



Fraud and Abuse Plan Fiscal Year (FY) 2024-2025



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Fraud and Abuse Plan

Central Florida Behavioral Health Network, Inc.
Fraud and Abuse Prevention, Detection, and Monitoring

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I. Plan Description

Central Florida Behavioral Health Network (CFBHN) established a corporate fraud plan to facilitate the development of controls that will aid in the detection and prevention of fraud against CFBHN and its Network Service Providers (NSP) within the SunCoast Region. CFBHN intends to promote consistent organizational behavior by providing guidelines and assigning responsibility for developing controls and conducting investigations.

This plan aims to ensure that CFBHN and its NSPs reduce the potential risk for fraud and abuse and detect and report current acts of fraud and abuse on an ongoing basis.

This plan applies to any irregularity, or suspected irregularity, involving employees as well as shareholders, consultants, vendors, contractors, outside agencies doing business with employees of such agencies, and/or any other parties with a business relationship with CFBHN.

CFBHN complies with federal and state fraud and abuse prevention and detection regulations. Prevention and detection include operational policies and controls such as prior authorization, utilization management, quality review, grievance resolution, NSP credentialing and contracting, NSP and staff education, and corrective action plans to prevent potential fraud and abuse. CFBHN shall review its fraud and abuse policies on an annual basis.

II. Definitions

The following are key terms that relate to and/or support this procedure:

Abuse – NSP practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to CFBHN/system of care or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. An example of abuse may include submitting claims for services that are not medically necessary. It also includes recipient practices that result in unnecessary costs for CFBHN, Code of Federal Regulations - 42 CFR 455.2.

Conviction or convicted – A judgment of conviction has been entered by a federal, state, or local court, regardless of whether an appeal from that judgment is pending.

Exclusion – CFBHN will not reimburse a specific NSP who has duplicate services or has defrauded or abused CFBHN or the Department of Children and Families for items or services that NSP furnished.

False Claims Act (31 USC 3729-3733) – This law provides for penalties and triple damages for anyone who knowingly submits or causes the submission of false or fraudulent claims for government funds, such as Medicaid funds.

Under this law's *quid tam* provisions, an individual with evidence of fraud, also known as a "whistleblower," is authorized to file a case in federal court and sue, on behalf of the federal government, persons or entities engaged in fraud and to share in any money that the government may recover.

Fraud – An intentional deception or misrepresentation made by a person/subcontractor with the knowledge that the deception could result in some unauthorized benefit to himself or another person. It includes any act that constitutes fraud under applicable federal or state law. Examples of fraud may include billing for services not provided, altering claim forms to obtain a higher payment amount, and paying for a referral (offering a kickback).

Whistleblower Law – It is against the employment practice law for a public employer to prohibit any employee from disclosing, or take or threaten to take disciplinary action against an employee for the disclosure of any information the employee reasonably believes is evidence of a violation of any federal or state law, rule or regulation by the state, agency or political subdivision; or mismanagement, gross waste of funds or abuse of authority or substantial and specific danger to public health and safety resulting from action of the state, agency or political subdivision; or the fact that a person receiving services, benefits or assistance from the state or agency or subdivision is subject to a felony or misdemeanor warrant for arrest. It is also unlawful for a public employer to require any employee to give notice before making, disclosing, or engaging in any of the items listed in the previous sentence. The same is true for discouraging, restraining, dissuading, coercing, preventing, or otherwise interfering with disclosure or discussions related to the employee's belief about a violation.

Prohibited kickback relationships – Remuneration or payment practices that may result in federal civil penalties or exclusion for violation of Code of Federal Regulations 42 C.F.R. § 1001.951.

Program Fraud Civil Remedies Act (31 USC 3801-3812) – Under this law, known as a remedy for false claims and statements, anyone who makes, presents, or submits (or causes to be made, presented, or submitted) a claim to the federal government, such as for Medicaid funds, that the person knows or has reason to know is false, fictitious, or fraudulent, or that omits a material fact, is subject to a penalty of up to \$5,000 per claim, plus an assessment of up to twice the amount of each false or fraudulent claim. The US Inspector General investigates violations of this law. Enforcement can begin with a hearing before an administrative law judge. The government can recover penalties by a lawsuit or through an administrative offset against "clean" claims.

Suspension – CFBHN will not reimburse a specified NSP convicted of a program-related offense in a federal, state, or local court for items or services that the NSP furnished.

