False Claim Act Compliance Practices

Purpose

The University of Tennessee Health Science Center (UTHSC) is committed to accuracy and integrity in all its billing, coding, and other reimbursement operations. To reinforce this commitment, the Compliance Office is responsible for general oversight of billing, coding, training, and other reimbursement operations in accordance with this policy.

The Deficit Reduction Act of 2005 directs any entity meeting certain Medicaid payment criteria to establish and provide written policies for faculty, residents, staff, contractors, and agents with detailed information about:

- The False Claims Act (federal and state)
- Written policies and detailed procedures for detecting and preventing fraud, waste, and abuse in federal and state health care programs
- Specific instructions relating to the rights of employees to be protected as whistleblowers
- Policies and procedures for detecting and preventing fraud, waste, and abuse

Federal False Claims Act: The Federal False Claims Act (FCA) creates a liability to the U.S. Government by any person who knowingly presents, uses or causes to be presented a false or fraudulent claim or a false record or statement (Medicaid or Medicare claim) to the government. Damages under the FCA include civil penalties of not less than $5,500 per claim and not more than $11,000 per claim, plus three times the amount of the damages the government sustains. The FCA permits private lawsuits by a qui tam relator, or private prosecutor to sue on behalf of the federal government in a proceeding often called a qui tam (whistleblower) suit. If the government proceeds, such a person shall receive a percentage of the recovery depending upon the extent to which the person substantially contributed to the prosecution of the action. The Act also prohibits any kind of discrimination against an employee who files or participates in a lawsuit brought under the Act or who assists in the investigation of a false or fraudulent claim.

Tennessee Medicaid False Claims Act: The Tennessee Medicaid False Claims Act (FCA) also prohibits knowingly presenting, or conspiring to present a false or fraudulent claim for payment under the Medicaid program (TennCare). Like the federal statute, the Tennessee law also allows lawsuits by a qui tam relator, or private prosecutor on behalf of the government. If the government proceeds, such a person shall receive a percentage of the recovery depending upon the extent to which the person substantially contributed to the prosecution of the action. The Tennessee FCA also prohibits discrimination against any employee who files, or participates in, a lawsuit brought under the Act or who assists in the investigation of a false claim.

Policy

UTHSC is committed to ensuring that its reimbursement practices comply with all federal and state laws, regulations, guidelines, and policies. The organization prohibits the intentional submission for reimbursement for any claim that is false, fraudulent, or fictitious. Furthermore, the organization is committed to ensuring against the accidental submission of any claim that is false or inaccurate. It is the University's policy to comply with the Deficit Reduction Act Section 6032 and provide written policies, employee guidance, monitoring, and reporting related to prevention and any incidence of fraud, abuse, and false claims. This commitment includes a policy of ensuring accurate billing of claims for services that are actually rendered and deemed medically necessary. This policy and the following procedures were adopted to ensure that general guidance is available for all faculty, residents, staff, and contractors or agents who influence the payment of a Medicare or Medicaid (TennCare) claim.

This commitment includes a policy of ensuring accurate billing of claims for services that are actually rendered and deemed medically necessary.
SCOPE: This Policy applies to all physicians, residents, employees and practices at the University of Tennessee Health Science Center (UTHSC) and their contractors and agents who affect or influence Medicaid (TennCare) and Medicare claims and expenses.

Where to Find a Copy of this Policy: http://www.utmem.edu/compliance the law can be found at purl.access.gpo.gov/GPO/LPS89847

DRA Education at UTHSC: Includes but is not limited to computer-based training courses and written and oral guidance through employee publications and meetings, written notice to contractors and agents

Monitoring and Reporting: Includes but is not limited to using (1) a Compliance “Hotline” to inform the Billing Compliance Officer of any fraud, billing abuse or false claim concerns, and (2) a whistleblower protection policy to prohibit retaliation for reporting a compliance concern or assisting in any compliance-related investigation.

Approved: [Signature]  3/21/07  Date

Anthony A. Ferrara, CPA, MAS
Vice Chancellor, Finance & Operations