

[Company Name]

Corporate Compliance Program 2017

Sample Plan A

Harmony Healthcare International (HHI)

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[Company Name] Corporate Compliance Program

Introduction

This Corporate Compliance Program has been developed for the health care entities affiliated with the [Company Name], namely, [Company Names] (referred to collectively herein as "Provider"), to ensure that employees, contractors and vendors understand and comply with appropriate standards of care and demonstrate adherence to regulatory guidelines. The Corporate Compliance Program focuses on preventing and detecting criminal, civil and administrative violations and promoting quality of care. Although both the Corporate Compliance Program and the Quality Assurance Program address issues related to quality of care, the Corporate Compliance Program focuses on adherence to federal and state statutes and regulations regarding reimbursement for services delivered and arrangements with providers of services and supplies to facilities.

The Corporate Compliance Program is comprised of the following elements, each of which is more fully described in the following sections of this manual:

1. **Code of Conduct:** A statement memorializing the commitment of personnel in Provider facilities to comply with laws applicable to Provider's operations and to adhere to Provider's Compliance Program and Compliance Policies and Procedures. Employees and contractors providing health care services receive a copy of Provider's Code of Conduct on an annual basis and sign an acknowledgment of receipt and understanding of this document.
2. **Compliance Officer:** An individual in corporate senior management whose primary responsibility is ensuring that the Compliance Program accomplishes its objectives. The Compliance Officer is responsible for arranging appropriate training and educational programs based upon each employee's job duties. The Compliance Officer is responsible for accepting and investigating compliance concerns and questions. Employees are expected to cooperate with the Compliance Officer.
3. **Compliance Training and Education:** Employees attend in-service training upon hire and annually on the components of the Corporate Compliance Program. Employees also participate in training and educational programs with respect to each employee's specific responsibilities under the Compliance Program.
4. **Confidential Disclosure Program:** A mechanism through which Provider personnel can anonymously communicate compliance concerns and/or make suggestions regarding the Compliance Program to the Compliance Officer. The mechanism employed by Provider is a 24 hour toll-free anonymous Corporate Compliance Hotline, [Phone #].

Introduction (continued)

5. **Disciplinary Actions:** Employees and contractors providing health care services are subject to discipline for failing to comply with the applicable standards, laws, and procedures within the scope of their job duties/responsibilities, and for failure to adhere to the Compliance Program, Policies and Procedures, including failure to report a potential violation of the Compliance Program, Policies and Procedures or of applicable law. The annual performance review for the employee with overall responsibility for the operations each Provider health care entity/facility will include review of the entity's/facility's adherence to the Corporate Compliance Program.
6. **Screening of Ineligible Persons:** Employees and contractors are screened prior to employment and on an ongoing basis to confirm they have not been convicted of a criminal offense relating to the provision of health services or health care items, and have not been excluded, debarred, or otherwise declared ineligible to participate in federal health care programs. Individuals and entities with which Provider contracts to provide health care services or supplies are also screened.
7. **Written Policies and Procedures:** Specific policies and procedures have been developed to ensure Provider's compliance with applicable law, including, for example, policies relating to medical records documentation, billing, and responding to requests for information. As situations arise that require a policy statement, the Compliance Officer and/or consultant will draft a policy for legal review and approval. Specific Policies and Procedures are distributed to personnel based upon each individual's job duties and responsibilities.
8. **Periodic Audits and Monitoring:** Periodic audits and monitoring techniques are utilized to confirm compliance goals are maintained and to assist in the elimination of any identified problem areas.

This Corporate Compliance Program utilizes a system of core policies, audits, and evaluation procedures in order to guide Provider in developing and monitoring delivery of care programs. The Corporate Compliance Program is reviewed annually by senior corporate leadership. The relevant positions in each Provider health care entity/facility are as follows: **[Company Names]**. All the foregoing is hereinafter referred to as "Compliance Liaison."

Distribution

The Corporate Compliance Program Manual ("Compliance Plan") is accessible on **[Company Name]'s** electronic policy portal. A hard copy is maintained by the Corporate Compliance Officer and Compliance Liaison in each health care entity/facility.

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Code of Conduct

This Compliance Plan Code of Conduct is distributed to Provider employees and contracted health care providers on an annual basis. Each will be asked to sign the attached Acknowledgment Form indicating they have read, understand and agree to abide by this Code of Conduct. Provider is dedicated to providing the very best care to our patients. We pride ourselves on our commitment to operating in a legal and ethical manner. Provider has developed a Corporate Compliance Program intended to prevent, detect, and correct instances of noncompliance with applicable federal and state law and with the program requirements of federal, state and private health plans, and to promote quality of care. Compliance is a cooperative effort and can only be fully achieved through the commitment and cooperation of all personnel. Accordingly, Provider expects all personnel in good faith and to the best of their ability:

- To serve the health care needs of patients in a committed and caring manner;
- To further a commitment to integrity, quality, excellence, and continuous improvement in all areas of service to patients;
- To prepare and maintain documentation of services provided to patients in a timely and accurate manner, consistent with applicable professional, legal, and facility guidelines and standards;
- To bill only for services actually rendered and in accordance with applicable terms and conditions specified by government and private payers;
- To report child abuse, resident abuse, neglect, mistreatment or misappropriation of residents' property in skilled nursing facilities, and unprofessional conduct of health care providers to their supervisor, the Compliance Liaison, the Corporate Compliance Officer, the Compliance Hotline, and/or appropriate authorities;
- To comply with Provider's policy regarding the acceptance, offering, or giving of gifts in connection with an employee's role or status as an employee of Provider;
- To inform their immediate supervisor of any financial interest, ownership interest, or any other relationship they (or a member of their immediate family) have with Provider's patients, vendors, or competitors;
- Not to participate in any arrangement with an individual or entity which refers patients to Provider or to which Provider refers patients except as permitted by law and pursuant to Provider's compliance policies applicable to such arrangements;
- To maintain the confidentiality of medical and personal information regarding Provider's patients;
- Not to use confidential or proprietary information of Provider or its affiliates for their own personal benefit or for the benefit of any other person or entity, except Provider or its affiliates, during or after being employed by Provider or its affiliates;

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Code of Conduct (continued)

- To participate in scheduled training regarding Provider's Corporate Compliance Program, their job responsibilities, and Provider's policies governing the workplace;
- To immediately report violations of any statute, regulation, directive, or guideline having to do with government healthcare programs, facility policies, this Code of Conduct or any other part of the Compliance Program to their immediate supervisor, the Compliance Liaison, the Corporate Compliance Officer, or the Compliance Hotline; and
- To notify their immediate supervisor, the Compliance Liaison, or the Corporate Compliance Officer immediately upon the receipt (at work or at home) of an inquiry, subpoena, or other agency or government request for information regarding Provider or its affiliates (other than routine inquiries related to survey and certification processes).

