

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA Edition)**

Section 7.1 **Fraud and Program Abuse Reporting**

- 7.1.1** **Introduction**
- 7.1.2** **References**
- 7.1.3** **Scope**
- 7.1.4** **Did you know...?**
- 7.1.6** **Definitions**
- 7.1.5** **Objectives**
- 7.1.7** **Procedures**
- 7.1.7-A.** **Reporting of fraud and program abuse involving Title XIX/XXI funds or AHCCCS registered providers and recipients**
- 7.1.7-B.** **Reporting of fraud and program abuse involving state-only funds, ADHS/DBHS registered providers or other providers**
- 7.1.7-C.** **Reporting of fraud and program abuse to the T/RBHA**
- 7.1.7-D.** **Reporting of Screenings for Excluded Individuals and Entities**
- 7.1.8** **False Claims Act Education Requirements**

7.1.1 **Introduction**

The reporting of potential fraud and program abuse is intended to avoid the misappropriation of Federal, State and Local funds. In the context of this section of the provider manual, “fraud” is considered an act of purposeful deception committed by a person or behavioral health provider to gain an unauthorized benefit. “Abuse” committed by a behavioral health provider (for purposes of this section of the provider manual) means activities that are inconsistent with standard fiscal business or medical practices and that result in unnecessary costs to the AHCCCS and/or ADHS/DBHS programs. Persons receiving care in the behavioral health system can also commit acts of program abuse (e.g., by loaning or selling their AHCCCS identification card).

Behavioral health providers must be cognizant of potential fraud and program abuse within the public behavioral health system. Fraud and program abuse can result in the misuse of Federal and State funds, can jeopardize the care and treatment of persons receiving behavioral health services and can result in monetary fines, criminal prosecution, the termination of providers and prohibition from participation in Medicare/Medicaid Programs. This section outlines the procedures for behavioral health providers to report potential cases of fraud and/or program abuse.

7.1.2 **References**

The following citations can serve as additional resources for this content area:

[42 CFR 438.608](#)

[A.R.S. § 36-2918.01](#)

[A.R.S. § 13-2310](#)

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contract](#)

[ADHS/TRBHA IGAs](#)

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA Edition)**

[AHCCCS Contractors' Operations Manual, Chapter 100, Section III. A](#)

[Office of Program Integrity Operations and Procedure Manual](#)

[Section 7.4, Reporting of Incidents, Accidents and Deaths](#)

7.1.3 Scope

To whom does this apply?

All T/RBHA enrolled persons receiving behavioral health services; and all behavioral health providers.

7.1.4 Did you know...?

- This section does not include reporting of physical and sexual abuse regarding persons who have been diagnosed with a Seriously Mental Illness (SMI). [Section 7.4, Reporting of Incidents, Accidents and Deaths](#) contains information for reporting abuse of persons determined to have a Serious Mental Illness.
- T/RBHAs are responsible for ensuring that mechanisms are in place for the prevention, detection and reporting of fraud or program abuse.
- All employees of behavioral health providers must be familiar with the types of fraud and program abuse that could occur during their normal daily activities.
- ADHS/DBHS and each T/RBHA have designated a compliance officer and compliance committee designed to prevent and detect suspected fraud or program abuse.
- Any person who knowingly obtains any benefit by means of false or fraudulent pretenses, representations, promises or material omissions is guilty of a Class 2 Felony.

7.1.6 Definitions

[Abuse](#)

[Fraud](#)

7.1.5 Objectives

To identify requirements for behavioral health providers to report suspected cases of fraud or abuse.

7.1.7 Procedures

7.1.7-A. Reporting of fraud and program abuse involving Title XIX/XXI funds or AHCCCS registered providers and recipients

Upon becoming aware of a suspected incident of fraud or program abuse, including a suspected incident committed by the T/RBHA, a T/RBHA or provider has 10 working days to inform the AHCCCS Office of Inspector General of the suspected fraud or program abuse in writing to the address below or by submitting an online form accessible at the link below:

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA Edition)**

AHCCCS Office of Inspector General
MD4500
801 E. Jefferson Street
Phoenix, Arizona 85034
<http://www.azahcccs.gov/fraud/reporting/reporting.aspx>

Email: AHCCCSFraud@azahcccs.gov
Phone: (602) 417-4193 or (602) 417-4045
Fax: (602) 417-4102
Toll Free: 1-(888) 487-6686 or 1-(800) 654-8713 ext 4045

In addition, T/RBHAs or providers should advise the ADHS/DBHS Corporate Compliance Officer of the report to AHCCCS by calling or writing to the contact information below.

