



<b>Policy</b>	
<b>Fraud and Abuse Reporting</b>	
<b>Effective Date:</b> 9/12/2023 (administrative change approved by Bob Cournoyer 12/17/2025)	<b>Policy Owner:</b> Compliance Policy Work Group
<b>Rescission:</b> Supersedes policy dated: 4/18/2023; Milford Regional Medical Center policy Detection of Fraud Waste and Abuse policy, dated 11/1/2022 rescinded as of 12/17/2025	<b>Approved by:</b> John Randolph, Vice President and Chief Compliance Officer, UMMH
<b>Applicability:</b> All workforce members, Board Members, medical staff, vendors and contractors.	<b>Approved by:</b> Eric Dickson MD, CEO UMass Memorial Health
<b>Keywords:</b> fraud, abuse, reporting, inappropriate, conduct, whistleblower, Medicare plan sponsor	

## Policy

It is the policy of UMass Memorial Health (UMMH) to provide and to maintain a culture characterized by integrity, responsible behavior and a commitment to legal and ethical standards consistent with our Compliance Program and the Code of Ethics and Business Conduct. All UMMH workforce members, Board members, medical staff, vendors and contractors share responsibility for ensuring that UMMH conducts its activities in a manner that complies with all applicable federal and state laws. This includes ensuring the integrity of all claims, reporting of inappropriate conduct and, protecting the rights of any individual who reports concerns. UMMH is committed to preventing and detecting fraud and abuse and to educating its workforce members, Board members, medical staff, vendors and contractors about the federal and state laws that prohibit the making of false claims or statements in connection with the submission of a claim for payment to the government.

## Definitions

**False Claim** – A claim is “false” if the person or organization making the claim has actual knowledge that the claim is false, or if the person or organization acts in “deliberate ignorance” or “reckless disregard” of the truth or falsity of the information. The government is not required to prove that the person making the claim actually intended to defraud the government. A person or organization may not, either deliberately or carelessly, ignore questionable information contained in a claim or statement, or in supporting documentation.

**Federal False Claims Act** – The federal False Claims Act (“FCA”) prohibits individuals and organizations from submitting false or fraudulent claims to the government for payment or reimbursement. It is an important law used by the government to prevent and to detect fraud in connections with federal health care programs. Additional information about the law and its history is available at the U.S. Department of Justice web site at: <http://www.usdoj.gov/usao/pae/Documents/fcaprocess2.pdf>

**Medicare Plan Sponsor:** An insurance company that has contracted with Medicare to provide managed care services or Medicare Part D services, and with which UMMH has contracted to provide subcontracted services, such as credentialing of UMMH providers.

**Protection Against Retaliation** – UMMH prohibits harassment and retaliation against any workforce

member for reporting or participating in the investigation of compliance issues in good faith, as more fully described in our *Non-Retaliation/Non-Retribution Policy*. ([Non-Retaliation/Non-Retribution \(umassmemorialhub.org\)](http://umassmemorialhub.org))

**State Laws** – Massachusetts has enacted state laws prohibiting the knowing use of false statements or false claims to obtain payment from the Commonwealth or its employees, agents, representatives or divisions. (<http://www.mass.gov/legislature/laws/generallaws/partI/titleII/chapter12/section5A>)

**Whistleblower Protections** – Any workforce member who initiates or assists with an FCA case against their employer is protected from discharge, demotion, suspension, threats, harassment and discrimination in the terms and conditions of their employment if the employer's actions are taken in response to the workforce member's efforts on the FCA case. A workforce member who does suffer retaliation for their initiation or assistance with an FCA case against their employer may be entitled to reinstatement, back pay and other compensation.

**Workforce Member** – All employees, contractors, volunteers, trainees (including medical students, interns, residents, allied health professional and business students), members of the medical staff including employed and private physicians, nurses in expanded roles, physician assistants, temporary employees, and other persons employed, credentialed or under the control of UMMH whether or not they are paid by UMMH.

### Required Criteria for Procedure

**Reporting of Inappropriate Conduct** – Every UMMH workforce member, Board member, medical staff member, vendor and contractor is expected to report known or suspected inappropriate conduct or non-compliant practices that might involve the making of false claims or statements in connection with the submission of a claim for payment to the government to enable UMMH to address potential issues promptly and thoroughly. While it is expected that workforce members, contractors and others will make any questions or concerns known to UMMH (their supervisor, manager, or the Compliance Office), there are state<sup>1</sup> and federal<sup>2</sup> laws that allow workforce members, agents and contractors to bring their concerns to an outside regulatory agency. The agency may investigate the matter and bring suit against UMMH. If UMMH is found to have violated the law, the agency may impose civil or criminal fines and penalties. Any workforce member who perceives or learns of non-compliant activity is responsible for: speaking to their supervisor, calling their Chief Compliance Officer or reporting the matter to EthicsPoint, UMMH's Confidential Reporting System. Reports to EthicsPoint may be made anonymously if the reporter so desires, although providing a name and phone number may expedite the investigation and communication with the reporter.

UMMH investigates all reported instances of potential non-compliance in accordance with internal investigation guidelines. UMMH will promptly report to a Medicare Plan Sponsor suspected or detected noncompliance or potential fraud waste or abuse related to UMMH's services to that Medicare Plan Sponsor if reported to UMMH.

### Entity/Department Specific Procedure

N/A

### Supplemental Materials

- For additional information regarding the UMass Memorial Health Compliance Program, please reference the Code of Ethics and Business Conduct with associated policies and contact information, please use the following [link](#).
- [EthicsPoint](#)
- [Non-Retaliation/Non-Retribution \(umassmemorialhub.org\)](http://umassmemorialhub.org)

<sup>1</sup>Mass G.L. c.12, Sec. 5A to 50

<sup>2</sup>31 U.S.C. Sec. 3729 to 3733

## References

Mass G.L. c.12, Sec. 5A to 50 31 U.S.C. Sec. 3729 to 3733