

**“THE CORPORATION”**

**ETHICS AWARENESS**

**AND**

**COMPLIANCE PROGRAM**

## INTRODUCTION

This document was developed by the physicians and management of “The Corporation”. Its purpose is to inform and educate all physicians and employees on the principles that guide our organization.

Our Executive Committee made the commitment to develop and implement an effective ethics awareness and compliance program. This program was developed following an independent review of potential areas of risk. We are committed to upholding the principles set forth in this document and we require the same of those who choose to work with “The Corporation”.

Our primary mission as an organization is to provide our patients with quality medical care. As an employer, our mission is to promote an environment that allows employees to feel satisfied, respected and appreciated. We choose to pursue these goals through our standards of conduct and through compliance with all applicable rules and laws that regulate our industry.

This document may not specifically address every aspect of “The Corporation”’s activities. Physicians and employees should consult with our designated Compliance Officer for additional information.

The Board of Directors has appointed \_\_\_\_\_ as the Compliance Officer for our ethics awareness and compliance program. The Compliance Officer is responsible in part for the educational component of the compliance program. The Compliance Officer is also primarily responsible for all questions regarding this program or concerns related to ethical business conduct or possible infractions of the guiding principles.

Retaliation against an employee for reporting a violation or suspected violation is strictly prohibited; anyone engaging in such retaliation will be subject to discipline up to and including termination. All reports will remain confidential; individuals may remain anonymous.

You may report a known or suspected violation of the code:

- By contacting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OR

- By calling the Compliance hotline: (913) \_\_\_\_\_ (Mon-Fri 8:00-5:00)

Thank you for your time and attention to this information. We are committed to creating an atmosphere that welcomes and encourages questions and comments related to ethics awareness and compliance.

*We are committed to upholding the principles set forth in this document and we require the same of those who choose to work with “The Corporation”.*

## **PURPOSE OF THE PROGRAM**

The Health Insurance Portability and Accountability Act (Kennedy-Kassebaum Bill) became law in August of 1996. As a result, the Health Care Fraud and Abuse Control Program was created to combat waste and abuse in the Medicare and Medicaid programs as well as in the private healthcare industry. This goal is accomplished through audits, investigations and inspections of healthcare facilities and providers.

The federal government has made healthcare fraud and abuse a high priority, second only to violent crime. Criminal and civil penalties may be imposed on providers who “knowingly and willfully” defraud or attempt to defraud a healthcare benefit program. Criminal penalties include possible seizure of personal property and imprisonment of up to 10 years. Civil penalties, which are monetary, have been increased from \$2,000 to \$10,000 per line item.

Good faith efforts, such as this ethics awareness and compliance program, demonstrate our concerted efforts to conduct our business in accordance with all applicable laws and regulations.

*The federal government has made healthcare fraud and abuse a high priority, second only to violent crime.*

## **STANDARDS OF CONDUCT**

Standards of conduct define ethical behavior which is expected of all physicians and employees of “The Corporation”. We are committed to upholding these standards which are based on the following values:

- Honesty
- Integrity
- Trust
- Professionalism
- Respect for others
- Confidentiality

The following standards of conduct related to billing policies is not all inclusive. Always contact the Compliance Officer or your supervisor if you have questions or concerns regarding policies and procedures.

### **BILLING POLICIES**

- Bills will only be submitted for services that have been ordered and performed. It is a violation to deliberately file or submit a false claim.
- All CPT and ICD-9 codes submitted will be those codes that most accurately describe the services performed and the presenting diagnoses.
- It is a violation to alter or change a CPT and/or ICD-9 code that has been originally assigned without the advice and approval of the treating physician.
- Every reasonable attempt will be made to assign a comprehensive CPT code to procedures to avoid fragmented coding.
- The Healthcare Finance Administration’s Correct Coding Initiative (CCI) will be referenced for comprehensive CPT codes.
- It is a violation to submit a bill at the instruction of a supervisor or physician, if doing so would result in an inaccurate or false representation of services.
- Innocent and unintentional errors may result in an inaccurate bill. If identified, report errors immediately to the department supervisor or compliance officer.

