



**Title:** Detection and Prevention of Fraud, Waste, and Abuse Policy

**Date Created:** March 1, 2015

**Date Modified:** May 7, 2025

**Date Approved by CCN Board of Directors:** June 10, 2025

**Date Approved by CCC Board of Directors:** September 24, 2024

**Date Approved by IPA Board of Directors:** September 24, 2024

**Policy#** CC8

---

**Purpose:**

To ensure regulatory compliance and the communication of expectations regarding the prevention of fraud, waste, and abuse pertaining to daily Care Compass Entities' operations.

**Definitions:**

**Affected Individual(s):** All persons who are affected by Care Compass Entities' risk areas including Care Compass Entities' employees, officers, Directors, managers, contractors, agents, subcontractors, independent contractors, governing bodies, or third-parties, who or that, in acting on behalf of the Care Compass Entities: (i) delivers, furnishes, directs, orders, authorizes, or otherwise provides health or social care items and services under State, Federal, or Care Compass programs; and (ii) contributes to the Care Compass Entities' entitlement to payment under Federal health or social care programs, or from other payor sources.

**Care Compass Entities:** Organizations that are directly, or indirectly through one or more intermediaries, owned or controlled by, or are under common ownership or control of, Care Compass Network, including Care Compass Collaborative, Inc. and Care Compass Supporting IPA, LLC.

**Staff:** Employees, contractors, agents, consultants, volunteers, and others who act on the Care Compass Entities' behalf.

**Fraud:** Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.

**Waste:** Practices such as overusing services that, directly or indirectly, result in unnecessary costs to any health care benefit program. Waste generally is not considered to be caused by criminally negligent actions but rather by the misuse of resources.

**Abuse:** Actions that may, directly or indirectly, result in unnecessary costs to any health care benefit program. Abuse involves accepting payment for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

**Policy:**

It is the policy of the Care Compass Entities to comply with laws and regulations fully and consistently and to implement reasonable precautions and take appropriate actions to prevent, detect, and address potential or actual cases of fraud, waste, and abuse.

- I. Deficit Reduction Act.** Section 6032 of the Deficit Reduction Act (“DRA”) requires entities that receive annual payments under a State Medicaid Plan of at least \$5 million dollars, as a condition of receiving such payments, to have established written policies and procedures regarding detection and prevention of fraud, waste, and abuse and which provide detailed information about:
  - a. The Federal False Claims Act, including administrative remedies for false claims and statements established under Title 31, United States Code, Chapter 38;
  - b. State laws pertaining to civil or criminal penalties for false claims and statements;
  - c. Whistleblower protection under such laws; and
  - d. The role of these laws in preventing and detecting fraud, waste, and abuse in federal health care programs.
  
- II. DRA Compliance.** As part of its Compliance Program, the Care Compass Entities have established and disseminated written policies and procedures addressing its efforts to detect and prevent fraud, waste, and abuse.

**CCN Board Approval History:** 3/11/2015, 12/8/2015, 2/12/2019, 11/10/2020, 11/9/2021, 11/8/2022, 8/08/2023, 8/13/2024, 6/10/2025

**CCC Board Approval History:** 9/12/2023, 9/24/2024

**IPA Board Approval History:** 9/12/2023, 9/24/2024

**Compliance Committee Review History:** 12/8/2015, 10/28/2016, 11/17/2017, 1/18/2019, 11/15/2019, 10/16/2020, 10/15/2021, 11/1/2022, 7/28/2023, 7/24/2024, 5/22/2025

**Policy Revisions:**

Date	Revision Log	Updated By
3/1/2015	Original creation	Ann Homer
11/19/2015	Updated to reflect Care Compass Network organization structure	Rebecca Kennis
11/4/2016	Added Board Review History	Andrea Rotella
1/18/2019	Updated definition of “staff” and other changes by the Compliance and Audit Committee	Andrea Rotella
9/1/2021	Removal of reference to PPS	Cathy Petrak
7/13/2023	Added “Affiliated Entities” throughout to update to an enterprise-wide policy	Cathy Petrak
5/7/2025	Updated “Affiliated Entities” to “Care Compass Entities” throughout and added “Affected Individuals” definition and updates throughout	Cathy Petrak

**This Policy shall be reviewed periodically, but not less than once every 12 months, and updated consistent with the requirements established by the Board of Directors, Care Compass Network's Leadership Team, Federal and State law(s) and regulations, and applicable accrediting and review organizations.**