

TITLE: FRAUD DETECTION AND PREVENTION

<i>Department: Multidisciplinary</i>		<i>Originated</i>	3/2007
		<i>Date Revised</i>	7/2011, 8/2014, 9/2014
<i>Manual</i>	Administrative	<i>Author</i>	Joanne Allen
<i>Replaces the following Policies: Fraud Detection and Prevention</i>		<i>Responsible Person</i>	Corporate Responsibility Officer

Scope

All Associates

Policy

This policy, in written or electronic form, will be available to officers and associates of Seton Medical Center and contractors or agents that, on behalf of Seton Medical Center, provide or authorize Medicaid or Medicare items or services, perform billing or coding functions, or are involved in monitoring health care provided by Seton Medical Center.

Procedure/Responsibilities

Information on Corporate Responsibility and Fraud Detection and Prevention

Seton Medical Center is committed to complying with all federal and state laws and regulations and ensuring that billing to the Medicare program, California Medical Assistance Program (Medi-Cal), and other health care programs conforms to all legal and regulatory requirements (see "False Claims Laws" policy). As described more fully below, Seton Medical Center has implemented a Corporate Responsibility Program, which sets forth their commitment to ethics and compliance.

1. Implementation of Corporate Responsibility Program and Standards of Conduct

- A. Seton Medical Center's Corporate Responsibility Program has been implemented, which includes Standards of Conduct. The Standards of Conduct provide ethical guidance in the work place and are provided to associates upon hire. The Standards of Conduct require compliance with the law, accurate and honest reporting of work, and disclosures of conflicts of interests. The Corporate Responsibility Program follows the Department of Health and Human Services, Office of Inspector General, compliance program guidance. The program is overseen by Corporate Responsibility Officer (CRO). The CRO provide report to the Boards of Directors, routinely and otherwise as needed, regarding the Corporate Responsibility Program. Program effectiveness is reviewed on an ongoing basis by the Board, leadership, and the CRO.

For more information, please reference the policy "Corporate Responsibility and Standards of Conduct" on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

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2. Associate, Physician, Vendor, and Volunteer Screening

- A. The government maintains lists of individuals and entities that are excluded from government health care programs because they committed fraud, waste, or abuse with government funds. Associates, physicians, vendors, and volunteers are screened prior to starting, and annually, against these government maintained lists to confirm individuals / entities it works with are not on the list. Should the organization find individuals / entities on this list, appropriate action is taken, which may include terminating the relationship.

For more information, please reference the policy "Exclusion from Participation in Federal Health Care Programs" on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

3. Requiring Conflict of Interest Disclosures

- A. Conflicts of interest have the potential to compromise individual professional judgment due to personal or financial interests outside of work. The organization requires disclosures of conflicts of interest annually and as they arise, in accordance with policy. When conflicts of interest are identified, appropriate action is taken to protect the organization and those it serves.

For more information, please reference the policy "Conflict of Interests Disclosures by the Board of Directors and Board Committees" and "Conflicts of Interests Disclosures by Covered Associates, Physician Leaders, and Other Designated Persons " on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

4. Submissions of Accurate Bills/Claims (see "False Claims Laws" policy)

- A. Individuals in billing are oriented in protocols for compliant billing upon hire and are required to complete a minimum of 2 hours of specialized compliance training annually. Billing systems have an automated edits system to help detect errors such as services that can't be billed or invalid codes. The various process points that result in compliant billing, such as medical necessity and accurate documentation, are examined through risk assessments and monitoring. Audits are also performed both internally and through external firms to examine billing and coding practices. Risk assessments, monitoring, and auditing are done by Seton Medical Center. When over-payments are identified, determinations as to repayment and/or disclosure are made and action is taken to return funds to the government, as appropriate.

For more information, please reference the policies "Billing Accuracy and Integrity" on the DCHS intranet site under System Office, Policies and Procedures for Financial Integrity and Uniform Reporting and "Corporate Auditing" on the DCHS intranet site under System Office, Policies and Procedures for Auditing.

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5. Training and Education

- A. Associates receive an orientation in compliance upon hire. This training includes a compliance overview, a description of the Corporate Responsibility program, the Standards of Conduct, and the Values Line. Compliance training is also required annually. Specialized compliance training is provided in high risk areas, as well as areas that are identified during risk assessments, monitoring, and auditing.

For more information, please reference the policy "Education and Training" on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

6. Providing Information about Fraud and False Claims Laws

- A. The federal False Claims Act, the federal Program Fraud Civil Remedies Act, the California False Claims Act, and certain other California statutes prohibit knowingly submitting false claims or statements to the government for payment. Although they differ in specific detail, these laws define false claims as: knowingly submitting false or fraudulent claims for payments to the government, making a false record or statement in connection with a claim submitted for payment to the government, or using a false record or statement in connection with a claim submitted for payment to the government. Violations can subject the organization to significant fines and penalties.

The organization provides detailed information about the federal False Claims Act, the federal Program Fraud Civil Remedies Act, and California's civil and criminal laws pertaining to false claims and statements.

For more information, please reference the policy "False Claims Laws" found on the intranet site.

7. Investigating and Responding to Reported Concerns

- A. The organization investigates suspected non-compliance to determine if there has been a violation. A policy outlining guidelines for conducting internal investigations has been developed. When misconduct is found, appropriate measures are taken, which can include disciplinary action, and/or disclosing the violation to appropriate government authorities, and/or legal action. Organizational policy states associates are legally obligated to tell the truth when speaking to government authorities.

For more information, please reference the policies "Investigating, Correcting, and Reporting of Compliance Issues", "Guidelines for Internal Investigations", "Response to a Government Investigation", and "Voluntary Self Disclosure" found on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

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8. Reporting Compliance and Ethics Concerns

- A. Associates are encouraged to report their compliance and ethics concerns through their choice of venues, including but not limited to, their immediate supervisor, the Corporate Responsibility Officer, and the Values Line. The organization implemented the Values Line to provide an anonymous reporting option 24/7 through a toll free number, 1-800-371-2176. Reports are taken by an outside vendor for protection of identity. All concerns are evaluated for appropriate investigation and action.

The Values Line is promoted on posters throughout the facilities. Associates are reminded about the Values Line in annual compliance training. Information promoting the Values Line is distributed to associates upon hire.

For more information, please reference the policy "Values Line Reporting and Response" on the DCHS intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

References

State of California Office of Inspector General

Approvals

Name and Title:	Signature:	Date:
Tina Ahn Corporate Responsibility Officer	<i>Tina Ahn</i>	9/24/2014
Joanne E. Allen President and Chief Executive Officer	<i>Joanne E. Allen</i>	9/25/2014