



CORPORATE COMPLIANCE MANUAL

2015 - 2016

TABLE OF CONTENTS

Board Chair and Chief Executive Officer Letter
Executive Summary

- I. Compliance Introduction
- II. 8 Elements of Effective Compliance
 1. Use of Written Policies & Procedures
 - Code of Conduct
 - Conflict of Interest Disclosure Statement
 - Other Written Policies and Procedures
 - Annual Work Plan
 2. Designated Compliance Officer
 - Accountability to CEO and Board of Directors
 - Board Compliance Committee/Internal "GFA CLIENT" Compliance Committee
 - Not Management
 3. Education of Staff & Board of Directors
 - Compliance and Quality Assurance Committee
 - New Employee Training
 - Print/Electronic Newsletters/Webinars
 - Training by Your Supervisor/Compliance Officer
 4. Open Line of Communications to Compliance Officer
 - Access to the Compliance Officer
 - 24 Hour Hotline/Confidential and Anonymous
 - Locked Compliance Box
 5. Corrective Policies/Good Faith Participation
 - Staff Evaluations Include Compliance Initiatives
 6. Ongoing Identification of Risk Areas – They Apply to Everyone
 - Billing
 - Exclusion Lists
 - Medical Necessity and Quality of Care
 - Compliance Log
 7. Timely Corrective Actions when Risks Identified or Problems Occur
 8. Non-intimidation and Non-Retaliation Policies
 - Good faith reporting
 - Exit Interviews

Appendix A – Code of Conduct

Appendix B – Conflict of Interest Disclosure Statement

Appendix C – Sample Agenda – New Employee Meeting with the Compliance Officer

Appendix D – Exit Interview Form

Corporate Compliance Manual Acknowledgement Form



[INSERT DATE]

Dear "GFA Client" Health Center Team:

"GFA Client" Health Center's commitment to corporate compliance is a top priority.

The Board of Directors and "GFA Client" Compliance Officer join us in sharing this manual as part of "GFA Client" overall system to identify risk areas, wisely use resources, obey state and federal laws, continually apply quality improvement measures, and implement corrective actions when appropriate.

This manual, and "GFA Client" Compliance Program in general, is modeled after 8 elements identified by state and federal agencies for an effective compliance program. It also attempts to address concerns as outlined in the Deficit Reduction Act (DRA) and the Patient Protection and Affordable Care Act (ACA).

As a valued member of this organization you have an important role in effective, ongoing compliance. Together we will provide the highest medical care for people while being careful in the use of all resources. This document is a work in progress because identifying and applying best practices does not stop. It also is your guide as an individual professional and member of the Team.

Please refer to this manual regularly, offer suggestions, and talk with the Compliance Officer to help GFA "GFA Client" Health Center Centers fulfill its mission with integrity and excellence.

Sincerely,

Board Chair

Chief Executive Officer

Executive Summary

“GFA CLIENT”’s Compliance Program is necessary because it:

- Stops fraud;
- Protects patient privacy;
- Nurtures an ethical culture;
- Prevents conflicts of interest;
- Ensures proper credentialing;
- Identifies and prevents waste;
- Furthers accurate billing and coding;
- Assists in obeying state and federal laws;
- Maintains and promotes high quality care; and
- Strives to promote the use of best practices in management and board governance.

“GFA CLIENT”’s Compliance Program applies to:

- Vendors;
- Contractors;
- Consultants;
- Supervisors;
- Department heads;
- Board of Directors; and
- *All staff* no matter the title or position.

What you *must* do:

- Act fairly;
- Act ethically;
- Act honestly;
- Act as a team;
- Report a conflict of interest that you may have;
- Treat patients and one another with respect at all times;
- Identify ways to do things better in your department and take action;
- Suggest ideas to your supervisor or the Compliance Officer to better use resources;
- Report problems immediately to your supervisor or directly to the Compliance Officer; and
- Remind your team at meetings it must do regular risk assessments.

Compliance requires everyone to be involved. It is a team effort.

I. Compliance Introduction

“GFA Client” Health Center operates two federally qualified health centers (FQHC) to serve its customers. The federal designation comes with much responsibility fulfilled, in part, by having an effective Compliance Program. The Program is reviewed and adopted by the Board of Directors on an annual basis.