ADHS/DBHS
Office of Program Integrity
1740 West Adams, #409
Phoenix, Arizona 85007
Phone: (602) 364-3758 or 1-(866) 569-4927
Fax: (602) 542-3940
Email: reportfraud@azdhs.gov

7.1.7-B. Reporting of fraud and program abuse involving state-only funds, ADHS/DBHS registered providers or other providers

Upon becoming aware of a suspected incident of fraud or program abuse, including a suspected incident committed by the T/RBHA, a T/RBHA or provider has 10 working days to inform the ADHS/DBHS Corporate Compliance Officer by completing [PM Form 7.1.1, Suspected Fraud or Program Abuse Report](#) and faxing or mailing it to ADHS/DBHS at the address listed above. Reports of fraud or program abuse may also be taken over the phone at (602) 364-3758 or 1-(866) 569-4927.

7.1.7-C. Reporting of fraud and program abuse to the T/RBHA

In addition to notifying ADHS or AHCCCS, behavioral health providers may need to notify their contracted T/RBHA of all suspected incidents of fraud or program abuse. Any potential compliance incidents identified by provider employees during the course of performing their duties are reported to the CPSA Corporate Compliance Officer personally or through the CPSA Helpline at (520) 318-6964.

7.1.7-D. Reporting of Screenings for Excluded Individuals and Entities

In accordance with [42 CFR 438.610](#), Community Partnership of Southern Arizona (CPSA) Comprehensive Service Providers (CSPs) and direct contractors do not employ or contract with individuals or entities excluded from participation in federal health care programs under [42 CFR 438.610](#) and must provide annual attestation of compliance to CPSA.

CSPs and direct contractors shall conduct screenings on those employees, contractors, subcontractors, officers and directors who provide items or services that are material and significant to the overall operation of the agency. Such screenings are conducted using the

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL
Community Partnership of Southern Arizona (CPSA Edition)**

Excluded Persons List System (EPLS) www.epls.gov and/or the List of Excluded Individuals and Entities (LEIE) www.oig.hhs.gov databases prior to an offer of employment.

In the event a CSP, subcontractor or direct contractor conducts a screening of a potential or existing contractor or employee and determines the individual or agency is excluded from participation in federal health care programs, the CPSA Compliance Program Manager must be notified immediately at 520-318-6924.

CSPs and direct contractors shall complete and sign [PM Form 7.1.2, Certification Regarding Debarment, Suspension, and Other Responsibility Matters](#) annually to affirm that their employees, contractors, subcontractors, officers and directors are not excluded from participation. CSPs and direct contractors shall submit the completed Certificate to the CPSA Corporate Compliance Officer within 15 days of initial request from CPSA and annually thereafter on a date prescribed by CPSA. CSPs shall require that the same conditions regarding debarment, suspension and other responsibility matters are included in all subcontracts.

7.1.8 False Claims Act Education Requirements

Section 6032 of the Deficit Reduction Act requires any entity that receives or makes payments under the State Medicaid program of at least \$5,000,000 annually, must provide [False Claims Act \(31 USC § 3729-3733\)](#) education to their employees and contractors. All Community Partnership of Southern Arizona (CPSA) CSPs, contractors, and providers must provide detailed information on the False Claims Act to their employees and subcontractors. CPSA has developed a False Claims Act standardized self-study module, accompanied by an attestation for each employee and provider, to assist in completing this education and tracking compliance of the requirement. To access the CPSA False Claims Act self-study module, call (520) 325-4268 and ask for the Training Department. CSPs, contractors and providers can utilize the self-study module or provide education and a tracking mechanism for the requirement on the False Claims Act by another means. This information must then be given to the CPSA Training Department annually to provide verification of the requirements.