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Glossary

Billing: The term *billing* as it is used throughout this document is intended to mean any coding practices and documentation used to support coding. It is not intended to refer to the setting of fees, charges or review of organizational pricing practices.

Compliance Program: A system of standards developed to assure compliance with the conformity to all payer guidelines and regulatory requirements governing health and behavioral health care practice.

Compliance Team: The individuals assigned to oversee the implementation and operation of the Corporate Compliance Program. It reviews the results of internal audits, makes recommendations for improvements to the Corporate Compliance Program and reports its activities to the Board of Directors and through the Patient Services Committee of the Board via the Quality Oversight Committee dashboard reports.

HIPAA: The Health Insurance Portability and Accountability Act of 1996, including all past or future amendments and all regulations now or in the future under its authority.

Non-Compliance: The failure to document or bill according to federal regulations applicable to the services of Cherry Health, or a material failure to properly code the service, or material failure to comply with HIPAA.

Clinician: A provider of medical, dental, vision or behavioral services.

Cherry Health

Corporate Compliance Program

Cherry Street Service, Inc., DBA Cherry Health, voluntarily implements a Corporate Compliance Program aimed at the prevention of fraud, abuse and waste, compliance with rules, regulations and laws while simultaneously improving quality patient care. Compliance efforts are aimed at preventing, detecting, and resolving variances, as well as working in collaboration with other departments to assure new initiatives are implemented within the organization to maximize quality and effectiveness of patient care.

The seven elements of Cherry Health's Corporate Compliance Program are:

- I. Commitment to Compliance
 - A. Standards of Conduct
 - B. Reasonable and Necessary
 - C. Billing
 - D. Compliance with applicable HHS Fraud Alerts
 - E. Anti-Kick Back/Inducements
 - F. Retention of Records/Documentation
 - G. Implementation of Regulatory Initiatives
- II. Designation of a Compliance Committee
- III. Conducting Training and Education Programs
- IV. Communication
- V. Disciplinary Guidelines
- VI. Auditing and Monitoring
- VII. Corrective Action

I. COMMITMENT TO COMPLIANCE

A. Standards of Conduct

Cherry Health promotes adherence to the Corporate Compliance Program as a major element in the performance evaluation of all staff members, officers and agents. Adherence to the program is woven through the organization's policies and procedures.

Cherry Health staff members, officers and agents are bound to comply, in all official acts and duties, with all applicable laws, rules, regulations, standards of conduct, including, but not limited to, laws, rules, regulations, and directives of the federal government and the state of Michigan, and rules, policies and procedures of Cherry Health. These current and future standards of conduct are incorporated by reference in this Corporate Compliance Program.

All candidates for employment will undergo a prudent background investigation including: a reference check, exclusion check and criminal record. Due care 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 and any criminal record) gives reasonable cause to believe the individual has a propensity to fail to adhere to applicable standards of conduct. Once hired, monthly exclusion checks are done to ensure no employee, contractor, board member or vendor is barred from participating in federal programs.

All new staff members receive orientation and training in compliance policies and procedures including CMS Fraud, Waste and Abuse and ethics as part of new staff orientation. Participation is required as a condition of employment. All staff receive training in compliance policies, procedures and CMS Fraud, Waste and Abuse on an annual basis. Failure to participate in required training may result in disciplinary actions, up to and including termination of employment.

Every employee receives periodic training updates regarding compliance protocols as they relate to the employee's individual duties. This is done through articles in the organization newsletter, presentations at staff meetings and general consultations.

Board members receive compliance training annually.

Non-compliance with the program or violations will result in progressive discipline of the employee(s) involved, up to, and including, termination of employment.

B. Reasonable and Necessary Services

Cherry Health will take reasonable measures to ensure that only claims for services that are reasonable and necessary, given the patient's condition, are billed.

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

Cherry Health 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, Cherry Health's clinical staff will use prudent ordering practices.

In requesting diagnostic procedures or tests, Cherry Health'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 provided. Only those services provided by authorized clinicians that are performed and 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 provided) will result in disciplinary action which may include immediate termination of employment. The clinical staff must provide documentation to support the CPT, DSM V, and/or ICD-10 codes used based on medical findings and diagnoses.

D. Compliance with Applicable HHS Fraud Alerts

The Corporate Compliance Team or designee will review the Medicare Fraud Alerts. The Corporate Compliance Team or designee will immediately terminate any conduct deemed inappropriate by the Fraud Alert by implementing corrective actions and taking 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

Cherry Health will not participate in nor condone the provision of inducements or receipt of kickbacks to gain business or influence referrals. All of Cherry Health'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 which may include immediate termination of employment.

F. Retention of Records/Documentation

Cherry Health will ensure that all records required by funding source, 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 funding source.

Documentation of compliance efforts will include staff meeting minutes, peer review process documentation, , and corrective actions taken, the results of any investigations and documentation supportive of assessment findings, diagnoses, treatments and program of care.

