

Albert Einstein Healthcare Network

**CORPORATE COMPLIANCE
PROGRAM**

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Albert Einstein Healthcare Network

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I. COMPLIANCE POLICY STATEMENT

Albert Einstein Healthcare Network (AEHN) and the organizations under AEHN ownership or control (collectively referred to as "AEHN") are dedicated to maintaining excellence and integrity in all aspects of their operations and their professional and business conduct. The Compliance Program is intended establish a culture within AEHN that promotes prevention, detection and resolution of conduct that does not conform to the law or AEHN's ethics and business policies. AEHN is committed to high ethical standards and compliance with all governing laws and regulations not only in the delivery of health care but in its business affairs and its dealings with employees, administrative staff, physicians, agents, payers and the communities AEHN serves. It is the personal responsibility of all who are associated with AEHN to honor this commitment in accordance with the terms of the AEHN Corporate Compliance Program, the Code of Conduct, and related policies, procedures and standards developed and it is the responsibility of AEHN to encourage and support this commitment.

II. PURPOSE OF COMPLIANCE PROGRAM

The AEHN Corporate Compliance Program (the "Program") is intended to provide reasonable assurance that AEHN:

1. complies in all material respects with all federal, state and local laws and regulations that are applicable to its operations;
2. satisfies the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements;
3. detects and deters criminal conduct or other forms of misconduct by trustees, officers, employees, medical staff, agents and contractors that might expose AEHN to significant civil liability;
4. promotes self-auditing and self-policing, and provides for, in appropriate circumstances, voluntary disclosure of violations of laws and regulations;
5. conforms with the minimum standards established by AEHN;
6. establishes, monitors, and enforces high professional and ethical standards.

III. SCOPE OF COMPLIANCE PROGRAM

The provisions of the Program apply to all medical, business, and legal activities performed by AEHN employees, medical staff, residents, agents and contractors. AEHN employees are expected to adhere to this Program by:

1. Complying with the AEHN Code of Conduct contained in Section V. of this document;
2. Becoming familiar with the purpose of the Program and all Compliance Policies;
3. Performing their jobs in a manner that demonstrates commitment to compliance with all applicable laws and regulations;
4. Reporting known or suspected compliance issues to the Chief Compliance Officer or his/her designee and investigate or participate in investigations to the point of resolution of an

alleged violations;

5. Striving to prevent errors and provide suggestions to reduce the likelihood of errors.

IV. AEHN COMPLIANCE PROGRAM ELEMENTS

The AEHN Board of Trustees directed the development and implementation of an effective compliance program that includes the following elements recommended in the Office of Inspector General's Compliance Program Guidance for Hospitals and the Deficit Reduction Act of 2005 (Section references are to relevant sections within this document):

1. **Code of Conduct (Section V.)** - development and distribution of Code, as well as the development of new or revised written policies and procedures that further promote AEHN's commitment to compliance. Such policies should be considered an integral part of this Program;
2. **Chief Compliance Officer and Compliance Steering Committee designations (Sections VI. And VII.)**;
3. **Education and Training Program Development and Implementation (Section VIII.)** - to provide general compliance information to the broad-based employee population as well as focused technical training of those functional areas that have the ability to put AEHN at a greater degree of compliance exposure;
4. **Hotline Process Maintenance (Section IX.)** - to receive complaints confidentially and to provide retaliation protection to all individuals who report concerns via a *ComplyLine* call;
5. **Sanction or Disciplinary Action Enforcement (Section XIII.)** - the enforcement of appropriate sanctions or disciplinary actions against employees, physicians, or on-site agents or contractors who violate compliance policies, applicable laws or regulations or federal health program requirements;
6. **Monitoring (Section XI.)** - the performance of audits and risk assessments to identify problems and conduct ongoing compliance monitoring of identified problem areas; and
7. **Investigation and Remediation (Sections X. and XII.)** - the investigation and remediation of identified systemic problems and the development of appropriate corrective action plans to remediate such problems.
8. **Fraud, Abuse and the False Claims Laws (Section XIV.)**

This Program establishes a framework for legal and ethical compliance by AEHN. The Program is a living document and all members of the AEHN community are encouraged to suggest changes or additions to the Program. It is not intended to set forth all of the substantive programs and practices of AEHN that are designed to achieve compliance. Certain functional areas within AEHN that are more likely to have issues involving compliance with applicable laws, regulations and AEHN policies and practices, such as laboratory, professional billings, home health care and long term care may develop specific compliance plans and/or policies that address issues pertinent to those areas. These area-specific compliance plans and policies will augment and further support this Program.

