Title: Preventing and Detecting Fraud, Waste and Abuse

Type: Compliance

Number: RENOWN.CCD.085

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Scope:
Accountable Care Organization; Administrative & Business Offices; Ambulatory; Behavioral Health; Breast Health Center; Center for Advanced Medicine B; Center for Advanced Medicine C; foundation; Healthcare Center; Home Health; Hometown Health; Hospice; Hyperbaric; Laboratory; Medical Group; Monaco Ridge; Pregnancy Center; Regional Medical Center; Rehabilitation Hospital; Skilled Nursing; South Meadows Medical Center; Surgical Arts; Therapies; Urgent Care; Wound Care; X-ray & Imaging

Policy Statement:
Renown Health (“Renown”) is committed to detecting, investigating, and preventing wrongful acts committed by employees, physicians, medical staff, Board members, and contractors (collectively “employees”) through the establishment of a robust Compliance Program. Renown will identify, resolve, recover funds, report, and when appropriate, take legal actions, if suspected fraud, waste, and/or abuse has occurred. All Renown employees have a duty to comply with all laws and regulations governing the accurate submission of claims and to report any conduct that may violate those laws and regulations.

One of the primary purposes of false claims laws is to combat fraud and abuse in government health care programs. False claims laws make it possible for the government to bring civil actions to recover damages and penalties when healthcare providers submit false claims. These laws often permit lawsuits, called “qui tam suits,” brought by laypeople, typically employees or former employees of healthcare facilities that submit false claims.

Renown compliance activities directed towards preventing, identifying and resolving improper conduct include, but are not limited to:

- Requiring mandatory compliance training for all employees, contracted providers and Board members;
- Conducting an annual risk assessment and ensuring robust auditing and monitoring activities take place;
- Establishing a requirement to report any suspected compliance violations;
- Establishing an anonymous reporting mechanism and implementing a Non-Retaliation
policy to protect individuals who report concerns in good faith;

- Performing initial and ongoing sanction screenings to ensure Client does not employ or contract with an individual or entity that has been excluded from participation in the Federal health care programs; and

- Developing and implement policies and procedures for conducting business in compliance with all applicable laws, regulations and payor requirement.

**Definition of Terms:**

1. **Abuse** – obtaining payment for goods or services when you are not legally entitled to payment; abuse differs from fraud in that the misrepresentation resulting in payment was not knowing or intentional.

2. **Anti-Kickback Statute** – a criminal statute that prohibits giving or receiving anything of value to induce or reward referrals of Federal health care program business. Penalties for violating the Anti-Kickback Statute include fines, imprisonment, and program exclusion.

3. **Federal False Claims Act** - imposes civil liability on individuals and entities who knowingly submit, or cause to be submitted, a false claim or statement to a federally funded program in order to receive payment. False Claims Act liability also extends to anyone who conspires to defraud the government. Although the False Claims Act is not confined to health care claims, it does apply to billing and claims submitted by Client to any government payor program, including Medicare and Medicaid.

4. **Fraud** – knowing and willful execution, or attempt to execute, a scheme to defraud a health care benefit program or to obtain money or property from a health care benefit program under false pretenses.

5. **Nevada Submission of False Claims to State or Local Government Act ("Nevada False Claims Act")** – state version of the False Claims Act that imposes liability for false claims if the State of Nevada or a political subdivision provided any portion of the payment.

6. **Physician Self-Referral ("Stark") Law** – prohibits physicians from referring Medicare patients for designated health services to an entity with which the physician (or his/her immediate family member) has a financial relationship, unless an exception applies. Penalties include refund of overpayments, monetary penalties and program exclusion.

7. **Political subdivision** – any county, city, assessment district, or any other local government as defined by the State.

8. **Qui Tam Relator - Person coming forward to report alleged fraudulent conduct or other dishonest or illegal activity occurring within an organization may also be referred to as "qui tam relator" or "whistleblower."

9. **Waste** – overutilization or misuse of services that result in unnecessary cost to the health care system.

**Procedure:**

1. Renown employees are required to comply with all Federal and Nevada laws and regulations regarding fraud, waste and abuse.
2. Renown will not offer, pay, solicit or accept remuneration for purposes prohibited by the Anti-Kickback Statute. If a transaction, relationship, or payment is structured in a manner that meets the requirements of a safe harbor, it can be protected from civil or criminal penalty under the Anti-Kickback Statute. Renown will seek to structure its relationships in a manner to meet the requirements of available safe harbors. The Renown Office of General Counsel shall provide guidance on the analysis and execution of each new arrangement.

3. Renown will comply with all regulations under the Stark Law. The Office of General Counsel will provide guidance on the structuring of relationships between physicians and Renown in compliance with the Stark Law.

4. All Renown employees will receive education regarding Federal and Nevada False Claims Acts, the administrative remedies, civil or criminal penalties, and whistleblower protections. Education will include the following:
      i. Prohibited Conduct. The False Claims Act prohibits any person or entity (including hospitals and physicians) from:
         1. Knowingly making, using, or causing a false record or statement which leads to a false or fraudulent claims paid or approved by the government;
         2. Conspiring to defraud the government by getting a false or fraudulent claims allowed or paid;
         3. Falsely certifying the type or amount of property to be used by the government;
         4. Certifying receipt of property used (or to be used) by the government on a document without knowing that the information is true;
         5. Knowingly buying or receiving government property from an unauthorized agent; and
         6. Knowingly making, using, or causing a false record or statement to conceal, avoid or decrease an obligation to pay or transmit money or property to the government.
   b. Anti-Kickback Statute
      i. Prohibited arrangement and remuneration; and
      ii. Guidance to refer arrangements to the Office of General Counsel for review.
   c. Stark Law
      i. Definition of the Stark Law including examples of Designated Health Services;
      ii. Description of financial relationships; and
      iii. Guidance to refer relationships between physician and Renown to the Office of General Counsel.
5. All Renown employees are required to report any suspicion of fraud, waste or abuse to their supervisor, the Compliance Officer, or the anonymous Compliance Hotline. Examples of activities that should be reported:
   a. Billing for services never performed;
   b. Performing inappropriate or medically unnecessary services to increase reimbursement;
   c. Upcoding to increase reimbursement;
   d. Knowledge of providers receiving remuneration in return for referrals;
   e. Knowledge of a physician that has a financial relationship with a hospital or designated health services (DHS) entity;
   f. Double billing for the same item/service; and
   g. Falsifying records or statements to get a claim paid or approved.

6. All reports of suspected fraud, waste or abuse, including allegations of a false claim, will be immediately and thoroughly investigated by the Compliance Officer, in consultation with General Counsel as appropriate.

7. The Renown Non-Retaliation Policy prohibits any act of retaliation or retribution against an employee who reports a possible violation of the False Claims Act, Anti-Kickback Statute or Stark law, in good faith. Additionally, Federal and Nevada law prohibit retaliation against an employee for disclosing or reporting a potential violation of law.

8. Mistakes or billing errors that result in overpayments will be promptly returned, education will be provided to the parties involved, and corrective action will be taken to address any systemic, ongoing problems. The Compliance Officer, in consultation with General Counsel when appropriate, will oversee the coordination of any voluntary repayments and development and implementation of any corrective action plan.

References/Regulations:

Renown.CCD.065 Non-Retaliation Policy
31 U.S.C 38 Administrative Remedies
31 U.S.C 3729 – 3733 – False Claims Act
Social Security Act §1902(a)(68)

Contributors:

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