A failure to comply with statutes, regulations, directives, and guidelines applicable to Federal health care programs, as well as relevant State statutes, regulations and standards, may result in the imposition of criminal sanctions, including incarceration and fines, the assessment of civil monetary penalties, and/or exclusion from participation in federal health care programs. These actions may be taken against Provider or its affiliates as organizations and/or against individual health care providers or other employees.

Provider personnel have an individual obligation to adhere to the Corporate Compliance Program and understand that failure to do so will result in appropriate disciplinary action. Every individual is expected to express their compliance concerns to their supervisor, to the Compliance Liaison, to the Corporate Compliance Officer, or through the 24 hour toll-free anonymous Compliance Hotline, **[Toll-Free Phone #]**. Failure to communicate a known compliance concern will be considered a failure to comply with the Corporate Compliance Program. Provider will not retaliate against any individual for making any verbal or written communication to an immediate supervisor, the Compliance Liaison, the Corporate Compliance Officer or the Compliance Hotline.

Acknowledgement Form

Code of Conduct

I have received and reviewed a copy of the [Company Name] Corporate Compliance Program Code of Conduct as part of my compliance training, and I understand, acknowledge, and agree to abide by its contents as it relates to my position. I also understand that I can access a copy of the full Corporate Compliance Program Manual on [Company Name]'s electronic policy portal or by requesting same from the Corporate Liaison or the Corporate Compliance Officer. I acknowledge my commitment to follow the principles and standards of the Code of Conduct and to report any violations or suspected violations of the Code of Conduct to my immediate supervisor, the Corporate Liaison, the Corporate Compliance Officer and/or the Compliance Hotline. I understand that I will not face retribution or disciplinary action solely for reporting such questions or concerns. I also acknowledge that the Code of Conduct does not represent any type of employment agreement or contract.

Please check one of the statements below, not both.

☐ As of this date, I have **NO** knowledge of any transactions or events that appear to violate the Code of Conduct.

☐ As of this date, I am aware of the following transactions or events which may violate the Code of Conduct and/or the Corporate Compliance Plan:

(If you report a compliance concern, the Corporate Compliance Department will contact you in confidence for further information. You will not face disciplinary action or retribution solely for reporting a compliance concern. If you are aware of a compliance concern but are not comfortable disclosing it on this form, you are expected to contact the Corporate Compliance Officer at [Phone #] or the toll free Corporate Compliance Hotline at [Phone #] as soon as possible.)

Date	Signature	Printed Name	Position Location
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Original to Employee's/Contractor's Personnel File

Copy to Corporate Compliance Officer to keep in separate paper or electronic collection of all employee/contractor acknowledgement forms

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Corporate Compliance Officer

[Company Name]'s Corporate Compliance Officer may be reached by calling [Phone #], or in writing at [Company Name], [Company Address] or [Company Compliance Email]. The Compliance Officer reports to the managing corporate owners.

The Compliance Officer's Duties and Responsibilities include the following:

- Develop, implement, and maintain the organization's formal, written Corporate Compliance Program. The Program will be reviewed and updated at least annually.
- Develop, review and maintain Compliance Policies and Procedures and the Code of Conduct.
- Monitor the effectiveness of the Compliance Program through periodic employee interviews; internal audits; investigation of concerns; recommendations regarding identified compliance issues; and program refinements.
- Identify areas that represent a high risk with respect to compliance issues, perform appropriate audits, and recommend and/or take corrective action.
- Maintain a reporting system that encourages employees and others to report compliance concerns and periodically remind employees of the reporting system.
- Ensure that reports of compliance concerns are promptly and properly investigated, documented thoroughly, and that appropriate action is taken.
- Maintain records of investigations including documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and the documents reviewed, the results of the investigation, e.g., any disciplinary action taken, and the corrective action implemented.
- Provide input with respect to training programs to keep employees aware of their responsibilities, and compliance policies and procedures applicable to their jobs. When appropriate, develop specific training programs for departments, specified activities, etc.
- Provide input with respect to new employee orientation programs emphasizing compliance responsibilities, the compliance plan, how their job fits into the system, etc.
- Recommend appropriate disciplinary action for employees who violate the Code of Conduct; however, it is management's responsibility to approve such action after being advised by counsel, if needed, on the issue.
- Meet regularly with management at each health care entity/facility to discuss status of compliance efforts and compliance issues that have arisen.
- Attend meetings of each health care entity's/facility's quality assurance committee at least annually.

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Corporate Compliance Officer

- Attend quarterly meetings of the Corporate Compliance Committee to update senior corporate management on compliance activities.
- Issue a detailed annual assessment to senior corporate management of how well the Compliance

Program is accomplishing its goals and objectives: These reports will include:

- A. Compliance issues that have occurred since the last report and actions taken, etc.
 - B. Significant revisions/updates proposed to the Compliance Program, Code of Conduct, Policies and Procedures.
 - C. Proposed or enacted legislation/regulations that significantly impact the organization with recommendations for ensuring compliance.
 - D. The status of any pending investigations into reported compliance concerns.
 - E. Results of any audits conducted pursuant to the Compliance Program.
 - F. Any disciplinary actions taken or proposed under the Compliance Program.
 - G. Recommendations for improving compliance efforts.
- Maintain documentation of meetings, discussions, actions taken, etc. with respect to compliance issues.
 - Keep compliance efforts going! Compliance is a long-term commitment.

Compliance Training and Education

Provider employees will attend a formal compliance education session within thirty (30) days of hire and on an annual basis. Topics covered during the session will include an explanation of the purpose and elements of [Company Name]'s Corporate Compliance Program, the federal and state laws designed to prevent fraud, waste and abuse in government health care programs and to promote quality of care for patients, and real-life examples of potential compliance concerns and how they are addressed through [Company Name]'s Corporate Compliance Program.

