1 103 FRAUD, WASTE, AND ABUSE

- 2 REVISION DATE: XX/XX/XXXX
- 3 REVIEW DATE: 9/6/2023
- 4 EFFECTIVE DATE: October 1, 2019
- 5 REFERENCES: A.R.S. § 36-2901, A.R.S. § 36-2918, A.R.S. § 36-2957,
- 6 A.R.S. § 36-2903.01(L)(K); A.A.C. R9-22-702; 42 CFR 455.101, 42 CFR
- 7 438.608, 42 CFR Part 438, Subpart H, 42 CFR 455, 42 CFR 455, Subpart A,
- 8 42 CFR 455, Subpart B, 42 CFR 455.2, 42 CFR 455.23, 42 CFR 455.101, 42
- 9 CFR 455.436; ACOM Policy 103, Attachment A₇; ACOM Policy 103,
- 10 Attachment A-1; Attestation of: Disclosure of Ownership and Control and
- Disclosure of Information of Persons Convicted of a Crime, ACOM Policy
- 103, Attachment B₇; ACOM Policy 103, Attachment C; ACOM Policy 424;
- 13 DDDthe Division Medical Policy 950, Credentialing and Recredentialing
- 14 Processes; Attachment F3, Contractor Chart of Deliverables State Medicaid
- Director Letters 08-003 and 09-001; Section 6032 of the Deficit Reduction
- 16 Act.

17 PURPOSE

- 18 This Policy applies to the Division of Developmental Disabilities (DDD, the
- Division). The purpose of this Policy is to outline the corporate compliance



requirements including the reporting responsibilities for alleged fraud, 20 wWaste, and or a Abuse involving Division program funds regardless of the 21 source. This Policy also addresses additional responsibilities regarding 22 regulatory compliance with broader program integrity, regulatory and 23 programmatic requirements. 24 AHCCCS/Office of Inspector General (AHCCCS/OIG) is responsible for 25 reviewing suspected incidents of fraud, waste, and/or abuse. This includes 26 the preliminary investigation of credible allegations of fraud, the preliminary 27 and full investigation of fraud, waste, and/or abuse, and any other matters 28 necessary to comply with the authority or obligations vested in AHCCCS/OIG 29 under State or Federal law, rule, regulations, or policies. 30

DEFINITIONS

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B1. "Abuse of the Program" –means pProvider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Division program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care,. It also includesing beneficiary practices that result in



38		unne	cessary cost to the Division Program <u>as outlined in</u> . 42 CFR
39		455.2	2.
40	<u>A2</u> .	<u>"</u> Adm	ninistrative Services Subcontract <u>" means</u> — A <u>a</u> n agreement
41		that	delegates any of the requirements of the Contract with
42		AHCC	CCS, including , but not limited to the following :
43		<u>1a</u> .	Claims processing, including pharmacy claims
44		2 <u>b</u> .	Pharmacy Benefit Manager (PBM)
45		<u>Зс</u> .	Dental Benefit Manager
46		2 <u>d</u> .	Credentialing, including those for only primary source
47			verification (i.e.through Credential -Verification
48			Organization [CVO]
49		5 <u>e</u> .	Medicaid Accountable Care Organization (ACO)
50		<u>6</u> f.	Service Level Agreements with any Division or Subsidiary
51			of a corporate parent owner
52	Q	7 g.	CHP and DDDthe Division Subcontracted Health Plan
53	40		iA person, (individual or entity) who holds an
54	0,		Administrative Services Subcontract is an
55	Ţ		Aadministrative Se ervices Se ubcontractor.



56		<u>ii. </u>
57		Ssubcontractors.
58		3. Management Service Agreements
59		4. Service Level Agreements with the Division
60		5. DDD acute care subcontractors. Providers are not
61		Administrative Services Subcontractors.
62	€ <u>3</u> .	<u>"</u> Agent <u>"</u> - <u>means</u> <u>Aa</u> ny person who has been delegated the
63		authority to obligate or act on behalf of a Provider. as specified
64		<u>in </u> [42 CFR 455.101].
65	4.	"Contract" means the Division's contract with AHCCCS.
66	Đ <u>5</u> .	"Corporate Compliance Officer" — The on-site management
67		official designated by the Division to implement, oversee and
68		administer the Division's compliance program. The Corporate
69		Compliance Officer must be available to all of the Division's
70	Ç	employees, and possess the authority to access and provide
71	50	records, and make independent referrals to the AHCCCS Office of
72	0)	Inspector General (AHCCCS-OIG). 42 CFR 438.608. means Aan
73	•	individual located in Arizona and who implements and oversees
74		the Contractor's Compliance Program. The Corporate Compliance

