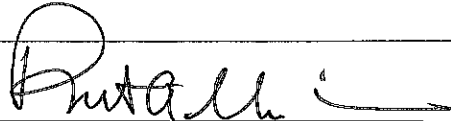
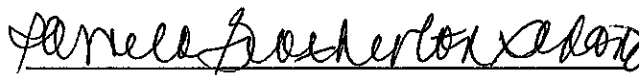


O'CONNOR HOSPITAL POLICIES & PROCEDURES		Page: 1 of 3
SUBJECT: Corporate Compliance - Fraud Detection and Prevention		Effective: 5/2/07
		Revised: 12/15
		Reviewed: 01/15
APPROVED:		ORIGINATING DEPARTMENT: Risk Management/Corporate Responsibility
	Robert A. Minkin, FACHE President & CEO	HOSPITAL-WIDE DISTRIBUTION

APPROVED

Pamela Brotherton-Sedano, MS, RN Vice President, Administrative Services Corporate Responsibility Officer

POLICY

This policy, in written or electronic form, will be available to officers and employees of O'Connor Hospital and contractors or agents that, on behalf of O'Connor Hospital, provide or authorize Medicaid items or services, perform billing or coding functions, or are involved in monitoring health care provided by O'Connor Hospital.

Information on Corporate Responsibility and Fraud Detection and Prevention

Verity Health System and its hospitals are committed to complying with all federal and state laws and regulations and ensuring that billing to the Medicare program, California Medical Assistance Program (Medi-Cal), and other health care programs conforms to all legal and regulatory requirements. As described more fully below, Verity Health System and its hospitals have implemented a Corporate Responsibility Program, which sets forth their commitment to ethics and compliance

1. Implementation of Corporate Responsibility Program and Standards of Conduct

A system-wide Corporate Responsibility Program has been implemented, which includes Standards of Conduct. The Standards of Conduct provide ethical guidance in the work place and are provided to employees upon hire. The Standards of Conduct require compliance with the law, accurate and honest reporting of work, and disclosures of conflicts of interests. The Corporate Responsibility Program follows the Department of Health and Human Services, Office of Inspector General, compliance program guidance. The program is overseen by Corporate Responsibility Officers (CROs), who are designated at each of the hospitals and at the system level. CROs provide reports to their Boards of Directors, routinely and otherwise as needed, regarding the Corporate Responsibility Program. Program effectiveness is reviewed on an ongoing basis by the Board, leadership, and the CROs.

For more information, please reference the policy "Corporate Responsibility and Standards of Conduct" on the Verity Health System intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

2. Employee, Physician, Vendor, and Volunteer Screening

The government maintains lists of individuals and entities that are excluded from government health care programs because they committed fraud, waste, or abuse with government funds. Employees, physicians, vendors, and volunteers are screened prior to starting, and annually, against these government maintained lists to confirm individuals / entities it works with are not on the list. Should the organization find individuals / entities on this list, appropriate action is taken, which may include terminating the relationship.

For more information, please reference the policy "Conflict of Interests Disclosures by the Board of Directors and Board Committees" and "Conflicts of Interests Disclosures by Covered Employees, Physician Leaders, and other Designated Persons" on the Verity Health System intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

3. Requiring Conflict of Interest Disclosures

Conflicts of interest have the potential to compromise individual professional judgment due to personal or financial interests outside of work. The organization requires disclosures of conflicts of interest annually and as they arise, in accordance with policy. When conflicts of interest are identified, appropriate action is taken to protect the organization and those it serves.

For more information, please reference the policies Billing Accuracy and on the Verity Health System intranet site under System Office, Policies and Procedures for Financial Integrity and Uniform Reporting and "Corporate Auditing" on the Verity Health System intranet site under System Office, Policies and Procedures for Auditing.

4. Submission of Accurate Bills / Claims

Individuals in billing are oriented in protocols for compliant billing upon hire and are required to complete a minimum of 2 hours of specialized compliance training annually. Billing systems have an automated edits system to help detect errors such as services that can't be billed or invalid codes. The various process points that result in compliant billing, such as medical necessity and accurate documentation, are examined through risk assessments and monitoring. Audits are also performed both internally and through external firms to examine billing and coding practices. Risk assessments, monitoring, and auditing are done system wide and locally by the hospitals. When over-payments are identified, determinations as to repayment and/or disclosure are made and action is taken to return funds to the government, as appropriate.

For more information, please reference the policies "Program Billing for Services Provided" on the Verity Health System intranet site under System Office, Policies and Procedures for Corporate Responsibility and "Corporate Auditing" on the Verity Health System intranet site under System Office, Policies and Procedures for Auditing.

5. Training and Education

Employees receive an orientation in compliance upon hire. This training includes a compliance overview, a description of the Corporate Responsibility program, the Standards of Conduct, and the Values Line. Compliance training is also required annually. Specialized compliance training is provided in high risk areas, as well as areas that are identified during risk assessments, monitoring, and auditing.

For more information, please reference the policy "Education and Training" on the Verity Health System intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

6. Providing Information about Fraud and False Claims Laws

The federal False Claims Act, the federal Program Fraud Civil Remedies Act, the California False Claims Act, and certain other California statutes prohibit knowingly submitting false claims or statements to the government for payment. Although they differ in specific detail, these laws define false claims as: knowingly submitting false or fraudulent claims for payments to the government, making a false record or statement in connection with a claim submitted for payment to the government, or using a false record or statement in connection with a claim submitted for payment to the government. Violations can subject the organization to significant fines and penalties.

The organization provides detailed information about the federal False Claims Act, the federal Program Fraud Civil Remedies Act, and California's civil and criminal laws pertaining to false claims and statements.

For more information, please reference the policy "False Claims Laws" found on the O'Connor Hospital intranet site, under Policies & Procedures - Organization Wide.

7. Investigating and Responding to Reported Concerns

The organization investigates suspected non-compliance to determine if there has been a violation. A policy outlining guidelines for conducting internal investigations has been developed. When misconduct is found, appropriate measures are taken, which can include disciplinary action, and/or disclosing the violation to appropriate government authorities, and/or legal action. Organizational policy states associates are legally obligated to tell the truth when speaking to government authorities.

For more information, please reference the policies "Investigating, Correcting, and Reporting of Compliance Issues", "Guidelines for Internal Investigations", "Response to a Government Investigation", and "Voluntary Self Disclosure" found on the Verity Health System intranet site under System Office, Policies and Procedures, for Corporate Responsibility.

8. Reporting Compliance and Ethics Concerns

Employees are encouraged to report their compliance and ethics concerns through their choice of venues, including but not limited to, their immediate supervisor, the Corporate Responsibility Officer at their hospital, and the Values Line. The organization implemented the Values Line to provide an anonymous reporting option 24/7 through a toll free number, 1-800-371-2176. Reports are taken by an outside vendor for protection of identity. All concerns are evaluated for appropriate investigation and action.

The Values Line is promoted on posters throughout the facilities. Employees are reminded about the Values Line in annual compliance training. Brochures promoting the Values Line and Standards of Conduct are distributed to employees upon hire.

For more information, please reference the policy "Values Line Reporting and Response on the Verity Health System intranet site under System Office, Policies and Procedures, for Corporate Responsibility.