V. AEHN COMPLIANCE CODE OF CONDUCT

The AEHN Compliance Code of Conduct provides the guiding standards for our decisions and actions as members of the AEHN community. As used in the Code of Conduct, the term "AEHN" means AEHN and each of its facilities, physician practices, subsidiaries and divisions. Although the Code of Conduct can

neither cover every situation in the daily conduct of AEHN's many varied activities nor substitute for common sense, individual judgment or personal integrity, it is the duty of each member of the AEHN community to adhere, without exception, to the principles set forth herein.

1. AEHN Shall Comply With All Applicable Laws.

It is the duty of AEHN and each member of the AEHN community to uphold all applicable laws and regulations. All members of the AEHN community must be aware of the legal requirements and restrictions applicable to their respective positions and duties. AEHN expects each of its community members to refrain from engaging in activity which may jeopardize the tax exempt status of the organization, including inappropriate lobbying and political activities.

AEHN shall implement programs necessary to further such awareness and to monitor and promote compliance with such laws and regulations.

Questions about the legality or propriety of any actions undertaken by or on behalf of AEHN should be referred immediately to one's supervisor, the AEHN Chief Compliance Officer or the AEHN Office of General Counsel. To enhance such communication, AEHN has implemented *ComplyLine*, a confidential telephone service that can be reached by dialing 1-866-458-4864. Any member of the AEHN community who wishes to report violations or discuss ethical concerns may do so through *ComplyLine*.

2. AEHN Shall Conduct Its Affairs in Accordance With the Highest Ethical Standards.

AEHN and all of its employees and other members of the AEHN community shall conduct all activities in accordance with the highest ethical standards of the community and their respective professions at all times and in a manner which shall uphold AEHN's reputation and standing. No member of the AEHN community shall make false or misleading statements to any patient, person or entity doing business with AEHN.

3. All AEHN Community Members Shall Avoid Conflicts of Interest.

AEHN is a non-profit organization dedicated to the provision of health care, education of health professionals and performance of health-related research. All members of the AEHN community must faithfully conduct their duties in their assigned roles and tasks, for the purpose, benefit and interest of AEHN and those whom it serves.

All AEHN community members have a duty to avoid conflicts with the interests of AEHN and may not use their positions and affiliations with AEHN for personal benefit. Members of the AEHN community must consider and avoid not only actual conflicts but also the appearance of conflicts of interest.

4. AEHN Shall Strive to Attain the Highest Standards for All Aspects of Patient Care.

All members of the AEHN community must support the AEHN mission to provide health services of the highest quality that respond to the needs of our patients, their families and the community as a whole. The care provided must be reasonable and necessary to the care of each patient, as appropriate to the situation, and such care must be provided by properly qualified individuals. All such care must be properly documented as required by law and regulation, payor requirements and professional standards.

5. **AEHN Shall Provide Equal Opportunity and Shall Respect the Dignity of All Members of AEHN.**

AEHN is committed to providing healthcare, education and employment for all persons, without regard to race, color, nationality or ethnic origin, religion, gender, sexual orientation, disability or veteran's status. AEHN is committed to maintaining an environment that respects the dignity of each individual in the community. Therefore, prohibited discrimination in any form or context will not be tolerated.

6. **AEHN Shall Maintain the Appropriate Levels of Confidentiality for Information and Documents Entrusted to It.**

Members of the AEHN community have access to a variety of sensitive and proprietary information, the confidentiality of which must be protected. All members of the AEHN community must adhere to the appropriate laws, regulations, policies and procedures to ensure that confidential information is properly maintained and inappropriate or unauthorized release is prevented. AEHN and its community members shall create and keep records and documentation that conform to legal, professional and ethical standards.

