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| **Policy Name:**  | **Whistle Blower Policy**  | **Date Revised:**  | **9/2017** |
| **Purpose:** | **Protocol for Reporting Fraud, Waste or Abuse.** | **Board Approval:** | **9/2017** |

**Policy:**

Greater New Beginnings (GNB) does not tolerate the commission or concealment of acts of fraud, waste, or abuse. Employees are required to comply with all applicable statutory, regulatory, and other requirements of our funders. In addition, employees are responsible for reporting suspected instances of fraud, waste, and abuse. Any allegations of such acts will be investigated by management.

**Definitions of Fraud, Waste, and Abuse:**

**Fraud:** Fraud involves intentionally submitting false information to a client or third party (e.g. Medi-Cal, Medicare, Victims of Crime) in order to get money or a benefit. This includes billing for services that were not provided and/or intentionally billing for a higher level of service than was provided.

**Waste:** Waste is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to a client or third party payer. Waste is generally not considered to be caused by criminally negligent actions, but rather the misuse of resources.

**Abuse:** Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medi-Cal or Medicare Program. Abuse involves billing for services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

**Procedure:**

Staff training is the cornerstone of GNB’s efforts to prevent fraud, waste, and abuse. Designated agency staff attend ACBHCS quality assurance trainings to learn current regulations and laws pertaining to Medi-Cal and to receive updates regarding changes. Within the agency, all new interns and staff receive mandatory training regarding the laws, regulations and requirements related to our contracts with external funders. Our interns attend regular meetings that addresses issues related to Medi-Cal program requirements and documentation. GNB staff receive periodic updates and reminders from the Medi-Cal Program Supervisor related to the regulations, laws and requirements of Medi-Cal and third-party payors. These updates are either provided at monthly meetings held between the Medi-Cal funded programs and QA, or an additional training is scheduled for lengthier updates.

Other efforts to prevent fraud, waste, and abuse include monthly checking of clients’ Medi-Cal eligibility, as well as eligibility checks prior to the initial appointment. Since Medi-Cal is the payor of last resort, routine efforts are made to determine if a client has other health insurance. Data entry for billable services is done at a minimum on a monthly basis. For Medi-Cal clients, InSyst reports are regularly compared each month to each clients’ records to determine if any services were inaccurately or mistakenly billed.

Finally, all employees are checked against databases run by the Office of Inspector General, as well as other federal databases prior to employment and on a monthly basis to ensure that no federal funds are used for services provided by an individual who has been exclude by the Office of the Inspector General.

All GNB employees , contractors, and interns are instructed to report any behavior they suspect or know to be fraud, waste, or abuse. The Executive Director/Administrator is the designated contact person for all of these reports. However, employees and interns are also able to make anonymous reports at any time. All reports will be investigated. Any instances of outright fraud are cause for immediate termination of employment and legal action. If it is determined that an employee is involved in abuse or waste, the following course of action will be taken:

1. Education of the employee regarding the behavior
2. Discussing a corrective action plan with the employee
3. Ongoing monitoring of the behavior

The response to any reports of fraud, waste, or violation of any other laws and regulations pertaining to Medi-Cal and other third party payers that were made in good faith must be non-retaliatory. Any reprisal against a reporting individual because that individual, in good faith, reported a suspected act of misconduct in accordance with this policy is prohibited and will, in turn, be considered an act of misconduct subject to disciplinary procedures.