

•ENRON

•Enron was an energy company that began to trade extensively in energy derivatives markets.

•The company hid massive trading losses, ultimately leading to one of the largest accounting scandals and bankruptcy in recent history.

•Enron executives used fraudulent accounting practices to inflate the company's revenues and hide debt in its subsidiaries.

•As a result of Enron, Congress passed the Sarbanes-Oxley Act to hold corporate executives more accountable for their company's financial statements.

..When it finally collapsed on December 2, 2001 it destroyed over \$60 billion (120 billion in today's dollars)in market value.

# Of Character and Competence...

O"The big headline about Enron is that before fraud, there was terminal incompetence. As a matter of fact, if you look at a lot of the fraud cases, before fraud there was terminal incompetence..."

- Malcolm, S. Salter , Professor of Business Administration Emeritus at Harvard Business Scho

# Of Character and Competence...

o...You can have great values, but if you don't have the competence [to implement them], forget it. You need both character and competence. If you don't have the competence, you're going to get yourself in real deep trouble."

- Malcolm S. Salter , Professor of Business Administration Emeritus at Harvard Business Schoo

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Predicated by the fall of Enron, one piece of legislation, the Sarbanes-Oxley Act, expanded repercussions for destroying, altering, or fabricating records in federal investigations or for attempting to defraud shareholders. The act also increased the accountability of auditing firms to remain unbiased and independent of their clients.

#### Principle/Rule Ethics

Previously, most corporations operated under a set of principles established by its leadership and sustained through the establishment of cultural norms.

#### Principle/Rule Ethics

New legislation creates a host of "rules" by which businesses must adhere as a means of maintaining minimum standards of ethical practices.

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# Business Ethics & Social Responsibility

- Business Ethics: The principles and standards that define acceptable conduct in business
- Social Responsibility: A business's obligation to maximize its positive impact and minimize its negative impact on society

#### Recognizing an Ethical Issue

An ethical issue is an identifiable problem, situation, or opportunity that requires a person to choose from among several actions that may be evaluated as right or wrong, ethical or unethical.

#### Recognizing an Ethical Issue

Did You Know? The most common types of observed misconduct are lying, withholding information, and abusive/ intimidating behavior.

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Top 5 Reasons For Not Reporting
Observed Misconduct

2. Feared retribution or retaliation from
supervisor or management

1. Didn't believe corrective action would be taken
Source 2005 Effice Resource Center- National Brusiness Effice Survey Report, p. 29.

Ethical Issue Categories
Conflict of interest
Fairness and honesty
Communications
Business relationships

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# Conflict of Interest Occurs when a person must choose whether to advance their own personal interest or those of others.

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Fairness and Honesty

OThe heart of business ethics - General values of decision makers.

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Communications

○False and misleading advertising and deceptive personal-selling tactics anger customers and may cause a business to fail.





The Facts on Business
Ethics Today

• Of employees surveyed:

86% reported that their organizations have written standards of conduct

69% reported that their organizations offer mandatory ethics training

65% reported that their organizations have a place where they can seek ethics advice.

Source: 2005 Ethics Resource Center- National Business Ethics Survey: Nov Employees Perceive Ethics at Work, p. 122-14.

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### The Medicare Fraud Strike Force

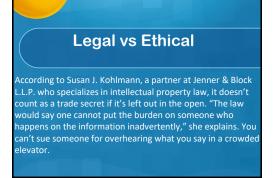
Since their inception in March 2007, Strike Force operations in nine locations have charged more than 1,140 defendants who collectively have falsely billed the Medicare program for more than \$2.9 billion. In addition, the HHS Centers for Medicare and Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.

(Sant 2011)

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# What makes Ethical Decision-Making so Difficult? "It seems the world was divided into good and bad people. The good ones slept better while the bad ones seemed to enjoy the waking hours much more." Woody Allen

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Obstructive - Fight All the Way
Deny all responsibility
Claim that evidence of wrongdoing is misleading or distorted
Place obstacles to delay investigation
Tends to occur in firms whose actions are based on economic considerations.

Corporate Reactions to Ethical Crises

Defensive - Do Only What is Legally Required  Company admits to some errors of omission or commission  Defends itself but is not obstructive Tend to work within the letter of the law.	Accommodative - Accept Ethical Responsibility  Accepts social responsibility for actions  Try to meet economic, legal, and ethical responsibilities  Curtail ethically questionable activities.	Proactive -Take Social Initiatives  Take the lead in social issues  Learn what is in the public interest and respond without pressure from stakeholders  Use discretionary responsibilities to enhance community welfare.
31	32	

Corporate Reactions to Ethical Crises

Corporate Reactions to Ethical Crises



Waste, Fraud Abuse

Waste:

the overservices (not caused by criminally negligent actions) and the misuse of resources.

