

## **Family Innovations, LLC HIPAA Fraud and Abuse Policy and Procedure**

**Purpose:** The purpose of this policy is to prevent and detect fraud, waste and abuse by providing detailed information regarding (1) the federal False Claims Act (FCA), (2) state laws and penalties pertaining to false claims, and (3) whistleblower protections under such laws.

### **Responsible for Implementation:**

Chief Security Officer

### **Scope:**

This policy applies to all Family Innovations, LLC workforce members, elected officials and volunteers.

### **Policy:**

Family Innovations, LLC is dedicated to the prevention and detection of fraud, waste and abuse. This policy details in written form the laws described in this policy and procedures for detecting and preventing fraud, waste and abuse. This fraud and abuse policy is to give summary guidance regarding federal and state laws involving false claims and whistleblower protections under such laws.

The relationship between the Behavioral Health Regions and the specific counties within the Region are unique in that the Regions also rely on the county workforce members ensure policy and procedure development and maintenance in relation to county practices. The Region will review the procedure of the county for the following. For those counties that do not have an appropriate policy in place, the Region will recommend its policy as the standard to be implemented by the county. Family Innovations, LLC will also review the policy of each county to assure the compliance with the procedures listed below.

### **Procedures:**

**False Claim:** Is a claim for payment for services or supplies that were not provided specifically as presented or for which the provider is otherwise not entitled to payment, including but not limited to the following:

- A claim for a service or supply that was never provided.
- A claim indicating the service was provided for some diagnosis code other than the true diagnosis code in order to obtain reimbursement for the service (which would not be covered if the true diagnosis code were submitted).
- A claim indicating a higher level of service than was actually provided.
- A claim for service that the provider knew or should have known was not reasonable and necessary.

- A claim for services provided by an unlicensed individual.
- knowingly presenting (or causing to be presented) to the Federal Government a false or fraudulent claim for payment or approval.
- knowingly making or using (or causing to be made or used) a false record or statement to conceal, avoid or decrease an obligation to get a false or fraudulent claim paid or approved by the Federal Government or State program.
- conspiring with others to get a false or fraudulent claim paid or approved by the Federal Government or State program.

#### Forgery:

The state law that prohibits falsely making, completing or altering a document with intent to defraud and would include making false statements on eligibility forms to obtain health care services.

Fraud and Abuse: Is an umbrella term that applies to a series of statutes and regulations designed to prevent government health programs from paying excessive and inappropriate claims.

Fraudulent schemes and artifices: The law that prohibits a scheme to obtain a benefit by means of false or fraudulent pretenses, representations, promises or material omissions.

Fraudulent schemes and practices; willful concealment: the law that prohibits any person from knowingly falsifying, concealing or covering up a material fact by trick, scheme or device when related to the business conducted by a state department or agency.

Prohibited acts and duty to report: The law that prohibits any person to present or cause to be presented:

- A claim for medical items or services that were not provided as claimed. - A claim for medical items or services that is false or fraudulent.

- A claim for medical items or services that are substantially in excess of the needs of the individual or of a quality that fails to meet professional standards.

- A claim submitted for a physician's service or item or service incidental to a physician's service, when the service was not rendered or supervised by a licensed physician.

Theft: Is a state law that among many things prohibits obtaining services or property by means of any material misrepresentation, which would include, for instance, obtaining healthcare services when not eligible to do so.

Whistleblower: Is an individual who reports misconduct to state or federal agencies involved with enforcing laws prohibiting fraud and abuse such the Office of the Inspector General (OIG).

## **PROCEDURES TO PREVENT, DETECT AND EDUCATE**

Family Innovations, LLC requires that Region business will be conducted in an ethical manner and will comply with the above described federal and state laws involving false claims. Family Innovations, LLC activities to prevent fraud, waste and abuse include the following:

- Development of an Ethics and Compliance Program designed to build ethics and compliance accountability into the core operations of each Family Innovations, LLC workforce member.

- Development of a Code of Conduct emphasizing the necessity for and the responsibility of all workforce members, elected officials, volunteers and agents to perform their duties in compliance with laws, regulations and Region policies.

- Development of ethics and compliance training and education programs.

- Development of screening processes ensuring that the Region workforce members or contractors are not individuals or entities that have been sanctioned

- Development of workforce member performance evaluations that include a component assessing compliance with their obligations as defined by the Ethics and Compliance Program.

- Development of education that the consequences for violating the above described laws can include, in addition to imprisonment and fines, civil monetary penalties, loss of licensure, and exclusion from participation in federal health care programs.

Family Innovations, LLC activities to detect fraud, waste and abuse include the following:

- Reporting resources such as a phone number available for reporting,

- Monitoring and auditing systems.

- Prompt investigation and corrective action for all instances of suspected non-compliance with the Family Innovations, LLC Ethics and Compliance Program.

Family Innovations, LLC is dedicated to disseminating information and educating individuals regarding the above laws through the following processes:

- When developed, a copy of the Ethics and Compliance Program, including a copy of this Fraud and Abuse Policy will be distributed to workforce members, elected officials, volunteers and contractors, subcontractors, agents, or other persons which or who, on behalf of the Family Innovations, LLC, furnish, or otherwise authorize the

furnishing of, perform billing or coding functions, or is involved in the monitoring of health care provided by the entity.

- Development of Ethics and Compliance education will be held for all workforce members, elected officials, volunteers, contractors, and Agents.

## **PROCEDURES FOR REPORTING**

Family Innovations, LLC will provide mechanisms as described above to report potential acts of fraud, abuse and waste through the Ethics and Compliance Program through U.S. Mail, email, fax or other approved mechanism.

Individuals seeking advice concerning Ethics and Compliance have the option to remain anonymous and all inquiries are confidential subject to the limitations imposed by law.

Individuals may choose to report potential acts of fraud, abuse and waste to the Legal Department.

Civil liability for violating the False Claims Act is equal to three times the dollar amount that the Government is defrauded and civil penalties of \$5,000 to \$10,000 for each false claim.

An individual can share in a percentage of a government recovery in an FCA action or settlement if they bring an action on behalf of the United States as a "qui tam relator."

## **ANTI-RETALIATION PROVISIONS**

Family Innovations, LLC strictly prohibits any type of retaliation against those who, in good faith, report any inappropriate activities described in this policy.

The False Claims Act protects qui tam relators against discharge, demotion, harassment or other discrimination by their employers as a result of the claims they made under the False Claims Act.