	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION AND THE JOHNS HOPKINS HOSPITAL HUMAN RESOURCES POLICY and PROCEDURE MANUAL	Policy Number	HR616
		Effective Date	August 1, 2011
	<b>Subject</b> Federal and State False Claims Acts—Whistleblower Protections Policy	Page	1 of 3
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## **POLICY**

The Johns Hopkins Health System Corporation (JHHSC) and all of its affiliates take health care fraud and abuse very seriously. JHHSC is committed to following all applicable laws and regulations, in particular those that address health care fraud, waste and abuse and the proper billing of Medicare, Medicaid and other government-funded health care programs. This includes the Federal False Claims Act and State law or related enforcement policies.

### **Federal False Claims Act**

#### What it does:

Allows a civil action to be brought against a health care provider who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee;
- Knowingly makes, uses or causes to be made or used a false record or statement to get a false or fraudulent claim paid; or
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid.

#### Examples of a false claim:

- Billing for procedures not performed
- Violation of another law, for example a claim was submitted appropriately but the service was the result of an illegal relationship between a physician and the Hospital (physician received kick-backs for referrals)
- Falsifying information in the medical record
- Billing of medically unnecessary services
- Billing for non-covered services
- Billing for incorrect level of service

#### Remedies:

A federal false claims action may be brought by the U.S Department of Justice Civil Division, the United States Attorney.

An individual may bring what is called a qui tam action. This means the individual files an action on behalf of the government. In certain circumstances, the person who files the lawsuit (known as a relator), may be entitled to share in a percentage of the recovery on behalf of the federal government.


Violation of the federal False claims Act is punishable by a civil penalty of between \$5,500 and \$11,000 per false claim, plus three times the amount of damages incurred by the government.

A statute of limitations says how much time may pass before an action may no longer be brought for violation of the law. Under the False Claims Act, the statute of limitations is six years after the date of violation or three years after the date when material facts are known or should have been known by the government, but no later than 10 years after the date on which the violation was committed.

The submission of false claims may also give rise to criminal liability.

#### Federal Whistleblower Protections:

Federal law prohibits an employer from discriminating against an employee in the terms or conditions or his or her employment because the employee initiated or otherwise assisted in a false claims action. The employee is entitled to all relief necessary to make the employee whole.

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### State False Health Claims Act

Many states—Florida, Maryland, and many others—have enacted their own False Claim Act. For example, in Maryland, the Maryland False Health Claims Act (MDFCA) prohibits a person from, among other things, knowingly presenting or causing to be presented a false or fraudulent healthcare claim for payment. Unlike the federal law, the MDFCA specifically provides that a mistake or a negligent action that causes a false or fraudulent claim to be presented for payment is not a violation of the MDFCA. Also unlike The Federal False Claims Act, under the MDFCA, *qui tam* actions must be supported by the intervention of the Office of the Maryland Attorney General in order to proceed.

### What you should do if you think your organization may have made a false claim:

- If you see something that is not right, or looks like one of the examples of a false claim discussed earlier, the JHHSC corporate compliance office encourages you to:
  - Report it to their office at 410-614-6693 for further investigation. If you are not comfortable doing this or do not see action in response to your report;
  - Call the JHHSC corporate compliance hotline at 1-877-WE COMPLY (1-877-932-6675) 24 hours, 7 days a week.

You are not required to report a possible false claims act violation to JHHSC first. You may report directly to the federal Department of Justice or to your state Attorney General.

JHHSC will not retaliate against you if you inform anyone of a possible false claims act violation.

### **TRAINING**

We will train all new members of our workforce regarding federal and state false claims acts and also provide periodic updates for existing members of our workforce. All members of our workforce are required to participate in training. All contractors are required to accept educational information offered by a JHHSC institution or to participate in scheduled training.

### **RESPONSIBILITIES**

We will provide information to all employees about the federal and state false claims acts, remedies available under these acts and how employees and others can use them, and about whistleblower protections available to anyone who claims a violation of the federal or state false claims acts. We also will advise our employees of the steps the Hospital has in place to detect health care fraud and abuse.

### **REFERENCE**

JHHSC Corporate Compliance Office

### **REVIEW CYCLE**

Three (3) years


### **APPROVAL**



8/1/2011

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
Date

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Vice President, Human Resources  
 (Title)

Addendum 1

DUAL EMPLOYMENT REQUEST

Instructions to employee: This form needs to be completed by the employee, as well as the Primary and Secondary employer, then returned to Career Services prior to the commencement of secondary employment.

Employee		Social Security Number		Today's Date			
Employee Address		Present Position Title		FLSA : Exempt _____ Non-Exempt _____			
Primary Employer							
Secondary Employer							
Facility of Secondary Employment				Title of position sought			
Duties to be performed:							
Dates duties will be performed: (A new dual employment form must be completed and placed in the employee's personnel file for each new period of employment.)							
Start Date:				End Date:			
The work schedule will be as follows:							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1 hours							
Week 2 hours							
<b>Secondary Employer Certification</b>							
I certify that the duties and the hours worked for this employer are documented and reviewed to preclude duplicate payment, and that no conflicts of interest or commitment exist between services performed. If for any reason there should be a change in the hours and/or days of work as originally indicated, an amended request with the required justification will be submitted.							
SIGNED (department head or authorized designee)				TITLE		DATE	
<b>Instructions for Primary Employer – Complete and return to secondary employer for documentation. Retain a copy for your files.</b>							
Position Title:						Potential conflict of interest or commitment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Duties Performed:							
<b>Current Work Schedule</b>							
Day	Friday	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Week 1 hours							
Week 2 hours							
<b>Primary Employer Certification</b>							
I certify that the and the hours worked for this employer are documented and reviewed to preclude duplicate payment, and that no conflicts of interest exist between services performed. If for any reason there should be a change in the hours and/or days of work as originally indicated, an amended request with the required justification will be submitted.							
RECOMMEND <input type="checkbox"/> YES <input type="checkbox"/> NO		SIGNED (department head or authorized designee)		TITLE		DATE	

# DUAL-EMPLOYEE ATTENDANCE RECORD

THIS IS NOT A REPLACEMENT FOR YOUR DEPARTMENTAL TIME SHEETS.

The purpose of this attendance record is to assist the payroll department in the calculation of possible overtime hours. Data for each department must be for the same week-ending period. This completed form should be faxed to the JHHS payroll manager at 410-550-7203.

Employee name: \_\_\_\_\_ Soc sec num: \_\_\_\_\_

PRIMARY EMPLOYER	Dept name: _____
Affiliate name: _____	CC#: _____
	Pay period end date: _____

week end date	SUN	MON	TUE	WED	THU	FRI	SAT

I certify that the above-stated work hours are correct.

\_\_\_\_\_  
Supervisor signature Title Date

SECONDARY EMPLOYER	Dept name: _____
Affiliate name: _____	CC#: _____
	Pay period end date: _____

week end date	SUN	MON	TUE	WED	THU	FRI	SAT

I certify that the above-stated work hours are correct.

\_\_\_\_\_  
Supervisor signature Title Date

**INSTRUCTIONS TO EMPLOYEE:** After completing this form and obtaining both required signatures, fax this document to Payroll at 410-550-7203 at the end of each week.