

Detecting & Preventing Medicaid Waste, Fraud, and Abuse Policy

Federal and state laws prohibit waste, abuse, and fraud of Medicaid funds that Comprehensive Systems, Inc. receives for services provision. These laws include the **2005 Deficit Reduction Act and False Claims Act (amended 1986)**. At Comprehensive Systems, Inc. Medicaid funds are received for Intermediate Care Facility for persons with Intellectual Disabilities (ICF/ID), Adult Rehabilitation Option or Remedial Services, and Home and Community Based Waiver Services (HCBS).

Comprehensive Systems, Inc.(CSI) strictly prohibits Medicaid waste, abuse, and fraudulent practices. The leadership of CSI is aware of and fully committed to the organization clearly establishing expectations regarding employee behavior, i.e. to act in a way that always respects laws and regulations and in a manner that will protect the organizations's assets from fraud, waste, and abuse. The leadership of Comprehensive Systems, Inc. strongly believes that the development and implementation of policies and procedures and other corporate compliance measures will help ensure regular monitoring and conformance with all legal and regulatory requirements.

Medicaid waste, abuse or fraud may include, but are not limited to, the following:

1. Billing for services that were never provided
2. False cost reports whereby inappropriate expenses not related to services provision are intentionally included in cost reports
3. Illegal kickbacks, where a provider may conspire with another provider to share of part of monetary reimbursement the provider receives in exchange for services referrals. Such kickbacks could include cash, vacation trips, automobiles or other items of value.

Any employee who suspects Medicaid waste, abuse or fraud should immediately report the allegation to his/her supervisor or the Corporate Compliance Director or a member of the Compliance Committee. A report can also be made to the President of the Board of Directors of Comprehensive Systems, Inc. For those not comfortable with reporting in person, a written and anonymous Confidential Report of Concern may be completed. The form can be found (1) on Edoc in Staff Documents (f0307.1) (2) in the Comprehensive Systems, Inc. Forms Book , or (3) on the company website at www.comprehensivesystems.org. Click on the Corporate Compliance link and scroll down until you find the form. Directions on how to submit the report can be found in the handbook and on the website. An internal investigation will be initiated immediately after a report is received. Appropriate corrective actions will be taken as a result of the investigative findings, including self-reporting to the Department of Human Services (DHS). Suitable disciplinary actions will be implemented as a result of the internal investigation. All founded allegations related to the investigation will be maintained in the Corporate Compliance Director's confidential records.

Employees may report suspected Medicaid waste, abuse or fraud to:

1. Iowa Medicaid Director, Division of Medical Services, Department of Human Services (DHS), 100 Army Post Road, Des Moines, Iowa 50315, phone number 515/725/1121, FAX number 515/725/1010 or
2. Iowa Medicaid Fraud Control Unit with the Department of Inspections and Appeals (DIA), Lucas State Office Building, 3rd Floor, Des Moines, Iowa, 50319, phone number 515/281/6377, or FAX number 515/242/6507 or
3. Health and Human Services Office of Inspector General, phone number 1/800/hhs/tips, FAX number 1/800/223/8164, E-Mail hhstips@oig.hhs.gov, mailing address: Office of Inspector General, Department of Health and Human Services, ATTN.: hotline, 330 Independence Ave., SW, Washington, DC 20201.

False Claims Act — “Whistleblower” Protection – Non Retaliation

The False Claims Act contains language protecting “whistleblower employees,” who report suspected Medicaid waste, abuse and fraud, from retaliation by their employer. Employees that are discharged, demoted, suspended, threatened, harassed or in any way discriminated against in the terms and conditions of employment by the employer for “blowing the whistle” are entitled to recover all relief necessary to make the employee whole. Damages available to the employee that proves retaliation include: reinstatement, two times back pay, interest, emotional distress damages, costs, and attorney’s fees. Additionally, the successful whistleblower may be eligible to recover 15% to 30% of the government’s recovery from the fraudulent practice. The False Claims Act allows a private person to file a lawsuit on behalf of the United State government against a person or business that has committed the fraud.

