



# LIVE OUR MISSION. KNOW OUR STANDARDS.

PROMEDICA'S STANDARDS OF CONDUCT



# LETTER FROM THE PRESIDENT

It is an exciting time for ProMedica as we continue to evolve. Our Mission and Values remain the motivation for the goals we set and challenges we face as an organization in the dynamic healthcare field. As a non-profit healthcare organization, we have an obligation to our patients, residents, and members (collectively, "patients") to encourage employee accountability and promote an environment of respect. Every day is an opportunity to lead by example and live our core values - compassion, innovation, teamwork, excellence, and learning.

Thank you for taking the time to review our expectations; we ask that you use these Standards as practical guidance to empower ethical decision-making in the workplace. It is an expectation for all employees to understand and comply with the Standards and policies related to their specific job function. Whether providing direct patient care or indirectly supporting those that do, we all impact the ProMedica culture and have a responsibility to uphold our Mission and Values.

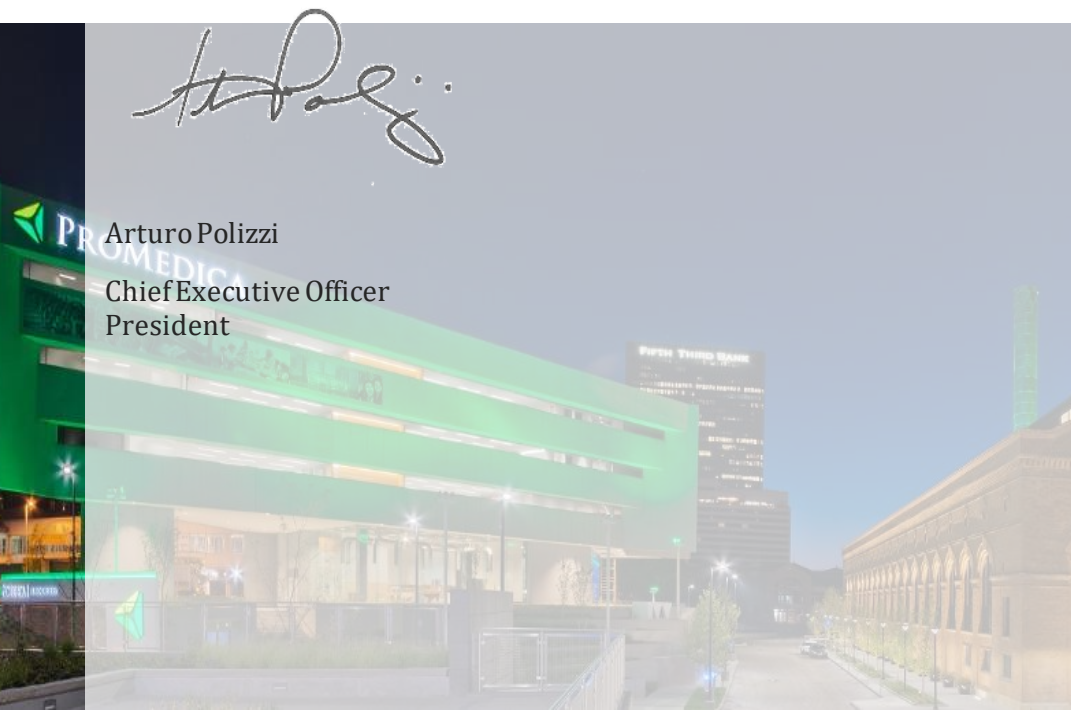
There are resources available for questions or ethical concerns in the workplace; please speak with your direct supervisor, facility compliance liaison, Compliance Officer, or the Compliance Department. An anonymous reporting option is available to employees via the Compliance Hotline at 419-824-1815 in the metro-Toledo area or 1-800-807-2693 or the Senior Care Compliance Hotline at 1-800-366-1232.

Thank you for all you do and your dedication to helping ProMedica better serve our patients and community.



A handwritten signature in black ink, which appears to read "Arturo Polizzi".

Arturo Polizzi  
Chief Executive Officer  
President







# OUR MISSION

*To improve your health and well-being*

When we live by our Mission and Values,  
we create an environment centered on our patients.

Realizing our patients and members come first,  
we are humbly committed to serving the calling  
of our collective professions.

If we do not directly serve patients,  
our job is to serve those who do;  
in this sense, we are all caregivers.





# HOW WE GUIDE OUR ACTIONS



We act with respect integrity, and dignity; each of us is a caregiver, our actions, words, and tone let other know we truly



We continually search to find a better way forward. Changes enable us to deliver high-quality care and best possible outcomes.



We are an inclusive team of diverse and unique individuals who collaborate to meet the ongoing needs of our patients and communities. We are better together than apart.



We strive to be the best in all we do; we value lifelong learning, practice continuous improvement and provide exceptional service in living our Mission to improve your health and well-being.



We continuously pursue knowledge and education to enhance our organizational, professional and personal capabilities. We are committed to building a premier academic medical center to transform medical education, research and clinical care in northwest Ohio.



# OUR PURPOSE

At ProMedica, we are proud of the values that drive our success. These values shape an environment and culture that nurtures the highest standards in business ethics and personal integrity. These same ethics and values are displayed in our commitment to excellence in the services we provide. We have reached an exemplary level of corporate citizenship that is benchmark within health care. It is imperative as individuals we understand and adhere to these principles and values to protect ProMedica's integrity and welfare.

If you are unsure what to do in a situation, you have support.

Please speak with your supervisor, facility compliance liaison, and/or compliance officer about your concerns.



## POLICY

Exactly what constitutes an unethical business practice is both a moral and legal question. ProMedica recognizes and respects the right of each person covered by this policy to engage in activities that are private in nature and do not in any way conflict with or reflect poorly on ProMedica. ProMedica reserves the right, however, to determine when any activity represents a conflict with ProMedica's interest and to take whatever action is necessary to resolve the situation.

## SCOPE

The Standards of Conduct (SOC) is designed to address all related party transactions, business activities, relationships, affiliations and interests with ProMedica entities. They are in no way intended to interfere with the provider/patient relationship. Providers are expected to act in the best interest of their patients in providing medical care.

## PROCEDURE

In order to achieve the designed objectives, ProMedica has developed SOC. These standards apply to all ProMedica board members, associated physicians, employees, volunteers, and affiliated persons. These standards are described in the four SOC and certification statements for board members, physician (employed and non-employed), and employees. Members of each of these categories are expected to certify their compliance with the accepted standards.

Responsibility for administration of this policy is shared by the Governance Office, Human Resources, ("H/R"), the Chief Medical Officer ("CMO"), the Audit and Compliance department, and all of ProMedica leadership. Specific responsibilities are defined by certifying groups below:

## CERTIFICATION

All employees (other than physician employees) must sign the Employee Certification Statement, either digitally or by hand, prior to beginning their employment with ProMedica. In addition, leaders who are bonus eligible and other employees identified as high risk for improper influence must complete and sign an annual Employee Certification survey.

