

Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	Effective Date: 03/02/2009 Last Review Effective Date: 02/11/2009
SUBJECT: General Administration	SECTION: GA 1.7

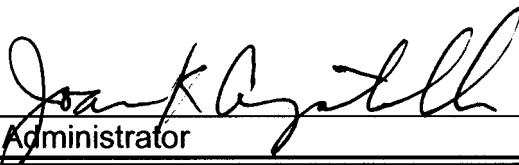
SUBTITLE: CRSA Corporate Compliance Program

POLICY:

It is the policy of the Children's Rehabilitative Services Administration (CRSA) to have a Corporate Compliance Program designed to guard against fraud and program abuse.

PROCEDURES:

- 1) Corporate Compliance Program
The Corporate Compliance Program for CRSA is provided by the Arizona Department of Health Services (ADHS) and maintained by the designated ADHS Corporate Compliance Officer.
- 2) ADHS Corporate Compliance Committee
It is mandatory that staff of CRSA participate on the ADHS Corporate Compliance Committee. Participation must include, at a minimum, a member of the CRSA Executive Team.
- 3) Corporate Compliance Policies and Procedures
The CRSA complies with the ADHS Corporate Compliance Program and operates under the Office of Program Integrity Operations and Procedures Manual. This manual is located at <http://www.azdhs.gov/bhs/fau.pdf>.
- 4) Reporting of Suspected Fraud and Program Abuse by CRSA Staff
CRSA staff shall report all suspected fraud and program abuse in accordance with the Office of Program Integrity Operations and Procedure Manual. CRSA staff shall use the Suspected Fraud or Program Abuse Report form and fax or mail the form to the ADHS/Office of Program Integrity. Reports of fraud or program abuse may also be taken over the phone at 602-364-3758 or 1-866-569-4927.

Approved:  _____ CRSA Administrator	Date: 3/5/09 _____
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Suspected Fraud or Program Abuse Report

Reported by Client Family Member Friend T/RBHA Provider OPI DBHS OCSHCN Public
 OBHL CRS Guardian Other Agency

Information about you:

Your name and title: _____

Do you request contact from the ADHS Office of Program Integrity (OPI)? Yes No

Contact information: (address) _____
 (phone) _____
 (email) _____

Information about who or what you are reporting:

Name of provider, recipient, agency, or T/RBHA suspected of fraud or program abuse: _____

Contact information: (location/address) _____
 (phone) _____
 (email) _____

Provider ID or Recipient ID (if known): _____

Nature of suspected fraud or program abuse:

- False Claims/Data Altering Claims Incorrect Coding (upcoding, unbundling, etc.)
 Unlicensed Professional Duplicate Billing Billing for Services not Provided
 Altered or Missing Documents Misrepresentation of Services Other

What makes you suspect fraud or program abuse? _____

Title XIX or XXI funds involved (Medicaid related funds)? Yes No Estimated Loss: \$ _____

Other details regarding fraud or program abuse allegation? _____

Date _____ Evidence or documentation Yes No

discovered: _____ available? _____ No

Have you filed a complaint or report with any other agency or organization (including your T/RBHA or CRS clinic)? Yes No

If so, what _____

Have you brought your concern or complaint to the attention of the Yes No
subject(s)?

To whom? _____

or
Email to: ReportFraud@azdhs.gov

or
Call toll free at 1-866-569-4927

Mail this report to us at:
Arizona Department of Health Services
Office of the Deputy Director/Office of Program Integrity
150 North 18th Avenue, Suite 280
Phoenix, Arizona 85007

Sospecha de Fraude o Reporte de Abuso de Programas

Reporte por: Usuario Miembro de la Familia Amigo T/RBHA Proveedor OPI DBHS Persona particular
 OBHL Clínica de CRS Guardián / Tutor Otra Agencia OCSHCN

Información acerca de Usted:

Nombre y título: _____

¿Solicitó usted el contacto con la Oficina de Integridad de Programas (OPI, por sus siglas en inglés) de ADHS? Si No

Información de (Dirección) _____
 (Teléfono) _____
 (email) _____

Información acerca de quién o qué está usted reportando:

Nombre del proveedor, usuario, agencia, o T/RBHA sospechoso de fraude o abuso de programa: _____

Información de (Ubicación/dirección) _____
 (Teléfono) _____
 (email) _____

Número de identificación (ID) del proveedor o del usuario (si lo conoce): _____

Naturaleza de la sospecha de fraude o abuso de programa:

- Reclamación falsa/Datos
- Alteración de una reclamación
- Códigos incorrectos (sobre facturar, cobro indebido e intencional, etc.)
- Profesional sin licencia
- Facturación duplicada
- Facturar por servicios no proveídos
- Alteración o pérdida de documentos
- Tergiversación de servicios
- Otro

¿Que lo hace sospechar que hay un fraude o abuso de un programa?

¿Existe dinero federal involucrado proveniente de los servicios mencionados en el Titulo XIX o XXI (Dinero relacionado con Medicaid)? Si No Pérdida estimada \$ _____

¿Otros detalles en relación con el fraude o acusación de abuso de programa?

Datos descubiertos: _____

Pruebas o documentación disponible? Sí No

¿Ha diligenciado un reporte de queja con alguna otra agencia u organización (incluyendo su T/RBHA o clínica de CRS)? Sí No

Si su respuesta es afirmativa, ¿que agencia? _____

Ha planteado usted sus preocupaciones o quejas al sujeto(s) en cuestión? Sí No

A quién? _____

o
Por email a: ReportFraud@azdhs.gov

o
Llame a la línea gratuita 1-866-569-4927

Por correo envíenos éste reporte a:
Arizona Department of Health Services
Office of the Deputy Director/Office of Program Integrity
150 North 18th Avenue, Suite 280
Phoenix, Arizona 85007