Fraud, Waste, and Abuse Prevention Policy

Federal law requires that entities that receive at least $5 million in annual payments under a State Medicaid program establish written policies for their employees, contractors and agents that furnish detailed information regarding the federal and state False Claims Acts, the administrative remedies available under those acts, other protection under the acts, and the Company's procedures for detecting fraud, waste, and abuse.

COMPANY NAME policy is to provide detailed information to all employees, contractors, and agents about federal and state False Claims Acts as well as information about Company policies and procedures to detect and prevent fraud, waste, and abuse. We require that you adhere to these policies and disseminate the information in this policy to all employees and contractors. The information in this policy forms part of Company employee manual, its transportation provider manual, and is distributed to all contractors and agents as required by federal law - specifically, the Deficit Reduction Act of 2005.

*Federal False Claims Act*

The federal False Claims Act prohibits the submission of false claims by healthcare providers for payment by Medicare, Medicaid, and other federal and state healthcare programs. The False Claims Act provides the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits, among other things:

* knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
* knowingly making or using, or causing to be made or used, a false record or
* statement in order to have a false or fraudulent claim paid or approved by the government;
* conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
* knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

*Enforcement*

* The United States Attorney General may bring civil and criminal actions for violations of the False Claims Act. In a civil action the government must establish its case by presenting a preponderance of the evidence, while in a criminal action it must meet the higher burden of proof that applies in criminal cases. The False Claims Act allows private individuals to bring "qui tam" actions for violations of the False Claims Act.

*Reporting Suspected Fraud, Waste or Abuse*

An employee or contractor who has knowledge or information that any activity that may violate any of the laws discussed above or of any fraud, waste or abuse should notify his or her supervisor or other management official, who will in turn report the matter to COMPANY NAME. Transportation providers must have a system in place for reporting potential violations, which includes a way of reporting information anonymously.

*No Retaliation*

Federal and state law as well as Company policy prohibits any retaliation or retribution against any person who reports suspected violations of these laws whether to their employer, to COMPANY NAME, to law enforcement officials, or by filing a lawsuit on behalf of the government. Anyone who believes they have been the subject of any such retaliation or retribution should also report this to their supervisor or other appropriate person, as provided by their employer's policy covering such matters.

*Program Fraud Civil Remedies Act of 1986*

The Program Fraud Civil Remedies Act of 1986 (PFCRA) authorizes federal agencies such as the Department of Health and Human Services to investigate and assess penalties for the submission of false claims to the agency. The conduct prohibited by the PFCRA is similar to that prohibited by the False Claims Act. For example, a person may be liable under the PFCRA for making, presenting, or submitting, or causing to be made, presented, or submitted, a claim that the person knows or has reason to know:

* is false, fictitious, or fraudulent;
* includes or is supported by any written statement that:
  + omits a material fact;
  + is false, fictitious, or fraudulent as a result of such omission; and
  + include such material fact; or
  + is for payment for the provision of property or services which the person has not provided as claimed.

If a government agency suspects that a false claim has been submitted, it can appoint an investigating official to review the matter. The investigating official may issue a subpoena to further investigate or may refer the matter to the Department of Justice for proceedings under the False Claims Act. If, based on the investigating official's report, an agency concludes that further action is warranted, it may issue a complaint regarding the false claim. A hearing following the detailed due process procedures set forth in the regulations implementing the PFCRA would be held.

*State False Claims Acts*

In addition to the requirements of federal law, you must comply with applicable state laws. At this time, nearly forty states have enacted False Claims Acts that are similar in substance and procedure to the federal laws described, above. In addition, a number of municipalities, such as Chicago and New York City have their own False Claims Acts that are similar in substance and procedure to the federal laws described above. COMPANY NAME will provide more information regarding the state False Claims Acts upon request.

*Fraud, Waste and Abuse/ Company Detection*

COMPANY NAME has numerous policies and procedures for detecting fraud, waste, and abuse. Some of the most important procedures are described below.

* A specific gatekeeping protocol during the reservation process is used to verify that the member is eligible for transportation and that the trip is to a Medicaid provider.
* Standing orders are regularly recertified with the health care facility.
* Field monitors inspect vehicles and monitor trips for compliance.
* Every trip must be preauthorized, have a job number, and be performed in compliance with any Medicaid, private pay, and facility-based contract requirements in order to be paid.
* All network transportation provider drivers undergo criminal background checks and are checked against the OIG exclusion database. No excluded person may drive under a COMPANY NAME Medicaid, private pay, or facility-based contract.

COMPANY NAME takes any allegation of fraud, waste or abuse very seriously and appropriately investigates any such allegation. Providers are required to report suspected cases of fraud, waste, abuse, or other impropriety. Providers must cooperate in any investigations initiated by COMPANY NAME or any government agency, as required by law.