

Carroll County Memorial Hospital

Corporate Compliance Program
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Introduction

Carroll County Memorial Hospital (CCMH) is a Missouri critical access hospital that includes affiliated medical clinics. Our mission is to remain dedicated to the health and well-being of all we serve. To fulfill our mission, CCMH, its Board of Directors (individually, the Director(s); collectively, Board), and administration are committed to complying with all applicable State and Federal regulatory requirements, its contractual obligations, and advancing the prevention of fraud, waste, and abuse to the best of its ability. This Corporate Compliance Program (Program):

- Sets forth the responsibilities, standards, expectations, and procedures for fulfilling CCMH's commitment to compliance so that CCMH can carry out its mission and serve its community;
- Establishes an administrative framework for conducting an effective and diligent compliance effort;
- Creates effective communication channels to deliver the company's message of commitment to ethical business practices and receive feedback regarding adherence to these practices;
- Outlines a commitment to educate personnel regarding compliance requirements and how to conduct their job activities in compliance with state and federal law and according to the policies and procedures of the Program;
- Implements auditing and monitoring functions to measure the effectiveness of the Program and to address problems in an efficient and timely manner;
- Outlines enforcement and discipline components that ensure all personnel take their compliance responsibilities seriously; and
- Identifies the CCMH's significant operating and legal risks and develops a plan to minimize those risks.

CCMH intends to devote appropriate resources to the development and implementation of this Program. In addition to this Program, CCMH will also develop policies and procedures that set forth rules and processes in more detail. If there is a conflict between the policies and procedures and this Program, the guidelines set forth in this Program should be followed.

This Program applies to the Board, administration, management, and all other medical staff, contractors, temporary workers, employees, students, interns, and volunteers (referred to as Staff throughout this Program).

Responsibilities

The Board has the ultimate authority and responsibility in carrying out the Program. The Board has designated a Corporate Compliance Officer and HIPAA Oversight Committee to oversee the duties and responsibilities set forth in this Program. Both the Corporate Compliance Officer and Corporate Compliance Committee report to the CCMH Administrator and to the Board.

Corporate Compliance Officer & Corporate Compliance Committee

CCMH will support its Corporate Compliance Program through a Corporate Compliance Officer and a Corporate Compliance Committee which will have responsibility for the oversight of CCMH's Compliance Program. The Corporate Compliance Committee will operate to:

- Analyze the facility's regulatory environment and risk areas;
- Review policies and procedures to address risk areas;
- Develop policies and procedures promoting allegiance to this Program;
- Develop controls to monitor for compliance with CCMH's standards of conduct;
- Establish mechanisms to promote the Compliance Program and detect potential violations;

- Oversee procedures for soliciting, evaluating, and responding to complaints and problems;
- Develop paths for Staff to report fraud, waste, abuse, or other noncompliance;
- Monitor audits and investigations;
- Implement corrective and preventive actions;
- Assess and reviewing existing policies and procedures periodically;
- Develop standards of conduct and procedures to promote compliance with these policies, protect the privacy of patient Health Information, and recognize and enforce patient rights under the privacy regulations;
- Recommend and monitor, the development of internal systems and controls to carry out CCMH's privacy practices, standards, policies and procedures as part of its daily operations;
- Determine the appropriate strategy and approach to promote patient rights under the privacy regulations and privacy and to detect and address actual or potential Violations;
- Develop a system to evaluate, investigate, and respond to complaints and privacy issues;
- Support the Privacy and Security Officer in the conduct of his/her duties implementing, and maintaining information privacy policies and procedures in coordination with organization management and administration, the Privacy and Security Officer, and legal counsel;
- Review and updating CCMH's privacy and confidentiality consent forms, authorization forms, information notices, and other forms and materials to make sure they reflect current practices of requirements;
- Help the Privacy and Security Officer develop and implement initial and privacy training and orientation to all employees, volunteers, medical and professional staff, contractors, appropriate Business Associates/Subcontractors, and other appropriate third parties;
- Develop, implement, and monitor of Subcontractor Business Associate agreements to ensure privacy concerns, requirements, and responsibilities are addressed;
- Provide support to the Privacy and Security Officer in the establishment and administration of the process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the organization's privacy policies and procedures; and
- Review results of investigations and make appropriate determinations on Violations and Breach classifications.

