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COMPLIANCE MEANS DOING THE RIGHT THING

Most of us here at DMHAS work diligently and with great integrity in serving the public and getting help to those who need our services. Federal and state dollars pay for the majority of the health care we provide to people who would otherwise be unable to afford the care they need. It is particularly prudent that we, as health care providers, manage costs, adopt oversight programs and instill in the minds of our employees efficient processes and procedures to insure effective delivery of services. We must adhere to all requirements for receiving these public funds or risk potential financial penalties for non-compliance.

Oversight of health care programs by the Office of Inspector General (OIG), under the U.S. Department of Health and Human Services (HHS), has increased significantly beginning with the first publication of "OIG Compliance Plan Guidance" in the late 1990's. The focus is primarily on safeguards and controls to prevent fraud, abuse and ultimately improve awareness among employees. The message is clear, reduce health care costs.

Increased oversight by HHS to detect and combat fraud, abuse, and waste, particularly in the Medicaid program, resulted \$43 billion in savings, recoveries, restitutions, fines and settlements by the OIG in 2007. This is \$5 billion more than in 2006 and it is more than double the savings from just five years ago.

In an effort to protect federal and state revenue streams from intentional and unintentional acts that may jeopardize funds of non-compliance, DMHAS has taken steps to prevent, detect and investigate potential areas of errors, fraud and abuses:

- Routine screening of new and existing employees, vendors and contract holders to identify individuals or entities sanctioned or excluded by federal programs
- A new employee Compliance Orientation Program instituted in 2006
- Specialized training and education provided within each facility in the areas of billing, medical record documentation and quality assurance
- System wide education and training from Medicare intermediaries and carriers offered on a periodic basis
- Systematic auditing and monitoring the services our clients receive
- Agency-wide policy against fraud and abuse distributed and posted on the DMHAS website at www.ct.gov/dmhas/compliance.

DMHAS is committed to pursuing a Compliance Program that establishes a culture of compliance through improving communication, increasing understanding of laws and regulations, and encouraging openness while insuring anonymity and non-retaliation. We must do everything possible to protect against loss of funds due to non-compliance with state and federal requirements. It's all about **doing the right thing**.

For information about the DMHAS Compliance Program, contact Carol.Ferro@po.state.ct.us
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