7. **AEHN Shall Maintain a Relationship of Integrity With Each Payor Source.**

AEHN and the members of its community shall ensure that all requests for payment for healthcare services are (i) reasonable, necessary and appropriate; (ii) provided by properly qualified persons, and (iii) the claims for such services are billed in the correct amount and supported by appropriate documentation.

8. **AEHN and Members of the Community Shall Conduct All Business With Honesty and Integrity.**

All business practices of AEHN must be conducted with honesty and integrity and in a manner that promotes AEHN's reputation with patients, payors, vendors, competitors and the academic community. All members of the AEHN community must:

- adhere to proper business practices and federal and state fraud, abuse and referral prohibitions in dealing with vendors and referral sources;
- conduct business transactions free from offers or solicitation of gifts, favors or other improper inducements;
- conform to all applicable antitrust laws and regulations, and ensure that AEHN does not violate laws and regulations with respect to (i) pricing or other sale terms or conditions, (ii) improper sharing of competitive information, (iii) the allocation of territories or (iv) the impermissible exclusion of others from economic activities;
- maintain and protect the property and assets of AEHN, including intellectual property and proprietary information, controlled substances and pharmaceuticals, equipment and supplies, and funds of AEHN and refrain from converting AEHN assets to personal use;

- maintain the confidentiality of proprietary information belonging to other persons or entities doing business with AEHN; and
- prepare accurate financial reports, accounting records, research reports, expense accounts, time sheets and other documents so that they completely and accurately represent the relevant facts and true nature of all AEHN business transactions.

9. **AEHN Shall Have Proper Regard for Safety.**

AEHN shall provide a workplace that conforms to regulations regarding occupational health and safety. AEHN is committed to proper maintenance of the earth's environment, therefore, all medical waste, hazardous waste and other products shall be used and disposed of in accordance with all applicable environmental laws and regulations.

10. **The Code of Conduct Shall be Integral to the Operation of AEHN and the Activities of the Community.**

The Code of Conduct exists for the benefit of AEHN and all members of the AEHN community. It is a dynamic document that will change through the contributions of AEHN members. All members of the AEHN community are encouraged to suggest changes or additions to the Code of Conduct. The Code of Conduct must be incorporated into the daily activities of the members of the AEHN community.

The Code of Conduct augments, but does not limit, specific policies and procedures of AEHN. AEHN community members must perform their duties in accordance with such policies and procedures.

It is the duty of each member of the AEHN community to uphold the standards set forth in the Code of Conduct and to report violations by following the reporting procedures established by this Program.

Officers, managers and supervisors of AEHN have a special duty to adhere to the principles set forth in the Code of Conduct, to support other members of the community in their adherence to the Code of Conduct, to recognize and detect violations of the Code of Conduct, and to enforce the standards set forth in support of the Code.

It is a violation of the Code of Conduct to take any action in reprisal against anyone who reports, in good faith, suspected violations of the Code of Conduct or other AEHN policies and procedures.

Alleged violations of the Code of Conduct or other policies and procedures of AEHN will be investigated by persons designated by, and pursuant to procedures established by AEHN including the Corporate Compliance Policy.

Disciplinary action for violations of the Code of Conduct and other AEHN policies and procedures shall be enforced through the disciplinary policies and procedures of AEHN. Disciplinary actions will be determined on a case-by-case basis and may include dismissal from employment. AEHN will cooperate with law enforcement authorities in connection with the investigation and prosecution of any member of the AEHN community who violates a law governing the activities of AEHN.

VI. CHIEF COMPLIANCE OFFICER

The Chief Compliance Officer (CCO) reports to the AEHN President & CEO and the Audit Committee of the AEHN Board of Trustees. The CCO's primary responsibilities include:

