

EXHIBIT F

False Claims Information

September 8, 2011

Information for Contractors/Agents

Stony Brook University Hospital is required by federal law (the Deficit Reduction Act of 2005) to provide information to all its contractors and agents regarding the federal false claims act, administrative remedies for false claims and statements, New York State laws regarding civil or criminal penalties for false claims and payments and whistleblower protections under these laws. The federal and state false claims laws play an important role in detecting fraud, waste and abuse in federal health care programs. Please provide this information to all your employees who deal with contracts with the Hospital, provide health care items or services to the Hospital, perform billing or coding functions for the Hospital or are otherwise involved in monitoring the health care provided by the Hospital.

Federal False Claims Act

What it does:

Allows a civil action to be brought against a person or entity who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval;
- Knowingly makes, uses or causes to be made or used a false record or statement material to a false or fraudulent claim;
- Conspires to commit a violation of certain sections of the False Claims Act;
- Knowingly makes, uses or causes to be made or used a false record or statement material to an obligation to pay the government; or
- Knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government.

The Health Care and Education Affordability Reconciliation Act of 2010 specifies that any person who has received an overpayment is required to report and return the overpayment, together with written notice of the reason for the overpayment. The report and return are to be made to the Secretary, the state, an intermediary, a carrier or a contractor, as appropriate, by the later of 60 days after the overpayment is identified . . . Any overpayment retained after that deadline is declared to be an "obligation" for purposes of the False Claims Act, which is violated if any entity "knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government." Overpayment is defined as "any funds that a person receives or retains under [Medicare or Medicaid] to which the person, after applicable reconciliation, is not entitled . . ."

Under the Federal False Claims Act, a "claim" is any request or demand for money or property, whether or not the United States has title to the money or property that:

- Is presented to an officer, employee or agent of the U.S.; or
- Is made to a contractor, grantee or other recipient, if the money or property is to be spent or used on the government's behalf or to advance a government program or

interest, and the government provides or has provided any portion of the money or property requested or demanded or will reimburse such contractor, grantee or other recipient for any portion of such money or property.

A false or fraudulent claim also includes any violations under the federal Anti-Kickback Statute or the Physician Self-Referral Law (Stark Law). A claim does not include requests or demands for money or property the government has paid to an individual as compensation for federal employment or as an income subsidy with no restrictions on use.

For purposes of the Federal False Claims Act, an "obligation" means an established duty, whether or not fixed, arising from an express or implied contractual, grantor-grantee, or licensor-licensee relationship, from a fee-based or similar relationship, from statute or regulation, or from a retention of any overpayment. It also includes any overpayment that a person receives or retains to which it is not entitled and which is not returned within 60 days after being identified as such or the cost report for which is due. "Material" means having a natural tendency to influence, or be capable of influencing, the payment or receipt of money or property.

The Federal False Claims Act broadly defines the terms "knowing" and "knowingly." Specifically, knowledge will have been proven for purposes of the Federal False Claims Act if the person or entity: (i) has actual knowledge of the information; (ii) acts in deliberate ignorance of the truth or falsity of the information; or (iii) acts in reckless disregard of the truth or falsity of the information. The law specifically provides that a specific intent to defraud is not required in order to prove that the law has been violated.

Remedies:

- A federal false claims action may be brought by the U.S Department of Justice Civil Division, the United States Attorney.
- An individual may bring what is called a *qui tam* action. This means the individual files an action on behalf of the government. The government may decide to intervene with the lawsuit, in which case the United States Department of Justice will direct the prosecution. If the government does not intervene, the individual may still continue the lawsuit independently. If a *qui tam* lawsuit is successful, the individual may receive between 10 to 30% of the recovery, depending on the level of the government's participation and other factors, as well as reasonable attorneys' fees and costs. At the same time, however, any person who brings a clearly frivolous case can be held liable for the defendant's attorneys' fees and costs.
- A person or entity found guilty of violating the Federal False Claims Act is obligated to repay all of the falsely

obtained reimbursement and will be liable for a civil penalty of between \$5,000 and \$10,000, adjusted for inflation, plus up to three times the amount of damages incurred by the government for *each* violation of the Act. In addition, the United States Department of Health and Human Services (HHS) Office of the Inspector General (OIG) may exclude the violator from participation in federal health care programs, such as Medicare and Medicaid.

- Under the Federal False Claims Act, an action may be brought up to six years after the date of violation or three years after the date when material facts are known or should have been known by the government with respect to the violation, but no later than ten years after the date on which the violation was committed.

Whistleblower protections:

Federal law affords an employee, contractor or agent all relief necessary to make such employee, contractor or agent whole, if that employee, contractor or agent is discriminated against in the terms and conditions of his or her employment because of his or her efforts to stop one or more violations of the Federal False Claims Act. Remedies include reinstatement with comparable seniority as the individual would have had but for the discrimination, two times the amount of any back pay plus interest and compensation for the reasonable damages sustained as a result of such discrimination, including litigation costs and reasonable attorneys' fees.

Federal Program Fraud Civil Remedies Act

What it does:

Establishes an administrative remedy against any person or entity who makes, presents or submits (or causes to be made, presented or submitted) a claim for property, services or money to certain Federal agencies, including HHS, that the person or entity "knows or has reason to know" is (i) false, fictitious, or fraudulent; (ii) includes or is supported by any written statement which asserts a material fact that is false, fictitious or fraudulent; (iii) includes or is supported by any written statement which omits a material fact, is false, fictitious or fraudulent because of the omission and is a statement which the person or entity has a duty to include as a material fact; or (iv) is for the provision of items or services which the person or entity has not provided as claimed.

In addition, it is illegal to make, present or submit (or cause to be made, presented or submitted) a written statement with respect to a claim or to obtain the approval or payment of a claim if the person or entity "knows or has reason to know" such statement: (i) asserts a material fact which is false, fictitious or fraudulent or (ii) omits a material fact which makes the statement false, fictitious or fraudulent.

Similar to the Federal False Claims Act, a person who "knows or has reason to know" is defined as one who:

- has actual knowledge of the information;
- acts in deliberate ignorance of the truth or falsity of the information; or

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- acts in reckless disregard of the truth or falsity of the information.

The law specifically provides that a specific intent to defraud is not required to prove a violation.

Remedies:

A violation of the Federal Program Fraud Civil Remedies Act can result in a civil monetary penalty of up to \$5,000 per false claim and, in certain circumstances, an assessment of twice the amount of the false claim. In addition, under certain circumstances, a penalty of \$5,000 per false statement may be imposed.

Unlike the Federal False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid. Also unlike the Federal False Claims Act, the determination of whether a claim is false, and the imposition of fines and penalties, is made by the administrative agency, not by prosecution in the federal court system.

New York State Laws

State False Claims Act

What it does:

Allows a civil action to be brought against a person or entity who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any State or local government employee;
- Knowingly makes, uses or causes to be made or used a false record or statement to get a false or fraudulent claim paid or approved;
- Conspires to defraud the State or a local government by getting a false or fraudulent claim allowed or paid;
- Has possession, custody or control of property or money used or to be used by the State or a local government and, intending to defraud the State or a local government or willfully to conceal the property or money, delivers less property or money than the amount for which the person receives a receipt;
- Is authorized to make or deliver a receipt for property used or to be used by the State or a local government and, intending to defraud the State or a local government, makes or delivers a receipt without completely knowing the information on the receipt is true;
- Knowingly buys or receives as a pledge public property from an officer or employee of the State or a local government knowing that the officer or employee may not lawfully sell or pledge such property; or
- Knowingly makes, uses or causes 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 State or a local government.

Under the New York State False Claims Act, a "claim" is any request or demand for money or property which is made to the State or a local government or to any contractor, grantee or other recipient, if the State or a local government provides any portion of the money or property in question.

The terms "knowing" and "knowingly" have the same definition as that under the Federal False Claims Act. Also like the Federal law, the State law specifically provides that a specific intent to defraud is not required in order to prove that the law has been violated. It also excludes acts arising out of mistake or mere negligence.