	Officer shall be a management official, available to all Division	
	employees, with designated and recognized authority to access	
	records and make independent referrals to the AHCCCS Office of	
	the Inspector General. The Corporate Compliance Officer shall	
	not hold any other position other than the Contract Compliance	
	Officer position. The Corporate Compliance Officer shall be an	
	onsite management official who reports directly to the	
	Contractor's Chief Executive Officer (CEO) and Board of	
	Directors, if applicable. The Corporate Compliance Officer shall	
	be responsible for developing and implementing policies,	
	procedures and practices designed to ensure compliance with the	
	requirements of the Contract as specified in 42 CFR 438.608.	
<u>€6</u> .	"Credible Allegation of Fraud" - Ameans the State Medicaid	
	agency has reviewed all allegations, facts, and evidence carefully	
C)	and acts judiciously on a case-by-case basis, as specified in 42	
0	CFR 455.2.	
credil	ble allegation of fraud may be an allegation, which has been	
verifi	ed by the <u>Division</u> State, from any source, including but not	
limite	ed to the following:	



Fraud hotline complaints 94 Claims data mining 95 Patterns identified through provider audits, civil false claims 96 cases, and law enforcement investigations. Allegations are 97 considered to be credible when they have indicia of reliability 98 and the State Medicaid agency has reviewed all allegations, facts 99 and evidence carefully and acts judiciously on a case-by-case 100 basis. 42 CFR 455.2. 101 "Fraud" -means Aan intentional deception or misrepresentation 102 <u>F7</u>. made by a person with the knowledge that the deception could 103 result in some unauthorized benefit to himself or some other 104 person. It includes any act that constitutes fraud under 105 applicable State or Federal law, as defined in 42 CFR 455.2. 106 G8. "Managing Employee" -means Aa general manager, business 107 manager, administrator, director, or other individual who 108 exercises operational or managerial control over, or who directly 109 or indirectly conducts the day-to-day operation of an institution, 110 organization, or agency-as outlined in f42 CFR 455.101]. 111



"Member" means the same as "Client" as defined in A.R.S. § 36-112 <u>551.</u> 113 H10. "Provider" means- Any person or entity that contracts with the 114 Division for the provision of covered services to members 115 according to the provisions A.R.S. §36-2901 or any 116 subcontractor of a provider delivering services pursuant to 117 A.R.S. §36-2901.an agency or individual operating under a 118 contract or service agreement with the Department to provide 119 services to Division Members. 120 111. "Waste" -means Oover-utilization or inappropriate utilization of 121 services, misuse of resources, or practices that result in 122 unnecessary costs to the Medicaid Program. 123 **POLICY** 124 **AUTHORITY** 125 The AHCCCS Office of Inspector General (AHCCCS-OIG) is the division 126 of AHCCCS that has the authority to conduct preliminary and full 127 investigations relating to fraud, waste, and abuse involving the 128 programs administered by AHCCCS. Pursuant to 42 CFR 455, Subpart 129 A, and an Intergovernmental Agreement with the Arizona Attorney 130



131	чене	rais office, Affices-old refers cases of suspected Medicald
132	fraud	l to the State Medicaid Fraud Control Unit for appropriate legal
133	actio	n. AHCCCS OIG also has the authority to make independent
134	refer	rals to other law enforcement entities.
135	1.	Pursuant to A.R.S. § 36-2918, AHCCCS-OIG has the authority to
136		issue subpoena and enforce the attendance of witnesses,
137		administer oaths or affirmations, examine witnesses under oath,
138		and take testimony as the Inspector General deems relevant or
139		material to an investigation, examination, or review undertaken
140		by the Office.
141	2.	Pursuant to A.R.S. §§36-2918 and 36-2957, AHCCCS-OIG has
142		the authority to impose a civil monetary penalty of up to
143		\$2,000.00 for each item or service claimed, and/or an
144		assessment of an amount not to exceed twice the amount
145	Ç	claimed.
146	3.	AHCCCS OIG has been designated as a Criminal Justice Agency
147	0)	through the Federal Bureau of Investigations (FBI). This
148		designation authorizes AHCCCS OIG to access the National
149		Crime Information Center (NCIC) data base as well as the
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Arizona Criminal Justice Information System. Additionally, 150 AHCCCS-OIG is authorized to receive and share restricted 151 criminal justice information with other federal, state and local 152 agencies. 153 If AHCCCS-OIG determines that a credible allegation of fraud 154 exists, AHCCCSOIG may suspend payments to Providers 155 pursuant to 42 CFR 455.23. 156 **DIVISION RESPONSIBILITIES** The Division must shall: 157 Have in place internal controls, policies, and procedures to: 158 1. Prevent, detect, and report credible fFraud, wWaste, and aAbuse 159 activities to AHCCCS-OIG-; and 160 Have in place internal controls, including policies and 2b. 161 procedures, to iImplement a suspension, termination, or 162 exclusion of a provider from the Contractor's network of 163 providers. 164 Have a Corporate Compliance Program that complies with the 165 Division's contract with AHCCCS, and all state and federal laws. 166 including 42 CFR Part 438, Subpart H. The Corporate Compliance 167 Program shall be and is developed underin accordance with the 168



