
- **Hospitals**, refer to the OIG's Supplemental Compliance Program Guidance for Hospitals
- **Nursing homes**, refer to the OIG's Supplemental Compliance Program Guidance for Nursing Facilities

- Are you promising or guaranteeing you will refer patients or order items or services from the venture?
- Are you more likely to refer more patients for the items and services provided by the venture because you made the investment?
- Does the venture have sufficient capital from other sources to fund its operations?

Physician Recruitment

Hospitals may provide a recruitment incentive to induce a physician to relocate to the hospital's geographic area, join its medical staff, and establish a practice that helps serve that community's medical needs. Often, such recruitment efforts fill a legitimate "clinical gap" in a medically underserved area where attracting physicians may be difficult in the absence of financial incentives.

However, in some communities, especially ones with multiple hospitals, hospitals fiercely compete for patients. To gain referrals, some hospitals may offer illegal incentives to you or to the established physician practice you join in the hospital's community. This means the competition for your loyalty can cross the line into an illegal arrangement with legal consequences for you and the hospital.

A hospital may pay you a fair market-value salary as an employee or pay you fair market value for specific services rendered to the hospital as an independent contractor. However, the hospital may **not** offer you money, provide you free or below-market rent for your medical office, or engage in similar activities designed to influence your referral decisions. **Admit your patients to the hospital best suited to care for their particular medical conditions or to the hospital your patient selects based on his or her preference or insurance coverage.**

As noted, if a hospital or physician practice recruits you as a physician to the community, it may offer a recruitment package. Unless you are a hospital employee, you cannot negotiate for benefits in exchange for an implicit or explicit promise that you will admit your patients to a specific hospital or practice setting. Seek knowledgeable legal counsel if a prospective business relationship requires you to admit patients to a specific hospital or practice group.

PHYSICIAN RELATIONSHIPS WITH VENDORS

Free Samples

Many drug and biologic companies provide physicians with free samples they may give to patients free of charge. It is legal to give these samples to your patients for free, but it is illegal to sell them. The Federal Government prosecutes physicians for billing Medicare for free samples. If you choose to accept samples, you need reliable systems in place to safely store the samples and ensure samples remain separate from your commercial stock.

Relationships With the Pharmaceutical and Medical Device Industries

Some pharmaceutical and device companies use sham consulting agreements and other arrangements to buy physician loyalty to their products. As a practicing physician, you may have opportunities to work as a consultant or promotional speaker for the drug or device industry. For every financial relationship offered, evaluate the link between the services you can provide and the compensation you will receive. Test the appropriateness of any proposed relationship by asking yourself the following questions:

INDUSTRY RELATIONSHIPS

For more information on distinguishing between legitimate and questionable industry relationships, refer to the OIG's Compliance Program Guidance for Pharmaceutical Manufacturers.

- Does the company **really** need **your** particular expertise or input?
- Does the company's monetary compensation represent a **fair**, **appropriate**, and **commercially reasonable** exchange for your services?
- Is it possible the company's monetary compensation is for **your loyalty** so you prescribe its drugs or use its devices?

If your contribution is your time and effort or your ability to generate useful ideas and the payment you receive is fair market value compensation for your services without regard to referrals, then, depending on the circumstances, you may legitimately serve as a bona fide consultant. **If your contribution is your ability to prescribe a drug, use a medical device, or refer patients for particular services or supplies, the potential consulting relationship likely is one you should avoid as it could violate fraud and abuse laws.**

Transparency in Physician-Industry Relationships

Although some physicians believe free lunches, subsidized trips, and gifts do not affect their medical judgment, research shows these types of privileges can influence prescribing practices.

Federal Open Payments Program

The Federal Open Payments Program highlights financial relationships among physicians, teaching hospitals, and drug and device manufacturers. Drug, device, and biologic companies must publicly report nearly all gifts or payments made to physicians.