- overseeing and monitoring the implementation of the AEHN Compliance Program. The CCO will work with appropriate administrators to develop a Compliance Workplan to guide implementation of the Compliance Program. The Compliance Workplan at a minimum will include:
 - an annual identification of areas which require review and monitoring with timetables and personnel assigned. The Workplan will be reviewed on an annual basis with the President and CEO or his/her designee and be approved by the AEHN Compliance Steering Committee and Audit Committee of the AEHN Board of Trustees;
 - plan and timetables for educational and training programs relating to legal and regulatory areas;
 - plan and timetables for implementation of departmental compliance policies or plans, where appropriate;
 - plan and timetables for continued monitoring of areas under corrective action based on prior compliance assessments.
- reporting as necessary to the Audit Committee of the AEHN Board of Trustees on the progress of Compliance Program implementation. Included in such reports will be new compliance issues noted, plans for investigation, status of previously initiated investigations, timing and adequacy of corrective action plans implemented, and designs for ongoing and future monitoring;
- assist in establishing methods to improve their efficiency and quality services, and to reduce AEHN vulnerability to fraud, abuse and waste;
- obtaining from AEHN required commitment of resources to carry out review and monitoring activities identified in the Compliance Workplan;
- periodically revising the Compliance Program in light of changes in the needs of the organization, and in the laws and policies and procedures of government and private payor health plans;
- developing, coordinating, and participating in a multifaceted educational and training program that focuses on the elements of the Compliance Program, and ensures that all appropriate employees and management are knowledgeable of, and comply with, pertinent federal and state standards;
- ensuring that independent contractors and agents who furnish services to AEHN are aware

of the applicable requirements of the AEHN Compliance Program with respect to coding, billing, and marketing;

- coordinating personnel issues with Human Resource and Medical Staff Office personnel to ensure that the National Practitioner Data Bank and Cumulative Sanction Report have been checked with respect to all employees, medical staff and independent contractors;
- assisting AEHN financial management by coordinating internal compliance review and monitoring activities, including annual or periodic reviews of certain departments that have the potential to become involved in compliance issues;
- independently investigating and acting on matters related to compliance, including the design and coordination of internal investigations that respond to reports of problems or suspected violations, and any resulting corrective action with departments and providers, agents and, if appropriate, independent contractors. The CCO and his/her designee have the authority to review all documents and other information that are relevant to compliance activities;
- monitoring *ComplyLine* to ensure that members of the AEHN community are able to report suspected improprieties without fear of retribution, and implementing processes to investigate, resolve and document all issues reported via *ComplyLine*;
- monitoring activities related to the AEHN Compliance Program and Compliance Workplan and reporting progress and relevant information to the Board of Trustees; and
- responding, in conjunction with Office of General Counsel, to external agency requests regarding compliance Issues.

VII. COMPLIANCE STEERING COMMITTEE

AEHN has a Compliance Steering Committee (“Steering Committee”) comprised of the CEO, Chief Financial Officer, General Counsel, Chief Operating Officer, at least two clinical Chairs and other representatives from appropriate clinical and administrative areas as deemed necessary. The Steering Committee members have broad backgrounds and experience levels and expertise in operations, monitoring quality, service delivery and legal and regulatory compliance.

The Steering Committee advises the CCO, and assists in the development, implementation and monitoring of this Compliance Program. The Steering Committee's functions include:

- providing support to the CCO in implementing necessary compliance initiatives;
- monitoring changes in the health care environment, including regulatory changes with which AEHN must comply, and identifying the impact of such changes on specific risk areas;
- recommending the revision of policies and procedures, as needed, so that such policies support the Code of Conduct;
- monitoring, through summary reports shared by the CCO or his/her designee, the types of hotline calls coming through the *ComplyLine* system, identifying trends or patterns; and evaluating the adequacy of the investigation, follow up and resolution of such calls.

VIII. EDUCATION AND TRAINING

The CCO has developed a policy on the dissemination and implementation of the Program and other compliance education/training initiatives. The policy states that:

1. All employees will be introduced to and trained in the Program, the AEHN Code of Conduct and AEHN organization compliance policies and procedures. Such training will reinforce the need for strict compliance with the law and will advise employees that any failure to comply will be documented on the employees' performance evaluation and may result in disciplinary action.
2. Within 90 days of their dates of hire, new employees will be introduced to the Code of Conduct, informed of the Program and informed of the ways in which they may access the CCO and the *ComplyLine* service.
3. Focused in-service training will be provided annually to employees involved in the assignment of diagnosis and procedure codes for billing government and private payor programs.
4. AEHN will make compliance training available to physicians, to the extent feasible, and will use its best efforts to encourage physician attendance and participation.
5. Attendance at all training programs will be monitored and properly documented.

