

Medicaid False Claims Act Compliance Policy Annual Training

South Cove Community Health Center

What is the MEDICAID FALSE CLAIMS ACT?

The federal False Claims Act (31 U.S.C. 3729-3733)

imposes liability on any person or entity who:

- Knowingly files a false or fraudulent claim for payments to Medicare, Medicaid or other federally funded health care program
- Knowingly uses false record or statement to obtain payment on a false or fraudulent claim from Medicare, Medicaid or other federally funded health care program;
or
- Conspires to defraud Medicare, Medicaid or other federally funded health care

What is the State False Claims Act?

The Medical Assistance Provider False Claims Act (MAPFC) of 1997 makes it unlawful for any Medicaid provider to knowingly make or cause to be made a false claim for payment. Under the MAPFC “knowingly” means that a provider false claim for payment. Under the MAPFC “knowingly” means that a provider

- Has actual knowledge of the information
- Acts in deliberate ignorance of the truth or falsity of the information
- or
- Acts in reckless disregard of the truth or falsity of the information. No proof of specific intent to defraud is required

Why comply?

Penalties for violations:

- A person or entity found liable under the False Claims Act is, generally, subject to civil money penalties of between \$5,000 and \$10,000 per claim plus three times the amount of damages sustained by the government

It's the law.

It's the right thing to do.

Who is covered?

- Each provider entity receiving 5 million dollars or more per year from Medicaid.

Examples

- The Federal False Claims Act:
 1. Prohibits knowingly submitting (or causing to be submitted) to the federal government a false or fraudulent claim for payment or approval.
 2. Prohibits knowingly making or using (or causing to be made or used) a false record or statement to get a false or fraudulent claim paid or approved by a state Medicaid program, the federal government or its agents, such as fiscal intermediary or other claims processor
 3. Prohibits making or using (or causing to be made or used) a false statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the U.S. Government
 4. This law applies to claims filed by South Cove Community Health Center for reimbursement for services provided to beneficiaries under Medicare or Medicaid programs
 5. Civil Penalties can be imposed on any person or entity that violates the federal False Claims Act, including monetary penalties of \$5,500 to \$11,000 as well as damages of up to three times the federal government's damages resulting from each false claim

How do I report a compliance concern?

- You are encouraged to first report concerns to your supervisor
- If you receive an inadequate response or are uncomfortable reporting the issue to your supervisor, contact the next appropriate party in the chain-of-command or report concerns directly to the Compliance Officer.
- Employees may contact Eric Tiberi at 617-521-6708 or etiberi@scchc.org, or Linda Chu at 617-521-6701 lchu@scchc.org

What happens after I report a concern?

- The Compliance Officer will conduct an investigation, involving other resources as necessary.
- A summary report detailing the type of allegation and the final disposition of all incidents will be maintained by the compliance officer.
- If a corrective action plan is required, the corrective action plans will be in writing with consultation from the appropriate administrative or clinical senior level official.
- Confidentiality regarding employee concerns and problems will be maintained at all times insofar as is legal and practical.

Will I be punished/get in trouble for filing a report?

- Each employee has a duty to report possible wrongdoing or suspected violations.
- South Cove has an open door policy available to all employees acting in good faith to encourage communication, dialogue, and the reporting of incidents of potential wrongdoing or suspected violations.
- South Cove will not retaliate or discriminate against any employee who makes good faith report of a suspected violation regarding the observed conduct or actions by another person by reason of such a report being made.

Thank you for completing the training.