

<b>POLICY/PROCEDURE TITLE</b>	Reporting of Fraud, Waste, Abuse, and/or Other Potential Misconduct
<b>POLICY/PROCEDURE NUMBER</b>	CC-109
<b>DEPARTMENT</b>	Corporate Compliance Department
Original Issue Date	September 20, 2018
Next Scheduled Review Date	September 1, 2019
Last Review Date	September 20, 2018
Revision Date History	N/A
Author:	N/A
Approved by:	Corporate Compliance Committee

### **I. PURPOSE:**

The purpose of this policy is to combat fraud, waste, and abuse at ReachOut Healthcare America, LTD d/b/a Smile America Partners (hereinafter “Smile America Partners”). Failure to comply with applicable federal, state, or local laws and other types of misconduct threatens Smile America Partners’ ability to provide effective administrative services in support of serving patient dental needs. Detected but uncorrected misconduct can seriously endanger the mission, reputation, and legal status of Smile America Partners.

### **II. POLICY:**

Smile America Partners is committed to conducting its business activities with integrity and in compliance with federal, state, and local laws and regulations. Smile America Partners provides services for Dental Services Private Corporations (hereinafter “PCs”). The PCs are participants in federal and state healthcare programs and receive reimbursement from Medicaid agencies for services performed for Medicaid beneficiaries.

As part of our efforts to effectively support our PCs and to be a part of the efforts to improve the healthcare system, Smile America Partners has made a commitment to detecting, correcting, and preventing fraud, waste, and abuse.

Further, contractors, subcontractors, agents, and other persons which or who, on behalf of the PCs, furnish or otherwise authorize the furnishing of Medicaid healthcare items or services, perform billing or coding functions, or are involved in monitoring of healthcare provided by Smile America Partners and/or the PCs, are required to adopt these policies and procedures to continue to do business with the PCs.

### **III. DEFINITIONS:**

**Fraud** is generally defined as knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program. (18 U.S.C. § 1347)

**Waste** is overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the health care system, including the Medicare and Medicaid programs. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

**Abuse Payment** for items or services occurs when there is no legal entitlement to that payment and the individual or entity has not knowingly and/or intentionally misrepresented facts to obtain payment.

### **III. PROCEDURE:**

#### How to Report Fraud, Waste, and Abuse

If you suspect fraud, waste, or abuse, you must report it to your manager, supervisor, or the Chief Compliance Officer and we will investigate. Your actions may help improve our systems, and reduce costs for our PC partners and customers. To report suspected fraud, waste, or abuse, you can contact us in one of these ways:

- Report the suspected fraud, waste, or abuse directly to your manager or supervisor. When managers and supervisors receive reports of suspected fraud, waste, or abuse they must report it to the Chief Compliance Officer.
- Chief Compliance Officer: Sally Helmer, 33533 W 12 Mile, Suite 134, Farmington Hills, MI 48331, 888.833.8441 ext. 60130
- Compliance Help Line: 1-800-447-9207

You can choose for your report to remain anonymous. All information received or discovered by the Compliance Office will be treated as confidential, and the results of the investigations will be discussed only with persons having legitimate reasons to receive the information (e.g. state and federal authorities, Smile America senior management, or Smile America legal counsel).

#### The Investigation Process

Our investigation process will vary depending on the allegation presented and/or any facts or evidence provided. Our investigational steps may include some or all of, but are not necessarily limited to, the following:

- Contact with relevant parties to gather information. This may include contacting the reporter, if contact information is available, a dental professional, or a patient's parent or guardian to get a better understanding of the situation. For example, we may contact a dental professional or a patient's parent or guardian to ask about a dental service visit. We may ask the individual being interviewed to describe the services provided, who provided the care, etc.
- Review of dental records. We do this to validate that the records support the services billed. We rely on this information to make a fair and appropriate decision.

- Notification, review and discussion of the allegation and any findings with the associated PC owner, as appropriate.
- Notification of suspected fraud and abuse to law enforcement and any other applicable state and/or federal agencies.

Common Coding and Billing Issues To Be Aware Of:

- Billing for services not rendered
- Billing for services at a frequency that indicates the provider is an outlier as compared with its peers
- Billing for non-covered services using an incorrect CPT, HCPCS and/or Diagnosis code in order to have services covered
- Billing for services that are actually performed by another provider
- Up-coding
- Lack of documentation in the records to support the services billed
- Alteration of records to get services covered

**Smile America Partners has a zero-tolerance non-retaliation policy (see CC-111 Non-Retaliation Policy) and will not discipline employees for reporting conduct that they knew, suspected or reasonably believed to be fraud, waste, or abuse. Good faith reporting of known or suspected fraud, waste, and abuse is encouraged.**