POLICY AND PROCEDURE ON ANTI-FRAUD

I. PURPOSE

The purpose of this policy is to provide information regarding the prevention, elimination, monitoring, and reporting of fraud, abuse, and improper activities of government funding in order to obtain and maintain integrity of public funds.

II. POLICY

A holder of a license that is issued by Minnesota Department of Human Services (DHS), pursuant to MN Statutes, chapter 245A [Human Services Licensing Act], and who has enrolled to receive public governmental funding reimbursement for services is required to comply with the enrollment requirements as a licensing standard. Pursuant to Minnesota Statutes, section 256B.0445, subdivision 2, a provider licensed under chapter 245A must designate an individual as the provider's Public Funds Compliance Officer responsible for implementing and overseeing the compliance program required under section 256B.044, subdivision 8.

Government funds may be from state or federal governments, to include, but not be limited to: Minnesota's Medical Assistance, Medicaid, Medicare, Brain Injury (BI) Waiver, Community Alternative Care (CAC) Waiver, Community Access for Disability Inclusion (CADI) Waiver, Developmental Disability (DD) Waiver, Elderly Waiver (EW), and Minnesota's Alternative Care (AC) program. The company has a longstanding practice of fair and truthful dealing with persons served, families, health professionals, and other businesses. Management, staff, contractors, and other agents of the company shall not engage in any acts of fraud, waste, or abuse in any matter concerning the company's business, mission, or funds.

III. PROCEDURE

A. Definition: "Fraud" means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in an unauthorized benefit to the person or another person or an act, promise to act, or omission made with the intent to obtain a benefit in a manner that is prohibited. Fraud includes:

(1) submitting an application for provider status knowing that the application misrepresents, conceals, or fails to disclose any material information;

(2) intentionally submitting a claim for reimbursement under this chapter, knowing or having reason to know the claim is ineligible for reimbursement in whole or in part;

(3) providing documentation or other information requested by the commissioner having knowledge that it is false in any material respect; and

(4) any act that constitutes the commission, or attempt or conspiracy to commit, a violation of any of the following:

(i) section 256.98 (wrongfully obtaining assistance);

(ii) section 609.467 (medical assistance fraud);

(iii) section 609.48 (perjury), involving making a false statement related to medical assistance or the receipt of public money;

(iv) section 609.496 (concealing criminal proceeds) or 609.497 (engaging in business of concealing criminal proceeds), involving proceeds consisting of public money;

(v) section 609.52 (theft), involving theft of property consisting of public money;

(vi) section 609.542 (illegal remuneration);

(vii) section 609.625 (aggravated forgery) or 609.63 (forgery), involving falsely filing any record, account, or other document with any state agency or department or falsely making or altering any record, account, or other document filed with any state agency or department;

(viii) section 609.821 (financial transaction card fraud), involving a public assistance benefit;

(ix) a felony listed in United States Code, title 42, section 1320a-7b(b)(1) or (2), subject to any safe harbors established in Code of Federal Regulations, title 42, section 1001.952; and

(x) any other act that constitutes fraud under applicable federal law.

B. Public Funds Compliance Officer: This company has designated the Executive Director as their Public Funds Compliance Officer. The Public Funds Compliance Officer is responsible for implementing and overseeing the compliance program consistent with federal program integrity guidance issued by CMS or the United States Department of Health and Huan Services Office of the Inspector General.

C. Reporting responsibility: Employees, volunteers, agents, contractors and subcontractors must report known or suspected fraud, waste or abuse. An internal report may be made to their supervisor or to the Public Funds Compliance Officer. An external report can be made to the Office of the Inspector General by emailing OIG.InvestigationsDHS@state.mn.us, by calling 651-431-2650 or 800-657-3750, or by completing the MN DHS Fraud Reporting Tool: https://tnt02.agileapps.dhs.mn.gov/networking/WebFormV2.jsp?sid=943f9bdf86164298a917ccb14937500b&cid=2056597742&oid=f3ebd9728b1f442a862131b023c54354 .

D. Requirement of good faith: Anyone filing a complaint concerning a violation or suspected violation of the law or regulation requirements must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

E. Confidentiality: Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

F. No retaliation: No staff person who in good faith reports a violation of a law or regulation requirements will suffer harassment, retaliation, or adverse employment consequences. A staff who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

G. Report acknowledgement: The Public Funds Compliance Officer, or designee, will acknowledge receipt of the reported violation or suspected violation by writing a letter (or email) to the complainant within ten (10) business days, noting that the allegations will be investigated.

H. Responding to allegations of improper conduct: The Public Funds Compliance Officer is responsible for responding to allegations of improper conduct related to the provision or billing of medical assistance services. This may include, but is not limited to: investigating, interviewing applicable individuals involved, reviewing documents, asking for additional assistance, seeking input on process of the investigation, or seeking input on medical assistance laws and regulations interpretations to address all complaints and

allegations concerning potential violations. The Executive Director or its designee will implement corrective action to remediate any resulting problems.

I. Evaluation and monitoring for internal compliance: On a regular schedule and as needed, the Executive Director, or its designee, will run routine financial reports to review financial information for accuracy and compliance. On a regular schedule and as needed, the Executive Director, or its designee, will review standard operations and procedures to ensure that they remain compliant.

J. Promptly reporting errors: The Executive Director will promptly report to DHS any credible evidence of violations of federal and state laws or regulations governing medical assistance.

K. Recovery of overpayment: Upon discovery of a medical assistance overpayment, the company will report and return the overpayment within 60 days after discovery, or by the date any corresponding cost report is due, whichever is later, in accordance with federal law.

L. Training: Employees, volunteers, agents, contractors and subcontractors, including billing personnel, will be trained on applicable federal and state laws and program requirements.

M. Documentation: The provider must maintain documentation that, upon employment and annually thereafter, staff providing a service have attested to reviewing and understanding the following statement: "It is a federal crime to provide materially false information on service billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, 256B.0915, 256B.092, and 256B.49."