All physicians employed by ProMedica will be given a copy of the appropriate Physician SOC and the Certification Statement for completion/signature upon initiation of his/her association with ProMedica. Annually thereafter, all employed physicians will re-certify by completing the Certification Statement electronically or in paper form within the timeframe specified.

Each non-employed physician associated with ProMedica will be given a copy of the Physician SOC and the Certification Statement upon initiation of his/her association/contract with ProMedica. Each physician must sign a Physician Certification Statement upon initiation and renewal of his/her association/contract with ProMedica.



## STANDARDS

All persons covered by this policy must promptly report a violation or suspected violation of law or the Compliance Program. Any form of retaliation against an employee who reports a perceived problem or concern in good faith is strictly prohibited.

Respondents are required to disclose activities, associations, or interests that may conflict with this policy in an effort to resolve the situation(s) in an effective, timely manner in the best interest of ProMedica.

While it is not possible to define the various circumstances and relationships that would be “unethical”, the following guidelines should provide a good understanding.

### Compliance with Laws and Regulations

ProMedica’s commitment to compliance with federal, state, and local laws is of the utmost importance. This includes the Federal False Claims Act and State Laws Pertaining to Penalties for False Claims and Statements (see attached appendix). While it is not practical to attempt to list all laws to which ProMedica is subject, it is obvious that neither ProMedica nor any Employee should participate in any fraudulent or deceptive activities toward:

- ProMedica
- Patients
- Insureds
- Any other ProMedica business associations
- Suppliers
- Contractors
- Volunteers

To that end, ProMedica has a Corporate Compliance Program with which all Employees must comply. Any Employee who becomes aware, directly or indirectly, of an instance violating the Compliance Program must promptly report the situation to their direct supervisor, the ProMedica Compliance Department, or call the Compliance Hotline at 419-824-1815/800-807-2693 or the Senior Care Compliance Hotline for ProMedica Senior Care Employees at 1.800.366.1232. Detailed requests for information regarding the Corporate Compliance Program may be referred to the Compliance Department.



## Patient Privacy

We respect our patients' right to privacy. Any Employee/Physician/Board Member/Volunteer/Affiliated Person who has knowledge of or access to any patient's protected health information must take necessary steps to ensure information is not released or disclosed in a manner that would violate the patient's rights under the Health Insurance Portability and Accountability Act (HIPAA) or under any other federal or state law. Privacy can be contacted at 419-291-1211.

## Improper Influence

Employees/Physician/Board Members shall not influence, or seek to influence, any person, firm, customer, or supplier who has, or is likely to have, business dealings with ProMedica through the exchange or offer to exchange of cash, gifts, services, promises or other remuneration in an attempt to influence their actions related to ProMedica.

Nor shall any of the above accept, or seek, any cash or significant gifts (i.e., with a value in excess of \$75), services, or personal favors from anyone who has, or is likely to have, business dealings with ProMedica.

## Confidential Information and Trade Secrets

At no time during or after the employee, physician, or Board Member's association with ProMedica may he/she use, disseminate, or disclose to any person, firm, corporation or other business entity, any confidential information or trade secret belonging to any ProMedica organization. A Physician may use confidential information and trade secrets of a ProMedica organization only in the furtherance of and to the extent required to perform his/her duties to that organization. All documents, communications and things containing confidential information or trade secrets belonging to a ProMedica organization are the property of that organization.

## Campaign and Election Guidelines

ProMedica's policy with respect to the nomination or election of candidates to public office is one of non-partisanship. ProMedica does not support or take positions as to political parties or as to the nomination or election of individual candidates to political office. ProMedica funds, properties or services shall not be contributed or used directly or indirectly for the purposes of influencing the nomination or election of individual candidates to political office.

## Gifts and Other Benefits

Employees may not accept cash, gifts, products, services, or loans (monetary, equipment, supplies, material, etc.) other than those of nominal value, or have any travel, living, or entertainment expenses paid for themselves or members of their households, by any supplier or any person, firm, or company doing business or seeking to do business with ProMedica. Such gifts, if received, must be returned to the provider/supplier. Infrequent exceptions may be made for activities such as supplier-sponsored seminars upon advance written approval by the Senior Vice-President, the Business Unit Head, or higher-level management not participating in the activity.

## Speeches, Presentations, and Publications

Honoraria and publication opportunities for ProMedica employees must be conducted on an individual's own time and must not conflict with his/her job responsibilities. Each opportunity will be considered on an individual basis and must have the documented, advance approval of a business unit president or corporate vice-president. Under no circumstances may *any* information derived from any ProMedica source be used without advance approval. The employee is responsible for following system policy, SP 1.03, and the steps included therein when considering these activities.



## Conflicts of Interest

Employees, physicians, and Board Members are expected to avoid conflicts of interest and/or the appearance of conflicts of interest, which may arise from their activities related to business decisions of ProMedica. It is not possible to describe, or anticipate, all the circumstances and situations that might involve or appear to involve a conflict of interest. Yet one additional example is that our standards also prohibit personal business or personal purchases using ProMedica's discounts with any supplier or purchasing agency. Policy SP 1.03 can provide more details for those who wish to review other circumstances.

Please be aware that for purposes of the Standards of Conduct and Conflicts of Interest, the conduct of Immediate Family Members shall be considered conduct by the employee, physician, or Board Member. All conflicts of interest must be disclosed on the appropriate Certification Statement and, if not previously disclosed, reported immediately to the appropriate personnel. Please remember too, that as you are promoted or change roles at ProMedica, you will have to reexamine your relationships with outside organizations and their effect on your conflicts and certifications.

- Employees
  - Use Employee Certification Statement
  - Report to Business Unit Vice President of Human Resources
- Physician
  - Use Physician Certification Statement
  - Report to Chief Medical Officer of PPG or CMO for ProMedica Health System
- Board Member
  - Use Board Member Certification Statement
  - Report to board chairperson, the CEO, or the General Counsel

# COMPLIANCE CONTACTS FOR QUESTIONS OR ASSISTANCE

**VIVIEN TOWNSEND**

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**HERBERT DEAN**

*Director, Regulatory Compliance*

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✉ Herbert.Dean@ProMedica.org



# APPENDIX –

## False Claims Laws by State

In addition to the federal False Claims Act (FCA), some states have enacted false claims statutes. These state law versions are often modeled on the FCA. They may include, among other things, qui tam or whistleblower provisions. A summary of the state versions of false claims laws that exist in states where the Company operates a business unit can be found in this Appendix\*. Electronic versions of all state summaries can be found at the Company's intranet website and / or through other available means.

\* The monetary penalty amounts referenced for each state in this Appendix are subject to change from time to time in accordance with applicable state laws.

