

Updated 07.14.2020

**HASD&IC
MEDI-CAL PROGRAM
INTEGRITY POLICY**

**HOSPITAL OUTSTATION
POINT OF ENTRY PROGRAM
(HOPE)**

MEDI-CAL PROGRAM INTEGRITY POLICY

PROGRAM INTEGRITY

HASD&IC, participating hospitals, contracted vendors, and any additional staff affiliated with the HOPE program share the mission and philosophy that only patients who are eligible for Medi-Cal, CMS, CalFresh and other public program benefits, receive the benefits administered by the County.

MEDI-CAL ELIGIBILITY FRAUD PREVENTION

HASD&IC and participating hospitals understand the importance of prohibiting Medi-Cal fraud and the solicitation of fraud, while assisting patients with their applications. This philosophy is consistent with fraud prevention policies developed by the [County \(Zero Tolerance\)](#) and [the California Department of Health Care Services](#) (DHCS).

i. [Welfare Institutions Code 14014](#) - Medi-Cal Fraud and [Penalties](#)

California state law, Welfare Institutions Code 14014, prohibits false declarations and solicitation of fraud on a Medi-Cal application. Those who commit Medi-Cal fraud could receive a “misdemeanor – six months county jail and/or \$1,000 fine or a felony – 16 months, 2 or 3 years in county jail”

MEDI-CAL FRAUD INVESTIGATIONS

INVESTIGATIONS REGARDING MEDI-CAL FRAUD AND SOLICITATION ALLEGATIONS OF HOSPITAL STAFF

The California Department of Health Services, Investigations Unit (CDHS) is responsible for investigating cases in which Hospital Staff are alleged to have committed fraud and/or solicitation within the Medi-Cal Program. The Investigations Unit provides feedback on these investigations to hospital administrators, who then take the necessary actions.

The use of a Hospital Fraud Investigations Contact would be appropriate in the case of an alleged Medi-Cal, or CMS fraud or solicitation investigation. It is up to each hospital to agree upon the best method for handling an investigation. The use of a Hospital Fraud Investigations Contact is designed to help ensure that the legal rights of the Hospital Staff are protected during the interaction. This Hospital Fraud Contact would be familiar with the investigator and be able to offer any assistance the investigator may need.

INVESTIGATIONS REGARDING CMS FRAUD AND SOLICITATION ALLEGATIONS OF HOSPITAL STAFF

The County of San Diego is responsible for investigating all cases of alleged fraud and solicitation within the CMS Program. The referring source notifies and provides documentation of the alleged fraud and/or solicitation to a designee with Hospital Community Support Services Coverage Access (HCA). This can be done via the HOPE SHSS and/or HOPE Operations Manager. The HOPE Operations Manager provides the results of the CMS investigation to the Participating Hospital and to HASD&IC. The Participating Hospital takes any necessary corrective, remedial, or training action with its Hospital Staff. The Hospital prepares a report of its actions, and notifies the HOPE Operations Manager, and HASD&IC of actions planned or taken.

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Questions regarding HOPE's Medi-Cal Program Integrity Policy can contact Lindsey Wade at lwade@hasdic.org