

CMS (Centers for Medicare and Medicaid Services) defines fraud, waste, and abuse as activities that misappropriate funds and resources from the Medicare/Medicaid programs.

Fraud – An intentional act of deception, misrepresentation, or concealment in order to gain something of value. Examples include billing for services that were not rendered; billing for services at a higher rate than is justified/approved; deliberately misrepresenting services resulting in unnecessary costs to the programs.

Waste – Over-utilization of services and the misuse of resources.

Abuse – Excessive or improper use of services or actions that are inconsistent with acceptable business or medical practice. Examples include charging in excess for services or supplies; providing medically unnecessary services; billing for items or services that should not be paid for by Medicare/Medicaid.

The following laws were put in place to address Medicare/Medicaid fraud, waste, and abuse:

The False Claims Act – Prohibits any person from knowingly presenting or causing a fraudulent claim for payment. Protects individuals who report noncompliance or FWA.

The Anti-Kickback Statute – Makes it a crime to knowingly and willfully offer, pay, solicit, or receive, directly or indirectly, anything of value to induce or reward referrals of items or services reimbursable by a Federal health care program.

Self-Referral Prohibition Statute (Stark Law) – Prohibits physicians from referring Medicare/Medicaid patients to an entity with which the physician or the physician's immediate family member has a financial relationship.

In order to comply with all laws related to fraud, waste, and abuse, Communities of Care has implemented the following activities/policies:

1. Communities of Care has written standards of conduct in our Employee Handbook. Each employee reviews and signs the handbook upon hire.
2. Justin Greiman is the assigned Compliance Officer for Communities of Care. Our Compliance program is in place to prevent, detect, and correct any fraud, waste, or abuse.
3. It is each employee's responsibility to report fraud, waste, and abuse as well as any suspicion of them. All reports should be made to Justin Greiman, who will perform a thorough investigation. All reports will be confidential.
4. Fraud, waste and abuse will result in disciplinary measures which may include termination.
5. Communities of Care has several methods of performing internal audits to recognize fraud, waste, and abuse. Additionally, we are audited by a variety of state and federal regulatory agencies, some of whom focus exclusively on fraud, waste, and abuse.

Signature of Understanding and Compliance