

Unison Complies with Federal and State Laws to Prevent and Detect Fraud, Waste, and Abuse in Government Health Care Programs

Section 6032 of the federal Deficit Reduction Act of 2005 (DRA)

Unison is required to comply with Section 6032 of the DRA. Unison provides the following information in accordance with the DRA.

Federal False Claims Act

The False Claims Act (31 USC § 3279-33) is a federal statute that covers fraud involving any federally funded contract or program, including the Medicare and Medicaid programs. The Act establishes liability for any person who knowingly presents or causes to be presented a false claim to the U.S. government for payment.

The term “knowingly” means that a person, with respect to information, has actual knowledge of falsity of the information in the claim; acts in deliberate ignorance of the truth or falsity of the information in a claim; or acts in reckless disregard of the truth or falsity of the information in a claim.

The Act does not require proof of a specific intent to defraud. Instead, people can be prosecuted for a wide variety of conduct that leads to the submission of fraudulent claims to the government, such as knowingly making false statements, falsifying records, double-billing for items or services, submitting bills for services never performed or items never furnished, or otherwise causing a false claim to be submitted.

Penalties for violating the Act can be up to three times the value of the false claim, plus from \$5,500 to \$11,000 in fines, per claim.

Qui Tam “Whistle-blower” Provisions

To encourage individuals to come forward and report misconduct involving false claims, the Act includes a “*qui tam*”

or whistle-blower provision. This provision essentially allows any person with actual knowledge of false claims activity to file a lawsuit on behalf of the U.S. government. Individuals seeking whistle-blower status must meet several criteria to prevail as outlined below.

Original Source

The whistle-blower must be the “original source” of the information reported to the U.S. government. Specifically, the whistle-blower must have direct and independent knowledge of the false claims activities, must voluntarily provide this information to the government, and the matter cannot already be under federal investigation.

Rights of Parties to Qui Tam Actions

If the government determines that the lawsuit has merit and decides to join, the lawsuit will be directed by the U.S. Department of Justice. The government will become the party suing. If the government decides not to intervene, the whistle-blower can continue the lawsuit on his or her own.

Award to Qui Tam Whistle-blowers

If the lawsuit is successful (after being prosecuted by the government), the whistle-blower may receive an award ranging from 15 to 30 percent of the amount recovered by the government. The whistle-blower may also be entitled to reasonable expenses and costs for bringing the lawsuit.

No Retaliation Protection for Whistle-blowers

In addition to a financial award, the Act entitles whistle-blowers to additional relief, including employment reinstatement, back pay, and any other compensation arising from retaliatory conduct for filing an action under the Act or committing other acts, such as providing testimony in a False Claims Act action. Unison’s Team Members are protected from retaliation (i.e. discharge, demotion, suspension, threat, harassment, discrimination, or anything similar thereto), in the event any Team Member files a claim pursuant to the Act

or otherwise makes a good faith report alleging fraud, waste or abuse in a federal health care program, to Unison or the proper authorities, subject to the terms and conditions of Unison's Compliance Plan.

State Laws

States where Unison does business have laws that contain civil or criminal penalties for false claims that are in addition to the penalties provided in the Act. Certain states also have whistleblower protections similar to the Act. In Tennessee, the applicable laws are Tenn. Code Ann. Sections 4-18-101 – 108 and Sections 71-5-181-185; in Pennsylvania, the applicable laws are 62 P.S. Sections 1407 and 1408, and 43 P.S. Sections 1421-1428; in Ohio the applicable laws are ORC Sections 5111.03, 5111.101, 2913.40, 124.34.1, 4113.52, and 3901.44; in South Carolina the applicable laws are SC Statutes 38-55-170, 38-55-510, and 43-7-60 et seq. ; in Delaware the applicable laws are DE Statutes TI 6 Section 1201-1209, and DE Statutes TI 18 Section 2401-2410; and in the District of Columbia, the applicable laws are DC Code Section 2-308.13 - 308.21 and DC Code Section 22-3225.01 - 09. For more information on a specific state law, please contact the Compliance Officer or the Legal Department.

Additional Support to Unison Compliance

Unison's Compliance Plan, and various departmental policies and procedures, including but not limited to the ADMIN policies and Audit Department policies (which can be found on the Unison Intranet under Departmental P&Ps) assist Unison's compliance with the Act and the various state false claims laws, as well as to detect and prevent fraud, waste and abuse in federal health care programs. Please also see the Unison Intranet Compliance Department page or the Compliance page link on Unison internet website at www.unisonhealthplan.com, for the most up to date version of the Unison Compliance Plan, Unison's policy on fraud, waste and abuse, and other relevant documents and information. For more information on this topic, please contact the Unison Compliance Officer.