



SupportLine Policy



Policy Number: CD18 - Effective Date: 10/1/2008 - Date Last Reviewed: 4/15/2012

1. Purpose

All UNMC Physicians employees are expected to understand and follow federal, state and local regulations, as well as other policies relating to their responsibilities. The purpose of the UNMC Physicians SupportLine (1-866-699-9015) is to provide an additional communication channel for employees to report any activity or conduct that they suspect violates UNMC Physicians policies and procedures, and/or federal, state or local laws and regulations. Concerns received through the SupportLine will be investigated and appropriate follow-up actions taken. All reports received are taken seriously, and successful resolution of concerns is made possible by receipt of sufficient information during a call.

2. Reporting Concerns

Employees who have corporate compliance or regulatory concerns in the workplace, including ethical concerns including but not limited to, fraud, abuse, conflict of interest and employee conduct, are encouraged to share them as soon as possible so appropriate action can be taken. Multiple communication channels are available for employees to ask questions and report concerns. While employees are encouraged to obtain guidance or share concerns with their supervisors first, they may use any of the following communication channels:

- a. Discuss the issue with supervisory personnel
- b. Contact the department that has subject matter expertise in the area of concern.
 - i. Director of Ambulatory Services, 559-4068
 - ii. Director of Communications, 559-3237
 - iii. Director of Finance, 559-9789
 - iv. Director of Human Resources, 559-9790
 - v. Director of Information Services, 559-9718
 - vi. Director of Regulatory Affairs and Deputy General Counsel, 559-5117
 - vii. Director of Reimbursement, 559-9713

viii. Director of Risk Management, 559-4068

- c. Call the UNMC Physicians SupportLine at 1-866-699-9015.

UNMC Physicians prohibits retribution or retaliation for providing information. Retaliation or attempted retaliation is a violation of this Policy and anyone who does so may be subjected to corrective action up to and including termination.

3. SupportLine Calls

- a. The SupportLine is operated by an independent third party organization hired to collect and document information provided on the call. It operates seven days a week, 24 hours a day, 365 days a year. The SupportLine phone number is 1-866-699-9015.
- b. The caller may remain anonymous if desired. SupportLine calls are not recorded and no attempt is made to identify caller number or location.
- c. The SupportLine operator will ask questions based on the nature of each call to elicit the most complete information about each issue as possible. The operator will also schedule call back dates to allow the caller to obtain resolution feedback, and invite the caller to phone the SupportLine again if s/he believes the problem has not been addressed or wishes to further discuss the situation.

4. Confidentiality/Good Faith Reports

UNMC Physicians shall attempt to maintain the confidentiality of an individual who reports concerns or misconduct upon request. However, confidentiality cannot be guaranteed, and disclosure of the individual's identity may be necessary in order to fully investigate the concern. There is no retribution or discipline for anyone who reports a concern in good faith. Individuals shall not intentionally use the SupportLine to make false allegations.

5. The False Claims Act

Under the Deficit Reduction Act of 2005, any employer who receives more than \$5 million per year in Medicaid payments is required to provide information to its employees about the federal False Claims Act, any applicable state False Claims Act, the rights of employees to be protected as whistleblowers, and the

employer's policies and procedures for detecting and preventing fraud, waste and abuse.

The False Claims Act is a federal law that provides that whoever:

- knowingly submits or causes to be submitted a false or fraudulent claim for payment or approval; or
- knowingly creates, uses or causes to be created or used, a false record or statement material to a false or fraudulent claim; or
- conspires to commit a violation of any portion of the False Claims Act; or
- knowingly retains overpaid proceeds from federal funds,

shall be liable for a civil penalty in the amount of \$5,500 to \$11,000 per claim, and three times the actual damages sustained by the government.

The term "knowingly" is defined to mean a person who has actual knowledge of false information in a claim, who acts in deliberate ignorance of the truth or falsity of the information in a claim, or acts in reckless disregard of the truth or falsity of the information in a claim. There is no requirement of proof of specific intent to defraud the government.

