

Fraud, Waste and Abuse Prevention Policy

I. PURPOSE

This policy supplements the Health Agency's Code of Conduct and Compliance plan to emphasize the critical importance of adherence to statutes, regulations and contractual obligations related to the prevention of fraud, waste, and abuse within the healthcare system.

II. SCOPE

This policy applies to all employees of the Health Agency and contractor doing business with the Health Agency.

III. DEFINITIONS

Fraud: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person. It includes any act that constitutes fraud under applicable Federal or State law. (42CFR 455.2 – Medicare/Medical)

Waste: The intentional or unintentional, thoughtless, or careless expenditure, consumption, mismanagement, use, or squandering of government resources to the detriment or potential detriment of government programs. Waste also includes incurring unnecessary costs as a result of inefficient or ineffective practices, systems, or controls. (As defined by the Office of Inspector General)

Abuse: Provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicare and/or Medi-Cal program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary costs to the Medicare and/or Medi-Cal program. (42CFR 455.2 – Medicare/Medical)

IV. POLICY

1. Policy Statement

The San Luis Obispo County Health Agency (Hereinafter SLOHA) is committed to complying with all applicable laws and regulations. As part of this commitment, SLOHA has established a Compliance Program and Compliance Plan that includes a fraud, waste, and abuse prevention component. The Compliance Officer and the Quality Support Division Manager are responsible for oversight of fraud, waste, and abuse prevention.

2. Compliance with Statutes and Regulations

Employees of the Health Agency shall not engage in any activity that constitutes fraud, waste, or abuse as defined above. All employees shall comply with applicable laws, regulations and policies related to the prevention of fraud, waste, and abuse. In addition, all employees shall comply with the Health Agency's Code of Conduct.

3. Reporting of Fraud, Waste and Abuse

Any employee, volunteer, student, agent, contractor, business associate or other person or entity working on behalf of the Health Agency, who knows or suspects that there has been a violation of this policy, or a violation of state or federal law, shall immediately notify a supervisor, manager, or the Compliance Officer of the violation or suspected violation. Regulations require the County to report certain violations to some agencies within 24 hours. As such, immediate reporting is essential to meet this statutory timeline. The violation must be reported whether it was committed by the person reporting the violation, or another individual and it must be reported whether intentional or accidental.

You can report suspected fraud, waste, and abuse in the following ways:

- Through your organizational line of reporting.
- By contacting:
 - Health Agency Privacy & Compliance Program
 - E-mail – HA.Compliance@co.slo.ca.us
 - Phone – (805) 781-4788
- By calling the toll-free, anonymous fraud, waste, and abuse line: (855) 326-9623
- By Calling U.S. Office of Inspector General at (800) 447-8477
- By calling the CA. Department of Health Care Services at (800) 822-6222

4. Investigation of Reported Fraud, Waste, and Abuse

Upon receiving an allegation of fraud, waste, and/or abuse, the Health Agency shall immediately initiate an investigation using the County [Investigation Guidelines](#). The Department Head shall be notified of any material investigation and updated regularly by the investigator or the Compliance Officer. All investigations shall be completed within a reasonable period of time, with a goal of completing all investigations within 60 days of initial report. For any investigation taking more than 60 days, the investigator shall promptly provide a written memorandum to the Department Head explaining why the investigation has exceeded the 60-day goal. Any investigation taking more than 90 days shall be reported to the Compliance Steering Committee.

5. Reporting of Fraud to State and Federal Agencies

If the investigation finds that fraud has occurred, the Compliance Officer shall work with County Counsel to report the findings to the appropriate Federal and State agencies. These agencies may include the U.S. Office of Inspector General, and the California Department of Health Care Services.

U.S. Office of Inspector General	1-800-447-8477
CA. Department of Health Care Services	1-800-822-6222 or Fraud@DHCS.ca.gov

6. Prohibition on Retaliation

San Luis Obispo County and the Health Agency prohibits any adverse employment action against those who in good faith report, or support someone who reports, violations of Health Agency/County policy or state/federal law, or engages in other legally protected activity. The County and Health Agency further prohibit retaliation against anyone who participates (as witnesses or accused) in investigations into complaints of alleged misconduct. In addition, the False Claims Act as well as other Federal and state statutes provide whistleblower protections to employees who report fraud.

7. Violations of this Policy

An employee of the Health Agency who violates any provision of this fraud, waste, and abuse policy shall be subject to disciplinary actions up to and including termination of employment. An agent, volunteer or contractor of the County Health Agency who violates any provision of this policy shall be subject to sanctions which may include but are not limited to contract cancellation or termination of services.

V. APPLICABLE STANDARDS/REGULATIONS

- Deficit Reduction Act of 2005, (Pub.L. 109-171)
- False Claims Act 31 USC sect. 3279-3733
- California Government Code Section 12650 – 12656 (Cal. False Claims Act)
- Anti-Kickback Statute 42 USC 1320a-7b(b)
- Stark Law 42 USC 1395nn
- Health Agency Contracts with California Department of Health Care Services

VI. DOCUMENT HISTORY

DOCUMENT HISTORY			
Status: Initial/ Revised/Archived Description of Revisions	Author	Approved by	Effective Date
Initial Release	Ken Tasseff	Jeff Hamm	12/4/2015
Update HA Director and Compliance & Privacy Officer	David Michels	Michael Hill	8/5/2021
Revisions: Updated Scope; Grammatical revisions; Update HA Director Signature Line and Compliance Staff information	Gary Harper	Kristin Ventresca	6/18/24
Updated HA Director Signature	Gary Harper	Nicholas Drews	6/18/24

Approved by: _____ [Signature on file]
Nicholas Drews
Health Agency Director

Date: 6/18/24