Waste, Fraud, Abuse

Fraud:

an intentional act of thing intended to result tended to resul

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#### Waste, Fraud, Abuse

#### Abuse

excessive or improper use of services or actions that are inconsistent with acceptable business or medical practice. Refers to incidents that, although not fraudulent, may directly or indirectly cause financial loss.

Misrepresenting services resulting in unnecessary cost to the Medicare program, improper payments, or overpayments.

#### Waste, Fraud, Abuse

Examples include:

- □Charging in excess for services or supplies.
- Providing medically unnecessary services.
- □Billing for items or services that should not be paid for by Medicaid/Medicare.
- □Billing for services that were never rendered.
- □Billing for services at a higher rate than is justified.

# Hot Business

In 2009 the FBI reported that Medicare fraud had become so lucrative that a number of cocaine dealers in Florida and California had switched from illicit drug trade to Medicare fraud.

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# March 2010... President Obama announced a new effort to recoup taxpayer dollars through the use of payment recapture audits. These are payments made in the wrong amounts, to the wrong person, or for the wrong reason. In 2009, improper payments totaled \$98 billion, with \$54 billion stemming from Medicare and Medicaid.

#### American Recovery and Reinvestment Act of 2009 ("ARRA")

○ÀRRA was an element of the stimulus package, it also contained sweeping whistleblower provisions for people who report suspected misuse or gross mismanagement of stimulus funds, a large portion of which are allocated to health care projects.

#### Fraud Enforcement and Recovery Act of 2009 ("FERA")

FERA substantially amended the False Claims Act by expanding liability to indirect recipients of federal funds, establishing liability for the willful retention of identified overpayments (even where there is no underlying false claim), adding a broadly defined materiality requirement, expanding protections for whistleblowers and providing access to documents obtained by the government.

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# Health Care Fraud Prevention and Enforcement Action Team ("HEAT")

The HEAT initiative is a joint effort between the Department of Justice ("DOJ") and the Department of Health and Human Services ("HHS") under which increased resources are deployed "to reduce skyrocketing health care costs and improve the quality of care by ridding the system of perpetrators who are preying on Medicare and Medicaid beneficiaries."

#### 2021

Across the behavioral health-related entity and provider types, the Medicaid funding recovered by the Medicaid Fraud Control Units splits at exactly two-thirds (\$65.7 million) in criminal recoveries and one-third (\$32.7 million) for civil recoveries.

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2021 2021 2021 In 2015, South Carolina Medicaid sought to audit The three provider types that saw the largest amount of The three provider types that saw the largest amount of Wrights Care Services (behavioral health child Medicaid fraud were: Medicaid fraud were: services), and members of the company met in nonresidential mental health facilities (\$36.1 nonresidential mental health facilities (\$36.1 Columbia at a "note party" to forge signatures and million), falsify records to support the audit. During the substance abuse treatment centers (\$25.1 substance abuse treatment centers (\$25.1 course of the scheme, Wrights Care and its affiliated nonresidential developmental disability facilities nonresidential developmental disability facilities franchises submitted bills to Medicaid in the amount (\$21.5 million). (\$21.5 million). of \$6,657,810.43. 47 48 46



#### Closer to home...

VaGracia Burnett, 59, of Philadelphia, worked for three behavioral health providers in Philadelphia, Montgomery and Chester counties, and billed for fabricated, overlapping services between January 2013 and May 2016.

During this time, she was also working as a per-diem substitute teacher for the Philadelphia School District. Burnett falsely submitted time sheets for over \$211,942 in services that she did not provide to children — many of whom were diagnosed with autism. As part of her scheme to steal Medicaid funds, she falsified medical records of these children and submitted them fraudulently for reimbursement.



CHARLOTTE, N.C. – A Charlotte man and owner of a behavioral health company was sentenced to serve two years in prison for attempting to obtain nearly \$400,000 in fraudulent reimbursement claims from North Carolina Medicaid, announced Anne M. Tompkins, U.S. Attorney for the Western District of North Carolina. Gregory Benny Lassiter, Jr., 32, of Charlotte, was also ordered to remain under court supervision for two years, following his prison term and to pay \$234,787.91 in restitution.

