892 Fraud, Waste and Abuse Awareness and Reporting Policy

PURPOSE:
To ensure Greene Arc, Inc. has a comprehensive plan to detect, correct and prevent fraud, waste and abuse as required by Pennsylvania Department of Human services (DHS), more specifically the Office of Developmental Programs (ODP) Bulletin 00-17-02.

POLICY:
Greene Arc, Inc. requires all of its work force to exercise due diligence in the prevention, detection and correction of fraud, waste and abuse. Greene Arc, Inc. promotes an ethical culture of compliance with all state and federal regulatory requirements, and mandates the reporting of any suspected fraud, waste and abuse to the Executive Director by any means including the use of calling 1-(866)-379-8477 or mail:

Department of Human Services
Office of Administration
Bureau of Program Integrity
P.O. Box 2675
Harrisburg, PA 17105-2675

DEFINITIONS
ABUSE:
Abuse includes actions that may directly or indirectly result in unnecessary cost to the Office of Developmental Programs, improper payment; payment of services that failed to meet the professionally recognized standards of authorized services, or services that are not necessary.

FRAUD:
Means an intentional deception or misrepresentation that an employee knows to be false or does not believe to be true, and the employee makes knowing that the deception could result in some unauthorized benefit to himself/herself or to some other person.

WASTE:
The inappropriate utilization and/or inefficient use of resources.

Greene Arc, Inc.

Policy and Procedure Manual
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POLICY 892

Greene Arc is committed to operating with honesty and integrity. Therefore, all employees must ensure that all statements, submissions and other communications with individuals, prospective individuals, all government entities, suppliers and other third parties are truthful, accurate and complete.

Greene Arc is committed to ethical, honest billing practices and expects every employee to be vigilant in maintaining these standards at all times. Greene Arc will not tolerate any deliberately false or inaccurate billing. Any employee who knowingly submits a false claim, or provides information that my contribute to submitting a false claim such as falsified clinical, billing, progress notes or time card/time sheets documentation is subject to termination. In addition, legal or criminal actions may be taken.

PROHIBITED PRACTICES, BUT ARE NOT LIMITED TO:

- Billing for services that were not provided or costs that were not incurred;
- Duplicate billing—billing for service more than once;
- Billing for services that were not authorized;
- Assigning an inaccurate code to increase reimbursements;
- Providing false or misleading information about a client's condition or eligibility;
- Failing to Identify and refund credit balances;
- Submitting bills without supporting documentation;
- Soliciting, offering, receiving or paying a kickback, bribe, rebate or any other remuneration in exchange for referrals.

If you observe or suspect that false claims are being submitted or have knowledge of a prohibited practice, you must immediately report the situation the Executive Director. Should the Executive Director be unavailable you must report to your immediate Supervisor.

Documentation of waiver services and TSM serves multiple purposes, including but not limited to:

1. Provide a claim record to support the claiming of Federal Financial Participation (FFP); and maintain a record of service-related information that provides a:
    - Record of essential information.
    - Communication tool for support team.

    Document to monitor, assess, and adjust service delivery to ensure individual progress toward preferred outcomes. Resources for quality assurance and improvement.

Claim Records and Service Documentation

Claims documentation requirements ensure that necessary measures are in place to verify that services that are billed to the Office of Developmental Programs (ODP) are delivered to the individuals approved to receive the services. Providers must maintain the documentation used to generate a claim. If the provider does not have this documentation, the claim is not eligible for FFP.

To justify FFP claiming of waiver services and TSM, each claim must be supported by documentation that demonstrates that the service is:

- Provided to a Medicaid-eligible individual. Medicaid eligibility can be verified by checking Eligibility Verification System (EVS);
- Provided by a qualified provider meeting licensing and/or other standards for authorized services, and qualifications have been verified and documented;
- Authorized based on assessed need;
- Rendered as authorized in the person-centered support plan; and Complaint with the State Medicaid Manual, which state that each claim for service must include the following:

1. Date the service was rendered;
2. Name of Recipient;
3. Medicaid identification number;
4. Name of the provider agency and person providing the service;
5. Nature, extent, or units of service; and
6. The place(s) the services were rendered.

This policy is in accordance with the following:

Office of Developmental Programs (ODP) Bulletin # 00-17-02
ODP Announcement – ODP Communication #118-17
ODP Announcement – ODP Communication #113-17