



Mercy Fitzgerald Hospital
Mercy Physician Network
Nazareth Hospital
Nazareth Physician Services

St. Mary Medical Center
St. Mary Physicians Group
Saint Francis Hospital

EFFECTIVE DATE: 02/15/2022

POLICY & PROCEDURE TITLE:

Fraud, Waste & Abuse Information Requirements

REVIEW BY: 02/15/2024

PURPOSE

The purpose of this policy is to ensure Trinity Health Mid-Atlantic complies with the requirements of the Deficit Reduction Act of 2005 (DRA). The Deficit Reduction Act requires all health care providers receiving at least \$5 million in annual Medicaid payments to provide its colleagues, Contractors and Agents certain information regarding the federal False Claims Act and applicable state laws, as well as information regarding the organization's policies and programs to detect and prevent fraud, waste and abuse in federal health care programs.

POLICY

It is the policy of Trinity Health Mid-Atlantic (THMA) to provide information on the False Claims Act, protections under the law, and the role of Trinity Health Mid-Atlantic in detecting and preventing fraud, waste and abuse to all colleagues and Contractors and Agents.

PROCEDURE

1. All Trinity Health organizations that participate in Medicare, Medicaid and other federal health care programs will provide new and existing colleagues, Contractors and Agents, information concerning the following:
 - a. The Federal False Claims Act ("FCA") (31 U.S.C. 3729-3733);
 - b. Applicable state false claims laws;
 - c. Civil or criminal penalties for false claims and statements;
 - d. Protections provided to individuals under such laws; and
 - e. Trinity Health's Integrity and Compliance Program, the Code of Conduct, and policies and procedures for detecting and preventing fraud, waste and abuse in federal health care programs.
2. Information addressing DRA requirements is included in the Trinity Health Code of Conduct. THMA provides education and training on the Code of Conduct to colleagues, including DRA requirements, at time of hire and annually thereafter.
3. Information on DRA requirements is included in the Supplier Code of Conduct, which is incorporated by reference in contracts and agreements with vendors, independent

NOTE: To ensure the policy end user is using the most up-to-date document, the end user is to view the version on the electronic policy management system (Policy Tech).

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contractors, agents and other business partners providing goods and services to Trinity Health. All Contractors and Agents are required to share this information with colleagues conducting business with Trinity Health, and to comply with all applicable laws and regulations, including laws applicable to individuals and entities receiving Medicare, Medicaid and other federal funds.

4. The THMA Integrity and Compliance Program includes policies and procedures to identify, detect and prevent fraud, waste, and abuse in federal health care programs.
5. THMA expects that its colleagues who are involved with creating and filing claims for payment for services that THMA provides will use only true, complete and accurate information to make the claim.
6. THMA expects that anyone with a concern about a possible False Claim by a THMA entity or provider shall immediately report such concern to management, or the Integrity and Compliance Officer or the Integrity Line so THMA may investigate and correct any errors as warranted.
7. THMA policies addressing Integrity Line reporting and non-retaliation protect colleagues from adverse action when they report, in good faith, any concern about actual or potential wrong doing.

SCOPE/APPLICABILITY

Trinity Health Mid-Atlantic (THMA) and all of its subsidiaries.

DEFINITIONS

The False Claims Act: The False Claims Act (31 USC Sections 3729-33) is a federal law that makes it a crime for any person or organization to knowingly (1) file a false claim with the government for payment; (2) make or use a false record or statement material to a false claim or an obligation to pay or transmit money or property to the government; and (3) conceal and/or improperly avoid or decrease an obligation to pay or transmit money or property to the government. There are also Pennsylvania laws that impose penalties for false claims including 62 P.S. 1407-8 and the Pennsylvania Whistleblower Law, 43 P.S. 1421-8.

“Knowing” means that the person or organization:

- Has actual knowledge that the record or claim is false, or
- Seeks payment while deliberately ignoring whether or not the record or claim is false, or
- Seeks payment recklessly without caring whether or not the record or claims is false.

Under certain circumstances, an inaccurate Medicare, Medicaid, VA, Federal Employee Health Plan or Workers’ Compensation claim could become a False Claim. Examples of possible False Claims include someone knowingly billing Medicare for services that were not provided, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality where the government would not pay.

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A person who knows that a False Claim was filed for payment can file a lawsuit in Federal Court on behalf of the government, and in some cases, receive a reward for bringing original information about a violation to the government's attention. Penalties are severe for violating the federal False Claims Act. The penalty can be up to three times the value of the False Claim, plus from \$5,000 to \$10,000 in fines, per claim.

Whistleblower Protections: The federal False Claims Act protects anyone who files a False Claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit. An employee who was harmed by their employer for filing a False Claims lawsuit must file a lawsuit against their employer in Federal Court. If the employer retaliated, the court can order the employer to re-hire the employee, and to pay the employee twice the amount of back pay that is owed, plus interest and attorney's fees.

Contractors and Agents means individuals and companies furnishing or providing health care items and services to patients covered by federal health care programs, as well administrative or support services associated with participation in federal health care programs.

RESPONSIBLE DEPARTMENT

Further guidance concerning this policy may be obtained the Integrity and Compliance and/or Legal Departments.

RELATED POLICIES, PROCEDURES, AND OTHER MATERIALS

- Exhibit A – State False Claims Laws with Trinity Health Operations
- Trinity Health Code of Conduct and Supplier Code of Conduct
- THMA Policy – *Education and Training – Integrity and Compliance*
- THMA Policy – *Compliance and Privacy Reporting*

KEYWORDS

Integrity
Compliance
Deficit Reduction Act (DRA)
False Claims Act