Compliance Standards, Code of Conduct

All CCMH Staff must adhere to high standards of ethical conduct in carrying out their duties for CCMH. CCMH is responsible for communicating the standards, policies and procedures to all CCMH Staff. There may be mandatory training programs or dissemination of publications that explain requirements for following this Program and applicable laws. It is the responsibility of each and every member of CCMH's Staff to read and understand this Program and participate in any training provided in order to understand their legal and ethical obligations.

No code of conduct or compliance program can cover all circumstances or anticipate every situation which may arise. Consequently, individuals encountering situations not addressed specifically by this Program should apply the overall philosophy and concepts of this Program to the situation, along with the highest ethical standards. If a question still exists after doing so, the particular circumstances should be reviewed with a supervisor and/or the Compliance Officer.

Code of Conduct

All CCMH Staff are expected to exercise the utmost good faith and exercise duties and powers solely in the interests of CCMH. When a person accepts a position with CCMH, he or she agrees to give diligent attention to CCMH's concerns and to be faithful and honest in the discharge of the duties which the position imposes. To this end, CCMH expects all Staff to observe laws applicable to CCMH's business. Further, even when conduct is permitted by law, CCMH expects its Staff to act with integrity at all times. Dishonesty harms the reputation of CCMH, can compromise care to patients, and places CCMH at risk for liability. CCMH strives to maintain a reputation for scrupulously honest dealings throughout the community it serves. CCMH cares not only that results are obtained, but how they are obtained. Accurate, complete, and honest record keeping and descriptions of activities are critical to CCMH's standards for ethical business practices. Concealing information, failing to report known or suspected misconduct, and similar acts can send a message that compromises CCMH's reputation and operations, and its ability to fulfill its mission to provide care to the community.

CCMH assets and funds are to be used for the benefit of CCMH. This includes equipment, inventory, corporate funds, office supplies, financial data, bank accounts, credit cards, and loans. These assets cannot be used improperly for personal gain.

CCMH staff must, at all times, treat patients with care, concern, and respect and abide by CCMH's patient rights policies. Patients must be informed of their rights, including the ability to participate in making their own health care decisions including the right to refuse treatment. CCMH Staff must not discriminate against patients based upon race, color, national origin, sex, age, or disability.

Our organization will not be successful unless all Staff are committed to acting with good faith, integrity, loyalty, transparency, confidentiality, and with respect for patients we treat. These concepts should serve as the overarching Code for CCMH Staff's Conduct at all times.

Development of Policies and Procedures

The Compliance Committee may oversee organizational policy and procedural development or delegate their development. Policy drafts will be reviewed by the Compliance Committee for approval. The Compliance Committee may request consultation from appropriate departments and other personnel to review, modify, and/or approve new policies. Existing policies will be reviewed periodically. CCMH may assign certain individuals or certain job titles as having primary responsibility for reviewing particular policies. Dates of review, regardless of whether changes are made, will be documented by the person reviewing the policy. If changes are made, a new policy will be published and made available to all Staff. The date of revision will be documented. All prior versions of policies will be kept on file in accordance with CCMH's record retention policies.

Material changes to existing policies, and new policies Staff are expected to follow, should be communicated to Hospital Staff.

Discussion of Related Laws

A number of laws impact how CCMH and its Staff operate. All Hospital Staff should be generally aware of the rules that affect their position and that affect CCMH's compliance. The following areas in particular may be areas of emphasis or risk for CCMH. This is not an exhaustive list and may be revised from time to time. Detailed policies for complying with requirements in each of these areas are contained in CCMH's policy and procedure manuals that are reviewed and updated periodically. Staff who believe activities, conduct, or arrangements may be inconsistent with the following should promptly make a report to the Compliance Officer.

Conflicts of Interest

CCMH Directors, administration, committee members, and Staff owe a duty of loyalty to CCMH. As such, they should avoid situations in which their personal interests conflict, or reasonably appear to conflict, with the interests of CCMH. A conflict of interest may arise in any opportunity for personal gain apart from the normal compensation provided through employment, contract, or other association with CCMH. Examples of potential conflicts of interest include:

- A personal or family interest in an enterprise that has business relations with CCMH;
- An investment with another business that competes with CCMH; and/or
- Outside employment or activities that would have a negative impact on job performance or conflict with their obligation to CCMH.

If you feel you may have a conflict of interest, or are aware of any potential conflict of interest among others, you should consult with the Compliance Officer.

