



Title: Fraud, Waste, and Abuse (FWA) Prevention Policy	
Review date(s): 4.10.25; 11.14.25	Approved by: Jennifer Cathy, President and CEO
Revised date(s): 11.14.25	Policy Owner: Jennifer Cathy, President and CEO
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Purpose

To prevent, detect, investigate, and report potential fraud, waste, or abuse (FWA) in connection with services reimbursed by Medicaid, Medicaid Managed Care, Medicare Advantage (if applicable), commercial insurance, grants, or any other payer. This policy ensures compliance with federal and state laws, including the False Claims Act, Social Services Law section 363 d, 18 NYCRR Part 521, and applicable payer requirements.

This policy also supports compliance with 42 CFR Part 2 confidentiality requirements whenever suspected or confirmed FWA involves substance use disorder services or records.

Scope

This policy applies to all affected individuals of Delphi Rise. Affected individuals include employees, the chief executive, senior administrators, managers, contractors, agents, subcontractors, independent contractors, members of the governing body, and corporate officers whose functions relate to, or could impact, Delphi Rise's identified compliance risk areas.

Within that group, this policy specifically applies to individuals who participate directly or indirectly in billing, claims processing, documentation, service delivery, auditing, accounting, contract oversight, or compliance activity. This includes but is not limited to:

- Billing Department
- Finance Department
- Program Managers
- Senior Leadership
- Clinical and administrative staff who maintain documentation
- Compliance Officer

All activities under this policy must comply with all applicable federal and state laws and regulations governing fraud prevention, confidentiality, overpayments, recordkeeping, and program integrity.

Policy Statement

Delphi Rise has zero tolerance for fraud, waste, or abuse. All affected individuals are expected to uphold the highest standards of integrity and compliance. Any suspected FWA must be reported immediately.

This policy incorporates confidentiality protections for substance use disorder records under 42 CFR Part 2. Disclosures related to FWA concerns that involve such records must comply with consent requirements or qualify for a permissible court order. Internal investigations must also protect the confidentiality of those records.

Definitions

Fraud

Intentionally submitting false information to obtain unauthorized benefits or payment. Examples include billing for services not provided or falsifying documentation.

Waste

Overuse or misuse of resources that results in unnecessary costs. Examples include ordering duplicative or inappropriate tests.



Abuse

Practices inconsistent with accepted billing, medical, or administrative standards that result in improper payment. Examples include upcoding or providing services not medically necessary.

Examples of FWA

- Billing for services or items not provided
- Providing services that are clinically unnecessary
- Falsifying patient records, time sheets, or documentation
- Using another person's Medicaid number
- Submitting claims for unlicensed or uncredentialed services
- Failing to return overpayments
- Accepting or offering kickbacks for referrals
- Altering documentation to support a claim

Reporting FWA

Internal Reporting

All staff must report suspected FWA immediately through one of the following:

- Compliance Officer
- Anonymous Compliance Hotline
- Email or in person report

Special Rules for 42 CFR Part 2 Protected Information

Before any substance use disorder information can be shared with external entities, the Compliance Officer must:

- Determine whether the information is protected under 42 CFR Part 2
- Obtain a valid patient consent if required
- Secure a qualifying court order when applicable
- Limit disclosures to the minimum necessary information permitted under the regulation

Disclosures involving 42 CFR Part 2 records cannot be made to OMIG, OIG, law enforcement, or any external authority unless legally permitted.

External Reporting

When required by law, the Compliance Officer will report confirmed FWA to:

- The New York State Office of the Medicaid Inspector General
- The Office of Inspector General
- Law enforcement authorities
- Other regulatory or payer entities

Investigation and Response

The Compliance Officer will conduct a prompt and thorough investigation of all reported concerns. When FWA involves substance use disorder information, the investigation must comply with all confidentiality requirements under 42 CFR Part 2.

Investigations will include:

- Fact finding and documentation review
- Determination of whether FWA occurred
- Identification of root causes
- Corrective action, discipline, or process improvement
- Return of improper payments if applicable



- Updating policies and training as needed

Legal Consultation

The Compliance Officer will consult legal counsel when:

- FWA may involve criminal conduct
- There is significant financial or regulatory exposure
- Any reporting involves 42 CFR Part 2 information
- A court order may be required to disclose information
- Guidance is needed regarding federal or state enforcement rules

Training

All employees will receive annual FWA training. New hires must complete training within thirty days. Training will include:

- Recognition of fraud, waste, and abuse
- Reporting procedures
- Confidentiality requirements
- When 42 CFR Part 2 applies to investigations or reporting
- Consequences for failure to report

Non Retaliation

Delphi Rise prohibits retaliation against any individual who reports suspected FWA in good faith. Retaliation will result in corrective or disciplinary action.

Confidentiality

Information related to suspected or confirmed FWA will be handled confidentially and shared only with individuals who have a legitimate need to know, consistent with federal and state confidentiality laws including 42 CFR Part 2 when applicable.

Record Retention

All documentation related to FWA reports, investigations, findings, and corrective actions will be maintained for a minimum of six years, or longer if required by federal law, state law, or payer contract.

Enforcement

Failure to report suspected FWA or knowingly participating in FWA may result in disciplinary action up to and including termination, contract termination, or legal action.

Review

This Fraud, Waste, and Abuse Policy will be reviewed at least annually, or sooner if required due to changes in federal or state regulations, payer requirements, or confidentiality standards. The Compliance Officer is responsible for coordinating the review and securing approval from Senior Leadership and, when required, the governing body.

Related Policies

- Corporate Compliance Plan
- Overpayment Self Disclosure Policy
- Whistleblower and Non Retaliation Policy



- Corrective Action Policy
- Confidentiality and 42 CFR Part 2 Policy