Job-specific compliance training will also be provided within thirty (30) days of hire and on an annual basis to employees who perform billing functions regarding the specific requirements for accurate claims submission, and to those who enter into contracts for services and supplies on behalf of the corporation and each facility regarding the legal parameters of such arrangements. Formal training sessions will include a means for evaluating employee comprehension of the materials presented.

Compliance Training and Education (continued)

In addition, the Corporate Compliance Officer will conduct periodic informal compliance education sessions throughout the year at the corporate level and at each health care entity/facility to remind employees of their obligations under the Corporate Compliance Program. These sessions may be live or recorded. The Corporate Compliance Officer may also communicate compliance reminders to corporate and facility staff throughout the year.

Confidential Disclosure Program

Provider employees and contractors have the duty to promptly report any actual or suspected violations of the Corporate Compliance Program. Anyone who fails to promptly report any such activity will be subject to appropriate disciplinary action, which may include termination of employment/services. Reports of violations may be made to an immediate supervisor, to the Compliance Liaison, or to the Corporate Compliance Officer, who can be reached:

- By calling [Phone #]
- In writing at:
 - o [Company Name], [Company Address]
 - o [Company Compliance Email]

[Company Name] has also established a 24 hour toll-free anonymous hotline for employees and contractors to report violations, suspected violations, questionable conduct, or questionable practices.

The toll-free hotline number is [Toll-Free Phone #]

A caller to the hotline is provided with an identification number to use for the caller to call back the hotline to learn how the caller's report was resolved. The hotline information is posted in each health care entity/facility in areas with employee access such as the employee break area and time clock area. The information is also provided in writing to patients in Provider facilities upon admission and through postings around each facility in patient-specific areas.

[Company Name] prohibits any retaliatory action against an employee/contractor for making any verbal or written communication regarding compliance to an immediate supervisor, the Compliance Liaison, the Corporate Compliance Officer, or the Compliance Hotline. Although employees/contractors are encouraged to report their own wrongdoing, they may not use any verbal or written report in an effort to protect themselves from the consequences of their own violations or misconduct. Also, discipline or sanctions will not be increased because an

Confidential Disclosure Program (continued)

employee/contractor reported his/her own violation or misconduct. On the other hand, prompt and complete disclosure may be an important factor in determining an employee's/contractor's discipline or sanction. Any Provider employee who prevents or attempts to prevent anyone from communicating a compliance issue via the Compliance Hotline or to an immediate supervisor, the Compliance Liaison, or the Corporate Compliance Officer is subject to disciplinary action up to and including termination.

When a report of a suspected violation or questionable conduct, including reports of suspected violations of applicable state or federal health or safety standards, is brought to the attention of the Corporate Compliance Officer, the Compliance Officer will:

- Determine whether the report raises compliance issues. If a compliance issue is raised, a compliance report will be completed, a copy of which will be placed in a prepared file.
- Investigate the suspected violation or questionable conduct and/or delegate the investigation or analysis of suspected violations or questionable conduct to any individual(s) the Compliance Officer deems appropriate. A report regarding such inquiry will be prepared, and copies forwarded, if appropriate, to senior corporate management, Compliance Liaisons, and/or legal counsel. The report will address (1) the specific steps and/or methods used in investigating the matter; (2) the specific findings and/or results of the investigation; and (3) a proposed plan of action to prevent future non-compliance. A copy of the report will be placed in a prepared file.
- Based on the results of the investigation by the Corporate Compliance Officer, and taking into consideration any other suggestions by senior corporate management and/or legal counsel, the Compliance Liaison will take corrective and/or disciplinary action or will recommend such action to senior corporate management.
- Place files regarding corporate compliance matters in a secure file location. Access to files will be provided only to the Corporate Compliance Officer, legal counsel, and senior corporate management.

Confidentiality of Reports

Supervisors or Compliance Liaisons receiving compliance reports or questions will report such information to the Corporate Compliance Officer. Supervisors and Compliance Liaisons will otherwise keep such information confidential. The Corporate Compliance Officer will keep the identity of reporting employees/contractors and the contents of their reports confidential to the fullest extent permitted by law. However, confidentiality cannot be guaranteed in all situations. Generally, the Corporate Compliance Officer will only release information to:

Confidentiality of Reports (continued)

- Third parties such as lawyers and accountants as needed by the Corporate Compliance Officer and Provider to fully investigate and evaluate such reports;
- Provider officers, directors, owners who are not' the subject of a report and whose duties and responsibilities require that they be informed of and respond to compliance issues; and
- Law enforcement officials, as appropriate.

Disciplinary Actions

Violations of the Corporate Compliance Program will not be tolerated. For employees and contractors, disciplinary action, which may include termination of employment/services, may be taken for any of the following:

- Participating in or authorizing an action that violates the Corporate Compliance Program;
- Failing to report a violation of the Corporate Compliance Program;
- Refusing to cooperate in the investigation of a suspected violation of the Corporate Compliance Program; or
- Retaliating against an individual for making a good faith report of a suspected violation of the Corporate Compliance Program.

Consistent with any applicable collective bargaining agreements, one or more of the following disciplinary actions may be imposed, as appropriate, for violations of the Corporate Compliance Program:

- Warning;
- Formal reprimand, which will be placed in the employee's file;
- Temporary suspension;
- Probation;
- Demotion;
- Termination of employment/services;
- Requirement for reimbursement for losses, damages or penalties; or
- Referral for possible criminal or civil legal action.

Employees leaving employment with Provider may be requested to participate in an exit interview that will explore any knowledge they have of improper, unsafe, or unsound business practices.

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Screening of Ineligible Persons

Personnel are screened prior to employment and on a monthly basis against the Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), the U.S. General Services Administration's System for Award Management (SAM), the U.S. Department of the Treasury Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and, when applicable, state lists of individuals and entities excluded from participation in state funded programs such as Medicaid, to confirm they have not been convicted of a criminal offense relating to the provision of health services or health care items, and have not been excluded, debarred, or otherwise declared ineligible to participate in federal health care programs. Individuals and entities with which Provider or a facility contracts to provide health care services or supplies are also screened against the foregoing lists at the time of contracting and on a monthly basis. The Corporate Human Resources Officer is responsible for and will maintain documentation of the employee screening required upon hire and make such documentation available to the Corporate Compliance Officer. The Corporate Compliance Officer or his/her designee is responsible for and will maintain documentation of screening of individuals and entities with which Provider and facilities contract to provide goods or services.

