	Policy	CC01-14
	Version	5.0
	Date of Last Revision	July 11, 2023
	Effective Date	July 1, 2014
<b>WHISTLEBLOWER &amp; FALSE CLAIMS</b>		
Initial Edit By:	Kate Weidman, Compliance Program Director	Date July 11, 2023
Last Reviewed By:	Policy Committee	Date July 26, 2023
Last Approved By:	Board of Directors	Date August 1, 2023
Review Cycle	Annual; Board- Annual	
Scope:	All Mosaic Health Employees, Mosaic Health Board of Directors, and Affected Individuals (including Patients).	
Regulatory Reference	Federal False Claims Act: (31 U.S.C. Sec. 373 (h)); New York State False Claims Act Sec.191: New York State Labor Law, Sec. 740; 741 and Not for Profit Corporation Law 715-b-Whistleblower Policy Requirements; Nonprofit Revitalization Act of 2013 (NRA); Social Services Law 363-d; 18 NYCRR SubPart 521-1	

## DEFINITIONS

**Affected Individuals:** for this procedure includes the following individuals: Mosaic Health employees, Mosaic Health Board of Directors, Associate(s) (individuals who acts on behalf of Mosaic Health: Individual Contractors, Consultants, Volunteers, Interns and/or Students), contractors, and patients of Mosaic Health.

**Good Faith:** an honest belief that a violation had occurred. Free of 'bad faith'. Bad faith includes:

- Seeking to deceive the investigating authority,
- Making allegations that are non-serious,
- Making allegations that are harassing in nature and seeking to cause emotional or material harm to those accused of wrongdoing.

**Wrongful Activity:** is defined as any of the following (but is not limited to):

- Criminal or illegal activity
- A violation of Mosaic Health's Code of Conduct including unethical conduct
- Use of Mosaic Health property, resources or authority for personal gain or other non- Mosaic Health related purposes
- Improprieties which may include fraud, waste, abuse or irregular activities
- Submitting a false claim(s)
- Making a report under this Policy that is not in good faith
- Gross mismanagement or waste of a federal contract or grant funds
- An abuse of authority relating to a federal contract or grant
- A substantial or specific danger to public health or safety

## **POLICY**

Mosaic Health has established this Policy to ensure compliance with the 2005 Deficit Reduction Act (DRA) to encourage staff and Affected Individuals to report false claims and understand the protections and responsibilities under the Whistleblower provisions.

As a condition for receiving Medicaid payments, Mosaic Health must have policies and procedures that provide detailed information to all Affected Individuals regarding:

- The Federal False Claims Act;
- Administrative remedies for false claims and statements;
- Any state laws pertaining to civil or criminal penalties for false claim statements; and
- Whistleblower protections under such laws

A copy of the Whistleblower and False Claims Policy and Procedure will be available to external individuals and contractors via the Mosaic Health website or by request.

## **PROCEDURE**

### *Reporting Wrongful Activity*

- Affected Individuals may report either a suspected or confirmed Wrongful Activity either anonymously or in confidence directly to the Mosaic Health Compliance Officer via:
  - Confidential Compliance Hotline: ext. 7385
  - Anonymous Compliance Hotline: (585) 287-8846.
  - Confidential email:
    - Board Chair: board@mosaichealth.org or
    - Compliance Officer: compliance@mosaichealth.org.
- The Mosaic Health Compliance Officer will ensure that all reports of suspected or confirmed Wrongful Activity are addressed in an appropriate and timely manner.
- Any Affected Individual who reports suspected or confirmed Wrongful Activity to the Mosaic Health Compliance Officer utilizing this Policy shall be informed of their rights, any limitations, the non-retaliation policy, and other pertinent information.
- No attempt will be made to identify a caller who requests anonymity.
- Whenever callers disclose their identity, it will be held in confidence to the fullest extent practical or allowed by law.
- All calls will be documented, logged and sequentially numbered by the Mosaic Health Compliance Officer.

### *Protection Against Retaliation*

- Affected Individuals who report suspected or confirmed Wrongful Activity, in good faith, will be protected from any form of intimidation, harassment, discrimination who have given Mosaic Health reasonable opportunity to correct such activity, policy or practice.
- An Affected Individual may, in good faith, report directly to a public body (without affording Mosaic Health a reasonable opportunity to correct such practice) and be protected when:
  - there is an imminent and serious danger to the public health or safety
  - they reasonably believe that reporting to the supervisor/Compliance Officer would result in a destruction of evidence or other concealments of the activity, policy, or practice
  - such activity, policy, or practice could reasonably be expected to lead to endangering the welfare of a minor
  - they reasonably believe that reporting to the supervisor/Compliance Officer would result in physical harm to the employee or another person
  - they reasonably believe that the supervisor/Compliance Officer is already aware of the activity, policy, or practice and will not correct such activity, policy, or practice
- The Mosaic Health Compliance Officer is expected to act with utmost discretion and integrity in assuring that information received is acted on in a reasonable and proper manner. Everyone who receives or is assigned responsibilities to investigate reports of suspected or confirmed Wrongful Activity from an Affected Individual shall agree to maintain strict confidentiality regarding all matters.
- The Mosaic Health Compliance Officer shall be protected by the Mosaic Health Board of Directors against any willful retaliation from Workforce members and from management who they are required to investigate or report on to the Mosaic Health Executive – Compliance Committee as a consequence of this Policy.

