



Appendix B – The ValueOptions of Texas, Inc. Waste, Abuse, and Fraud Prevention Compliance Plan

DATE: November 1, 2011

TO: All Texas NorthSTAR SubContractors and Clients

FROM: McKenzie Frazier, MHSA, CFE
Compliance/Program Integrity Manager

A handwritten signature in black ink, appearing to read "McKenzie Frazier". The signature is written in a cursive style and is positioned to the right of the "FROM:" field.

SUBJECT: Waste, Abuse, and Fraud Prevention Compliance Plan

EFFECTIVE: November 1, 2011

The *Waste, Abuse, and Fraud Prevention Compliance Plan* is in place to help prevent employees, subcontractor, and clients from unlawfully obtaining access to or misusing services and materials.

PURPOSE

This memo defines key terminology, describes procedures for reporting incident--including criminal and administrative misconduct--to the Compliance/Program Integrity Unit. It also identifies a point of contact for requesting additional information.

DEFINITIONS

Definitions are provided as a guide to the identification of waste, abuse, fraud and other criminal activity. Because the definitions in the *Waste, Abuse, and Fraud Prevention Compliance Plan* cannot address every possible activity, please contact your Legal Representative or the Compliance/Program Integrity Unit if you have questions about whether an activity is reportable under the Plan.

Waste includes activities involving payment or an attempt to obtain reimbursement for items or services where there was no intent to deceive, but the outcome caused unnecessary costs to one or more programs. For example but not limited to, duplicate charting, multiple forms with same information, or copies of reports sent automatically.

Abuse includes activities that unjustly enrich an individual but the intent to deceive was not necessarily present. For example but not limited to, excessive charges for services



or supplies, claims for services that are not medically necessary, or breach of the medicare/medicaid participation or assignment agreements.

Fraud is an intentional, deceitful act or omission that an individual knows to be false or does not believe to be true and uses anyway to obtain an unjust advantage, or to cause an inconvenience or loss to someone else. Types of fraud include but are not limited to embezzlement, forgery, theft, solicitation and receipt of bribes, and falsification of records. Also, health care fraud and abuse is the willful deception or lie, made by an enrollee, family member, provider, or any other person, knowing that this could result in some unauthorized benefit to that person or another interested party.

REPORTING

You can report suspected waste, abuse, and fraud 24 hours a day through the following methods:

- Calling the ValueOptions Customer Service Department at 1-888-800-6799 or TDD 1-888-800-6792; or
- Contacting the Compliance/Program Integrity Manager directly at (972) 906-2848. Callers may leave anonymous, recorded messages or talk directly with the Compliance/Program Integrity Manager.

There is a **zero tolerance** for improper business conduct or fraudulent behavior. Individuals reporting suspected waste, abuse, and fraud that could jeopardize the integrity of the benefits program or ValueOptions should write a brief message or leave a short recorded message with a description of the suspected misconduct and any relevant information that will enable the Compliance/Program Integrity Unit to investigate the incident. Please note, all reported information will be safeguarded, kept confidential, and only communicated on a "need-to-know" basis in order to perform compliance and program integrity related duties for and on behalf of ValueOptions.

ADDITIONAL INFORMATION

If you have any questions regarding this memorandum to the *Waste, Abuse, and Fraud Prevention Compliance Plan*, please contact McKenzie Frazier, Compliance/Program Integrity Manager at (972) 906-2848.