

RECIPIENT FRAUD

SECTION:	Corporate Compliance
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SUBJECT:	Recipient Fraud
EFFECTIVE DATE:	8/2012
REVISION DATE:	

I. PURPOSE

Davis Behavioral Health is obligated to report potential recipient fraud related to the recipient's eligibility for Medicaid. And to describe the measures that will be taken when recipient fraud is suspected

II. POLICY

Any employee or agent with knowledge or suspicion of recipient fraud, waste or abuse or becomes aware of any misrepresentation of facts by recipients in order to become or remain eligible for Medicaid shall report his/her knowledge or suspicion to either a supervisor or the Compliance Officer. In addition, anyone within or outside the organization can contact the Compliance Officer directly with questions or concerns.

III. PROCEDURES

- A. All employees responsible for enrolling Medicaid recipients for services will take reasonable efforts to ensure that the individual requesting/receiving services is in fact the individual that is insured by Medicaid.
- B. During the intake process, staff will request State or Federal issued photo identification to verify the name and date of birth with the information available in the Medicaid MMCS system.
- C. If the individual requesting services does not have any State or Federally issued photo identification, staff will request any form of identification (ie., credit card, student ID card) to at a minimum verify the individual's name.
- D. If the individual requesting services does not have any form of identification (such as a child), staff will attempt to verbally verify the Enrollee information available in the Medicaid MMCS system.
- E. If any employee or provider suspects or becomes aware of (ie., a child being called by a different name than reported, an individual reluctant to verify information, unreported

income, assets or marital status) any misrepresentation of facts or identity related to Medicaid eligibility, those suspicions or knowledge should be immediately reported to the Compliance Officer.

- F. No purported Medicaid eligible individuals will be denied covered services based on suspicions of recipient fraud related to the recipient's eligibility for Medicaid. The individuals will be enrolled in services until otherwise notified by the Compliance Officer.
- G. The Compliance Officer will complete a preliminary review of the suspicions within 2 business days of receiving the information from the employee or agent.
- H. Within 15 days after the detection of any incidents of potential Medicaid fraud by clients related to the clients' Medicaid Eligibility, the Compliance Officer, will contact the Department of Workforce Services at 1-800-955-2210. All other types of potential recipient fraud and all types of potential recipient waste or abuse related to the Medicaid program shall be reported to the Utah Office of Inspector General of Medicaid Services.
- I. The Compliance Officer will maintain records of all reports of compliance concerns, investigations, findings and corrective actions.