Policies and Procedures: Arrangements with Health Care Providers Involving Patient Referrals

To comply with the federal anti-kickback and physician self-referral (Stark) laws, agreements between Provider and a physician, physician extender, therapy provider, diagnostic services provider, hospital, home health agency, hospice, pharmacy, managed care organization or alliance, or other individual or entity that involves the referral or transfer of any patient to or by Provider for healthcare services or supplies will be reviewed prior to execution by legal counsel at the request of the Corporate Compliance Officer.

Procedure

- A. Arrangements with health care providers to which Provider refers patients or from which Provider receives patient referrals will meet the requirements listed below. The list is not exhaustive, but is the minimum required for any such arrangement. Agreements with health care providers will:
 - 1. Be reviewed and approved by legal counsel prior to execution.
 - 2. Be in writing and signed by all the parties.
 - 3. Specify all of the obligations of the parties.

Policies and Procedures: Arrangements with Health Care Providers Involving Patient Referrals

Procedure (continued)

4. Certify that the health care provider is eligible for participation in the Medicare and Medicaid programs, and require that the health care provider notify Provider on an ongoing basis of the imposition of any remedies or sanctions, including termination of Medicare and/or Medicaid program participation imposed by the OIG or a state Medicaid agency, and of the initiation of any audit or investigation of the health care provider by any such agency.
 5. Specify the fee or payment, if any, which will be set at fair market value for the items or services provided.
 6. When taken as a whole, be reasonable in its entirety.
 7. Not take into consideration the value or volume of referrals provided by or to Provider.
 8. Not involve the payment or receipt of remuneration to or by Provider to induce the other party to refer or obtain referrals of patients from Provider.
- B. All agreements with health care providers will be forwarded to the Corporate Compliance Officer who will be responsible for review and approval prior to executing the agreement, and maintaining signed copies of all agreements.
- C. Exclusion Checks. Prior to entering into an agreement with a provider of health care services and on an ongoing basis, the Corporate Compliance Officer/designee screens the individual or entity against the Office of Inspector General's List of Excluded Individuals/Entities (LEIE), the U.S. General Services Administration's System for Award Management (SAM), the U.S. Department of the Treasury Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and, when applicable, state lists of individuals and entities excluded from participation in state-funded programs such as Medicaid. The Corporate Compliance Officer maintains documentation of the required screening with the written agreement with the provider.

Policies and Procedures: Beneficiary Inducements

Federal and state statutes restrict the incentives that health care providers may offer federal and state health care program beneficiaries to encourage them to obtain the providers' services. It is the policy of Provider that it will not offer prohibited remuneration to patients or prospective patients to induce them to utilize Provider's services.

Procedures

1. Provider will not offer cash or cash equivalents (e.g., gift cards) to patients or prospective patients.
2. Provider may offer non-cash incentives to patients or prospective patients if the value of the incentive(s) does not exceed \$10 per item or \$50 total over the period of a year.
3. Provider may waive deductibles, co-pays and other cost-sharing amounts that patients or prospective patients would otherwise be required to pay if Provider determines on a case-by-case basis that individuals are financially needy, and if Provider does not advertise the availability of the financial hardship waivers.

Policies and Procedures: Billing

Provider is committed to prompt, complete, and accurate billing of services provided to patients for payment by patients, government agencies, or other third-party payers. Billing will be made only for services actually provided, directly or under contract, pursuant to the terms and conditions specified by the government or third-party payer and consistent with industry practice. Provider and its employees will not make or submit any false or misleading entries on bills or claim forms, and no employee will engage in any arrangement, or participate in such an arrangement at the direction of another employee (including any officer of Provider or a supervisor), that results in such prohibited acts. Any false statement on any bill or claim form will subject the employee to disciplinary action by Provider, including possible termination of employment.

Procedure

1. Information related to billing will be accurately prepared and maintained.
2. Only those services rendered will be documented and billed. Services provided will receive accurate billing codes.
3. Patient bills will be itemized and include dates of service.
4. Provider and its employees will specifically refrain from engaging in the following billing practices:

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Policies and Procedures: Billing

Procedure (continued)

- Make claims for items or services not rendered or not provided as claimed (such as billing for three hours of therapy when only a few minutes were provided);
- Submit claims to Medicare Part A for skilled nursing facility residents who are not eligible for Part A coverage, in other words, who do not require services that are so complex that they can only be effectively and efficiently provided by, or under the supervision of, professional or technical personnel;
- Submit claims to any payer, including Medicare, for services or supplies that are not medically necessary or that were not ordered by the patient's physician or other authorized caregiver;
- Submit claims for items or services that are not provided as claimed, such as billing Medicare for expensive prosthetic devices when only non-covered adult diapers were provided;
- Submit claims to any payer, including Medicare and Medicaid, for individual items or services when such items or services either are included in the facility's per diem rate for a patient or are of the type that may be billed only as a unit and not unbundled;
- Double bill (billing for the same time or service more than once);
- Provide inaccurate or misleading information for use in determining the Resource Utilization Groups, version IV (RUG IV), Medicaid level, or other skilled nursing payment or acuity classification scale, score or ranking assigned to skilled nursing facility residents, including but not limited to misrepresenting a resident's medical condition on the minimum data set (MDS); or
- Pay or receive anything of financial benefit in exchange for Medicare or Medicaid referrals (such as receiving non-covered medical products at no charge in exchange for ordering Medicare-reimbursed products).

Policies and Procedures: Gifts

It is the policy of Provider that its employees will not obtain any improper personal benefit by virtue of their employment with Provider, and that Provider will not offer or accept gifts that may be viewed as improper inducements in exchange for the referral of patients or other health care business (e.g., purchase of medical supplies or services).

