

<b>Policy Name: Federal and State False Claims Act Education Policy</b>		
<b>Effective Date:</b> May 1, 2019	<b>Replaces Policy Dated:</b> January 1, 2017	<b>**Issuing Department:</b> Compliance
<b>Approved By:</b> Executive Compliance Committee	<b>Reviewed By:</b> Compliance Advisory Group	<b>Review Dates:</b> May 2023

**APPLICABILITY**

This policy applies to subsidiaries and affiliated professional entities of Team Health Holdings, Inc. (collectively, the “Company”) and all Company affiliated officers, directors, employees, 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 Federal health care program beneficiaries.

**PURPOSE**

Company is committed to preventing health care fraud, waste, and abuse and complying with applicable state and federal laws related to health care fraud, waste, and abuse. The Deficit Reduction Act of 2005 requires dissemination of information about the federal False Claims Act and other laws, including state laws, detecting fraud, waste, and abuse and whistleblower protections for reporting these issues. To ensure compliance with such laws, Company has policies and procedures in place to educate all Associates, monitor its efforts to detect and prevent fraud, waste, and abuse, and investigate allegations of fraud, waste, and abuse.

**DEFINITIONS**

**Federal Health Care Program** - any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or a State health care program (e.g., Medicare, Medicaid, TRICARE and the Federal Employees Health Benefits Programs).

**POLICY**

In conformance with the Deficit Reduction Act of 2005, Company requires compliance with all laws applicable to its business, including applicable federal and state laws dealing with false claims and false statements.

**EDUCATION**

1. Federal Law

a. Summary of the Federal False Claims Act

The Federal False Claims Act (“FCA”) 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. False claims for healthcare providers can take a variety of forms. Examples include, but are not limited to, submitting a claim to Medicare for services not rendered; duplicate billing for the item or service provided; and charging for one service when a different service was provided.

b. Federal Administrative Remedies

The penalties for violating the FCA are severe. Violators may be subject to a civil penalty for each false claim submitted. In addition, the violator may be required to pay three times the amount of damages sustained by the government for each false claim, which is typically the amount the government paid for each false claim. The Office of Inspector General (“OIG”) may seek exclusion of a convicted healthcare provider or supplier from further participation in any federal healthcare program. A violator may be held liable to the government for costs associated with any civil action that seeks to recover penalties or damages. There are also criminal consequences under federal law for intentional participation in the submission of a false claim.

c. Federal Law Whistleblower Provisions

Any person may bring an action under the FCA on behalf of the government in federal court. The purpose of the suit is to recover funds paid by the government because of the false claim. If the suit is successful, the “qui tam relator” or “whistleblower” that initially brought the suit may be awarded a percentage of the funds recovered. Such a suit is initiated by filing the complaint and related evidence under seal with the federal court. The case remains under seal for 60 days to allow the government an opportunity to investigate the allegations. The government may then elect to pursue the matter in its own name or decline to proceed. If the government declines to proceed, the person bringing the action has the right to continue on his/her own in federal court. A case may be brought within 6 years of the filing of the false claim.

d. Federal Law Protections Against Retaliation

The FCA contains protections for individuals who report suspected violations in good faith, even if the report turns out not to be correct. In accordance with the FCA, anyone initiating a complaint or reporting a violation may not be discriminated or retaliated against or harassed in any manner by his or her employer.

2. State Law

Many states have laws similar to the Federal False Claims Act. Questions regarding false claims act legislation in a particular state in which Company operates can be directed to the Company legal or compliance department.

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

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 consists of the following elements:

- a. Written policies and procedures;
- b. Compliance Officer and Compliance Committees;
- c. Compliance training and education;
- d. Auditing and monitoring;
- e. Reporting mechanisms, including an anonymous hotline;
- f. Processes for responding to all reported concerns; and
- g. Disciplinary standards and enforcement guidelines.

All Company Associates are obligated to be familiar with and abide by the requirements of the Company 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.
  - 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](http://www.teamhealth.com),
    - ii. On the Company's internal website via the Compliance & Ethics Channel on Zenith.
3. Upon hire, all Company employees shall be provided access to the Associate 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 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](http://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, LLC 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, LLC 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. Disclosure Program - Anonymous Reporting Mechanisms Policy
3. Disclosure Program - Reporting Concerns and Seeking Guidance Policy
4. Disclosure Program - Non-Retaliation Policy

**ATTACHMENTS:** None