# ARIZONA

## Summary of False Claims Laws

Arizona law prohibits submitting false and fraudulent claims for medical assistance. Violations include presenting claims for medical items or services that were not provided, are in excess of the needs of an individual, or were provided by a person who is not a duly-licensed provider and requesting payments that violate an agreement between the person and the state. Arizona law also prohibits offering, delivering, receiving, and accepting any kickbacks or rebates in return for referrals or purchases which may be paid for by public assistance benefits.

### Arizona Civil and Criminal Penalties

A person who violates the Arizona false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$2,000 penalty per violation, plus two times the amount fraudulently claimed. That person may also be excluded from participating in medical assistance programs.

### Whistleblower Protection

Providers of Medicaid services, including all contractors, subcontracted providers of care, and non-contracting providers, have a duty to report suspected fraud and abuse. Any person who makes a good faith report will be immune from civil liability, unless the person has been charged with or is suspected of the fraud or abuse reported. That person will also be protected from retaliation by his or her employer.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards. The Arizona Insurance Commissioner must also be notified.

### Laws and Regulations

- Ariz. Rev. Stat. § 36-2918, 2918- 2918.01
- Ariz. Rev. Stat. § 23-1501
- Ariz. Rev. Stat. § 13-2311
- Ariz. Rev. Stat. § 36-2957
- Ariz. Rev. Stat. § 13-3713
- Ariz. Rev. Stat. § 12-510.



# CALIFORNIA

## Summary of False Claims Laws

California law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; possessing public property or state money and delivering less than all of that property; buying or receiving public property from a person who may not lawfully disburse the property; concealing or improperly avoiding or decreasing an obligation to pay or transmit money or property to the state; failing to report within a reasonable time a false claim that the person benefits from when the person knows the claim is false; and conspiring to commit any of these acts. California law also prohibits offering, soliciting, paying, or receiving any kickbacks or rebates in return for referrals or purchases which may be paid for by public assistance benefits.

### California Civil and Criminal Penalties

A person who violates the California false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$10,000 or \$11,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed fifty percent of the total recovery.

California law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; other special damages, including litigation costs and reasonable attorney fees; and punitive damages where appropriate.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Cal. Govt. Code § 12650, 12650 – 12656 (2012)
- Cal. Wel. & Inst Code. § 14107.2 (2012)
- Cal. Penal Code § 72

# COLORADO

## Summary of False Claims Laws

Colorado law prohibits submitting false and fraudulent claims for medical assistance. Violations include presenting false claims to the state for payment or approval; making or using false records, receipts, or statements; possessing public property or state money and delivering less than all of the property or money; buying or receiving public property from a state officer or employee who may not lawfully disburse the property; and conspiring to commit any of these acts. Colorado law also prohibits offering, paying, soliciting, and receiving any kickbacks or rebates in return for referring or soliciting patients.

### Colorado Civil and Criminal Penalties

A person who violates the Colorado false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include an \$11,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages. That person may also be excluded from participating in the medical assistance program.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Colorado law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Col. Rev. Stat. § 25.5-4-303.5, 303.5 – 310
- Col. Rev. Stat. § 18-5-114
- Col. Rev. Stat. § 26-1-127
- Col. Rev. Stat. § 12-240-134



# CONNECTICUT

## Summary of False Claims Laws

Connecticut law prohibits submitting false and fraudulent claims for medical assistance. Violations include presenting false or fraudulent claims to the state for payment or approval; making or using false records, receipts, or statements; possessing money from a medical assistance program and delivering less property than listed on the certificate or receipt; buying or receiving public property from a state officer or employee who may not lawfully disburse the property; accepting payment for goods or services in excess of the amounts due or authorized by law; performing services for or selling goods to a beneficiary knowing that he or she is not in need of the goods or services or without prior authorization when it is required; and conspiring to commit any of these acts. Connecticut law also prohibits submitting false, incomplete, and misleading information to insurers and assisting, soliciting or conspiring with another person to perform such acts. Additionally, Connecticut law prohibits offering, paying, or receiving any kickbacks or rebates in return for referrals or purchases which may be paid for by public assistance benefits.

## Connecticut Civil and Criminal Penalties

A person who violates the Connecticut false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include an \$23,331 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages. That person may also be excluded from participating in the medical assistance program. A person who makes false claims to an insurer may be required to reimburse the insurer and pay reasonable attorney fees and investigation costs in addition to criminal penalties.

## Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for false claims related to the medical assistance program and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Connecticut law also protects individuals who report or file claims related to suspected fraud and abuse in the medical assistance program. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

# CONNECTICUT (CONTINUED)

In addition, an individual who reports suspected health insurance fraud will be protected from liability for libel, slander, and other civil liability, unless that person disclosed false information with malice or willful intent to injure another person.

## **Reporting Violations**

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards. The Connecticut Insurance Commissioner must also be notified.

## **Laws and Regulations**

- Conn. Gen. Stat. § 4-274, 274-289
- Conn. Gen. Stat. § 53-440, 440 – 445
- Conn. Gen. Stat. § 53a-290, 290 – 296
- Conn. Gen. Stat. § 17b-127
  - Conn. Gen. Stat. § 53a-157b
- Conn. Gen. Stat. § 53a-161c, 161c – 161d

# DELAWARE

## Summary of False Claims Laws

Delaware law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements, conspiring to defraud the state by getting a false claim allowed or paid; possessing public property or state money and delivering less property than the amount listed on the certificate or receipt; and buying or receiving public property from a state officer or employee who may not lawfully disburse the property. Delaware law also prohibits soliciting, receiving, offering, or paying any kickbacks, bribes, or rebates in return for referrals or purchases which may be paid for under a public assistance program.

## Delaware Civil and Criminal Penalties

A person who violates the Delaware false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include an \$23,331 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages.

## Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Delaware law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

## Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

## Laws and Regulations

- 6 Del. Code Ann. § 1201, 1201 - 1211
- 31 Del. Code Ann. § 1003, 1003 - 1008
- 11 Del. Code Ann. § 913A



# FLORIDA

## Summary of False Claims Laws

Florida law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; conspiring to defraud the state to obtain payments; possessing public property or state money and delivering less property or money than the amount listed on the certificate or receipt; buying or receiving public property from a state officer or employee who may not lawfully disburse the property; charging, soliciting, accepting, or receiving anything of value, other than an authorized copayment, in addition to the amounts authorized under the Medicaid program; and using a provider or recipient's identification number to make claims for items or services not authorized to be reimbursed by the Medicaid program. Florida law also prohibits offering, paying, soliciting, or receiving any kickbacks, bribes, or rebates in return for referrals or purchases which may be paid for under the Florida Medicaid program, except for any discount, payment, waiver of payment, or payment practice not prohibited by the federal anti-kickback law (42 U.S.C. s. 1320a-7b(b)) or any regulations adopted under that law.