169		Contractor's corporate compliance plan which shall must
170		includinge but not be limited to:
171		a. Program integrity goals and objectives;
172		b. Descriptions of internal and external controls employed by
173		the Division to ensure compliance with State and Federal
174		law ₇ ; and
175		c. The Division's corporate compliance activities, and,
176		d. The roles and responsibilities of the Division staff as they
177		relate to the Corporate Compliance Program. The Division
178		may use the sample Corporate Compliance Plan provided
179		as outlined in ACOM 103, Attachment B, for guidance on
180		how to present such compliance activities.
181	4 <u>3</u> .	Submit Tthe Division's written Corporate Compliance Plan must
182		be submitted to AHCCCS-OIG annually as specified in the
183	Q	Contract.
184	3.	Ensure the Corporate Compliance Plan includes a program
185	0,	integrity audit/review program designed to identify fraud, waste
186	▼	and/or abuse. The program will! ensure that the Division tracks
187		inadequate billing practices and identifies emerging trends in an



188		effort to pr	ovide technical assistance to contracted Providers and
189		avoid futur	e occurrences of problematic billing.
190	4.	The Divisio	n must provide the external auditing schedule and
191		executive s	summary of all individual Provider audits to AHCCCS
192		OIG as spe	cified in Contract.
193	<u>4</u> 6.	Submit to A	AHCCCS-OIG an external audit plan/schedule and
194		audit repor	t of all individual provider audits_ .
195	a.	The extern	al audit plan/schedule shall be submitted using ACOM
196		103_Attach	ment C ₇ .
197		<u>ba</u> . <u>In Ee</u>	ach audit report <u>, the Division</u> shall include at a
198		minir	num:
199		i.	An objective, scope, estimated dollars at risk,
200			current audit results, key audit findings,
201		00,	recommendations, corrective actions required, and
202	Ç		conclusion ₇ ;
203	10	ii.	Copies of the report for each audit scheduled and
204	0)		completed ₇ ; and
205		iii.	If an audit was not timely completed timely, the
206			audit report shall include a reason why the audit was



207		not completed and a date when the audit will be
208		completed in the future.
209	<u>е</u> b.	Contractors with one line of business are required to The
210		Division shall submit a minimum of 20 audits
211		semiannually.
212	<u>c.</u>	_Contractors with two lines of business are required toshall
213		submit a minimum of 20 audits for the first line of business
214		and 15 audits for the second line of business.
215	<u>d.</u>	_Contractors with three or more lines of business are
216		required to submit a minimum of 20 audits for the first line
217		of business, 15 audits for the second line of business, and
218		10 audits for the third line and subsequent lines of
219		business, and
220	d <u>c</u> .	The Division shall submit Ffollow-up audits should be
221	(X)	submitted on a separate ACOM 103 Attachment C and do
222	(0)	not count towards the required minimum audit numbers as
223	0)	stated abovein this subsection.
224	5. Obta	in and disclose the information regarding Ownership and
225	Cont	rol, and Disclosure of Information on Persons Convicted of



