

Alliance for Better Health Care, LLC	Page 1 of 5	
	EFFECTIVE DATE: March 2015	NUMBER:
	ORIGINATOR: Corporate Compliance Officer	
ORGANIZATIONAL POLICY FALSE CLAIMS ACT AND WHISTLEBLOWER PROVISIONS	CONCURRENCE:	
	APPROVAL: Board of Managers	

PURPOSE OF POLICY

Alliance for Better Health Care, LLC (AFBHC) is committed to prompt, complete and accurate billing. AFBHC is also committed to ensuring its Participating Providers are also committed to do the same. Alliance for Better Health Care, LLC and its employees, contractors, Participating Providers and agents shall take steps necessary and appropriate to ensure that its Participating Providers shall not make or submit any false or misleading entries on any claim forms. No employee, contractor, Participating Provider or agent shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager that result in the submission of a false or misleading entry on claims forms or documentation of services that result in the submission of a false claim.

It is the policy of Alliance for Better Health Care, LLC to detect and prevent fraud, waste and abuse in federal healthcare programs in accordance with the False Claims Act.

SCOPE

This policy applies to all members, managers, Participating Providers, employees, agents, contractors of AFBHC (Covered Person).

GUIDELINES

Overview of the False Claims Act:

The False Claims Act, 31 U.S.C. § 3729 *et seq.*, is a federal law designed to prevent and detect fraud, waste and abuse in federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of \$5,500 to \$11,000 for each false claim submitted.

The law was revised in 1986 to expand the definition of “knowingly” to include a person who:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in the claim;
- and
- Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be

prosecuted for a wide variety of conduct that leads to the submission of a false claim. Some examples include knowingly making false statements, falsifying records, submitting claims for services never performed or items never furnished, double-billing for items or services, using false records or statements to avoid paying the Government, or otherwise causing a false claim to be submitted.

Whistleblower or “Qui Tam” Provisions

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a “Qui Tam” or whistleblower provision.

The Government, or an individual citizen acting on behalf of the Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistleblower or “Relator,” who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the U.S. Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered.

The False Claims Act prohibits discrimination by Alliance for Better Health Care, LLC against any Covered Person for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to relief. Such relief may include reinstatement, double back pay, and compensation for any special damages.

SARBANES-OXLEY ACT

The Sarbanes-Oxley Act requires all organizations to establish procedures, in accordance with Section 301 of the Act, for:

- The receipt, retention, and treatment of complaints received by the organization regarding accounting, internal controls, or auditing matters.
- The submission of concerns regarding questionable accounting or audit matters by employees, trustees, officers, and other stakeholders of the organization, on a confidential and anonymous basis.

The Alliance for Better Health Care, LLC Code of Conduct (hereinafter referred to as the Code) requires Covered Persons to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. Covered Persons of the organization must practice honesty and integrity in fulfilling their responsibilities and comply with all applicable laws and regulations.

Reporting Responsibility

Covered Persons of Alliance for Better Health Care, LLC has an obligation to report in accordance with this Whistleblower Policy (a) questionable or improper accounting or

auditing matters, and (b) violations and suspected violations of Alliance for Better Health Care, LLC's Code (hereinafter collectively referred to as Concerns).

Authority of Audit and Compliance Committee

All reported Concerns will be forwarded to the Audit and Compliance Committee in accordance with the procedures set forth herein. The Audit and Compliance Committee shall be responsible for investigating, and making appropriate recommendations to the Board of Managers, with respect to all reported concerns.

No Retaliation

This Whistleblower Policy is intended to encourage and enable members, managers, employees and business partners to raise Concerns within the Organization for investigation and appropriate action. With this goal in mind, no member, manager, employee or business partner who, in good faith, reports a Concern shall be subject to retaliation or, in the case of an employee, adverse employment consequences. Moreover, an employee who retaliates against someone who has reported a Concern in good faith is subject to discipline up to and including termination of employment.

Reporting Concerns

Employees of Participating Providers and AFBHC

Employees should first discuss their Concern with their immediate supervisor. If, after speaking with his or her supervisor, the individual continues to have reasonable grounds to believe the Concern is valid, the individual should report the Concern to the Compliance Officer. In addition, if the individual is uncomfortable speaking with his or her supervisor, or the supervisor is a subject of the Concern, the individual should report his or her concern directly to the Compliance Officer.

The Compliance Officer is required to promptly report the Concern to the Chair of Audit Committee, which has specific and exclusive responsibility to investigate all Concerns. If the Compliance Officer, for any reason, does not promptly forward the Concern to the Audit Committee, the reporting individual should directly report the Concern to the Chair of the Audit Committee. Concerns may also be submitted anonymously. Such anonymous Concerns should be in writing and sent directly to the Compliance Officer.

Handling of Reported Violations

The Audit and Compliance Committee shall address all reported Concerns. The Chair of the Audit Committee shall immediately notify the Audit Committee, and the CEO of AFBHC, of any such report. The Chair of the Audit and Compliance Committee will notify the sender and acknowledge receipt of the Concern within five business days, if possible. It will not be possible to acknowledge receipt of anonymously submitted Concerns.

All reports will be promptly investigated by the Compliance Officer, and appropriate corrective action will be recommended to the Audit and Compliance Committee, if

warranted by the investigation. In addition, action taken must include a conclusion and/or follow-up with the complainant for complete closure of the Concern.

The Audit and Compliance Committee has the authority to retain outside legal counsel, accountants, private investigators, or any other resource deemed necessary to conduct a full and complete investigation of the allegations.

Acting in Good Faith

Anyone reporting a Concern must act in good faith and have reasonable grounds for believing the information disclosed indicates an improper accounting or auditing practice, or a violation of the Codes. The act of making allegations that prove to be unsubstantiated, and that prove to have been made maliciously, recklessly, or with the foreknowledge that the allegations are false, will be viewed as a serious disciplinary offense and may result in discipline, up to and including dismissal from the volunteer position or termination of employment. Such conduct may also give rise to other actions, including civil lawsuits.

Confidentiality

Reports of Concerns, and investigation pertaining thereto, shall be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Disclosure of reports of Concerns to individuals not involved in the investigation will be viewed as a serious disciplinary offense and may result in discipline, up to and including termination of employment. Such conduct may also give rise to other actions, including civil lawsuits.

POLICIES

1. Alliance for Better Health Care, LLC will provide training in this policy and procedure to all its members, managers, agents, employees, contractors and Participating Providers. This training will be provided to all new employees as part of the new employee orientation.
2. Alliance for Better Health Care, LLC will perform billing activities in a manner consistent with the regulations and requirements of third party payors, including Medicaid and Medicare.
3. Alliance for Better Health Care, LLC will conduct regular auditing and monitoring procedures as part of its efforts to assure compliance with applicable regulations.
4. Any employee, contractor or agent who has any reason to believe that anyone is engaging in false billing practices or false documentation of services is expected to report the practice according to Alliance for Better Health Care, LLC's Corporate Compliance Department.
5. Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.

6. Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.

PROCEDURES

The Compliance Officer will ensure that all employees and agents receive training related to the contents of this policy and the False Claims Act. The Compliance Officer will ensure that records are maintained to document the receipt of training.

EXHIBITS

REFERENCES

ORIGINAL IMPLEMENTATION DATE: 3/2015
REVIEW DATE:
REVIEWED:
REVISED: