

Van Buren Community Mental Health Employee Education About False Claims

General Purpose:

Pursuant to certain provisions of the Deficit and Reduction Act of 2005, the purpose is to provide employees with educational information concerning false claims and similar laws. As set forth in the Corporate Compliance Program, each employee is responsible for following Van Buren Community Mental Health's standards of conduct including using good faith efforts to comply with applicable laws and conducting business in an ethical and legal manner. Van Buren Community Mental Health places the utmost importance on compliance with billing and related requirements of federal and state laws and regulations and policies.

Information Regarding False Claims:

Each employee should understand that the submission of false claims is prohibited by several different statutes. In general, a violation of the false claims laws includes submitting or causing to be submitted a claim for payment to the federal or state government (or using false record to get the claim approved) when the claim is false or fraudulent. The submission of a false claim may result in civil or even criminal penalties. The False Claims Act applies to cost reporting matters as well as fee for service claims. For cost reporting entities, claims for items or services for the purpose of the statute include entries or omissions in cost reports, books of account, or other documents supporting claims.

The Federal Civil False Claims Act prohibits the knowing submission of false or fraudulent claims for payment to the federal or state government, the knowing use of a false record or statement to obtain payment on a false or fraudulent claim, or a conspiracy to defraud the federal or state government by having a false or fraudulent claim allowed or paid. Violation of the False Claims Act may result in substantial civil monetary penalties up to \$11,000 per false claim, three times the damages sustained by the government and exclusion from the Medicare and Medicaid programs.

Under the Federal Civil False Claims Act, to knowingly present a false claim means that a person (1) has actual knowledge that the information on the claim is false; (2) Acts in deliberate ignorance of the truth or falsity of the information on the claim; or (3) acts in reckless disregard of the truth or falsity of the information on the claim. The deliberate intent to defraud is not required in order to be found in violation of the Act.

The Federal Criminal False Claims Act prohibits knowingly and willingly making or causing to be made any false statement or representation or material fact in any claim or application or benefits under Medicare or Medicaid. Violations are felonies and are punishable by imprisonment and/or fines.

The Medicare/Medicaid Civil Monetary Penalties law prohibits submission of claims to Medicare or Medicaid that a provider knows or should know are false or fraudulent and provides for the imposition of sizable penalties.

The Health Insurance Portability and Accountability Act of 1996, amended the Federal penal code to criminalize federal health care offenses. The offenses include, for example, health care fraud that covers fraud against any public or private health care benefit program or obtaining money by false pretenses in connection with the delivery or payment of health care benefits. The offenses also include false statements relating to matters concerning any public or private health care benefit program. These offenses are punishable by fine or imprisonment, or both.

Other federal criminal laws may be used to prosecute the submission of false claims, including prohibitions on making false statements to the government and engaging in mail fraud. Felony convictions will result in exclusion from Medicare and Medicaid and other federal programs for a minimum of five years.

The State of Michigan also has a law (known as the Michigan Medicaid False Claims Act) prohibiting fraud in obtaining payments in connection with the Medicaid program. This law is similar to the Federal False Claims Act. It also protects employees who initiate, assist or participate in a proceeding or court action under this law or who cooperate or assist with investigations conducted under this law.

Compliance Programs and Policies:

Van Buren Community Mental Health has a number of measures in place addressing the prevention and detection of fraud and abuse. This information is set forth in Van Buren Community Mental Health's Corporate Compliance Program and accompanying policies and procedures which are located within Van Buren Community Mental Health's policy and procedure manual and shared network drive.

Non-Retaliation:

As discussed in more detail in Van Buren Community Mental Health's Corporate Compliance Program and the policies and procedures, employees are responsible for internally reporting compliance issues including issues that raise false claim concerns. It is the policy of Van Buren Community Mental Health that no employee who makes a report of alleged wrongdoing in good faith will be subjected to reprisal, harassment, retribution, discipline or discrimination by Van Buren Community Mental Health or any of its employees or agents based on having made the report. Any employee or agent who engages in any such reprisal, harassment, retribution, discipline or discrimination against a good faith reporter may be subject to disciplinary action as deemed appropriate by Van Buren Community Mental Health. The Michigan Whistleblowers' Protection Act also provides protection to employees who report a violation or suspected violation of state, local or federal law. The Michigan Medicaid False Claims Act also provides protection for employees who initiate, assist or participate in a proceeding or court action under this law or who cooperate or assist with investigations conducted under this law. The Federal False Claims Act also contains protections for employees, who are discharged, demoted, suspended or discriminated against in retaliation for their involvement in false claims act cases.