### Florida Civil and Criminal Penalties

A person who violates the Florida false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include an \$11,000 penalty per violation, plus up to five times the amount of damages suffered by the Medicaid program or the amount of the unlawful pecuniary gain (whichever is greater), and the litigation costs to recover those damages.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Florida law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with full fringe benefits and seniority rights; compensation for lost wages and benefits; litigation costs, including reasonable attorney fees; and the issuance of an injunction.

# FLORIDA (CONTINUED)

## Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

## Laws and Regulations

- Fla. Stat. Ann. § 68.081, .081 - .092
- Fla. Stat. Ann. § 448.101, .101 - .105
- Fla. Stat. Ann. § 409.920

# GEORGIA

## Summary of False Claims Laws

Georgia law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; conspiring to defraud the state by getting a false claim allowed or paid; possessing public property or state money and delivering less than all of the property or money; buying or receiving public property from a state officer or employee who may not lawfully disburse the property; and obtaining or retaining medical assistance benefits or payments to which one is not entitled or in an amount greater than that to which one is entitled. Georgia law also prohibits offering, delivering, receiving, or accepting any kickbacks or rebates in return for referrals of patients or purchases.

### Georgia Civil and Criminal Penalties

A person who violates the Georgia false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies are consistent with those under the federal False Claims Act, 31 U.S.C. 3729, (i.e., a maximum penalty of \$23,331 per violation) penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages. That person may also be excluded from participating in the medical assistance program.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will generally not exceed thirty percent of the total recovery.

Georgia law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.



# GEORGIA (CONTINUED)

## Laws and Regulations

- Ga. Code Ann. § 49-4-168, 168 – 168.6
- Ga. Code Ann. § 16-10-20, 20 - 21
- Ga. Code Ann. § 49-4-146.1, .1 - .3
- Ga. Code Ann. § 43-1B-4
- Ga. Code Ann. § 23-3-120, 120 - 127

# ILLINOIS

## Summary of False Claims Laws

Illinois law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; possessing public property or state money and delivering less than all of the property or money; buying or receiving public property from a state officer or employee who may not lawfully disburse the property; obtaining or attempting to obtain benefits or payments to which one is not entitled or in an amount greater than that to which one is entitled; and conspiring to commit any of these acts. Illinois law also prohibits soliciting or receiving kickbacks, bribes, or rebates in return for referrals or purchases which may be paid for under the public assistance program. The Chicago Municipal Code contains provisions that prohibit making false and fraudulent claims to city officials and employees.

### Illinois Civil and Criminal Penalties

A person who violates the Illinois or Chicago false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include an \$11,000 penalty per violation, plus three times the amount of damages the state or city suffers as a result of the violation, and the litigation costs to recover those damages.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state or city for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

The Illinois and Chicago laws also protect individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status and full fringe benefits; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- 740 Ill. Comp. Stat. Ann. § 175/1, /1 - /7
- 305 Ill. Comp. Stat. Ann. § 5/8A-3, A-3 – A-7
- Chicago Municipal Code § 1-21-010, 010 – 030; 1-22-010, 010 – 060

# INDIANA

## Summary of False Claims Laws

Indiana law prohibits submitting false and fraudulent claims to the state. Violations include presenting false claims for payment or approval; making or using false records, receipts, or statements; delivering less public property or money to the state than the amount listed on a certificate or receipt from the state; receiving public property from a state employee who may not lawfully disburse the property; conspiring with or inducing another person to do any of these acts; altering records required to be kept under the Medicaid program; and concealing information when applying for or receiving payments from the Medicaid program. Indiana law also prohibits soliciting, offering, or receiving any kickbacks or rebates in return for referrals or purchases which may be paid for by public assistance benefits.

### Indiana Civil and Criminal Penalties

A person who violates the Indiana false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a minimum \$5,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Indiana law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Ind. Code. Ann. § 5-11-5.5-1 – 5.5-18
- Ind. Code. Ann. § 35-43-5-7.1
- Ind. Code. Ann. § 12-15-24-2



# IOWA

## Summary of False Claims Laws

Iowa law prohibits submitting false and fraudulent claims to the state. Violations include, among others, presenting false or fraudulent claims for payment or approval; making or using a false record or a statement material to a false or fraudulent claim; possessing money or property used by the state and delivering less than all of that money or property; being authorized to make or deliver a document certifying receipt of property used by the state, and intending to defraud the state, making or delivering the receipt without knowing that the information on the receipt is true; concealing an obligation to pay money or property to the state; and conspiring to commit any of these acts. Iowa law also prohibits fraudulent practices that include making false statements or failing to disclose material facts in an application for payment of services rendered by a provider participating in the Medicaid program.

### Iowa Civil and Criminal Penalties

A person who violates the Iowa false claims act may be subject to civil penalties. Civil remedies may include a \$10,000 penalty per violation, plus three times the amount of damages the state sustains. A person who commits a fraudulent practice may face criminal penalties under a separate statute.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for certain violations of these laws and may receive a percentage of any amounts received in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Iowa law protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status, three times the amount of annual wages received by the aggrieved employee prior to the violation, and any equitable relief the court deems appropriate, including reasonable attorney fees and costs.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Iowa Code. Ann. § 249A.51
- Iowa Code. Ann. § 685.1, .1 - .7
- Iowa Code. Ann. § 70A.28, .28 - .29
- Iowa Code. Ann. § 714.8(10), 714.8(10) - 714.14.

# KANSAS

## Summary of False Claims Laws

Kansas law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; defrauding the state by getting a false claim allowed or paid; possessing public property or state money and delivering less property or money than the amount listed on the certificate or receipt; buying or receiving public property from a person who may not lawfully disburse the property; failing to report a false claim that the person benefits from knowing that the claim is false; and conspiring to commit any of these violations. Additionally, Kansas' Medicaid Fraud Control Act makes it unlawful, among other things, for a person to submit false and fraudulent claims to the Kansas Medicaid program.

### Kansas Civil and Criminal Penalties

A person who violates the Kansas false claims laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include an \$11,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages. A person who violates the Medicare fraud laws may be liable for payment of full restitution to the State plus interest and all reasonable expenses. The person may be subject to criminal offense punishable by substantial fines and imprisonment. That person may also be excluded from participating in the medical assistance program.

### Whistleblower Protections

Kansas law protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive the relief necessary to make the employee whole.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Kas Stat. Ann. § 75-7501, 7501 – 7511
- Kas. Stat. Ann. § 21-5925, 5925 – 5934
- Kas. Stat. Ann. §§ 75-725, 725 – 726
- Kas. Stat. Ann. § 75-2973

# KENTUCKY

## Summary of False Claims Laws

Kentucky law prohibits submitting false and fraudulent claims for medical assistance. Violations include presenting false or fraudulent statements in an application for benefits or to qualify an institution or facility as a provider in the medical assistance program; making false statements in reports used to determine payments; and conspiring to commit any of these acts. Kentucky law also prohibits soliciting, receiving, or offering any kickbacks or rebates in return for referrals or purchases which may be paid for by public assistance benefits.

### Kentucky Civil and Criminal Penalties

A person who violates the Kentucky false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$500 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages. The person may also be removed as a participating provider in the medical assistance program and forfeit his or her professional license for several years.

### Whistleblower Protections

Individuals who know or have reason to believe that fraud has occurred must file a confidential report with the state Medicaid Fraud Control Unit or Medicaid Fraud and Abuse hotline. Kentucky law protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may recover any actual damages sustained, including litigation costs and reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Ken. Rev. Stat. § 205.8451, .8451 - .8483

# MARYLAND

## Summary of False Claims Laws

Maryland law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, statements, or representations; possessing public property or state money and delivering less than all of that money or property; buying or receiving public property from a state officer, employee, or agent who may not lawfully disburse the property; concealing or improperly avoiding an obligation to pay money or property to the state; conspiring to commit any of these acts; converting benefits for a use that is not for an authorized beneficiary; and possessing a medical assistance or pharmacy assistance card without authorization from the person to whom the card is issued. Maryland law also prohibits providing or receiving kickbacks or rebates for the furnishing of goods, services, or referrals payable under a state health plan or program.

## Maryland Civil and Criminal Penalties

A person who violates the Maryland false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$10,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages.

## Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed twenty-five percent of the total recovery.

Maryland law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status and benefits; two times the amount of back pay, with interest; removal of adverse personnel record entries; other special damages, including litigation costs and reasonable attorney fees; a civil penalty of \$5,000 per violation; and punitive damages where appropriate.

## Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

# MARYLAND (CONTINUED)

## Laws and Regulations

- Md. Health-General Code Ann. § 2-601, 601 – 611
- Md. Crim. Law Code Ann. § 8-508, 508 – 519
- Md. Health Occupations Code Ann. § 1-501, 501 – 506
- Md. Health-General Code Ann. § 2-501, 501 – 505
- Md. Health Occupations Code Ann. § 1-301, 301 – 307
- Md. General Provisions Code Ann. § 8-101, 101 – 111



# MICHIGAN

## Summary of False Claims Laws

Michigan law prohibits submitting false and fraudulent claims to a state medical assistance program. Violations include presenting false claims for payment or approval; making false statements in an application or to qualify an institution or facility as a hospital, skilled nursing facility, intermediate care facility, or home health agency; failing to make known an event that affects one's right to receive benefits; aiding another in obtaining benefits or payments using a false claim; concealing an obligation to pay money or property to the state; making claims for unnecessary medical goods or services; and conspiring to commit any of these acts. Michigan law also prohibits presenting false claims to and concealing information from an insurer. Additionally, Michigan law prohibits offering, paying, soliciting, and receiving any kickbacks or rebates in return for referrals or purchases which may be paid for by public assistance benefits or an insurer.

## Michigan Civil and Criminal Penalties

A person who violates the Michigan false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$10,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages. A person who makes false claims to an insurer may be required to reimburse the insurer and may be subject to criminal penalties.

## Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for false claims related to a medical assistance program and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Michigan law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

## Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

## Laws and Regulations

- Mich. Comp. Laws Serv. § 400.601, .601 - .615
- Mich. Comp. Laws Serv. § 15.361, .361 - .369
- Mich. Comp. Laws Serv. § 752.1001, .1001 - .1011

# MINNESOTA

## Summary of False Claims Laws

Minnesota law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; conspiring to present a false claim to the state; possessing public property or money and delivering to the state less money or property than the amount listed on the receipt; and buying or receiving public property from a state officer or employee who may not lawfully disburse the property. Minnesota law also prohibits paying, receiving, or agreeing to receive any kickbacks or rebates in return for referrals of patients or purchases.

### Minnesota Civil and Criminal Penalties

A person who violates the Minnesota false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies are consistent with those under the federal False Claims Act, 31 U.S.C. 3729(a), (i.e., a maximum penalty of \$23,331 per penalty), plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages. That person may also be excluded from participating in the medical assistance program.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Minnesota law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; twice the amount of lost compensation, with interest, other special damages, including litigation costs and reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

# MINNESOTA (CONTINUED)

## Laws and Regulations

- Minn.Stat. Ann. § 15C.01,.01 - .16
- Minn.Stat. Ann. § 609.465,.465 - .466
- Minn. Stat. Ann. § 609.52
- Minn. Stat. Ann. § 3.756
  - Minn. Stat. Ann. § 181.932
- Minn.R. § 9505.2200
  - Minn. St Ann.§ 256B.064
- Minn. St Ann. § 147.091

# MISSOURI

## Summary of False Claims Laws

Missouri law prohibits submitting false and fraudulent claims for medical assistance. Violations include making false statements and representations to the state; making claims for unnecessary goods or services; concealing or failing to disclose information to obtain benefits or payments to which one is not entitled or in an amount greater than that to which one is entitled; and converting a benefit or payment for a use other than that for which it was specifically intended. Missouri law also prohibits offering, paying, soliciting, and receiving any kickbacks, bribes, or rebates in return for referrals or purchases which may be paid for under a medical assistance program.

### Missouri Civil and Criminal Penalties

A person who violates the Missouri false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$10,000 penalty per violation, plus three times the amount of damages the state and federal government suffer as a result of the violation, and the litigation costs to recover those damages. That person may also be excluded from participating in the medical assistance program.

### Whistleblower Protections and Rewards

Individuals who are the original source of information used by the attorney general to bring a false claims action may receive a percentage of the funds recovered in such action.

Missouri law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority and two times the amount of back pay, with interest. This percentage varies, but will not exceed ten percent of the total recovery.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Mo. Stat. Ann. § 191.900, .900 - .914
- Mo. Stat. Ann. § 198.142, .142 - .171

# NEVADA

## Summary of False Claims Laws

Nevada law prohibits making false and fraudulent claims to the state. Violations include presenting false claims for payment or approval; making or using false records, receipts, or statements; conspiring to defraud the state by obtaining allowance or payment of a false claim; possessing public property or state money and delivering less property than the amount listed on the receipt; buying or receiving public property from a person who is not authorized to disburse the property; benefiting from an unintentional false claim and failing to report this after discovering that the claim was false; and failing to maintain or destroying records required by law to be maintained. Nevada law also prohibits soliciting, receiving, offering or paying any kickbacks, bribes, or rebates for the furnishing of goods or services to a recipient pursuant to the state plan for Medicaid.

### Nevada Civil and Criminal Penalties

A person who violates the Nevada false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include an \$11,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages.

### Whistleblower Protections

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Nevada law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; other special damages, including litigation costs; and punitive damages where appropriate.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Nev. Rev. Stat. Ann. § 357.010, .010 - .250
- Nev. Rev. Stat. Ann. § 422.540, .540 - .580



# NEW JERSEY

## Summary of False Claims Laws

New Jersey False Claims Act, P.L. 2007, Chapter 265 (N.J.S. 2A:32C-1 to 2A:32C-17)

This law has three parts: (a) the main part authorizes the NJ Attorney General and whistleblowers to file false claims lawsuits similar to what is authorized under the Federal False Claims Act, and has similar whistleblower protections; (b) another part makes violations of the NJ False Claims Act also give rise to liability under the NJ Medical Assistance and Health Services Act; and (c) a third part amends the NJ Medical Assistance and Health Services Act to increase the \$2,000 per false claim civil penalty to the same level provided for under the Federal False Claims Act, currently between \$5,500 and \$11,000 per false claim.

### New Jersey Civil and Criminal Penalties

New Jersey Medical Assistance and Health Services Act - Criminal Penalties, N.J.S. 30:4D-17(a)-(d) Provides criminal penalties for individuals and entities engaging in fraud or other criminal violations relating to Title XIX-funded programs. They include: (a) fraudulent receipt of payments or benefits: fine of up to \$25,000, imprisonment for up to 3 years, or both; (b) false claims, statements or omissions, or conversion of benefits or payments: fine of up to \$25,000, imprisonment for up to 3 years, or both; (c) kickbacks, rebates and bribes: fine of up to \$25,000, imprisonment for up to 3 years, or both; and (d) false statements or representations about conditions or operations of an institution or facility to qualify for payments: fine of up to \$25,000, or imprisonment for up to 1 year, or both. Criminal prosecutions are generally handled by the Medicaid Fraud Section within the Office of Insurance Fraud Prosecutor, in the N.J. Division of Criminal Justice.

New Jersey Medical Assistance and Health Services Act - Civil Remedies, N.J.S. 30:4D-7(h), N.J.S. 30:4D-17(e)(i); N.J.S. 30:4D-17.1(a).

In addition to the criminal sanctions discussed above, violations of N.J.S.30:4D-17(a)-(d) can also result in the following civil sanctions: (a) unintentional violations: recovery of overpayments and interest; (b) intentional violation, or violation of the New Jersey False Claims Act discussed below: recovery of overpayments, interest, up to triple damages, and between \$5,500 and \$11,000 for each false claim. Recovery actions are generally pursued administratively by the Division of Medical Assistance and Health Services, with the assistance of the Division of Law in the N.J. Attorney General's Office, and can be obtained against any individual or entity responsible for or receiving the benefit or possession of the incorrect payments. In addition to recovery actions, violations can result in the exclusion of an individual or entity from participation in all health care programs

# NEW JERSEY (CONTINUED)

funded in whole or in part by the NJ. Division of Medical Assistance and Health Services. Recovery and exclusion can also be obtained as part of a criminal prosecution by the Medicaid Fraud Section of the N.J. Division of Criminal Justice.

New Jersey Health Care Claims Fraud Act N.J.S. 2C:21-4.2 & 4.3; N.J.S. 2C:51-5 Provides for criminal penalties for health care claims fraud, including the submission of false claims to programs funded in whole or in part with state funds by:

- A practitioner who knowingly or recklessly commits health care claims fraud in the course of providing professional services is guilty of a crime of the second degree, and is subject to a fine of up to 5 times the monetary benefits obtained or sought to be obtained and to permanent forfeiture of his license;
- A person who is not a practitioner subject to paragraph a. above (for example, someone who is not licensed, registered or certified by an appropriate State agency as a health care professional) is guilty of a crime of the third degree if that person knowingly or recklessly commits health care claims fraud.

## Whistleblower Protection

New Jersey Conscientious Employee Protection Act, “Whistleblower Act”, N.J.S. 34:19-4

This “Whistleblower Act” protects individuals within an organization who observe activities or behavior that may violate the law in some manner and who report their observations either to management or to governmental agencies.

New Jersey law prohibits an employer from taking any retaliatory action against an employee because the employee does any of the following:

- a. Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy or practice of the employer or another employee, with whom there is a business relationship, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law, or, in the case of an employee who is a licensed or certified health care professional, reasonably believes constitutes improper quality of patient care;
- b. Provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any violation of law, or a rule or regulation issued under the law by the employer or another employer, with whom there is a business relationship, or, in the case of an employee who is a licensed or certified health care professional, provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into quality of patient care;

# NEW JERSEY (CONTINUED)

- c. Provides information involving deception of, or misrepresentation to, any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employer or any governmental entity;
- d. Provides information regarding any perceived criminal or fraudulent activity, policy or practice of deception or misrepresentation which the employee reasonably believes may defraud any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employer or any governmental entity; or
- e. Objects to, or refuses to participate in, any activity, policy or practice which the employee reasonably believes:
  - i. is in violation of a law, or a rule or regulation issued under the law or, if the employee is a licensed or certified health care professional, constitutes improper quality of patient care;
  - ii. is fraudulent or criminal; or
  - iii. is incompatible with a clear mandate of public policy concerning the public health, safety or welfare or protection of the environment. N.J.S. 34:19-3.

The protection against retaliation, when a disclosure is made to a public body, does not apply unless the employee has brought the activity, policy or practice to the attention of a supervisor of the employee by written notice and given the employer a reasonable opportunity to correct the activity, policy or practice. However, disclosure is not required where the employee reasonably believes that the activity, policy or practice is known to one or more supervisors of the employee or when the employee fears physical harm as a result of the disclosure, provided that the situation is emergent in nature.

## Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

# NEW MEXICO

## Summary of False Claims Laws

New Mexico law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; conspiring to defraud the state by getting false or fraudulent claims allowed or paid; converting benefits or payments for personal use; making a claim for a service or product that was not provided; destroying or altering records required by law to be maintained; providing false information to or withholding information from a person authorized to investigate violations; possessing property or money to be used by the state and delivering less property or money than the amount listed on the receipt; buying or receiving public property from a person who may not lawfully disburse the property; and failing to report a false claim that the person benefits from knowing that the claim is false. New Mexico law also prohibits paying, soliciting, offering, or receiving any kickbacks or rebates in return for referrals or purchases which may be paid for under a medical assistance program.

### New Mexico Civil and Criminal Penalties

A person who violates the New Mexico false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$10,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

New Mexico law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; other special damages, including litigation costs and reasonable attorney fees; and punitive damages where appropriate.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- N.M. Stat. Ann. § 27-14-1, 1 - 15
- N.M. Stat. Ann. § 30-44-1, 1 - 8
- N.M. Stat. Ann. § 44-9-1, 1 - 14

# NORTH CAROLINA

## Summary of False Claims Laws

North Carolina law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; possessing property or money used or to be used by the state and delivering less than all of that property or money; buying or receiving public property from a state officer or employee who may not lawfully disburse the property; concealing or improperly avoiding or decreasing an obligation to pay or transmit money or property to the state; and conspiring to commit any of these acts. North Carolina law also prohibits compensating a person, firm, or corporation for recommending or securing the health care provider's employment by a patient.