Individuals holding such positions must disclose and receive approval from the Board in circumstances that may result in personal profit or assisting others in profiting in any manner at the expense of CCMH.

Disclosure Statements

Members of the Board of Directors and management shall complete a conflict of interest disclosure statement annually. These statements will attempt to identify decision-makers who may stand to personally gain from business interactions with CCMH, such as CCMH Staff and their family members with business interests that compete with, or do business with, CCMH. The conflict of interest disclosure statements will be reviewed by the Board.

False Claims Act

CCMH bills patients, insurance companies, or other parties for healthcare services and products. If bills are incorrect, this presents a compliance risk to CCMH. CCMH strives to accurately assign medical codes, consistent with applicable coding guidelines and requirements, and with documentation available in patients' medical records. CCMH personnel must maintain honest, accurate, and complete records of services provided to patients.

Several aspects of incorrect billing for medical services may create risks to CCMH. These include:

1. Billing for items or services not actually rendered

Submitting claims for payment that represent CCMH performed a service or provided an item that was not actually performed or provided as described. If items that were not actually performed are billed, and CCMH discovers the error, CCMH will promptly correct the error. If the services billed do not correctly describe services performed, CCMH will similarly correct the error by reporting the most accurate billing codes.

2. Providing medically unnecessary services

A medically necessary service is one that a prudent healthcare provider would render to a patient for the purposes of preventing, diagnosing, or treating an illness, injury, disease, or its symptoms in a manner that is consistent with standards of medical practice, clinically appropriate, and not primarily for the convenience of the patient or healthcare provider or a health plan's economic benefit. Providing services that are not medically necessary and intentionally seeking payment for a service that is not warranted by a patient's current medical condition is not appropriate.

Some insurance companies may use the term 'medical necessity' or 'lack of medical necessity' when making decisions about whether a claim for healthcare services should be paid. When used by insurance, these terms often refer to whether a particular item or service meets the payor's criteria to

pay for the service and not whether the healthcare provider considers the service medically appropriate for the patient. When insurance companies have rules and restrictions regarding medical necessity of services, CCMH will follow those policies as they relate to billing for services. Those policies may require delivering notices to patients in advance of providing services to give the patient an opportunity to decide whether or not to receive the service, given the possibility that their insurance may not pay for the service.

3. Upcoding

Using a billing code, including a diagnosis related group (DRG) code, that provides a higher payment rate than the billing code actually supported by medical record documentation is called upcoding. Documentation for services provided must accurately reflect work performed, and the billing codes that are reported for those services must match documentation in the medical record. CCMH's billing staff cannot assume any information that is not in the medical record in order to report her level billing codes.

4. Duplicate billing

Submitting more than one claim for the same service or submitting a claim to more than one primary payor at the same time. Sometimes, a claim is submitted for payment and is returned without payment or with partial payment. When CCMH corrects or otherwise resubmits the claim for payment, this is not duplicate billing.

5. Unbundling

Unbundling is a term that describes situations when a single billing code exists to describe a combination of items or services provided, but instead each individual component is reported separately often resulting in a higher payment than if the single, combined billing code was used. Coding rules and guidelines, and the rules of payors should be carefully followed to ensure services are not inappropriately unbundled.

6. Credit balances

Credit balances result when a third party payor such as an insurance company, or a patient, pay more than what is owed. Failing to refund a material credit balance on an account after a refund request has been received via check or recoup within an appropriate timeframe can result in compliance issues.

Referrals and Kickbacks

1. Stark Law

The Stark law prohibits hospitals from submitting any claim for designated health services if the referral for the service comes from certain healthcare providers who have a prohibited financial relationship with CCMH. Financial relationships can include ownership or investment interests and compensation arrangements. These relationships could involve the exchange of money or other items of value.

If there is a financial relationship between a healthcare provider and CCMH, the relationship must fit within an exception to the Stark laws to avoid compliance issues. Some of these exceptions include:

- Legitimate employment relationships that do not take into account the volume or value of referrals
- Arrangements for personal services that will last more than a year and that are described in writing
- Certain, limited non-monetary compensation
- Certain medical staff benefits
- In-office ancillary healthcare services

CCMH will ensure all physician contracts and leases with physicians and other providers are periodically reviewed to ensure conditions supporting the exceptions to Stark laws are adequately satisfied. These reviews will also verify any arrangements are at fair market value, if applicable.