### *False Claims*

The False Claims Act prohibits any person from knowingly presenting, or causing to be presented, a false or fraudulent claim for payment or approval of government funds. Under the Federal False Claims Act, any person who knowingly submits a false or fraudulent claim to a Medicare, Medicaid, or other federal healthcare program is liable to the Federal government for three times the amount of the Federal government's damages plus penalties of \$5,000 to \$10,000 per false or fraudulent claim.

Examples that may create a false claim include but are not limited to:

- billing twice for the same service;
- billing for services not rendered;

*Internal Use Only* – Mosaic Health's policies are strictly confidential. Prior approval by the policy owner must be obtained before external distribution.

- billing for medically unnecessary services or falsifying certificates of medical necessity;
- unbundling or billing separately for services that should be billed as one;
- creating false medical records or treatment plans to increase payments;
- failing to report and refund overpayments or credit balances;
- physician billing without personal involvement for services rendered by medical students, interns, residents, or fellows in teaching hospitals;
- and giving and/or receiving unlawful inducements to healthcare providers for referrals for services.

Additional penalties for Fraudulent Claims can be found in the Compliance Program Plan (CC01-01).

### *Internal and External Reporting*

Mosaic Health Compliance Officer will report periodically to the Mosaic Health Staff Compliance Committee and Board Executive - Compliance Committee regarding whistleblower complaint activity. This report will include the total number of calls received, acted upon, and general results. In addition, the report will include any recommendations for company-wide improvements or corrective actions arising from the results of the operation and related investigations.

The Mosaic Health Compliance Officer will communicate any confirmed Wrongful Activity deemed potentially unlawful to legal counsel. Wrongful Activity will also be communicated to the appropriate regulatory entity.

### *Training*

New Employees and Associates of Mosaic Health read and attest to the Mosaic Health Whistleblower and False Claims Policy and Procedure during the new hire on-boarding process. The document is assigned to each new employee either via the Learning Management System (LMS) or hard copy. Upon review, each new employee and Associate is required to complete an attestation stating they have reviewed and understand the content. This attestation is stored in the LMS system or with the Compliance Officer.

Employees and Associates will re-attest annually. All such attestations are completed either via hard copy or recorded in the LMS system. These attestations are accessible to the Mosaic Health Compliance Officer.

## **RELATED POLICIES**

- CC01-01: Compliance Program
- CC01-04: Detection and Prevention of Fraud, Waste, and Abuse Policy
- CC01-07-02: Compliance Remediation and Corrective Action
- CC01-13: Conflict of Interest
- CC02-07: Code of Conduct
- Mosaic Health Employee Handbook

*Internal Use Only* – Mosaic Health’s policies are strictly confidential. Prior approval by the policy owner must be obtained before external distribution.

Mosaic Health Finance Policies

*This Policy and Procedure shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Mosaic Health’s senior management, Federal and State law and regulations, and applicable accrediting and review organizations.*

**Implementation Manager:** Chief Executive Officer

**Responsible Parties:** Compliance Officer

*Michael Leary*

09-07-2023

Signature  
Chief Executive Officer

Date

*Lydia Rivera-Warr*

09-07-2023

Signature  
Chair, Board of Directors

Date

VERSION HISTORY				
Version	Approved By	Revision Date	Description of Change	Author
1.0	Board of Directors	7/1/14	Initial Version	Unknown
1.5	Board of Directors	5/2/17	Applicable Changes	Lida Riedlinger
2.0	Board of Directors	2/17/20	Name and format change	Hilary Hagen
3.0	Board of Directors	4/6/21	Title Changes/Sign-off Language Added	Lida Riedlinger, CCO
4.0	Board of Directors	4/5/22	Included Anti-Retaliation Language	Kate Weidman
5.0	Board of Directors	8/1/23	Addition of False Claims Act	Kate Weidman

Review Date	Reviewer
7/31/18	Lida Riedlinger, CCO
4/4/23	Board of Directors

*Internal Use Only* – Mosaic Health’s policies are strictly confidential. Prior approval by the policy owner must be obtained before external distribution.



# Signature Certificate

Reference number: UBZYI-HYYNF-KZVUQ-QHVD7

## Signer

## Timestamp

## Signature

### Lydia Rivera-Warr

Email: roccityroadsideassistance@gmail.com

Sent: 02 Aug 2023 14:36:09 UTC  
Viewed: 02 Aug 2023 15:38:23 UTC  
Signed: 07 Sep 2023 21:56:51 UTC



### Recipient Verification:

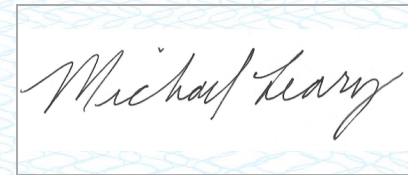
✓ Email verified 02 Aug 2023 15:38:23 UTC

IP address: 174.208.35.162  
Location: Buffalo, United States

### Michael Leary

Email: mleary@mosaichealth.org

Sent: 02 Aug 2023 14:36:09 UTC  
Viewed: 07 Sep 2023 21:58:01 UTC  
Signed: 07 Sep 2023 21:59:13 UTC



### Recipient Verification:

✓ Email verified 07 Sep 2023 21:58:01 UTC

IP address: 24.213.225.19  
Location: Buffalo, United States

Document completed by all parties on:

07 Sep 2023 21:59:13 UTC

Page 1 of 1



Signed with PandaDoc

PandaDoc is a document workflow and certified eSignature solution trusted by 40,000+ companies worldwide.