### North Carolina Civil and Criminal Penalties

A person who violates the North Carolina false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include an \$11,000 penalty (as may be adjusted by Section 5 of the Federal Civil Penalties and Inflation Adjustment Act, as amended, which for 2020 is \$23,331) per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for certain violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

North Carolina law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- N.C. Gen. Stat. § 108A-70.10, .10 - .17
- N.C. Gen. Stat. § 1-605, 605 - 618
- N.C. Gen. Stat. § 90-401



# OHIO

## Summary of False Claims Laws

Ohio law prohibits making false and fraudulent claims to the Medicaid program or a governmental agency. Violations include using fraud or deception to obtain benefits or payments to which one is not entitled or in an amount greater than that to which one is entitled; making false reports, statements, or representations; falsifying, concealing, altering, or destroying records; concealing an interest in property to qualify for benefits; and failing to disclose a transfer of property in an application for benefits. Ohio law also prohibits soliciting, receiving, offering, or paying any kickbacks, bribes, or rebates in return for referrals or purchases which may be paid for under a public assistance program.

### Ohio Civil and Criminal Penalties

A person who violates the Ohio false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$10,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages. That person's provider license may also be suspended or terminated.

### Whistleblower Protections

Ohio law protects individuals who report or file claims related to suspected fraud and abuse. Employees should report suspected violations internally pursuant to company policy as soon as possible. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status and fringe benefits; payment of back wages; and litigation costs and attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Ohio Rev. Code Ann. § 5164.35
- Ohio Rev. Code Ann. § 5162.15
- Ohio Rev. Code Ann. § 2913.40, 40 - .47
- Ohio Rev. Code Ann. § 2921.13
- Ohio Rev. Code Ann. § 4113.52
- Ohio Rev. Code Ann. § 124.341

# OKLAHOMA

## Summary of False Claims Laws

Oklahoma law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; conspiring to defraud the state by getting a false claim allowed or paid; possessing public property or state money and delivering less property than the amount originally possessed; buying or receiving public property from a state officer or employee who may not lawfully disburse the property; failing to make known an event that affects one's right to receive public assistance benefits; charging any recipient money or other consideration in excess of the rates established under a medical assistance program; failing to maintain records required by law to be maintained; and using a medical identification card to obtain assistance to which one is not entitled. Oklahoma law also prohibits soliciting or accepting any kickbacks in return for referrals or purchases which may be paid for under a medical assistance program.

### Oklahoma Civil and Criminal Penalties

A person who violates the Oklahoma false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies are consistent with those under the federal False Claims Act, 31 U.S.C. 3729(a), (i.e., a maximum of \$23,331 per violation) plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover those damages. A violator's provider agreement may also be suspended for up to five years.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Oklahoma law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- 56 Okl. St. Ann. § 1001, 1001 - 1008
- 63 Okl. St. Ann. § 5053.1 – 5054
- 21 Okl. St. Ann. § 358, 358 - 359

# PENNSYLVANIA

## Summary of False Claims Laws

Pennsylvania has adopted Medicaid anti-fraud statutes that are intended to prevent the submission of false or fraudulent claims to the Pennsylvania Medicaid program.

Pennsylvania law prohibits the knowing or intentional submission of false or fraudulent claims or cost reports for payment of funds by or receipt of benefits from the state's Medicaid program. More specifically, it prohibits the knowing or intentional presentation of a false or fraudulent claim or cost report; the knowing presentation of a claim or cost report for medically unnecessary services or merchandise; the knowing submission of false information to obtain a payment in excess of the legally permissible amount; and the knowing submission of false information to obtain authorization to provide such services or merchandise under the state's Medicaid program.

Pennsylvania law also prohibits the submission of a duplicate claim for services, supplies or equipment for which the provider has already received or claimed reimbursement from any source, the submission of a claim for services, supplies or equipment which were not rendered to a Medicaid recipient, and making a false statement in the application for enrollment as a provider, among other activities. The Pennsylvania statute also includes an anti-kickback provision, prohibiting the solicitation, receipt, or offering to pay any remuneration, including any kickback, bribe or rebate, directly or indirectly, in connection with the furnishing of, referring an individual to a person for the furnishing of, or arranging for the furnishing of any services or merchandise paid for in whole or in part by the Medicaid program.

## Pennsylvania Civil and Criminal Penalties

State officials may seek criminal penalties for violations of these laws, and the violator may be found guilty of a felony, punishable by imprisonment, and face fines up to \$15,000 per violation. A second violation could lead to a \$25,000 fine. In addition, upon conviction, the trial court must order repayment of the excessive payments or improperly obtained benefits plus interest. A provider convicted of submitting false claims must also pay an amount of up to three times the amount of excessive benefits or payments and is ineligible to participate in the state's medical assistance program for five years. A person improperly obtaining Medicaid benefits is subject to a civil suit brought by state officials, termination or restriction of the individual's Medicaid benefits, and a \$1,000 penalty for each violation.

# PENNSYLVANIA

## (CONTINUED)

### **Whistleblower Protections and Rewards**

Only state officials can bring actions under the state's Medicaid anti-fraud provisions; individuals may not file a civil action on behalf of the state for violations of these laws.

Pennsylvania has enacted a state whistleblower law that generally prohibits an employer from discharging, threatening, or otherwise discriminating or retaliating against an employee who makes a good faith report about an instance of wrongdoing or waste, or an employee who participates in an investigation, hearing, or inquiry. The remedies for violating the whistleblower law may include a civil action by the whistleblower for injunctive relief and/or damages, and the penalties for violating the whistleblower law may include: reinstatement of the employee; payment of back wages; full reinstatement of fringe benefits and seniority rights; actual damages; and payment of the whistleblower's attorney fees and witness fees.

### **Reporting Violations**

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### **Laws and Regulations**

- 62 Pa. Stat. § 1407, 1407 – 1408
- 43 Pa. Stat. § 1421, 1421 - 1428

# **SOUTH CAROLINA**

## **Summary of False Claims Laws**

South Carolina law prohibits submitting false and fraudulent claims for medical assistance. Violations include making false claims, reports, statements, or representations in applying for benefits or payments; concealing or failing to disclose facts and events regarding the entitlement to receive assistance, payments, or services from the Medicaid program; maintaining fraudulent records; and exchanging Medicaid rights and benefits with another person. South Carolina law also prohibits presenting false claims to an insurer and assisting, soliciting, or conspiring with another person to submit such claims. Additionally, South Carolina law prohibits offering, paying, soliciting, or receiving any kickbacks or rebates in return for referring or soliciting patients.

### **South Carolina Civil and Criminal Penalties**

A person who violates the South Carolina false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$5,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation. That person may also face administrative sanctions, such as a suspension of the right to participate in the Medicaid program.

### **Reporting Violations**

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards. The Insurance Fraud Division of the Office of The Attorney General must also be notified.