III. Fraud and Abuse Laws

CFBHN adheres to and requires all NSPs to adhere to all provisions of the False Claims Act established under sections 3729 through 3733 of Title 31, United States Code, administrative remedies for false claims and statements established under sections 3801 through 3812 of Title 31, United States Code, any Florida laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in federal health care programs.

IV. CFBHN Compliance Procedures

A. CFBHN Internal Controls, Prevention, and Detection Activities

1. CFBHN activities to prevent and detect fraud and abuse include, at minimum, the following:

a. Written policies, procedures, and standards of conduct that articulate agencies' commitment to comply with all applicable federal and state standards to guard against fraud and abuse. The Fraud & Abuse Plan is reviewed and updated by CFBHN annually.

b. CFBHN's Continuous Quality Improvement (CQI) department conducts site reviews of each subcontracted NSP and audits a random sample of treatment records, including a review of services paid data.

c. CFBHN maintains a quality assurance and review process requirement for each subcontractor and a process for filing grievances.

d. CFBHN maintains procedures that require prompt repayment of funds paid in error and correcting the corresponding billing data. If found during the year, the NSP will reduce its invoice by backing out the units from the data system.

e. Enforcement of standards that guard against fraud and abuse through guidelines included in each NSP's contract. If a significant deficiency in a contracted NSP's delivery of services or a NSP's compliance with any contractual agreement, nothing shall limit or qualify any right or authority of the Department under state or federal law to take action directly against a contracted NSP. CFBHN shall ensure that each contracted NSP conducts an end-of-the-year audit, to be reviewed by CFBHN and sent to the

Department. NSPs who do not reach the minimum threshold for federal or state grant dollars are not required to conduct an audit.

f. Provision for internal monitoring and auditing, including appropriate controls on employee and NSP access to clinical records, billing and accounting records, service authorization records, eligibility data, and related resources that have potential use to facilitate fraud or abuse.

g. Provision for a prompt response to detected offenses and the development of corrective action initiatives relating to the agreement.

h. Services may not be provided by the following persons/subcontractors or their affiliates:

1) Persons who are currently suspended, debarred, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in:

- Persons with business activities with the Governments of Sudan and Iran as described in section 219.473, Florida Statutes.
- Non-procurement activities under regulations issued pursuant to Executive Order No. 12549 or under guidelines implementing such order.

i. CFBHN shall not refer clients to such persons and/or subcontractors, as identified in item h. 1. above, and shall not accept billings for services by such persons.

j. NSP may not knowingly have a person described in Item h. 1. above as a director, officer, partner, or person with beneficial ownership of more than five percent of the organization's equity, or have employment, consulting, or other agreement with a person for the provision of items and services that are significant and material to the organization's obligations.

k. Procedures for NSPs to report cases of suspected fraud or abuse involving funds to CFBHN or the Department's Fraud Investigation Unit.

l. The policies and procedures are in conjunction with CFBHN's internal controls.

B. Accountant and Committee

1. Compliance

a. CFBHN has a designated Accountant.

b. Responsibilities include, but are not limited to, the following:

- 1) Receive training on, and maintain current knowledge of the federal and state laws and regulations regarding fraud and abuse;
- 2) Establish and implement a clear and accessible process for any individual to bring concerns or evidence of fraud or abuse to the attention of the Accountant or committee member;
- 3) Ensure compliance with the organization's program to prevent and detect fraud and abuse, including training staff about the disciplinary process for those involved in fraud or abuse; coordinating a financial risk assessment on all NSPs annually;
- 4) Disseminate written information and guidance to employees and NSPs about the program;
- 5) Maintain records of cases reported to the organization;
- 6) Submit any required reports to the Department;
- 7) Serve as a point of contact for cases referred to CFBHN and the Department's Fraud Investigation Unit;
- 8) Respond promptly to detected offenses and develop corrective action initiatives for the subcontract.

The Accountant is primarily responsible for investigating all suspected fraudulent acts defined in the plan. If the investigation substantiates that fraudulent activities have occurred, the Accountant will issue reports to appropriate designated personnel and, if appropriate, to the Board of Directors through the Audit Committee.

Decisions to prosecute or refer the examination results to the appropriate law enforcement and/or regulatory agencies for independent investigation will be

made in conjunction with legal counsel and senior management, as will final decisions on the disposition of the case.

