*As subrecipients of federal financial assistance, Eligibility Sites must ensure that all programs, services, and activities meet the requirements of applicable federal and state laws, rules and regulations. As required by* [*10 CCR 2505-5 1.020.3.4*](https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=11307&fileName=10%20CCR%202505-5) *and* [*HCPF PM 21-002*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20PM%2021-002%20Fraud%20Investigations%2C%20Overpayments%2C%20and%20Eligibility%20Terminations%20During%20the%20COVID-19%20Public%20Health%20Emergency.pdf)*, Eligibility Sites are responsible for establishing an adequate internal control process to ensure program integrity including the proper handling of fraud investigations. HCPF is providing this* ***sample*** *template for Eligibility Sites to meet the requirements for documented internal controls for program integrity.*

*While Eligibility Sites are required to have internal controls to ensure* [*10 CCR 2505-5 1.020.3.4*](https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=11307&fileName=10%20CCR%202505-5) *and* [*HCPF PM 21-002*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20PM%2021-002%20Fraud%20Investigations%2C%20Overpayments%2C%20and%20Eligibility%20Terminations%20During%20the%20COVID-19%20Public%20Health%20Emergency.pdf) *is followed, Eligibility Sites are not required to use this sample template. This template may not be an exact fit for every site size, staffing structure and operations. All Eligibility Sites should develop their internal controls for* [*10 CCR 2505-5 1.020.3.4.a*](https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=11307&fileName=10%20CCR%202505-5) *and* [*HCPF PM 21-002*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20PM%2021-002%20Fraud%20Investigations%2C%20Overpayments%2C%20and%20Eligibility%20Terminations%20During%20the%20COVID-19%20Public%20Health%20Emergency.pdf) *in consultation with their appropriate leadership authorities. Eligibility Sites do not need to submit their internal controls to HCPF unless requested to do so during a Management Evaluation (ME) Review, Desk Review, or other request.*

*To use this template, please update agency specific information in the areas that are* ***[Bold and in Brackets]*** *and remove these top italicized paragraphs. This plan should be on the county’s letterhead once updated and issued.*

**[Eligibility Site Name]**

**[Address]**

**[City, State ZIP]**

**[Phone/FAX]**

**Policy Title**: Program Integrity for Medical Assistance

**Reference**: Colorado Medicaid Act, Article 4, part 3: Recoveries, which begin in C.R.S. 25.54-300.4.; [10 CCR 2505-10 8.065](https://www.coloradosos.gov/CCR/GenerateRulePdf.do?ruleVersionId=10888&fileName=10%20CCR%202505-10%208.000) and [8.070](https://www.coloradosos.gov/CCR/GenerateRulePdf.do?ruleVersionId=10888&fileName=10%20CCR%202505-10%208.000); [HCPF OM 21-029](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2021-029%20Fraud%20Investigations%20and%20Overpayments.pdf); [HCPF PM 21-002](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20PM%2021-002%20Fraud%20Investigations%2C%20Overpayments%2C%20and%20Eligibility%20Terminations%20During%20the%20COVID-19%20Public%20Health%20Emergency.pdf); [HCPF OM 25-051](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2025-051%20Temporary%20Prohibition%20on%20Administrative%20Overpayment%20Recoveries.pdf)

**Effective Date**: **[(Month Day, Year)]**

**Director’s Approval**: **[(Name, Title, signature if possible)]**

**Revision Date**: **[(Month Day, Year)]**

**PURPOSE**

The policy details the standards by which **[ELIGIBILITY SITE NAME]** employees shall administer benefits programs for county residents by providing internal controls for fraud prevention.

Pursuant to rule 8.065.1, an “overpayment” includes any medical assistance payments, including capitation payments, paid on behalf of a recipient who was not lawfully entitled to receive the benefits for which the payments were made. The rule further states that the County Department of Social Services shall recover all overpayments, **except that no recovery shall be made where the overpayment occurred through no fault of the recipient, such as an agency error.**

**Additionally, [ELIGIBILITY SITE NAME] will not collect overpayment claims which occurred during the Public Health Emergency (PHE) period, including after the PHE has officially ended (HCPF PM 21-002)**.

As of May 11, 2023, HCPF issued a temporary prohibition on administrative recovery of overpayment from current and former Health First Colorado/Medicaid members. No overpayment recovery is permissible unless ordered by a criminal court ([HCPF OM 25-051](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2025-051%20Temporary%20Prohibition%20on%20Administrative%20Overpayment%20Recoveries.pdf)).

