

Compliance Program

Policy: Answering Compliance Fraud, Waste, and Abuse Hotline Calls **Number:** CD-0013


Programs: Title XIX and Title XXI

Effective Date: Title XIX January 24, 2008

Title XXI August 1, 2013

(Revisions are effective 45 days after AHCA approval for Title XIX and after CMS approval for Title XXI.)

Approved by:

Title	Name	Signature
Compliance Officer	Mark Hudak, MD	
Dates Revised	9/2/2008, 7/7/2010, 8/12/2011, 11/22/2012, 8/8/2013, 3/11/2016	
Ped-I-Care Approved	9/2/2008, 8/30/2010, 9/24/2012, 9/6/2013, 3/17/2016	

Responsible Party: Compliance Officer and designated Compliance personnel

Purpose

Ped-I-Care, in coordination with the Compliance Department, is committed to recognize and respond to all calls which are received on the Compliance Fraud, Waste, and Abuse Hotline. The Compliance Department has created a consistent and appropriate mechanism (hotline) to answer incoming calls that are made to report suspected or known acts of fraud, waste, and abuse misconduct. This hotline is a communication mechanism for employees, members, providers, and provider staff to confidentially report information regarding their concerns regarding violations, healthcare fraud, waste, and abuse, and misconduct.

Policy

The Compliance Officer and designated Compliance personnel maintain a confidential and consistent compliance hotline. This established mechanism is intended to retain an open line of communication between employees and the Compliance Department.

Procedures

1. The Compliance Department has set forth a set of standards to answer the compliance hotline and to ensure confidentiality as well as consistency for handling of calls. The following standards are:
 - a. Anyone, including but not limited to Ped-I-Care employees, members, providers, and provider staff members, who wishes to make a report can call any of the following hotlines:
 - (1) The Ped-I-Care Fraud, Waste, and Abuse Hotline at 866-787-4557,
 - (2) The Florida Medicaid Program Integrity Office Fraud and Abuse Hotline at 888-419-3456,
 - (3) The Department of Health and Human Services Office of the Inspector General (OIG) at 800-447-8477, and/or
 - (4) The Florida Attorney General's Hotline for Reporting Medicaid Fraud at 866-966-7226.
 - b. Callers receive a voicemail only if there is no one available to answer the call. The message notifies callers that they may remain anonymous. The voice message notifies callers that they may remain anonymous and no retaliation will be taken for reporting a concern.
 - c. The caller may leave a message.
 - d. A designated member of the Compliance Department checks the message center at least once daily and retrieves any messages.
 - (1) All calls and messages are documented in a log. Any calls or messages that are not the result of the caller reaching the hotline by dialing an incorrect number are assigned a case number and investigated by the Compliance Officer or designated Compliance personnel pursuant to the Compliance Officer's instructions.
 - (2) If the reporting person leaves his/her identity and phone number, the investigating Compliance personnel may contact the caller for additional information, which is included in the investigation.

- (3) If information is needed from other applicable department(s), the investigating Compliance personnel collect information as needed according to his/her own discretion and as directed by the Compliance Officer.
 - i. The Compliance Officer seeks legal counsel as appropriate.
 - ii. The Compliance Department maintains confidentiality at all times.
 - iii. The Compliance Department has immediate access and communication with the Compliance Officer at all times to ensure appropriateness throughout the investigation.
 - iv. The Compliance Officer keeps the Compliance Committee, as well as Legal Counsel, abreast of the allegation(s) and investigation(s) on an operational basis.
 - e. Once all pertinent information has been gathered and reviewed, within thirty (30) days, the investigating Compliance personnel concludes his/her findings. The final report summary is sent to the Compliance Officer for review. The Compliance Officer shares information regularly with the Compliance Committee and shares the resolution of the investigation upon its conclusion. The Compliance Officer reports biannually to the Compliance Committee any investigations and outcomes which have been conducted through the Compliance Department.
2. The Compliance Hotline log is maintained in an electronic Compliance database, which is accessible to necessary personnel.
 - a. Once a case is resolved, the information is documented for tracking, trending, and reporting purposes.
 - b. All case files including copies of applicable policies, procedures, memos, etc. are maintained in a locked filing cabinet located in the Compliance Department's office and/or in a secure electronic folder. Only designated Compliance personnel have access to the case files.

References

Health Care Compliance Administration, *Evaluating and Improving A Compliance Program*, (April 2003)

Office of Inspector General's *Model Compliance Program for Medicare+Choice Organizations*, (November 1999)