Absence of an effective compliance strategy causes unnecessary abuses jeopardizing patient care while wasting resources and potentially defrauding the government. Very stiff fines are assessed against organizations and healthcare providers found in violation of state and federal law. Penalties include criminal proceedings, significant fines in the tens of thousands of dollars, and potentially the loss by providers of their ability to bill for services under Medicare and Medicaid.

Several important federal laws include:

- Federal False Claims Act (31 USC §§ 3729-3733)
- Federal Anti-Kickback Statute (42 USC § 1320a-7b(b))
- Federal Physician Self-Referral Law (42 USC §1395nn)
- Federal Exclusion Statute (42 USC §1320a-7)
- Federal Deficit Reduction Act (42 USC §1396a(a)(68))
- Federal Patient Protection and Affordable Care Act (42 USC §18001)

State and federal laws also come with non-intimidation and non-retaliation protections. This means you cannot be harassed for wanting to report a problem. Nor can you be fired after you report one.

Your suggestions in how to make “GFA CLIENT”’s Compliance Program better are encouraged and would be valued and valuable. In the Staff Break Room on the second floor is a locked Compliance Box for you to drop in suggestions or concerns. Only the Compliance Officer has access.

State and federal agencies outline 8 key elements for an effective compliance program. These elements complement those outlined by the federal government. “GFA CLIENT” strives to meet these elements.

Independent of legal requirements, “GFA CLIENT” fosters an ethical culture. There need not be a law or policy in place to do the right thing at all times. Hence, act with fairness and integrity.

1. Use of Written Policies & Procedures

“GFA CLIENT” regularly reviews its policies and expects department managers and supervisors to be proactive by identifying areas for compliance best practices.

As part of its overall Compliance Program, “GFA CLIENT” has adopted a Code of Conduct, Conflict of Interest Disclosure Statement, and uses the National Association of Community Health Centers (NACHC) Corporate Compliance Toolkit. “GFA CLIENT” also has specific, individual policies for an array of matters ranging from proper documentation of services to whistle blower protections.

Several binders are kept by the Compliance Officer detailing policies and procedures addressing the 8 elements of effective compliance. In addition, they are available online on the “GFA CLIENT” website. Please review them on a regular basis.

Code of Conduct

“GFA CLIENT” has established a Code of Conduct, which is the foundation of its Corporate Compliance Program. The Code provides detail about compliance issues that can arise. Because it is impossible to foresee every issue, anyone affiliated with “GFA CLIENT” must act with a sense of ethics, doing what is fair and right, at all times. “GFA CLIENT” attempts to foster an ethical culture by encouraging you to be proactive even if there is no clear rule about an unforeseen issue putting patient care and safety first along with proper use of resources. See Appendix A.

Conflict of Interest Disclosure Statement

The Statement attempts to identify any potential or actual conflicts before an individual begins his or her formal affiliation with “GFA CLIENT”. Individuals also are required to disclose any actual, potential, or perceived conflicts as they arise during their affiliation or employment with “GFA CLIENT”. It is the responsibility of everyone to have a working knowledge of these policies and procedures and refer to them. If you find gaps in them bring them to the attention of the Compliance Officer.

See Appendix B

Other Written Policies and Procedures

“GFA CLIENT” maintains many specific policies and procedures ranging from billing and coding and documenting medical treatment, among others. These policies are reviewed annually. They are available online.

Annual Work Plan

Every year, the Compliance Officer will prepare a Work Plan after reviewing state and federal priorities and receiving input from the Board Compliance Committee and “GFA CLIENT”’s internal Compliance Committee.

2. Designated Compliance Officer

_____ is “GFA CLIENT”'s Corporate Compliance Officer. He/she is responsible for overseeing day to day operations of the Corporate Compliance Program and making recommendations to senior management and the Board of Directors. He is the “point person” for all vendors, employees, consultants, physicians, administrators, and members of the Board of Directors to share concerns.

Internal Extension: _____

External Line: _____

Email: _____

Board of Directors

The Compliance Officer reports to the CEO and the Board of Directors through its Compliance Committee. The Compliance Officer is empowered to go directly to the Board at any time if he or she believes the situation merits.