Procedure

1. Employees may not offer to, or accept from, referral sources, vendors, patients or their family members, cash or cash equivalents (e.g., gift cards).
2. Individual employees may not offer non-monetary gifts to, or accept such gifts from, referral sources or vendors. It is acceptable for a facility, not an individual employee, to accept a modest perishable gift such as a floral arrangement, box of cookies, candy or similar food items to be shared by staff members, including a complimentary lunch during an educational presentation.
3. Employees may not offer non-monetary gifts to, or accept such gifts from, patients or their family members, other than in connection with a holiday during which gift-giving is customary. Any holiday gift offered to or received from a patient or family member should not have a value exceeding ten dollars per item or fifty dollars in the aggregate over the course of a year.
4. Employees will not provide any gifts or gratuities to any government or public agency representatives except as permitted by law.
5. Employees will not pay or receive anything of financial benefit in exchange for Medicare or Medicaid referrals, such as receiving non-covered medical products at no charge in exchange for ordering Medicare-reimbursed products.

Policies and Procedures: Health Care Professional Credentialing

Health care professionals working in/for Provider health care entities will maintain required licensure, certification, registration and professional liability insurance coverage, as applicable, and must be eligible to participate in federal and state health care programs.

Procedure

1. Prior to commencing work in Provider facilities, health care professionals are required to provide documentation demonstrating that they possess required licenses, certifications and professional liability insurance and have undergone appropriate screening (e.g., criminal background check, drug testing) confirming their eligibility to provide health care services in Provider facilities. If the documentation reveals any restrictions or other irregularities, the information is forwarded to the Corporate Compliance Officer for further investigation.
2. Prior to a health care professional commencing work in/for a Provider health care entity and on an ongoing basis, the health care professional is screened against the Office of Inspector General's List of Excluded Individuals/Entities (LEIE), the U.S. General Services Administration's System for Award Management (SAM), the U.S. Department of the Treasury Office of Foreign Assets Control (OF AC) Specially Designated Nationals and Blocked Persons list, and, when applicable, state lists of individuals and entities excluded from participation in state-funded programs such as Medicaid, to verify that they are eligible to participate in federal and state health care programs.

Policies and Procedures: Privacy and Security of Protected Health Information

It is the policy of Provider to maintain the privacy and security of patients' protected health information in accordance with the standards set in the Health Insurance Portability and Accountability Act (HIP AA), Health Information Technology for Economic and Clinical Health Act (HITECH), and related regulations.

Procedure

1. The requirements for privacy and security of protected health information are outlined in the corporate HIP AA Manual on the electronic policy portal.
2. New hire and annual compliance training includes a review of HIPAA policies and procedures.
3. As a substance abuse treatment facility subject to the confidentiality requirements of 42 CFR Part 2, Addiction Recovery Systems also maintains policies and provides employee training regarding the requirements of 42 CFR Part 2.

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Policies and Procedures: Record Keeping and Documentation

Accurate and complete recordkeeping and documentation is critical to virtually every aspect of Provider's health care operations. It is the policy of Provider that documentation will be timely, accurate, and consistent with applicable professional, legal, and facility guidelines and standards. This includes all aspects of a facility's documentation, including clinical records and billing and payment documentation. Falsification of records is strictly prohibited, including backdating records, with the exception of appropriate late entries duly noted and made consistent with applicable professional and legal standards.

Procedure

1. Only authorized personnel may make entries into medical records.
2. Entries into the medical record will be dated, timed and signed (unless otherwise specified in applicable guidelines). Signatures are written with the first and last name and credentials, or electronically completed with full name and credentials displayed.
3. All care, planned and provided, will be entered into the medical record. It will be legible and timely.
4. Late entries to the medical record will be entered with the current date and time and the phrase "late entry for ... " followed by the date and time being referenced.
5. When incorrect entries are made on any part of the medical record or other facility forms, strike one line through the incorrect entry (so the original entry is still readable) and date and initial that entry. White out/correction fluid or tape will not be used on any part of the medical record."
6. Verbal or telephone orders should be signed within the time period specified by state law.
7. Job-specific recordkeeping and documentation training is provided upon hire and annually.

Policies and Procedures: Refund of Overpayments

If inaccuracies are discovered in claims already submitted for payment or reimbursement, the payer will be notified and appropriate action taken to remedy the matter. Provider will refund to any federal government, state agency or private payer any overpayment received in error due to incorrect billing or for services found on audit not to meet coverage requirements.

Procedure:

1. Any individual who determines there may be an overpayment must notify his/her supervisor immediately with the following information:
 - Patient name
 - Type and amount of overpayment
 - Date
 - Payer
2. The issue should be researched promptly and discussed with all department managers involved in the service rendered in order to substantiate the overpayment.
3. If it is determined that an overpayment exists, a refund to the appropriate payer should be completed as soon as possible.
4. If an electronic adjustment can be completed, it should be completed as soon as possible.
5. Routine processing errors should be reported to your immediate supervisor and corrected as soon as they are identified using the above procedures.
6. If it is determined there may be a **substantial overpayment** (\$5,000.00 or more) **or** one that cannot be refunded through a payer's routine procedures, the Corporate Compliance Officer should be notified to determine, in consultation with legal counsel, how the matter will be addressed.

Policies and Procedures: Responding to Government Investigations

Government investigators (other than state surveyors and the Long Term Care Ombudsman) may arrive unannounced at Provider facilities or the homes of present or former employees and seek interviews and documentation. It is Provider's policy to cooperate with any appropriately authorized government investigation or audit while asserting all protections afforded to Provider by law.

Note: Due to the strict federal patient confidentiality requirements of 42 CFR Part 2 applicable to Addiction Recovery Systems ("ARS"), it is imperative that any government request to ARS or its employees for documents or interviews be brought immediately to the attention of the Corporate Compliance Officer. Depending on the nature of the request, the following procedures may or not be applicable.

Procedure:

- A. In the event of a government search or interview request (from other than a state surveyor or the Ombudsman), the Corporate Compliance Officer or, if unavailable, **[Company Name]'s** legal counsel should be contacted immediately so that they can attempt to oversee the search or interview process to the extent permitted by the law. Contact information for the compliance officer and legal counsel is set forth below.

Corporate Compliance Officer
[Phone #]
[Company Compliance Email]
Legal Counsel
[Firm Name]
[Firm Address]
[Firm Phone/Fax]
[Firm Email]

- B. Any attempt to hide or destroy documents sought in an investigation is a serious violation of **[Company Name]'s** Corporate Compliance Program. In addition, once there has been notice of an investigation, the destruction portion of any policy on record retention is suspended; this means records must not be destroyed during the course of an investigation. Any request to destroy records during the course of an investigation should be brought to the attention of the Corporate Compliance Officer.

