Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	**Effective Date: 03/22/2007** **Last Review Effective Date: 02/13/2008**
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.

PROCEDURE:

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/phs/ocshcn/crs/crs_az.htm.

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 602-364-4736 or 1-866-563-4927.

Approved:	Date:
CRSA Administrator	2/18/08

Suspected Fraud or Program Abuse Report

Reported by ☐ Client ☐ Family Member ☐ Friend ☐ T/RBHA ☐ Provider ☐ OPI ☐ DBHS ☐ OCSHCN ☐ Public
☐ OBHL ☐ CRS Clinic ☐ 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 discovered: _____ Evidence or documentation available? ☐ Yes ☐ 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 agency? _____

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

To whom? _____

Fax this report to: ADHS/OPI Fax Number: 602-364-4736
or
Email to: ReportFraud@azdhs.gov
or
Call toll free at 1-866-563-4927

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

All reports are kept confidential and may be reported to other agencies

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 contacto:

(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 contacto:

(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
☐ Profesional sin licencia
☐ Alteración o pérdida de documentos
☐ Alteración de una reclamación
☐ Facturación duplicada
☐ Tergiversación de servicios
☐ Códigos incorrectos (sobre facturar, cobro indebido e intencional, etc.)
☐ Facturar por servicios no proveídos
☐ 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? ☐ Si ☐ 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 cuestion? ☐ Sí ☐ No

A quién? _____

Envíe por fax éste reporte a:
ADHS/OPI Numero de Fax: 602-364-4736
o

Por correo envíenos éste reporte a:

Arizona Department of Health Services

Por email a: ReportFraud@azdhs.gov
o
Llame a la línea gratuita 1-866-563-4927

Office of the Deputy Director/Office of Program Integrity
150 North 18th Avenue, Suite 280
Phoenix, Arizona 85007