

- VIII. Provider: An individual or entity providing GCBH BH-ASO funded behavioral health services through contractual agreement with GCBH BH-ASO or a network provider. The term does not include employees of GCBH BH-ASO. For purposes of this Policy, all Network Providers are Contractors; while not all Contractors are Network Providers – even though they may be covered by this Policy (for instance the Ombuds is a Contractor, but not a Network Provider).
- IX. People associated with GCBH BH-ASO: All Executive Committee members and their alternates, consultants, GCBH BH-ASO employees and contractors, and network providers receiving GCBH BH-ASO funding directly or indirectly to support behavioral health services.
- IX.1. Senior Management Team is comprised of the Director(s), the Clinical Director, the Compliance Officer, the Medical Director and the Privacy Officer.
- X. Fraud and Abuse: Can include but not be limited to:
- X.1. Billing for services not performed
 - X.2. Double billing
 - X.3. Unnecessary services
 - X.4. Kickbacks
 - X.5. Upcoding
 - X.6. Unbundling
 - X.7. Falsification of health care provider credentials
 - X.8. Falsification of provider financial solvency
 - X.9. Intentional improper billing
 - X.10. Related party contracting
 - X.11. Incentives that limit services or referral
 - X.12. Embezzlement and theft
 - X.13. Billing Medicaid enrollees for GCBH BH-ASO covered services
 - X.14. Failure to follow all applicable professional standards, practices or ethical guidelines
- XI. False Claims Act: Protects the Government from being overcharged or sold shoddy goods or services. It is illegal to submit claims for payment to Medicare or Medicaid that you know or should know are false or fraudulent.
- XII. Claim:
- XII.1. Any request or demand made for a Medicaid payment under RCW 74.09 or other applicable law, whether under a contract or otherwise, for money or property and whether or not a government entity has title to the money or property, that:
 - XII.1.1. Is presented to an officer, employee, or agent of a government entity.
 - XII.1.2. Is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the government entity's behalf or to advance a government entity program or interest, and the government entity:

XII.1.3. Provides or has provided any portion of the money or property requested or demanded.

XII.1.4. Will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

XII.2. A claim does not include requests or demands for money or property that the government entity has paid to an individual as compensation for employment or as an income subsidy with no restrictions on that individual's use of the money or property.

XIII. Knowing and Knowingly:

XIII.1. With respect to information, a person who:

XIII.1.1. Has actual knowledge of the information.

XIII.1.2. Acts in deliberate ignorance of the truth or falsity of the information, or

XIII.1.3. Acts in reckless disregard of the truth or falsity of the information.

XIII.2. "Knowing" and "knowingly" do not require proof of specific intent to defraud.

XIV. Whistleblower: In the context of this policy, is an individual who, alone or jointly with others, provides the State or other law enforcement agency with information relating to a possible violation of the provisions set forth in RCW 74.66 and RCW 74.09.210, State, or federal laws, including any rules or regulations thereunder, that has occurred, is ongoing, or is about to occur.

POLICY

- A. The Compliance Plan (Fraud, Wast, and Abuse program) addresses compliance with all local, state, and federal laws governing the operation of GCBH BH-ASO, including 42 CFR Part 438 Subpart H. The Plan contains the Seven Fundamental Elements as described by Centers for Medicare and Medicaid Services (CMS):
- Implementing written policies, procedures and standards of conduct.
 - Designating a compliance officer and compliance committee.
 - Conducting effective training and education
 - Developing effective lines of communication between the CCO and GCBH BH-ASO staff and subcontractors.
 - Conducting internal monitoring and auditing.
 - Enforcing standards through well-publicized disciplinary guidelines.
 - Responding promptly to detected violations and for the development of corrective action initiatives.
- B. This policy establishes a culture within GCBH BH-ASO and its contractor system that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state law, or federal, state, and private payer health care program requirements.
- C. All people and entities associated with GCBH BH-ASO and/or its network providers and contractors are expected to comply with this policy.

PROCEDURE

1. Implementing written policies, procedures and standards of conduct.
 - 1.1. The Executive Committee, Executive Director and the CCO will develop and maintain policies and procedures that address the Organization's Compliance activities.
 - 1.2. The CCO will review the Compliance Plan annually (at a minimum) and update it to ensure that it continues to address all applicable federal and state compliance mandates.
 - 1.3. The CCO will ensure that the Executive Committee confirms any changes needed and that the updated policy is distributed to all GCBH BH-ASO staff and people associated with GCBH BH-ASO.
2. Compliance Officer and Committee
 - 2.1. GCBH BH-ASO will employ an experienced member of staff as the CCO (also known as the Program Integrity Officer (PIO) under the Medicaid program) who is responsible for overseeing the policy and coordinating monitoring activities.
 - 2.1.1. The CCO reports directly to the Executive Committee.
 - 2.2. The CCO routinely provides information to the CCC. The CCC reports to the Executive Committee.
 - 2.2.1. The CCC is made up of representatives from the Executive Committee and network provider agencies.
 - 2.2.2. While the CCO generally reports to the CCC, the CCO maintains independence by always having:
 - 2.2.2.1. Direct supervision from the GCBH BH-ASO Director(s).
 - 2.2.2.2. The right to directly meet with the Executive Committee if the circumstances warrant (e.g., in case of CCC or Director in action).
 - 2.3. The CCO may (without prior approval) seek legal assistance from the GCBH BH-ASO legal counsel regarding issues related to Fraud, Waste, and Abuse (FWA).
 - 2.4. In consultation with the CCC or the Executive Committee, the CCO may revise the Plan, as appropriate.
 - 2.5. The CCO is supported by GCBH BH-ASO legal counsel with whom there is independent access as needed.
3. Corporate Compliance Officer (CCO) duties
 - 3.1. To oversee and monitor GCBH BH-ASO compliance activities. This includes maintaining ongoing communication and interactions with GCBH BH-ASO senior management (including the Director(s), Finance Director, Quality Manager, Medical Director/Clinical Director) for the promotion of an environment that prevents and detects FWA.
 - 3.2. To assist the Director, the CCC and the Executive Committee in establishing and maintaining a methodology for preventing and detecting FWA, including, but not limited to:

- 3.2.1. Creating, updating, and utilizing a risk assessment methodology;
 - 3.2.1.1. This methodology will be reviewed with the CCC at least annually in reference to its applicability and need for revision
- 3.2.2. Incorporating compliance monitoring into the financial audits completed on network provider agencies.
- 3.2.3. Assuring that focus is given to the highest volume/highest risk network providers.
- 3.2.4. Addressing audit findings pertinent to GCBH BH-ASO.
- 3.3. To report monthly to the CCC, the FFOC and the Executive Committee on the implementation of this policy (including those areas described in section X).
- 3.4. To annually review the policy and recommend revisions as necessary.
- 3.5. To ensure the provision of internal auditing and monitoring activities within GCBH BH-ASO including the establishment of procedures for periodic audits of the operations of network providers. An independent auditor such as the Washington State Auditor is utilized for this purpose.
 - 3.5.1. In addition to the GCBH BH-ASO audit policy, and in certain circumstances, the CCO may be authorized by the Director (in consultation with legal counsel) to implement an immediate on-site compliance review when critical and time-sensitive issues associated with potential FWA have been reported. The CCO will provide immediate feedback to the Director and the Executive Committee regarding the findings and need for interventions.
- 3.6. To receive and investigate reports of possible violations of the policy.
- 3.7. To develop corrective action plans to correct violations and prevent future incidents of noncompliance.
- 3.8. To develop policies and programs that encourage employees and network providers to report suspected violations of the policy without fear of retaliation.
- 3.9. Identifies areas where corrective actions are needed and, in consultation with the CCC, develops strategies to improve compliance.
 - 3.9.1. This may include, as necessary, the implementation of GCBH BH-ASO employee disciplinary action that is delivered fairly and uniformly applied (and documented appropriately in the employee's personnel file).
- 3.10. As a part of the ongoing monitoring and auditing of the policy, the CCO, in cooperation with the CCC, establishes mechanism to notify employees and network providers of changes in laws, regulations or policies, as necessary, to ensure continued compliance.
 - 3.10.1. This may include updating GCBH BH-ASO and network provider educational materials and ensuring that people associated with GCBH BH-ASO complete required annual training regarding FWA prevention.
- 4. Conducting Effective Education and Training
 - 4.1. GCBH BH-ASO expects its network providers/contractors and all people associated with it to be aware of current GCBH BH-ASO Compliance expectations.

This will be accomplished through contract language and the provision of training or policy updates:

- 4.1.1. Network providers/Contractors are made aware of their obligation to report to GCBH BH-ASO their good faith belief of any possible instances of non-compliance through terms identified in the GCBH BH-ASO network providers/contractor's Statement of Work.
- 4.1.2. The policy and reporting requirements are referenced in GCBH BH-ASO contracts and provided as an attachment. Network Providers and Contractors are made aware of their obligation to report to GCBH BH-ASO their good faith belief of any possible instances of non-compliance.
- 4.1.3. GCBH BH-ASO will notify network providers and contractors of applicable FWA training opportunities offered through CMS or the State DBHR. This includes detailed information to employees and subcontractors relating to False Claims Act and the Washington false claims statutes, Chapter 74.66 and RCW 74.09.210.
- 4.1.4. GCBH BH-ASO will annually update its network providers and contractors of any changes to the GCBH BH-ASO Compliance Plan. This may be done either through an addition to the GCBH BH-ASO Website, electronically or at an all-provider meeting. Regardless of the form of communication, each network provider and Contractor must indicate that the materials have been reviewed by members of their senior staff.
- 4.1.5. GCBH BH-ASO may elect to enforce participation in training through sanctions if indicated by a lack of contractor adherence to the policy or training requirements.
- 4.1.6. The GCBH BH-ASO CCO will (at a minimum) annually review the content of the training and solicit feedback as to the clarity and utility of the materials provided.
- 4.2. GCBH BH-ASO expects all its employees or contractors to be aware of (and adhere to) current FWA prevention processes. This is accomplished through the following:
 - 4.2.1. Upon hiring and then annually, all GCBH BH-ASO employees receive a copy of the GCBH BH-ASO Compliance Plan in addition to training provided by the CCO on their responsibilities to report non-compliance. Training addresses the following:
 - 4.2.1.1. GCBH BH-ASO commitment to compliance with all laws, regulations and guidelines of federal and state programs.
 - 4.2.1.2. The elements of the policy.
 - 4.2.1.3. An overview of what constitutes FWA in a Medicaid Managed Care environment to include:
 - 4.2.1.3.1. An explanation of the CMS Seven Fundamental elements of a compliance program aimed at reducing FWA.
 - 4.2.1.3.2. The False Claims Act and Washington's false claim statutes, RCW 74.66 and 74.09.210.

