

PREVENTING, DETECTING AND REPORTING WASTE, FRAUD and ABUSE – Policy and Procedures

Corporate Compliance Program

Purpose

To provide information to employees, vendors and contractors regarding provisions of the False Claims Act and whistleblower activities as mandated by the Deficit Reduction Act.

To ensure that ERC will generate billing and claims accurately reflecting that services rendered are supported by relevant documentation and are submitted in compliance with applicable laws, rules, regulations and program requirements.

Scope

This policy and procedure applies to all employees, vendors and contractors of ERC.

All ERC employees responsible for rendering services, submitting documentation, and billing for services are affected by this policy and procedure.

Definitions

Fraud – The intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to self or to some other person.

Waste – The overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system. It is generally considered to be caused by criminally negligent actions, but by the misuse of resources.

Abuse – The practices that are inconsistent with accepted sound fiscal, business, or medical practices, and result in an unnecessary cost of in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

Policy

ERC is committed to preventing health care fraud, waste and abuse and complying with applicable Federal and State fraud, waste and abuse laws. To ensure compliance with such laws, ERC has mechanisms in place to detect and prevent fraud, waste, and abuse. It also supports the efforts of Federal and State authorities in identifying fraud, waste and abuse. This policy provides information to our employees, vendors and contractors about ERC's procedures to detect and report fraud, waste and abuse, including: 1) how to report concerns internally; 2) an overview of applicable federal and state laws; 3) whistleblower protections, as required by the Deficit Reduction Act of 2005; and, 4) how to report violations externally.

Health Care Fraud, Waste and Abuse Laws

- A. The Deficit Reduction Act
- B. The Federal False Claims Act
- C. Program Fraud Civil Remedies Act of 1986
- D. Anti-Kickback Statute
- E. The Arkansas Medicaid Fraud False Claims Act
- F. The Arkansas Medicaid Fraud Act
- G. Federal Whistleblower Protections
- H. State Whistleblowers Protections

Examples of Fraud, Waste and Abuse (not limited to this list)

- 1. Providing medically unnecessary services
- 2. Billing for services that were never rendered
- 3. Falsifying certificates of medical necessity and technical requirements
- 4. Billing for services without supportive documentation
- 5. Routinely providing services above expected clinical standards
- 6. Misrepresenting who rendered services
- 7. Improper payment to providers contributing to overpayment

Procedures – Prevention & Reporting Mistakes or Errors in Billing

A. Prevention

1. Corporate Compliance Program with related Policies and Procedures
2. Employee, Vendor and Contractor Education Programs
3. Internal Audit System – *to be implemented*
4. Risk Assessment and Plan

B. Internal Reporting

1. Contact information for Corporate Compliance Officer is easily accessible
2. Hotline (to be implemented 2017)
3. Non-retaliation policy for reporting

C. Internal Investigation – same procedures as listed in Code of Ethical Conduct and Personnel Policies Manual

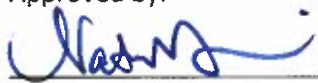
D. External Reporting – suspected or known fraud

1. Arkansas Office of the Medicaid Inspector General
Hotline: 1-855-527-6644
Internet link: <http://omig.arkansas.gov/>

2. Health and Human Services Office of Inspector General
Phone: 1-800-447-8477
Fax: 1-800-377-4950
TTY: 1-800-377-4950
Mail: US Department of Health and Human Services
Office of Inspector General
ATTN: OIG Hotline Operations
PO Box 23489
Washington, DC 20026
Internet link: <https://oig.hhs.gov/fraud/report-fraud/index.asp>

Review/Revision/Approval Information

- List all review/revision dates made by P&P Review Committee: 8/2010, 2/2017, 2/2019, 6/2019
- Policy reviewed/approved by Board of Directors: 2/2017
- Approved by:


Executive Director, or designee

06/17/19
Date


Corporate Compliance Officer

6/17/2019
Date

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