Training materials and a system to document training will be developed jointly by the CCO and Human Resources.

IX. AEHN COMPLIANCE COMMUNICATION

1. **Direct Access to the Compliance Officer**

AEHN recognizes that an open line of communication between the CCO and AEHN personnel is critical to the success of the Program. In addition to using *ComplyLine*, members of the AEHN community are strongly encouraged to report incidents of potential fraud or to seek clarification regarding legal or ethical concerns directly from the CCO or the Office of General Counsel.

2. **Non Retaliation**

Employees who, in good faith, report possible compliance violations will not be subjected to retaliation or harassment as a result of their reports. Retribution related to reporting of compliance concerns is prohibited and anyone who engages in such prohibited activity will be subject to disciplinary action. Concerns about possible retaliation or harassment should be reported to the CCO or his/her designee. All such communications will be kept as confidential as possible but there may be times when the reporting individual's identity may become known or may have to be revealed if governmental authorities become involved.

The CCO will seek advice and guidance directly from Office of General Counsel to assist in the investigation of fraud and abuse reports concerning members of the AEHN community who may have participated in illegal conduct or committed other malfeasance.

3. ***ComplyLine* - Hotline Service**

A key element of the AEHN Compliance Program is the telephone service called *ComplyLine* that can be accessed by dialing 1-866-458-4864. *ComplyLine* is a completely confidential resource that can be used anonymously to allow all members of the AEHN community to voice concerns over any situation that may conflict with AEHN's commitment to excellence or to report misconduct that could give rise to legal liability if not corrected. An impartial independent company records information reported by callers

and communicates this information to the CCO or design ee so that appropriate verification, investigation and resolution can take place.

A log is maintained of all *ComplyLine* calls, the results of investigations and continued monitoring, if applicable. Reports of *ComplyLine* calls, summarized by category and by operational area, will be provided to the Steering Committee and the AEHN Audit Committee at least annually to identify any significant trends or patterns for members.

4. New Employee Policy

For all new employees, AEHN conducts a reference check, as part of the hiring process. All AEHN job applications specifically require the applicant to disclose any criminal conviction, as defined by 42 D.S.C. 1320a-7(i), or exclusion action.

5. Communications with Government Agencies

AEHN and its organizations shall document and retain records of all requests for information regarding payment policy from a government agency and all written or oral responses received. Such records are critical if AEHN or member organizations intend to rely on such responses to guide them in future decisions, actions or claim reimbursement requests or appeals, while further underscoring AEHN's commitment to compliance with the law.

6. Record Retention

AEHN is committed to complying with the record and documentation requirements under federal or state law and to the maintenance and retention of records and documentation necessary to confirm the effectiveness of AEHN's Compliance Program. Such documentation includes but is not limited to a *ComplyLine* log, minutes of Compliance Committee meetings, educational presentation overviews, handouts and attendance sheets and documentation of ongoing auditing and monitoring efforts.

X. INVESTIGATIONS

The CCO has the authority to investigate any potential compliance issues. The CCO or his/her designee will:

- promptly initiate an investigation of a potential compliance issue. The CCO will either personally conduct the investigation or refer the complaint to a more appropriate area either within AEHN or outside, such as the Office of General Counsel, auditors or health care consultants with needed expertise. The CCO may request assistance in the investigation from the person or persons who filed a complaint, other personnel or external sources, as appropriate;
- request Office of General Counsel to participate in the investigation and to provide legal advice in any such matter, as appropriate. In any investigation involving legal counsel, the fact gathering is to be conducted under counsel's direction and control.
- prepare a report of each investigation that will include documentation of the issues and, as appropriate, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and the documents reviewed, the results of the investigation, any disciplinary action and the corrective action implemented to prevent recurrence. Reports of each investigation and the status of the corrective action will be presented to the Steering Committee and to the Audit Committee of the AEHN Board of Trustees on a

quarterly basis, or as necessary.

