P&P Number:	FIN 050	Original Approval Date:	12/20/2012
Title:	False Claims & Whistle-Blower	Policy Revision Date:	04/19/2017
P&P Area:	Finance	Procedure Revision Date:	04/19/2017
Reviewing Committee:	Finance	Committee Review Date:	04/17/2023
Approved by:	**Board of Directors**	Last Approval Date:	04/19/2023

POLICY:

It is the policy of ConnextCare to follow provisions of the 2005 Deficit Reduction Act (DRA) and to encourage staff and others associated with ConnextCare to report false claims and to understand the protections under the Whistleblower provisions.

PURPOSE: To communicate and document the importance of adherence to the legislation addressing false claims recovery and compliance with whistleblower protections for employees and others within ConnextCare.

PROCEDURE:

The following explains the issues and compliance requirements under this policy.

False Claims

The False Claims Act prohibits any person from knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval of government funds. Under the Federal False Claims Act, any person who knowingly submits a false or fraudulent claim to a Medicare, Medicaid, or other federal healthcare program is liable to the Federal government for three times the amount of the Federal government's damages plus penalties of $5,000 to $10,000 per false or fraudulent claim.

Examples that may create a false claim include but are not limited to: billing twice for the same service; billing for services not rendered; billing for medically unnecessary services or falsifying certificates of medical necessity; unbundling or billing separately for services that should be billed as one; creating false medical records or treatment plans to increase payments; failing to report and refund overpayments or credit balances; physician billing without personal involvement for services rendered by medical students, interns, residents, or fellows in teaching hospitals; and giving and/or receiving unlawful inducements to healthcare providers for referrals for services.

As a condition of receiving Medicaid payments, Qualifying Entities must establish written policies and procedures that provide detailed information to all employees, contractors, and agents regarding:

- The Federal False Claims Act;
- Administrative remedies for false claims and statements;

- Any state laws pertaining to civil or criminal penalties for false claims and statements; and
- The whistleblower protections under such laws.

Reporting Procedure

If an employee suspects instances of fraud, submission of false medical billing claims, or other non-compliance with Federal, State, or Local laws, they should report it. Any activity by employees that violates any State or Federal law or regulation (e.g., corruption, malfeasance, bribery, theft or misuse of government property, fraud, coercion, or conversation); or wastes money; or involves gross misconduct, gross incompetence, or gross inefficiency can be reported.

Whistleblower Protection

Whistleblowers (or realtors as they are referred to in the law) must be original sources of the allegations; thus they cannot use published accounts of fraud allegations or information that has already come to the attention of the government. Whistleblowers are protected by the law from retaliation in any form as the result of their whistle blowing. These protections include reinstatement without loss of seniority if fired, recovery of two times lost wages plus interest, and recovery of attorney fees and other reasonable costs in connection with pursuing retaliation claim.