- 4.2.1.4. A review of the specific contract requirements applicable to GCBH BH-ASO business.
- 4.2.1.5. The disciplinary consequences of failing to comply with applicable laws as well as that such discipline will be equitably enforced for all employees.
- 4.2.2. The CCO will provide annual training for GCBH BH-ASO employees on any policy changes and any GCBH BH-ASO FWA prevention activities. This update may be done at an all-staff meeting, through memo, and/or electronically.
- 4.2.3. GCBH BH-ASO may elect to enforce participation in training through disciplinary actions if indicated by a lack of employee participation in required training.
- 4.2.4. The GCBH BH-ASO CCO will (at a minimum) annually review the content of the training and solicit feedback as to the clarity and utility of the materials provided.
- 4.2.5. GCBH BH-ASO administration will maintain documentation of employee participation in such training.
- 4.3. All members of the Executive Committee are provided with a copy of the GCBH BH-ASO Compliance Plan upon their entry onto the Executive Committee. The Executive Committee and their alternates will be provided with the GCBH BH-ASO FWA training on an annual basis. The CCO will remind Executive Committee members of the presence of the policy during his/her reports to the Executive Committee.
- 4.4. The GCBH BH-ASO CCO will be expected to participate in ongoing continuing education to ensure that his/her knowledge around compliance and FWA prevention (or detection) is kept up to date. GCBH BH-ASO will provide the necessary support to accomplish this expectation.
- 5. Developing Effective Lines of Communication
 - 5.1. An open line of communication between the CCO and employees or others associated with GCBH BH-ASO is critical to the successful implementation and operation of the policy.
 - 5.2. Reports of fraud, waste and/or abuse may be made 24 hours a day, 7 days a week (24/7) by all employees including full-time, part-time, temporary employees, interns, volunteers, consultants, Board members, and subcontractors/subdelegates as outlined below.
 - 5.2.1. All employees and entities associated with GCBH BH-ASO have a duty to report all incidents of suspected FWA activities to the CCO.
 - 5.2.2. A report is made in any of the following ways:
 - 5.2.2.1. In person to the CCO, Sindi Saunders, during business hours
 - 5.2.2.2. By sending the CCO a confidential fax at (509)783-4165, available 24/7
 - 5.2.2.3. By calling the Corporate Compliance Office at (509)737-2475 or (888) 545-3022, or via the confidential dedicated compliance line for Fraud, Waste, and Abuse (FWA): 888-975-1405, all available 24/7
 - 5.2.2.4. By mailing a written concern to:

Corporate Compliance Officer, Sindi Saunders
Greater Columbia Behavioral Health
101 N. Edison Street
Kennewick, WA 99336

- 5.3. In addition, any person may seek guidance with respect to the policy at any time by following the same reporting mechanisms outlined above.
6. Conducting Internal Monitoring and Auditing
 - 6.1. Detection and prevention of FWA is conducted by the CCO or designated staff through the following activities:
 - 6.1.1. GCBH BH-ASO conducted network provider site reviews
 - 6.1.2. Review of network provider quarterly financial information
 - 6.1.3. Review of community inpatient claims
 - 6.1.4. Reviewing for and certifying the pursuit and collection of all third-party payers as mandated by the Division of Behavioral Health and Recovery (DBHR) contract
 - 6.1.5. Monitoring of Ombuds reports
 - 6.1.6. Monitoring of Grievances
 - 6.1.7. Monitoring of Utilization Management operations
 - 6.1.8. Review of annual independent audits
 - 6.2. The GCBH BH-ASO senior management team will review the effectiveness of these monitoring activities on an annual basis. They will confer with the CCO who will make recommendations to the CCC. In turn the CCO will meet with the Executive Committee at least annually regarding the need to amend them as needed.
 - 6.3. All alleged incidents of FWA are investigated by the CCO.
 - 6.4. Any threat of reprisal against a person who makes a good faith report is in violation of the applicable federal and state compliance mandates that inform this GCBH BH-ASO policy. Reprisal, if found to be substantiated, is subject to appropriate discipline, up to and including termination.
 - 6.5. Any attempt to harm or slander another through false accusations, malicious rumors, or other irresponsible actions are also in violation of the applicable federal and state compliance mandates that inform this GCBH BH-ASO policy. Such attempts, if found to be substantiated, shall be subject to discipline, up to and including termination.
 - 6.6. GCBH BH-ASO, at the request of a reporting person, shall provide anonymity to the reporting person as much as is possible under the circumstances in the judgment of the CCO, consistent with GCBH BH-ASO obligation to investigate concerns and take necessary corrective action.

- 6.7. If the identity of the complainant is known, the CCO provides a written report to the reporting individual that an investigation has been completed and, if appropriate, the corrective action that has been taken.
- 6.8. The CCO will maintain a confidential log of all contacts and correspondence concerning FWA. This log will be utilized as part of his/her report to the CCC.
7. Enforcing Standards Through Well Publicized Guidelines Relations and Contracts
 - 7.1. GCBH BH-ASO shall utilize its contracting and personnel mechanisms to ensure that its employees, network providers, and other people associated with it are aware of the Compliance Plan and adhere to its content. These include:
 - 7.1.1. GCBH BH-ASO and its contracted network providers will not provide incentive plans.
 - 7.1.2. In accordance with 42 CFR 438.604. GCBH BH-ASO certifies data submitted to the state. GCBH BH-ASO does not approve nor cause claims to be submitted to the Medicaid program or any other federal or state health care program:
 - 7.1.2.1. For services provided because of payments made in violation of federal guidelines.
 - 7.1.2.2. For services that are not reasonable and necessary.
 - 7.1.2.3. For services which cannot be supported by the documentation in the medical record.
 - 7.1.2.4. GCBH BH-ASO does not falsify or misrepresent facts concerning the delivery of services or payment of claims in connection with any federal or state health care benefit program.
 - 7.1.2.5. GCBH BH-ASO does not provide incentives to network providers to reduce or limit medical necessary behavioral health services to recipients of other federal or state health care programs.
 - 7.1.2.6. GCBH BH-ASO conducts all business with network providers at arm's length and pursuant to written contract.
 - 7.1.3. No employee or person associated with GCBH BH-ASO prevents or delays the communication of information or records related to violation of the policy to the CCO.
 - 7.1.4. As part of the OIG Exclusion Program, and in accordance with 42 CFR 438.610, all GCBH BH-ASO employees and all network provider agencies are screened monthly by GCBH BH-ASO to determine whether they have been (1) convicted of a criminal offense related to health care; or (2) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation, as required by current federal and state laws. The latter is verified through the United States Health and Human Services website at <http://exclusions.oig.hhs.gov>, and the System for Award Management (SAM) website at <http://www.sam.gov>.
 - 7.1.5. Individuals and agencies listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation, as required by current