- It is a violation to assign a previous CPT and/or ICD-9 code to a bill with the assumption that the codes are unchanged from a previous visit.
- Fees for services will be billed equally to all patients based on the “The Corporation” fee schedule.
- Physicians of “The Corporation” may choose to donate services free of charge.
- Physicians of “The Corporation” may choose to forgive any or all of a bill for a specific patient if special circumstances exist. This may only be done after the services have been rendered and **never** to induce patients to utilize services at this facility. “The Corporation” will never forgive all or part of a bill for a class or designation of patients.
- All billing records will be retained in accordance with state and federal laws.
- Every attempt will be made to obtain an “Advanced Beneficiary Notification” waiver for services that may be considered medically unnecessary under the Medicare and Medicaid programs.

### **KICKBACKS**

In simple terms, a kickback can be defined as offering anything of value, including money, for referring an individual to a person or place for services paid for in whole or part by a federally funded health plan, i.e. Medicare or Medicaid.

The *Anti-Kickback Law* is a criminal statute that carries a penalty of not more than \$25,000 and/or up to five years in prison, as well as mandatory exclusion from the Medicare and Medicaid program. The following are our policies related to the Anti-Kickback statute.

- It is a violation to accept gifts of money under any circumstances from individuals or entities attempting to do business with the clinic.
- It is a violation to accept or solicit gifts from an individual or entity attempting to do business with the clinic. Gifts of a promotional nature may be accepted if the gift has a value of \$20.00 or less. Contact the compliance officer if you have questions about gifts or items of value.
- It is a violation ethically and in many cases illegally if you and/or a family member receive kickbacks from the sale of goods and services.

- It is a violation to bribe any employee in return for favors or benefits, whether for personal gain or on behalf of the clinic.
- Employees may accept meals, refreshments or entertainment of *nominal* value from suppliers or patients. It is difficult to define nominal by a dollar amount. Employees should make a common sense determination as to what would be considered lavish, extravagant or frequent. If questionable, always check with the Compliance Officer. Acceptance of meals, refreshments or entertainment must not, in any way, be construed as an attempt by the offering party to secure favorable treatment.

### **CONFLICTS OF INTEREST**

A conflict of interest occurs when a representative of the clinic allows personal gain to interfere or influence the performance of his/her work duties. Avoid situations, which may be called into question. When in doubt about any activity or relationship, contact the Compliance Officer for clarification.

Situations which could be perceived as a conflict of interest include:

- Receiving gifts, payments or services from suppliers or vendors seeking to do business with the clinic.
- An employee or employee's immediate family having significant financial interest in a supplier or vendor that conducts business with the clinic.
- Disclosing the clinic's confidential business information, such as financial data, fee schedule and billing practices.

### **RECORD KEEPING AND PROPER ACCOUNTING PROCEDURES**

The clinic is responsible for adhering to all Federal and State (Kansas) laws with regard to complete and accurate record keeping (see attachment I, page 23). Our clinic will comply with reporting requirements established by law. It is considered illegal and a violation of our standard of conduct to:

- Misrepresent or falsify records including payroll, expense accounts and bills.
- Sign documents that are false and misleading.
- Violate internal controls and policies developed to protect the assets of the organization.

- Establish unrecorded funds or accounts for assets of the organization.
- Intentionally destroy or dispose of records.

### **BILLING AND CHART AUDIT PROCEDURES**

The clinic has established ongoing processes to identify potential coding and/or billing accuracy issues. A coding log will be maintained by the clinic's reimbursement manager. The purpose of the log is to track claims that are rejected or denied due to lack of medical necessity, unsupported diagnoses, unbundling, etc. This information will be provided to the compliance team for recommended educational efforts to staff and/or physicians. The compliance team may, from time-to-time, obtain an opinion from a third party regarding coding and documentation issues.

### **ENVIRONMENT AND SAFETY**

"The Corporation" is committed to providing a drug-free, safe and healthy environment for employees and others who visit our facility. We comply with the Occupational Safety and Health Administration's Hazard Communication and Occupational Exposure to Bloodborne Pathogens Control Program regulations. A copy of this information is on file and available to employees upon request.