Board Compliance Committee/Internal “GFA CLIENT” Compliance Committee

Two committees exist to promote an effective compliance culture. Several members of “GFA CLIENT” staff compose the internal committee while Board members and the Compliance Officer makeup the other. There is cross-pollination between the two Committees with the Compliance Officer serving as a facilitator in each case.

Not Management

The Corporate Compliance Officer is not considered management, though he or she may participate in management meetings. This stems from a desire to further an objective, detached approach by the Compliance Officer.

3. Education of Staff & Board of Directors

New employee and ongoing training will include, but not be limited to webinars, workshops, conferences, e- and print newsletters, Board and staff presentations, and access to the latest compliance news.

Compliance and Quality Assurance Committees

Education of staff will be coordinated, in part, through the Compliance and Quality Assurance Committees. Part of an effective program includes cross-pollination of activities to reach as many individuals as possible on an ongoing basis.

New Employee Training/Exit Interviews

All new employees will meet for training with the Compliance Officer. This training will outline some key state and federal laws that drive the Compliance Program, the ethical culture “GFA CLIENT” tries to foster, and the role and responsibilities everyone has in actively promoting compliance whether reporting concerns or helping their respective departments engage in risk assessments, developing action plans and monitoring progress.

Employees who move on in their careers will have the choice to meet with the Compliance Officer for an exit interview. This exit interview is an opportunity to share any concerns that arose during employment. See Appendix D.

Although the Compliance Officer plays an important role in training and education, he or she should not be the sole source of doing it. In addition, it is the responsibility of department heads to engage in ongoing training with staff in the areas of laws, regulations, or new policies adopted by the Board of Directors.

Print/Electronic Newsletters/Webinars

As one component of its educational initiatives, the Compliance Program will include monthly newsletters supplemented by electronic newsletters on a needed basis.

Training by Your Supervisor/Compliance Officer

Supervisors and Department heads are expected to train their staffs on an ongoing basis regarding compliance issues specific to their respective areas of care and service.

4. Open Line of Communications to Compliance Officer

Access to the Compliance Officer

If an employee chooses not to bring a compliance issue directly to his or her direct supervisor, he or she may contact the Compliance Officer directly about any issue or concern.

24 Hour Hotline/Confidential and Anonymous

Employees have a duty to report anonymously or directly to a supervisor or the Compliance Officer any concerns about waste, fraud, or wrongdoing. If the employee elects to make a good faith anonymous report he or she can call:

Internal Extension: _____, or,

24 hour anonymous hotline: _____.

The health center maintains a strict non-intimidation and non-retaliation policy to protect anyone who in good faith makes a report – anonymously or otherwise.

Members of the Board of Directors also have a duty to report concerns to the Compliance Officer and to the Board's Compliance Subcommittee.

During the course of their employment employees are expected to be proactive in seeking ongoing training and to be responsive to training provided by the Compliance Officer and others during the year, which may include, but not be limited to, reading the monthly newsletter and any electronic e-newsletters.

Locked Compliance Box

In the Staff Break Room on the second floor is a locked Compliance Box. where employees may anonymously submit compliance concerns and suggestions. *Please keep in mind this is different from the Employee Suggestion Box.* Only the Corporate Compliance Officer has access to the Compliance Box.

5. Corrective Policies/Good Faith Participation

"GFA CLIENT" has an array of policies and their effectiveness is based in part on enforcement. Corrective action may include, warnings, reprimands, probation, demotion, temporary suspension, termination, restitution of damages, and referral for criminal prosecution. Retraining or greater education also is an option.

Staff Evaluations Include Compliance Initiatives

Staff evaluations for department heads will include the number of risk assessments that have been conducted and how any weaknesses or potential issues were addressed.

6. Ongoing Identification of Risk Areas – They Apply to Everyone

Compliance through systematic, self-initiated risk assessments is the responsibility of every "GFA CLIENT" Department. *They are mandated by "GFA CLIENT"'s Board of Directors.*

Risk assessments identify problems before they occur or determine weaknesses in providing care, governance, or charging for services.

Department managers, supervisors, and the board of directors are all called to initiate risk assessments, develop and implement action plans, and measure progress.

Risk assessments are a critical factor to all aspects of our business. Departments must do them.

Although risk areas include billing, credentialing, medical necessity and quality of care, they also involve "other risk areas that are or should with due diligence be identified."