2. Anti-Kickback Statutes

The federal anti-kickback statutes make it a criminal offense to offer or receive payment for the purpose of inducing or rewarding the referral of services paid for through government programs like Medicare and Medicaid. The following are some examples of safe harbors, or exceptions, to this law:

- Legitimate compensation for employees' services
- Payments to certain purchasing agents
- Certain space and equipment rentals
- Personal service and management contracts
- Rural provider recruitment incentives
- Federally qualified health centers

Whenever possible, arrangements that could implicate the anti-kickback statutes will be structured to fit into a safe harbor exception.

3. Gifts to Patients

Hospitals cannot offer remuneration to a Medicare or Medicaid beneficiary that is likely to influence the patient to order to receive items or services from CCMH or its providers. "Remuneration" includes offers to provide items or services for free, such as waiving all or part of a Medicare or Medicaid cost-sharing amount (copayment, coinsurance, deductible) without meeting certain financial hardship criteria. These criteria are established in policies for CCMH's billing department. Other examples of remuneration may include offering gifts to patients in excess of \$10 per item and an aggregate of \$50 per patient, per year

Privacy and Security

CCMH must comply with all state and federal requirements to preserve the confidentiality of patient's health information, including the Health Insurance Portability and Accountability Act (HIPAA). All personnel are expected to follow CCMH's privacy and security policies and procedures, to only use, discuss, or share the minimum amount of patient information necessary to perform legitimate work-related tasks, and to report when the privacy or security of patient information may have been compromised either internally or outside of CCMH system.

CCMH Staff must recognize that the confidentiality of patient information is critical. Patients must be able to trust that the information they share with healthcare providers will remain protected as much as possible. Using information internally must be limited to the minimum amount that you need to perform your job responsibilities. Browsing records or documents beyond what is needed to do your job, discussing patients where others are likely to overhear, leaving information in places unauthorized individuals may see it, using another individual's account information, and communicating about patients using unsecure electronic communications are examples of inappropriate conduct that puts patient privacy at risk. Sharing information with others outside CCMH without appropriate permissions can lead to privacy violations as well. Talking about patient information to individuals who do not work for CCMH, removing documents off CCMH premises, posting information on social media, and sending patient information to unauthorized individuals could all cause violations of CCMH policy and federal and state laws. This is true even if the patient's name is not used; if enough information is shared that someone could determine to whom the information relates, then the information is specific enough to require privacy protections.

HIPAA and related laws also have specific rules about the information of minors; patients who have designated other individuals to make their financial or healthcare decisions such as durable powers of

attorney, executors of estates, or Directors; mental and behavioral health information; alcohol and drug use information; infectious diseases; discussing issues with patients' families; sharing information with law enforcement or for legal proceedings and in many other circumstances. If you encounter any of these situations, you should talk with your manager, supervisor, privacy officer, or compliance officer to obtain clarification on how to proceed.

Quality of Care

CCMH has developed a quality assurance program designed to monitor the safety and quality of healthcare services delivered to CCMH's patients. Healthcare that fails to meet professionally recognized standards may exclude a hospital from participating in federal healthcare programs like Medicare and Medicaid. CCMH has developed procedures to help ensure the quality of the care it delivers to patients, including an annual review of how its services are used, a review of patient records, and CCMH's health care policies to ensure usage of services is appropriate and policies are being followed. CCMH also evaluates all patient care services affecting patients' health and safety, nosocomial infections and medication therapy, quality and appropriateness of diagnoses and treatment provided by both physician and non-physician practitioners such as nurse practitioners or physician assistants. These evaluations help CCMH determine if corrective actions are needed, procedures should be modified, or if other changes should take place to provide better care to patients.

Nondiscrimination

CCMH complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCMH does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex, nor discriminate on the belief or fact that any person has a relationship or association with any person with these characteristics.

Discriminatory conduct could include denying access to healthcare services, treating individuals differently based on these protected traits, providing different services or in a different manner, subjecting people to different rules, sanctions, and limiting any person in the enjoyment of their rights, privileges, advantages, or opportunities.

To meet these goals, CCMH provides free aids and services to people with disabilities that allows those individuals to communicate effectively, such as qualified interpreters and written information in alternative formats or languages.

CCMH also will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, or any other classification protected by law.