We encourage employees to report conditions that may be unsafe, unhealthy or hazardous to the Compliance Officer.

### **EMPLOYEE RELATIONS**

We believe every employee has a right to a work environment free of harassment and discrimination because of race, sex, national origin, age or disability. Equal opportunity will be provided in all aspects of our employment relationships. All representatives of the clinic are expected to promote these policies by treating one another with fairness, respect and common courtesy.

## **COMPLIANCE OFFICER DESIGNATION**

### **DESIGNATION**

The “The Corporation” Executive Committee is responsible for designation of the Corporate Compliance Officer. This individual will be responsible for developing compliance policies and overseeing and monitoring the clinic’s compliance activities. This individual will exercise good judgement, be confident, assertive and have excellent communication skills. In addition, the Corporate Compliance Officer will be someone who is chosen based on the following characteristics:

- Individual must have the trust and respect of employees and administration.
- Individual must have excellent social and communication skills.
- Individual must be objective in evaluating concerns of physicians and administration.
- Individual must understand current laws and regulations in the healthcare environment.
- Individual should possess analytical and problem solving skills.

The Corporate Compliance Officer will be a key member of the compliance team and will report directly to the “The Corporation” Executive Committee. This individual will be given sufficient authority by the executive committee to ask questions and pursue issues that he or she believes may put the organization at risk. In addition, the Compliance Officer will review *fraud alerts* that are issued from time-to-time by the Office of the Inspector General. Fraud alerts that pertain to the clinic will be forwarded to the Executive Committee. The clinic will cease and correct any conduct criticized in such fraud alerts and take reasonable action to prevent such conduct from occurring in the future.

### **RESPONSIBILITIES**

A clinic compliance team will be developed for purposes of receiving input and educating employees of all departments on compliance issues. The compliance team will be responsible for such things as developing elements of compliance to be included in employee performance evaluations. In addition, compliance team members will be responsible for informing employees in their departments of new information related to compliance. Member of the compliance team may include:

- President of the Executive Committee
- Administrator
- Reimbursement Manager
- Laboratory Manager
- Coding Specialist

Corporate Counsel may be consulted for advice or clarification of compliance issues. The compliance committee will meet on a regular basis and report directly to the Executive Committee.

Employees will be urged to contact a member of the compliance committee or the Compliance Officer with questions or concerns regarding compliance issues. An employee will be assured that when contacting any member of the compliance team:

- **They will be treated with dignity and respect.**
- **Communication will be protected to the greatest extent possible.**
- **Questions or concerns will be seriously addressed and if not resolved at the time, the employee will be kept informed of the answer or the outcome.**

An employee need not identify themselves, although it may be helpful for the compliance officer to contact the employee with additional questions, it will not be mandatory for the employee to be identified.

**An employee will be assured that when contacting any member of the compliance team that they will be treated with respect and dignity.**

## TRAINING AND EDUCATION

“The Corporation” is committed to providing employees with training and education on the standards of conduct and each person’s ethical and legal responsibilities related to their day-to-day work. New physicians and employees will receive compliance education as a part of their initial orientation. This will include a meeting with the Compliance Officer to: discuss the purpose of the program, review the compliance document and sign an acknowledgement that they have read and understand the compliance document. Annually thereafter, each physician and employee will receive a minimum of one hour of educational training regarding the clinic compliance program. As stated previously, all employee performance evaluations will include acknowledgement of the compliance program.

Because we believe that ethical issues can be difficult to assess, we have developed case examples to help you identify questionable situations regarding fraud and abuse. These examples are included in training materials available from the Compliance Officer. The case examples are provided to stimulate discussion and thinking about day-to-day ethics in our clinic environment.

Education of physicians and staff is a critical factor in ethics awareness and clinic compliance. Educational seminars that provide updated information such as Medicare, Medicaid, Blue Cross and Blue Shield and other insurance companies will be attended by billing and supervisory staff. A review of the information obtained at these seminars will be shared with all staff and physicians who may be affected by the new policies and/or changes.

### **Red Flags**

The following comments could be considered red flags as it relates to ethics and compliance in the workplace. If you find yourself using any of the following expressions or phrases, it would be helpful to take the compliance quiz below to make sure you are doing the right thing.

