

## SPRINGWELL

**Policy Type:** Administrative **Policy Number: ADM 1.91**

**Responsibility of:** Coordinator of Care Partnerships

**Last Reviewed:** May 2019

**Subject:** **Fraud, Waste and Abuse – Vendors**

**Definitions:** Fraud is defined as making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. These acts may be committed either for the person's own benefit or for the benefit of some other party. Fraud may include, but is not limited to: knowingly billing for services that were not furnished and/or supplies not provided; knowingly altering claim forms and/or receipts to receive a higher payment amount.<sup>1</sup>

Abuse or Waste describes practices that, either directly or indirectly, result in unnecessary costs to the Medicare program. This includes any practice that is not consistent with the goals of providing patients with services that are medically necessary, meet professionally recognized standards, and are fairly priced. Abuse may include, but is not limited to, misusing codes on a claim, charging excessively for services or supplies and billing for services that were not medically necessary.<sup>2</sup>

Whistleblower is any individual who reports misconduct to management or entities that have the power to take corrective action

Whistleblower protection means an employer may not discharge, demote, suspend, threaten, harass or in any other manner discriminate against any Springwell representative of an organization because they have reported suspected violations of the Federal False Claims Act.

Overpayment: funds that a person or organization receives or retains under Medicare or Medicaid to which the person or organization, after applicable reconciliation, is not entitled under these programs

False Claims Act established under sections 3729 through 3733 of Title 31, protects the government from being overcharged or sold substandard goods or services

**References:** Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare Learning Network, Medicare Fraud and Abuse Prevention, Detection and Reporting, ICN 006827 October 2011.

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<sup>1</sup> Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare Learning Network, Medicare Fraud and Abuse Prevention, Detection and Reporting, ICN 006827 October 2011.

<sup>2</sup> Ibid

**Policy:**

Springwell is committed to lawful and ethical behavior in all of its activities and requires directors, officers, employees, volunteers and community partners to act in accordance with all applicable laws, regulations and policies and to observe high standards of business practice and personal ethics in the conduct of their duties and responsibilities. This Fraud, waste and abuse policy establishes a process to manage concerns about any infractions of the above stated guidelines.

**Purpose:**

The purpose of this policy is to prevent and detect fraud, waste and abuse by providing Springwell vendors with detailed information regarding 1) the Federal False Claims Act 2) Federal Laws and Penalties pertaining to reporting and returning overpayments 3) state laws and penalties pertaining to false claims and 4) whistleblower protections under certain laws. This policy will identify, resolve, recover funds, report and, when appropriate, take legal actions, if suspected fraud, waste and/ or abuse have occurred. Detecting and preventing FW&A is the responsibility of everyone, including providers and subcontractors.

As a Springwell vendor, the services you offer our consumers are subjected to both state and federal laws and contract requirements designed to prevent fraud, waste and abuse in government programs such as Medicare and Medicaid. A vendor's submission of a claim for payment also constitutes the vendor's representation that the claim is not submitted as a form of, or part of, fraud and abuse as listed below and is submitted in compliance with all federal and state laws and regulations. Definitions and examples of fraud, waste and abuse are listed below

Examples of fraud, waste or abuse may include but are not limited to the following:

- Billing for services not delivered
- Performing (and billing) for services not necessary to obtain payment
- Soliciting, offering or receiving a kickback for referral of consumers in exchange for other services
- Excessive charges for services, procedures or supplies
- Duplicate billing

Providers are responsible for, and these provisions likewise apply to, the actions of their staff and agents. Any amount billed by a provider in violation of this policy and paid for by Springwell constitutes an overpayment by Springwell that is subject to recovery.

This policy has been developed to provide information regarding general billing and documentation guidelines for Springwell. Springwell routinely verifies that charges billed are in accordance with the guidelines stated in this policy and are appropriately documented in medical records. Payments are subjected to post-payment audits and retraction of overpayments.

All Springwell providers are responsible for incorporating practices that prevent and/or detect improper documentation or billing practices which may lead to fraud, waste or abuse and will take appropriate actions to correct any issues causing billing inaccuracies.

All Springwell providers are expected to ask questions about operations at their agencies which may seem puzzling or questionable and are tasked with identifying potential fraud and referring it to senior management for investigation or according to their agency's written FW&A policy if it is listed differently.

Any Springwell vendor who is concerned about any activity that may violate a state or federal law or regulations has the responsibility to report it to our Coordinator of Care Partnerships, CFO or any member of Springwell Senior Leadership team. If the provider feels their concern has not been addressed by Springwell, they have the right to report the concern to the appropriate government agency such as the Office of Inspector General or Department of Health and Human Services (<http://oig.hs.gov/fraud/report-fraud>).

An allegation of fraud, waste or abuse will be investigated in a fair and timely manner and without bias.

Springwell will not discriminate, retaliate against, discipline or impose any adverse action against any provider who in good faith reports suspected fraud, waste or abuse.

Springwell asks each new provider for a copy of their FW&A policy as part of the contracting process. Springwell asks that an authorized agent of that provider signs and dates the FW&A policy signifying that the policy is in place at the provider agency and staff are trained on it regularly and it is enforced. Springwell will keep a copy of the signed policy and request updated copies of the policies on an annual basis from the provider agency.

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Provider Name

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Provider authorized Signature & Title

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date