



Fraud, Waste, and Abuse

Policy Category	Compliance	Policy Number	1.04
Date Issued	3/1/2009	Supersedes	NA
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INTRODUCTION

It is the policy of Solari to be in compliance with all local, state, and federal regulations regarding Fraud, Waste and Abuse. Fraud, Waste and Abuse may pertain to internal or external business interactions.

*For fraud, waste and abuse issues pertaining to the SMI Eligibility & Care Services program, refer to ECS 8.01 Fraud, Waste and Abuse.

PROCEDURES

1. DEFINITIONS

- 1.1. **Fraud:** Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law (42 CFR § 455.2).
- 1.2. **Waste:** Per the Centers for Medicare & Medicaid Services (CMS), Waste is defined as follows: "...overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources."
- 1.3. **Abuse:** Abuse means provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost, or in reimbursement for services that are not medically necessary, or that fail to meet professionally recognized standards for health care.

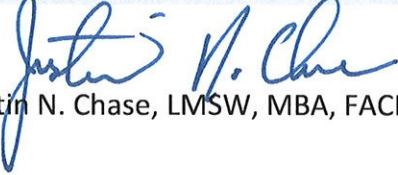
2. EXAMPLES OF FRAUD, WASTE AND ABUSE

- 2.1. Intentionally or recklessly reporting encounters or services that did not occur.
- 2.2. Intentionally or recklessly overstating or up-coding levels of service.

- 2.3. Any verified case where the provider purposefully altered, falsified, or destroyed clinical record documentation for the purpose of artificially inflating or obscuring his/her compliance rating and/or collecting payments not otherwise due.
- 2.4. Providers who intentionally or recklessly make false statements about credentials of persons rendering care to individuals.
- 2.5. Providers who intentionally misrepresent medical information.
- 2.6. Attempts by any individual, including staff persons and elected officials of the State, to solicit kickbacks or bribes.
- 2.7. Any provider who intentionally fails to render medically appropriate care.

3. REPORTING SUSPECTED CASES OF FRAUD, WASTE AND ABUSE

- 3.1. Any potential Fraud, Waste or Abuse occurrence identified by or reported to Solari staff while performing Solari duties shall be immediately reported to the Compliance Department.
 - 3.1.1. Solari shall publicize via public website (<http://www.solari-inc.org/>) a confidential and anonymous reporting process for the public, members, and employees to report Fraud, Waste and Program Abuse Complaints.
 - 3.1.2. If the public or an employee suspects that a healthcare provider or an individual receiving service may be committing Fraud, Waste or Program Abuse, they can report it to Solari's Fraud and Abuse Hotline at 1-844-852-4287 or via confidential email at Compliance@Solari-inc.org [mailto:](mailto:Compliance@Solari-inc.org)
- 3.2. The Compliance Officer or designee will document the report, review the incident, and then present the facts and circumstances to the Solari Board of Directors for review. If the Board of Directors determines that further review is necessary, the Compliance department is notified of the need for further review.
- 3.3. Once the review is complete, the assembled case file will then be presented to the Board of Directors. The Board of Directors will determine if the circumstances and data warrant referral or corrective action as follows:
 - 3.3.1. If the case warrants referral, it is forwarded to the appropriate regulatory entity.
 - 3.3.2. If the case does not warrant referral, the case is closed. The case file will include a summary of non-referral decision factors.
- 3.4. Feedback will be provided to the report originator and management as appropriate.

Approval	Date
 Justin N. Chase, LMSW, MBA, FACHE President and CEO	8/21/23