In conducting a risk assessment, ask several key questions. They include, but are not limited to:

- Does the Department have a system to routinely identify compliance risk areas specific to its work?
- Does the Department have a system for self-evaluation of the risk areas identified in the previous question, including internal audits and as appropriate external audits?
- Does the Department have a system in place for evaluation of potential or actual non-compliance as a result of self-evaluations and audits?
- Does the Department keep the Compliance Officer informed of the risk assessments planned, being conducted, and once they are concluded?

Billing

Compliance issues that may result in fines or criminal investigation include, but are not limited to:

- Billing for services not done;
- Billing for unnecessary services;
- Duplicate billing (billing two or more times for the same service);
- Up coding – billing for a higher level of service than actually provided ;
- Unbundling two or more services that must be billed together under applicable reimbursement rule;
- Billing for more than a single visit on the same day, to the extent prohibited by applicable reimbursement rules;
- Failure to refund credit balances that are due to “GFA Client”s;
- Failure to maintain sufficient documentation to demonstrate that services were performed and to support third party reimbursement;
- Billing for services provided by personnel not properly supervised, not recognized as qualified by the government, or lacking the level of licensure required by appropriate law;
- Absent, forged, or untimely physician certifications;
- Inadequate management and oversight of subcontracted services, which results in improper billing;
- Duplication of services provided by physicians and other mental health providers; and
- Failure to return overpayments once “GFA CLIENT” becomes aware of them.

Knowingly submitting false or fraudulent claims for payment to a government agency may violate the Civil False Claims Act, 31 USC Sec. 3729(a).

A person acts “knowingly” under this law not only if they have actual knowledge of a false or fraudulent claim, but also if they act with deliberate ignorance or reckless disregard for the law. Civil damages are substantial with the potential for criminal liability.

Exclusion Lists

“GFA CLIENT” will routinely monitor government exclusion lists for healthcare providers who may have violated the public trust and become ineligible for participation in the Medicaid program.

Medical Necessity and Quality of Care

Assessments must be done on an ongoing basis and reported to the Compliance Officer. These departmental self-initiatives will have a direct impact on the excellence “GFA CLIENT” strives to bring to patient care while being good stewards of all resources.

Compliance Log

“GFA CLIENT” uses both electronic and paper logs to identify risk areas and to document progress and help assess what other follow-up is needed. Issues arise regularly and it is important to track and monitor them to further quality improvement and best practices.

7. Corrective Actions when Risks Identified or Problems Occur

Departments must show the initiative and leadership in responding to compliance issues in a timely, committed manner that includes working with the Compliance Officer. Independent of risk assessments and quality improvement initiatives, issues brought to the Compliance Officer’s attention are required to be logged, reported to the Board, investigated, responded to with recommended corrective action (if deemed necessary), and monitored for improvement and resolution. This process will include determining whether violations must be promptly reported to state and federal authorities.

8. Non-intimidation and Non-Retaliation Policies

Good Faith Reporting

Staff, vendors, interns, contractors, and Board Members are obligated to report to the Compliance Officer any activity he or she believes to be inconsistent with “GFA CLIENT” policies or state and federal law. This can be done anonymously using “GFA CLIENT”’s 24/7 hotline (*67) 518-688-3460. Policies are in place to protect those who come forward to report possible legal and ethical breaches. You cannot be fired or harassed for reporting a problem.

Exit Interviews

As a further reflection of “GFA CLIENT”’s efforts to nurture an ethical culture, exit interviews with the Compliance Officer are available to any employee or Board member leaving the organization.

See Appendix D.

Appendix A



Code of Conduct



Conflict of Interest Disclosure Statement

Conflict of Interest Disclosure Statement

I _____ (Print Name) _____ (Title), as an employee, contractor, consultant, or Member of the Board of Directors of “GFA Client” Health Center Centers (“GFA CLIENT”), understand my duty and responsibility to disclose any Conflict of Interest (COI) at the start of and during service to the organization.

COI may arise when a person affiliated with “GFA CLIENT” benefits directly and to the detriment of the organization. He or she may volunteer, work at another organization (perhaps part-time) or have an immediate family member working or volunteering at another organization in conflict or competition with “GFA CLIENT”.

COI may arise if an employee, contractor, consultant, or Member of the Board of Directors has a financial interest in an enterprise from which the health center purchases supplies, leases equipment, or receives services that may include real estate transactions.

