Name of Policy: Detecting and preventing fraud, waste and abuse **Policy Number**: 3364-15-02 **Approving Officer**: President **Responsible Agent**: Associate Vice President, Risk Management Chief Risk/Compliance Officer **Scope**: All University of Toledo Campuses, including vendors and contractors	**Revision date:** February 18, 2020 **Original effective date**: January 1, 2007

☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

The University of Toledo (UToledo) is committed to maintaining compliance with all applicable laws and regulations, including those related to the False Claims Act. This commitment encompasses preventing, detecting, and addressing fraud, waste, and abuse in federally funded programs such as Medicare.

(B) Purpose of policy

This policy outlines the provisions of the False Claims Act and addresses fraud, waste, and abuse, including the potential consequences for violating applicable federal and state regulations.

(C) Scope

This policy applies to all campuses of The University of Toledo, as well as any vendors, contractors, or third-party entities providing services to The University of Toledo Medical Center and its affiliated outpatient departments/clinics. It also covers any academic departments or programs that deliver services to the covered entity. Examples include, but are not limited to, Physical Therapy, Speech Therapy, Occupational Therapy, Psychology, and other related disciplines.

(D) Definitions

(1) Abuse refers to actions or practices that do not follow good medical, business, or financial standards and that lead to unnecessary costs or improper payments. Abuse does not require intent — it can happen when services are not medically necessary, are billed incorrectly, or do not meet professional standards. The False Claims Act (FCA) is a federal law that holds a person or organization responsible if they knowingly submit, or cause someone else to submit, a false or misleading claim for payment to the government. This includes knowingly using false records or statements related to a claim. Fraud is when someone knowingly and intentionally lies or engages in a scheme to deceive a healthcare program to receive money or benefits they are not entitled to. This includes billing for services not provided or using false information to obtain payment. (18 U.S.C.§1347)

Waste happens when more services, supplies, or resources are used than necessary, causing extra costs. Waste is usually caused by inefficiency, poor processes, or mistakes, not intentional wrongdoing.

(E) Whistleblower protection

Workforce members who report suspected misconduct related to this policy, such as fraud, waste or abuse, in good faith, are protected from workplace retaliation under the Whistleblower Protection Act. For additional information, please refer to policy 3364-15-04: Non-Retaliation.

(F) Fraud, Waste and Abuse

(1) Examples of Fraud including, but not limited to:

(a) Billing for services not provided.
(b) Giving false information about credentials such as a college degree.
(c) Billing for more services than were performed.
(d) Billing and receiving duplicate payments, not returning the funds.
(e) Billing non-covered services as a covered code.
(f) Prescription drug switching.

(1) Examples of Waste:

(g) Waste can include spending on services that lack evidence of producing better health outcomes compared to less-expensive alternatives;
(h) Inefficiencies in the provision of health care goods and services; and
(i) Costs incurred while treating avoidable medical injuries, such as preventable infections in hospitals.

(2) Examples of Abuse including, but not limited to:

Abuse is defined as practices that are inconsistent with accepted sound fiscal, business, or medical practices, and result in:

(a) an unnecessary cost or in reimbursement for services that are not medically necessary or
(b) that fail to meet professionally recognized standards for health care,
(c) such as:
(i) Misusing codes on a claim;
(ii) Charging excessively for services or supplies; and
(iii) Billing for services that were not medically necessary.

3) Consequences for Violations of the False Claims Act (FCA), Including Fraud, Waste, and Abuse including, but not limited to

(d) Civil Monetary Penalties
(i) Individuals or entities may be required to pay civil penalties ranging from $5,500 to $11,000 for each false claim, adjusted for inflation, along with interest and additional expenses as determined by the court. These penalties are established under the FCA's civil penalty provisions.

(e) Damages and Fines
(i) The FCA authorizes the government to seek treble damages, meaning individuals or entities may be required to pay up to three times the amount of the government's financial loss, in addition to civil penalties.

(f) Criminal Penalties
(i) If the conduct involves knowingly and willfully executing a fraudulent scheme, individuals may face:

(ii) Criminal fines,
(iii) Imprisonment for up to 10 years, and
(iv) Possible restitution.
(v) Additionally, related criminal violations may result in professional licensure review, which could lead to suspension or revocation.

(g) (Medicare/Medicaid Exclusion
(i) A conviction related to FCA violations may result in exclusion from Medicare, Medicaid, and all other federal healthcare programs. Federal healthcare programs may not pay for any items or services furnished, ordered, or prescribed by an excluded individual or entity.
(ii) Health care providers and suppliers (person and organizations) who violate the FCA are subject to an investigation by the Office of Inspector General (OIG), who may seek to exclude the provider or supplier from participation in federal health care programs.

(G) Reporting

Obligation to Report

(1) Workforce members are expected to report any suspected violations of the False Claims Act, including fraud, waste, and abuse. Reports should be submitted in accordance with UToledo policies 3364-15-03 Compliance Incident Reporting and 3364-15-05 Protected Disclosures and Anonymous Reporting Line.

(2) External Reporting

UToledo encourages employees to report concerns related to the False Claims Act through internal channels so they can be addressed promptly. Employees also have the option, as permitted by federal law, to report these concerns to the appropriate authorities as whistleblowers.

(3) Non-Retaliation

UToledo strictly prohibits retaliation against any workforce member who, in good faith, reports a suspected violation of the False Claims Act. Individuals who report are protected under Policy 3364-15-04 Non-Retaliation.

(H) Reporting and Organizational Commitment

UToledo is committed to full compliance with the False Claims Act and related regulations. All workforce members share responsibility for preventing, detecting, and

reporting fraud, waste, and abuse.

Reports of suspected violations must follow established procedures outlined in Policy 3364-15-03 Compliance Incident Reporting and Policy 3364-15-05 Protected Disclosures and Anonymous Reporting Line.

Workforce members may report concerns related to potential violations to federal authorities as permitted by law. UToledo strictly prohibits retaliation against any individual who reports a concern in good faith, as outlined in Policy 3364-15-04 Non-Retaliation.

By adhering to these standards, UToledo ensures integrity, protects federal program funds, and upholds public trust.

(I) Remediation

If an investigation confirms non-compliance related to fraud, waste, or abuse, UToledo will take prompt and appropriate corrective actions.

These actions may include, but are not limited to:

- Implementing process improvements or internal controls to prevent recurrence
- Providing additional training or education to affected workforce members
- Disciplinary measures consistent with UToledo policies and applicable laws
- Reporting to regulatory or enforcement authorities when required
- Repayment or other financial adjustments, if applicable

The Compliance Office will oversee remediation efforts and ensure documentation of all corrective actions taken.

Approved by: /s/ Sharon L. Gaber, Ph.D. President February 18, 2020 Date *Review/Revision Completed by: Executive Director of Internal Audit and Chief Compliance Officer, Director of UTMC Compliance and University Privacy, SLT*	**Policies Superseded by This Policy:** • *Previous 3364-15-02, effective date June 1, 2016* Initial effective date: January 1, 2007 Review/Revision Date: July 5, 2011; June 1, 2016, February 18, 2020 **Next review date: February 20, 2023**