Emergency Medical Treatment and Active Labor Act

The Emergency Medical Treatment and Active Labor Act (EMTALA) was made law to prevent hospitals from rejecting patients, refusing to treat them, or transferring them because the patients were unable to pay for healthcare. The EMTALA laws prohibits hospitals from treating patients who present with an emergency medical condition and who are unable to pay differently from other patients. In furtherance of these laws, CCMH will provide appropriate medical screening examinations to patients who present to the emergency department requesting examination or treatment for a medical condition. Medical screening examinations may be performed by qualified individuals. CCMH's Medical Staff Bylaws detail requirements to be considered a qualified individual to perform these EMTALA medical screening examinations. Treatment will be provided to stabilize an emergency medical condition, or an appropriate transfer will be provided.

Occupational Health and Safety Act

The Occupational Health and Safety Act helped to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance. CCMH strives to comply with all applicable workplace safety requirements. To fulfill this goal, CCMH has developed more specific policies and procedures to address specific types of possible workplace hazards. All Staff should read and understand CCMH's policies on these issues that could affect the health and safety of each worker. These policies address issues such as:

- Bloodborne pathogens
- Fall protection
- Hazard communications
- Respiratory protection
- Tuberculosis protection
- Infection control and prevention

In general, CCMH Staff should understand when personal protective equipment (PPE) is required and use PPE appropriately. Hazardous material should be handled carefully and Staff should be able to locate and understand MSDS sheets for chemicals being used.

Hospital Staff should know where to locate these policies and understand them, in order to best protect their health and safety. Any questions or concerns can be directed to the Staff member's manager or supervisor, to CCMH risk manager, or the compliance officer.

Contractual Relationships

Nearly every contractual relationship CCMH enters into has the potential to impact the organization's compliance with legal requirements. Only those individuals who are given specific authority to enter into a contract that binds CCMH may do so. CCMH may seek the advice of competent legal counsel to review contracts for potential legal or compliance issues. Any individual with authority to enter into a contractual relationship that binds CCMH should bring any potential compliance concerns about the terms of the contract or the proposed relationship to the attention of hospital administration.

Education and Training

Compliance training is provided on a regular basis to ensure all Staff are educated on the purpose, contents, and requirements of the Program. All CCMH Staff will be expected to undergo compliance training on this Program within a reasonable time of hire and periodically afterwards. Completing mandatory training is a condition of employment with CCMH, and a condition of maintaining medical staff privileges. In addition to formal training, Hospital workforce may receive training through staff meetings, informal reminders via email or other posts throughout the facility, newsletters, or other means. When made available, Staff are expected to read and understand these communications and to ask questions or report any concerns. Staff may seek clarification from a supervisor, the Compliance Officer, or any member of the Committee regarding confusion or questions about a compliance policy or procedure. CCMH may require Staff to sign written acknowledgements of their receipt and understanding of these materials.

CCMH will maintain documentation of training provided and who has received training. Failure to complete compliance training as required may result in disciplinary action, up to and including termination of employment, contract, internship, volunteer work, or observation; or initiation of corrective action under CCMH's Medical Staff Bylaws.

Audits and Monitoring

To evaluate the effectiveness of this Program, determine potential education and training needs, and to detect potential areas of non-compliance, CCMH will monitor activities of its workforce. This

monitoring may not necessarily be in response to any complaints or known issues. Instead, the intent is to proactively review activities that could present compliance risks to ensure policies, procedures, and applicable laws are being followed. This may be done through interviews, audits, policy and procedure review, or other methods at the discretion of CCMH. Audits may be random, targeted at specific individuals, positions, activities, or issues that may present a high risk of compliance issues. Audits may include statistically valid sampling or trend analyses. These are performed by the Compliance Officer or his/her designee. Results are reported back to the Compliance Officer, who in turn reports findings to the Compliance Committee. Frequency and types of audits and monitoring activities may vary dependent upon the Compliance Committee's assessment of high risk areas.

The Compliance Committee may use a number of resources to determine what issues and areas may present high risk to CCMH, such as monitoring known issues for appropriate corrective action and improvement, the Office of Inspector General's Annual Workplan, issues subject to regulatory changes that may affect compliance, the Office of Inspector General's Special Fraud Alerts or similar publications, reports or alerts from CCMH's local Medicare contractor, or other sources.

