



POLICY # COMP-DMG-204	Revision: 5.0	Page 1 of 4
TITLE: Fraud, Waste, and Abuse Detection and Prevention Policy (False Claims)		
Department: Compliance	Effective date: 10/2017	
<p><i>Teammates must promptly report all potential violations of the Code of Conduct, DMG policies and procedures and/or applicable laws or regulations. Reports should be made to the Compliance department, or the Compliance Hotline, 1-855-236-1448 or www.healthcarepartners.ethicspoint.com. In accordance with DMG's Non-Retaliation for Reported Compliance Violations Policy, DaVita Medical Group will not tolerate any form of retaliation against anyone who files a compliance report in good faith. Questions regarding any compliance policy may be directed to the Compliance department.</i></p>		

1. PURPOSE AND SCOPE

This Policy is intended to comply with the requirements of the Federal Deficit Reduction Act of 2005 (the “DRA”), which requires, in relevant part, that DaVita Medical Group provides to all teammates of DaVita Medical Group, including HealthCare Partners, WellHealth Medical Group, Magan Medical Clinic, The Everett Clinic, Northwest Physicians Network, and Mountain View Medical Group (collectively “DMG”) and to all contractors and agents of DaVita Medical Group, detailed information regarding:

- (a) The role of the Federal False Claims Act (the “Federal FCA”), the Federal Program Fraud Civil Remedies Act (“PFCRA”), and analogous state laws (collectively, the “State FCAs”) in preventing and detecting fraud, waste, and abuse in Federal health care programs (e.g., Medicare, Medicaid, etc.);
- (b) Administrative remedies for false claims and statements established under the Federal FCA and the State FCAs, respectively;
- (c) Whistleblower protections under the Federal FCA and the State FCAs, respectively; and
- (d) DaVita Medical Group’s policies and procedures for detecting and preventing fraud, waste, and abuse.

2. DEFINITIONS

Term	Definition
Federal False Claims Act	The Federal FCA (see 31 U.S.C. §§ 3729 – 3733) was enacted in 1863 by a Congress concerned that contracted suppliers of goods to the Union Army during the Civil War were defrauding the Union Army. Over the life of the statute, the Federal FCA has been amended several times and interpreted on hundreds of occasions by federal courts (which sometimes issue conflicting interpretations of the statute). The purpose of this summary is not to explain how the Federal FCA evolved over the decades since its enactment or to discuss judicial interpretations of its provisions. Rather, in this summary, we endeavor to explain the most significant elements of the Federal FCA to give an introductory understanding of the Federal FCA and how it works.
Federal Program Fraud Civil Remedies Act	PFCRA is a separate, but related, statutory scheme that provides for administrative remedies against any person who makes, or causes to be made, a false claim or written statement to certain federal agencies, including the

Term	Definition
	Department of Health and Human Services. In contrast to the Federal FCA, under PFCRA, the determination of whether a claim is false and the imposition of fines and penalties are made by the federal agency as opposed to the federal court system (with the exception of the judicial review process). PFCRA addresses lower dollar fraud, and generally applies to claims of \$150,000 or less. See 31 U.S.C. §§ 3801, et seq.
Good Faith	Truthful, and without malice or ill intent. A complaint, disclosure or report must be based on a reasonable belief that a Potential Compliance Violation has occurred or might occur.

3. POLICY

- 3.1.** DaVita Medical Group shall provide, or provide electronic access, to all DMG teammates and contractors and agents of DaVita Medical Group, this Policy, the attached addendum entitled “Summary of Federal False Claims Act and Analogous State Laws” (available on the Compliance department website on MyHCP) and all other DMG policies and procedures relating to the detection and prevention of fraud, waste, and abuse that are reasonably applicable to the job function of the teammate, contractor, or agent, as applicable.
- 3.1.1.** In the event that only electronic access is provided, DMG shall ensure that each teammate, contractor, and agent is made aware of the existence of these policies and procedures and how to access such policies and procedures.
- 3.2.** DaVita Medical Group’s business, clinical, billing, and claims submission processes and activities shall be performed in a manner consistent with the Federal FCA, any applicable State FCAs, and in accordance with DaVita Medical Group’s documentation and billing policies and procedures.
- 3.3.** DaVita Medical Group shall not retaliate against any teammate of DaVita Medical Group or any DaVita Medical Group’s contractor or agent or DaVita Medical Group’s subsidiary organizations for taking any legal action under the Federal FCA or the State FCAs or for reporting any potential compliance concern in Good Faith.
- 3.4.** DaVita Medical Group has developed many policies and procedures that are designed to detect and prevent fraud, waste, and abuse. All teammates, contractors, and agents of DaVita Medical Group are expected to review these policies and procedures, which are available through the local market intranet and on the Compliance department’s website. Some examples of DaVita Medical Group’s policies and procedures and methods designed to detect and prevent fraud, waste, and abuse include, but are not limited to:
- 3.4.1.** The Code of Conduct;
- 3.4.2.** This Policy;
- 3.4.3.** The Addendum to this Policy entitled “Summary of Federal False Claims Act and Analogous State Laws;”
- 3.4.4.** The Compliance Hotline Policy;
- 3.4.5.** The Non-Retaliation for Reporting Compliance Violations Policy;
- 3.4.6.** Responsibility to Report Suspected or Potential Violations of Laws and Regulations Policy;
- 3.4.7.** The Internal Review and Investigation of Internal Events Policy;
- 3.4.8.** Various Information Technology (IT) policies and procedures;

6. REVISION HISTORY

REVISION HISTORY			
Doc. Revision	Description	Revision Date	Last Date Reviewed
1.0	Policy Creation	Mar 2015	Mar 2015
2.0	Formatting change	Oct 2017	Oct 2017
3.0	Formatting change	Feb 2018	Feb 2018
4.0	Annual Policy Review	Dec 2018	Dec 2018
5.0	Updated Definitions	Feb 2019	Feb 2019