Fraud, Waste, and Abuse Policy

Purpose

The purpose of this Policy is to prevent Lifeworks and its Personnel from violating applicable fraud and abuse laws, including the federal and state False Claims Act, as well as section 1902(a)(68)(A) of the Social Security Act. These laws help prevent and detect fraud, waste, and abuse in the public health care programs that support services and benefit the public and the people Lifeworks serves by ensuring public programs pay for legitimate and quality health and social services.

Scope

This policy applies to all employees, officers, Board members, contractors, volunteers, business associates, student interns, and other stakeholders ("Personnel").

Policy

It is the Policy of Lifeworks that all Personnel will comply with applicable laws and best practice respecting the prevention, detection and reporting of fraud, waste, and abuse in connection with Lifeworks programs and the provision of services to people served by Lifeworks. Various laws define these terms differently; however fraud, waste and abuse have been generally described as:

- **Fraud** – an intentional deception or misrepresentation by a person with the knowledge that the deception could result in some unauthorized benefit to themself or to some other person.
- **Waste** – Means an over-utilization of services or misuse of resources not caused by criminally negligent actions, yet result in the expenditure of resources in excess of program needs and unnecessary costs.
- **Abuse** – practices inconsistent with sound fiscal, business or program practices that result in unnecessary costs, the reimbursement for services unnecessary or that fail to meet professionally recognized standards for care.

Lifeworks Personnel shall not engage in (or assist others to engage in) any of the following prohibited practices:

- Knowingly submit false or misleading claims to the government or to a third party or another payer. This would include submitting claims for services that were not actually provided, claims which characterize the service differently than the service actually provided, or claims which do not otherwise comply with applicable billing rules.
- Making false representations to any person or entity to obtain payment for any service or to gain or retain participation in a program. All communication with government and third party or their payers must be truthful and accurate. Lifeworks receives government money – all timecards, time studies, attendance records, and other applicable documentation must be filled out accurately.
- Failing to properly document service provided or billing for a service not provided.
- Offering anything, in cash or in kind, to obtain or encourage referrals. Any arrangement, contract, gift, or social engagement with anyone who may be a referral source (such as a case manager) must be approved by the CEO of Lifeworks or Corporate Compliance Officer.
- Offering anything, in cash or in kind, to any potential or current individual we serve to influence the individual to attend a program or otherwise receive services from Lifeworks.
- Knowingly and willfully execute, or attempt to execute, a scheme or lie in connection with the delivery of, or payment for, health care benefits, items, or services to defraud any health care program. *(Criminal Health Care Fraud Statute 18 U.S.C. Section 1347)*
- Allowing excluded providers (those providers excluded from participation in the Federal health care programs by the OIG) to participate in any of Lifeworks Medicare or Medicaid programs. *(Exclusion Statute 42 U.S.C. Section 1320a-7 OIG Exclusions)*

In addition, all Personnel shall promptly report any suspected violations of these prohibitions to the Corporate Compliance Officer and shall cooperate with any investigations of such matters by the Corporate Compliance Officer and legal counsel. Any person who in good faith reports fraud, waste, or abuse will be handled with confidentiality and protected from retaliation.

Rights & Responsibilities

The penalties for violating this Policy, even unintentionally, can be extremely high, including, but not limited to criminal charges for those involved in the violation and Lifeworks. Accordingly, compliance with this Policy will be the responsibility of all employees, as well as all directors, Board members, officers, volunteers, student interns, and contractors.

The Board will be responsible to understand the content of this Policy and exercise reasonable oversight.

The Corporate Compliance Officer (as designated in the Corporate Compliance and Ethics Policy) will have overall responsibility for the implementation and administration of this Policy and who will have direct reporting to the CEO and/or Board of Directors (as described below) with respect to matters relating to this Policy.

The members of the Executive Leadership Team will be responsible for assuring the implementation of this policy in their respective management areas.

The Corporate Compliance Officer will: (1) provide and coordinate training of personnel relative to the organization's procedures for addressing allegations of fraud, waste, abuse and other wrongdoing; (2) investigate all reports of violations of this Policy; (3) as required by law (and with advice of counsel, as appropriate) report any violations of this Policy to appropriate authorities; and (4) have authority and ability to report violations of this Policy by the CEO or other high-level managers directly to the Board of Directors.

At least once per year, the Corporate Compliance Officer will report to the Board any substantiated fraud, waste, or abuse situations and prepare and submit reports to the DHS Office of the Inspector General (OIG) as required by law.

In accordance with Minnesota Statutes 256B.4912, subdivision. 11, Lifeworks will maintain documentation that upon employment and annually thereafter, staff providing a service have attested to reviewing and understanding the following statement: "It is a federal crime to provide materially false information on service

billings for medical assistance or services provided under a federally approved waiver plan as authorized under Minnesota Statutes, sections 256B.0913, Section 256B.092 and 256B.49.

Disregard or failure to comply with this Policy could lead to disciplinary action, up to and including, possible termination.

Resources

CMS Medicare Learning Network: Medicare Fraud & Abuse: Prevent, Detect, Report *(ICN MLN4649244 January 2021)*
CARF Accreditation Handbook
Fraud, Waste and Abuse Policy from the State of Minnesota
Section 6032 of the Deficit Reduction Act of 2005
Employee Handbook
Internal Review Procedure

Responsible Committee	Audit & Investment
Responsible Staff	Chief Financial Officer
Committee Approval Date	April 5, 2024