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Policies and Procedures: Responding to Government Investigations

Procedure (continued):

C. Dealing with a Request for Interview

1. If a government investigator requests an interview, there is no obligation to consent to an interview although anyone may agree to do so. A person who is asked to answer questions does not have to agree to be interviewed at the location requested by the investigators. One may require the interview be conducted during normal business hours, at a Provider facility or any other location. Provider employees have the right to have counsel present with them during questioning. Employees should always be polite and should obtain the following information from the investigators: the name, agency affiliation, business telephone number and business address of all investigators, and the reason for the visit. This can be done by getting business cards.
2. The ultimate decision as to whether or not to submit to a request for interview is the employee's. The government cannot force an employee to speak with it without a court order.
3. When the investigator arrives for the interview, ask if there is a subpoena or warrant to be served and request a copy of the subpoena or warrant.
4. The interview may be stopped at any time, with a request that the investigator return when counsel can be present. Provider may be represented by its corporate counsel at any interview; employees have the right to their own individual legal counsel if desired. Counsel should be present for interviews whenever possible.
5. Any employee personally contacted by an investigator should immediately notify their immediate supervisor or Compliance Liaison who will in turn notify the Corporate Compliance Officer.

D. Dealing with a Search

1. If an investigator asks to conduct a search, request a copy of the warrant and affidavit providing reasons for issuance of the warrant. Ask the investigator not to begin any search of Provider premises until the Compliance Liaison or Corporate Compliance Officer arrives (each referred to herein as "the employee in charge"). The employee in charge should request an opportunity to consult with Provider's counsel before the search commences, then telephone legal counsel immediately and forward a copy of the search warrant to counsel by facsimile or e-mail. If counsel can be reached by phone, put counsel directly in touch with the lead investigator.

Policies and Procedures: Responding to Government Investigations

Procedure (continued):

2. If counsel is not available, the employee in charge should contact the prosecutor immediately and request that the search be stopped. One may be able to negotiate alternatives to the search and seizure, including provisions to ensure that all existing evidence will be preserved undisturbed. If the prosecutor refuses to stop the search, request agreement to delay the search to enable Provider to contact its counsel.
3. If counsel is not available, the employee in charge should attempt to negotiate an acceptable method with the investigators to minimize disruptions and keep track of the process. Considerations include the sequence of the search; whether investigators are willing to accept copies in place of originals; if so, who will make the copies and how; whether Provider will be permitted to make its own set of copies; and arrangements for access to records seized.
4. If the investigators present a search warrant, the investigators have the authority to enter private premises, search for evidence of criminal activity, and seize those items listed in the warrant. The employee in charge should, however, instruct the lead investigator that:
 - a. Provider objects to the search;
 - b. The search is unjustified because Provider is willing to voluntarily cooperate with the government; and
 - c. The search will violate the rights of Provider and its employees. Under no circumstances should staff ever retract these objections.
5. The employee in charge should request an opportunity to copy all records seized or, if the opportunity is refused, an inventory of all records and items seized. The employee in charge should request that the inventory be signed by the lead investigator and include the lead investigator's full title, address, and telephone number. The inventory should also note the date and time the search was completed.
6. No employee has to speak to the investigators, but employees must not hinder or obstruct the investigation. Employees should not consent to the search or to any expansion of the search beyond what is described in the warrant.
7. Investigators should never be left alone on Provider premises, and no employee should be left alone with the investigators.
 - a. In the absence of counsel, the employee in charge should keep a record regarding the search. It may take several individuals to do this, if several areas are being searched. Obtain and keep each investigator's proper identification, including their business cards, for each area searched.

Policies and Procedures: Responding to Government Investigations

Procedure (continued):

- b. List the names and positions of all the investigators with the date and time and area searched. Verify the list with the lead agent and request he or she sign it.
- c. Monitor and record the manner in which the search is conducted. Note in detail the precise areas and files searched, the time periods when each of them was searched, the manner in which the search was conducted, the agents who participated, and which files were seized.
- d. If the monitor is ordered to leave, contact the lead investigator and object. Never provoke a confrontation with an agent.
- e. Create a parallel inventory of the documents seized and compare it to the inventory created by the government investigators.

E. Dealing with a Subpoena or Civil Investigative Demand

1. A government subpoena or civil investigative demand will list documents and things to be produced, similar to a search warrant, but Provider will most likely be permitted to copy and produce the documents itself on an agreed-upon schedule.
2. A subpoena or civil investigative demand should be forwarded immediately to the Corporate Compliance Officer.
3. The Corporate Compliance Officer, in consultation with legal counsel, will manage the process of copying and producing documents in response to a government subpoena or civil investigative demand. Employees will not obstruct this process or destroy or alter documents requested pursuant to a subpoena or civil investigative demand. Any request to alter or destroy documents subject to a subpoena or civil investigative demand should be reported to the Corporate Compliance Officer.

Policies and Procedures: Vendor Agreements

To comply with applicable laws regarding referrals, Provider will not solicit or receive from any vendor, or offer or give to any vendor, anything of value if that vendor is in a position to refer business and/or patients to Provider, or if Provider is in a position to refer business to that vendor. This policy does not preclude the purchase, rental, lease, or other acquisition or provision of reasonable and necessary services or items for fair market value by Provider or its employees.

Procedure

- A. Vendor agreements will meet the requirements listed below when any item(s) or service(s) supplied by the vendor are reimbursable under any state or federal health care program. The list is not exhaustive, but is the minimum required for any such vendor agreement. Vendor agreements will:
1. Be in writing and signed by all parties.
 2. Specify the particular services or supplies to be provided.
 3. Specify the fee or payment to be made to the vendor, which will be set at the fair market value for such services or supplies and/or be based upon applicable fee schedules or other payment guidelines established by CMS or its designees, the state Medicaid agency or its designees, or other applicable third-party payers, and will not take into consideration the value or volume or referrals provided to or by Provider.
 4. Specify that vendor will submit all bills in accordance with the payment method and amount set forth in the vendor agreement.
 5. Have a term of at least one year or will provide that the agreement will not be renegotiated within 12 months of its inception in the event of its termination before the expiration of 12 months.
 6. Certify that the vendor currently is eligible for participation in the Medicare and Medicaid programs, and require that the vendor notify Provider on an ongoing basis of the imposition of any remedies or sanctions, including termination of Medicare and/or Medicaid program participation imposed by the OIG or a state Medicaid agency, and of the initiation of any audit or investigation of the vendor by any such agency.