A "claim" under application of Fraud Enforcement and Recovery Act (FERA) is any request or demand for money or property that may be submitted to either the government, or to any agent who is a recipient of federal funds, so that the federal government has provided any portion of the money or property requested.

"Material" means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.

While the False Claims Act covers fraud involving any federally funded contract or program, in the health care area it had been applied to Medicare and Medicaid programs, and also federal research grants. Examples of health care related False Claims Act violations are: 1) a health care provider bills Medicare for services that were not performed or that were unnecessary; and 2) a federal grant recipient charges the Government for costs not related to the grant.

Additional general examples of health care fraud identified through settlements and corporate integrity agreements between providers and the U.S. Department of Justice and Office of Inspector General include: billing separately for services that should be a single service, falsifying treatment plans or medical records to maximize payments, failing to report overpayments or credit balances, duplicate billing, unlawful inducements to healthcare providers in exchange for referrals for service, and physicians billing for services provided by interns, residents and fellows in a teaching hospital. Information may be accessed at

<http://www.oig.hhs.gov/> or <http://www.usdoj.gov/>.

The Federal False Claims Act contains qui tam, or whistleblower provisions that allow citizens with evidence of fraud against government contracts and programs to sue, on behalf of the government, in order to recover funds. In compensation

for the risk and effort filing a qui tam case the citizen whistleblower or “relator” may be awarded a portion of the funds recovered, typically between 15 to 25 percent. The False Claims Act protects anyone who files a False Claim lawsuit from being fired, demoted, threatened or harassed or in any manner discriminated against by their employer for filing the suit or making an effort to prevent or stop a violation of the False Claim Act. FERA extends this protection to the workplace to include not only employees, but also any contractor or agent acting under the whistleblower provisions.

The Program Fraud Civil Remedies Act of 1986 (PFCRA--31 U.S.C. §§ 3801-3812.), 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. PFCRA was enacted as a means to address lower dollar frauds, and generally applies to claims of \$150,000 or less. PFCRA provides that any person who makes, presents, or submits, or causes to be made, presented or submitted a claim that the person knows or has reason to know is false, fictitious, or fraudulent is subject to civil money penalties of up to \$5,000 per false claim or statement and up to twice the amount claimed in lieu of damages. Violations are investigated by the Inspector General and enforcement actions must be approved by the Attorney General. PFCRA enforcement can begin with a hearing before an administrative law judge. Penalties may be recovered through a civil action brought by the Attorney General or through an administrative offset against "clean" claims. Because of the availability of other criminal, civil and administrative remedies, cases are not routinely prosecuted under PFCRA; however, the Department of Health and Human Services, Office of Inspector General has asserted its administrative authority under PFCRA in settlement agreements that resolve cases arising under the federal FCA or other federal fraud and abuse statutes.

In addition to the Federal False Claims Act, Nebraska has a False Medicaid Claims Act

<http://uniweb.legislature.ne.gov/legaldocs/view.php?page=s6809034000>

that provides that any person who presents a false Medicaid claim is subject to civil penalties of not more than ten thousand dollars and damages in the amount of three times the amount of the false claim submitted to the state. The Nebraska False Claim Act does not contain qui tam relator provisions.

Any individual who suspects that potential False Claim Act violations may have occurred at UNMC Physicians should contact the Director of Regulatory Affairs, Deputy General Counsel or contact the SupportLine at 1-866-699-9015.

For additional information, contact the Director of Regulatory Affairs, Deputy General Counsel at (402) 559-5117.

Approved by

UNMC Physicians Directors
UNMC Physicians Compliance Committee
Chief Executive Officer

Related Policies

CD10 Standards of Conduct
UNMC Compliance Program Policy 8000
The Nebraska Medical Center Policy LD05

Related Policies

There are no related articles.