

ORGANIZATION POLICY

POLICY TITLE: PREVENTION OF FRAUD, WASTE AND ABUSE

POLICY NUMBER: 1207

POLICY:

Onslow Memorial Hospital is committed to complying with all applicable laws, regulations, and ethical business practices. Onslow Memorial Hospital which is represented by the Hospital Authority Board, Senior Leaders and management, employees and the medical staff strive to serve as role models for the community with their commitment to the highest ethical and business standards.

Hospital Authority Board:

The Hospital Authority Board, as organizational leaders are expected to assure that the organization has sufficient information to comply with laws, regulations, and policies, as well as resources to resolve ethical dilemmas. The Board must support the organization in creating a culture within the organization that promotes the hospital standards of ethics and compliance that never sacrifices ethical and compliant behavior in the pursuit of business objectives. This culture also encourages everyone in the organization to promptly report concerns and take appropriate corrective action for any known or suspected fraud, waste or abuse.

Senior Leadership/Management:

The Chief Executive Officer and the Senior Leadership team shall provide the necessary guidance and support to ensure that all billings to government payors, commercial insurance payors and patients are true and accurate.

Senior management shall manage all contractor and vendor relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices. Senior management will promote competitive procurement to the maximum extent practicable and appropriate. Selection of contractors and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet the needs of our organization and our patients, not on personal relationships and friendships. Senior management is responsible for assuring that our organization does not contract with, employ or bill for services rendered by an individual or entity that is excluded, suspended, debarred, or ineligible to participate in Federal or State health care programs; or has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in a Federal or State health care program after a period of exclusion, suspension, debarment, or ineligibility, provided that there is an awareness of such criminal offense.

Hospital Staff and Physicians:

Onslow Memorial Hospital employees and physicians are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to promptly correcting wrongdoing wherever it may occur in the organization.

All employees will receive the mandatory education and training related to the OMH Compliance Program. All employees must commit to compliant conduct and acknowledge that compliance is a requirement of their employment.

Each employee and physician has an individual responsibility for reporting any activity that could result in fraud, waste or abuse and therefore harmful to our organization, our community and our patients. Each employee and physician has an individual responsibility for reporting any noncompliant conduct by another employee, physician, contractor or vendor that appears to violate applicable laws, rules, regulations or good business practices.

Vendors and Contractors:

All employees with authority to contract with third parties will be required to verify to Senior Management that the contractor or vendor has not been sanctioned by a Federal or State health care program and will certify this information by checking the Office of Inspector General and General Services Administration's lists of such excluded and ineligible persons.

Contractors and Vendors will be required to certify that their business is conducted consistent with the Hospital's compliance program and all applicable federal and state laws. Contractors and Vendors must also certify that they do not employ or do business with any entity that has been excluded from doing business with the State or Federal government, including exclusion from Medicare, Medicaid or CHAMPUS programs.

Questions:

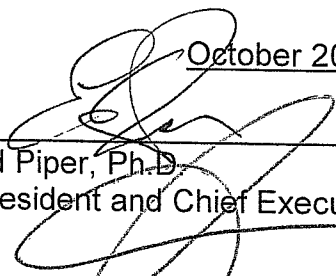
Any questions regarding preventing fraud, waste and abuse should be referred to the OMH Compliance Officer.

EFFECTIVE DATE: April 1, 2001

DEPARTMENTS PRIMARILY
AFFECTED: ALL DEPARTMENTS & MEDICAL STAFF

REVISION DATES: November 2004

REVIEW DATES: October 2008

AUTHORIZED BY: 

Ed Piper, Ph.D.
President and Chief Executive Officer

Lennox Williams, M.D.
Chief of Staff