Provider Compliance Plans

Community Care has established a fraud, waste, and abuse detection and prevention compliance (FWA Audit) program that complies with regulations set forth by the Office of Inspector General (OIG) of the Department of Health and Human Services and with the requirements of the Bureau of Program Integrity of the Department of Public Welfare (BPI). The OIG encourages health care organizations to establish voluntary compliance programs to educate and attempt to control fraud, abuse, and waste in health care. Documents have been published by the OIG that identify the minimum elements that should be included in a compliance program, as well as specific areas of concern to the OIG. The BPI has and continues to issue guidance on the detection and reporting of suspected fraud waste and abuse. The elements that should be included within the compliance program are as follows:

1. Established written compliance standards, policies and procedures
2. Specific high level individuals hold responsibility
3. No delegation of substantial discretionary authority
4. Effective internal and external communications
5. Established monitoring and auditing systems designed to detect criminal activity (including monthly screening of employees, contractors or other business partners for exclusion from participation in any federal healthcare program in accordance with Medical Assistance Bulletin 99-11-05)
6. Consistent enforcement through disciplinary mechanisms
7. Response and corrective action must take all reasonable steps to respond to the offense
8. Compliance Plan Overall Effectiveness
9. Conducting effective training and education

This Provider Alert is issued to reinforce with providers the expectation that all providers develop a comprehensive compliance program. In addition, Community Care will be requesting a copy of the compliance plan at the time of the next Credentialing/Assessment, beginning after January 1, 2013. In addition, Community Care staff may request a copy of a provider’s compliance plan during any of the following activities: (a) Quality Management audits; (b) Fraud, Waste and Abuse Audits; and (c) Network Management/Provider Relations site visits.

Additional information regarding fraud, waste, abuse and compliance can be found at the following links:

http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse/healthcarecomplianceplansformedicalassistanceproviders/index.htm


http://www.hcpro.com/corporate-compliance/