



April 2013

<Name>
<Address>
<Address>

Dear <Name>,

2013 brings many great possibilities for CareSource, our Provider network and our Members. As we look at what remains of the year ahead, we continue to look for ways to make it easier for you to work with CareSource. Below are highlights of some of our recent efforts as part of our commitment to quality and improved health for our Members.

EFT Reminder – Electronic Funds Transfer is available for all CareSource Providers in Ohio. EFT is simple, convenient, reliable and secure. We encourage you to go to www.caresource.com to download and complete an enrollment form.

Provider Satisfaction Survey Results – From October to December 2012, The Meyers Group distributed and gathered over 1,900 surveys from CareSource providers. Overall, CareSource scored higher than The Myers Group benchmarks in all composite categories surveyed. We are happy to share with you some highlights of those surveys.

Care Management Program Success – Care Management programs for both our CareSource Advantage[®] (HMO SNP) and Ohio Medicaid members are designed to support the care and treatment you provide to your patients. You can help continue the success of the programs for all of our members by taking an active role to develop individualized care plans for your patients.

Care Treatment Plans Online – Individualized care treatment plans for CareSource Members can be found on our Provider Portal. We encourage you to direct and participate in the development of care plans to help meet your patients' needs.

These highlights are discussed in more detail in the latest edition of our *ProviderSource* newsletter, enclosed.

We thank you in advance for your help in improving the health of our Members in 2013.

Sincerely,

A handwritten signature in black ink that reads "Craig Thiele MD".

Craig Thiele, MD
Chief Medical Officer

P.O. Box 8738
Dayton, OH 45401-8738
caresource.com

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OH-P-667



The Federal and State False Claims Acts

The Federal False Claims Act:

Using the False Claims Act (the Act), you can help reduce fraud against the federal government. The Act allows everyday people to bring “whistleblower” lawsuits on behalf of the government known as “qui tam” suits against businesses or other individuals that are defrauding the government through programs, agencies or contracts.

As amended in 2009, the False Claims Act addresses those who:

- a) Knowingly presents or causes to be presented, a false or fraudulent claim for payment or approval;
- b) Knowingly makes, uses or causes to be made or used, a false record or statement material to a false or fraudulent claim;
- c) Conspires to commit a violation of any other section of the False Claims Act
- d) Has possession, custody or control of property or money used, or to be used, by the Government and knowingly delivers, or causes to be delivered, less than all of that money or property;
- e) Is authorized to make or deliver a document certifying a receipt of property used, or to be used by the Government, and intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;
- f) Knowingly buys or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge property;
- g) Knowingly makes, used or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or improperly avoids or decreases an obligation to pay or transmit money or property to the Government.

Additional information on the False Claims Act and our fraud, waste and abuse policies can be found on our website, www.caresource.com.

The Deficit Reduction Act of 2005:

The Deficit Reduction Act of 2005 (DRA) contains many provisions reforming Medicare and Medicaid that are designed to reduce program spending. As an entity that offers Medicaid and Medicare coverage, CareSource is required to comply with certain provisions of the DRA. One such provision prompted this communication, as it requires us to provide you with information about the federal False Claims Act, state False Claims Acts, and other state laws regarding Medicare and Medicaid Fraud. **In addition, the DRA requires you and your contractors and agents to adopt our policy on fraud, waste and abuse when handling CareSource business.**



Ohio Law:

While Ohio has not passed its own false claims statute, there may nevertheless be liability under various Ohio laws regarding false or fraudulent claims with respect to Medicaid/Medicare program expenditures, including:

- Medicaid Fraud, Ohio Revised Code Sec. 2913.40
- Medicaid Eligibility Fraud, Ohio Revised Code Sec. 2913.401
- Falsification, Ohio Revised Code Sec. 2921.13
- Offenses by Medicaid Providers, Ohio Revised Code Sec. 5111.03

Other Fraud, Waste and Abuse Laws:

- Under the **Federal Anti-Kickback Statute**, and subject to certain exceptions, it is a crime for anyone to knowingly and willfully solicit or receive, or pay anything of value, including a kickback, bribe or rebate in return for referring an individual to a person for any item or service for which payment may be made in whole or in part under a federal health care program. 42 U.S.C §1320a-7b.
- Under the **Federal Stark Law**, and subject to certain exceptions, physicians are prohibited from referring federal health care program patients for certain designated health services to an entity with which the physician or an immediate family member has a financial relationship. The Stark Law imposes specific reporting requirements on entities that receive payment for services covered by federal health care programs. 42 U.S.C §1395(a) and §1903(s).
- As part of the **Health Insurance Portability and Accountability Act (HIPAA)**, the U.S. Criminal Code was amended, and it is a crime to knowingly and willfully execute, or attempt to execute a scheme or artifice to defraud any federal health care program or obtain by means of false or fraudulent pretenses, representations or promises, any money or property owned by or under the custody or control of any federal health care program. 18 U.S.C. §1347.

Prohibited Affiliations:

CareSource is prohibited by its federal and state provider agreements from knowingly having relationships with people who are debarred, suspended or otherwise excluded from participating in federal procurement and non-procurement activities. Relationships must be terminated with any trustee, officer, employee, provider or vendor who is identified to be debarred, suspended or otherwise excluded from participation in federal or state health care programs. If you or your office management staff is a prohibited affiliation, you must notify us **immediately**.

Disclosure of Ownership, Debarment and Criminal Convictions

Before CareSource enters into or renews an agreement with your practice or corporate entity, you must disclose any debarment or suspension status and any criminal convictions related to federal health care programs for yourself, your managing employees, and anyone with ownership or controlling interest in your practice or corporate entity. You must **immediately** notify CareSource if the ownership or controlling



interest of your practice or corporate entity changes. This includes ownership and controlling interest by a spouse, parent, child or sibling. You may also be required to provide us with information concerning your ownership of any related medical entity where there are significant financial transactions. More information and relevant definitions may be reviewed at: 42 C.F.R. 455.100-106.

Protections for Reports of Fraud, Waste and Abuse:

Federal and state law and CareSource's policy prohibit any retaliation or retribution against persons who report suspected violations of these laws to law enforcement officials or who file "whistleblower" lawsuits on behalf of the government. Anyone who believes that he or she has been subject to any such retribution or retaliation should also report this to the Special Investigations Unit using the contact information in this letter.

Fraud, Waste and Abuse Reporting Process:

It is CareSource's policy to detect and prevent any activity that may constitute fraud, waste or abuse, including violations of the federal False Claims Act or any state Medicaid fraud laws. If you have knowledge or information that any such activity may be or has taken place, please contact our Special Investigations Unit using the contact information in this letter. Information may be reported **anonymously**.

CareSource Special Investigations Unit Contact Information:

- **Anonymous Fraud Hotline:** 1-800-488-0134. Follow the prompts for reporting fraud.
- **Anonymous Mail:** Use the "Fraud, Waste and Abuse Reporting Form" on www.caresource.com. Mail to:

CareSource
Attn: Special Investigations Unit
P.O. Box 1940
Dayton, OH 45401-1940

- **Not Anonymous (Email, Fax):**
 - **Email:** fraud@caresource.com
 - **Fax:** 1-800-418-0248

All reports are **confidential** to the extent permitted by law. Thank you for your help in the fight against health care fraud, waste and abuse.