federal and state laws, or found to have a conviction or sanction related to health care will be excluded from providing GCBH BH-ASO funded services.

- 7.1.6. Network providers are to have internal control standards that meet Generally Accepted Accounting Principles and Budgeting, Accounting, and Revenue Standards.
- 7.1.7. All network providers are required when requested to provide GCBH BH-ASO with an annual independent audit report.
- 7.1.8. GCBH BH-ASO network providers maintain monthly procedures to screen employees to determine whether they have been (1) convicted of a criminal offense related to health care; or (2) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation as verified through the United States Health and Human Services website at <https://exclusions.oig.hhs.gov/>, and the System for Award Management (SAM) at <http://www.sam.gov>. Employees or network providers found to have a conviction or sanction or found to be under investigation for any criminal offense related to health care are to be removed from direct responsibility for, or involvement with GCBH BH-ASO funded services.
- 7.1.9. Report all incidents of abuse and fraudulent activities to the CCO per section 11, below.
- 7.1.10. Network providers will provide annual FWA prevention training materials to their staff and document their receipt and participation in such training in their personnel files.
- 7.1.11. Network providers will maintain current compliance plans and will provide GCBH BH-ASO with those policies and any updates as prepared on an annual basis.

8. Responding to Detected Offenses and Undertaking Corrective Action

8.1. Employee Discipline

- 8.1.1. GCBH BH-ASO requires that its employees protect the integrity and confidentiality of health and other sensitive information pertaining to GCBH BH-ASO Individuals. Violations of this policy, including failure to report suspected violations, constitute grounds for disciplinary action up to and including termination, and criminal prosecution.
- 8.1.2. Any employee of GCBH BH-ASO who believes another employee of GCBH BH-ASO has breached the agency's security policy or the policies and standards promulgated to carry out the objectives of the Security Policy or otherwise breached the integrity or confidentiality of Individual or other sensitive information will immediately report such breach to their supervisor and/or to the HIPAA Officer.
- 8.1.3. GCBH BH-ASO will initiate appropriate disciplinary action against the person(s) whose conduct appears to have been intentional, willfully indifferent or with reckless disregard of state and federal laws.

8.2. Provider Discipline

8.2.1. When the CCO determines (after consultation with the Executive Director and legal counsel) that an issue of non-compliance with this Policy has occurred, the CCO shall:

8.2.1.1. Develop and recommend an initial corrective action plan (CAP) and submit it to CCC for review. The CAP is designed to ensure that the specific violation is addressed and, to the extent possible, that a similar problem does not occur in other departments or areas; appropriate education activities are included.

8.2.1.2. The CCC, after consideration and any modification, shall recommend the CAP to the FFOC and the Executive Committee.

8.2.1.3. Upon approval, the CCO will develop a strategy for implementation of the CAP, with the advice and guidance of GCBH BH-ASO Executive Director and Legal Counsel.

8.2.1.4. The CAP will focus on implementing changes designed to ensure the specific violation is addressed and, to the extent possible, improve, prevent, or detect any additional compliance inadequacies

8.2.1.5. The CAP may include one or all the following areas:

8.2.1.5.1. Specific areas requiring compliance attention

8.2.1.5.2. Initiation of any necessary action to ensure that no Individuals are placed at clinical risk

8.2.1.5.3. Requirements for additional training and education

8.2.1.5.4. Further audit and/or investigation

8.2.1.5.5. Disciplinary Action

8.2.1.5.6. Monitoring of results

8.3. GCBH BH-ASO contracts include provisions which require compliance with the policy and clearly state that breach of these provisions will be events for corrective action or termination of the contract after failure to cure.

8.3.1. In the event of contract noncompliance, the CCC has the right to assign a noncompliant penalty.

8.4. Through the CCC, GCBH BH-ASO will monitor and document any civil penalties imposed on contracted network providers

8.4.1. GCBH BH-ASO does not issue civil penalties.

8.5. After investigation, subcontractors must disclose to HCA and GCBH immediately upon becoming aware of any person in their employment who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX of the Social Security Act.

9. False Claims Act Violations

9.1. GCBH BH-ASO, its network providers, and contractors shall not violate the Washington False Claims Statute, also known as the Medicaid Fraud False Claims Act per RCW 74.66 and 74.09.210.

- 9.1.1. No person, firm, corporation, partnership, association, agency, institution, or other legal entity, but not including an individual public assistance recipient of health care, shall, on behalf of himself or herself or others, obtain or attempt to obtain benefits or payments under RCW 74.09 or other applicable law in a greater amount than that to which entitled by means of:
 - 9.1.1.1. A willful false statement.
 - 9.1.1.2. By willful misrepresentation, or by concealment of any material facts.
 - 9.1.1.3. By another fraudulent scheme or device, including, but not limited to:
 - 9.1.1.3.1. Billing for services, drugs, supplies, or equipment that were unfurnished, of lower quality, or a substitution or misrepresentation of items billed.
 - 9.1.1.3.2. Repeated billing for purportedly covered items, which were not in fact so covered.
- 9.1.2. Any person or entity knowingly violating any of the provisions of this section shall be liable for repayment of any excess benefits or payments received, plus interest at the rate and in the manner provided in RCW 43.20B.695. Such person or other entity shall further, in addition to any other penalties provided by law, be subject to civil penalties. The director or the attorney general may assess civil penalties in an amount not to exceed three times the amount of such excess benefits or payments: Provided that these civil penalties shall not apply to any acts or omissions occurring prior to September 1, 1979. RCW 43.20A.215 governs notice of a civil fine assessed by the director and provides the right to an adjudicative proceeding.
- 9.1.3. Criminal actions need not be brought against a person for that person to be civilly liable.
- 9.1.4. In all administrative proceedings under RCW 74.09, service, adjudicative proceedings, and judicial review of such determinations shall be in accordance with chapter 34.05 RCW, the administrative procedure act.
- 9.1.5. Civil penalties shall be deposited upon their receipt into the Medicaid fraud penalty account established in RCW 74.09.215.
- 9.1.6. The attorney general may contract private attorneys and local governments in bringing actions under this section as necessary.
- 9.2. Violators of the False Claims Act are subject to civil penalties:
 - 9.2.1. Subject to subsections 9.2.2 and 9.2.4 below, a person is liable to the government entity for civil penalties described in 31 U.S.C. Sec. 3729(a), plus three times the number of damages which the government entity sustains because of the act of that person, if the person:
 - 9.2.1.1. Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval.
 - 9.2.1.2. Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim.
 - 9.2.1.3. Conspires to commit one or more of the violations in this subsection.

- 9.2.1.4. Has possession, custody, or control of property or money used, or to be used, by the government entity and knowingly delivers, or causes to be delivered, less than all that money or property.
- 9.2.1.5. Is authorized to make or deliver a document certifying receipt of property used, or to be used, by the government entity and, intending to defraud the government entity, makes or delivers the receipt without completely knowing that the information on the receipt is true.
- 9.2.1.6. Knowingly buys or receives as a pledge of an obligation or debt, public property from an officer or employee of the government entity who lawfully may not sell or pledge property.
- 9.2.1.7. Knowingly makes, uses, or causes to be made or used a false record or statement material to an obligation to pay or transmit money or property to the government entity, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government entity.
- 9.2.2. The court may not assess less than two times the number of damages which the government entity sustains because of the act of a person, if the court finds that:
 - 9.2.2.1. The person committing the violation of subsection 9.2.1 furnished the Washington state attorney general with all information known to him or her about the violation within thirty days after the date on which he or she first obtained the information.
 - 9.2.2.2. The person fully cooperated with any investigation by the attorney general of the violation.
 - 9.2.2.3. At the time the person furnished the attorney general with the information about the violation, no criminal prosecution, civil action, or administrative action had commenced under this title with respect to the violation, and the person did not have actual knowledge of the existence of an investigation into the violation.
- 9.2.3. A person violating the False Claims Act is liable to the attorney general for the costs of a civil action brought to recover any such penalty or damages.
- 9.2.4. For the purposes of determining whether an insurer has a duty to provide a defense or indemnification for an insured and if coverage may be denied if the terms of the policy exclude coverage for intentional acts, a violation of subsection 9.2.1 is an intentional act.
- 9.3. Whistleblowers:
 - 9.3.1. Whistleblowers are protected from retaliation under the False Claims Act and may be awarded a portion of the monies recuperated by the government in a false claims case.
 - 9.3.2. Whistleblowers do not receive total anonymity, but there are specific consequences, known as whistleblower relief, if an employer retaliates against a whistleblower:

- 9.3.2.1. Any employee, contractor, or agent is entitled to all relief necessary to make that employee, contractor, or agent whole, if that employee, contractor, or agent, is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, agent, or associated others in furtherance of an action under RCW 74.66.090 or other efforts to stop one or more violations.
- 9.3.2.2. Relief must include reinstatement with the same seniority status that employee, contractor, or agent would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees, and any and all relief available under RCW 49.60.030(2). An action under this subsection may be brought in the appropriate superior court of the state of Washington for the relief provided in this subsection.
- 9.3.2.3. A civil action under RCW 74.66 may not be brought more than three years after the date when the retaliation occurred.

10. Allegations of Potential Fraud and Invoking Network Provider/Contractor Payment Suspensions

- 10.1. When GCBH BH-ASO has concluded that an allegation of potential Fraud exists, they shall make a Fraud referral to HCA within five (5) Business days of the determination. The referral must be emailed to HCA at HotTips@hca.wa.gov. GCBH BH-ASO will report using the WA Fraud Referral Form.
- 10.2. When HCA determines GCBH BH-ASO's referral of potential Fraud is a credible allegation of fraud, HCA will notify GCBH BH-ASO CCO.
 - 10.2.1. To suspend network provider payments, in full, in part, or if a good cause exception exists to not suspend.
 - 10.2.1.1. Unless otherwise notified by HCA to suspend payment, GCBH BH-ASO will not suspend payment of any network provider(s) identified in the referral.
 - 10.2.2. Whether HCA or appropriate law enforcement agency, accepts or declines the referral.
 - 10.2.2.1. If HCA or appropriate law enforcement agency accepts the referral, GCBH BH-ASO will "stand down" and will follow the requirements of the investigation.
 - 10.2.2.2. If HCA or appropriate law enforcement agency decline to investigate the potential fraud referral, GCBH BH-ASO may proceed with their own investigation while complying with the reporting requirements.
- 10.3. Upon receipt of payment suspension notification from HCA, GCBH BH-ASO will send notice of the decision to suspend program payments to the network provider within five (5) calendar days of HCA's notice to suspend payment, unless an appropriate law enforcement agency requests a temporary withhold of notice.
- 10.4. The notice of payment suspension will include or address all the following:

