Laws and Policies Relating to Detecting and Preventing Fraud, Waste and Abuse in Federal Health Care Programs

The Johns Hopkins University is committed to following all applicable laws and regulations, including those laws and regulations that address fraud, waste and abuse in Federal health care programs and the proper billing of Medicare, Medicaid and other payors. The University has policies and procedures for ensuring compliance with such laws and for detecting and preventing fraud, waste and abuse.

Laws

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. Health care examples of potential violations of the False Claims Act include: billing for services not performed and falsifying, backdating, or altering entries in the medical record to obtain higher reimbursement.

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 as whistleblowers 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 Laws

The Maryland False Health Claims Act

This law, recently enacted by Maryland’s General Assembly, is a corollary to The Federal False Claims Act. Much like its federal counterpart, 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.
Whistleblowers reporting fraud under the MDFCA are entitled to many, if not all, of the same privileges and protections as they are entitled to under The Federal False Claims Act. Specifically, no one may take a retaliatory action against a whistleblower because of their MDFCA disclosure. Additionally, in some instances, whistleblowers are entitled to a share of the monies recovered pursuant to a cause of action brought under the MDFCA. The MDFCA is codified in section two of the Health General Article of the Annotated Code of Maryland, and should be consulted for more information.

**Policies and Procedures**

The School of Medicine’s Office of Billing Quality Assurance undertakes regular compliance efforts that relate to, among other things, the following:

- Proper billing and coding
- Prevention, detection and correction of coding and billing errors
- Investigation of and remedial action relating to potential noncompliance, as necessary.

The Office maintains a web site that includes compliance related policies and training programs, including a Billing Quality Assurance Plan for Professional Services. For more information, go to [www.insidehopkinsmedicine.org/BillingQA](http://www.insidehopkinsmedicine.org/BillingQA).

In addition, the University and the Johns Hopkins Health System maintain a Compliance Line that employees may call with concerns relating to fraud, waste, abuse and other matters. You may call this toll-free, confidential, independently administered Hotline at 1-877-WE COMPLY (1-877-932-6675). Information about the Compliance Line also appears at [http://hrnt.jhu.edu/compliance](http://hrnt.jhu.edu/compliance). The University distributes information about the Compliance Line in a Do The Right Thing brochure.

Employees who report concerns in good faith are protected against retaliation.

The University also has a Compliance Plan and an Institutional Compliance Committee that address a range of compliance issues, including fraud, waste and abuse in Federal health care programs.

Further, the University has a Statement of Ethical Standards that requires compliance with all applicable laws, including the False Claims Act and other laws relating to fraud, waste and abuse. This statement is online at [http://www.jhu.edu/news_info/policy/ethical.html](http://www.jhu.edu/news_info/policy/ethical.html). Questions concerning behavior under this policy should be directed to one’s supervisor, the Office of Internal Audits or the Office of the Vice President and General Counsel.

For more information about any of the University’s policies and procedures relating to fraud, waste and abuse in Federal health care programs you may contact any of the offices or websites listed above.

Revised August 9, 2010