



## Program Integrity

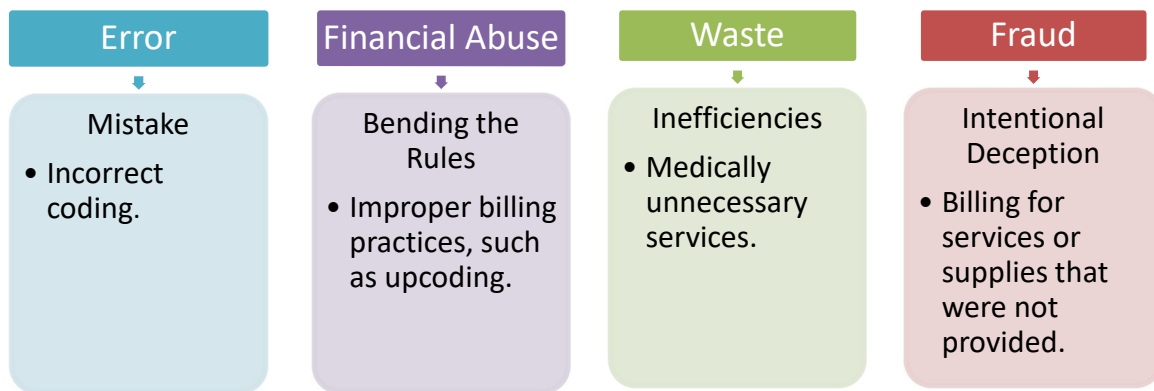
Program Integrity at Lakeland Care, Inc. (LCI) is a commitment to preventing fraud, waste, and financial abuse and ensuring appropriate use of public resources.

Program Integrity is critical for maintaining public confidence and trust in LCI and the Family Care program. All LCI's contracted providers are responsible for detecting, preventing, and reporting any instances of fraud, waste, or financial abuse.

LCI holds Program Integrity in elevated regard, and considers prevention, detection and correction of fraud, waste, and financial abuse a key goal at all levels.

### What is Fraud, Waste, and Financial Abuse?

- Fraud: includes falsification, bid-rigging, self-dealing, theft and embezzlement.
- Waste: includes incorrect or needless use of resources.
- Financial abuse: includes overutilization and underutilization.



### Laws You Need to Know:

#### **False Claims Act [31 U.S.C. § 3729 – 3733]:**

- Holds organizations and individuals liable for fraud against the government. Encourages whistleblowers to come forward and file legal actions on behalf of the government.

#### **Anti-Kickback Statute [42 U.S.C. § 1320a-7b(b)]:**

- Prohibits the exchange (or offer to exchange) of anything of value, in an effort to induce (or reward) the referral of federal health care program business.

#### **Stark Statute [42 U.S.C. § 1395nn]:**

- Prohibits physician self-referral, specifically a referral by a physician of a Medicare/Medicaid patient to an entity providing health services if the physician (or immediate family member) has a financial relationship with that entity.

#### **Health Care Fraud Statute [18 U.S.C. § 1347]:**

- Makes it a criminal offense to knowingly and willfully execute a scheme to defraud any health care benefit program.

## **LCI's Whistleblower Policy:**

Employees and providers of LCI are encouraged to come forward with complaints or concerns regarding:

- Illegal or unethical accounting, auditing, or internal control procedures;
- Dishonest activities;
- Other suspicions of fraud, waste, or financial abuse;
- Misconduct including the violation of a law, rule, or regulations; or
- A direct threat to public interest such as a fraud, health/safety violations, or corruption.

Reports of suspected violations will be investigated. An employee or provider who makes a report in good faith will not be penalized or subjected to retaliation for making such a report.

## **How Do I Prevent Fraud, Waste, and Financial Abuse?**

- Make sure you are up to date with the laws, regulations, and policies.
- Ensure you coordinate with other payers.
- Ensure data/billing is both accurate and timely.
- Verify information provided to you.
- Be on the lookout for suspicious activity.

## **Consequences of Committing Fraud, Waste, or Financial Abuse**

The actual consequence depends on the severity of the violation:

- Civil Money Penalties
- Criminal Convictions/Fines
- Civil Prosecution
- Imprisonment
- Loss of Provider License
- Exclusion from Federal Health Care programs

## **Reporting Fraud, Waste, and Financial Abuse:**

Fraud, waste, and financial abuse should be reported regardless of the source, which may include:

- LCI provider/supplier;
- Employee of LCI provider/supplier;
- LCI member;
- Self-directed Supports (SDS) worker;
- LCI Board of Directors;
- LCI employee.

Everyone has a responsibility to report suspected fraud, waste, or a financial abuse violation of LCI's resources (services, money, equipment, etc.). You may remain anonymous, and should contact LCI's Program Integrity Compliance Officer via one of the options below:

- [Online form submission](#)
  - ("How to report fraud" link located on the bottom of our website, [www.lakelandcareinc.com](http://www.lakelandcareinc.com).)
- Phone: 920-906-5100
- Email: [fraud@lakelandcareinc.com](mailto:fraud@lakelandcareinc.com)
- Mail to:  
Lakeland Care, Inc.  
Attn: Program Integrity Compliance Officer  
N6654 Rolling Meadows Drive  
Fond du Lac, WI 54937

\*Please include as much detail as possible in your report - who, what, when, where, why, how, how much, etc.

**Resources:**

- Medicare Learning Network. (September 2017). Medicare Fraud & Abuse: Prevention, Detection, and Reporting. Retrieved from <http://www.cms.gov>.
- Medicare Learning Network. (2018). Combating Medicare Parts C and D Fraud, Waste, and Abuse. Retrieved from <http://www.cms.gov>.
- The United States Department of Justice. (16 October 2015). United States Resolves \$237 Million False Claims Act Judgment against South Carolina Hospital that Made Illegal Payments to Referring Physicians. Retrieved from <https://www.justice.gov>.