

# **Sumter Family Health Center**

## **Corporate Compliance**

### **Program**

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# **SUMTER FAMILY HEALTH CENTER**

## **CORPORATE COMPLIANCE PROGRAM**

### **INTRODUCTION**

The Mission of the Sumter Family Health Center (SFHC) is to be a comprehensive primary health care center dedicated to building a healthy community and improving the individual health, well-being and quality of life for each individual we serve.

SFHC shall operate in accordance with the highest level of ethics and integrity and strive for compliance with all applicable laws and regulations. SFHC is committed to preventing, detecting and correcting any unintentional or deliberate acts or conduct that is inconsistent with these principles.

The SFHC Compliance Plan has been developed in accordance with applicable law (federal False Claims Act; administrative remedies for false claims and statements under federal law; State laws pertaining to civil or criminal penalties for false claims and statements; and "whistleblower" protections under such laws); SFHC policies, with guidance materials from state and federal authorities where available, model compliance programs and/or guidance issued by the U.S. Department of Health and Human Service, and the Office of the Inspector General, the "OIG."

The Plan places a strong emphasis on preventing fraud, waste and abuse. The mission, goals and requirements of compliance reflect a clear expression of expectations for all governing body members, officers and employees. The scope of the Plan is however, not limited to these issues and covers other areas of compliance to which SFHC is subject to or adopts in an effort to ensure overall compliance internally and externally. With this Plan, SFHC will seek to promote full compliance with all legal duties applicable to it, foster and assure ethical conduct, and provide guidance to each employee and contractor of SFHC for his /her conduct. The procedures and standards of conduct contained in this Plan are intended to generally define the scope of conduct which the Plan is intended to cover and are not to be considered as all inclusive.

Benefits to our Compliance Program include, but are not limited to the following:

- Demonstrates to the employees, patients, Board Members and community at large our strong commitment to honesty, transparency, integrity, responsibility and ethical conduct.
- Develops a system to encourage employees, Board Members, volunteers, patients and community members to report potential problems that may be detrimental to the clients and the Center.
- Develops procedures that allow for a thorough investigation of alleged misconduct.
- Develops a process to educate individuals identified as unintentionally having engaged in areas of non-compliance.
- Develops process to address intentional compliance violations.
- Develops procedures for conducting routine internal monitoring and auditing which may prevent non-compliance.
- Provides assurance that SFHC will not retaliate or discriminate against an employee who, acting in good faith, makes a report of a compliance violation. Furthermore SFHC shall not retaliate or discriminate against any employee who acting in good faith, investigates, reports or assists in uncovering a false Claim or Statement.

The larger goal is to be proactive through early detection and reporting. This minimizes the risk to the Center and, thereby, reduces our exposure to any civil damages or penalties, criminal sanctions or administrative remedies. This ultimately aids in improving the SFHC's ability to serve the citizens of Sumter County.

This Compliance Plan is a "living document" and will be updated annually (unless otherwise needed prior to the annual update). The goal is to keep SFHC employees, leadership, patients and the community informed of the most current information available pertaining to compliance requirements.

## **THE SEVEN ELEMENTS OF SFHC'S COMPLIANCE PROGRAM**

### **I. Commitment to Compliance Through Written Standards and Procedures**

#### **A. Standards of Conduct and Ethics**

- Provide the highest quality of services to the broadest range of people meeting criteria for Center's programs.
- Adhere to the most stringent standards of compliance with all regulatory requirements in record keeping, protection of confidential information, billing, claims and other reporting.
- Provide all services within the framework of informed consent; offer opinions for resolution of conflicts over recommendations; extend assistance in securing other services when conflicts cannot be resolved; report to appropriate authorities when the best interests of a consumer are not being protected by parties with the power of consent.
- Avoid conflict of interest in any Center-directed relationships and contractual agreements by maintaining a standard that these relationships and agreements are clearly defined, impartially conducted, and unencumbered by personal gain. All dual employment (paid or volunteer) will be documented and updated yearly for review of possible conflict of interest.
- Conduct any research activities within clearly established guidelines that promote protection from risk and require full informed consent.
- Provide frameworks for the protection of the rights of patients and staff.
- Require that all licensed clinical practitioners abide by the ethical guidelines of their respective professions.
- Expect that all representatives of the Center will assume responsibility for identifying and reporting incidents of deviation from these standards (intentional or unintentional) without threat of reprisal.

SFHC promotes adherence to the Compliance Program as a major element in the performance evaluation of all staff members.

All candidates for employment shall undergo a reasonable and prudent background investigation, including a reference check. Diligence will be used in the recruitment and hiring process to prevent the appointment to positions with substantial discretionary authority, persons whose record (professional licensure, credentials, prior employment, any criminal record) gives reasonable cause to believe the individual has a propensity to fail to adhere to applicable standards of conduct. Once hired, regular reference checks are done to ensure no employee, contractor, board member, or vendor is barred from federal participation.

