

Policy Name: Federal and State False Claims Act Education Policy		
Effective Date: January 1, 2017	Replaces Policy Dated: January 1, 2007	**Issuing Department: Compliance
Approved By: Executive Compliance Committee	Reviewed By: Compliance Advisory Group	Review Dates:

APPLICABILITY

This policy applies to subsidiaries and affiliated professional entities of Team Health Holdings, Inc. (collectively, the “Company”) that makes or receives Medicaid payments in excess of \$5,000,000 per year and all Company affiliated employees, agents, and independent contractors, including but not limited to physicians, advanced practice clinicians, nurses, and other clinical and non-clinical persons (collectively “Associates”). For purposes of this policy, independent contractor or agent includes any contractor, subcontractor, agent, or other person which or who, on behalf of Company, furnishes, or otherwise authorizes the furnishing of health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by Company to Medicaid beneficiaries.

PURPOSE

As an organization with subsidiaries and affiliated professional entities that makes or receives Medicaid payments in excess of \$5,000,000 per year, Company must ensure that all Associates receive appropriate and balanced information relating to federal and state False Claims Act provisions and whistleblower protections under federal and state law. The purpose of this policy is to inform Associates about certain federal and state false claims and whistleblower laws in compliance with the requirements of Section 6032 of the Deficit Reduction Act of 2005 (“DRA”).

POLICY

Company shall make available to all Associates information and policies related to its commitment to detecting and preventing health care fraud, waste, and abuse. All Associates are expected to familiarize themselves with this policy and abide by this information and related policies when providing services to, or on behalf of, Company.

Company’s Employee Handbook shall include a summary description of the Federal False Claims Act, administrative remedies for false claims and statements, the rights of employees to be protected as whistleblowers, and the Company’s policies relating to detecting and preventing fraud, waste, and abuse.

Education

Federal Law Summary

There are a number of federal laws that are designed to address health care fraud, waste, and abuse. Chief among these laws are the Federal False Claims Act and the administrative remedies for false claims and statements, known as the Federal Program Fraud Civil Remedies Act or the Federal Administrative Remedies for False Claims and Statements.

The Federal False Claims Act prohibits a person from knowingly filing a false or fraudulent claim for payment or knowingly using a false statement or representation in connection with filing a claim that seeks reimbursement from Medicare, Medicaid, or other federally-funded programs. A person acts “knowingly” if the person has actual knowledge of the false information in the claim, acts in deliberate ignorance of the falsity of the claim, or acts in reckless disregard of the falsity of the claim.

Federal Law Whistleblower Provisions

The False Claims Act permits a private person with actual knowledge of false claims activity to file a civil lawsuit on behalf of the federal government. These so-called “qui tam” or “whistleblower” provisions of the False Claims Act contain detailed procedures for how to file such lawsuits. The purpose of bringing the qui tam suit is to recover the funds paid by the federal government as a result of the false claims. Sometimes the federal government decides to join the qui tam suit. If the suit is ultimately successful, the whistleblower that initially brought the suit may be awarded a percentage of the funds recovered.

Federal Law Protections Against Retaliation

The False Claims Act also protects employees from retaliation or discrimination in the terms and conditions of their employment based on lawful acts of the employee done in furtherance of an action under the False Claims Act. 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.

Federal Law Fines and Penalties

Penalties for violating the False Claims Act include up to three times the amount of damage sustained by the federal government, civil monetary penalties of between \$10,781 and \$21,563 (subject to increases for inflation) per false claim, and/or exclusion from federally funded programs. Federal law also contains criminal and administrative sanctions for false claims and statements that may be applicable to identified instances of health care fraud, waste, and abuse.