- 10.4.1. State that payments are being suspended in accordance with this provision;
 - 10.4.2. Set forth the general allegations identified by HCA. The notice should not disclose any specific information concerning an ongoing investigation;
 - 10.4.3. State that the suspension is for a temporary period and cite suspension will be lifted when notified by HCA that it no longer is in place;
 - 10.4.4. Specify, when applicable, to which type or types of claims or business units the payment suspension relates; and
 - 10.4.5. Where applicable and appropriate, inform the network provider of any Appeal rights available to the network provider, along with the network provider's rights to submit written evidence for consideration by GCBH BH-ASO.
- 10.5. All suspension of payment actions will be temporary and will not continue after either of the following:
- 10.5.1. GCBH BH-ASO is notified by HCA or appropriate law enforcement agency that there is insufficient evidence of fraud by the network provider; or
 - 10.5.2. GCBH BH-ASO is notified by HCA or appropriate law enforcement agency that the legal proceedings related to the network provider's alleged fraud are completed.
- 10.6. GCBH BH-ASO will document in writing the termination of a payment suspension and issue a notice of the termination to the network provider. A copy will be sent to HCA at Programintegrity@hca.wa.gov.
- 10.7. HCA may find that good cause exists not to suspend payments, in whole or in part, or not to continue a payment suspension previously imposed, to an individual or entity against which there is an investigation of a credible allegation of fraud if any of the following are applicable:
- 10.7.1. A law enforcement agency has specifically requested that a payment suspension not be imposed because such a payment suspension could compromise or jeopardize an investigation.
 - 10.7.2. Other available remedies are available to GCBH BH-ASO, after HCA approves the remedies as more effective or timely to protect Medicaid funds.
 - 10.7.3. HCA determines, based on the submission of written evidence by GCBH BH-ASO, the individual or entity that is the subject of the payment suspension, there is no longer a credible allegation of fraud and that the suspension should be removed. HCA will review the evidence submitted by GCBH BH-ASO or network provider. GCBH BH-ASO may include a recommendation to HCA. HCA will direct GCBH BH-ASO to continue, reduce or remove the payment suspension within thirty (30) calendar days of having received the evidence.
 - 10.7.4. An individual's access to items or services would be jeopardized by a payment suspension because of either of the following:
 - 10.7.4.1. An individual or entity is the sole community physician or the sole source of essential specialized services in a community.

10.7.4.2. The individual or entity serves many individuals within a federal Health Resources and Services Administration (HRSA) designated medically underserved area.

10.7.5. A law enforcement agency declines to certify that a matter continues to be under investigation.

10.7.6. HCA determines that payment suspension is not in the best interests of the Medicaid program.

10.8. GCBH BH-ASO will maintain for a minimum of six (6) years from the date of issuance all materials documenting:

10.8.1. Details of payment suspensions that were imposed in whole or in part; and

10.8.2. Each instance when a payment suspension was not imposed or was discontinued for good cause.

10.9. If GCBH BH-ASO fails to suspend payments to an entity or individual for whom there is a pending investigation of a credible allegation of fraud without good cause, and HCA directed the contractor to suspend payments, HCA may impose sanctions.

10.10. If any government entity, either from restitutions, recoveries, penalties or fines imposed following a criminal prosecution or guilty plea, or through a civil settlement or judgement, or any other form of a civil action, receives a monetary recovery from any entity or individual, the entirety of such monetary recovery belongs exclusively to the state of Washington and GCBH BH-ASO and any involved subcontractor has no claim to any portion of this money.

10.11. GCBH BH-ASO is fully subrogated, and will require its subcontractors to agree to subrogate, to the state of Washington for all criminal, civil and administrative action recoveries undertaken by any government entity, including but not limited to, all claims GCBH BH-ASO or subcontractor has or may have against any entity or individual that directly or indirectly receives funds under the HCA contract.

10.12. Any funds recovered and retained by GCBH BH-ASO will be reported to the actuary to consider in the rate-setting process.

11. Reporting

11.1. Reporting Process

11.1.1. An individual may submit a report in accordance with this policy's Procedure subsection 5. Reports may be made anonymously where permitted.

11.1.2. Reports should be submitted as soon as possible after the concern is identified.

11.1.3. Staff with knowledge of reportable conduct are expected to report without unreasonable delay and no later than 30 calendar days after becoming aware of the issue, consistent with Washington mandatory reporting expectations.