All new employees receive orientation and training in compliance policies and procedures. Participation in required training is a condition of employment. Every employee is required to sign a statement certifying they have received, read, and understood the contents of the Compliance Program.

Every employee receives periodic training updates in compliance protocols as they relate to the employee's individual duties.

Board members receive compliance training annually.

#### B. Reasonable and Necessary Services

SFHC will take reasonable measures to ensure that billing occurs only for services that are reasonable and necessary, given the patient's condition.

Documentation will support the determinations of reasonable and necessary when providing services.

SFHC is aware that Medicare will only pay for services that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose a patient. Therefore, SFHC's clinical staff will use prudent ordering practices.

In requesting diagnostic procedures or tests, SFHC's clinical staff will determine that the tests or procedures are within the guidelines of reasonable and necessary services, and documentation will support the findings and diagnoses with regard to the tests or procedures ordered. A diagnosis will be submitted for all tests ordered.

### C. Billing

All claims for services submitted to Medicare or other health benefits programs will correctly identify the services ordered. Only those services ordered and provided by authorized clinicians, that meet Medicare's or the health benefits program's criteria, will be billed.

Intentionally or knowingly upcoding (the selection of a code to maximize reimbursement when such code is not the most appropriate descriptor of the service offered) will result in disciplinary action as outlined in Human Resources policy. The clinical staff must provide documentation to support the CPT - Current Procedural Terminology, DSM V - Diagnostic and Statistical Manual of Mental Disorders, and/or ICD 9 - International Statistical Classification of Diseases and Related Health Problems, codes used based on medical findings and diagnoses.

### D. Compliance with Applicable HHS Fraud Alerts

The Compliance Officer or designee will review the Medicare Fraud Alerts. The Compliance Officer or designee will immediately work with the CEO to terminate any conduct or processes deemed inappropriate by the Fraud Alert; implement corrective actions, and take reasonable actions to ensure that future violations do not occur. Documentation will be kept regarding review of the alerts and action taken.

### E. Anti-Kickback/Inducements

Sumter Family Health Center will not participate in nor condone the provision of inducements or receipt of kickbacks to gain business or influence referrals. All of SFHC's clinical staff will consider the patient's interests in offering referral for treatment, diagnostic, or service options.

Any employee involved in promoting or accepting kickbacks or offering inducements will be subject to disciplinary action. This applies to all staff of SFHC as risk and conflict of interest activity are possible in all program components.

#### F. Retention of Records/Documentation

Sumter Family Health Center will ensure that all records required by federal and/or state law are created and maintained. All records will be maintained for the period specified by federal and state law, and by the organization's funding source.

#### G. Contracts and Memorandums of Agreement / Understanding (MOAs, MOUs)

Sumter Family Health Center will ensure that all contracts and MOAs / MOUs will be approved only by signature of the Chief Executive Officer. The only exception would be in cases where the CEO elects to provide written designation of an individual to act in their absence.

#### H. Pharmacy and 340B Compliance

The Sumter Family Health Center Pharmacy shall follow all federal and state regulations pertaining to the dispensing of medications. The Pharmacy is permitted by the State of South Carolina Department of LLR Board of Pharmacy in compliance with DHEC Bureau of Drug Control regulations. The Pharmacy must pass inspection by the South Carolina Board of Pharmacy and DHEC Bureau of Drug Control and maintain registration with the United States Drug Enforcement Agency (DEA). The Pharmacy and Director of Pharmacy shall remain in compliance with The Centers for Medicare and Medicaid Services (CMS) and registered with the National Plan and Provider Enumeration System (NPPES) with National Provider Identification Numbers (NPI). The Pharmacy is also listed with the National Council for Prescription Drug Plans whose standard transactions are used for drug claims, eligibility and coordination of benefits as part of the code set standard under HIPAA for retail pharmacy.

For 340B compliance the pharmacy will keep the 340B database information accurate and up to date and register new outpatient facilities and contract pharmacies as they are added. It will recertify eligibility every year and prevent duplicate discounts by accurately reporting how they bill Medicaid drugs on the Medicaid Exclusion File, as mandated by 42 USC 256b(a)(5)(A)(i). SFHC will prevent diversion to ineligible patients and remain prepared for program audits. The Pharmacy will maintain status on registry with HRSA OPA.

## **II. Designation of a Compliance Officer and Compliance Committee**

While compliance is the responsibility of all Board members, staff, volunteers, students/interns, contractors, patients, and vendors, the Compliance Officer is responsible for the Compliance Program and should be accountable for all compliance responsibilities.