- work with relevant areas within AEHN to ensure return of discovered overpayments to the relevant government programs.
- report violations of criminal, civil or administrative law to the appropriate federal and/or state authority within a reasonable time period after determining that there is credible evidence of such violation.

XI. MONITORING

The CCO will work with the organization administrators to develop a Compliance Workplan to track implementation of the Compliance Program. The Compliance Workplan will include an annual identification of areas that require monitoring, with proposed timetables and personnel assignments. Progress reports of the ongoing monitoring activities, including identification of suspected noncompliance, will be maintained by the CCO and shared periodically with the Steering Committee and annually with the Audit Committee of the Board of Trustees.

Monitoring techniques that will be used by the CCO include, but are not limited to the following:

- compliance audits focused on those areas within AEHN that have potential exposure to government enforcement actions as those identified in (i) Special Fraud Alerts issued by the Office of Inspector General (OIG), (ii) OIG annual Workplan, (iii) Medicare fiscal intermediary or carrier reviews and (iv) law enforcement initiatives.
- benchmarking analyses that provide operational “snapshots” from a compliance perspective that identify the need for further assessment, study or investigation.
- periodic reviews in the areas of Program dissemination, communication of AEHN's compliance standards and Code of Conduct, availability of *ComplyLine* and adequacy of compliance training and education to ensure that the Program's compliance elements have been satisfied.
- Subsequent reviews to ensure that corrective actions have been effectively and completely implemented.

XII. CORRECTIVE ACTION PLANS

When a compliance issue requires remedial action, the appropriate department or administrative personnel responsible for the activity should develop a corrective action plan that specifies the tasks to be completed, completion dates and responsible parties. In developing such a plan, the responsible personnel will obtain advice and guidance from the CCO, Office of General Counsel and other appropriate personnel, as necessary. Each corrective action plan must be approved by the CCO prior to implementation. The CCO has the obligation to report directly to the Steering Committee of the AEHN Board of Trustees on (i) all compliance issues noted for which corrective actions have not been implemented; (ii) corrective action plans that have not met his/her approval from an adequacy or timing standpoint; or (iii) corrective action plans that are not subsequently implemented in accordance with the approved plan in terms of substance or timing.

A corrective action plan should ensure that the specific issue is addressed and that similar problems will not occur in other areas or departments, to the extent possible. Corrective action plans may require that compliance issues be handled in a designated way, that relevant training takes place, that restrictions be imposed on particular employees, or that the matter be disclosed externally. Sanctions or discipline, in accordance with the standard disciplinary policies and procedures of AEHN and member organizations may also be recommended. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance or competence concerns, the corrective action plan should identify actions that will be taken to prevent such individuals from exercising substantial discretion in that area.

XIII. SANCTIONS

AEHN believes that all members of the AEHN community are responsible for complying with the AEHN Corporate Compliance Program, the Compliance Code of Conduct and related policies and procedures. Corrective action for noncompliance will be initiated by the appropriate management personnel, who must notify Human Resources in accordance with the standard disciplinary policies and procedures of AEHN. Disciplinary actions will be determined on a case-by-case basis and will be taken appropriately, equitably and consistently, given the underlying circumstances and the degree of negligence or reckless conduct.

Physicians and Dentists who violate the Program will be disciplined in accordance with the procedures established in the appropriate medical staff bylaws, if applicable.

XIV. FRAUD, ABUSE AND THE FALSE CLAIMS LAWS

Federal laws prohibit health care providers from submitting “false” or “fraudulent” claims for payment to public health care programs, (Medicare, Medicaid and other federally funded health care programs) funded by taxpayer dollars.

1. Federal Civil False Claims Act (“FCA”)

The federal civil False Claims Act 31, U.S.C. §3729, et seq. prohibits any individual or company from knowingly submitting false or fraudulent claims, causing such claims to be submitted, making a false record or statement in order to secure payment from the federal government for such a claim, or conspiring to get such a claim allowed or paid. Under the statute the terms “knowing” and “knowingly” mean that a person (1) has actual knowledge of the information; (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. A specific intent to defraud is not required for there to be a violation of the law. Examples of the types of activity prohibited by the FCA include billing for services that were not actually rendered, and upcoding (the practice of billing for a more highly reimbursed service or product than the one provided).