11.2. Intake and Initial Assessment (CCO Responsibility)

11.2.1. The Corporate Compliance Officer (CCO) will initiate intake and assessment:

- 11.2.1.1. Within 1-3 business days of receipt: acknowledge and log the report
- 11.2.1.2. Within 5 business days: complete initial intake documentation
- 11.2.2. The CCO will collect:
 - 11.2.2.1. Name of the person reporting FWA (if not anonymous)
 - 11.2.2.2. Detailed description of the concern
 - 11.2.2.3. Dates, parties involved, and supporting information
- 11.3. Categorization of Concern
 - 11.3.1. Within 5-10 business days of intake, the CCO, consulting with the Co-Director and legal counsel as needed, will categorize the concern into:
 - 11.3.1.1. Fraud, Waste, or Abuse (FWA)
 - 11.3.1.2. Privacy or data security concern
 - 11.3.1.3. Contractual issue
 - 11.3.1.4. Other compliance-related matter
 - 11.3.2. If the concern involves potential data breach or unauthorized disclosure, escalation will occur immediately.
 - 11.3.3. If the report is determined to be a grievance GCBH BH-ASO will follow the guidelines contained within policy CA410 Grievance System.
- 11.4. Required External Reporting (as applicable)
 - 11.4.1. Healthcare/practitioner-related reportable conduct:
 - 11.4.1.1. Must be reported to the appropriate authority within 30 calendar days of knowledge, when applicable.
 - 11.4.2. Data/privacy breaches:
 - 11.4.2.1. Notifications to affected individuals and/or regulators will occur as soon as possible and no later than 30 days from discovery, in accordance with Washington data breach laws.
 - 11.4.3. Medicaid FWA:
 - 11.4.3.1. Referrals to appropriate state or federal entities (e.g. MFCU) will be made promptly upon identification, consistent with program integrity expectations.
- 11.5. Review and Oversight
 - 11.5.1. All compliance concerns will be presented to the Corporate Compliance Committee (CCC) at the next scheduled meeting or sooner if risk is high.
 - 11.5.2. High-risk or urgent concerns will be escalated within 2 business days to executive leadership.
 - 11.5.3. Compliance concerns will be reviewed during the monthly Executive meeting with the Board.
- 11.6. Investigation Timelines

- 11.6.1. Preliminary review: initiated within 5 business days of intake
- 11.6.2. Full investigation (if warranted): initiated within 10 business days
- 11.6.3. Investigation completion target: typically, 30-60 days, depending on complexity
- 11.6.4. Delays will be documented with justification
- 11.6.5. See Attachment A "Compliance Decision Tree" for additional guidance.
- 11.7. GCBH BH-ASO will submit to HCA a report of any recoveries made, or overpayments identified by GCBH BH-ASO during our claims review/analysis. The report will be submitted to HCA at Programintegrity@hca.wa.gov.
- 11.8. GCBH BH-ASO is responsible for investigating individual fraud, waste and abuse. If GCBH BH-ASO suspects client fraud:
 - 11.8.1. GCBH BH-ASO will notify and submit all associated information of any alleged or investigated cases in which GCBH BH-ASO believes there is a serious likelihood of fraud by an individual to the HCA Office of Medicaid Eligibility and Policy (OMEP) by any of the following:
 - 11.8.1.1. Sending an email to WAHeligibilityfraud@hca.wa.gov;
 - 11.8.1.2. By calling OMEP at 306-725-0934 and leaving a detailed message;
 - 11.8.1.3. Mailing a written referral to:
 - Health Care Authority
 - Attn: OMEP
 - P.O. Box 45534
 - Olympia, WA 98504-5534
 - 11.8.1.4. Faxing the written complaint to Washington Apple Health Eligibility Fraud at 360-725-1158.
- 11.9. GCBH BH-ASO will notify and submit all associated information of any alleged or investigated cases in which GCBH BH-ASO believes there is a serious likelihood of network provider fraud by an individual or group using the WA Fraud Referral Form within five (5) business days from the date of determining an allegation of potential fraud exists.
- 11.10. GCBH BH-ASO will submit to HCA on occurrences a list of terminations report including network providers terminated due to sanction, invalid licenses, services, billing, data mining, investigation and any related Program Integrity termination. GCBH BH-ASO will send the report electronically to HCA at Programintegrity@hca.wa.gov with subject "Program Integrity list of Terminations Report." The report will include all the following:
 - 11.10.1. Individual network provider/entities' name(s)
 - 11.10.2. Individual network provider/entities' NPI number(s)
 - 11.10.3. Source of termination
 - 11.10.4. Nature of the termination

11.10.5. Legal action against the individual/entities

12. Monitoring and Outcomes Reviews

12.1. When any action has been taken or a report has been made, the CCO will submit (via the CCC) a report to the FFOC and the Executive Committee in reference to the investigation and findings associated with Compliance-related activities. This report will include:

12.1.1. Numbers of allegations

12.1.2. Findings of investigations (redacted to maintain confidentiality)

12.1.3. Findings prompting individual interventions

12.1.4. Aggregate recommendations regarding system enhancements to avoid future occurrences

12.2. The CCO reports will be included on the Executive Committee agenda for approval of any pertinent recommendations.

12.3. CCO reports may also be submitted to the GCBH BH-ASO Credentialing Committee if they impact on the continued credentialing of a Contract Network Provider.

13. Records Requests and On-Site Inspections

13.1. Upon request, GCBH BH-ASO or any GCBH BH-ASO contracted providers or subcontractors will allow HCA, a contracted MCO, an authorized state or federal agency, or their authorized representatives, access to its records pertaining to their respective contracts. Records shall be furnished at no cost to the requesting agency.