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Crimes in accordance with 42 CFR Part 455, Subpart B, 42 CFR 455.436, State Medicaid Director Letters 08-003 and 09-001, and the contractual provisions contained in the contract. The Division must also obtain and disclose the same information regarding its Administrative Services Subcontractors. The results of the Disclosure of Ownership and Control and the Disclosure of Information on Persons Convicted of Crimes shall be held by the Division. The Division and its Administrative Services Subcontractors shall disclose to AHCCCS OIG the identity of any person excluded from participation in federal healthcare programs. Submit annually, Attachment A, Attestation of: Disclosure of Ownership and Control and Disclosure of Information of Persons Convicted of a Crime, as specified in Contract, attesting that the information has been obtained and verified by the Division, or upon request, provide this information to AHCCCSOIG. Submit complete, accurate, and current disclosure information, as described in 42 CFR Part 455, Subpart B and as specified in Contract, upon execution of a Contract with the State and upon



245	renewal of extension of the Contract utilizing Attachment A and
246	Attachment A-1.
247	a. The Contractor shall ensure review of its response by its
248	legal counsel prior to submitting disclosure information.
249	<u>b.</u> As specified in Contract, <u>Tthe Contractor</u> is required shall
250	to submit all information electronically, without . Noany
251	exceptions-will be made to have materials submitted by
252	other methods.
253	c. AHCCCS/Office of Administrative Legal Services (OALS)
254	and AHCCCS-OIG will-reviews the Contractor's submitted
255	disclosure information for completeness and AHCCCS-OIG
256	will screens and confirms that persons listed in the
257	submitted information are not excluded from participation
258	in the Medicaid program.
259	76. Complete all information as specified in ACOM 103 Attachment A
260	and Attachment A-1 is required to enable AHCCCS-OIG to
261	confirm that persons with an ownership or control interest in the
262	<u>aContractor</u> <u>Division areis</u> not excluded from participation in the
263	Medicaid program. All required information shall be provided as



specified in Attachment A and Attachment A-1. Do not leave any 264 portion blank. If the Contractor believes that information is not 265 applicable, the Contractor shall indicate "Not Applicable" on the 266 form and in a footnote include the legal and factual basis for its 267 determination. 268 The Contractor Division shall also obtain and disclose the 269 same information regarding the ownership and control 270 itsinterest of administrative services subcontractors. 271 The Division shall retain the results of the disclosure of 272 ownership and control and the disclosure of information on 273 persons convicted of crimes shall be retained by the 274 Contractor and reported to AHCCCS-OIG. 275 The Division shall complete and submit an attestation as 276 specified in ACOM 103 Attachment A along with the 277 disclosure information described in this subsectionabove 278 shall be accompanied by an attestation (as specified in 279 Attachment A) and that the information provided is 280 accurate, complete, and truthful. 281



Consistent with 42 CFR 457.990 and 42 CFR 438.606, the 282 attestation shall be signed by the entity's Division's 283 Assistant Director (Chief Executive Officer, Chief Financial 284 Officer, or an individual who reports directly to the Chief 285 Executive Officer) or Chief Financial Officer with delegated 286 authority to sign for the Chief Executive Officer or Chief 287 Financial Officer shall sign the attestation. 288 The Division's fFailure to provide all complete and accurate 289 disclosures and an attestation signed by an individual with 290 appropriate authority may result in the withholding of 291 payments under the Contract and/or the recovery, 292 recoupment, and/or offset of any monies remitted without 293 limitation. 294 Comply with Section 6032 of the Deficit Reduction Act. 295 Disclose, and require its administrative services subcontractors 296 to disclose, to AHCCCS/OIG the identity of any employee or 297 person with ownership or control interest who is excluded from 298 participation in any federal healthcare programs. 299

300	8.	Ensure all employees, subcontracted Providers and members
301		receive adequate training and ongoing education on the
302		following aspects of the Federal False Claims Act provisions:
303		a. The administrative remedies for false claims and
304		statements
305		b. Any State laws relating to civil or criminal penalties for
306		false claims and statements
307		c. The whistleblower protections under such laws
308	9 8.	Comply with the requirements of Section 6032 Deficit Reduction
309		Act of 2005 (DRA) [Section 1902(a)(68) of the Social Security
310		Act, 42 CFR 457.1285, and 42 CFR 438.608(a)(6)].
311	9.	_As a condition for receiving payments, the Contractor shall
312		establish written policies, and shall ensure adequate training and
313		ongoing education for, all of its employees (including
314	Ç	management), mMembers, and of any subcontractors and/or
315	.0	aAgents of the Contractor Division regarding the following:
316	0)	a. Detailed information about the Federal False Claims Act ₇ :
317		b. The administrative remedies for false claims and
318		statements ₇ ;