Remedies:

- The New York Attorney General has the authority to investigate claims and to bring an action on behalf of the State or a local government. A local government may also investigate claims and bring an action on its behalf. The Attorney General must consult with the Office of Medicaid Inspector General before bringing a claim related to the Medicaid program.
- An individual may bring what is called a *qui tam* action. This means the individual files an action on behalf of the State or a local government. In a *qui tam* action, an individual must file his or her complaint and written disclosure of substantially all material evidence and information he or she possesses in State Supreme Court, where it remains under seal for at least 60 days. The State may decide to intervene or to authorize a local government to intervene with the lawsuit. If neither the State nor a local government intervenes, the individual may still continue the lawsuit independently. If a *qui tam* lawsuit is successful, the individual may receive between 15 to 30% of the recovery, depending on the level of the State's or local government's participation and other factors, as well as reasonable attorneys' fees and costs. The individual's share may be reduced to no more than 10% if the court finds that the action was based primarily on disclosure of specific information (not provided by such individual) relating to allegations or transactions in a criminal, civil or administrative hearing. An individual's share of any recovery may also be reduced if the individual planned or initiated the violation in question. If an individual is convicted of criminal conduct arising from his or her role in the violation, he or she is not entitled to any portion of the recovery.
- No action may be filed against the Federal government, the State or a local government or any officer or employee thereof acting in his or her official capacity.
- A person or entity found guilty of violating the State False Claims Act is obligated to repay all of the falsely obtained reimbursement and will be liable for a civil penalty of between \$6,000 and \$12,000, plus up to three times the amount of damages incurred by the State or a local government for each violation of the Act. If the person committing the violation furnished information regarding such violation to the appropriate State or local government official within 30 days of

obtaining such information and cooperates fully in the investigation, additional damages are capped at twice the amount.

- The time periods for bringing a claim under the State False Claims Act are the same as under the Federal False Claims Act.

Whistleblower protections:

State False Claims Act prohibits an employer from discriminating against an employee in the terms or conditions or his or her employment because the employee initiated or otherwise assisted in a false claims action. The employee is entitled to all relief necessary to make the employee whole. Remedies include reinstatement with comparable seniority as the individual would have had but for the discrimination, two times the amount of any back pay plus interest and compensation for the reasonable damages sustained as a result of such discrimination, including litigation costs and reasonable attorneys' fees.

Other Laws

Various New York State laws also prohibit false claims. Certain relevant portions of the New York State Code are summarized below.

Under New York Social Services Law §145-b, it is unlawful for a person or entity knowingly to make a false statement or representation, or deliberately to conceal any material fact, or engage in any other fraudulent scheme or device, to obtain or attempt to obtain payments under the New York State Medicaid program. For a violation of this law, the local social services district or the State has a right to recover civil damages equal to three times the amount by which any figure is falsely overstated. In the case of non-monetary false statements, the local social service district or State may recover three times the damages (or \$5,000, whichever is greater) sustained by the government due to the violation.

A "statement or representation" includes a claim for payment, an acknowledgment or certification or report of data which serves as a basis for a claim or rate of payment.

The law also empowers the New York State Department of Health to impose a monetary penalty on any person or entity that, among other actions, causes Medicaid payments to be made if the person or entity knew or had reason to know that:

- the payment involved care, services, or supplies that were medically improper, unnecessary, or excessive;
- the care, services or supplies were not provided as claimed;
- the person who ordered or prescribed the improper, unnecessary, or excessive care, services, or supplies was suspended or excluded from the Medicaid program at the time the care, services, or supplies were furnished; or
- the services or supplies were not in fact provided.

The New York State Department of Health may impose a civil penalty of up to \$10,000 per violation. If repeat violations occur within 5 years, a penalty of up to \$30,000 per violation may be

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imposed if the repeat violations involve more serious violations.

Under New York Social Services Law 145-c, if a person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, his/her needs or those of his/her family will not be considered for 6 months, if a first offense, for 12 months, if a second offense (or if the benefits wrongfully received are at least \$1,000 but not more than \$3,900), for 18 months, if a third offense (or the benefits wrongfully received are in excess of \$3,900) and for the 5 years for any subsequent violation.

Under New York Social Services Law §366-b(1), any person who knowingly makes a false statement or representation, or who by deliberate concealment of any material fact, or by impersonation or other fraudulent device, obtains or attempts to obtain or aids or abets any person to obtain medical assistance to which he is not entitled, shall be guilty of a class A misdemeanor. If an act constitutes a violation of a provision of the penal law of the State of New York, the person committing the act shall be punished in accordance with the penalties fixed by such law.

