



**COLORADO**

**Department of Health Care  
Policy & Financing**

Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203

## AGENCY LETTER

---

**AGENCY LETTER NUMBER: HCPF 18 – 008**

**DATE: 4-10-18**

**DIVISION OR OFFICE: FINANCE OFFICE, AUDITS AND COMPLIANCE DIVISION**

**SUBJECT AREA: MEMBER INTEGRITY**

**SUBJECT: ADDITIONAL REQUIREMENTS FOR THE YEARLY LEGISLATIVE  
REPORT ON IMPROVING MEDICAID FRAUD PROSECUTION**

**TYPE: I-INFORMATION**

**APPROVED BY: JOHN BARTHOLOMEW**

---

*HCPF Agency Letters can be accessed online: [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)  
>> Partners & Researchers >>County and Medical Assistance Site >>Agency Letters*

### **Purpose:**

The purpose of this agency letter is to advise Counties of new Department requirements for fraud reporting.

### **Background:**

Beginning in 2013 the state legislature, in Senate Bill 12-060, began requiring the Department to submit a yearly legislative report on improving Medicaid fraud prosecution. The Department is granted the authority to request this information from the counties by C.R.S. 25.5-1-118 (2) which states, "The county departments or other state designated agencies, where applicable, shall report to the state department at such times and in such manner and form as the state department may from time to time direct.

The Department has provided the report to the legislature for the past 5 years based on information reported by the counties as required. See C.R.S. 25.5-1-115.5. The report has included the following information:

- Investigations of client/member fraud during the year;
- Termination of client/member Medicaid benefits due to fraud;
- District attorney action, including, at a minimum, criminal complaints requested, cases dismissed, cases acquitted, convictions, and confessions of judgment;

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.  
[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



- Recoveries, including fines and penalties, restitution ordered, and restitution collected; and
- Trends in methods used to commit client/member fraud, excluding law enforcement sensitive information.

**Information:**

With the passage of Bill 17-17-295 the legislature has added requirements to the report to better understand the trends of Medicaid Fraud. Please see C.R.S. 25.5-1-115.5. The report is now combined with the Provider fraud - attorney general report. Additionally, the Department is required to report the information below:

- An estimate of the total savings, total cost, and net cost-effectiveness of fraud detection and recovery efforts.

The additional requirements should have little to no impact on the counties. The Department will work with the Medicaid Fraud Control Unit to produce a combined report, and the Department will calculate the cost avoidance figures based on the information reported by the county in the attached Annual Activities Report for Client Fraud Investigations sheet.

The legislature has also changed the due date of the report. It is now due each November 1. The counties are to continue providing the state with the Annual Activities Report for Client Fraud Investigations sheet attached. The report is due even if no activity occurred in the year. The sheet shall be returned electronically to [report.clientfraud@state.co.us](mailto:report.clientfraud@state.co.us) by July 31 each year. The Annual Activities Report for Client Fraud Investigations sheet is attached here for reference.

**Effective Date: 4-10-18****Contact:**

Jolene Guignet  
Member Fraud Investigator  
303.866.6948  
[jolene.guignet@state.co.us](mailto:jolene.guignet@state.co.us)

Mark Magnuson  
Member Fraud Investigator  
303.866.3786  
[mark.magnuson@state.co.us](mailto:mark.magnuson@state.co.us)



# Annual Activities Report for Member Fraud Investigations Medicaid Fraud Program

Due to Health Care Policy & Financing by July 31, 2018

Amended: March 2018

County: \_\_\_\_\_

State Fiscal Year: \_\_\_\_\_

## **Section 1**

County Human/Social Services Medicaid Fraud Activity						
Investigation of Client Fraud	Termination of Client Medicaid Benefits from Investigations	Recoveries				
		Fraud Recoveries by County (\$)	Non-fraud Recoveries by County (\$)	Fines and Penalties (\$)	Restitution Ordered (\$)	Restitution Paid (\$)

## **Section 2**

District Attorney Investigations				
Number of Criminal Complaints	Number of Cases Dismissed	Number of Cases Acquitted	Number of Convictions	Number of Confessions of Judgment

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_