319		c. Any state laws relating to civil or criminal liability or
320		penalties for false claims and statements; and
321		d. The whistleblower protections under such-laws.
322	9 10.	Ensure adequate training addressing feraud, www.aste, and/or
323		aAbuse prevention, recognition and reporting, and encourage
324		<u>Division</u> employees, <u>contracted Providers</u> , <u>and mM</u> embers <u>.</u> and
325		any subcontractors to report <u>fF</u> raud, <u>wW</u> aste, <u>and/</u> or a <u>Ab</u> use
326		without fear of retaliation.
327	10.	Ensure an internal reporting process that is well defined and
328		made known to all employees.
329	<u>11</u> .	Ensure an internal reporting process relating to the reporting of
330		Fraud, Waste, or Abuse that is well-defined is made known to all
331		Division employees, Members, and any subcontractors.
332	11 12	.Conduct research and proactively identify changes for program
333	Q	integrity that are relevant to their corporate compliance
334	(0)	program, and periodically review and revise the fF raud, wW aste,
335	0,	$\frac{\text{and/or a}\underline{A}}{\text{buse policies or guidance from the }\frac{\text{Division-AHCCCS}}{\text{documents}}$ to
336	¥	reflect such changes due to rules, regulations, or new initiatives.



337	1213. Regularly attend and participate in AHCCCS-OIG work group
338	meetings.
339	1314. Respond promptly and not later than 30 calendar days to
340	requests for information from AHCCCS-OIG.
341	1415. Cooperate with AHCCCS-OIG regarding any allegation of
342	$m_{\underline{M}}$ ember billing in violation of A.R.S. § 36-2903.01(L)(K) and
343	A.A.C. R9-22-702.
344	1516. The Division must hHave a method of verifying with Division
345	mMembers that they received the services billed by Providers t
346	identify potential service <u>for</u> claim feraud.
347	17. Perform periodic audits through Member contact and report the
348	results of these audits as specified in ACOM Policy 424.
349	1618. In addition to the specific requirements stated above, it is
350	required that the Division be Maintain in compliance with all
351	State and Federal laws and regulations related to f raud,
352	wwwaste, and/or aAbuse even if not directly detailed specified in
353	this Policy.
354	€ <u>B</u> . REPORTING RESPONSIBILITIES
355	1. Fraud, Waste, and Abuse



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If the Division discovers, or is made aware, that an a. incident of alleged fFraud, wWaste, and/or aAbuse has occurred or is occurring, the Division shall immediately report the incident to AHCCCS-OIG within ten business days, by completing and submitting the Report Suspected Fraud or Abuse of the Program form available on the AHCCCS OIG webpage.as specified in Contract and by completing and submitting the "Report Member, Provider, or Contractor Suspected Fraud or Abuse of the Program" form available on the AHCCCS-OIG webpage, and attach-Aall pertinent documentation that would assist AHCCCS in its investigation shall be attached to the form,; b. If the Division, Aadministrative Service Ssubcontractor, or Provider identifies an incident which that warrants selfdisclosure, the <u>Division</u>, <u>administrative service</u> subcontractor, or Provider shall report incident must shall be reported within ten business calendar days to AHCCCS-OIG by completing and submitting the Provider Self-

Disclosure form available on the AHCCCS-OIG webpage.



and attach Aall pertinent documentation that would assist 375 AHCCCS in its investigation shall be attached to the form; 376 OnceWhen the Division or its subcontractors has referred a 377 c. case of alleged fFraud, wWaste, and/or aAbuse to 378 AHCCCS-OIG, the Division or its subcontractors must shall 379 take no action to recoup, or otherwise offset any suspected 380 overpayments offset, or act in any manner inconsistent 381 with AHCCCS-OIG's authority to conduct a full 382 investigation, obtain a comprehensive recovery of any 383 suspected overpayments, and/or impose a civil monetary 384 penalty7; 385 d. The Division shall conduct preliminary review work 386 regarding a referral at the request of AHCCCS-OIG in order 387 to expand the allegation and obtain documentation to 388 support the investigation being conducted by AHCCCS-389 OIG; In the event AHCCCS-OIG feels it would be beneficial 390 to seek additional and/or clarifying details regarding a 391 referral from the Division, AHCCCS OIG may first choose 392 to request preliminary review work from the Division in 393