2. Fraud and Abuse Compliance Committee

- a. The committee consists of the Accountant and others appointed by CFBHN.
- b. The committee will meet as needed to discuss and review cases reported as suspected fraud or abuse to make recommendations about technical assistance, process improvements, and/or corrective actions necessary for NSPs to fully comply with federal and state laws and/or meet their contractual obligations.

C. Reporting of Fraud and Abuse

Great care must be taken in investigating suspected improprieties or irregularities to avoid mistaken accusations or alerting suspected individuals that an investigation is underway.

An employee who discovers or suspects fraudulent activity should *contact the Accountant immediately*. The employee or other complainant may remain anonymous. An email may be sent to fraudcompliance@cfbhn.org. Inquiries concerning the activity under investigation of the suspected individual, their attorney or representative, or any other inquirer should be directed to the investigations unit or the legal department. No information concerning the status of an investigation will be given. The proper response to any inquiries is: "I am not at liberty to discuss this matter." *Under no circumstances* should any reference be made to "the allegation," "the crime," "the fraud," "the forgery," "the misappropriation," or any other specific reference.

1. CFBHN shall promptly notify the Department of all verified fraud and abuse cases, including fraud by employees and NSPs, to the Department's fraud and audit unit. CFBHN may also refer suspected fraud and abuse cases to the Department prior to verification. Examples of possible cases referred:

- a. NSPs who consistently demonstrate a pattern of intentionally reporting encounters or services that did not occur. A pattern would be evident in any case where 20 percent or more of sampled or audited services are not supported by documentation in the clinical records.
- b. NSP consistently demonstrates a pattern of intentionally reporting overstated or up-coded service levels. A pattern would be evident by 20 percent or more of sampled or audited services billed

at a higher level procedure code than is documented in the clinical records.

c. Any verified case where the NSP purposefully altered, falsified, or destroyed clinical record documentation to artificially inflate or obscure compliance rating or collect payments not otherwise due.

d. NSPs who intentionally or recklessly make false statements about the credentials of persons rendering care to clients.

e. NSPs who intentionally fail to render medically appropriate covered services to clients.

f. NSPs who knowingly charge clients for services that are covered.

g. Any case of theft, embezzlement, or misappropriation of program money.

2. Incidents of verified or suspected fraud or abuse by a NSP should be reported to the Department Fraud Investigation Unit by mail or online through the Florida Department of Children and Families website:

[Public Assistance Fraud | Florida DCF \(myflfamilies.com\)](https://myflfamilies.com)

**ACCESS Central Mail Center
Fraud Report
PO Box 1770
Ocala, FL 34478-1771
850-487-0800**

3. CFBHN will promptly report all fraud and abuse under contractual obligations. CFBHN also notifies the Department of complaints of fraud and abuse that warrant investigation. This notification shall include the following information:

- a. NSP's name and address
- b. Type of NSP
- c. Source of complaint
- d. Nature of complaint
- e. The approximate range of dollars involved
- f. The disposition of the complaint when known.

4. CFBHN will cooperate with the Department's fraud unit and allow the Department to inspect, evaluate, or audit books, records, documents, files, accounts, and facilities as required to investigate an incident of fraud or abuse.

D. Corrective Action

1. CFBHN may determine that a NSP must go through disciplinary action to fully comply with laws and rules to prevent and detect fraud and abuse and/or meet contractual responsibilities.

2. CFBHN may determine that a NSP must go through disciplinary or corrective action due to acts of fraud and abuse. If the action of the NSP were such that termination would occur, implementation of termination would occur using the process described in the contract.

3. Disciplinary or corrective action may include, but is not limited to:
 - a. Reduced funding
 - b. Financial or Performance benchmarks
 - c. Enhanced NSP monitoring
 - d. Additional or modified data submission requests

E. Cooperation with Fraud and Abuse Investigations

CFBHN shall provide access to records and cooperate with activities consistent with the Department contract on record keeping and government access to records. Right of access is provided to facilities, financial records, clinical and personnel records, books, documents, papers, plans, and writings of CFBHN related to the fraud and abuse examination and audit. All records and items listed above are kept accessible for a minimum of five years or longer for financial records and seven years for clinical records as required by applicable laws, following the final payment and termination of the contract between the Department and CFBHN or until the conclusion of any audit, controversy or litigation arising out of or related compliant, whichever date is later.