### **Laws and Regulations**

- S.C. Code Ann. § 43-7-60, 60 – 90
- S.C. Code Ann. § 44-113-60
- S.C. Code Ann. § 38-55-170
- S.C. Code Ann. § 38-55-510, 510 – 590
- S.C. Code Ann. § 16-16-10, 10 – 25
- S.C. Code Regs. § 126-403



# TEXAS

## Summary of False Claims Laws

Texas law prohibits submitting false and fraudulent claims to the state. Violations include making or using false statements, records, or representations; failing to maintain records required by law to be maintained; concealing or failing to disclose information that permits a person to receive assistance, payments, or services from the Medicaid program to which he or she is not entitled; converting benefits or payments for a use other than that for which they are intended; charging, soliciting, or accepting gifts or payments as a condition of continued service to a Medicaid recipient; presenting claims for goods or services provided by an unlicensed person; aiding another in obtaining unauthorized payments or benefits; and obstructing an investigation by the attorney general. Texas law also prohibits soliciting, receiving, offering, or paying any kickbacks, bribes, or rebates in return for referrals or purchases which may be paid for under the medical assistance program.

### **Texas Civil and Criminal Penalties**

A person who violates the Texas false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$15,000 penalty or penalty allowable under 31 U.S.C. Section 3729(a) per violation, or more if authorized by federal law, and two times the amount of damages the state suffers as a result of the violation. A violator may also have his or her occupational license or provider agreement revoked or suspended.

### **Whistleblower Protections and Rewards**

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery. Individuals who report fraud and abuse of state Medicaid funds may receive an award of up to thirty percent of any administrative penalty imposed as a result of the individual's report.

Texas law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two or more times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

# TEXAS (CONTINUED)

## Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

## Laws and Regulations

- Texas Human Resources Code § 32.039, .039 - .0391
- Texas Human Resources Code § 36.001, .001 - .132
- Texas Government Code § 531.101, .1011, .102, .1031

# VIRGINIA

## Summary of False Claims Laws

Virginia law prohibits submitting false and fraudulent claims to the state. Violations include presenting false or fraudulent claims for payment or approval; making or using false records, receipts, or statements; possessing public property or state money and delivering less than all such money or property; buying or receiving public property from a state officer or employee who may not lawfully disburse the property; concealing, avoiding, or improperly decreasing an obligation to pay or transmit money or property to the state; conspiring to commit any of these acts; submitting claims for services that were not furnished; failing to disclose an event that affects one's right to continued benefits or payments; and collecting payments at rates in excess of those authorized under the medical assistance program. Virginia law also prohibits soliciting, receiving, offering, or paying any kickbacks, bribes, or rebates in return for referrals or purchases which may be paid for under a public assistance program.

### Virginia Civil and Criminal Penalties

A person who violates the Virginia false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies are consistent with those under the federal False Claims Act, 31 U.S.C. 3729(a) (i.e., a maximum penalty of \$23,331 per violation), plus three times the amount of damages the state suffers as a result of the violation, and the litigation costs to recover such damages. That person may also be excluded from participating in the medical assistance program.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amounts recovered in such action. This percentage varies, but will not exceed thirty percent of the total recovery.

Virginia law also protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud or abuse or filing a claim may receive reinstatement to his or her position with the same seniority status; two times the amount of back pay, with interest; and other special damages, including litigation costs and reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Va. Code Ann. § 8.01-216.1, 1-19
- Va. Code Ann. § 32.1-312 – 32.1-331

# WASHINGTON

## Summary of False Claims Laws

Washington law prohibits submitting false and fraudulent claims to health care payers or for medical assistance. Violations include making false statements or representations in applying for benefits or payments; falsifying documents to obtain benefits or payments; concealing an event that affects a person's health care eligibility; and collecting amounts from an insured person that violate an agreement with a health care payer. Washington law also prohibits paying, offering to pay, allowing, or receiving any kickbacks or rebates in return for referrals of patients or purchases of medical goods, services, or supplies.

### Washington Civil and Criminal Penalties

A person who violates the Washington false claims or anti-kickback laws may be guilty of a felony and subject to other criminal penalties. That person may also be liable in a civil action for damages. Civil remedies are consistent with those under the federal False Claims Act, 31 U.S.C. 3729(a), (i.e., a maximum penalty of \$23,331 per violation), plus three times the amount of damages.

### Whistleblower Protections and Rewards

Individuals may file a civil action on behalf of the state for violations of these laws and may receive a percentage of any amount recovered in such action. The percentage varies, but will not exceed third percent of total recovery.

Washington law protects individuals who report or file claims related to suspected fraud and abuse. An employee who is discriminated against for lawfully reporting fraud and abuse or filing a claim may receive reinstatement to his or her position with the same seniority status, two times the amount of back pay, with interest, and other special damages, including litigation costs and reasonable attorney fees. A whistleblower who is not an employee and is discriminated against may recover actual damages sustained, and recover litigation costs including reasonable attorney's fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

# WASHINGTON (CONTINUED)

## Laws and Regulations

- Wash. Rev. Code Ann. § 48.80.010, .010 - .060
- Wash. Rev. Code Ann. § 19.68.010
- Wash. Rev. Code Ann. § 74.66.005 - .130
- Wash. Rev. Code Ann. § 74.09.210, 74.09.230
- Wash. Rev. Code Ann. § 43.70.075

# WISCONSIN

## Summary of False Claims Laws

Wisconsin law prohibits submitting false and fraudulent claims for medical assistance. Violations include presenting false claims; making or using false records and statements; benefiting from a false claim and failing to disclose the claim to the state within a reasonable time; failing to disclose or concealing an event that affects one's continued right to receive benefits or payments; converting benefits or payments for a use other than the intended use; and imposing upon a recipient of benefits under the medical assistance program charges in addition to those allowed by law. Wisconsin law also prohibits soliciting, receiving, offering, or paying any kickbacks, bribes, or rebates in return for referrals or purchases which may be paid for under the medical assistance program.

### Wisconsin Civil and Criminal Penalties

A person who violates the Wisconsin false claims or anti-kickback laws may be guilty of a felony and subject to civil and criminal penalties. Civil remedies may include a \$10,000 penalty per violation, plus three times the amount of damages the state suffers as a result of the violation.

### Whistleblower Protections

No health care facility or health care provider may take disciplinary action against, or threaten to take disciplinary action against, any person who has filed a claim or reported information related to suspected fraud and abuse. A person who is discriminated against for lawfully reporting fraud and abuse or filing a claim may receive compensation in lieu of reinstatement of up to 1,000 times their hourly wage, back pay two years prior to filing the complaint, and may be entitled to reasonable attorney fees.

### Reporting Violations

If you believe that an employee or officer has violated the laws discussed above, please report the violation in accordance with the reporting options outlined in these Standards.

### Laws and Regulations

- Wis. Stat. Ann. § 49.485, .485 - .49
- Wis. Stat. Ann. § 146.997
- Wis. Stat. Ann. § 946.91