Any employee who feels they are being retaliated against for reporting Medicaid waste, abuse or fraud should immediately report this concern to the Corporate Compliance Director. Comprehensive Systems, Inc. will implement appropriate protective actions for the employee. An internal investigation will be initiated immediately with suitable corrective actions taken as a result of the investigative findings. Documentation related to founded allegations will be maintained in the Corporate Compliance Director’s confidential records. (See Comprehensive Systems, Inc. Corporate Compliance Program)

Documentation

Comprehensive Systems, Inc. also monitors Medicaid documentation in order to detect and prevent improper payments for Medicaid services.

Improper payments may include the following:

1. Payment for services when the service provision is not adequately documented. A service

that is not adequately documented should not be billed to Medicaid. *Comprehensive Systems, Inc. has implemented an audit process to monitor documentation.*

2. Medically unnecessary services due to lack of documentation in medical records to support eligibility and need for services. *Comprehensive Systems, Inc. Nursing, Accounts Payable, and Admissions verify any medical procedures.*
3. Incorrect coding when billing for services and/or using the wrong code for a particular service. *Comprehensive Systems, Inc. has implemented an audit process to verify billing.*
4. Non-covered costs or services that do not meet the state of Iowa's reimbursement rules and regulations. *These are services that are not medically necessary.*
5. Third party liability is where a private insurance company or another payer, was the primary payer and Medicaid was billed instead. *Comprehensive Systems, Inc. Accounts Payable and Unit/Home Administrators are responsible for making sure the appropriate entity is billed..*

Any employee, who suspects improper Medicaid documentation, should immediately report the allegations to the Corporate Compliance Director. An internal investigation will be initiated immediately with appropriate corrective actions taken as a result of the investigative findings. All documentation for founded allegations will be maintained in the Corporate Compliance Director's confidential records.

Any employee, who feels retaliation from having reported improper Medicaid documentation, should immediately report this concern to his/her Supervisor, Program Director, Associate Director, Executive Director, or Corporate Compliance Director. Comprehensive Systems, Inc. will implement protective procedures as stated in the Corporate Compliance Program. An internal investigation will be initiated immediately upon receipt with appropriate corrective actions taken as a result of the investigative findings. All documentation for founded allegations will be maintained in the Corporate Compliance Director's confidential records.

Mechanisms and Procedures for Detection and Prevention

Comprehensive Systems, Inc. has key mechanisms and procedures in place to detect and prevent Medicaid waste, abuse, fraud, and improper documentation including:

1. Annual External Audit completed by an outside Certified Public Accountant (CPA) for all Medicaid funded services.
2. An outside Certified Public Accountant completes all Medicaid prospective and annual cost reports submitted to the Department of Human Services (DHS).
3. Samples of Medicaid service logs are reviewed each month by the Internal Auditor prior to billing for services, ensuring documentation meets rules and regulations prior to billing for services. Corrective actions are implemented as needed to improve the quality of

Medicaid documentation.

4. Initial and Annual Training is provided to all employees on detecting and preventing Medicaid abuse, waste, and fraud including reporting procedures.
5. Each month, Quality Assurance staff completes random reviews of Medicaid service logs from the CSI service areas. Reports are generated which include any corrective actions needed to improve the quality of documentation.

False Reports

Filing a false report is a serious offense. Reporting is not intended for petty gripes or to get another employee “in trouble.” Any employee, filing an intentionally false or misleading report, would be subjected to disciplinary action up to and including termination.

Employment

Comprehensive Systems, Inc. will not hire any individual who is on the Abuse Registry or OIG Registry. If a criminal record exists, DHS will determine if the individual is eligible for employment. During the course of employment, it will be the responsibility of the employee to notify the employer within forty-eight (48) hours of founded charges of child or dependent adult abuse, any criminal convictions that they are found guilty of that could have an adverse impact on their ability to perform their job duties or if they are placed on the Office of Inspector General (OIG) Exclusion List. The Iowa Department of Human Services will determine if the employee can remain employed at Comprehensive Systems, Inc. in accordance with the Iowa Code. If determination is made by the Iowa Department of Human Services that the employee is prohibited from working at Comprehensive Systems, Inc., the employee will be terminated. If the employee is added to the OIG Exclusion List they are not allowed to work for Comprehensive Systems, Inc. and will be terminated.

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P308