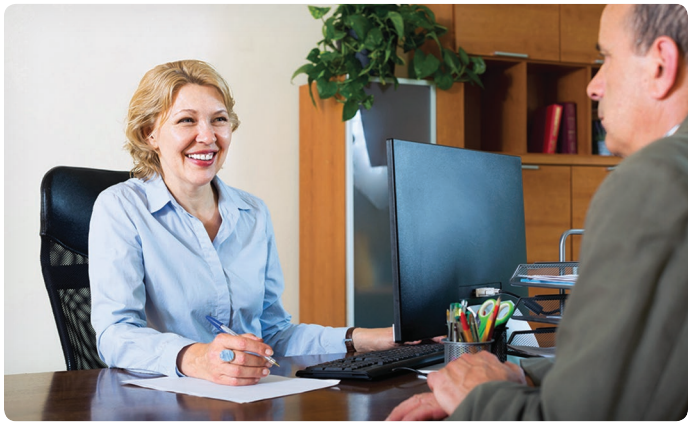
The Federal Open Payments Program requires manufacturers of pharmaceuticals or medical devices to publicly report payments to physicians and teaching hospitals. CMS posts Open Payments data on June 30 each year, including payments or other transfers of value and ownership or investment interest reports.

Publicly available information about you includes:

- Activities such as speaking engagements
- Educational materials like text books or journal reprints
- Entertainment
- Gifts
- Meals
- Participation in a paid advisory board
- Travel expenses

PHARMACEUTICAL AND MEDICAL DEVICE INDUSTRIES CODES OF ETHICS

Both the pharmaceutical industry through the Pharmaceutical Research and Manufacturers of America (PhRMA) and the medical device industry through the Advanced Medical Technology Association (AdvaMed) adopted codes of ethics regarding relationships with health care professionals. For more information, visit the PhRMA Code on Interactions With Health Care Professionals and the AdvaMed Code of Ethics.



CMS does not require physicians to register with, or send information to, Federal Open Payments. However, CMS encourages your help to ensure accurate information by doing the following:

- Keeping records and using the Open Payments Mobile for Physicians app to track payments and other transfers of value you receive from applicable manufacturers and applicable Group Purchasing Organizations (GPOs) (visit Apps for Tracking Assistance for instructions on downloading the app)
- Registering with the Open Payments system and subscribing to the electronic mailing list for Program updates

- Reviewing the information manufacturers and GPOs submit on your behalf
- Working with manufacturers and GPOs to settle data issues about your Open Payments profile

CMS closely monitors this process to ensure integrity in the data posted. For more information, visit Open Payments Data webpage.

Conflict-of-Interest Disclosures

Many of the relationships discussed in this booklet are subject to conflict-of-interest disclosure policies. Even if the relationships are legal, you may be obligated to disclose their existence. Rules about disclosing and managing conflicts of interest come from a variety of sources, including grant funders, such as States, universities, and the National Institutes of Health (NIH), and from the U.S. Food and Drug Administration (FDA) when you submit data to support marketing approval for new drugs, devices, or biologics.

If you are uncertain whether a conflict exists, apply the "newspaper test" and ask yourself if you would want the arrangement to appear on the front page of your local newspaper.

Continuing Medical Education (CME)

You are responsible for your CME to maintain State licensure, hospital privileges, and board certification. Drug and device manufacturers sponsor many educational opportunities for physicians. **It is important to distinguish between CME educational sessions and marketing sessions by a drug or device manufacturer.** If speakers recommend using a drug when there is no FDA approval or using a drug on children when the FDA has approved only adult use, independently seek out the empirical data that support these recommendations.

NOTE: Although physicians may prescribe drugs for off-label uses, it is illegal under the Federal Food, Drug, and Cosmetic Act for drug manufacturers to promote off-label drug use.

FDA BAD AD PROGRAM

Advertisements and other promotional materials for drugs, biologics, and medical devices must be truthful, not misleading, and limited to approved uses. The FDA requests physicians' assistance in identifying misleading advertisements through its Bad Ad Program. If you spot advertising violations, report them to the FDA by calling 877-RX-DDMAC (877-793-3622) or by emailing BadAd@fda.gov.

