

\* **KING'S DAUGHTERS MEDICAL CENTER**

**ADMINISTRATIVE/MEDICAL  
STAFF POLICY**

**POLICY AND PROCEDURE**

**EFFECTIVE DATE: 02/8/16**

**SUPERSEDES AUDIT,  
COMPLIANCE & ETHICS  
PROGRAM POLICY DATED:  
12/17/13; 6/21/12; 12/1/10**

**FILE: SECTION I (52)**

**SUBJECT: PREVENTING,  
DETECTING, AND REPORTING  
FRAUD, WASTE AND ABUSE  
POLICY**

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**POLICY:** The Medical Center is committed to preventing, detecting, reporting, and correcting fraud, waste and abuse. All Medical Center team members, including management, and any Contractors or Agents should be educated regarding the federal laws and the role in preventing and detecting fraud, waste and abuse in federal health care programs. For the purposes of this Policy, "Contractor or Agent" means any contractor, subcontractor, agent or other person which or who, on behalf of the Medical Center, furnishes, or otherwise authorizes and/or performs the furnishing of Medicare or Medicaid health care items or services, billing or coding functions, or is involved in monitoring of health care provided by the Medical Center.

Applicable laws include, without limitation, the False Claims Act ("FCA"), as expanded by the Fraud Enforcement and Recovery Act of 2009 ("FERA"), the Commonwealth of Kentucky and State of Ohio Fraud and Abuse laws, and the Deficit Reduction Act of 2005 ("DRA").

All Medical Center team members, Contractors and Agents must (i) deal honestly with the Medical Center, its patients, payors, customers, suppliers and consultants, and (ii) immediately report any suspicion of fraud, waste or abuse in connection with the business of the Medical Center. All Medical Center team members, Contractors and Agents must not make, or cause to be made, any false, fraudulent or misleading statement or representation of material fact in any claim, application or report under any health care program or health benefit plan.

**PROCEDURE:**

- \* 1. The Medical Center requires that Medical Center business be conducted in an ethical and legal manner and comply with all federal and state laws involving fraud, waste and abuse.
  - 1.1 Prevention: Medical Center activities to prevent fraud, waste and abuse include the following:
    - 1.1.1 A Corporate Compliance program designed to build ethics and compliance accountability into the core operations of each department of the Medical Center.
    - 1.1.2 A Code of Conduct emphasizing the necessity for and responsibility and accountability of all team members, Contractors and Agents to perform their duties in compliance with laws, regulations and Medical Center policies.
    - \* 1.1.3 Mandatory compliance and integrity training programs, including training required under the Corporate Integrity Agreement.
    - 1.1.4 Screening processes ensuring the Medical Center does not employ and/or contract with individuals or entities sanctioned or debarred from government contracting or excluded from participation in federal health care programs.
    - 1.1.5 Team member performance evaluations that reinforce team member compliance obligations as defined by the Medical Center's Compliance Program.
    - 1.1.6 Education that the consequences for violating applicable laws can include, in addition to imprisonment and fines, civil monetary penalties, loss of licensure, loss of staff privileges, loss of employment or contract services, and exclusion from participation in federal health care programs.
  - \* 1.2 Detection: Medical Center activities to detect fraud, waste and abuse include the following:
    - 1.2.1 Reporting resources, including

- a. the Compliance & Integrity Department at 606-408-0161 or 606-408-4496;
- b. The Corporate Compliance Anonymous Hotline at 1-877-327-4145 (can be anonymous);
- c. the Intranet Corporate Compliance Concern Form (can be anonymous);
- d. the team member's supervisor, Vice President or other Medical Center Leader;
- e. Email [corporatecompliance@kdmc.kdhs.us](mailto:corporatecompliance@kdmc.kdhs.us) (not anonymous).

1.2.2 Monitoring and auditing systems which include departments self-monitoring.

1.2.3 Prompt investigation and correction action for all instances of suspected non-compliance with the Medical Center's Compliance Program.

\* 1.3 **Education:** The Medical Center is dedicated to disseminating information and educating individuals regarding applicable laws, regulations and policies through the following processes:

1.3.1 Informing all team members, Contractors and Agents of his, her or its ability to report a possible violation of the FCA directly to the federal Department of Justice as a *qui tam* (also known as whistleblower) relator. Such education shall include a statement that civil liability for violating the FCA is equal to three times the dollar amount that the Government is defrauded, as well as civil penalties of \$5,500 to \$10,000 for each false claim, and that an individual who brings a *qui tam* action can share in a percentage of a government recovery in an FCA action or settlement.

1.3.2 Making available the Medical Center's Code of Conduct and Compliance Program, including this policy, to all team members, Contractors or Agents.

1.3.3 Conducting compliance training, including, without limitation, information related to the FCA, in alignment with the Corporate Integrity Agreement.

1.3.4 Publicizing procedures for reporting actual or potential acts of fraud, abuse or waste to the Medical Center; ensuring that all contact information or reporting is kept accurate and current; and, subject to limitations imposed by law or necessary for a thorough investigation, maintaining confidentiality

2. The Medical Center strictly prohibits any type of retaliation against those who, in good faith, report any inappropriate activities described in this policy. The FCA protects *qui tam* relators against discharge, demotion, harassment, or other discrimination as a result of any allegations made under the FCA. Other state and federal laws may provide further protection for whistleblowers.

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President/CEO