OHSUHealthServices

See something? Say something.

Everyone is hurt by fraud, waste, and abuse in the health care system. Every dollar that is spent on fraudulent, abusive, or wasteful activities is money that can't be spent where it is needed most.

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 himself/herself 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 management 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, but not limited to any 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 OHSU Health Services IDS 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 such as collecting payments otherwise not due.
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 OHSU Health Services IDS,
   (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 OHSU Health Services IDS employees, State employees, or Subcontractors to skew the risk of unhealthy Member or potential Members toward or away from OHSU Health Services IDS.

13. Attempts by any individual, including OHSU Health Services IDS and employees, Providers, Subcontractors, to solicit kickbacks or bribes. For example, the offer of a bribe or kickback in connection with placing a Member into a carved out program, or for performing a service that Providers are required to provide under the terms of employment, the Contract, or Applicable Law.

OHSU Health Services IDS encourages reporting incidents of suspected fraud, waste, or abuse. Everyone has the right to report fraud, waste, and abuse anonymously and are protected under the applicable Whistleblower laws.

OHSU Health Services IDS reports all verified cases of fraud to the Medicaid Fraud Control Unit (MCFU).

Here's how you can report:

- Call the anonymous OHSU Anonymous Compliance Hotline at **1-877-733-8313**.
- Complete and submit an online form at www.ohsu.edu/hotline