894		order to expand the allegation(s) and to obtain further
395		documentation that will support an investigation by
396		AHCCCS-OIG,
397	e.	The Division shall provide documentation requested by
398		AHCCCS-OIG within 30 calendar days of the request-;-If
399		AHCCCS-OIG chooses to seek additional and/or clarifying
100		details regarding a referral from the Division, the Division
101		will have 30 business days or more to provide the
102		requested documentation, or provide an update as to the
103		status of completing such request,
104	f.	Once AHCCCS OIG receives a referral, it will conduct a
105		preliminary investigation to determine if there is sufficient
106		basis to warrant a full investigation,
107	g f .	The Division may receive notification from AHCCCS-OIG
108		willshall notify the Division when the investigation
109	10)	concludes in a manner that safeguards the integrity and
110	0)	confidentiality of the investigation,;
111	h g.	The Division shall ensure proper disposition of any matters
112		returned by AHCCCS-OIG as non-Medicaidnon-medicaid

Fraud, Waste, or Abuse in accordance with any applicable 413 laws and contracts; . If it is determined by AHCCCS-OIG 414 not to be that the matter does not represent a fraud, 415 waste, and/or abuse case, AHCCCS OIG will return the 416 matter to the Division for disposition in accordance with 417 any applicable laws and/or contracts, 418 The Division agrees shall adheres to the i–h. 419 requirementrequirment that AHCCCS-OIG has the sole 420 authority to handle and dispose of any matter involving 421 fFraud, wWaste or aAbuse. The Division and assigns to 422 AHCCCS the right to recoup any amounts overpaid to a 423 Provider as a result of Ffraud, Wwaste and/or aAbuse. If 424 the Division receives anything of value that could be 425 construed to represent the repayment of any amount 426 expended due to fraud, waste or abuse, 427 <u>T</u>the Division <u>must shall</u> forward <u>anything of value that</u> 428 could be construed to represent the repayment of any 429 amount expended due to fFraud, wWaste or aAbuse that is 430 recovered that recovery to AHCCCS-OIG within 30 days of 431



132		its re	ceipt. As specified in the AHCCCS Minimum
433		Subc	ontractor Provisions (MSPs), the above-requirements
134		<u>outli</u>	ned in the section shall apply to any actions
135		unde	rtaken by the Division on behalf of a Contractor by a
136		subc	ontractor.
137	j.	The I	Division <u>shall</u> relinquish es each, every, any, and all
138		claim	s to any monies received by AHCCCS as a result of
139		any į	program integrity efforts, which include, but are not
140		limite	ed to including:
141		i.	Recovery of an overpayment;
142		ii.	Civil monetary penalties and/or assessments;
143		iii.	Civil settlements and/or judgments;
144		iv.	Criminal restitution;
145		٧.	Collection by AHCCCS or indirectly on AHCCCS'
146	(X)		behalf by the Office of the Attorney General, and/or
147	10)	vi.	Other, as applicable <u>.</u>
148	j <u>k</u> .	The I	Division must shall also report to AHCCCS, as specified
149	*	in Co	ntract, and DDD the <u>Division</u> Medical Policy 950, any
450		crede	entialing denials including , but not limited to :



451		i.	Thoseat which are the result of licensure issues;
452		ii.	Quality of care concerns;
453		iii.	Excluded, terminated, or otherwise sanctioned
454			providers ,; or
455		iv.	Alleged <mark>fF</mark> raud, <u>wW</u> aste, or <u>aA</u> buse <u>.</u>
456	₽C. THE DIVI	SION	'S RESPONSIBILITIES RELATED TO FRAUD,
457	WASTE A	ND AI	BUSE
458	<u> </u>	Divisio	on shall:
459	<u> 1a</u> .	Proc	ess all referrals of allegations of suspected mMember
460		and	provider <u>fF</u> raud, <u>wW</u> aste, or <u>aA</u> buse.
461	<u> 2</u> <u>b</u> .	Ove	rsee, monitor, and be the focal point for the Division's
462		com	pliance program, with the authority to review all
463		docu	iments and functions as they relate to fF raud, wW aste,
464		and	aAbuse prevention, detection, and reporting.
465	<u>3c</u> .	Mair	itain and monitor a tracking system of <u>fF</u> raud, <u>wW</u> aste,
466	(0)	and	a Abuse referrals.
467	4 <u>d</u> .	Ensu	ure all <u>Division</u> employees, <u>Ss</u> ubcontractors, Providers,
468		a Age	ents, and mMembers receive adequate training and



