

DEPARTMENT: Legal	POLICY DESCRIPTION: Nebraska False Claims Statutes Policy
PAGE: 1 of 4	REPLACES POLICY DATED: 5/1/15
EFFECTIVE DATE: September 1, 2018	REFERENCE NUMBER: LL.NE.001
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All employees and, as defined below, contractors or agents of Company affiliates located in the State of Nebraska or providing services to Medicare or Medicaid providers located in the State of Nebraska including, but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, home health agencies, physician practices, service centers, and all Corporate Departments, Groups, Divisions and Markets.

PURPOSE: To comply with certain requirements set forth in the Deficit Reduction Act of 2005 with regard to federal and state false claims laws.

POLICY: Company affiliates who are Medicare or Medicaid providers in Nebraska or provide services to Nebraska Medicare or Medicaid providers must ensure that all employees, including management, and any contractors or agents are educated regarding the federal and state false claims statutes and the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs.

FALSE CLAIMS LAWS

One of the primary purposes of false claims laws is to combat fraud and abuse in government health care programs. False claims laws do this by making it possible for the government to bring civil actions to recover damages and penalties when healthcare providers submit false claims. These laws often permit qui tam suits as well, which are lawsuits brought by lay people, typically employees or former employees of healthcare facilities that submit false claims. There is a federal False Claims Act. Nebraska has adopted a similar false claims act that is intended to prevent the submission of false and fraudulent claims to the Nebraska Medicaid program.

FEDERAL FALSE CLAIMS LAWS

Under the federal False Claims Act, any person or entity that knowingly submits a false or fraudulent claim for payment of United States Government funds, or knowingly retains an overpayment of such funds more than 60 days, is liable for significant penalties and fines. The fines include a penalty of up to three times the Government's damages, civil penalties ranging from \$10,957 to \$21,916 per false claim, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990, plus the costs of the civil action against the entity that submitted the false claims. Generally, the federal False Claims Act applies to any federally funded program. The federal False Claims Act applies, for example, to claims submitted by healthcare providers to Medicare or Medicaid.

One of the unique aspects of the federal False Claims Act is the "qui tam" provision, commonly referred to as the "whistleblower" provision. This provision allows a private person with knowledge of a false claim to bring a civil action on behalf of the United States Government to recover the funds paid by the Government as a result of the false claims. If the suit is ultimately successful, the whistleblower who initially brought the suit may be awarded a percentage of the funds recovered. In addition, the United States Government may elect to join the qui tam suit. In this case, if the suit is successful, the percentage of the funds awarded to the whistleblower is lower because the Government will take over the expenses of the suit. However, regardless of whether the Government participates in the lawsuit, the court may reduce the whistleblower's share of the

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proceeds if the court finds that the whistleblower planned and initiated the false claims violation. Further, if the whistleblower is convicted of criminal conduct related to his role in the false claims, the whistleblower will be dismissed from the civil action without receiving any portion of the proceeds.

The federal False Claims Act also contains a provision that protects a whistleblower from retaliation by his or her employer. This applies to any employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his or her employment as a result of the employee's lawful acts in furtherance of a false claims action. The whistleblower may bring an action in the appropriate federal district court and is entitled to reinstatement with the same seniority status, two times the amount of back pay, interest on the back pay, and compensation for any special damages as a result of the discrimination, such as litigation costs and reasonable attorney's fees.

A similar federal law is the Program Fraud Civil Remedies Act of 1986 (the "PFCRA"). It provides administrative remedies for knowingly submitting false claims and statements. A false claim or statement includes submitting a claim or making a written statement that is for services that were not provided, or that asserts a material fact that is false, or that omits a material fact. A violation of the PFCRA results in a maximum civil penalty of \$5,000 per claim plus an assessment of up to twice the amount of each false or fraudulent claim.

NEBRASKA MEDICAID FALSE CLAIMS ACT

The Nebraska Medicaid False Claims Act, ("NMFCA") makes it unlawful for any person to commit any of the following acts in relation to the Nebraska Medicaid program: (a) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (b) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; (c) has possession, custody, or control of property or money used, or to be used, by the State and knowingly delivers, or causes to be delivered, less than all of the money or property; (d) knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the State, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the State; or (e) conspires to commit a violation of the NMFCA. See Neb. Rev. Stat. Ann § 68-936.

A person also violates the NMFCA and is subject to civil liability if (1) such person, acting on behalf of a provider providing goods or services to a recipient under the Nebraska Medical Assistance Program, charges, solicits, accepts, or receives anything of value in addition to the amount legally payable under Nebraska Medicaid in connection with such good or service, knowing that such charge, solicitation, acceptance, or receipt is not legally payable; (2) such person is a beneficiary of an inadvertent submission of a false Medicaid claim to the State and such person subsequently discovers but fails to report the false claim to the State within sixty days of such discovery; or (3) such person knowingly destroys or fails to maintain such records as are necessary to disclose fully the nature of all goods or services for which a claim was submitted or payment was received under Nebraska Medicaid, or such records as are necessary to disclose fully all income and expenditures upon which rates of payment were based, for a period of at least six (6) years after the date on which payment was received. See Neb. Rev. Stat. Ann. §§ 68-937, 68-938, 68-939.