- “we’ll have to use this diagnosis to get the claim to go through”
- “well, maybe just this once...”
- “just code everything as a level II and there won’t be a problem”
- “don’t charge Dr. Jones and his family for any healthcare because he sends a lot of patient’s to me”
- “remember, we didn’t have this conversation”
- “just have the patient sign a waiver everytime they come in”
- “well, what’s in it for me?”

## **Compliance Quiz**

If you should hear any of the above phrases or similar phrases that make you question your or a co-worker's actions, take the following compliance quiz and see if this helps clarify the situation.

1. Are my actions legal?
2. Am I being fair and honest?
3. Do my actions violate the standards of conduct?
4. How will I feel about myself afterwards?
5. What would I tell my child to do?
6. How would this look in the newspaper?
7. Would I want my family to know what I had done?

## COMMUNICATION

It is our desire to create an atmosphere that allows and encourages employees to report suspected violations to the Compliance Officer. We believe open lines of communication between all staff is critical to the success of our compliance program. Only through an open door policy, which guarantees no retribution to employees, can we prevent and deter inappropriate and non-compliant behaviors in our facility. We encourage employees to report directly to the Compliance Officer any concerns they may have regarding perceived violations or to ask questions about possible violations.

The Compliance Officer has the following responsibilities to the employee related to their questions and/or concerns.

### Step 1

The Compliance Officer will document the question and/or concern brought to his/her attention by the employee. The employee's anonymity will be respected, if requested.

### Step 2

The Compliance Officer will begin investigating the issue within seven days of the report. A report of the investigation including the results and recommended corrective action will be documented.

### Step 3

The report will be presented to the Compliance Team. Recommendations will be taken under advisement and discussed. A final recommendation will be made by the team.

### Step 4

The Executive Committee will be notified of any issues and/or behaviors that may have placed the clinic at risk in regard to compliance. Corrective action procedures and ongoing monitoring, if necessary, will be documented and reported to the Executive Committee.

### Step 5

The Compliance Officer will meet with the employee and report findings and any necessary corrective actions.

**Employees may also report concerns to a hotline telephone number. The hours the phone number will be active are Monday through Friday from 8:00 a.m. to 5:00 p.m.** As stated above, an employee may contact the hotline and leave an anonymous message if they choose regarding any questions or concerns. There will never be a penalty for contacting the Compliance Officer or utilizing the hotline. Anyone discouraging an employee or trying to stop them from contacting the Compliance Officer or the hotline regarding an issue of concern is subject to disciplinary action up to and including dismissal.

*We believe open lines of communication between all staff is critical to the success of our Compliance Program.*

## INTERNAL AUDIT AND MONITORING PROCEDURES

“The Corporation” is fortunate to have capable and well-educated employees that can assist in ongoing auditing and monitoring of our standards of conduct. The following is a partial list of procedures and guidelines in place within the practice to assure correct coding and billing practices.

- All complaints regarding patient statements and/or bills are documented by the business officer manager. The disposition of each is reported to the Compliance Officer.
- Individuals requesting a waiver of fees due to financial hardship are asked to complete the “The Corporation” financial statement. This information will be submitted to the Executive Committee for approval.
- All charge tickets are reviewed for correct linkage of CPT and ICD-9 codes, accident information, amount and route of injections, prior to data entry.
- Claims denied for lack of medical necessity for such reasons as unsupported diagnoses and unbundling are forwarded to the reimbursement manager for review. The reimbursement manager, in turn, determines if appropriate documentation exists to re-submit the claim. If documentation does exist, the claim is re-submitted with supporting documentation. If, in the reimbursement manager’s opinion, documentation does not exist, the manager meets with the physician to discuss the denial. The physician is given the options of appeal, amending documentation or writing off the charges. These claims are placed on a compliance log for review by the Compliance Team.
- As an ongoing audit procedure, samples of each physician’s charges are reviewed prior to insurance submission. Documentation is compared to the codes that were used to bill services. If documentation does not support the services billed, the reimbursement manager meets with the physician to provide further education or information on the documentation. These claims are referred to the Compliance Team for recommended educational efforts. In addition, the Compliance Team monitors quarterly reports for improvements in the percentage of tickets returned for revisions. A flow sheet of this process is included as attachment II, page 25.