169		information regarding <u>fF</u> raud, <u>wW</u> aste, and <u>aA</u> buse
470		prevention, identification and reporting.
471	<u>5e.</u>	_Assure <u>Division</u> employees, <u>Ss</u> ubcontractors, Providers,
172		aAgents, and mMembers that they can report fFraud,
173		$\underline{w}\underline{W}$ aste, and $\underline{a}\underline{A}$ buse without fear of retaliation.
174	<u>5</u> f.	Develop and maintain open channels of communication
475		with AHCCCS-OIG, <u>Ss</u> ubcontractors, Providers, <u>aAg</u> ents,
476		and $\underline{M}\underline{m}\mathrm{embers}$ to combat $\underline{F}\mathrm{fraud}$, $\underline{W}\underline{w}\mathrm{aste}$, and $\underline{A}\underline{a}\mathrm{buse}$ at
177		all levels in the System.
178	6 g.	Develop and maintain open channels of communication
179		with DES-OIG in the prevention and detection of Ffraud,
480		<u>W</u> waste, and <u>A</u> abuse.
481	7 <u>h</u> .	Make referrals to AHCCCS-OIG to investigate cases of
182		potential mMember billing in violation of A.R.S. §_36-
183	(X)	2903.01 (L) (K) and A.A.C. R9-22-702.
184	<u>8</u> <u>i</u> .	Perform all functions required by Section 6032 of the
185	0,	Deficit Reduction Act, including the auditing of Providers to
486	▼	ensure their compliance.



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9j. Ensure that the Division is in compliance with its federal obligations with regard to Disclosure of Ownership and Control, Managing Employees Database Exclusion, and Checks, and Criminal Convictions Checks, and all other federal requirements related to Provider Screening and Enrollment.

SUPPLEMENTAL INFORMATION

1. AHCCCS/Office of Inspector General (AHCCCS/OIG) is responsible for reviewing suspected incidents of fraud, waste, and/or abuse. This includes the preliminary investigation of credible allegations of fraud, the preliminary and full investigation of fraud, waste, and/or abuse, and any other matters necessary to comply with the authority or obligations vested in AHCCCS/OIG under State or Federal law, rule, regulations, or policies.

A2. AUTHORITY

The AHCCCS Office of Inspector General (AHCCCS-OIG) is the division of AHCCCS that has the authority to conduct preliminary and full investigations relating to ffraud, www.aste, and aAbuse involving the programs administered by AHCCCS. Pursuant to 42 CFR 455, Subpart



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A, and an Intergovernmental Agreement with the Arizona Attorney General's Office, AHCCCS-OIG refers cases of suspected Medicaid fraud to the State Medicaid Fraud Control Unit for appropriate legal action. AHCCCS-OIG also has the authority to make independent referrals to other law enforcement entities. Pursuant to A.R.S. § 36-2918, AHCCCS-OIG has the authority to 1a. issue subpoena and enforce the attendance of witnesses, administer oaths or affirmations, examine witnesses under oath, and take testimony as the Inspector General deems relevant or material to an investigation, examination, or review undertaken by the Office. AHCCCS-OIG. Pursuant to A.R.S. §§ 36-2918 and 36-2957, AHCCCS-OIG has 2b. the authority to impose a civil monetary penalty of up to \$2,000.00 for each item or service claimed, and/or an assessment of an amount not to exceed twice the amount claimed. AHCCCS-OIG has been designated as a Criminal Justice Agency through the Federal Bureau of Investigations (FBI). This designation authorizes AHCCCS-OIG to access the National

Crime Information Center (NCIC) data base as well as the 525 Arizona Criminal Justice Information System. Additionally, 526 AHCCCS-OIG is authorized to receive and share restricted 527 criminal justice information with other federal, state and local 528 agencies. 529 If AHCCCS-OIG determines that a credible allegation of fraud 530 4<u>d</u>. exists, AHCCCSOIG may suspend payments to Providers 531 pursuant to 42 CFR 455.23. Pursuant to federal law, AHCCCS-532 OIG shall suspend payments to providers where it determines 533 that a credible allegation of fraud exists as specified in 42 CFR 534 455.23. 535 5е. Pursuant to state and federal law, AHCCCS is required in certain 536 circumstances, and in other circumstances it may, act to 537 suspend, terminate, or exclude any person (individual or entity) 538 from participation in the AHCCCS Program. 539