



Hawai`i
Department of Health
Adult Mental Health Division

AMHD Business Compliance
Reporting Suspected Fraud & Abuse

2017

ADULT MENTAL HEALTH DIVISION



The AMHD Business Compliance Program consists of:

1. Introduction
2. AMHD's Commitment to Compliance
3. Fraud and Abuse
4. Whistleblower Protections
5. Reporting Suspected Violations
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7. Investigation of Reports



1. Introduction

The Centers for Medicare and Medicaid (CMS) is committed to combatting Medicaid provider fraud, waste and abuse which diverts dollars that could otherwise be spent to safeguard the health and welfare of Medicaid recipients. In February 2006, the Deficit Reduction Act (DRA) 2005 was signed into law and created the Medicaid Integrity Program (MIP) under section 1936 of the Social Security Act. MIP is the first comprehensive federal strategy to prevent and reduce provider fraud, waste and abuse in the \$300 billion per year Medicaid Program.

The Adult Mental Health Division (AMHD) is committed to maintaining an effective business compliance program in accordance with the compliance program guidelines published by the Office of Inspector General, U.S. Department of Health and Human Services.



Introduction (Continued)

The purpose of the AMHD Business Compliance Program is to educate employees, and to make every effort to prevent and detect violations of law and Division policy.

This commitment does not stop with merely adhering to the law. Even where the law is permissive, employees should choose the course of highest integrity. Local customs, traditions, and morals differ from place to place. Honesty, integrity, and fair dealing, however, are respected in any culture.

AMHD cares how results are achieved. Employees are obligated to inform management of all they are doing, to record all transactions accurately in their records, and to be honest and forthcoming with internal and external audits.



2. AMHD's Commitment to Compliance

1.Our Commitment to Quality – It is vital that AMHD maintains a high standard of quality in clinical care delivery, in consumer interactions and in service to our community and each other.

2.Our Commitment to Consumers – AMHD's relationship to our consumers is of primary importance. We must ensure that we continue to earn their trust by providing quality care and services.

3.Our Commitment to Our Employees – AMHD's culture is quality and customer oriented, performance-based, and people driven. AMHD employees should promote and sustain this culture; treat each other with dignity, respect, and integrity.

4.Our Commitment to Our Providers – Contracted Purchase of Service Providers are to be treated with dignity, respect, and integrity while holding them to high standards of quality and excellence.

5.Our Commitment to Excellence – AMHD employees and contractors are expected to provide quality care and service, and perform their work in a committed, conscientious, and considerate manner; maintain high standards of courtesy, respect, caring, and kindness in dealing with consumers, other employees, providers, and the public.



3. Fraud and Abuse

“Fraud” An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It also includes any act that constitutes fraud under applicable Federal and State law. (Source: 42 CFR 455.2)



Fraud and Abuse (Continued)

Employees are required to report **fraud** or other dishonest acts when they have a reasonable basis to believe such an act is occurring or has occurred. **Fraud** is typically characterized as:

1. Knowingly submitting false statements or making misrepresentation of fact to obtain a healthcare payment for which no entitlement would otherwise exist.
2. Knowingly soliciting payment and/or accepting remuneration to induce or reward referrals for items or services reimbursed by Federal Healthcare Programs.
3. Making prohibited referrals for certain designated health services, e.g., physical therapy, home health services, durable medical equipment.

Examples of Healthcare **Fraud** include:

- A. Offering or accepting money or gift in exchange for Medical Services.
- B. Knowingly billing for services not furnished or rendered.



Fraud and Abuse (Continued)

- C. Knowingly billing for services at a level of complexity higher than the service actually provided or documented in the medical record (“up-coding”).
- D. Forgery or alteration of documents or reports.
- E. Knowingly billing for services for appointments that the consumer failed to keep.
- F. Knowingly submitting claims piecemeal or in a fragmented fashion to maximize reimbursement. Services are required to be billed together per Center for Medicare and Medicaid guidelines (“unbundling”).
- G. Incurring contractual or other obligations that exceed appropriations.
- H. Accepting money, things, and/or services from Consumers in exchange for services.

In order to ensure that AMHD uses its fiscal resources effectively, the AMHD is committed to complying with all applicable state laws regarding fraud and abuse.

Fraud concerns should be reported to the AMHD Business Compliance office for investigation and follow-up.



