

## EXHIBIT Q

### REPORTING SUSPECTED FRAUD, WASTE, AND ABUSE

The following requirements are adapted from 55 Pa. Code § 1101, General Provisions for the Medical Assistance Program, specifically 55 Pa. Code § 1101.75(a) and (b), Provider Prohibited Acts, which are directly adapted from 62 P.S. § 1407 (also referred to as Act 105 of 1980, Fraud and Abuse Control Act), and Federal Regulation 42 CFR § 438.608(a)(7). The basis for Participant referrals is 55 Pa. Code § 1101.91 (relating to Recipient misutilization and abuse) and § 1101.92 (relating to Recipient Prohibited Acts). For information on these regulations, go to the Pennsylvania Code and Bulletin website <http://www.pacode.com>.

#### **Reporting Requirements:**

CHC-MCOs are required to report to the Department any act by any MA enrolled Providers or their employees as well as by any MA Recipients or their caregivers that may affect the integrity of the CHC Program under the Medical Assistance Program. Specifically, if the CHC-MCO suspects that Fraud, Abuse or Waste (as discussed in Section V.X.4, Fraud and Abuse, of the Agreement) may have occurred, the CHC-MCO must report the issue to the Department's Bureau of Program Integrity (BPI). The CHC-MCO must have a process to notify the Department of any adverse actions and/or Provider disclosures taken during the credentialing/re-credentialing process. Depending on the nature or extent of the problem, it may also be advisable to place the individual Provider on prepayment review to avoid unnecessary expenditures during the review process.

The CHC-MCO is required to refer any abuse, waste, or any potential fraud referrals using the Department's CHC-MCO Referral Form. If the CHC-MCO selects the potential fraud option on the Department's CHC-MCO Referral Form, the referral form will be sent directly to the Pennsylvania Office of Attorney General's, Medicaid Fraud Control Section in accordance with 42 CFR § 438.608(a)(7). Additionally, after review, if the Department determines there is a credible allegation of fraud, the Department will refer the potential fraud to the Pennsylvania Office of Attorney General's, Medicaid Fraud Control Section. After the referral form is submitted to the Department, the CHC-MCO is required to upload all supporting documentation to the Department using DocuShare. The CHC-MCO is also required to upload the same supporting documentation to the Office of Attorney General, Medicaid Fraud Control Section through ShareFile.

CHC-MCOs are also required to refer quality issues to the Department for further investigation. Quality issues are those which, on an individual basis, affect the Participant's health (e.g., poor quality services, inappropriate treatment, aberrant and/or abusive prescribing patterns, and withholding of Medically Necessary services from the Participant).

All Confirmed Abuse, Waste, or quality referrals must be made with supporting documentation promptly, within thirty (30) calendar days of the identification of the problem/issue. For all Potential Fraud referrals, the CHC-MCO must conduct a preliminary investigation to the level of the indicia of potential fraud, i.e., there is

indicia of reliability of the allegation of fraud.

The CHC-MCO may informally consult with other state agencies or law enforcement to reach this determination. The CHC-MCO must send to BPI all relevant documentation within thirty (30) calendar days after the preliminary allegations have been confirmed through the additional review and/or documentation and the CHC-MCO believes that there is now a potential credible allegation of fraud. Such information includes, but is not limited to, the materials listed on the "Checklist of Supporting Documentation for Referrals" located at the end of this exhibit. The Fraud and Abuse Coordinator, or the responsible party completing the referral, should check the appropriate boxes on the "Checklist of Supporting Documentation for Referrals" form to indicate the supporting documentation that is sent with each referral. A copy of the completed checklist and all supporting documentation should accompany each referral. Any egregious situation or act (e.g., those that are causing or imminently threaten to cause harm to a Participant or significant financial loss to the Department or its agent) must be referred immediately to the Department's Bureau of Program Integrity for further investigation.

Failure to comply with the requirements of Exhibit Q will result in sanctions and/or corrective action as stated in this Agreement. The Department must suspend all Medicaid payments to a provider after a determination that there is a credible allegation of fraud for which an investigation is pending under the Medicaid program against an individual or entity unless the Department has good cause not to suspend payments or to suspend payment only in part [42 CFR § 455.23(a)]. Upon notification from the Department of the imposition of a payment suspension, the CHC-MCO, at a minimum, must also suspend payments to the provider.