Watch the What To Do About Misleading Drug Ads video for more information.

COMPLIANCE PROGRAMS FOR PHYSICIANS

Physicians treating Medicare beneficiaries should establish a compliance program. Establishing and following a compliance program helps physicians avoid fraudulent activities and helps them submit accurate claims. The following seven components provide a solid basis for a physician practice compliance program:

1. Conduct internal monitoring and auditing
2. Implement compliance and practice standards
3. Designate a compliance officer or contact
4. Conduct appropriate training and education
5. Respond appropriately to detected offenses and develop corrective action
6. Develop open lines of communication with employees
7. Enforce disciplinary standards through well-publicized guidelines

COMPLIANCE PROGRAMS FOR PHYSICIANS

For more information on compliance programs for physicians, visit the OIG's Compliance webpage or watch this Compliance Program Basics video.

RESOURCES

Where to Go for Help

When considering whether or not to engage in a particular billing practice; enter into a particular business venture; or pursue any employment, consulting, or other personal services relationship, evaluate the arrangement for potential compliance problems. The following list of possible resources may help you:

MEDICAL IDENTITY THEFT

For more information, refer to the Medical Identity Theft & Medicare Fraud brochure.

Legal Counsel

- Experienced health care lawyers can analyze your issues and provide a legal evaluation and risk analysis of the proposed venture, relationship, or arrangement.
- The Bar Association in your State may maintain a directory of attorneys in your area who practice in the health care field.

YOU CAN HELP FIGHT FRAUD – REPORT IT!

The OIG Hotline accepts tips and complaints from all sources on potential fraud, waste, and abuse. View instructional videos about the OIG Hotline operations, as well as reporting fraud to OIG.

Professional Organizations

- Your State or local medical society may be a good resource for issues affecting physicians and may keep listings of health care lawyers in your area.
- Your specialty society may have information on additional risk areas specific to your type of practice.

CMS

- Medicare Administrative Contractor (MAC) medical directors are a valuable source of information on Medicare coverage policies and appropriate billing practices. Contact your MAC for more information.
- CMS issues advisory opinions to parties seeking advice on the Stark Law. For more information on how to request a CMS advisory opinion and links to published CMS advisory opinions, visit the CMS Advisory Opinions webpage.

OIG

- For more information on OIG compliance recommendations and discussions of fraud and abuse risk areas, refer to OIG's Compliance Program Guidance. Visit OIG's Compliance Education Materials for more information.
- OIG issues advisory opinions to parties who seek advice on the application of the Anti-Kickback Statute, Civil Monetary Penalties Law, and Exclusion Statute. For more information on how to request an OIG advisory opinion and links to published OIG advisory opinions, visit the OIG Advisory Opinions webpage.

What to Do if You Think You Have a Problem

If you think you are in a problematic relationship or have been following billing practices you now realize are wrong:

- Immediately cease filing the problematic bills
- Seek knowledgeable legal counsel
- Determine what money you collected in error from patients and from the Federal health care programs and report and return overpayments
- Undo the problematic investment by freeing yourself from your involvement
- Disentangle yourself from the suspicious relationship
- Consider using OIG's or CMS' self-disclosure protocols, as applicable

OIG Provider Self-Disclosure Protocol

The OIG Provider Self-Disclosure Protocol is a vehicle for physicians to voluntarily disclose self-discovered evidence of potential fraud. The protocol gives providers the opportunity to avoid the costs and disruptions associated with a Federal Government-directed investigation and civil or administrative litigation. For more information, visit the OIG Self-Disclosure Information webpage.

CMS Self-Referral Disclosure Protocol (SRDP)

The SRDP enables health care providers and suppliers to self-disclose actual or potential violations of the Stark Law. You can report using the SRDP on the Physician Self-Referral Law webpage.

