



Aurora Mental Health Center *Live Life to the Fullest*

Aurora Mental Health Center Policy and Procedure	Kelly Phillips-Henry, PsyD Chief Executive Officer
Title: False Claims Act	Effective Date: 12-01-18
Fraud, Abuse, and Waste Detection, Reporting, Investigating, and Correction Policy	
Whistleblower Protections	
Policy Original Date: 12-01-18 Updated:	

POLICY

Purpose:

This policy is established to create procedures and controls to aid in the prevention, detection, reporting and investigation of possible cases of fraud, abuse, or waste against Aurora Mental Health Center.

The **False Claims Act** is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly through insurance or others, which is funded directly, in whole or in part, by the United States Government or any state healthcare system.

Scope:

This policy applies to any irregularity, or suspected irregularity, involving employees as well as consultants, vendors, board members, contractors, outside agencies or any other person conducting business with Aurora Mental Health Center.

Policy:

Aurora Mental Health Center and Subsidiaries (AuMHC) are committed to the highest levels of quality and ethical standards and to ensuring that all its business is conducted in compliance with Federal, State and local laws and within applicable regulatory guidelines.

Aurora Mental Health Center and Subsidiaries maintains mechanisms to prevent, detect, investigate and correct incidents of Fraud, Waste and Abuse in accordance with contractual, regulatory and statutory requirements.

Employees and contractors of AuMHC shall be educated on false claims acts and the roles such laws play in preventing and detecting fraud, waste and abuse in governmental health care

programs.

Aurora Mental Health Center and Subsidiaries will take appropriate disciplinary action against employees, providers, subcontractors, consultants, and agents found to have violated AuMHC policies or the Code of Conduct and/or committed fraud, waste or abuse.

Definitions:

Fraud: An intentional 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. This includes, but is not limited to:

- forgery or alteration of any document or account
- misappropriation of funds, securities, supplies or other assets
- Impropriety in handling or reporting of money or financial transactions
- Disclosing confidential and/or proprietary information to outside parties
- Accepting or seeking anything of material value from consultants, contractors, vendors or persons providing services or materials to the Center
- Destruction or removal or inappropriate use of records, furniture, fixtures and equipment
- Any similar or related irregularity.

Waste: Incurring unnecessary costs as a result of deficient management, practices, systems or controls; the over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.

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 member practices that result in unnecessary cost to Medicaid programs.

Procedure:

Management is ultimately responsible for the detection and prevention of fraud, abuse, waste, misappropriations and other irregularities.

All Staff are to immediately report suspected fraud or other dishonest conduct to their immediate supervisor. If it is inappropriate or an employee feels they cannot go to their supervisor, they should report the incident to a member of the Executive Team or the Corporate Integrity Officer. Staff will be asked during the Annual Performance Review and Exit Interview, as appropriate, if they are aware of any compliance concerns including fraud, abuse, and waste.

All reports of suspected fraud or other dishonest conduct will be investigated and, if the facts warrant it, appropriate corrective action will be taken. Investigation results will not be disclosed or discussed with anyone other than those who have a legitimate need to know.

Whistleblower Protection under the False Claims Act

Any reprisal or retaliation against an employee or other reporting individual because that individual, in good faith, reported a suspected violation is strictly forbidden. This is called Whistleblower Protection. If an individual perceives retaliation for reporting an incident, the employee should follow the procedure outlined above so the situation can be promptly investigated.

The federal False Claims Act protects employees who report a violation under the False Claims Act from discrimination, harassment, suspension or termination of employment as a result of reporting possible fraud. Employees who report fraud and consequently suffer discrimination may be awarded (1) two times their back pay plus interest, (2) reinstatement of their position without loss of seniority and (3) compensation for any costs or damages they incurred.

- Education and Training
 - All new workforce members are provided an electronic copy of the Code of Conduct and Compliance Plan. The Code of Conduct and Compliance Plan are immediately accessible on the company intranet site. Additionally, new workforce members are assigned to an online course which requires review of the materials as well as an attestation. Completion of the courses and attestation are monitored by the Training Department. Workforce members who fail to complete the attestations are subject to corrective action. AuMHC has made it a duty of all employees and contractors to raise concerns about compliance in its Compliance Plan and Code of Conduct.
 - The Corporate Integrity Officer shall be responsible for training on fraud, waste, and abuse, the false claims acts, and AuMHC policies addressing such, to all AuMHC employees and shall also be placed in the employee handbook.

- Reporting fraud, waste, and abuse.
 - Potential or suspected violations of law or incidents of fraud, waste and abuse shall be reported by contacting your direct supervisor or a member of the Executive Team or the Corporate Integrity Officer.
 - Reports can also be made through the Compliance Hotline at 303-627-2060.
 - Supervisors shall forward all compliance concerns to the Corporate Integrity Officer.

- Non-retaliation – whistleblower protection.
 - AuMHC staff who in good faith report potential or actual fraud, waste and abuse or participate in investigations of such, shall not be subjected to retaliation of any kind. Retaliation of any kind will not be tolerated.

- Investigation.
 - Upon receipt or detection of an incident of known or suspected Fraud, Waste or Abuse, the Corporate Integrity Officer shall conduct an inquiry and consult and collaborate with other departments or legal counsel as needed.
 - Investigation status and results may be elevated to the CEO, COO, and/or Board of Directors, as appropriate. Examples of situations that may rise to this level include:

- Termination of staff for cause
 - Investigations resulting in financial impact
 - Confirmed whistleblower where counsel engaged

- Notifying State Agencies, Payers, and Other Entities.
 - The Corporate Integrity Officer shall ensure reporting of potential or suspected fraud, waste and abuse to the appropriate state and/or federal agency, payers, or other agencies in accordance with statutory, regulatory and contractual requirements.

- Enforcement and Correction.
 - The Corporate Integrity Officer shall recommend appropriate corrective action for violations of the Compliance Plan, Code of Conduct or policies and procedures.
 - At the request of, or with the approval of, the applicable State agencies, Aurora Mental Health Center and Subsidiaries will suspend payments to any participating provider against whom there is a credible allegation of Fraud. Aurora Mental Health Center and Subsidiaries shall not suspend payment when law enforcement officials have specifically requested that a payment suspension not be imposed because such a payment suspension may compromise or jeopardize an investigation. We will cooperate with these agencies for additional information or follow-up action.
 - If an incident of Fraud involves a member that has knowingly given incorrect information to Aurora Mental Health Center and Subsidiaries, Aurora Mental Health Center and Subsidiaries may request an immediate disenrollment of the member.

- Questions. Any workforce member with questions about how to implement this policy should contact the Corporate Integrity Officer.