




## Policy and Procedures

<b>DEPARTMENT NAME</b> Fiscal		
<b>SUBJECT:</b> Fraud and Abuse Compliance Plan; Anti-Fraud Plan	<b>POLICY NUMBER:</b> FM-001	
<b>APPROVAL:</b> 	<b>EFFECTIVE DATE:</b> 10/1/16	<b>REPLACES :</b> FM-001 dated 2-4-16

- I. **PURPOSE:** The purpose of this policy is to establish the method used by the Children's Network of Southwest Florida (CNSWFL) to ensure compliance in regard to the Sunshine Health Fraud and Abuse Compliance and Anti-Fraud Plan as it relates to candidates for the Medicaid funded integrated health plan.
  
- II. **REVIEW HISTORY:** This is a new Policy.
  
- III. **CONTACT:** CNSWFL Chief Financial Officer
  
- IV. **PERSONS AFFECTED:** This policy affects the children within the system of care who have physical, mental health/behavioral health needs. It also affects the staff of case management organizations and staff working with Sunshine State Specialty Plan providers delivering services to the children.
  
- V. **POLICY:** The Fraud and Abuse Prevention Program is a comprehensive plan for the prevention, detection and reporting of fraud, waste and abuse across various categories of health care related fraud.
  
- VI. **RATIONALE:** This procedure acknowledges that the CNSWFL participates in Sunshine Health Fraud and Abuse Compliance and Anti-Fraud Plan and notifies Sunshine Health of potential fraud, abuse, and/or waste.
  
- VII. **CROSS REFERENCES:**
  - A. 42 CFR
  - B. Florida Medicaid Community Behavioral Health Services Coverage and Limitations Handbook
  - C. Sunshine Health Fraud and Abuse Compliance and Anti-Fraud Plan
  - D. AD-007 Whistle Blowers Policy

VIII. **DEFINITIONS:**

**A. Abuse** is defined as provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Florida Medicaid Program or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Florida Medicaid program. (42 CFR 455.2). Abuse may, directly or indirectly, result in unnecessary costs, improper payment, payment for services which fail to meet professionally recognized standards of care, or that are medically unnecessary. The provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

**B. Contracted Service Provider** means a private agency that has entered into a contract with the department or with a community-based care lead agency to provide supervision of and services to dependent children and children who are at risk of abuse, neglect, or abandonment.

**C. Conviction or Convicted** (42 CFR 455.2) means that a judgment of conviction has been entered by a Federal, State, or local court, regardless of whether an appeal from that judgment is pending. A credible allegation of fraud (42 CFR 455.2) may be an allegation, which has been verified by the State, from any source, including but not limited to the following:

1. Fraud hotline complaints;
2. Claims data mining; or
3. Patterns identified through provider audits, civil false claims cases, and law enforcement investigations.

Allegations are considered to be credible when they have indicia of reliability and the State Medicaid agency has reviewed all allegations, facts, and evidence carefully and acts judiciously on a case-by-case basis.

**D. Exclusion** (42 CFR 455.2) means that items or services furnished by a specific provider who has defrauded or abused the Medicaid program will not be reimbursed under Medicaid.

**E. Fraud** is defined as knowingly and intentionally executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program. It is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42 CFR 455.2).

**F. Lead Agency** means an "eligible lead community-based provider" as defined in Section 409.1671(1)(e), F.S. The functions of a community based care lead

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agency include: (a) Organize and manage a network of service providers; (b) Provide case management for any children/families referred.

- G. Medicaid** means "Medicaid" as defined in Rule 59G-1.010, F.A.C. which includes eligibility based on income for most groups using Modified Adjusted Gross Income (MAGI)
- H. Overpayment** is defined per s. 409.913, F.S., as including any amount that is not authorized to be paid by the Medicaid program whether paid as a result of inaccurate or improper cost reporting, improper claiming, unacceptable practices, fraud, abuse, or mistake.
- I. Suspension** (42 CFR 455.2) means Items or services furnished by a specified provider who has been convicted of a program-related offense in a Federal, State, or local court will not be reimbursed under Medicaid.

**IX. PROCEDURES:**

- A.** Initial identification of suspicious activity may occur, through including but not limited to, any of the following avenues:
  - 1. Treatment record reviews conducted as part of the QI process;
  - 2. Member and/or customer complaints;
  - 3. Suspicion raised by Lead Agency staff including Behavioral Health or Nursing Coordinators;
  - 4. An external source (government agencies or other insurers);
  - 5. Complaints filed with CNSWFL; or
  - 6. Case record audits/onsite provider reviews.
- B.** CNSWFL staff and/or subcontracted provider staff are required to report identified suspected cases of fraud, waste or abuse immediately.
  - 1. Potential Fraud, Waste or Abuse may be reported to the CBCIH Compliance Manager via the Integrate® Notify Application
  - 2. Potential Fraud, Waste or Abuse may be reported by calling the CBCIH's Compliance Officer:

CBCIH Compliance Officer:

Paige Blinderman  
1-321-441-2060  
compliance@cbcih.com

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3. Reports shall be made directly to Sunshine State Specialty Plan through any of the following methods:

- Sunshine Health Anonymous and Confidential Hotline: 1-866-685-8664
- Sunshine Health Compliance Hotline: 1-800-345-1642
- Compliance Unit phone Number: 1-866-796-0530
- Compliance Unit Email: Compliancefl@centene.com

- Reports to the Compliance Hotline may be made 24 hours a day/7 days a week and is maintained by an outside vendor. Callers may choose to remain anonymous. All calls will be investigated and remain confidential.
- Reports can also be made to the Departments' Consumer Complaint Hotline toll-free at 1-888-419-3456 or by completing a Medicaid Fraud and Abuse Complaint Form, which is available online at:

[https://apps.ahca.myflorida.com/InspectorGeneral/fraud\\_complaintform.aspx](https://apps.ahca.myflorida.com/InspectorGeneral/fraud_complaintform.aspx)

- Florida Attorney General's Office: 1-866-966-7226
- Florida Medicaid Program Integrity Office: 1-850-412-4600
- Department of Financial Services – Complaint Form

C. Approved training material has been developed and distributed to CBCIH staff and the CBC Lead Agencies for annual review. CBCIH and CBC Lead Agencies may utilize either of the following links to complete the training:

1. Training may be completed via the CBCIH website:  
<http://www.cbcih.net/#!/training/c10b0>
2. Training may be completed via the Sunshine Health Website:
3. [https://www.sunshinehealth.com/content/dam/centene/Sunshine/pdfs/SUN\\_2016-FWA-Training-for-Employees-and-FDRs-\\_\\_Providers-\\_\\_Rev010616.pdf](https://www.sunshinehealth.com/content/dam/centene/Sunshine/pdfs/SUN_2016-FWA-Training-for-Employees-and-FDRs-__Providers-__Rev010616.pdf)

D. Upon completion of the training, the trainee must indicate (via the FWA Attestation) that the training material has been reviewed and that the training has been completed. The FWA Attestation can be completed online at: <http://www.cbcih.net/#!/forms/c20ko>; or the trainee may utilize the certificate contained at the end of either of the presentations. This Attestation of training completion should be maintained for review during contract monitoring visits by CBCIH and/or Sunshine Health. CBCIH submits FWA

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training information to Sunshine Health in accordance with the reporting requirements, detailed within Exhibit IV of the Vendor Agreement.

- E. Children's Network of Southwest Florida has policy AD-007, whistle blowers policy which addresses confidentiality and non-retaliation to encourage open communication and the reporting of incidents of suspected fraud, waste, and abuse to CNSWFL.

## Mary Lynn Smith

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**From:** Bette Mclean  
**Sent:** Monday, April 03, 2017 8:53 AM  
**To:** Mary Lynn Smith  
**Subject:** FW: fraud policy  
**Attachments:** FM 001- Fraud and Abuse Compliance Plan.doc

Fraud one is ready

Like us on Facebook: <http://www.facebook.com/CNSWFL>

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**From:** Renetta Williams [<mailto:Renetta.Williams@cbcih.com>]  
**Sent:** Friday, March 31, 2017 4:49 PM  
**To:** Bette Mclean  
**Subject:** RE: fraud policy

Hi,

Not going to take this into my weekend. Reviewed and looks perfect. You can have the rest of the day off!

**Renetta Williams, MBA, CPHM**  
*Regional Coordinator-West*

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INTEGRATED HEALTH