

See something? Say something.

Fraud, waste and abuse in the health care system hurts everyone. Every dollar that is spent on fraudulent, abusive, or wasteful activities is money that cannot be spent where it is needed most.

We encourage you to report incidents of suspected fraud, waste, or abuse. Whistleblower laws protect everyone who reports fraud, waste, and abuse. Reporters can also file anonymously. OHSU Health Services reports all verified cases of fraud to the appropriate regulatory agencies.

Here is how you can report:

- Call OHSU Health Services Compliance Hotline at 1-877-733-8313 (anonymous)
- File online at www.ohsu.edu/hotline

What is Fraud?

Fraud is an intentional deception or misrepresentation, whether by act or omission, made by a person with the knowledge that the deception could result in some unauthorized benefit to themselves or some other person.

What is Waste?

Waste is health care spending that can be eliminated without reducing quality of care. It includes inefficient use or mismanagement of resources, unnecessary expenses, or procedures that cannot reasonably be expected to yield better outcomes.

What is Abuse?

Abuse is when someone accidentally gives false information to the Government or a Government contractor to get money or a benefit. For example, accidentally billing a follow-up visit as a higher paying new patient visit.

Examples of Fraud, Waste, and Abuse:

Examples of Fraud, Waste, and Abuse include, without limitation, any one, combination of, or all of the following:

1. Providers or Subcontractors that intentionally or recklessly report encounters or services that did not occur, or where products were not provided.
2. Providers or Subcontractors that intentionally or recklessly report overstated or upcoded levels of service.
3. Providers or Subcontractors intentionally or recklessly billed more than the Usual Charge to non-Medicaid Recipients or other insurance programs.
4. Providers or Subcontractors altered, falsified, or destroyed Clinical Records for any purpose, including, without limitation, for artificially inflating or obscuring such Provider's own compliance rating or collecting payments otherwise not due. This includes any intentional misrepresentation or omission of fact(s) that are material to the determination of benefits payable or services which are covered or should be rendered, including dates of service, charges or reimbursements from other sources, or the identity of the patient or Provider.
5. Providers or Subcontractors that intentionally or recklessly make false statements about the credentials of persons rendering care to Members.
6. Providers or Subcontractors that intentionally or recklessly misrepresent medical information to justify referrals to other networks or out-of-network Providers when such parties are obligated to provide the care themselves.
7. Providers or Subcontractors that intentionally fail to render Medically Appropriate Covered Services that they are obligated to provide to Members under this Contract, any Subcontract with the Contractor, or Applicable Law.
8. Providers or Subcontractors that knowingly charge Members for services that are Covered Services or intentionally or recklessly balance-bill a Member the difference between the total Fee-for-Service charge and Contractor's payment to the Provider, in violation of Applicable Law.
9. Providers or Subcontractors intentionally or recklessly submitted a claim for payment when such party knew the claim:
 - (i) had already been paid by the Contractor,
 - (ii) had already been paid by another source.
10. Any case of theft, embezzlement or misappropriation of Title XIX or Title XXI program money.
11. Any practice that is inconsistent with sound fiscal, business, or medical practices, and which:
 - (i) results in unnecessary costs,

- (ii) results in reimbursement for services that are not medically necessary, or
- (iii) fails to meet professionally recognized standards for health care.
- 12. Evidence of corruption in the enrollment and disenrollment process, including efforts of Contractor employees, or Subcontractors to skew the risk of unhealthy Member or potential Members toward or away from Contractor or any other provider.
- 13. Attempts by any individual, including Contractor's employees, Providers, Subcontractors, Contractor, or State employees or elected officials, to solicit kickbacks or bribes.

We are committed to complying with all applicable laws, including, without limitation, Oregon's False Claims Act and the federal False Claims Act.

Contact us:

Hotline: 1-877-733-8312 (toll-free)

www.ohsu.edu/hotline