VITAS

POLICY MANUAL

TITLE: **GOVERNANCE POLICIES: COMPLIANCE TO BILLING AND CODING STANDARDS/FALSE CLAIMS PREVENTION**	POLICY NUMBER: **1:04A 1 of 1**

PURPOSE

This document defines VITAS Healthcare Corporation's policy relating to the billing and coding of government claims and supports the VITAS Compliance Program and the VITAS Code of Ethical and Legal Conduct.

SCOPE

This document governs all Vitas employees, Vitas' business arrangements with physicians, vendors, contractors; and other agents whom may be impacted by federal or state laws relating to the preparation of, delivery of or filing of public health program claims for Vitas services.

AUTHORITY

The responsibility for assuring that billing and coding is performed accurately, timely, and in compliance with the applicable federal and state laws and regulations rests with those assigned employees and the Director, Billing & Collections.

POLICY

All persons involved in any aspect of VITAS' billing and claims reimbursement activities will be held to a high standard with respect to knowledge of and adherence to the requirements and standards for participation in the health care industry, including all rules and regulations pertaining to claims submission and reimbursement under the Medicare and Medicaid programs.

Claims include:

- requests for payment or reimbursement of property, services or money (including grants, loans, insurance, or benefits);
- requests for approval or authorization to provide property, services or money;
- statements made in support of requests for payment, reimbursement, approval or authorization;
- statements of income or expense that are used to determine a rate of payment;
- statement identifying an item or service as reimbursable;
- whether made directly to the government or to someone else – a contractor or other recipient –

APPROVED BY:	TITLE: CEO	DATE ORIGINATED: 09/21/2005	DATE OF LAST REVISION: 12/13/2006
APPROVED BY:	TITLE: General Manager		DATE:

TITLE: **GOVERNANCE POLICIES: COMPLIANCE TO BILLING AND CODING STANDARDS/FALSE CLAIMS PREVENTION**	POLICY NUMBER: **1:04A 2 of 2**

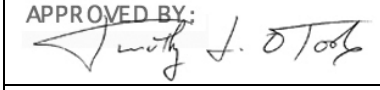
who the government will be paying or reimbursing for all or part of the claims.

Employees are prohibited from participating in billing and coding practices that are not true, fair, and correct and in compliance with all applicable laws, regulations, and policies. Hospice services should only be billed for if the services were ordered, certified, covered, provided and reasonable and necessary for the palliation of management of the terminal illness of the patient. Particular attention should be paid to the following documentation:

1. patient election of the Medicare Hospice Benefit,
2. certification and recertification of the terminal illness of the patient,
3. development and certification of a patient's interdisciplinary plan of care, and
4. reasonableness and necessity of the level of hospice care provided.

The following are examples of improper and prohibited billing practices:

- Billing for a higher level of care than necessary.
- Knowingly billing for inadequate or substandard care.
- Billing for hospice care provided by unqualified or unlicensed personnel.
- Improper indication of the location where hospice services are delivered.
- Knowing misuse of provider certification numbers.
- Knowing failure to return overpayments made by federal health care programs.
- Improper use of codes that describe the service ordered by the physician and performed by the hospice.
- Delivering less property or money to the government than the amount receipted.
- Delivering a certified receipt for property used or to be used by the government without completely knowing the information on the receipt is true.
- Buying or receiving public property from an officer or employee of the government or a member of the armed forces who is not authorized by law to sell it.
- Making a false record or statement that hides, avoids, or decreases Vitas' obligation to pay money, convey property, provide services, or account for them to the government.
- Requiring the payment of money or other value in addition to or in excess of the rates established by law.
- Soliciting or accepting a return in any form from anyone of part of the amount paid or claimed to be payable to Vitas by the government.
- Soliciting or accepting a benefit, whether financial or otherwise, in connection with goods

APPROVED BY: 	TITLE: CEO	DATE ORIGINATED: 09/21/2005	DATE OF LAST REVISION: 12/13/2006
APPROVED BY:	TITLE: General Manager		DATE:

TITLE: **GOVERNANCE POLICIES: COMPLIANCE TO BILLING AND CODING STANDARDS/FALSE CLAIMS PREVENTION**	POLICY NUMBER: **1:04A 3 of 3**

or services paid for or claimed to be payable by the government.

- Destroying or failing to maintain, records required by law to be maintained after a claim is submitted or payment received.

Employees must take special care in the area of billing and coding and refer any questions to their supervisor, VITAS management, the VITAS Compliance officer or the VITAS Legal Department.

PROCEDURE

Duty to report:

Under Vitas' Compliance Program, all employees have a responsibility to comply with the law and to report promptly apparent and actual violations. Any employee who has a good faith belief, based on objective information, that a false claim will or has been made must report it to his or her supervisor, the Corporate Compliance Officer, or to the Compliance Hotline at 1-800-638-4827. Failure to report such belief will result in disciplinary action up to and including termination.

Investigation of reports

Upon receiving a report of such belief, Vitas will promptly investigate the complaint and work with all parties involved to correct any non-compliance.

Penalties:

Federal and State law provides civil and criminal penalties for making false claims against the government. Under federal law, false claims against the government carry a penalty of $5,500 - $11,000, plus three times the amount of damages which the government sustains because of the false claim. In addition, the agency against which a false claim is filed may impose a penalty of up to $5,000 for each claim, plus an assessment of up to twice the amount of the claim that is false**. State claims may carry other or additional penalties. Information on these may be available from your State's Attorney General.**

Protection from retaliation:

Employees who lawfully report false claims are protected from retaliation by Vitas policy and Federal and State law.

APPROVED BY:	TITLE: CEO	DATE ORIGINATED: 09/21/2005	DATE OF LAST REVISION: 12/13/2006
APPROVED BY:	TITLE: General Manager		DATE: