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**USF HEALTH**

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<b>Policy Name:</b>	Fraud Waste & Abuse Prevention		
<b>Responsible Office:</b>	Professional Integrity Office		
<b>Submitted By:</b>	Jamie Sotelo	<b>Title:</b>	Compliance Officer

<b>Review/Approvals:</b>	<b>Committee Name and/or CEO Name:</b>	<b>Date Approved:</b>
<b>Oversight Committee (if applicable):</b>	Billing Integrity Committee Practice Leadership Team	9/13/18 4/17/2019
<b>USFHC CEO:</b>	Mark G. Moseley MD	4/17/2019
<b>USFHC Finance, EMC or CLB (if applicable):</b>		

**OBJECTIVES AND PURPOSES.** To establish responsibility of all USF Health Faculty, Residents, Fellows, Students, Staff and other workforce members, collectively “Workforce”, for preventing and detecting healthcare fraud, waste and abuse, and to report instances of known or suspected instances of such. These Standard Practices and Procedures reiterate the commitment of USF Health to comply with the standards of conduct established by the Federal False Claims Act (FCA) and the Florida False Claims Act; and implement USF System Regulation 5.001 on Fraud Prevention and Detection with respect to healthcare fraud, waste and abuse (“FWA”). *See Background and Definitions section below for information about the federal FCA and FWA definitions.*

**STATEMENT OF INTERNAL GUIDELINES.** USF Health is committed to the highest standards of ethical behavior. USF Health standard practice is to identify and promptly investigate any possibility of FWA and to take appropriate corrective action. To ensure Workforce members are appropriately educated in ethics, compliance, fraud and abuse, each member is expected to complete required online training during their first week of employment, but no later than 90 days from hire and annually thereafter. The Professional Integrity Office (PIO) monitors the completion of such training and provides non-compliance notice to the respective hiring department. The training content, completion records and related monitoring are maintained for a period of ten years.

Additionally, all Providers practicing as part of USF Health or other USF Units for whom claims are to be submitted for billing by UMSA, must complete education regarding their responsibilities and risks related to billing integrity, documentation and coding prior to the date patient care is expected to begin. No billing will occur for services provided by a new Provider prior to the completion of all required education. The PIO provides this in-person customized orientation and maintains record of training content, relevant follow-up, training acknowledgment and training evaluation for a period of ten years.

Any Workforce member who knows or reasonably believes that USF Health, or any member of its Workforce may be involved in any activity prohibited by the FCA, the Florida False Claims Act, or other fraud and abuse laws is required to immediately report such belief using established University reporting procedures, which include reporting the matter to the USF Health Compliance Officer; the USF Health Professional Integrity Office; or the USF Office of General Counsel. Anonymous reports may be submitted to the USF EthicsPoint Hotline at 1-866-974-8411.

USF System Policy 0-020 prohibits retaliation, retribution or reprisals against an employee or student who, in good faith, files a grievance, complaint or report of violations of law, rule, regulation, policy or other misconduct.

USF Health is committed to timely correction of errors and reporting of matters determined, after reasonable assessment, to potentially violate Federal criminal, civil, or administrative laws for which Civil Monetary Penalties are authorized to the appropriate federal and state authorities.

## **PROCEDURES**

1. Workforce members complete training on healthcare compliance, the FCA and the Florida False Claims Act; and are expected to be familiar with activities and practices that may constitute FWA.
2. Anyone who knows or reasonably believes that USF Health, or any member of its Workforce may be involved in FWA should report the incident to one of the following offices:
  - a. USF Health Professional Integrity Office (813) 974-2222;
  - b. USF Office of the General Counsel, (813) 974-2131;
  - c. USF Office of Compliance & Ethics (813) 974-2705; or
  - d. Those who wish to report a problem anonymously may report a problem using the USF System hotline EthicsPoint (1-866-974-8411).
3. Reported problems are promptly investigated by the USF Health Professional Integrity Office in coordination with USF Office of General Counsel and, as needed, management and/or outside expertise.
4. In accordance with the HHS OIG Provider Self-Disclosure Protocol and with CMS:
  - a. If the matter does not involve potential violations of Federal criminal, civil or administrative law for which Civil Monetary Penalties are authorized, such as one exclusively involving overpayments or errors in billing a Federal program, any errors are corrected and any related refund is made to the Medicare Carrier, Medicaid or other Federal payer within 60 days of identification of an overpayment.
  - b. If, upon reasonable assessment completed under step 4 above, the matter potentially violates Federal criminal, civil, or administrative laws for which Civil Monetary Penalties are authorized, the USF Health Compliance Officer coordinates with the USF Office of General Counsel regarding timely self-disclosure under the HHS OIG Provider Self-Disclosure Protocol, reporting to the Department of Justice and/or other applicable law enforcement.
5. The USF Health Compliance Officer coordinates with the appropriate internal USF Health leadership to report matters that potentially violate Federal criminal, civil, or administrative laws for which Civil Monetary Penalties are authorized to contracted Managed Care (Medicare C) plans in accordance with respective Participating Provider/Delegated Credentialing Contracts.
6. Other corrective actions include, as warranted, education and training of Workforce members; process improvements; updating of Standard Practices and Procedures; and/or disciplinary action including verbal warning up to termination.

## **DEFINITIONS**

**Federal False Claims Act** - The federal civil False Claims Act prohibits any individual or entity from knowingly submitting false or fraudulent claims, causing such claims to be submitted, making a false record or statement in order to secure payment from the federal government for such a claim, or conspiring to get such a claim allowed or paid. Under the statute the terms “knowing” and “knowingly” mean that a person (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or

falsity of the information. Specific intent to defraud is not required for there to be a violation of the law. Examples of the types of activity prohibited by the FCA include billing for services that were not actually provided and billing for a more highly reimbursed service or product than the one provided. Another type of violation is a “reverse false claim” which occurs when an individual or entity retains overpayments received from a federal healthcare program.

**Fraud** – Intentionally submitting false information to the government or a government contractor in order to get money or a benefit. Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program; or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. 18 USC §1347

**Waste** - Overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to Medicare or other federal program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

**Abuse** - includes actions that may, directly or indirectly, result in unnecessary costs to Medicare, Medicaid or another federal program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Examples of abuse may include inaccurate coding, especially a pattern of such, and billing for services that were not medically necessary.

**AREAS OF RESPONSIBILITY FOR IMPLEMENTATION.** Human Resources, Professional Integrity Office

**RESPONSIBLE OFFICE.** The preceding was developed by Jamie Sotelo, Associate Director, Professional Integrity Office. Any questions or concerns should be directed to (813) 974-2222 or [piohelp@health.usf.edu](mailto:piohelp@health.usf.edu).