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#### **Predictive Modeling**

- The Lewin Group conservatively estimates that a comprehensive application of predictive modeling can save Medicare \$65 billion.
- Another analysis of TerraMedica, a healthcare technology firm, finds between \$18.6 billion and \$42.2 billion in annual suspicious claims that could be subject to fraud, abuse or overutilization patterns.

### Possible Administrative Sanctions

- Denial or revocation of Medicare provider number application.
- Suspension of provider payments.
- Addition to the OIG List of Excluded Individuals/Entities (LEIE).
- License suspension or revocation.

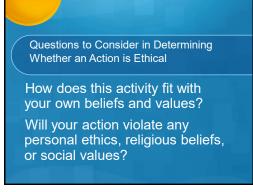
Questions to Consider in Determining
Whether an Action is Ethical

Are there any potential legal restrictions or violations that could result from the action?

Question: If I do this will it break any laws?

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Questions to Consider in Determining Whether an Action is Ethical	Questions to Consider in Determining Whether an Action is Ethical	Questions to Consider in Determining Whether an Action is Ethical
Does your company have a specific code of ethics or a policy on the	Is this activity customary in your industry?	Would this activity be accepted by your coworkers?
action?	Are there any industry trade groups that	Will your decision or action withstand open discussion with coworkers and managers and
If I do this will I go against the employee handbook?	provide guidelines or codes of conduct that address this issue? <b>Question</b> : If I do this will I violate any trade practices?	survive untarnished? <b>Question</b> : Will my action cause peer acceptance or rejection, or any peer pressure?
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		-







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# Core Elements of Compliance

#### ⊘2. Written Policies

⊘ There should be written policies outlining the compliance program expectations. These policies ought to be approved by the organization's governing body and not just one individual.

### Core Elements of Compliance

⊘ 3. A Code of Conduct

⊘A code of conduct should be consistently reviewed with staff & recognized as a signed contract.

# Core Elements of Compliance

⊘ 4. A Compliance officer

⊘ Generally, a compliance officer is responsible for both external and internal compliance. They ensure that the organization complies fully with government and industrial regulations and equally ensure that employees follow internal compliance policies.

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# Core Elements of Compliance

#### *⊙* 5. Monitoring and Investigating

It is not enough to simply set up and implement a corporate compliance training program. You should equally take steps to monitor and track the progress of the program.

## Core Elements of Compliance

#### 06. Annual Reporting

O An annual report and risk assessment should be taken in order to identify new trends, problem areas, and make adjustments when necessary. This way, you can rest assured that your compliance program is effective and progressive, rather than regressive.

# **Core Elements of Compliance**

#### 8. Disciplinary policies

Despite the extensive measures taken to implement corporate compliance training programs, it can be hard to ensure full compliance from employees. This is why it is important to set disciplinary policies in place.

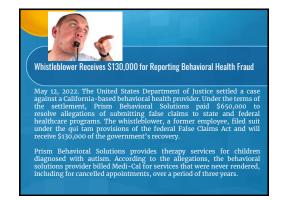
Employees who are caught taking unethical or unlawful actions should face penalties commensurate to the offense.

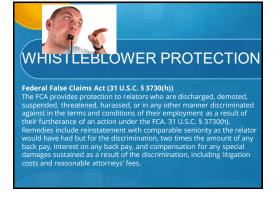
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# Core Elements of Compliance 9. Non-retaliation policies Organizations and employers ought to ensure that non-retaliation policies are firmly set in place and implemented. A great way to start is by communicating to all employees that grave disciplinary actions will follow any act of retaliation or intimidation.

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Fraud, Waste, and Abuse
Resources

O Federal government web sites are sources of information regarding detection, correction, and prevention of fraud, waste, and abuse;

O Department of Health and Human Services Office of Inspector General: http://loig.hhs.gov/fraud/houine/

O Centers for Medicare and Medicaid Services (CMS);
http://www.cms.hhs.gov/fraud/Abuse-tor-Profs/

O CMS Information about the Physician Self Referral Law;
www.cms.hhs.gov/fraud/Abuse-tor-Profs/

O CMS Prescription Drug Benefit Manual
http://www.cms.hhs.gov/flub/fraud & Abuse-Job Aid
http://www.cms.hhs.gov/flub/fraud & Abuse-Job Aid
http://www.cms.hhs.gov/flub/fraud & Abuse-Job Aid
http://www.cms.hhs.gov/flub/fraud & Abuse-Job Aid
http://www.cms.hhs.gov/flub/frauds/downloads/051506\_Medica
re\_Fraud\_and\_Abuse\_brochure.pdf

O 2021 GOVID Fraud Cases

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