



POLICY: Fraud

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| <i>Original Implementation Date:</i> | 3/2018 | <i>Date Reviewed/ Revised:</i> | 3/25/20 | <i>Area of Responsibility:</i> | Compliance | <i>Version:</i> | 3 |
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PURPOSE: To set out guidelines and responsibilities for reporting and investigating alleged fraud and misconduct, and offer protection to team members who report allegations in good faith or participate in investigations, proceedings and hearings. This policy is adopted in accordance with Risk Area (C) Fraud and Abuse of the *Sun Health Corporate Compliance Plan*.

POLICY: Our Company is committed to the principles of corporate accountability, responsibility, and sound ethical operating practices and we will take appropriate measures to prevent, detect and investigate fraudulent activities and acts of misconduct.

Reporting and Investigation of Fraud:

1. Our company will investigate any reported fraudulent or related misuse of resident or company resources or property. Any individual found to have engaged in fraudulent or related misconduct as defined in this policy is subject to disciplinary action by the company, which may include employment termination, as well as prosecution by appropriate law enforcement agencies.
2. Team members are responsible for supporting the principles of this policy, for reporting suspected fraud or misconduct, and for cooperating in investigations regarding alleged fraud, misconduct, and/or retaliation.
3. Department supervisors and managers are responsible for assisting team members in the administration, interpretation, and application of this policy and for exercising due diligence and control to prevent, detect, and report fraud, misconduct, and/or retaliation.
4. Team members are encouraged to report all instances of suspected fraud and misconduct. Suspected acts of fraud and misconduct that team members should report include, but are not limited to:
 - a. Forgery or alteration of checks, drafts, promissory notes and securities.
 - b. Misappropriation of facility/patient funds, securities, supplies or other assets.
 - c. Irregularities in the handling and reporting of money transactions.
 - d. Promising or accepting anything of material value from vendors, consultants or contractors doing business with our company.
 - e. Misuse or unauthorized use of company assets.
 - f. Claim for reimbursement of expenses that were not made for the exclusive benefit of our company.
 - g. Computer-related activity involving the alteration, destruction, forgery or manipulation of data for fraudulent purposes or misuse or misappropriation of company owned software or hardware.
 - h. Selling of company, patient, or team member information or using such information in the conduct of an outside business activity.
 - i. Authorization or receiving compensation for hours not worked.
 - j. Patient neglect, abuse, or mistreatment.
 - k. Resident Rights and Choice violations.

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- l. Falsification of medical records (e.g., nurses' notes, progress notes, assessments, physician orders, treatment records, etc.
 - m. Willful acts by team members that show intent to engage any of the behavior above.
- 5. Team members may make reports anonymously. Toll-Free Hotline numbers are posted throughout the premises.
- 6. A team member who knowingly makes a false or misleading statement during the course of a complaint, investigation, hearing, proceeding or complaint of retaliation will be subject to disciplinary and/or legal action.
- 7. Investigations shall be conducted regardless of the position, title, and length of service, or relationship with the company management of any party who might be involved in such an investigation.
- 8. Should the results of an investigation indicate there may have been inappropriate behavior but it is not fraud or misconduct, the results will be forwarded to company management for appropriate disciplinary action.
- 9. At the conclusion of each investigation, the person in charge of the investigation will document the results in a confidential report and provide copies of the report to appropriate parties.
- 10. All participants in a fraud, misconduct or retaliation investigation shall keep the details and results of the investigation confidential. Failure to comply with this policy may be grounds for disciplinary action.
- 11. To the extent possible by law, the identity of a team member involved in an investigation, proceeding or hearing with respect to alleged fraud or misconduct, including that of the team member alleging fraud or misconduct will be protected.
- 12. Inquiries concerning this policy should be directed to the Compliance Officer who may be reached at 623-471-8440.

RELATED POLICIES: *Sun Health Corporate Compliance Plan; Abuse*