The FCA is enforced by the filing and prosecution of a civil complaint. Under the Act, civil actions must be brought within six years after a violation or, if brought by the government, within three years of the date when material facts are known or should have been known to the government, but in no event more than ten years after the date on which the violation was committed.

Individuals or companies found to have violated the statute are liable for a civil penalty for each claim of not less than \$5,500 and not more than \$11,000, plus up to three times the amount of damages sustained by the federal government.

The FCA authorizes the United States Attorney General to bring actions alleging violations of the statute. The statute also authorizes private citizens to file a lawsuit in the name of the United States known as a qui tam action. The government has sixty days to investigate the allegations in the complaint and decide whether it will join the action, in which case the complaint is unsealed, and the Department of Justice or a United States Attorney's Office takes the lead role in prosecuting the claim. If the government decides not to join, the individual may pursue the action alone, but the government may still join at a later date if it demonstrates good cause for doing so. The Act provides that individuals who file a qui tam action may be entitled to receive a reward of 15-30% or a portion thereof, of the monies recovered, depending on the person's participation in the prosecution of the action, and whether the government decided to proceed with the action. This award may be reduced, however, if, for example, the court finds the person planned and initiated the violation. The FCA also provides that individuals who prosecute clearly frivolous qui tam claims can be held liable to a defendant for its attorneys' fees and costs.

Employees who file such actions are protected by law and by AEHN's policy against retaliatory actions as further detailed in Section IX of this Program.

2. **Federal Program Fraud Civil Remedies Act**

The Program Fraud Civil Remedies Act of 1986 ("PFCRA") provides for administrative remedies against persons who make, or cause to be made, a false claim or written statement to certain federal agencies, including the Department of Health and Human Services ("HHS"). PFCRA was enacted as a means to address lower dollar fraudulent acts, and generally applies to claims of \$150,000 or less. The HHS Office of the Inspector General investigates violations and any enforcement action as a result must be approved by the Attorney General. Because of the availability of other criminal, civil and administrative remedies, cases are not routinely prosecuted under PFCRA.

3. **Pennsylvania's Medicaid "False Claims Act" and other laws**

Pennsylvania's Medicaid Program prohibits any individual or healthcare provider from knowingly submitting false or fraudulent claims, causing such claims to be submitted, or making a false record or statement to the State for payment. (63 P.S. §1407, et seq. and 63 P.S. §1408, et seq.) Examples of the types of activity prohibited by Pennsylvania's Medicaid Program include, but are not limited to, billing for services that were not actually rendered, providing medically unnecessary services, submitting duplicate claims, undocumented or falsely documented services, and soliciting and receiving kickbacks in connection with the furnishing or referral of services paid by Medicaid. Violations of this law could result in penalties such as repayment of excess benefits received plus interest, preclusion from participation in the Medicaid Program for up to five (5) years, and criminal penalties with a maximum penalty of \$25,000 and up to 10 years imprisonment.

Pennsylvania also has enacted law protecting employees who make reports of a violation or suspected violation of a Federal, State or local law to appropriate authorities, called the Pennsylvania Whistleblowers' Protection Law, 43 P.S. §1421 et seq. This law prohibits employers from discharging or retaliating against an employee who makes a good faith report or is about to make a good faith report to the employer or appropriate authority of an instance of wrongdoing or waste. An individual who claims a violation of this law may bring a civil action in court for appropriate injunctive relief, monetary damages or both.

If you know or have reason to believe that anyone in our Network has committed fraud with respect to a government contract or government funds, or if you think a particular arrangement, deal, or agreement that you are involved in might fall under one of these statutes, you are required under this AEHN Compliance Program to contact the AEHN Office of General Counsel (215) 456-6396 or the Einstein Chief Compliance Officer (215) 456-7084 for assistance or to report such concerns anonymously, through the toll free, 24 hour compliance hotline "*ComplyLine*": 866-458-4864.

XV. SUMMARY

The AEHN commitment to excellence and integrity means more than just doing the best job possible. It is our commitment to ***Do The Right THING***. Our success and future depend on it.