Policies and Procedures: Vendor Agreements

Procedure (continued)

7. If the value or cost of the services or supplies to be provided under the vendor agreement equals or exceeds \$10,000 over a 12-month period, the agreement will specify that the vendor will, for a period of at least four years after the furnishing of the services and supplies, retain records to verify the nature and extent of the costs of such services and supplies and make such records available upon request by Provider, the Secretary of the U.S. Department of Health & Human Services, the U.S. Comptroller General, or any of their duly authorized representatives (and/or independent auditors); and the vendor will impose similar obligations on any subcontractor it uses to provide the services and supplies under the vendor agreements.
- B. All agreements with health care providers will be forwarded to the Corporate Compliance Officer who will be responsible for review and approval prior to executing the agreement, and maintaining signed copies of all agreements.
- C. **Exclusion Checks.** Prior to entering into an agreement with a vendor and on an ongoing basis, the Corporate Compliance Officer/designee screens the vendor against the Office of Inspector General's List of Excluded Individuals/Entities (LEIE), the U.S. General Services Administration's System for Award Management (SAM), the U.S. Department of the Treasury Office of Foreign Assets Control (OF AC) Specially Designated Nationals and Blocked Persons list, and, when applicable, state lists of individuals and entities excluded from participation in state-funded programs such as Medicaid. The Corporate Compliance Officer/designee maintains documentation of the required screening with the written agreement with the vendor.

Addiction Recovery Systems

Audits and Monitoring

Title: Billing and Documentation

Assigned to: Director of Finance / Corporate Compliance Officer

Frequency: Quarterly / Annually

Purpose: To confirm that claims submitted for payment and self-pay charges are accurate, complete and supported by the required documentation.

Method:

1. On a quarterly basis, the Director of Finance will audit a total of ten (10) claims submitted for patients at each location.
2. The Director of Finance will upload results to facility's Compliance folder by the 15th of the month of the following quarter and submit a summary of the results to the Corporate Compliance Officer.
3. The Director of Finance will identify performance trends and potential billing issues and present these to the Corporate Compliance Officer to determine future training needs and course of action identified.
4. Annually, the Corporate Compliance Officer/Designee will select a sample of claims reviewed to validate quarterly audit results.

Addiction Recovery Systems

Audits and Monitoring

Title: Contract Review

Assigned to: Corporate Compliance Officer

Frequency: Annually

Purpose: To validate that agreements with vendors and providers of health care services and supplies conform to the requirements of Provider policies and applicable law.

Method:

1. On an annual basis, the Corporate Compliance Officer/designee reviews a sample of agreements with vendors and providers of health care services to confirm that they meet the requirements of Provider's policies on "Vendor Agreements" and "Arrangements with Health Care Providers Involving Patient Referrals."

Addiction Recovery Systems

Audits and Monitoring

Title: Controlled Substance Inventory

Assigned to: Program Sponsor / Corporate Compliance Officer

Frequency: Monthly / Annually

Purpose: To validate facilities' compliance with controls and safekeeping of controlled substances in accordance with internal procedures and federal and state regulations.

Method:

1. Each month, the Director of Nursing will forward the forms to reconcile and inventory the controlled substances to the Program Sponsor and Director of Operations. Original inventory reports will remain onsite at the facility.
2. The Director of Operations will upload the monthly reports to the facility's compliance folder.
3. If any deficiencies (> 1.0%) are detected, the Director of Operations and Program Sponsor will discuss the deficiency with the Corporate Compliance Officer to determine any corrective action(s).
4. Annually, the Program Sponsor and Director of Nursing will conduct a physical inventory of controlled substances. Documentation of the inventory will be uploaded to the facility's compliance folder. The original annual physical inventory report will remain onsite at the facility location.

Addiction Recovery Systems

Audits and Monitoring

Title: Personnel Documentation Review

Assigned to: Corporate Compliance Officer

Frequency: Annually

Purpose: To validate that Provider health care entities maintain up-to-date documentation relating to professional licensure, certification, registration and professional liability insurance, as applicable, as well as documentation of appropriate pre-employment, pre-promotion, and ongoing screening.

Method:

1. The Corporate Compliance Officer/designee reviews the personnel files of randomly selected health care professionals (employees and contractors) at each facility to confirm they contain documentation of current licensure, registration, certification, and professional liability insurance as applicable, required pre-employment and pre-promotion criminal background checks and drug tests, screening against government exclusion lists, and other screening required by state law.
2. If any deficiencies are detected, the Corporate Compliance Officer/designee directs the Compliance Liaison or Human Resources Department, as appropriate, to obtain any missing documentation and confirm receipt of same in writing to the Corporate Compliance Officer within 30 days.

Audits and Monitoring

Title: Billing: Medicare Part A (Triple Check)

Assigned to: Compliance Liaison/Corporate Compliance Officer

Frequency: Monthly/ Annually

Purpose: To confirm that claims submitted for payment are accurate, complete and supported by the required documentation.

Method:

1. On a monthly basis, the designated facility staff under the direction of the facility Compliance Liaison reviews the charts of the facility's Medicare residents prior to submitting claims for payment to confirm the documentation is complete and accurate using the Triple Check Audit Form.
2. The Compliance Liaison uploads a copy of the results of each prepayment review, including corrective action implemented, to the facility's Compliance folder.
3. The Compliance Liaison maintains audit forms and related documents in a special location.
4. On an annual basis, the Corporate Compliance Officer conducts validation reviews of a random sample of charts reviewed by each facility each month to determine whether the results of the review are correct.
5. The Corporate Compliance Officer discusses with the facility Compliance Liaison any differences between the conclusions of their respective documentation reviews, and they institute further corrective action if necessary.

Audits and Monitoring

Title: Billing: Medicare Part A (Therapy Documentation)

Assigned to: Director of Rehab Services/Corporate Compliance Officer

Frequency: Quarterly

Purpose: To confirm that claims submitted for payment are accurate, complete and supported by the required documentation.