- The billing office staff regularly examine insurance explanation of benefit (EOB's) forms to identify billing accuracy issues and changes in third party reimbursement. Corrective action will be taken on any errors discovered during the review. Payors will be notified of any errors. Recommendations to rectify the error will be documented. All funds paid to the clinic in error will be refunded within 30 days to the appropriate payor as part of the corrective action.

## **DISCIPLINARY ACTION**

Because we believe that ethics awareness and compliance issues are so important, failure to comply with the standard of conduct will subject employees including physicians, supervisors and management to disciplinary action including warnings, suspensions and possible termination of employment. This includes, but is not limited to, the failure to report violations or suspected violations by others of the ethical and legal policies contained in this ethics awareness document.

## **CORRECTIVE ACTION**

### 1. Investigation

Violations of the clinic's compliance program and failure to comply with Federal and/or State law threaten the clinic's status as a participating provider in government and privately funded healthcare programs. When the Compliance Officer learns of potential violations or misconduct, he/she must investigate within 7 days. He/She will determine whether a material violation has occurred. If a violation has occurred, management will take corrective action. The violation will be reported to the government if necessary, and make appropriate reimbursements within 30 days.

If needed, the investigation will include a review of relevant documents, such as submitted claims, test requisition forms, and laboratory test reports. This office may engage an outside auditor or counsel to assist in the investigation.

If, during an investigation, the Compliance Officer believes that the integrity of the investigation may be compromised because of the presence of individuals under investigation, these individuals may be removed from their current work activity until the investigation is completed.

The office will prevent the destruction of documents or other evidence relevant to the investigation by placing such documents in a secured area out of the office.

### 2. Reporting

If management receives credible evidence of misconduct from any source and, after appropriate investigation, has reasonable grounds to believe that the misconduct either (a) violates criminal law, (b) constitutes a violation of civil law, the clinic will report the misconduct to the Office of Inspector General within sixty (60) days after receipt of the credible evidence of the misconduct.

When reporting the misconduct, the clinic will provide the OIG with any evidence relating to the misconduct, including evidence disclosed to the office from another source.

We will continue to investigate the reported violation, and when complete, will notify the Department Of Justice and OIG, in writing, of the outcome of the investigation.

If the investigation reveals that criminal activity may have occurred, the Compliance Officer will immediately notify the appropriate State or Federal authorities. The office will also take appropriate corrective action, including prompt restitution of any damages to the government and the imposition of the appropriate disciplinary action.

## SUMMARY

This document is provided to emphasize our commitment to ethics awareness and compliance. It takes constant effort and attention to keep ethics a priority in our jobs and in our personal lives. There is no denying that our work lives and personal lives are subject to varying degrees of stress and pressure on a daily basis. At times, we may feel pressure to compromise, bend the rules, or deviate from personal beliefs and values. If you find yourself in this situation, you may be on the verge of engaging in misconduct or questionable behavior. **STOP** and think about what you are doing! Also, remember the values upon which “The Corporation”’s standards of conduct are based: honesty, integrity, trust, professionalism, respect for others, and confidentiality. It is our hope that all of us at “The Corporation” will adhere to the highest standards of ethical conduct in everything we do.

**“THE CORPORATION”**

**Receipt and Acknowledgement of**

**Ethics Awareness and Compliance Document**

I acknowledge that I have received a copy of the “The Corporation”’s Ethics Awareness and Compliance Document. I understand that as a representative of “The Corporation”, I am responsible for knowing and adhering to the Standards of Care.

---

Employee Signature

---

Print Name

---

Date

---

Compliance Officer Signature

**“THE CORPORATION”**

**INCIDENT REPORTING FORM**

Please document the situation or action you believe may violate the “The Corporation” standard(s) of conduct described in the Ethics Awareness and Compliance Program.

**You May Remain Anonymous**

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Not Required)

**ATTACHMENT I  
RECORD RETENTION**

