

# **OPERATIONAL MEMO**

TITLE:	UPDATED GUIDANCE TO CONTRACTORS ON
	REPORTING SUSPECTED PROVIDER FRAUD
SUPERSEDES NUMBER:	HCPF OM 19-005
<b>EFFECTIVE DATE:</b>	FEBRUARY 1, 2020
DIVISION AND OFFICE:	COMPLIANCE DIVISION, MEDICAID OPERATIONS OFFICE
PROGRAM AREA:	PROGRAM INTEGRITY CONTRACT OVERSIGHT
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APPROVED BY: CRAIG DOMERACKI	

HCPF Memo Series can be accessed online: https://www.colorado.gov/hcpf/memo-series

### **Purpose and Audience:**

This memo is designed to inform contractors that have suspected fraud reporting requirements in their contracts about changes in the requirements for reporting fraud to the Department and the Medicaid Fraud Control Unit (MFCU).

## **Background:**

Effective January 1, 2019, Section 24-31-803, C.R.S. requires that managed care entities, fiscal agents, contractors and subcontractors refer all cases where there is reasonable cause to believe that there is suspected Medicaid fraud and waste or patient abuse, neglect, and exploitation directly to the MFCU.

#### Information:

This change in statute means that the reporting procedures for contractors with contracts that contain fraud reporting requirements will also change. Moving forward, when reporting suspected provider fraud to the Department, the contractor must make

any written report of suspected fraud that is required in the contract to both the contract manager and the MFCU.

The written report must contain information pertaining to the provider involved, the suspected fraudulent activity, the time frame of the activity, the estimated amount at issue, and any supporting documentation or records that led the contractor to suspect the fraudulent activity. Attached is the Contractor Suspected Fraud Written Notice Form which may be used to assist in making the written report.

Reports may be sent to the Medicaid Fraud Control Unit:

- By email at <u>MFCU.investigations@coaq.qov</u>
- By phone at 720.508.6696
- By FAX at 720.508.6034

Please remember that any report containing personal health information must be sent in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

For any questions or concerns about this policy change, please contact your contract manager in the Department.

# Attachment(s):

Contractor Suspected Fraud Written Notice Form

## **Department Contact:**

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