

WESTCHESTER MEDICAL CENTER

Administrative: Policy & Procedure

Manual Code: RI-26A

Page 1 of 8

SUBJECT: DETECTING AND PREVENTING FRAUD, WASTE, AND ABUSE	
EFFECTIVE: 01/2007	<u>X</u> REVIEWED OR <u> </u> REVISED date: 7/2017
Applicable Campus: <input checked="" type="checkbox"/> Poughkeepsie <input checked="" type="checkbox"/> Valhalla	Patient population: <input type="checkbox"/> Neonate <input type="checkbox"/> Pediatric <input type="checkbox"/> Adult <input type="checkbox"/> Behavioral Health <input checked="" type="checkbox"/> Not applicable
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PURPOSE

To prevent and detect any fraud, waste and abuse in its organization related to Federal and State health care programs (Medicare, Medicaid and other governmental payer programs).

SCOPE

Across Campuses.

RESPONSIBILITY

All WMC employees, contractors, medical staff, volunteers, vendors, and residents.

POLICY STATEMENT

Westchester Medical Center (WMC) maintains a vigorous Compliance Program and strives to educate our work force regarding the importance of submitting accurate claims and reports to Federal and State governments, as well as regarding the requirements, rights and remedies of Federal and State laws governing the submission of false claims, including the rights of employees to be protected as whistleblowers under such laws. WMC prohibits the knowing submission of a false claim for payment in relation to a Federal or State funded health care program. Such a submission violates the federal False Claims Act (31 U.S.C. §§ 3729-3733), New York False Claims Act (NY finance law, article XIII §§ 187 - 194) as well as various other state laws and regulations, and may result in significant civil and/or criminal penalties.

In accordance with the Deficit Reduction Act (DRA) of 2005, the WMC is committed to prevention of fraud, waste and abuse related to services rendered to our patients. Annual education including major provisions of the state and federal FCA is required of all employees, medical staff, volunteers, contractors, vendors and residents. The policy provides outline of the internal reporting of any suspect or questionable practices to the administration and the Chief Compliance Officer. (Moved to Policy Statement, as it is a "rule" of the policy)

WESTCHESTER MEDICAL CENTER

Administrative: Policy & Procedure

Manual Code: RI-26A

Page 2 of 8

SUBJECT: DETECTING AND PREVENTING FRAUD, WASTE, AND ABUSE

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PROCEDURE

A. Fraud and Abuse Detection, Prevention and Employee Protection

To assist the WMC in meeting its legal and ethical obligations, the WMC expects and encourages any employee who is aware of or reasonably suspects the preparation or submission of a false claim or report or any other potential fraud, waste, or abuse related to a Federally or State funded health care program, to report such information to his/her Supervisor, the General Counsel and the Corporate Compliance Officer. Any employee who reports such information will have the right and opportunity to do so anonymously and will be protected against retaliation for making the report. The WMC obligates itself to swiftly and thoroughly investigate any reasonably credible report of fraud, waste, or abuse or any reasonable suspicion thereof through the WMC Compliance Program. Please note that the WMC retains the right to take appropriate action against an employee who has participated in a violation of law or hospital or WMC policy.

B. State and Federal Fraud and Abuse Detection, Prevention and Employee Protection.

What is the Federal False Claims Act?

The False Claims Act (31 USC 3729-33) ("FCA") makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. "Knowingly" means actual knowledge, deliberate ignorance or reckless disregard of facts that make the claim false.

The FCA does not require proof of a specific intent to defraud the United States government; instead health care providers can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent claims to the government, including but not limited to the following:

- a. Knowingly billing for services that were not provided;
- b. Knowingly billing for services that were not ordered by the physician;
- c. Double-billing for items or services;
- d. Submitting bills for services never performed or items never furnished;
- e. Billing for services that are not necessary for the treatment of patient;
- f. Billing for services that are more complex and at a higher reimbursement than the actual service provided (i.e., Up coding);
- g. Billing for services separately instead of billing the code that includes multiple services (i.e., Unbundling);
- h. Falsifying a diagnosis to justify test, surgeries or other procedures that are not medically necessary.

WESTCHESTER MEDICAL CENTER

Administrative: Policy & Procedure

Manual Code: RI-26A

Page 3 of 8

SUBJECT: DETECTING AND PREVENTING FRAUD, WASTE, AND ABUSE

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What are the Federal FCA Penalties?

Violators of the FCA are liable under a civil penalty for each claim of not less than \$5,500 and not more than \$11,000, plus up to three times the amount of damages sustained by the federal government.

What is the NYS FCA ACT?

The New York False Claims Act, N.Y. Fin. Law §§ 187 - 194, allows the Attorney General, a local government, or any person to file a lawsuit against a person or a company that obtains or withholds funds or property from the state or local government through false or fraudulent conduct. A person or company found liable under the act must generally pay treble damages, civil penalties, plus costs and attorney's fees.

§ 189. LIABILITY FOR CERTAIN ACTS

1. Subject to the provisions of subdivision two of this section, any person who:
 - a) knowingly presents, or causes to be presented a false or fraudulent claim for payment or approval;
 - b) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;
 - c) conspires to commit a violation of paragraph (a), (b), (d), (e), (f) or (g) of this subdivision;
 - d) has possession, custody, or control of property or money used, or to be used, by the state or a local government and knowingly delivers, or causes to be delivered, less than all of that money or property;
 - e) is authorized to make or deliver a document certifying receipt of property used, or to be used, by the state or a local government and, intending to defraud the state or a local government, makes or delivers the receipt without completely
 - f) knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the state or a local government knowing that the officer or employee violates a provision of law when selling or pledging such property;
 - g) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the state or a local government; or
 - h) knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the state or a local government, or conspires to do the same; shall be liable to the state or a local government, as applicable, for a civil penalty of not less than six thousand dollars and not more than twelve thousand dollars, plus three

WESTCHESTER MEDICAL CENTER

Administrative: Policy & Procedure

Manual Code: RI-26A

Page 4 of 8

SUBJECT: DETECTING AND PREVENTING FRAUD, WASTE, AND ABUSE

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times the amount of all damages, including consequential damages, which the state or local government sustains because of the act of that person.

How is the FCA Enforced? What is a "Qui Tam" Lawsuit?

The FCA is enforced by a civil action commenced by either the government or private citizens. To encourage individuals to come forward and report misconduct involving "false claims", the federal FCA includes a "qui tam" or whistleblower provision. This provision allows any person with actual knowledge of allegedly false claims to the government to file a lawsuit on behalf of the U.S government. Such a person is referred to as a "relator". Individuals seeking whistleblower status must meet several criteria. The whistleblower/relator must file his/her lawsuit on behalf of the government in a federal district court. The lawsuit will be "under seal" meaning the lawsuit is kept confidential while the government reviews and investigates the allegation. If the government decides not to join in the lawsuit the whistleblower may pursue the action alone. (The government may still join in later if it demonstrates good cause in doing so.)

What are the Whistleblower Protections?

The FCA also protects anyone who files a false claims lawsuit from being fired, demoted, threatened or harassed by his/her employer for filing the suit. If a court finds that 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 fees.

New York State Labor Law Protections

New York Labor Law-740 provides that an employer may not take any retaliatory action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation.

Whistleblower Rewards and Penalties

As an incentive to bring these cases, the FCA provides that whistleblowers who file a qui tam action may receive a reward of 15 – 30% (NYS FCA 15% – 25%) of the monies recovered for the government plus attorneys' fees and costs. This reward may be reduced, however, if for example the court finds the whistleblower planned and initiated the violation. The FCA also provides that "whistleblowers" that bring

WESTCHESTER MEDICAL CENTER

Administrative: Policy & Procedure

Manual Code: RI-26A

Page 5 of 8

SUBJECT: DETECTING AND PREVENTING FRAUD, WASTE, AND ABUSE

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frivolous qui tam claims can be held liable to a defendant for its attorneys' fees and costs.

New York State Laws

(a) Administrative and Civil Laws

1. **Social Services Law §145-c** If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's, the person's family's needs are not taken into account for 6 months if a first offense, 12 months if a second (or once if benefits received are \$1,000 – 3,900), 18 months if a third (or once if benefits received are over \$3,900) and five years for 4 or more offenses.
2. **Social Services Law §145-b False Statements.** It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device.
3. The State or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within 5 years, a penalty up to \$7,500 per violation may be imposed if they involve more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

(b) Criminal Laws

1. **Social Services Law §145, Penalties.** Any person, who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.
2. **Social Services Law §366-b, Penalties for Fraudulent Practices**
 - a. Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a Class A misdemeanor.
 - b. Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation or knowingly submits

WESTCHESTER MEDICAL CENTER

Administrative: Policy & Procedure

Manual Code: RI-26A

Page 6 of 8

SUBJECT: DETECTING AND PREVENTING FRAUD, WASTE, AND ABUSE

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false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor.

