

False claims education

False Claims Act

Amerigroup Community Care requires its providers and affiliates to abide by Federal and State laws and regulations governing the administration and operations of managed care entities within the healthcare program. This includes compliance with the Federal False Claims Act (Deficit Reduction Act 6032) which establishes liability for the following activities:

- Knowingly presenting or causing to be presented to an officer or employee of the United States and/or applicable state government a false or fraudulent claim for payment or approval
- Knowingly making, using or causing to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the government
- Conspiring to submit a false claim or to defraud the government by getting a false or fraudulent claim allowed or paid
- Possessing, having custody of, or controlling property or money used, or to be used, by the government and intending to defraud the government or to willfully conceal the property, delivers or causes to be delivered less property than the amount for which the person receives a certificate or receipt
- After being authorized to make or deliver a document certifying receipt of property used, or to be used by the government and with the intent to defraud the government, makes or delivers the receipt without completely knowing that the information on the receipt is true
- Knowingly buying or receiving as a pledge, an obligation, or debt, public property from an officer or employee of the government or any person who lawfully may not sell or pledge the property
- Knowingly making, using or causing to be made or used, a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the government
- Knowingly makes, uses or causes to be made or used any false or fraudulent conduct, representation or practice in order to procure anything of value directly or indirectly from the government

The federal government may impose penalties of not less than \$5,000 and not more than \$10,000 plus three times the amount of damages sustained by the government if there is a finding of a violation of the False Claims Act. The Government may reduce the damages if there is a finding that the person committing the violation reports it within 30 days of discovering the violation and if the person cooperates fully with the federal government's investigation and if there are no criminal prosecutions, civil or administrative actions commenced at the time of the report and the person reporting does not have any knowledge of any such investigations. The federal government via the OIG may also utilize administrative remedies for the submission of false statements and/or claims which include administrative penalties of not more than \$5,000 per false claim as well as determine whether suspension or debarment from the healthcare program is warranted.

The information in this update may be an update or change to your provider manual. Find the most current manual at:

<https://providers.amerigroup.com>

The government, or an individual, may bring a civil action for a violation of the applicable false claims act. If a person brings an action on behalf of the government, then that person may be entitled to a portion of any recovery under the applicable false claims act. The recovery is governed by the person's involvement in the claim and/or litigation as well as whether the government intervened in the litigation.

Whistleblower protections

Protections against retaliation exist under federal and state laws for anyone providing a good faith report or filing and/or participating in litigation or other investigations under the various false claims acts.

Any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by such employee's employer because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under T.C.A. § 71-5-183, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under T.C.A. § 71-5-183, shall be entitled to all relief necessary to make the employee whole. Such relief shall include reinstatement with the same seniority status such employee would have had but for the discrimination, two (2) times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An employee may bring an action in the appropriate court for the relief provided in subsection (g) of T.C.A. § 71-5-183.

Tennessee Medicaid False Claims Act

In addition, Amerigroup also requires its providers and affiliates to abide by state laws and regulations governing the administration and operations of managed care entities within the health care program. This includes compliance with the Tennessee Medicaid False Claims Act (T.C.A. §71-5-181 et seq.) which establishes liability for the following activities:

- Presenting or causing to be presented to the state a claim for payment under the Medicaid program knowing that such claim is false or fraudulent
- Presenting or causing to be presented to the state a claim for payment under the Medicaid program knowing that the person receiving a Medicaid benefit or payment is not authorized or is not eligible for a benefit under the Medicaid program
- Making, using or causing to be made or used, a record or statement to obtain a false or fraudulent claim under the Medicaid program paid for or approved by the state while knowing that such a record or statement is false
- Conspiring to defraud the state by getting a claim allowed or paid under the Medicaid program while knowing that such claim is false or fraudulent
- Making, using or causing to be made or used a record or statement to conceal, avoid or decrease an obligation to pay or to transmit money or property to the state, relative to the Medicaid program, knowing that such record or statement is false
- Knowingly applying for and receiving a benefit or payment on behalf of another person, except pursuant to the lawful assignment of benefits under the Medicaid program, and converting that benefit or payment to his or her own personal use

- Knowingly making a false statement or misrepresentation of material fact concerning the conditions or operation of a healthcare facility in order that the facility may qualify for certification or recertification required by the Medicaid program
- Knowingly making a claim under the Medicaid program for a service or product that was not provided

The state may impose three times the amount of damages sustained by the government if there is a finding of a violation of the Medicaid False Claims Act. In Tennessee, the state may impose a civil penalty between \$5,000 and \$25,000.

Any suspected fraud and abuse will be reported to any of the following:

- Amerigroup Compliance Hotline at 757-518-3633
- Office of Inspector General (OIG) at 1-800-433-3982 for member fraud
- Tennessee Bureau of Investigation (TBI) at 1-800-433-5454 for provider fraud
- Go to www.state.tn.us/tenncare; then click on Report Fraud