**POLICY STATEMENT**

**[ELIGIBILITY SITE NAME]** management staff is responsible for preventing and detecting fraud and providing the necessary training to all staff in preventing and detecting fraud.  **[ELIGIBILITY SITE NAME]** does not have an investigation unit; therefore, **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** are responsible for initiating the initial investigation.

In the event possible fraud has occurred, the **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** will complete an investigation (see Procedures below). ln the event that the **[ELIGIBILITY SITE NAME]** received an anonymous phone call, mail, email or in person report of fraud, the **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** will inform the direct supervisor of the situation, and the direct supervisor will provide assistance and monitoring as needed.

During county investigations, members cannot be coerced into providing information or cooperating with the investigations. A member’s willingness or refusal to speak with a county investigator or otherwise cooperate with a county investigation is an entirely voluntary decision to be made by the member**. A member’s eligibility cannot be terminated for not complying with an investigation, nor can a member be threatened with eligibility termination for failure to comply.**

**PROCEDURE**

All reported internal fraud or misconduct will be thoroughly investigated by **[ELIGIBILITY SITE NAME]**. Any employee who suspects dishonest or fraudulent activity will notify the **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** in writing immediately and should not attempt to personally conduct investigations or interviews/interrogations related to any suspected fraudulent act without reporting it first to the **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)].**

Fraudulent acts committed by employees of **[ELIGIBILITY SITE NAME]** and/or clients (applicants and members) may include theft, misuse, and/or misrepresentation of data for use in determining eligibility and grant amounts.

Common methods and types of internal fraud include, but are not limited to, the following:

* Creating false persons and applications
* Reporting false information on behalf of the customer data intentionally entered for incorrect sums (expenses, income, etc.)
* Intentionally altering amounts and details on client documents/cases
* Overriding denial/fail decisions to approve benefits
* Misappropriation of funds
* Unauthorized transactions
* Using false identification
* Creating false addresses
* Inappropriately reversing claims and overpayments
* Falsifying documents
* Forging signatures
* Claiming mileage for destinations not traveled
* Deliberately omitting documents/resources/case information
* Intentionally accessing personally known individual(s) case information
* Failing to disclose a conflict of interest.

**[ELIGIBILITY SITE NAME]** management will resolve situations related to an employee's ethical, behavioral conduct and/or fraudulent activity consistent with **[ELIGIBILITY SITE NAME]** human resources employee conduct policy.

If a member is suspected of fraud, a fraud report may be submitted in person, by phone, or may arrange with **[ELIGIBILITY SITE NAME]** staff to submit it by email or by mail to:

**[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]**

**Address**

**City, State ZIP**

**Phone/FAX**

**Email**

**[ELIGIBILITY SITE NAME]** staff discovering or suspecting fraudulent activity will:

* Report the suspected fraud activity to **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S) and contact information]**
* **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** will review the received complaint and investigate the suspected fraud
* Establish a recovery for the over issuance period, if applicable and allowable by program rule
	+ No recovery is allowed for any period of time falling within the PHE period.
	+ As of May 2023, there is a temporary prohibition on recovery of administrative overpayments for members
		- Due to the prohibition, no recovery may be made on overpayments unless established by a criminal court
* Document the recovery in CBMS case comments
* The **[ELIGIBILITY SITE NAME]** will maintain a record of all fraud referrals, investigations and outcomes.

**Conflict of Interest**

See **[ELIGIBILITY SITE NAME] [Personnel Manual]** for nepotism/conflict of interest policies.

**Investigation Process**

The **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** will review statements and verify documentation provided by the applicant on the application (and request additional information as necessary according to program rule) to determine program eligibility. In addition, **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** will use system resources and other collateral contacts to review the eligibility determination. A complete review will be conducted of the eligibility worker’s processing of cases, including review of data entry by the worker, and documentation provided by members to ensure accuracy.

**Collateral Contact**

When necessary and as allowed by program area rule, **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** will ensure verification of member information, including addresses, Social Security Numbers, and other case information; **[ELIGIBILITY SITE NAME]** verifies customer information through any of, but not limited to, the following:

* Google, and/; or other search engines such as Clear/Accurint
* County Assessor, including direct contact and/or website Social Security Administration records
* Landlord and/or mortgage company records
* Family members
* Employers: past and/or present
* School records
* DMV records
* Bank records

**Confidentiality**

**[ELIGIBILITY SITE NAME]** staff and others involved in the fraud investigation process will treat all information received as confidential. Investigation results will only be disclosed or discussed on a "need to know" basis. The names of reporting parties, as well as the information they provide, shall be kept confidential to the extent possible. Should administrative or legal proceedings result, it may not always be possible to maintain the confidentiality of the person reporting or the information they provide.

