

# THE CENTER FOR DISCOVERY

SUBJECT: False Claims Act and Whistleblower Protections Policy	MANUAL: Corporate Compliance
	SECTION: Section 7

**Purpose:** The Center for Discovery (“TCFD”) is committed to prompt, complete, and accurate billing of all services provided to service recipients. TCFD and its employees and contractors shall not make or submit any false or misleading entries on any claim forms. No employee or contractor shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager that results in the submission of a false or misleading entry on claims forms or documentation of services that result in the submission of a false claim.

This policy applies to all Board members, all employees including Chief Executive and senior leadership, and contractors.

For purpose of this Policy, a contractor is defined as:

- Any independent contractor, contractor, subcontractor, or other person who, on behalf of the Organization, furnishes or otherwise authorizes the furnishing of Medicare and/or Medicaid healthcare items or services, or performs billing or coding functions;
- Any independent contractor, contractor, subcontractor, or other person who provides administrative or consultative services, goods, or services that are significant and material, are directly related to healthcare provision, and/or are included in or are a necessary component of providing items or services reimbursed by Medicare, Medicaid, or another federally-funded healthcare program; or
- Any independent, contractor, subcontractor, or other person who is involved in the monitoring of healthcare provided by the Organization.

**Policy:** It is the policy of TCFD to detect and prevent fraud, waste, and abuse in Federal and State healthcare programs. This Policy explains the Federal False Claims Act (31 U.S.C. §§ 3729 – 3733), the Administrative Remedies for False Claims (31 USC Chapter 38 §§3801-3812), the New York State False Claims Act (State Finance Law §§187-194), and other New York State laws concerning false statements or claims and employee protections against retaliation for reporting. This policy also sets forth the procedures that TCFD has put into place to prevent any violations of Federal or New York State laws regarding fraud, waste, or abuse in its healthcare programs. (Refer to the appendix entitled “Overview of Relevant Laws” for further information.)

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## **Regulatory Reference:**

Social Service Law 363-D

18 NYCRR Part 521

(Also refer to Overview of Relevant Laws, below)

## **Procedures:**

1. TCFD will provide training and/or education in this policy and procedure to all Board members, all employees including Chief Executive and senior leadership, and contractors, as defined by this Policy.
2. Training and/or education in this Policy will be provided to all employees as part of the new employee orientation.
3. Training and/or education in this Policy will be provided to all Board members and to new Board members as part of Board orientation.
4. The Chief Compliance Officer, (“CCO”) will ensure that all Board members, all employees including Chief Executive and senior leadership, and contractors receive training and/or education related to the contents of this Policy and the False Claims Act. The CCO will ensure that records are maintained to document the receipt of training.
5. The CCO will ensure that this Policy is attached to any contract with a contractor as defined by this Policy.
6. The prevention of fraud, waste and abuse, TCFD requires compliance with the following requirements related to the provision of service(s) and claims for reimbursement:
  - a. All service documentation, records, and reports are prepared timely, accurately, and honestly;
  - b. All documentation supporting claims for service is complete and maintained in accordance with regulatory requirements and the Organization's policies;
  - c. All claims submitted to any government or private healthcare program are accurate and comply with all Federal and State laws and regulations and payer requirements;
  - d. Claims are only submitted for medically necessary services provided by eligible providers;

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- e. All claims are properly documented and accurately coded; and
  - f. Billing errors are promptly identified, and any payments received in error are promptly returned to the payer.
7. Any employee or contractor who has any reason to believe that anyone is engaging in false billing practices, false documentation of services, and other non-compliance related to service provision and billing is expected to report the practice to the CCO in accordance with the Reporting and Investigation of Corporate Compliance Concerns Policy.
  8. Any form of retribution, intimidation, and/or retaliation against any party who reports, in good faith, a perceived problem or concern regarding the provision or billing of services is strictly prohibited.
  9. Any employee or contractor who commits or condones any form of retribution, intimidation, or retaliation will be subject to discipline up to, and including, termination of employment or contract.
  10. TCFD will perform billing activities in a manner consistent with the regulations and requirements of third-party payers, including Medicaid, Medicare, and other Federal healthcare programs.
  11. TCFD will conduct regular auditing and monitoring procedures as part of its efforts to ensure compliance with applicable regulations.
  12. TCFD will report and refund all overpayments to Medicaid and Medicare within 60 days of identification of the overpayment in accordance with the Billing Errors, Overpayments, and Self-Disclosure Policy.

## **Sanction Statement:**

Non-compliance with this policy may result in disciplinary action, up to and including termination.

## **Compliance Statement:**

As part of its ongoing auditing and monitoring process in its Corporate Compliance Program, TCFD will review this policy based on changes in the law or regulations, as TCFD's practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with TCFD's Corporate Compliance Program. Testing will include but is not limited to

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ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the CCO, or designee. Additionally, results will be reported to the CCC and Governing Body on a regular basis.

### **Record Retention Statement:**

TCFD will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.

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