Enforcement

Any workforce member who violates this Program, healthcare laws, regulations, or other requirements is subject to disciplinary action, up to and including termination. Physicians and other healthcare providers may be subject to discipline or Corrective Action as set forth in CCMH's Medical Staff Bylaws and/or Rules and Regulations. If an agent or contractor engages in conduct inconsistent with this Program, or requirements for participation in government programs, CCMH may terminate the applicable agreements or take other mitigating action to correct the conduct.

Similarly, CCMH does not knowingly hire, employ, or contract with any individual or entity who has been convicted of a criminal offense related to healthcare, or is currently listed by a federal or state agency as excluded, suspended, or otherwise ineligible for participation in federal or federally funded programs such as Medicare and Medicaid. If any individual currently employed or contracted by CCMH becomes ineligible on these bases, they must notify CCMH immediately.

Reporting Issues

If you know of, or suspect, any potential compliance issues or conduct that is inconsistent with the standards set forth in this Program or any of CCMH's policies and procedures, it is important to report those concerns. It is expected of all Staff that any such reports are reported promptly. CCMH maintains an open door policy and encourages reporting compliance concerns. You may make reports in several ways:

- To your direct manager or supervisor;
- To the Board of CCMH;
- To CCMH administrator;
- Anonymously via Hospital drop boxes located throughout the facility;
- To the privacy, security, or general compliance officers:

Security: 816-525-9699 x 1425

Privacy: 660-524-1695 x 3008

General Compliance: 660-542-1695 x 3019

When managers or supervisors receive a report of a concern that may involve compliance issues, they are required to report those matters to the Compliance Officer.

Non-Retaliation

It is against CCMH policy to retaliate against any person who makes a report of compliance issues and concerns.

Investigation

Once a report is received, it is directed to the appropriate individuals within CCMH who are responsible for conducting an investigation. An initial assessment is made to determine the need to involve legal counsel to advise or direct the process, and to assess the need for legal privilege protecting the investigation process. The HIPAA Privacy or Security Officer conducts or oversees an investigation to collect information about the issue reported. This may involve review of documents, interviews with Staff who may have knowledge of the issues reported, or other methods to collect information. CCMH documents its investigation and reaches a decision, sometimes with the assistance of legal counsel, as to whether a compliance issue exists and appropriate actions to take.

Investigation documentation is prepared, including:

- a description of the alleged violation,
- when the report was received,
- notes from interviews conducted during the investigation,
- copies of key documents, and
- a log of witnesses interviewed along with the dates and times of each interview.

Responding to Detected Offenses

Even if there is not a legal compliance issue, CCMH may elect to take action such as education and training or policy and procedure development to prevent similar issues in the future. When overpayments are identified, CCMH will ensure prompt refunds are issued to affected government payors.

If deemed appropriate, disciplinary action may be taken against the applicable individuals up to and including termination for employees, and/or Corrective Action for other medical staff. If reports to licensing agencies, such as the Board of Nursing, Healing Arts, or other offices is warranted, CCMH may make such reports. It may also be necessary to notify law enforcement or other government officials, and if appropriate CCMH may make such reports.

If an investigation reveals what appears to be criminal or fraudulent, or noncompliant activity, CCMH will ensure any billing related to the noncompliance is suspended until the problem is corrected and/or the issue is verified. CCMH may review its policies and procedures to determine if a new policy may be appropriate, or if existing policies should be modified, to address and attempt to prevent future issues.

More specific procedures may be set forth in CCMH policy documents.

Communication with the Public and Media

Because of the potential for media and other public resources to misinterpret information and take statements out of context, it is important that only authorized individuals communicate with the media or post statements on behalf of CCMH regarding matters related to CCMH or Hospital business. This is true regardless of whether the communications are on or off the record, verbal or written. The administrator of CCMH must give specific permission for anyone to make such communications. This includes making any statements verbally, through email, or social media which could be construed as expressing the views of CCMH.

Communication with Government Agencies or Legal Authorities

Any communication by government or other investigative authorities should immediately be reported to the employee's department manager or supervisor. The manager or supervisor may notify the Compliance Officer if the communication is outside of the ordinary course of business. The Compliance Officer, together with CCMH administration, may seek advice of legal counsel on how to handle further communications.

Records Retention

Maintaining documentation of compliance-related records is subject to CCMH's record retention policy that assures preservation of documentation in accordance with law and in a manner that preserves attorney-client privilege and work-product as best as possible. Compliance-related documents and communications should not be destroyed or altered inappropriately, and any destruction or purging of such records must be in accordance with Hospital policies and procedures.