Method:

1. On a quarterly basis, the Director of Rehabilitation Services will complete five (5) medical record audits per facility on patients who were assigned to the Ultra High RUG category.
2. The Director of Rehabilitation Services will upload results to facility's Compliance folder by the 15th of the month of the following quarter and submit a summary of the results to the Corporate Compliance Officer.
3. The Director of Rehabilitation Services will identify performance trends and potential billing issues and present these to the Corporate Compliance Officer to determine future training needs and course of action identified.

Audits and Monitoring

Title: Billing: Medicare Part B (Therapy Documentation)

Assigned to: Director of Rehabilitation Services/Corporate Compliance Officer

Frequency: Quarterly

Purpose: To confirm that claims submitted for payment are accurate, complete and supported by the required documentation.

Method:

1. On a quarterly basis, the Director of Rehabilitation Services audits the charts of five (5) patients who received therapy reimbursable under Medicare Part B during the previous quarter to confirm the accuracy and completeness of the documentation. The audit results are uploaded to the facility's Compliance folder.
2. The Director of Rehabilitation Services reviews the results of the audits and forwards a summary of the results, including applicable measures, to the Corporate Compliance Officer by the 15th of month of the following quarter.
3. The Corporate Compliance Officer discusses with the Director of Rehabilitation Services any issues identified during the review and institute further corrective action if necessary.

Audits and Monitoring

Title: Contract Review

Assigned to: Corporate Compliance Officer

Frequency: Annually

Purpose: To validate that Provider's agreements with vendors and providers of health care services and supplies conform to the requirements of Provider policies and applicable law.

Method:

1. On an annual basis, the Corporate Compliance Officer/designee reviews a sample of corporate and facility agreements with vendors and providers of health care services to confirm that they meet the requirements of Provider's policies on "Vendor Agreements" and "Arrangements with Health Care Providers Involving Patient Referrals."

Audits and Monitoring

Title: Personnel Documentation Review

Assigned to: Corporate Compliance Officer

Frequency: Annually

Purpose: To validate that Provider health care entities maintain up-to-date documentation relating to professional licensure, certification, registration and professional liability insurance, as applicable, as well as documentation of appropriate pre-employment, pre-promotion, and ongoing screening.

Method:

1. The Corporate Compliance Officer/designee reviews the personnel files of randomly selected health care professionals (employees and contractors) at each facility to confirm they contain documentation of current licensure, registration, certification, and professional liability insurance as applicable, required pre-employment and pre-promotion criminal background checks and drug tests, screening against government exclusion lists, and other screening required by state law.
2. If any deficiencies are detected, the Corporate Compliance Officer/designee directs the facility Compliance Liaison or Human Resources Department, as appropriate, to obtain any missing documentation and confirm receipt of same in writing to the Corporate Compliance Officer within 30 days.

Audits and Monitoring

Title: Contract Review

Assigned to: Corporate Compliance Officer

Frequency: Annually

Purpose: To validate that Provider's agreements with vendors and providers of health care services and supplies conform to the requirements of Provider policies and applicable law.

Method:

1. On an annual basis, the Corporate Compliance Officer/designee reviews a sample of agreements with vendors and providers of health care services to confirm that they meet the requirements of Provider's policies on "Vendor Agreements" and "Arrangements with Health Care Providers Involving Patient Referrals."

Audits and Monitoring

Title: Personnel Documentation Review

Assigned to: Corporate Compliance Officer

Frequency: Annually

Purpose: To validate that Provider health care entities maintain up-to-date documentation relating to professional licensure, certification, registration and professional liability insurance, as applicable, as well as documentation of appropriate pre-employment, pre-promotion, and ongoing screening.

Method:

1. The Corporate Compliance Officer/designee reviews the personnel files of randomly selected health care professionals (employees and contractors) at each entity to confirm they contain documentation of current licensure, registration, certification, and professional liability insurance as applicable, required pre-employment and pre-promotion criminal background checks and drug tests, screening against government exclusion lists, and other screening required by state law.
2. If any deficiencies are detected, the Corporate Compliance Officer/designee directs the Compliance Liaison or Human Resources Department, as appropriate, to obtain any missing documentation and confirm receipt of same in writing to the Corporate Compliance Officer within 30 days.

Audits and Monitoring

Title: Billing

Assigned to: Billing Manager /Director of Billing /Corporate Compliance Officer

Frequency: Quarterly / Annually

Purpose: To confirm that claims submitted for payment are accurate, complete and supported by the required documentation.

Method:

1. On a quarterly basis, the Billing Manager will audit a random sample of at least forty (40) claims for accuracy.
2. The Director of Billing will upload results to facility's compliance folder by the 15th of the month of the following quarter and submit a summary of the results to the Corporate Compliance Officer.
3. The Director of Billing will identify performance trends and potential billing issues and present these to the Corporate Compliance Officer to determine future training needs and course of action identified.

Audits and Monitoring

Title: Contract Review

Assigned to: Corporate Compliance Officer

Frequency: Annually

Purpose: To validate that corporate and facility agreements with vendors and providers of health care services and supplies conform to the requirements of Provider policies and applicable law.

Method:

1. On an annual basis, the Corporate Compliance Officer/designee reviews a sample of agreements with vendors and providers of health care services to confirm that they meet the requirements of Provider's policies on "Vendor Agreements" and "Arrangements with Health Care Providers Involving Patient Referrals."

Audits and Monitoring

Title: Personnel Documentation Review

Assigned to: Corporate Compliance Officer

Frequency: Annually

Purpose: To validate that Provider health care entities maintain up-to-date documentation relating to professional licensure, certification, registration and professional liability insurance, as applicable, as well as documentation of appropriate pre-employment, pre-promotion, and ongoing screening.

Method:

1. The Corporate Compliance Officer/designee reviews the personnel files of randomly selected health care professionals (employees and contractors) at each entity to confirm they contain documentation of current licensure, registration, certification, and professional liability insurance as applicable, required pre-employment and pre-promotion criminal background checks and drug tests, screening against government exclusion lists, and other screening required by state law. ·
2. If any deficiencies are detected, the Corporate Compliance Officer/designee directs the Compliance Liaison or Human Resources Department, as appropriate, to obtain any missing documentation and confirm receipt of same in writing to the Corporate Compliance Officer within 30 days.