

GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE
CINCINNATI, OHIO

**POLICY TITLE: DETECTING AND PREVENTING FRAUD, WASTE AND ABUSE
RELATING TO CLAIMS FOR PAYMENTS - EMPLOYEES**

Good Samaritan College of Nursing and Health Science being a subsidiary organization to TriHealth, Inc. and Good Samaritan Hospital adopts the TriHealth, Inc. Corporate Policy on Detecting and Preventing Fraud, Waste and Abuse Relating to Claims for Payments - Employees. (Hereafter College represents TriHealth, Good Samaritan Hospital and Good Samaritan College)

The Policy is applicable to members of the Board of Trustees, Administrative Officers of the College and all employees.

PURPOSE

GSC and TriHealth is committed to complying with all applicable laws and regulations. GSC supports the efforts of federal and state authorities in identifying incidents of fraud and abuse and has procedures in place to prevent, detect, report and correct incidents of fraud and abuse in accordance with contractual, regulatory and statutory requirements. This policy sets forth the guidelines to be followed by all employees regarding the Federal False Claims Act and in detecting and preventing fraud, waste and abuse relating to the presenting/submitting of claims to the federal government for payment.

POLICY/PROCEDURE

Federal False Claims Act (“FCA”)

The Federal False Claims Act prohibits: (1) knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval; (2) knowingly using a false record or statement to obtain payment on a false claim paid by the government; or, (3) engaging in a conspiracy to defraud the government by the improper submission of a false claim for payment.

For the purposes of the FCA, the terms “knowing” and “knowingly” mean that a person, with respect to information:

1. has actual knowledge of the information;
2. acts in deliberate ignorance of the truth or falsity of the information; or
3. acts in reckless disregard of the truth or falsity of the information.

In other words, the FCA does not apply to “erroneous” claims, i.e., innocent mistakes, errors or negligence. However, no proof of specific intent to defraud is required to prove a violation of the FCA.

Whistleblower Provisions

The FCA permits a person with knowledge of fraud against the United States Government, referred to as the “qui tam plaintiff,” to file a lawsuit on behalf of the Government against the person or business that committed the fraud (the defendant). If the action is successful, the qui tam plaintiff is rewarded with a percentage of the recovery.

Protection Against Retaliation (Protection for Whistleblowers)

GSC and TriHealth Compliance Policies require employees to report problems and concerns regarding billing practices to management, the TriHealth Corporate Compliance Officer or the Alertline. These policies prohibit retaliation against any employee who reports a perceived problem or concern in good faith. (“Good faith” means that an employee actually believes or perceives that the information reported is true.)

The FCA provides protection to employees who are retaliated against by an employer because of the employee’s participation in a qui tam action. The protection is available to any employee who is fired, demoted, threatened, harassed or otherwise discriminated against by his or her employer because the employee investigates, files or participates in a qui tam action.

This “whistleblower” protection includes reinstatement and damages of double the amount of lost wages if the employee is fired, and any other damages sustained if the employee is otherwise discriminated against.

Administrative Remedies for False Claims and Statements

When a false claim or statement is detected, violators may be subject to fines up to \$5,000 for each statement and between \$5,000 - \$10,000 for each claim. The violator may also be required to pay for the damages suffered by the government, and the government could initiate administrative action against the violator, including suspension or debarment from entering into contracts with the federal government.

GSC and TriHealth’s Policies and Procedures for Detecting and Preventing Fraud, Waste and Abuse

GSC and TriHealth expects that its employees will do everything they can to prevent and detect false claims, potentially fraudulent behavior and abuse in relation to the healthcare system. The following are examples of measures taken to accomplish this:

- providing staff training;
- investigating reports of potential violations from staff;
- investigating complaints regarding potential violations from patients, family members and friends, and visitors;
- internally monitoring higher risk areas;
- performing internal audits;
- protecting employees who report potential fraud or abuse;
- performing internal risk assessments; and
- corresponding with state and federal agencies regarding potential concerns.

Please refer to TriHealth corporate policies relating to the Compliance Program and to the TriHealth Code of Ethical Business and Professional Behavior for details on these efforts.

Definitions:

Fraud: An intentional (willful or purposeful) deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

Abuse: Practices that are inconsistent with sound fiscal, business or medical practices and that result in an unnecessary cost to government programs or in seeking reimbursement for goods or services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. It also includes practices that result in unnecessary cost to government programs.

Procedures:

1. All employees must conduct themselves in an ethical and legal manner, including the maintenance of accurate records related to their business activities.
2. All employees are responsible for reporting potential or suspected incidents of fraud and abuse and other wrongdoing directly to their supervisor and/or executive management or by using one of the reporting methods described below.
3. The Corporate Compliance Officer (CCO), in consultation with legal counsel, has responsibility for receiving and acting upon all information suggesting the existence of possible fraud, abuse or other wrongdoing and for directing all investigations arising from this information.
4. All employees with knowledge of potential fraud and abuse situations must report them through any of the following methods:
 - notifying their direct supervisor;
 - notifying any supervisor or member of management;
 - contacting the CCO/Corporate Compliance Office directly; or
 - calling the confidential TriHealth Alertline at 1-800-467-0989.
5. Anyone receiving a report of potential fraud (e.g., management, Legal, etc.) should immediately inform the CCO, who will analyze the report and, when necessary, conduct an “initial inquiry” for the sole purpose of determining whether there is sufficient information to support further investigation.
6. If, during the initial analysis or inquiry, the CCO determines that there is an allegation or evidence of a violation of law or regulation, legal counsel should be consulted on what further investigative steps would be appropriate; and whether the investigation should be conducted by or at the direction of legal counsel. It is the responsibility of legal counsel to direct or conduct fraud and abuse investigations.
7. When legal counsel assumes responsibility for a “Compliance Investigation”, it will be to evaluate the facts to determine if credible evidence exists to indicate that a violation of criminal, civil or administrative law has occurred. It will also be the responsibility of legal counsel to notify senior management of the organization of the results of its Compliance Investigation and provide the Compliance Office with

8. Corporate Compliance, with the assistance of legal counsel and outside consultants if needed, shall determine the extent of liability resulting from inappropriate claims submission, as well as to assist in planning the appropriate course of action to correct deficiencies and resolve any liability issues.
9. Senior management is responsible for ensuring that effective controls are in place for the detection of potential incidents of fraud and abuse. With oversight and support from the CCO, operations managers will establish and maintain methods for detecting and preventing incidents of fraud and abuse.
10. To the extent practical or allowed by law, the CCO shall maintain the confidentiality or anonymity of an employee when requested.
11. GSC will fully cooperate with federal and state agencies that conduct healthcare fraud and abuse investigations.
12. GSC will take appropriate disciplinary and enforcement action (i.e., corrective action plans, employment termination or contract termination) against employees, providers, subcontractors, consultants, and agents found to have committed fraud and abuse violations.
13. Retaliation or retribution for reporting issues "in good faith" is prohibited.

Approved By:  Date: 06/15/10

Effective Date: February 22, 2010

Review/Revision Dates: _____

Responsible Committee: Administration, Board of Trustees