	SECTION: Compliance	NO: CMP 013
	TITLE: False Claims Act Compliance	DISTRIBUTION: Corporate and all Facilities
Original Date of Issue: 03/01/2018	**Date of Approval:**	
Revised: 06/2023		

Scope:

All Team Members of Summit Behavioral Healthcare, LLC (Summit BHC), including facilities and their employees, independent contractors and professional staff, Summit Board of Managers (Summit BHC Board), and other individuals authorized to act on behalf of Summit BHC.

Purpose:

To establish protocols to educate Team Members at Summit BHC, it subsidiaries and affiliates in their obligations to comply with False Claims Act (FCA) and to educate Team Members on reporting obligations, and protections for Team Members related to actual or potential violations.

Policy:

The False Claims Act punishes fraud, waste, and abuse in the "Federal Healthcare Programs" which includes, but is not limited to Medicare, Managed Medicare, Medicaid, Managed Medicaid, Indian Health Service, the Children's Health Insurance Program, TRICARE/CHAMPUS, and the Veterans Administration. It also protects from retaliation people who in good faith report what they believe to be a violation of the False Claims Act. Summit BHC and Team Members at Federal Reimbursement Facilities will obey the False Claims Act and its regulations. Summit BHC will work to detect, correct and prevent fraud, waste, and abuse (defined in Summit BHC policy no. CMP 0011) in the Federal Reimbursement Facilities' operations. It will protect good faith whistleblowers, and will train Team Members on their duty to report actual or suspected violations.

Procedure:

1.0 Training: Summit BHC will incorporate the key concepts of this policy into its Code of Conduct and Ethics (the Code), which every Team Member must review and acknowledge. The Federal Reimbursement Facilities will provide other training specific to the False Claims Act from time to time. A summary of the False Claims Act will be incorporated into the training.

2.0 Reminder Communications: The Federal Reimbursement Facilities will periodically remind their Team Members, and particularly those in administrative, admissions, business development, business office, and human resources roles of their obligations under this policy.

3.0 Confidential Reporting and Investigation: The Code, employee handbook, and posters in Team Member break areas will notify Summit BHC and Federal Reimbursement Facility Team Members of the confidential reporting email box that they can use to report concerns and suspected violations of policy and law. The Compliance Department will handle those notices and any investigations of them according to its policies.

4.0 Periodic Compliance Review. The Compliance Department will conduct periodic reviews of the Summit BHC Facilities' conduct as it relates to their obligations under this policy. The results of these reviews will be reviewed by Summit BHC's Compliance Committee, and appropriate remedial action taken if necessary.

Summary of the False Claims Act

The federal False Claims Act is a law designed to detect and punish fraud, waste, and abuse against the U.S. Government. Several of the states in which Summit BHC does business have state-law false claims acts that operate much like the federal law. This summary covers the key points of the federal and state laws.

- Fraud is purposely or recklessly deceiving a healthcare payor or client to get money or property. An example is intentionally billing for a service not provided, or billing for services provided by someone without the proper licensure.
- Waste is overusing resources, purposely or carelessly, in a way that unnecessarily increases the costs to a healthcare payor or client. An example is ordering unnecessary urinalysis.
- Abuse is carelessly overcharging a healthcare payor or client for services not needed or provided. An example is charging separately for a service that the facility has agreed would be included in an all-inclusive rate.
- Retention of Overpayments. The law makes it illegal not only to engage in one of the above activities in dealings with the government, but also to retain a government overpayment. An overpayment can exist if a financial arrangement with a referral source does not comply with the Kickback laws or Physician Self-Referral Prohibition (discussed further in CMP 014 Contracting with Physicians and Referral Sources).

A claim includes any request or demand for money submitted to the U.S. government or its contractors, and with regard to healthcare providers, a false claim may include:

- Billing for services not rendered or goods not provided
- Falsifying certificates of medical necessity
- Billing for medically unnecessary services
- Billing separately services that should be a single service ("unbundling")
- Falsifying treatment plans or medical records to maximize payment
- Failing to report overpayments or credit balances

- Duplicate billing ("double billing")
- Providing improper inducements ("kickbacks") to healthcare providers in exchange for referrals for service
- Billing for services under another provider's identification

The law provides an incentive for whistleblowers to make allegations of fraud on behalf of the government – if the whistleblower's claim results in the government recovering money, the whistleblower gets a percentage (up to 25% of the total recovery).

The law also protects Team Members who report a violation under the False Claims Act from discrimination, harassment, suspension or termination of employment as a result of reporting a violation that they believe happened. Team Members who report, in good faith, a violation and consequently suffer mistreatment may be awarded (1) two times their back pay plus interest, (2) reinstatement, and (3) compensation for any costs or damages they incurred.

Violations under the federal False Claims Act can result in significant fines and penalties. Financial penalties to the person or organization includes recovery of three times the amount of the false claim(s), plus an additional penalty of up to $11,000.00 per claim. Exclusion from Federal Health Care Programs can also be imposed.

It is every Team Member's responsibility to notify the Compliance Department if he/she has a concern regarding false claims being made to the government.