

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

CODE: 2.13.0
DATE: 3/20/09
REVISED: 4/19/22

SECTION: **CLINIC PHARMACY
OUTPATIENT SERVICES**
SUBJECT: **FRAUDULENT CLAIMS**

APPROVED: Tinh Tran, Pharm. D
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BACKGROUND

The False Claims Act (FCA) is a Federal statute that covers fraud involving any Federally funded contract or program, including the Medicare and Medicaid (Medi-Cal) programs. The Act establishes liability for any person who knowingly presents or causes to present a false or fraudulent claim to the U.S. government for payment. Health care providers and suppliers (persons and organizations) who violate the FCA can be subject to civil monetary penalties. In addition to these penalties, providers and suppliers can be required to pay three times the amount of damages sustained by the U.S. government. If a provider or supplier is found to have violated the FCA, the Office of the Inspector General (OIG) may seek to exclude the Company from participation in Federal health care programs. Therefore, any employee of the Company, or of any subsidiary or affiliate of the Company, who discovers questionable, fraudulent, wasteful, or abusive conduct must report the same. An example of conduct that might violate the FCA would include billing Medicare/Medicaid for medical or prescriptions services not provided.

POLICY

- 1 All Outpatient Pharmacy employees, including contract employees, will comply with the False Claims Act (FCA) and indicate that they have read and understand the FCA.
- 2 All Outpatient Pharmacy employees, including contract employees, will complete the Los Angeles County's "Compliance" module.
- 3 All Outpatient Pharmacy employees, including contract employees, will complete the training module on fraudulent claims specific for the Department.
- 4 Documentation of training will be kept in the employee's area personnel file.

Reviewed: 4/30/2014AN, 9/12/16bj, 4/19/2022 TT

Approved By: 