

All incidents suspect of fraud, waste or abuse (FWA), or violations of the False Claims Act should be reported to the Compliance Officer in person or anonymously by phone, email, or mail 7 days a week, 24 hours a day.

Compliance Officer:

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Any employee or downstream entity who suspects fraud, waste, or abuse (FWA), and reports in good faith is protected against any form of retaliation or retribution.

Reports may include:

1. *Abuse*: Payment for items or services which result in unnecessary cost to the Medicare program. In the case of abuse, the action occurs without deceptive intentions, but maybe the result of poor or insufficient methods.
2. *Fraud*: Deliberate misrepresentation for financial gain. In the case of fraud, the individual knowingly falsifies information or services for illicit personal benefit or the benefit of another person.
3. *Waste*: Inefficient or disorganized practices or decisions which result in the excessive or needless expense of healthcare benefits or services.
4. *False Claims Act (FCA)*: Federal act that prohibits any person from knowingly presenting, or causing to be presented, to an officer or employee of the United States Government a false or fraudulent claim for payment or approval. It prohibits from knowingly making, using, or causing to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government. It prohibits from conspiring to defraud the Government by getting a false or fraudulent claim allowed or paid.
- A. *The Qui Tam provision* of the FCA allows a private person, known as a "relator," to bring a lawsuit on behalf of the United States, where the private person has information that the named defendant has knowingly submitted or caused the submission of false or fraudulent claims to the United States. The relator need not have been personally harmed by the defendant's conduct.
5. *Anti-Kickback Statute Policy*: Prohibits offering, paying, soliciting or receiving anything of value to induce or reward referrals or generate Federal health care program business
6. *The Stark Law*: Prohibits a physician from referring Medicare patients for designated health services to an entity with which the physician (or immediate family member) has a financial relationship, unless an exception applies. Prohibits the designated health services entity from submitting claims to Medicare for those services resulting from a prohibited referral.