Although investigators find it helpful to know as much detail as possible, including the name and position of the reporting party, employees who choose to remain anonymous may call the fraud hotline at **[ELIGIBILITY SITE CONTACT INFORMATION]**. Internal investigation resulting in administrative proceedings, legal proceedings, or a criminal investigation, the anonymous reporter may be asked to identify themselves.

**Additional Prevention Controls**

**[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** may run various reports to review casework for abnormalities and payments over a specific threshold limit, including restoration payments**,** diversions, supportive services, and other activities indicating potential fraud. Reports reviewed may include, but are not limited to:

* Security Profiles in the Colorado Benefit Management System
* Supervisory authorization as specified levels of benefit approval
* Death Match Report
* PARIS
* Duplicate Social Security Number (SSN)
* IEVS
* High Balance Reports
* Verification of multiple residents/household members within a singular residence

The **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** may pull a percentage of case actions for each worker. This process is instrumental in preventing and detecting fraud, enhancing our ability to find errors, target training and staffing needs, and ensuring that our customers receive appropriate benefits and services. **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** actions can include, but are not limited to:

* Determination no fraud was committed
* Determination of the amount of overpaid benefits
* Referral back to the eligibility worker or supervisor for review and correction
* Termination of assistance based on current circumstances
* Establishment of a claim
* Referral to the District Attorney (DA) for prosecution
* The state Fraud Hotline with the Colorado Department of Human Services is maintained to encourage the public to report suspected fraud 24 hours daily by telephone at 1-877-934-6361.
* The OSA's Fraud Hotline is maintained to encourage the public to report on state employee or contracted individual fraud 24 hours daily by telephone, 303-869-3020, via email at [osafraudhotline@state.co.us](https://cohcpf-my.sharepoint.com/personal/taalex_hcpf_co_gov/Documents/Desktop/Admin%20Rules/Internal%20Controls/Fraud/osafraudhotline%40state.co.us) or <https://leg.colorado.gov/agencies/office-state-auditor/report-fraud-concern>

**Referral for Criminal Charges**

If upon investigation, **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** determines a case should be referred for criminal proceedings, he/she will complete the referral process by notifying the **[DA/County Attorney]** of the case, and providing the **[DA/County Attorney]** with any additional information needed. **[Eligibility Site must add additional information regarding sharing information with the DA/County Attorney in a secure (encrypted) manner, communication paths, how DA/County Attorney will notify Site of outcomes, etc]**.

As of May 11, 2023, HCPF issued a temporary prohibition on administrative recovery of overpayment from current and former Health First Colorado/Medicaid members unless recovery is established by a criminal court. The **[DA/County Attorney]** will work with **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** to collect any criminal court ordered recovery.

**COUNTY REPORTING**

**[ELIGIBILITY SITE NAME]** will report medical assistance member/client fraud investigations to the State, which reports it to the General Assembly as outlined in [HCPF OM 21-029](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2021-029%20Fraud%20Investigations%20and%20Overpayments.pdf). **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** [will use the form attached to HCPF OM 21-029](https://hcpf.colorado.gov/sites/hcpf/files/Attachment%20A%20-%20Legislative%20Report%20Form_0.pdf), Annual Activities Report (Attachment A), to report county fraud investigations and recovery activity to HCPF electronically. This form is to be submitted by **[ELIGIBILITY SITE NAME]** annually**;** **a report is due even if no activity occurred in the year**. The report is due to HCPF on July 31st of each year. The report is to be submitted to hcpf\_report.clientfraud@state.co.us. A full list of definitions is included in the [Operation Memo](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2021-029%20Fraud%20Investigations%20and%20Overpayments.pdf) to assist in completing this report.

**STAFF TRAINING**

New **[ELIGIBILITY SITE NAME] [all required staff title(s)]** are trained on HCPF and county values and code of ethics. The training covers fraud awareness and prevention. Training provides examples of suspected fraud and stresses the expectations for all employees to communicate and report suspected instances.

The **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** will train staff annually and/or when new guidance is issued by HCPF. Documentation that the training took place will be filed **[ELIGIBILITY SITE LOCATION]**.

Eligibility staff will be trained as needed based on fraud referrals and investigation outcomes. This training could include data entry, case file documentation, customer service, etc. Individual training will be tracked in the employee’s file. If necessary **[ELIGIBILITY RESPONSIBLE STAFF MEMBER TITLE(S)]** may work with Human Resources to address employee performance concerns.