What to Do if You Have Information About Fraud and Abuse Against Federal Health Care Programs

If you have information about fraud and abuse against Federal health care programs, use the OIG Fraud Hotline to report that information to the appropriate authorities. The Hotline allows the option of reporting anonymously. You may also contact your local MAC.

Phone: 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950

Fax: 1-800-223-8164

Email: HHSTIPS@oig.hhs.gov

Online: Forms.oig.hhs.gov/hotlineoperations/index.aspx

Medicare.gov/Fraud

Mail: U.S. Department of Health & Human Services
Office of Inspector General
ATTN: OIG HOTLINE OPERATIONS
P.O. Box 23489
Washington, DC 20026

Resources on the Web

For more information about the OIG and fraud, visit the OIG website. For more information regarding preventing, detecting, and reporting fraud and abuse, as well as other Medicare information, refer to the resources listed in Table 1. Table 2 provides hyperlinks to applicable laws.

Table 1. Fraud and Abuse Resources

Resource	Website
Can Someone Change My CPT Codes?	Medscape.com/viewarticle/872465 **NOTE:** To access this program, you will need to create a free account.
CMS Fraud and Abuse Products	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Fraud-Abuse-Products.pdf
CMS Fraud Prevention Toolkit	CMS.gov/Outreach-and-Education/Outreach/Partnerships/FraudPreventionToolkit.html
Frequently Asked Questions (FAQs): Medicare Fraud and Abuse	Questions.CMS.gov/faq.php?id=5005&rtopic=1887
Help Fight Medicare Fraud	Medicare.gov/Forms-Help-and-Resources/Report-Fraud-and-Abuse/Fraud-and-Abuse.html
Medicaid Program Integrity Education	CMS.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html
Medicaid Program Integrity: Safeguarding Your Medical Identity Products	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SafeMed-ID-Products.pdf
Medicare Learning Network® Electronic Mailing Lists: Keeping Health Care Professionals Informed Listing	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243324.html
MLN Provider Compliance	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html
OIG Email Updates	OIG.HHS.gov/Contact-Us
World of Medicare WBT	Learner.MLNLMS.com

Table 2. Applicable Laws

Statutory References	Website
Anti-Kickback Statute 42 United States Code (USC) Section 1320a-7b(b)	GPO.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7b.pdf
Civil Monetary Penalties Law 42 USC Section 1320a-7a	GPO.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7a.pdf
Criminal Health Care Fraud 18 USC Section 1347	GPO.gov/fdsys/pkg/USCODE-2016-title18/pdf/USCODE-2016-title18-partI-chap63-sec1347.pdf
Exclusion Statute 42 USC Section 1320a-7	GPO.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7.pdf
Federal Civil False Claims Act 31 USC Sections 3729–3733	GPO.gov/fdsys/pkg/USCODE-2016-title31/pdf/USCODE-2016-title31-subtitleIII-chap37-subchapIII.pdf
False, Fictitious, or Fraudulent Claims 18 USC Section 287	GPO.gov/fdsys/pkg/USCODE-2016-title18/pdf/USCODE-2016-title18-partI-chap15-sec287.pdf
Physician Self-Referral Law (Stark Law) 42 USC Section 1395nn	GPO.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXVIII-partE-sec1395nn.pdf
Regulatory Safe Harbors 42 Code of Federal Regulations (CFR) Section 1001.952	GPO.gov/fdsys/pkg/CFR-2016-title42-vol5/pdf/CFR-2016-title42-vol5-sec1001-952.pdf

Table 3. Hyperlink Table

Embedded Hyperlink	Complete URL
45 CFR 102.3	https://www.ecfr.gov/cgi-bin/text-idx?SID=f3da2968a38d247521cada756ad2ad4f&mc=true&node=pt45.1.102&rgn=div5#se45.1.102_13
AdvaMed Code of Ethics	https://www.advamed.org/issues/code-ethics
AKS	https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7b.pdf