The SFHC Board of Directors is accountable for governing the Center as a knowledgeable body regarding compliance expectations, practices, identified risk issues and plans for corrective action. The primary responsibility for managing, implementing and monitoring the SFHC compliance effort is assigned to the Corporate Compliance Officer. The Compliance Officer will report all compliance efforts and identified issues directly to the Chief Executive Officer.

The Corporate Compliance Officer is responsible for the following activities:

- Works with Human Resources and others as appropriate to develop an effective Compliance Training Program for staff and volunteers.
- Coordinates with the pharmacy to engage in audits to ensure compliance with 340B program.
- Coordinates audits for coding, billing and medical records.
- Reviews and makes recommendations as appropriate to ensure that policies and procedures align with compliance goals.
- Accept and respond to Compliance concerns.
- Reports at least quarterly to the CEO and BOD all compliance violations (intentional and unintentional and actions taken).

- Provide updates quarterly to the CEO and BOD unless otherwise needed on the Compliance Plan and Compliance Work Plan.
- Work in tandem with Human Resources to develop methods to ensure that employees and contract providers are aware of the SFHC Code of Ethics and Compliance Standards and the process of reporting.

### **Compliance Committee**

To assist the Compliance Officer with the development and implementation of compliance efforts, a compliance committee will be formed. The Compliance Officer will serve as the chair of the Committee.

The role of the Compliance Committee is to advise the Compliance Officer and assist in the implementation of the compliance program. The Committee's responsibilities include:

- Analyzing the organization's regulatory obligations;
- Assisting with audits
- Assessing existing policies and procedures related to compliance
- Recommending, developing and monitoring internal systems and controls to carry out SFHC standards, policies and procedures as part of the Center's daily operations;
- Determining the appropriate strategy to promote compliance and detection of potential risk areas through various reporting mechanisms;
- Reviewing the development of preventive and corrective action plans;
- Developing and monitoring a system to solicit, evaluate and respond to complaints and problems;
- Monitoring findings of internal and external audits or reviews for the purpose of identifying risk areas or deficiencies requiring corrective action as well as promoting program improvement.

### **III. Conducting Training and Education**

The Compliance Officer and Compliance Committee are responsible for ensuring SFHC policies regarding compliance are disseminated and understood by employees and Board members. To accomplish this objective, the Compliance Officer will assist with the development of a systematic and ongoing training program that enhances and maintains awareness of SFHC policies. Training materials will be reviewed with the Compliance Committee.

All SFHC employees participate in compliance training with completion documented in official records. Employees are made aware of their compliance obligations as a condition of employment or as a condition of the contract. Adherence to policies will be addressed within the Center's initial orientation and ongoing training programs, employee job descriptions and provider contracts. Employees will be expected to demonstrate a sufficient level of understanding as a result of compliance training. If a particular compliance issue or risk issue develops, the Compliance Officer and/ or Compliance Committee may recommend that identified persons attend additional training addressing the risk issue.

### **IV. Developing Effective Lines of Communication**

SFHC has established a procedure so that employees may seek clarification from the Compliance Officer in the event of any confusion or questions regarding a policy or procedure.

#### **Reporting Compliance Issues**

SFHC will use various communication methods to ensure timely access to make complaints or inquiries. The various communication methods will be available 24 hours a day but responded to during normal working hours. An anonymous reporting link will be available on the SFHC website. Other methods will be explored. The Compliance Officer will also maintain an open door policy for those individuals wishing to speak directly about concerns. The intent of publicizing various methods of communication is to ensure convenience for employees, contract providers, community members and contractors. All reports will be investigated unless the information provided contains insufficient information to permit a meaningful investigation.

Employees and contract providers reporting compliance issues in good faith, will not and cannot be subjected to retaliation or harassment as a result of the report. Concerns about possible retaliation or harassment should be reported to the Director of Human Resources or the Compliance Officer.

The Compliance Officer will maintain a log of the reported compliance concerns. This log will record:

- the compliance issue reported;
- indication if sufficient information was received to conduct an investigation;
- information regarding the affected areas;
- documentation of a preventive or corrective action plan;
- resolution of investigation.

The log will be used to manage the development and resolution of action plans and training to improve the quality of healthcare and compliance standards at SFHC. The log will be treated as a confidential document. Access will be limited to those persons at SFHC with specific responsibility for compliance matters.

## **V. Conducting Auditing and Monitoring**

The Compliance Officer/designee will conduct ongoing evaluations of compliance processes involving thorough monitoring and regular reporting to the CEO and Board of Sumter Family Health Center.

The Compliance Officer/designee will develop or select audit tools designed to address the organization's compliance with laws governing kickback arrangements, physician self-referral prohibition and coding and billing; claim development and submission, reimbursement, reporting, and record-keeping. The schedule of internal audits will be provided on the Corporate Compliance Work Plan.

