



## False Claims Act Provisions\*:

1. All individuals involved in providing mental health care to Medicaid Enrollees on behalf of Optum Salt Lake County (SLCo), heretofore known as Staff, shall not knowingly present, or cause to be presented, a false or fraudulent claim, for payment or approval, to any federal, state or local government agency, or to any managed care organization or other entity that acts as a government subcontractor for administering healthcare benefits.
2. All Staff shall not knowingly:
  - a. falsify, conceal or cover up a material fact;
  - b. make any false, fictitious, or fraudulent statement or representation material to an obligation to pay or transmit money or property; or
  - c. make or use any materials known to contain false, fictitious, or fraudulent information in order to get a false or fraudulent claim paid or approved by any federal, state or local government agency, or any managed care organization or other entity that acts as a government subcontractor for administering healthcare benefits.
3. All Staff shall not knowingly conceal or improperly avoid or decrease an obligation to pay or transmit money or property to the federal, state, or local government agency, or to any managed care organization or other entity that acts as a government subcontractor for administering healthcare benefits.
4. All Staff shall make reasonable inquiries into and investigate any suspected overpayments made by the federal government, a federal agency, or any managed care organization or other entity that acts as a federal government subcontractor for administering healthcare benefits. The investigation shall be conducted with deliberate speed.

If an overpayment is suspected, any Staff should immediately report the suspected overpayment to Optum SLCo.

5. The following activities are examples of activities that may be considered violations of the federal False Claims Act or similar state or local laws:
  - a. "Double billing" – billing a payor multiple times for a single item or one-time service;
  - b. Falsely certifying that a contract meets established requirements or guidelines;
  - c. Conspiring with others to get a false claim paid;
  - d. Claims resulting from an anti-kickback violation (See the Anti-Kickback Policy in Related Policies below);
  - e. Knowingly keeping and not reporting funds improperly paid under Medicaid, Medicare, TRICARE, other state-based health care programs or other government health program – otherwise known as a reverse false claim;
  - f. Knowingly submitting claims for services ordered or provided by an excluded provider;
  - g. Submitting reports or claims to government agencies that are known to be false, erroneous or that are submitted with reckless disregard for the accuracy of the information;
  - h. Knowingly charging for services not rendered or charging for more complex and costly procedures than those actually provided ("upcoding");
  - i. Billing for brand-named drugs when generic drugs are actually provided;
  - j. Submitting false or forged enrollment applications for a government funded program; or
  - k. Submitting claims for services that were actually rendered but which were not medically necessary.

Your actions could violate the federal False Claims Act or similar state laws even if you do not intend to do so.

6. All Staff shall not knowingly conceal or fail to disclose knowledge of an event affecting a right to any benefit or payment.

Staff should report any suspected violations of the federal False Claims Act, applicable state false claims act(s), any similar state or local laws or agency policy. Reports of potential improper activities can be made to Optum SLCo directly, the Salt Lake County Division of Behavioral Health Services, or the Utah Department of the OIG.

7. Staff failure to comply with this Policy could lead to disciplinary action, up to and including termination of participation within the Provider Network.
8. Staff may not retaliate against employees, agents, or contractors, who, in good faith, investigate, file, or participate in a whistleblower action.

Whistleblowers are defined as employees who come forward and disclose illegal activity (wrongdoing) in the workplace. See Utah Code, Title 67, Chapter 21, Utah Protection of Public Employees Act. Under the Federal False Claim Act, employees who know that fraud against the government is taking place in their workplace can file suit called a Qui Tam lawsuit to stop the fraud.

9. Optum SLCo requires that all providers, and their Employees, who participate in administration of Medicaid mental health services comply with this provision and all federal and state laws or agency policy that prohibit the submission of false or fraudulent claims in connection with federal healthcare programs. Optum SLCo also requires that its subcontractors distribute this information to their Employees to educate them on the federal and state statutes.
10. All Staff shall receive the information set forth in this document.

## What do I do if I suspect FWA?

Everyone has the right and responsibility to report potential fraud, waste, or abuse. If you suspect FWA, you may contact any of the following:

- Optum SLCO at 1-877-370-8953, ask for the Compliance Manager or email [slcoreviews@optum.com](mailto:slcoreviews@optum.com). Your call may be anonymous and even if you give your name, your information will be kept confidential.
- Salt Lake County Behavioral Health Services – Brian Currie, LCSW at [bcurrie@saltlakecounty.gov](mailto:bcurrie@saltlakecounty.gov).
- Bureau of Managed Health Care in the Division of Medicaid and Health Financing – Karen Ford at [kford@utah.gov](mailto:kford@utah.gov).
- Utah Program Integrity at 1-855-403-7283 or by going to <https://www.oig.utah.gov/report-fraud/>. When reporting the information, please include the following:
  - Name and identification number of the suspected individual;
  - Source of complaint (if anonymous, indicate as such);
  - Type of Provider or staff position, if applicable;
  - Nature of complaint; and
  - Approximate dollars involved, if applicable.

\*Agencies that receive annual payments of at least \$5,000,000.00 are responsible for development of a separate False Claims Acts Policy and must distribute the information to all employees. All agencies receiving annual payments less than \$5,000,000 may disseminate this document or develop their own False Claims Acts Policy for distribution to employees.