Table 3. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Apps for Tracking Assistance	https://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/Apps-for-Tracking-Assistance.html
Civil FCA	https://www.gpo.gov/fdsys/pkg/USCODE-2016-title31/pdf/USCODE-2016-title31-subtitleIII-chap37-subchapIII.pdf
Civil Monetary Penalties Law	https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7a.pdf
CMS Advisory Opinions	https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral/advisory_opinions.html
Compliance Education Materials	https://oig.hhs.gov/compliance/101
Compliance Program Basics	https://www.youtube.com/watch?v=bFT2KDTEjAk
Compliance Program for Individual and Small Group Physician Practices	https://oig.hhs.gov/authorities/docs/physician.pdf
Compliance Program Guidance	https://oig.hhs.gov/compliance/compliance-guidance
Compliance Program Guidance for Pharmaceutical Manufacturers	https://oig.hhs.gov/authorities/docs/03/050503FRCPGPharmac.pdf
Complying With Medical Record Documentation Requirements	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909160.html
Contact Your MAC	https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map
Criminal Health Care Fraud	https://www.gpo.gov/fdsys/pkg/USCODE-2016-title18/pdf/USCODE-2016-title18-partI-chap63-sec1347.pdf
Evaluation and Management Services	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243514.html

Table 3. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Exclusion Statute	https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXI-partA-sec1320a-7.pdf
Importance of Documentation	https://www.youtube.com/watch?v=1M7kKGqSa14
Learning Management System	https://learner.mlnlms.com
List of Excluded Individuals/Entities	https://oig.hhs.gov/exclusions/exclusions_list.asp
Medical Identity Theft & Medicare Fraud	https://oig.hhs.gov/fraud/medical-id-theft/OIG_Medical_Identity_Theft_Brochure.pdf
OIG Advisory Opinions	https://oig.hhs.gov/compliance/advisory-opinions
OIG Hotline Operations	https://www.youtube.com/watch?v=Wlsnd1DYG6Y
OIG's Compliance	https://oig.hhs.gov/compliance
OIG Self-Disclosure Information	https://oig.hhs.gov/compliance/self-disclosure-info
OIG's General Exclusion Authorities	https://oig.hhs.gov/exclusions/files/1128b7exclusion-criteria.pdf
OIG Website	https://oig.hhs.gov
Open Payments Data	https://openpaymentsdata.cms.gov
PhRMA Code on Interactions With Health Care Professionals	http://www.phrma.org/codes-and-guidelines/code-on-interactions-with-health-care-professionals
Physician Self-Referral Law	https://www.gpo.gov/fdsys/pkg/USCODE-2016-title42/pdf/USCODE-2016-title42-chap7-subchapXVIII-partE-sec1395nn.pdf
Physician Self-Referral Law Webpage	https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral
Reporting Fraud to OIG	https://www.youtube.com/watch?v=nH7p30j7dOw
Revisions to Safe Harbors Under the AKS & CMPs	https://www.gpo.gov/fdsys/pkg/FR-2016-12-07/pdf/2016-28297.pdf
Safe Harbor Regulations	https://oig.hhs.gov/compliance/safe-harbor-regulations
Special Advisory Bulletin: Contractual Joint Ventures	https://oig.hhs.gov/fraud/docs/alertsandbulletins/042303SABJointVentures.pdf

Table 3. Hyperlink Table (cont.)

Embedded Hyperlink	Complete URL
Special Fraud Alert: Joint Venture Arrangements	https://oig.hhs.gov/fraud/docs/alertsandbulletins/121994.html
Special Fraud Alert: Physician-Owned Entities	https://oig.hhs.gov/fraud/docs/alertsandbulletins/2013/pod_special_fraud_alert.pdf
Supplemental Compliance Program Guidance for Hospitals	https://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf
Supplemental Compliance Program Guidance for Nursing Facilities	https://oig.hhs.gov/fraud/docs/complianceguidance/nhg_fr.pdf
What To Do About Misleading Drug Ads	https://www.medscape.com/viewarticle/754890