The Federal Program Fraud Civil Remedies Act or the Federal Administrative Remedies for

False Claims and Statements creates administrative authorities that permit federal agencies to recover in the case of false claims. If a person submits a claim that the person knows is false or contains false information, or omits material information, then the agency receiving the claim may impose a civil penalty of up to \$10,781 per claim plus twice the amount of the claim. This law is violated when the false claim is submitted. The determination of whether a claim is false and the imposition of fines and penalties is made by an administrative agency, not in the federal court system.

State Law

Many states have laws similar to the Federal False Claims Act and the Program Fraud Civil Remedies Act. A map with links to individual laws can be found at: <http://www.taf.org/states-false-claims-acts>. The state of New York has some additional requirements that can be found here: http://www.omig.ny.gov/images/stories/relevant_fca_statutes_122209.pdf.

Commitment to Detecting and Preventing Health Care Fraud, Waste, and Abuse

The Company is committed to complying with the Deficit Reduction Act, the False Claims Act requirements, and to detecting and preventing health care fraud, waste, and abuse. Toward this end, the Company has established a comprehensive Compliance and Ethics Program. The Compliance and Ethics Program includes various policies and procedures designed to detect and prevent fraud, waste, and abuse. For example, there are policies and procedures establishing training processes, auditing and monitoring processes, an investigations process, anonymous reporting mechanisms, and prohibiting non-retaliation for the good faith reporting of concerns. All Company Associates are obligated to be familiar with and abide by the requirements of our Compliance and Ethics Program.

PROCEDURE

1. All new Associates will receive Compliance training that shall include a detailed overview of the Compliance and Ethics Program including False Claims Act education. Thereafter, periodic updates will be provided to existing Associates.

2. All Company Associates shall have access to this Policy on False Claims Act education. The Policy contains detailed information about the state and federal False Claims Act, administrative remedies for false claims and statements, relevant state laws that create civil or criminal penalties for false claims and statements, and whistleblower protections under such laws as required by the DRA.
 - a. A copy of this policy shall be made available to all Associates in the following locations:
 - i. On the Company’s public website at www.teamhealth.com,
 - ii. On the Company’s internal website via the Compliance page of TeamShare, the TeamHealth Institute (“THI”) website, and on the Compliance page of the IPC Virtual Office.

3. Upon hire, all Company employees shall be provided access to the Employee Handbook which shall contain a summary of this Policy on False Claims Act education, non-retaliation, and whistleblower protections.

4. The electronic pay stub for all contractors and agents shall contain a link to this policy on the Company’s public web site.

SEEKING GUIDANCE AND REPORTING CONCERNS

If you have a question about this policy or you are aware of activities that may violate this policy, Speak Up. Contact a member of the Compliance Team or use one of the anonymous reporting mechanisms set forth below.

Compliance Hotline: 888-315-2362

Report OnLine: @ www.teamhealthcompliance.com

ISSUER

*“TeamHealth” refers to Team Health Holdings, Inc., its subsidiaries, and affiliated professional entities.

**This policy has been issued by AmeriTeam Services, LLC, the administrative and support services subsidiary of Team Health Holdings, Inc., which employs the officers and other TeamHealth affiliated representatives, including those who are members of the referenced departments, committees and the Compliance Advisory Group. Team Health Holdings, Inc. and its subsidiary Team Health, Inc. are non-operating holding companies without employees. Separate subsidiaries or other affiliates of Team Health Holdings, Inc. carry out all operations, employ all employees, and employ or contract with all physicians and other healthcare providers. All physicians and other healthcare providers exercise their independent professional clinical judgment when providing clinical patient care. Team Health Holdings, Inc. and Team Health, Inc. do not contract with physicians or other healthcare providers to provide medical services nor do they practice medicine in any way.

REFERENCES AND RELATED POLICIES

1. Compliance and Ethics Program Policy
2. Anonymous Reporting Mechanisms Policy
3. Reporting Concerns and Seeking Guidance Policy
4. Compliance Investigations Policy
5. Compliance Training Policy
6. Compliance Auditing and Monitoring Policy
7. Non-Retaliation Policy

ATTACHMENTS

None