Examples of COI include, but are not limited to:

- Serving on a board of another healthcare organization that does or could compete with “GFA CLIENT”.
- An immediate family member or close relation serves on the board of an organization or works for it whose mission is contrary to “GFA CLIENT”.
- A financial interest by you, your family, or any business entity currently affiliated with you or your family doing business with “GFA CLIENT”. This could include, but not be limited to, rental agreement, investment interest, or contracted services with “GFA CLIENT”.
- Receipt of gifts like meals, gift cards, or tickets to a concert or sports event, regardless of value, that could be perceived as an attempt to influence you in your capacity as an “GFA CLIENT” employee or Board Member. Accepting gifts worth more than a small, nominal value such as a marketing pen or key chain, are prohibited.

Please Answer the Following:

1. Identify all business or organizations where you or a family member serve in a fiduciary role (e.g. officer, director, committee member, elected or appointed official), *if the organization's interests may compete or otherwise be in conflict with the interests of "GFA CLIENT". If none exists write N/A (Not Applicable).*

2. Identify all businesses or organizations where you play a role and where the organization's interest or philosophy may be contrary to the interest or philosophy of "GFA CLIENT". *(If none exists write N/A).*

3. Identify (please specify how) the individual(s), with whom you may be related, are employed by, contracted by, hold an investment interest, or serve on the Board of Directors of "GFA CLIENT" *(If not related to anyone write N/A).* If you have a relative at "GFA CLIENT", do you supervise the person or work in the same department? Does the relative supervise you?

4. Please list any personal interests, activities, or relationships involving you, another employee, or family member that could compromise, or appear to compromise, your duty, loyalty, or objectivity during employment or affiliation with "GFA CLIENT". *(If none exists write N/A).*

5. Are you aware of any "GFA CLIENT" contractor, consultant, or organization seeking to do business with "GFA CLIENT" who has given you or a family member a gift? *Answer Yes or No.* If Yes, please explain in detail.

6. Are you barred, excluded, under investigation, or otherwise ineligible to participate in a healthcare program overseen or operated by "GFA CLIENT"? This includes state and federally funded programs. *If Yes, please explain in detail using additional sheets, if necessary.*

7. Have you ever been convicted of a criminal offense regarding the provision of healthcare services? If Yes, please explain in detail using additional sheets, if necessary, including but not limited to any mandatory reporting list you may be on.

8. Have you ever been convicted of a criminal offense for endangering the welfare of a child? If Yes, please explain in detail using additional sheets, if necessary.

I _____ (Print Name) affirm that I have fully and honestly answered this Statement, and have disclosed or do not have any *actual, potential, or perceived* conflicts. I understand it is my responsibility to keep the Compliance Officer apprised of any actual, potential, or perceived conflicts that may arise at any time during my affiliation at "GFA CLIENT" and assist him or her with any review.

Furthermore, I understand "GFA CLIENT" is a tax-exempt organization and to maintain this federal status it must engage primarily in charitable activities for tax-exempt purposes. Furthermore, I will maintain confidentiality on all sensitive or proprietary matters relating to "GFA CLIENT" or its affiliates.

Signature

Date

Appendix C
Sample Agenda
New Employee Meeting with the Compliance Officer.

COMPLIANCE TRAINING AGENDA

For

_____ (name(s))
_____ (Date)
_____, Compliance Officer, Ext. _____

1. What is Compliance
 - Federal Laws (False Claims Act, Anti-Kickback Statute)
Saving money, improving care, identifying fraud, identifying fraud
2. Why Compliance Must Be Enforced
3. 8 Parts to a Good Compliance Program
4. i. Written Policies and Procedures – Code of Conduct/Ethics
 - ✓ Defined
 - ✓ All employees AND board members must comply to it
 - ✓ Honesty and lawful conduct
 - ✓ Billing and Coding – bill only for actual services renders and when consistent with accepted standards of medical care – documentation, no default to a billing code, no bill submitted without documentation, scope of service must be clear, never a misrepresentation of charges, and ...
 - ✓ Highest quality product/service through competitive bidding
 - ✓ Gifts, payments, honorarium
 - ✓ Social media
 - ✓ Senior Management approves grants and grants must always be used for intended purpose in keeping with the award
 - ✓ Marketing of “GFA CLIENT” is based on quality of care and NEVER disparaging another organization or facility
 - ✓ “GFA CLIENT” NEVER pays directly or indirectly for a referral and no employee may accept one
 - ✓ Contracts, leases, etc. with physicians based on fair market value, not on volume or value of referrals
 - ✓ Contractors must comply with “GFA CLIENT”’s compliance
 - ✓ Conflict of interest – if you or family or friends benefit from a decision made then it’s a conflict – all conflicts must be disclosed.

