

## FEDERAL FALSE CLAIMS ACT

### Policy Statement

Under the Deficit Reduction Act of 2005, UCP Central PA must make its employees aware of the Federal False Claims Act, and the rights of employees as whistleblowers, and the policies for detecting and preventing fraud, waste, and abuse. A report of Medicaid fraud or abuse can be reported by telephone, face to face, email, or a written note. Any person reporting suspected Medicaid fraud or abuse will be protected from retaliation from any Supervisor or fellow employee.

### Purpose

The purpose of this policy is to communicate the specific guidelines and operating procedures for compliance with the Federal False Claims Act.

### Procedures

#### Billing

Managers and Supervisors are required to verify that participants are authorized to receive services and that services rendered are accurate and valid. Through detailed internal controls, UCP Central PA practices sound fiscal and business practices and ensures the accuracy and integrity of the data collected for billing and other operational needs.

The Finance Department at UCP Central PA handles all billing and is ultimately responsible for the accuracy and validity of claims submitted for payment. The Finance Department is audited once a year by representatives of the various programs funded by the Department of Human Services of the Commonwealth of Pennsylvania. The Finance Department is also audited once a year by an outside independent auditing agency.

#### Fraud and Abuse

Under the Pennsylvania Code for Provider Fraud, Section 1101.74:

“If, after investigation, the Department determines that a provider has submitted or has caused to be submitted claims for payments which the provider is not otherwise entitled to receive, the Department will, in addition to the administrative action described in section 1101.82-1101.84 (relating to administrative procedures), refer the case record to the Medicaid Fraud Control Unit of the Department of Justice for further investigation and possible referral for prosecution under Federal, State, and local laws. Providers who are convicted by a Federal court of willfully defrauding the Medicaid program are subject to a \$25,000 fine or up to five years imprisonment, or both.”

#### Reporting Fraud and Abuse

If an employee suspects fraud or abuse in the operations at UCP Central PA, he/she should report it to the Compliance Officer by calling the UCP Compliance Hotline at 877-410-9091 or by email at [Compliance@ucpcentralpa.org](mailto:Compliance@ucpcentralpa.org). The Compliance Officer will conduct an investigation into the fraud allegation. The employee reporting the fraud can make the report anonymously.

UCP Central PA has implemented a *Protection from Retaliation* policy (“Whistleblower” Protection policy). It is the responsibility of the CEO, the Board of Directors, Directors, Managers, Supervisors, and all employees to maintain a safe working environment, free from retaliation for reporting any suspicion of fraud. Any employee found retaliating against a person reporting fraud or abuse will be disciplined in accordance with the progressive discipline policy. Any reported allegations of retaliation will be investigated promptly, thoroughly, and impartially. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or

5 may have other relevant knowledge. Confidentiality will be maintained throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action. False and malicious complaints of retaliation may be subject of appropriate disciplinary action.

#### Corrective Actions

10 Depending on the outcome of the investigation of the reported fraud/abuse, the result could be termination, a warning, job suspension, and/or recovery of any lost money. The investigator will make a report to the CEO and Board of Directors and include: the issue, findings, corrective action, and timeframe for correction. If after UCP has taken action the employee feels that UCP has failed to adequately address the issue internally, he/she must first follow the grievance procedures presented within the *Open Door* policy.

#### FRAUD AND ABUSE HOTLINE

The Department of Human Services has established a hotline to report suspected fraud and abuse committed by any entity providing services to Medical Assistance recipients.

20 The **hotline number** is 1-866-DHS-TIPS (**1-866-379-8477**) and operates between the hours of 8:30 AM and 4:00 PM, Monday through Friday. Voice mail is available at all other times. Callers may remain anonymous and may call after hours and leave a voice mail if they prefer.

- Anyone calling the hotline is not required to identify who he or she is.
- 25 • If you do not want to speak to a hotline representative, you can leave a message during non-business hours.
- The caller will need the provider's name and address that they suspect of fraud.
- The caller will have to describe the activity they suspect of fraud, the time period, recipient name, and ID number.
- 30 • If you want to be contacted, you can leave a phone number where you can be reached.

Examples of fraud and abuse appropriate for reporting are set forth below:

#### Falsifying Claims/Encounters

- 35 • Billing for services not rendered
- Billing separately for services in lieu of an available combination code
- Misrepresentation of the service/supplies rendered (billing brand name for generic drug, upcoding to more expensive service than was rendered, billing for more time or units of service than provided)
- 40 • Altering claims
- Submission of any false data on claims, such as date of service, provider, or prescriber of service
- Duplicate billing for the same service
- Billing for services provided by unlicensed or unqualified persons
- Billing for used items as new
- 45 • Administrative/Financial

#### Falsifying credentials

- 50 • Fraudulent enrollment practices
- Fraudulent third-party liability reporting
- Offering free services in exchange for a recipient's Medical Assistance identification number
- Providing unnecessary services/overutilization
- Kickbacks-accepting or making payments for referrals
- Concealing ownership of related companies

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**Recipient Fraud and Abuse**

- Forging or altering prescriptions or orders
- Using multiple ID cards
- Loaning his/her ID card
- Reselling items received through the Medical Assistance program
- Intentionally receiving excessive drugs, services, or supplies

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**Abuse of Recipients**

- Physical, mental, emotional, or sexual abuse
- Discrimination
- Neglect
- Providing substandard or inappropriate care

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**Denial of Services**

- Denying access to services
- Limiting access to services
- Failure to refer to needed specialist
- Underutilization

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To report suspected fraud or abuse of services provided under the MA Program, please call the Bureau of Program Integrity at 1-866-DHS-TIPS (1-866-379-8477), complete and submit the MA Provider Compliance Hotline Response Form on the website (<http://www.dhs.pa.gov/learnaboutdhs/fraudandabuse/maprovidercompliancehotlinerresponseform/index.htm>), or write to: Department of Human Services, Office of Administration, Bureau of Program Integrity, P.O. Box 2675, Harrisburg, PA 17105-2675

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**Employee Education about Section 6032 of the Deficit Reduction Act**

UCP Central PA provides a copy of the "Compliance Program at UCP Central PA for Section 6032 of the Federal Deficit Reduction Act" to its employees (including management), and to any of its contractors and agents that perform billing or coding functions, or provide/monitor health care services on behalf of UCP Central PA. Any new employee shall be made aware of "Compliance Program at UCP Central PA for Section 6032 of the Federal Deficit Reduction Act" through the "New Hire Orientation Training Program".

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