Under New York Social Services Law §366-b (2), any person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining compensation greater than that to which he/she is legally entitled for furnishing services or merchandise or knowingly submits false information for the purposes of obtaining authorization for furnishing services or merchandise shall be guilty of a class A misdemeanor. If such an act constitutes a violation of a provision of the penal law of the State of New York, the person committing the act will be punished in accordance with the penalties fixed by such law.

Under New York Penal Law Article 155, a person who, with intent to deprive another of his property, obtains, takes or withholds such property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior, is guilty of larceny. Larceny is a felony, with the applicable class being based on the value of the property involved.

New York Penal Law Article 175 specifies four crimes which relate to filing false information or claims. Under §175.05, it is a Class A misdemeanor to falsify business records, which includes entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. Under §175.10, falsifying business records as provided in § 175.05 with the intent to commit another crime or conceal its commission is a Class E felony. Under § 175.30, it is a Class A misdemeanor to present a written instrument (including a claim for payment) to a public office knowing that it contains false information. Under §175.35, it is a Class E felony to submit a claim as provided in § 175.30 with the intent to defraud the State or a political subdivision.

New York Penal Law Article 176 applies to intentionally filing a health insurance claim knowing that it is false. Violation of this law is

either a misdemeanor or felony, with the applicable class being based on the value of the claim involved.

In addition, New York Penal Law §177 establishes the crime of "health care fraud." A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), he/she knowingly and willfully provides materially false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of the false information or omission, he/she or another person receives a payment in an amount to which he/she or such other person is not entitled. Health care fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime; the higher the payments received in a one year period, the more severe the punishments, which currently range up to 25 years if more than \$1 million in improper payments are involved.

New York law also affords protections to employees who may notice and report inappropriate activities. Under New York Labor Law §740, an employer may not take any retaliatory action against an employee because the employee:

- discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy or practice of the employer that is in violation of law, rule or regulation which violation creates and presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud;
- provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of a law, rule or regulation by such employer; or
- objects to, or refuses to participate in any such activity, policy or practice in violation of a law, rule or regulation.

In order to be protected when disclosing information to a public body, an employee must first bring the alleged violation to the attention of a supervisor of the employer and give the employer a reasonable opportunity to correct the allegedly unlawful practice. The law allows employees who are the subject of a retaliatory action to bring a civil action in court and seek relief such as injunctive relief to restrain continued retaliation; reinstatement, back-pay and compensation of reasonable costs. If the court finds that a health care employer's retaliatory action was in bad faith, it may impose a civil penalty of up to \$10,000 on the employer. The law also provides that employees who bring an action without basis in law or fact may be held liable to the employer for its attorneys' fees and costs.

Under certain circumstances, New York law provides additional protections to employees of health care service providers, which include the Hospital. Under New York Labor Law §741, a health care service provider may not take any retaliatory action against an employee because the employee:

- discloses or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care; or
- objects to or refuses to participate in any such activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care.

In order to claim this protection, the employee must first bring the issue to the attention of a supervisor of the employer and give the employer a reasonable opportunity to correct the allegedly improper activity or practice. This is not required, and an employee may disclose an alleged improper quality of patient care to a public body or interest, if the alleged improper quality of health care presents an imminent threat to public health or safety or to the health of a specific patient and the employee reasonably believes in good faith that reporting to a supervisor would not result in corrective action.

Hospital Policies

In addition, the Hospital has policies and procedures regarding detecting and preventing waste, fraud and abuse, including its Corporate Compliance Code of Conduct and its policy, "Responsibilities for Preventing and Detecting Fraud, Waste and Abuse Related to Federal and State Funded Health Care Programs." Copies of these policies are available upon request.

What you should do if you think the Hospital may have made a false claim:

- If you see something that is not right, this Hospital encourages you to:
 - Report it to the Corporate Compliance Officer at the Hospital at 631-444-5776 for further investigation.
 - If you are not comfortable reporting to the Hospital or do not see action in response to your report, call the Hospital compliance helpline at 1-866-623-1480.
 - Report it via the internet at <https://www.compliance-helpline.com/sbuh.jsp>.
- You are not required to report a possible false claims act violation to the Hospital first. You may report directly to the federal Department of Justice.