

Innovative Health Alliance of New York

Policy No. 07

EFFECTIVE DATE: 9/21/15

POLICY TITLE:

Fraud, Waste and Abuse

REVIEW BY: 9/21/17

POLICY

Innovative Health Alliance of New York (IHANY), ACO Participants and ACO Providers/Suppliers will comply with laws and regulations designed to prevent fraud, waste and abuse in federal and state health care programs. ACO Participants and ACO Providers/Suppliers are expected to submit accurate and complete claims of services rendered to ACO beneficiaries to the Centers for Medicare and Medicaid Services ("CMS"), its contractors or other third-party payers. IHANY, ACO Participants and ACO Providers/Suppliers who create and file reports, records, and statements to CMS and its contractors will meet applicable requirements of the Medicare program and state regulations. IHANY, ACO Participants, ACO Providers/Suppliers are prohibited from knowingly presenting (or causing to be presented) a false or fraudulent claim or knowingly making (or causing to be made) a false record or statement that results in the submission of a false or fraudulent claim for payment or approval to a federal or state funded health care program.

IHANY requires the reporting of any actual or suspected violations of this policy to the IHANY Compliance Officer.

PROCEDURE

1. ACO Participants and ACO Providers/Suppliers are required to report any suspected violations of this policy or the laws discussed herein to the IHANY Compliance Officer. Reports may be submitted anonymously and confidentially using the IHANY Compliance Hotline. Refer to Policy - *Compliance Reporting System* for additional instructions on filing a compliance report.
2. IHANY strictly prohibits the retaliation, in any form, against anyone who reports a potential compliance issue, including fraud, waste and abuse and violations of federal and state False Claims Acts, in good faith. See Policy - *Compliance Reporting System* for additional information.
3. Any questions or concerns about the applicability of this policy and related laws should be directed to the IHANY Legal Counsel and/or IHANY Compliance Officer.
4. IHANY will report probable violations of law, including fraud, waste and abuse, to appropriate law enforcement agencies.

DEFINITIONS

Accountable Care Organization (ACO) means a legal entity that is recognized and authorized under applicable State, Federal, or Tribal law, is identified by a Taxpayer Identification Number (TIN), and is formed by one or more ACO participants.

ACO Participant(s) means an individual or group of ACO provider(s)/supplier(s) that is identified by a Medicare-enrolled Tax Identification Number (TIN), that alone or together with one or more other ACO participants comprise(s) and ACO, and that is included on the required list of ACO participants. {

ACO Provider(s)/Supplier(s) means an individual or entity that is a provider or a supplier, that is enrolled in Medicare, that bills for items or services it furnishes to Medicare fee-for-service beneficiaries under a Medicare billing number assigned to the TIN of an ACO participant, and that is included on the required list of ACO providers/suppliers.

False Claims Acts means various federal and state laws that make it a crime for any person or organization to knowingly make a false record or submit a false claim regarding any federal health care program, which includes any plan or program that provide health benefits. A person or entity violates the False Claims Acts by “knowingly”:

- (1) submitting a false claim for payment;
- (2) making or using a false record or statement to obtain payment;
- (3) conspiring to make a false claim or to get a false claim paid;
- (4) making or using a false record to avoid payments owed to the government; or
- (5) concealing or improperly avoiding an obligation to pay the government.

“Knowingly” means that a person: (1) has actual knowledge that the information is false, (2) acts in deliberate ignorance of the truth or falsity of the information, or (3) acts in reckless disregard of the truth or falsity of the information. Penalties and fines for violating the federal False Claims Act are significant. Financial penalties for submitting a false claim can total as much as three times the government's damage, plus fines of \$5,500 to \$11,000 per claim, and the costs of the civil action against the entity that submitted the false claims.

The False Claims Acts contain provisions that allow individuals who have knowledge of a false claim to file a lawsuit on behalf of the government. If the lawsuit is successful, the individual may be eligible to receive a percentage of the funds received by the government. The False Claims Acts provide protections to individuals from being fired, demoted, threatened or harassed by his or her employer in retaliation for filing a False Claim lawsuit.

RESPONSIBLE DEPARTMENT

For questions regarding this policy, please contact IHANY’s Compliance Officer (518) 243-4404.

RELATED PROCEDURES AND OTHER MATERIALS

- 31 U.S.C. §§ 3729-3733. *Federal False Claims Act.*
- 42 C.F.R § 452.208(b)(1) Provisions of participation agreement. Compliance with laws. The False Claims Act
- 42 C.F.R § 452.300(a)(5) Compliance plan.
- IHANY Policy - *Compliance Reporting System*

APPROVALS

Initial Approval: Board of Directors 9/21/15

Subsequent Review/Revision(s):