Fraud and Abuse (Continued)

“Abuse” Provider or enrollee practices that are inconsistent with sound fiscal, business or medical practices, and result in unnecessary cost to state and federally funded programs, including but not limited to practices that result in reimbursement for services that are not medically necessary, or that fail to meet professionally recognized standards for health care.
(Source: 42 CFR 455.2)



Fraud and Abuse (Continued)

Employees are required to report **abuse** that involves practices that either directly or indirectly result in unnecessary costs to the Federal Government and to the AMHD programs.

Abuse includes any practice that is not consistent with the goals of providing consumers with services that are medically necessary, meet professionally recognized standards and are priced fairly. Healthcare **abuse** can also expose AMHD to criminal and/or civil liability.

Examples of Healthcare **Abuse** include:

- A. Charging excessively for services or supplies, and
- B. Intentional misuse of classification codes on a service claim, such as “bundling” or “unbundling” codes.

Abuse concerns should also be reported to AMHD Business Compliance office for investigation and follow-up.



Defrauding the Federal and State Government
and their Programs is Illegal.

Committing Healthcare Fraud and Abuse
exposes the individuals and/or AMHD to potential
criminal and civil remedies, including fines,
penalties and imprisonment.



4. Whistleblower Protections

Employees shall not withhold or fail to report knowledge of any known or suspected violations involving fraud and abuse.

Federal False Claims Act, Title 31, United States Code, Section 3729 and Hawaii Revised Statutes, Chapter 378, Part V, Whistleblower Protection Act protect your rights as a whistleblower and prohibits discrimination against employees for reporting violations of law.

Retaliation against individuals who report suspected violations will not be tolerated by AMHD.



5. Reporting Suspected Violations

There are two (2) steps for AMHD employees to report suspected violations of fraud and abuse:

1. Inform your immediate Supervisor, and
2. Complete the “**AMHD Business Compliance Report/Referral Form**” located on the AMHD website. Fax to the number provided on the form. *(See Form on next slide)*

If assistance is needed, or if there are questions regarding a potential situation, employees may also contact the AMHD Business Compliance Specialist at:

(Confidential Email address): business.compliance@doh.hawaii.gov

ADULT MENTAL HEALTH DIVISION - BUSINESS COMPLIANCE
CONFIDENTIAL REPORT/REFERRAL FOR SUSPECTED CASES OF FRAUD AND/OR ABUSE
(Complete Sections A – G)

FAX TO: BUSINESS COMPLIANCE SPECIALIST Adult Mental Health Division P.O. Box 3378 Honolulu, Hawaii 96801-3378	Phone: (808) 586-4689 Fax: (808) 586-4745 Email: business.compliance@doh.hawaii.gov
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A. NAME OF REPORTING AMHD UNIT or PROVIDER AGENCY or OTHER: _____	B. REPORT PREPARED BY: Name: _____ Title: _____ Phone: _____
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C. CONTACT PERSON NAME FOR FOLLOW-UP? <i>(If different from person preparing this report)</i> _____	Name: _____ Title: _____ Phone: _____ FAX: _____
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D. DATE PREPARED: _____	E. YOU ARE A... (check off)? <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER: _____ F. IF EMPLOYEE, SUPERVISOR NOTIFIED (check off)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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G. SYNOPSIS/NATURE OF COMPLAINT: *(Use additional sheet if necessary).*
 Date of Discovery: _____ If applicable, include estimate of dollars involved) \$ _____

(To Be Completed By AMHD) PRELIMINARY INVESTIGATION:

(To Be Completed by AMHD) RECOMMENDATIONS MADE, DISPOSITION OF REPORT:

Date Closed and Reviewer Name: _____



7. Investigation of Reports

Qualified personnel are assigned to investigate all credible allegations and reports of suspected violations.

1. The AMHD Business Compliance Specialist or designee conducts the investigations. Investigations are recorded, and all documentation is kept in a locked, secured area.
2. All investigations are conducted and reported in accordance with HIPAA policies and procedures.
3. The Department of Attorney General is consulted for guidance when appropriate.
4. Appropriate and timely recommendations to Supervisors will be made to ensure that AMHD Business Compliance requirements are met.



QUESTIONS?

PLEASE CONTACT

AMHD RESOURCE MANAGEMENT AND DEVELOPMENT

Telephone (808) 586-4689

Thank you!