13.1.1. Records to include physical and stored electronic data, and may consist of:

13.1.1.1. Medical records

13.1.1.2. Billing records

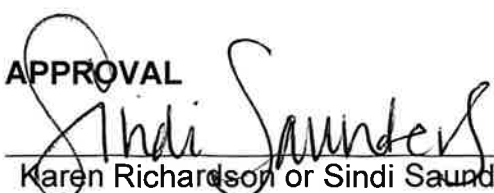
13.1.1.3. Financial records

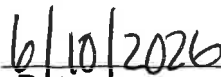
13.1.1.4. Any record related to services rendered, quality, appropriateness, and timeliness of service

13.1.1.5. Any record relevant to an administrative, civil, or criminal investigation or prosecution

13.2. Upon request, GCBH BH-ASO or any GCBH BH-ASO contracted providers or subcontractors shall assist in such reviews, including the provision of complete copies of records and access to its premises, whether the visitation is announced or unannounced.

APPROVAL

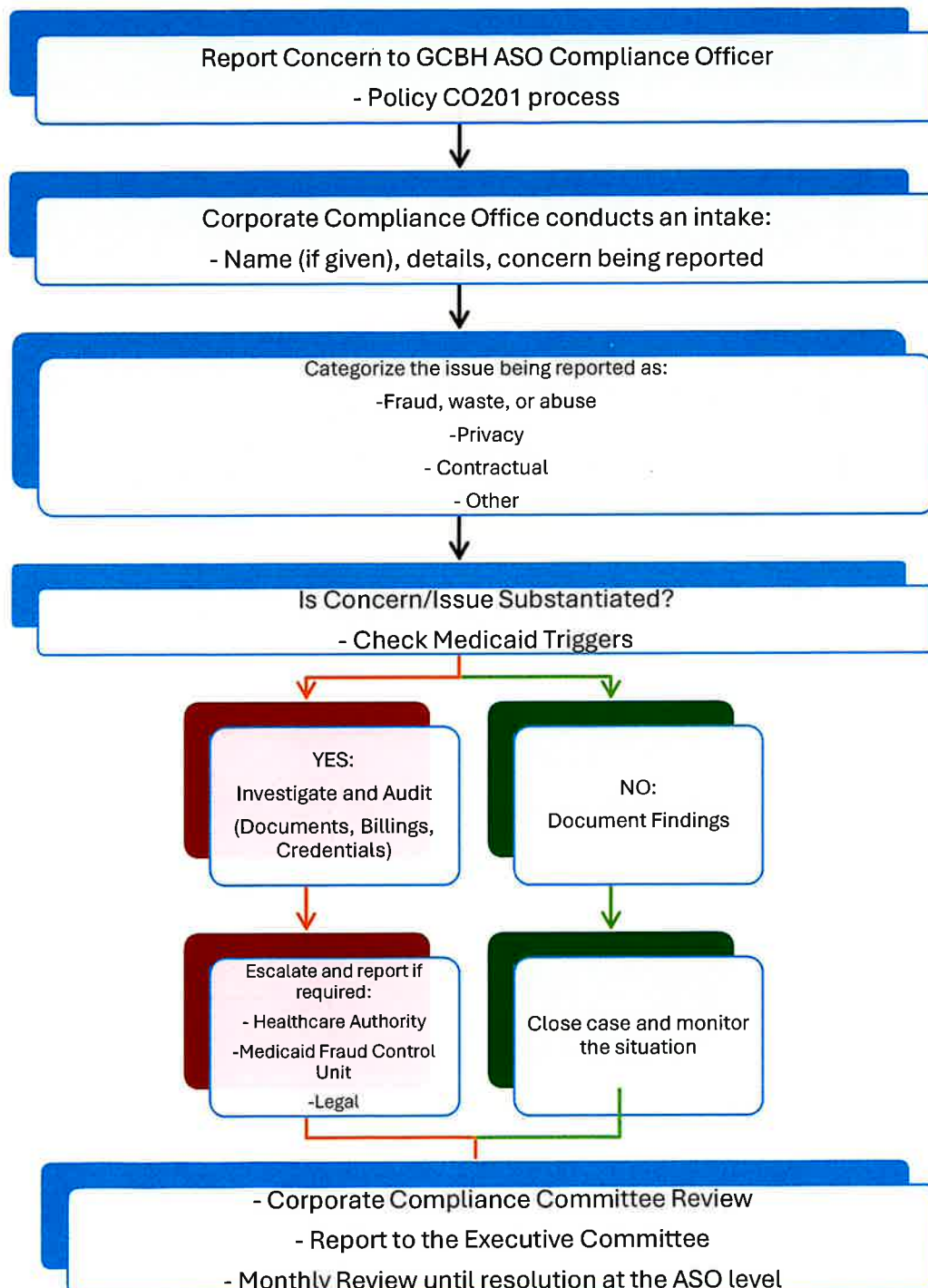

Karen Richardson or Sindi Saunders, Co-Directors


Date

Fraud, Waste, Abuse (FWA), and Compliance Decision Tree

Washington State – Behavioral Health (Medicaid/Apple Health)

This document outlines the compliance decision-making process for Fraud, Waste, Abuse (FWA), and compliance concerns. It integrates Medicaid (Apple Health) risk triggers and aligns with Policy CO201.



Fraud, Waste, Abuse (FWA), and Compliance Decision Tree

-  High and Moderate Risk indicates to Escalate and correct the risk and then Monitor
-  Low Risk indicates case can be closed and possible opportunity to educate

Risk Classification Guidance

High & Moderate Risk (Escalate / Correct & Monitor):

Services not rendered
Falsified documentation
Credentialing or supervision violations
Duplicate or overlapping billing
Medical necessity or documentation deficiencies (pattern/systemic issues)

Low Risk (Close / Educate):

Clerical or data entry errors
Minor documentation timing issues
Isolated, non-pattern concerns