As part of the exit interview of personnel, compliance questions will be included in order to solicit information concerning potential problems and questionable practices. The answers to those questions will be shared with the Corporate Compliance Officer.

The Corporate Compliance Officer or designee may follow up with the individual regarding the report of potential problems or questionable practices.

In seeking to be transparent in our processes and efforts, The Compliance Plan is published on the Center's website.

## **VI. Publicize Disciplinary Guidelines**

All SFHC staff, volunteers and students are held accountable for failing to comply with applicable standards, laws, and procedures. Supervisors and/or managers are held accountable for the foreseeable compliance failures of their subordinates. All intentional compliance violations will be handled as outlined in the Human Resources Policy Manual. Findings of unintentional compliance violations may be dealt with by way of additional trainings or temporary infractions as deemed appropriate.

### **Investigating Compliance Issues**

When conduct is reported that is determined to be inconsistent with SFHC mission of adherence to compliance, the Compliance Officer will initiate an investigation. If the investigation indicates that an intentional compliance violation may exist, the Compliance Officer will consult with the Human Resources Director for appropriate action. The CEO will also be updated if action is required.

Responsibility for conducting the investigation will not be by any Director, Program Manager or Supervisor of the program or person being reviewed. The person(s) responsible for the review will use the monitoring tools from the SFHC Compliance Work Plan associated with the identified compliance issue to ensure consistency of audits / evaluations. The findings will be reviewed by the Compliance Officer to ensure consistency in the review process.

To the extent practical and appropriate, efforts will be made to maintain the confidentiality of such inquiries and the information gathered. Consequences for conduct inconsistent with SFHC

policy will be addressed according the provisions identified in the applicable SFHC Human Resources policy manual or provider contract.

Common Compliance and Risk Issues:

- Billing for items or services not actually rendered.
- Billing for medically unnecessary services.
- Duplicate billing, i.e., billing for the same services two or more times.
- Up coding claims
- Unbundling two or more services that must be billed together under applicable reimbursement rules.
- Failure to refund credit balances that are due to clients.
- Failure to maintain sufficient documentation to demonstrate that services were performed and to support third party reimbursement.
- Billing for services provided by personnel who lack the level of licensure required by applicable law or the relevant payer.
- Untimely, absent or forged physician certifications on plans of care.
- Duplication of services provided by physicians and other mental health providers.
- Failure to bill other payers prior to billing Medicaid.
- HIPAA Violations
- Other Information Security
- Conflicts of Interest
- Medical necessity / quality of care
- Mandatory reporting
- Credentialing / Privileging

## **VII. Corrective Action Initiatives**

All investigations that result in a finding of intentional or unintentional compliance violations will be reviewed with the supervisor with responsibility for the identified area or individual for participation in the development of the corrective action plan.

Action plans will be designed to ensure not only correction of the specific issue but also, proactive steps to ensure the issue does not recur within the SFHC system. If the investigation finds that any non-compliance act has been willful, that finding will be reported to the Chief Executive Officer and Compliance Committee. In accordance with SFHC policies, employees or contract providers who have engaged in willful misconduct will be subject to disciplinary action, including consideration of termination of employment or contract for services as outlined in the Human Resources Policy Manual.

The actions plans will be maintained in a secured file for at least five years by the Compliance Officer and in the employee's personnel record. Such plans should be incorporated in the employee coaching sessions with their supervisor.

### **DUTY TO REPORT**

Duty to Report: All workforce members, patients/families, members of the board and business associates are expected to report any activity that appears to violate applicable laws, rules, regulations and/or applicable policies and procedures without fear of retaliation or retribution.

As much as possible, the confidentiality of the reporting person will be protected. However, during the course of the investigation of the claim, the identity of the reporting person may be deduced or indirectly disclosed.

Non Retaliation or Retribution: Members of the workforce, members of the board or business associates are not permitted to engage in retaliation, retribution, punishment or any form of harassment against another employee or associate for reporting compliance-related concerns made in good faith through established reporting methods. Any retribution, retaliation or harassment will result in disciplinary action.

## ANNUAL CORPORATE COMPLIANCE REPORT

Included with the SFHC Compliance Plan, is the Compliance Work Plan which will be provided to the CEO and BOD. This will include a self-assessment process plan for the upcoming year and a report of the compliance efforts during the preceding year. Timelines for self-audits /assessments and planned external audits will be included. The Compliance Work Plan is developed by the Compliance Officer with the Compliance Committee. In seeking to be transparent in our processes and efforts, The Compliance Plan is published on the Center's website.

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Chief Executive Officer

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Date

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Board of Directors Chair

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Date