



Ministry-wide	Setting: Organization-wide	Areas/Dept: All
Title: Deficit Reduction Act of 2005 (CC-129)		
Category/Chapter: Compliance		

DEFINITIONS:

1. **Entity** – includes a government agency, organization, unit, corporation, partnership or other business arrangement (including a Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.
2. **Employee** – includes any officer or employee of the entity.
3. **Contractor or Agent** – includes any contractor, subcontractor, agent or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of Medicaid health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by the entity.

PURPOSE:

1. To comply with the Federal Deficit Reduction Act of 2005, related to OSF receiving or making annual Medicaid payments exceeding \$5 million.
2. To ensure that written policies are distributed that describe OSF procedures for preventing and detecting fraud, waste and abuse in Federal health care programs, including descriptions of Federal and State false claims laws.

POLICY:

1. The Federal Deficit Reduction Act of 2005 (DRA) requires that any entity receiving or making annual Medicaid payments exceeding \$5 million establishes and distributes to all its employees and contractors written policies that describe the entity’s policies and procedures for preventing and detecting fraud, waste and abuse in Federal health care programs and that describe the Federal and State false claims laws.
2. In compliance with the DRA, OSF has disseminated written policies for all employees, and for contractors or agents of any OSF entity, that include information about the Federal and State False Claims Acts and about other provisions named in Section 1902(a)(68)(A) of the Social Security Act. These written policies contain detailed information about OSF’s procedures for detecting and preventing waste, fraud, and abuse.
3. This information is posted on the Compliance portal along with the rights of employees to be protected as whistleblowers.
4. The relevant policies together with educational materials may be accessed at [Medicaid Fraud Packet](#). The information includes:

- a. *Compliance Program (127)* (Ministry Human Resources policy);
- b. *Claim Development and Submission Process (CC-115)* (Ministry Compliance policy);
- c. *False Claims Prevention and Whistleblower Protections (CC-109)* (Ministry Compliance policy);
- d. *False Claims Prevention: Whistleblower Act (142)* (Ministry Human Resources policy);
- e. *Whistleblower Protection (130)* (Ministry Human Resource policy);
- f. Healthcare Fraud – False Claims Act Training documents; and
- g. Letter to OSF Vendors about the Deficit Reduction Act of 2005.

REFERENCES:

Compliance Program (127). Ministry Human Resources policy retrieved May 2014.

Whistleblower Protection (130). Ministry Human Resources policy retrieved May 2014.

False Claims Prevention: Whistleblower Act (142). Ministry Human Resources policy retrieved May 2014.

False Claims Prevention and Whistleblower Protections (CC-109). Ministry Compliance policy retrieved May 2014.

Claim Development and Submission Process (CC-115). Ministry Compliance policy retrieved May 2014.

Deficit Reduction Act of 2005: Employee Education About False Claims Recovery. Section 6032 retrieved May 2014 from: <http://www.gpo.gov/fdsys/pkg/BILLS-109s1932enr/pdf/BILLS-109s1932enr.pdf>

This policy is in effect for OSF Healthcare System, OSF Healthcare Foundation and all OSF Healthcare System subsidiaries and affiliates, except as limited in the header or body of this policy. For purposes of this policy, the terms “subsidiaries” and “affiliates” mean facilities or entities wholly owned or wholly controlled by OSF Healthcare System. Specifically, this policy applies to:

	Name as listed with Medicare:
<input checked="" type="checkbox"/> OSF St. Mary Medical Center	ST MARY MEDICAL CENTER
<input checked="" type="checkbox"/> OSF Saint Francis Medical Center	SAINT FRANCIS MEDICAL CENTER
<input checked="" type="checkbox"/> OSF Saint James – John W. Albrecht Medical Center	SAINT JAMES HOSPITAL
<input checked="" type="checkbox"/> OSF St. Joseph Medical Center	ST JOSEPH MEDICAL CENTER
<input checked="" type="checkbox"/> OSF Saint Anthony Medical Center	SAINT ANTHONY MEDICAL CENTER
<input checked="" type="checkbox"/> OSF St. Francis Hospital & Medical Group	ST FRANCIS HOSPITAL
<input checked="" type="checkbox"/> OSF Holy Family Medical Center	OSF HEALTHCARE SYSTEM
<input checked="" type="checkbox"/> OSF Saint Elizabeth Medical Center	Ottawa Regional Hospital & Healthcare Center
<input checked="" type="checkbox"/> OSF Saint Luke Medical Center	OSF HEALTHCARE SYSTEM

Approved By: Board of Directors	Revision Approval Dates: 06/2014
Endorsed By: Ministry Compliance and Risk Management Division	Revision Effective Dates: 06/2014
Responsible Party: Ministry Compliance and Risk Management Division	Review Dates:
Original Approval Date: 08/2013	Rescinded Date:
Original Effective Date: 08/2013	