**Applicability:** UW Medicine

**Policy Title:** Fraud, Waste and Abuse Prevention

**Policy Number:** COM-008

**Superseded Policies:** NWH, False Claims Liability, Anti-Retaliation Protections, and Detecting and Responding to Fraud VMC, Fraud and Abuse Policy

**Date Established:** 5/19/2014

**Effective Date:** 6/1/2014

**Dates Revised:**

**Next Review Date:** 6/1/2017

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**PURPOSE AND SCOPE**

This policy provides information as to the laws prohibiting false claims for reimbursement by government health care programs and the UW Medicine activities to comply with those laws.

This policy is applicable to all UW Medicine entities.

**POLICY PRINCIPLES/STATEMENT**

The federal False Claims Act (FCA), 31 U.S.C. §§ 3729-3733, makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. A violation of the FCA may result in penalties of up to three times the value of each false claim, plus $11,000 per claim filed. Federal law also imposes civil penalties of up to $5000 per claim and twice the value of the claim when a person supports the claim with a false statement or omission of a material statement.

Washington State has similar legislation found in the Medicaid Fraud False Claims Act (Revised Code of Washington (RCW) 74.66). Like the federal laws, the RCW penalizes false claims as well as false records or statements material to the false claim with civil fines between $5-11,000 plus triple the damages incurred.

A provider that is involved in a FCA claim may be required to enter into a Corporate Integrity Agreement with the government. These providers, as well as health care professionals also may be excluded from participating in federal health care programs, like Medicare, and face criminal prosecution.

Under both federal and state law, an individual may initiate a lawsuit under the FCA on behalf of the government. If the government recovers money based on that lawsuit, the whistleblower may receive a portion of the recovered dollars.
Federal and state laws protect those individuals who report fraud to the government. In the case of employees, employers may not retaliate against an employee who raises concerns or reports fraud to the government. If a court finds that an employer has retaliated, the court can order the employer to make the employee whole or even rehire the employee, and to pay the employee two times the amount of back pay plus interest and legal fees.

**DEFINITIONS**

**Knowingly** means that a person or organization:

a. Has actual knowledge that the information is false;

b. Acts in deliberate ignorance as to the truth or falsity of the information; or

c. Acts in reckless disregard of the truth or falsity of the information.

**POLICY**

It is the policy of UW Medicine to comply with all state and federal laws prohibiting false claims for government reimbursement. UW Medicine expects all UW Medicine workforce members and contractors to provide true, complete and accurate information to support every claim for reimbursement, regardless of payer.

UW Medicine workforce members and contractors are expected to report to UW Medicine any concerns about billing issues, or any other issue they feel is illegal or otherwise inappropriate, in accordance with UW Medicine Compliance or their own entity-based policies. Individuals who do not follow this policy may be subject to disciplinary actions, up to and including termination of employment or contractual relationships.

**REGULATORY/LEGISLATIVE/REFERENCES**

- Medicaid Fraud False Claims Act, RCW 74.66.

**PROCEDURE ADDENDUM(s)/REFERENCES/LINKS**

1. UW Medicine monitors and audits compliance with billing and coding requirements in order to detect errors and inaccuracies. If errors are detected, UW Medicine will take appropriate actions to correct practices that create billing errors and adjust or repay any overpayments by government payers identified by the auditing process.

2. UW Medicine educates its employees, agents and contractors as necessary to comply with billing requirements and will work cooperatively with employees when problems are identified to resolve those problems as quickly as possible.

3. UW Medicine entities create and maintain policies and procedures intended to assist employees and contractors in avoiding false claims. Please see your entity-specific policies and procedures.
4. UW Medicine provides training on how to detect and prevent fraud, waste and abuse for its workforce members and contractors. The form and extent of that training is designed based on the employee’s role with UW Medicine. Education is monitored to assure completion.

5. UW Medicine workforce members and contractors must report compliance concerns, including potential fraud, to leadership or UW Medicine Compliance. UW Medicine will respond to compliance concerns that are raised and correct any mistakes in billing or statements to the government.

6. If a billing concern is detected or suspected or if there are questions as to any billing practice, individuals should contact UW Medicine Compliance:

   Main line: 206.543.3098 (local) or 855.211.6193 (toll free)
   Anonymous Compliance Hotline: 206.616.5248 (local) or 1.866.964.7744 (toll free)
   Fax: 206.221.5172
   Email: comply@uw.edu

Related Policies
- CUMG, CUMG Fraud and Abuse Prevention
- UWP, C-019 Fraud and Abuse Prevention

ROLES AND RESPONSIBILITIES
Defined within POLICY.

AUTHORITIES

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<th>Implementation Officer</th>
<th>Administrative Officer</th>
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APPROVALS

Approved by UW Medicine Executive Compliance Committee
Policy Approved By
Date

5/19/2014