

False Claims Act

The Federal False Claims Act, among other things, applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits, among other things:

- Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
- Knowingly making or using, or causing to be made or used, a false record or statement in order to have a false or fraudulent claim paid or approved by the government;
- Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
- Knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

Any person who knowingly attempts to defraud the federal government is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person.

"Knowingly" means that a person, with respect to information: 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.

Examples of Medicaid Fraud

- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same medical service
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i. e., kickbacks)
- Falsifying cost reports
- Billing for missed appointments

Reporting Suspected Fraud or Abuse

Washtenaw ISD is committed to ensuring that all coding, billing and reimbursement procedures comply with all federal and state laws. The "back-end" billing system, MeduClaim, provided by CompuClaim, has been designed to limit the recording of services to those procedure codes that are appropriate for the user's profession and only up to the maximum amount allowed per day or month; however, the system cannot ensure that the services were provided as stated, that they were medically necessary, or were not false or misleading.

In most cases, an employee's supervisor is in the best position to address an area of concern. Supervisors and managers are required to report suspected violations to the Director of Compliance and Monitoring, Deborah Hester-Washington, who has specific and exclusive responsibility to investigate all reported violations regarding the filing of false or fraudulent claims. **If you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak directly to the Compliance Monitor, Deborah Hester-Washington.**

Deborah Hester-Washington
Director of Compliance and Monitoring
Washtenaw Intermediate School District
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Ann Arbor MI 48106
(734) 994-8100 x1456
washington@washtenawisd.org

The following information is preferred when reporting suspected fraud or abuse:

- Nature of the complaint.
- The names of those involved in the suspected fraud and/or abuse, including their address, phone number, Medicaid identification number, date of birth (for beneficiaries), and any other identifying information if available/applicable.

Whistle Blower Protection Act

Staff reporting suspected fraud, waste and abuse are protected under the Whistle Blower Protection Act. Employers cannot discharge or cause the constructive discharge or discriminate against an employee because the employee or a person acting on behalf of the employee reports, or is about to report, a violation of local, state or federal law to a public body or is requested by a public body to take part in an investigation, hearing, inquiry or court action. Protections do not apply if the employee knows the report to be false.

You may also report suspected fraud and abuse by contacting the Office of Inspector General:

Submitting an online complaint form with the Office of Inspector General:

<https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/billingreimbursement/220056>

Phone: 1-855-MI-FRAUD (643-7283) (voicemail available for after hours)