The following processes are required for Provider/Caregiver and Employee referrals, unless prior approval is received from BPI. Reports must be submitted online using the CHC-MCO Referral Form. The instructions and form templates are located on the HealthChoices extranet website under Community HealthChoices Program/Fraud and Abuse::

[https://www.humanservices.state.pa.us/hc-extranet/forms/form\\_mcoreferral\\_chc.asp](https://www.humanservices.state.pa.us/hc-extranet/forms/form_mcoreferral_chc.asp)

Once completed, the CHC-MCO must electronically submit the form to BPI. Additionally, the following information must be submitted to BPI electronically using a DocuShare folder designated by BPI: Checklist of Supporting Documentation for Referrals, accessible on the CHC-MCO Referral Form; and

- A copy of the confirmation page which will appear after "Submit" button is clicked, submitting the CHC-MCO Referral Form; and
- All supporting documentation. Referrals will not be processed but will be returned for further development if they are received without all supporting documentation. The same information must be uploaded to the Office of Attorney General, Medicaid Fraud Control Section ShareFile system.

If DocuShare is inaccessible for any reason, then mail the supporting information above to the below address:

Attn: Division Director

Department of Human Services  
Bureau of Program Integrity – DPPC/DPR  
P.O. Box 2675  
Harrisburg, PA 17105-2675

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All suspected Participant fraud, abuse and/or waste should be reported directly to the Bureau of Program Integrity's Recipient Restriction Section by the CHC-MCO's Recipient Restriction Coordinator using the established restriction referral process.

In the event Participant fraud is suspected but the criteria for restriction is not met, the CHC-MCO's Restriction Coordinator should forward all supporting documentation, including a narrative description of the alleged fraud, to the Department's Recipient Restriction Section.

All subsequent information should also be sent to the Recipient Restriction Section at:

Department of Human Services  
Bureau of Program Integrity  
Recipient Restriction Program  
P.O. Box 2675  
Harrisburg, PA 17105-2675  
717-772-4627 (office)  
717-214-1200 (fax)

## Checklist of Supporting Documentation for Referrals

- All referrals should have the confirmation page from the online referral attached.
- Please check the appropriate boxes that indicate the supporting documentation included with your referral.

Example of materials for Provider, Caregiver, or staff person referrals [***The below list is provided as examples of materials that could be relevant to an investigation of the referral. The list is not all-inclusive.***]

- confirmation page from online referral
- FEIN#
- encounter forms (lacking signatures or forged signatures)
- timesheets
- attendance records of Participant, such as  
written statement from parent, Provider, school officials or client that  
services were not rendered or a forged signature
- progress notes
- internal audit report
- interview findings
- sign-in log sheet
- complete medical records
- résumé and supporting résumé documentation (college transcripts, copy of  
degree)
- credentialing file (DEA license, CME, medical license, board certification)
- copies of complaints filed by Participants
- admission of guilt statement
- other: \_\_\_\_\_

Example of materials for pharmacy referrals—

- paid claims
- prescriptions
- signature logs
- encounter forms
- purchase invoices
- EOBs
- delivery slips
- licensing information
- other: \_\_\_\_\_

Example of materials for behavioral health referrals–

- complete medical and mental health record
- results of treatment rendered/ordered, including the results of all lab tests and diagnostic studies
- summaries of all hospitalizations
- all psychiatric examinations
- all psychological evaluations
- treatment plans
- all prior authorizations request packets and the resultant prior authorization number(s)
- encounter forms (lacking signatures or forged signatures)
- plan of care summaries
- documentation of treatment team or Interagency Service Planning Team meetings
- progress notes
- other: \_\_\_\_\_

Example of materials for DME referrals –

- orders, prescriptions, and/or certificates of medical necessity (CMN for the equipment)
  - delivery slips and/or proof of delivery of equipment
  - copies of checks or proof of copay payment by recipient
  - diagnostic testing in the records
  - copy of company's current licensure
  - copy of the Policy and Procedure manual applicable to DME items
  - other: \_\_\_\_\_
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