

Quality Reporting

The Johns Hopkins Health System Corporation and its affiliates (collectively referred to as “Health System”) are committed to following all applicable laws and regulations. In particular, we are committed to compliance with those laws and regulations that address health care fraud, waste, and abuse and the proper billing of Medicare, Medicaid, and other government funded health care programs, as well as other payers (insurance companies or self pay patients). Examples of such laws include:

The Federal False Claims Act

This law prohibits a person from knowingly filing a false or fraudulent claim for payment or knowingly using a false statement or representation in connection with filing a claim seeking reimbursement from Medicare, Medicaid, or other federally funded programs. A person acts “knowingly” if the person has actual knowledge of the falsity of the information in the claim, acts in deliberate ignorance of the truth or falsity of the information in the claim, or acts in reckless disregard of the truth or falsity of the information in the claim. Examples of potential violations of the False Claims Act include: billing for services not performed, falsifying, backdating, or altering entries in the medical record to obtain higher reimbursement and billing for services provided under an illegal contract (involving bribes or kickbacks).

The False Claims Act permits a person with actual knowledge of false claims activity to file a lawsuit on behalf of the federal government. These qui tam or whistleblower provisions contain detailed procedures for how such lawsuits are to be filed. In certain circumstances, the person who files the lawsuit, known as a relator, may be entitled to share in a percentage of any recovery on behalf of the federal government. The False Claims Act protects employees from retaliation or discrimination in the terms and conditions of their employment based on lawful acts done in furtherance of an action under the False Claims Act.

State Fraud Laws

A growing number of states have enacted state laws that are similar to the federal False Claims Act. To date, Maryland has not enacted such a law. Maryland does have a number of enforcement mechanisms that the state government can pursue to address suspected instances of fraud, waste, or abuse. We are committed to complying with all applicable state laws.

How you can help

The Health System relies heavily on you, our employees, to identify potential compliance problems and ask questions regarding our policy and practice for compliance with health care fraud and abuse laws. You should also be aware that we have a Compliance Program and various policies and procedures in place to detect and prevent fraud, waste, and abuse, and to protect those who report suspected instances of fraud, waste, and abuse. Specifically, the Corporate Compliance Department has established a Corporate Compliance Plan and Organizational Ethics Statement which addresses, among other things the Health System’s policy or practice related to:

- Proper billing and coding guidelines
- Prevention, detection and correction of coding and billing errors related to federal and state health program claims
- Methods of reporting potential noncompliance
- Investigations of potential noncompliance
- Maintaining employee anonymity and protections for reporting noncompliance.

- Employee non-retaliation policy
- Conflicts of interest

These and other policies can be obtained through the Office of Corporate Compliance or our website: www.insidehopkinsmedicine.org/JHHScompliance/index.cfm

To report suspected instances of fraud, waste, or abuse or to ask question about a policy or procedure, you may contact your supervisor, the Office of Corporate Compliance, or you can call the confidential Compliance Hotline at **1-877-WE COMPLY (932-6675)**.