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A violator will be liable to the State for a civil penalty of not more than \$10,000, plus three times the amount of the false claim because of the act of the violator. The violator may also be liable to the State for the costs of a civil action brought to recover such damages. Certain liabilities may be reduced if the violator furnishes officials responsible for investigating violations of the NMFCA with all information known to the violator within thirty (30) days of obtaining such information, provided that, at the time the violator furnishes such information, no criminal prosecution, civil action or administrative sanction has commenced and the violator does not have knowledge of any active or pending investigation. See Neb. Rev. Stat. Ann. §§ 68-936, 68-940.

The Attorney General may take charge of any investigation involving allegations of civil violations or criminal offenses under the NMFCA, and the Attorney General shall also establish a State Medicaid fraud control unit. See Neb. Rev. Stat. Ann §§ 68-942, 68-943.

Whistleblower Protections

Nebraska’s Fair Labor Employment Practice Act contains an employee protection provision that prohibits an employer from discriminating against any employees or applicants for employment because the employee or applicant has opposed any practice or refused to carry out any action unlawful under federal law or the laws of Nebraska. An employer who violates this employee protection provision may be liable to the affected employee for restoration of benefits, back pay, and any increases in compensation that would have occurred, all with interest. See Neb. Rev. Stat. Ann. §§ 48-1114, 48-1119.

Additionally, Nebraska’s Health Care Facility Licensure Act prohibits health care facilities from discriminating or retaliating against a person residing in, served by, or employed at such facility who has initiated or participated in any proceeding authorized by Nebraska’s Health Care Facility Licensure Act or who has presented a complaint or provided information to the administrator of such facility or the Nebraska Department of Health and Human Services. See Neb. Rev. Stat. Ann. § 71-445.

REPORTING CONCERNS REGARDING FRAUD, ABUSE, AND FALSE CLAIMS

The Company takes issues regarding false claims and fraud and abuse seriously. The Company encourages all employees, management, and contractors or agents of the Company’s affiliated facilities to be aware of the laws regarding fraud and abuse and false claims, and to identify and resolve any issues immediately. Issues are resolved fastest and most effectively when given prompt attention at the local level. Therefore, the Company encourages its employees, managers, and contractors to report concerns to their immediate supervisor, when appropriate. If the supervisor is not deemed to be the appropriate contact or if the supervisor fails to respond quickly and appropriately to the concern, then the individual with the concern should be encouraged to discuss the situation with the Company’s human resources manager, the Company’s ECO, another member of management, or with the Company’s Ethics Hotline (1-800-455-1996).

Employees, including management, and any contractors or agents of Company affiliates should be aware of related facility policies regarding detection and prevention of health care fraud and abuse. These policies and procedures can be accessed on Atlas, the Company’s Intranet site, or the

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Company website at www.hcahealthcare.com. The following are some of the policies that are relevant to this policy and to the prevention and detection of fraud and abuse: (1) EC.025-Reporting Compliance Issues and Occurrences to the Corporate Office Policy; (2) REGS.GEN. 0.15-Correction of Errors Related to Federal and State Healthcare Programs FFS Reimbursement Policy; and (3) RB.009- Reporting of Cost Report Overpayment Policy. Note that employees, contractors, and agents of Company affiliates providing services to other, non-affiliated facilities should also understand that all such facilities are expected to have similar policies applying to contractors (including the Company) requiring (1) compliance with federal and state laws, including false claims laws; (2) reporting of potential overpayments and compliance concerns; and (3) the whistleblower protections described above.

DEFINITION:

Contractor or **agent** includes any contractor, subcontractor, agent, or other person which or who, on behalf of the facility, furnishes or otherwise authorizes the furnishing of Medicare or Medicaid health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by the facility.

PROCEDURE:

Company responsibilities include, but are not limited,

- a. To ensuring that all employees, including management and any contractors or agents of the facility, are provided with this policy within 30 days of commencing employment or contractor status.
- b. Ensuring that the Company handbook includes a detailed summary of this policy.
- c. Revising this policy as necessary to comply with changes in the law. Changes must be documented and implemented. When policies and procedures are revised, the previous versions of the policies and procedures must be retained for ten (10) years.

REFERENCES:

- Neb. Rev. Stat. Ann. § 28-631
- Neb. Rev. Stat. Ann. § 44-6604
- Neb. Rev. Stat. Ann. §§ 48-1114, 48-1119
- Neb. Rev. Stat. Ann. §§ 68-935 - 68-941
- 31 U.S.C. §§ 3801-3812
- 31 U.S.C. §§ 3729-3733
- Deficit Reduction Act of 2005, Sections 6031, 6032
- HCA Code of Conduct, “Resources for Guidance and Reporting Concerns”