- ✓ Confidential info – not leaving office, following email security, no Face Booking, don't leave info on copiers
- ✓ Government inquiry – speak with your supervisor or the Compliance Officer
- ✓ Duties of Directors, Managers, Supervisors
- ✓ CC Manual
- ✓ Investigations/protocols – corrective actions
- ✓ Training
- ✓ Use of assets
- ✓ Sexual harassment
- ✓ Equal Employment Opportunity – gender, creed, color, age, disability, national origin, marital status, military status, religion, or sexual orientation

3. 8 Parts to a Good Compliance Program (continued)

- ii. Designation of Compliance Officer – Vested with Responsibility
- iii. Training and Education – internal, external
- iv. Communication Lines to the Compliance Officer/Function
- v. Disciplinary Policies
- vi. Identification of Compliance Risk Areas and Non-Compliance
- vii. Responding to Compliance Issues
- viii. Policy of Non-Intimidation and Non-Retaliation

4. Compliance Programs Shall Be Applicable to:

- Billings
- Payments
- Medical necessity and quality of care - Governance
- Mandatory reporting
- Credentialing and
- Other risk areas that are or should with due diligence be identified by the provider

5. Compliance Program Assessment Form Issued by California State Office of Inspector General

6. Your Role

7. What to Do if you Suspect Fraud, Waste, Violations of the Corporate Compliance

- Talk with **your Supervisor**;
- Talk with the **Compliance Officer Ext. _____**; or
- Call the **Anonymous 24/7 Hotline _____ (external), Ext. _____(internal)**, but you must do something.

Documents provided:

“A Roadmap for New Physicians – Avoiding Medicare and Medicaid Fraud and Abuse”
Print Newsletters
Compliance Program Assessment Form

I, _____ (print name), acknowledge I attended this compliance training and received the above referenced documents. I understand it is my responsibility to carefully review them. In particular, I have read and understand the “Corporate Compliance Manual.”

Attendee

Date

**Employees may have received the Corporate Compliance Manual before starting at “GFA CLIENT”. Hence, a signed acknowledgement for the Manual may have already been received, though it does not replace in-house training with the Compliance Officer when the employee begins service with the health center.*

Appendix D

Exit Interview Form



I _____ (print name), former _____ (print title) met with the Compliance Officer as part of "GFA Client" Health Center's exit interview process and was given an opportunity to share and discuss any ethical, legal, regulatory, or overall compliance related issues. This included, but was not limited to, any cases of intimidation or retaliation I may have personally experienced or what I may have witnessed.

Signature

Date



**Corporate Compliance Manual
Acknowledgement Form**

I, _____ (print name), acknowledge that I have received, read, and understand "GFA Client" Health Center's *Corporate Compliance Handbook*. I understand it includes the *Code of Conduct* regarding ethical behavior in the work place and also outside the workplace that may include, but not be limited to, use of social media.

I will comply with the standards set forth in the Handbook and any amendments brought to my attention. Compliance with all policies and procedures is a part of my continued employment or association with the organization.

I will report any potential conflict of interest or when I perceive waste, fraud, or abuse of myself or others to my supervisor, to the Compliance Officer, or by using the anonymous 24 hour hotline (Internal Extension: _____ or External Line: _____).

I understand Corporate Compliance is fundamental to meeting state and federal requirements. In addition, it is my responsibility to understand and discuss with my supervisor how these requirements may impact my job.

I also will read any material distributed by the Compliance Officer including, but not limited to, email, newsletters, or during training.

I acknowledge violation of "GFA Client" Health Center's Corporate Compliance or any policy or procedure is grounds for corrective action, up to and including discharge from employment. By signing this Acknowledgement I understand it does not constitute an employment contract.

Employee Signature

Date