3. Penal Law Article 155, Larceny. The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. It has been applied to Medicaid fraud cases.
 - a. Fourth degree grand larceny involves property valued over \$1,000. It is a Class E felony.
 - b. Third degree grand larceny involves property valued over \$3,000. It is a Class D felony.
 - c. Second degree grand larceny involves property valued over \$50,000. It is a class C felony.
 - d. First degree grand larceny involves property valued over \$1 million. It is a Class B felony.
4. Penal Law Article 175, False Written Statements. Four crimes in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:
 - a. §175.05, Falsifying business records involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a Class A misdemeanor.
 - b. §175.10, Falsifying business records in the first degree includes the elements of the §175.05 offense and includes the intent to commit another crime or conceal its commission. It is a Class E felony.
 - c. §175.30, Offering a false instrument for filing in the second degree involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information. It is a Class A misdemeanor.
 - d. §175.35, Offering a false instrument for filing the first degree includes the elements of the second degree offense and must include an intent to defraud the state or a political subdivision. It is a Class E felony.
5. Penal Law Article 176, Insurance Fraud, applies to claims for insurance payment, including Medicaid or other health insurance and contains six crimes.

WESTCHESTER MEDICAL CENTER

Administrative: Policy & Procedure

Manual Code: RI-26A

Page 7 of 8

SUBJECT: DETECTING AND PREVENTING FRAUD, WASTE, AND ABUSE

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- a. Insurance fraud in the 5th degree involves intentionally filing a health insurance claim knowing that it is false. It is a Class A misdemeanor.
 - b. Insurance fraud in the 4th degree is filing a false insurance claim for over \$1,000. It is a Class E felony.
 - c. Insurance fraud in the 3rd degree is filing a false insurance claim for over \$3,000. It is a Class D felony.
 - d. Insurance fraud in the 2nd degree is filing a false insurance claim for over \$50,000. It is a Class C felony.
 - e. Insurance fraud in the 1st degree is filing a false insurance claim for over \$1 million. It is a Class B felony.
6. Penal Law Article 177, Health Care Fraud, applies to claims for health insurance payment, including Medicaid, and contains five crimes:
- a. Health care fraud in the 5th degree is knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions. It is a Class A misdemeanor.
 - b. Health care fraud in the 4th degree is filing false claims and annually receiving over \$3,000 in aggregate. It is a Class E felony.
 - c. Health care fraud in the 3rd degree is filing false claims and annually receiving over \$10,000 in the aggregate. It is a Class D felony.
 - d. Health care fraud in the 2nd degree is filing false claims and annually receiving over \$50,000 in the aggregate. It is a Class C felony.
 - e. Health care fraud in the 1st degree is filing false claims and annually receiving over \$1 million in the aggregate. It is a Class B felony.

Whistleblower Protection

A. York Labor Law § 740.

An employer may not take any retaliatory action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official. Protected disclosures are those that assert that the employer is in violation of a law that created a substantial and specific danger to the public health and safety. The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation.

- B. If an employer takes a retaliatory action against the employee, the employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's

WESTCHESTER MEDICAL CENTER

Administrative: Policy & Procedure

Manual Code: RI-26A

Page 8 of 8

SUBJECT: DETECTING AND PREVENTING FRAUD, WASTE, AND ABUSE

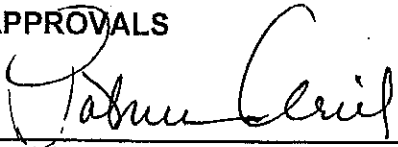
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retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

DEFINITIONS

None

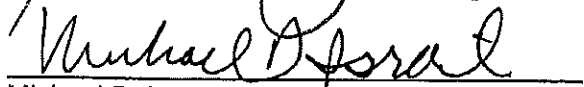
APPROVALS



Patricia Ariel, Sr. Vice President, Chief Compliance Officer
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Gary F. Brudnicki, Senior Executive Vice President



Michael D. Israel, President and CEO

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Revised:	