



Title: False Claims and Non-Retaliation

Responsible Department: Administration	Date Created: 01/01/2007
Approver(s): Board of Trustees Designee, Corporate Compliance Designee, Keith Page, MEC Designee , Manager, Medical Staff Assistant, President & CEO	Date Approved: 12/20/2017

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Policy Statement: Federal false claims laws play an important role in preventing and detecting fraud and abuse in federal health care programs. These laws prohibit knowingly presenting or causing to be presented a false, fictitious or fraudulent claim for payment to any federal health care program (including Medicare and Medicaid); knowingly making a false record, statement or misrepresentation to obtain payment for a false claim from any federal health care program; or conspiring to defraud any federal health care program by getting a false claim paid.

“Knowingly” as relates to information or statements related to a claim is defined in the False Claims Act (FCA) as:

- Having actual knowledge of the information
- Acting in deliberate ignorance of the truth or falsity of the information or
- Acting in reckless disregard of the truth or falsity of the information.

Examples of actions that could constitute a violation of these laws include:

- Filing false or fraudulent claims for payment or approval;
- Making or entering any charge for a service that was not provided or not ordered by a physician or other appropriately licensed person;
- Recording a charge for a service that differs in any way from the actual service provided (including by entering a false, fraudulent or erroneous CPT code);
- Submitting a separate claim to maximize reimbursement for tests and procedures that are required to be billed together (i.e., unbundling);
- Falsely certifying that a service was medically necessary;
- Making or using, or causing another to make or use, any false record or statement in connection with obtaining payment for a false or fraudulent claim or in connection with Anderson’s compliance with Medicare or Medicaid conditions of participation or with licensure and accreditation standards; or
- Filing a false or fraudulent cost report.

Violations of the federal false claims laws may result in any or all of the following actions being taken against Anderson:

- Civil penalties of between \$10,781 to \$21,563 for each false claim;



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- An additional penalty equal to three times the amount of each false claim, as determined by the government depending on the circumstances;
- Recoupment by a federal health care program of any reimbursement received by Anderson for services covered by a false claim; and/or
- Exclusion or suspension from all federal health care programs.

The False Claims Act permits *qui tam* suits to be brought by private individuals who are entitled to a portion of the monetary recovery if the action is successful and protects whistleblowers from retaliation.

Anderson is committed to assuring that its employees, agents, professionals and contractors conduct themselves ethically and in conformance with all applicable laws and regulations and the policies and procedures of Anderson. In keeping with its commitment to compliance, Anderson has adopted a Corporate Compliance Program (“Program”) that is designed to detect, prevent and report any actions, which constitute violations of applicable laws, regulations, policies and procedures. In furtherance of the goals of the Program, the purpose of this policy is to inform employees, agents, professionals and contractors of (a) the false claims laws, (b) methods to report actions that may constitute a violation of applicable laws or the policies and procedures of Anderson, and (c) Anderson’s policy prohibiting the retaliation against any employee, agent, professional or contractor who reports any actions that may constitute a violation of applicable laws or the policies and procedures, including the false claims laws.

Guidelines/Procedures:

A. The Program Fraud Civil Remedies Act of 1986 establishes an administrative remedy against any person who presents or causes to be presented a claim or written statement that the person knows or has reason to know is false, fictitious or fraudulent or is supported by a statement asserting a material fact which is false, fictitious or fraudulent to certain federal agencies, including the U.S. Department of Health and Human Services. The law allows for penalties of \$5,000 per claim and an assessment of up to twice the amount of the original claim.

B. Illinois False Claims Laws. Illinois false claims laws are important in preventing and detecting



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fraud and abuse in any state-funded program, including the Medicaid program. Similarly to the federal false claims laws, these laws prohibit knowingly presenting or causing to be presented a false or fraudulent claim for payment to the State of Illinois, including the Medicaid program; knowingly making a false record or statement to obtain payment or approval for a false claim from any State of Illinois funded program, or conspiring to defraud any State of Illinois funded program by getting a false claim paid. Under these laws “knowingly” means that person, with respect to information (i) has actual knowledge of the information; (ii) acts in deliberate ignorance of the truth or falsity of the information; or (iii) acts in reckless disregard of the truth or falsity of the information. The actions described above that constitute violations of the federal false claims laws would also violate Illinois false claims laws. A private person may bring a civil action for a violation of the Illinois false claims laws for the person and for the State. Violators of the Illinois false claims laws are subject to civil penalties of \$5500-\$11,000 for each false claim plus penalties of three times the amount of damages sustained by the State of Illinois as a result of the false claims.

C. Reporting Potential Violations. Any employee, agent, professional or contractor who in good faith believes an activity may not comply with applicable laws, regulations, policies or procedures shall report the activity by any of the following methods:

1. Contacting the Compliance Officer in person, by telephone or by email;
2. Filing an anonymous report with the Compliance Officer; or
3. Contacting a supervisor or manager (who shall convey such report to the Compliance Officer).

D. Employees, agents, professionals and contractors are encouraged to report any suspect activity to the Compliance Officer. However, individuals have the right to bring a civil action on their own or in conjunction with the government for a violation of the Federal False Claims Act or Illinois false claims laws and may recover damages or a portion of the recovery obtained by the government.



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E. No Retaliation. No employee, agent, professional or contractor shall be subject to adverse or discriminatory action by Anderson for reporting in good faith any wrongdoing or suspect activity or for participating in any investigation or providing assistance with respect to any action that may be brought against Anderson, including, without limitation, bringing a civil action for a violation of the Federal False Claims Act or Illinois false claims laws. Employees, agents, professionals and contractors shall report immediately any action believed to be retaliation against any individual for reporting suspect activities or wrongdoing. Individuals determined to have engaged in retaliation or discriminatory treatment in response to a report of wrongdoing or suspect activity will be subject to disciplinary or other corrective action, including termination.

F. Program Information. Anderson’s Program includes detailed policies and procedures designed to detect, prevent and report any actions, which constitute violations of applicable laws, regulations, policies and procedures. Copies of the Program are available to employees, agents, professionals and contractors upon request to the Compliance Officer and can be found on the Anderson Intranet and Anderson Website.