G. Implementation of Regularity Initiatives

The Corporate Compliance Team will work collaboratively with other departments in the understanding and implementation of regulatory initiatives with the goal of improved care for patients.

DESIGNATION OF A CORPORATE COMPLIANCE TEAM AND COMPLIANCE COMMITTEE

While compliance is the responsibility of all Board members, staff, volunteers, students, interns, contractors, patients, vendors and business associates, the Corporate Compliance Team is the focal point of the Corporate Compliance Program and should be accountable for all compliance responsibilities.

Cherry Health designates The Director of Quality and Informatics, The Risk Management Specialist and the Compliance Analyst to coordinate compliance activities.

Director of Quality and Informatics will oversee and monitor the implementation of the Corporate Compliance Program.

- Report in a timely manner either directly or via the Quality Oversight Committee to the organization's Chief Officers on the progress of implementation and assisting the practice in establishing methods to improve efficiency and quality of services and to reduce the vulnerability to allegations of fraud, abuse and waste.
- Develop and distribute all written compliance policies and procedures to all affected staff members.
- Periodically revise the program considering changes in the needs of the organization and in the law including changes in policies and procedures of government and private payer health programs.
- In coordination with The Director of Learning and Development will develop, coordinate, and participate in a multifaceted educational and training program that focuses on the elements of the Corporate Compliance Program and seeks to

ensure that all staff members are knowledgeable of, and comply with, pertinent federal, state, and private payer standards.

- Ensure that all service providers are informed of Corporate Compliance Program standards with respect to coding, billing and documentation, etc.
- Assist in coordinating internal compliance review and monitoring activities including annual reviews of policies.
- Independently coordinate investigation and action on matters related to compliance including the flexibility to design and coordinate internal investigations.
- Develop policies and programs that encourage managers and staff members to report suspected fraud and other improprieties without fear of retaliation.
- Assist the organization in understanding the impact of complying with new, updated and changed regulatory initiatives.

The Director of Quality and Informatics has the authority to review all documents and other information relative to compliance activities, including, but not limited to, requisition forms, billing information, claims information and records concerning arrangements with patients.

Quality Oversight Committee:

Cherry Health recognizes and supports the very close working relationship between quality and compliance. In order to foster the most efficient manner for these two to maintain that close working relationship, Cherry Health designates a team consisting of staff with decision making authority representing areas of the organization that are most directly impacted by the regulatory environment, (for example, CFO, COO, CMO, CHRDO, Director of Reimbursement, Director of Quality and Informatics, , Director of Pharmacy or their designees) called the Continuous Quality Improvement Oversight Committee to advise the Corporate Compliance Program as needed and address the quality issues that arise from the operations of the organization.

The functions of the Continuous Quality Improvement Oversight Committee include:

- Analyze the organization's regulatory environment, the legal requirements with which it must comply and specific risk areas resulting in an annual risk assessment.
- Assess existing policies and procedures and standards that address risk areas for possible incorporation into the Corporate Compliance Program.
- Work with the organization's standards of conduct, policies and procedures to promote compliance.

- Recommend and monitor the development of internal systems and controls to implement standards, policies and procedures as part of the daily operations.
- Determine the appropriate strategy/approach to promote compliance with the program and detection of any potential problems or violations.
- Monitor new and ongoing quality improvement efforts to determine effectiveness.

III. CONDUCTING EFFECTIVE TRAINING AND EDUCATION

Cherry Health requires all staff members, students and AmeriCorps member to attend specific training in the areas of confidentiality, HIPAA (and all associated regulations), Fraud, Waste and Abuse (the CMS version), Ethics and Corporate Compliance policies and procedures upon hire, and on an annual and as-needed basis thereafter. This includes training in federal and state statutes, regulations, program requirements, policies, and ethics. The trainings emphasize the organization's commitment to compliance with these legal requirements and policies.

The training programs include sessions highlighting the organization's Corporate Compliance Program, summaries of fraud and abuse laws, discussions of coding requirements, claim development, claim submission processes and how to report compliance issues.

The Workforce Development Manager provides this training at new staff orientation and annually thereafter via the automated educational system. Documentation of attendees, the subjects covered, and any materials distributed at the training sessions are maintained.

Basic trainings include:

- Government and payer reimbursement principles.
- General prohibitions on paying or receiving remuneration to induce referrals.
- CMS Fraud, Waste and Abuse, Office of Inspector General exclusions, Michigan Mental Health Code and Substance Abuse Treatment confidentiality rules.
- Only billing for services ordered, performed and reported.
- Duty to and how to report misconduct.

Training may also occur at departmental staff meetings, either as a topic presented by the supervisor or through a visit from the compliance team. This type of training will be documented in the minutes of the meeting along with participants in attendance.

Staff receive reminders and updates about the topics they have been trained on or information about new or changing topics through entries in the agency newsletter. These reminders come from both the IT and compliance departments. The reimbursements department assists in training staff in the areas of documentation through presentation at provider staff meetings and through provision of helpful tools keeping staff abreast of the required elements of documentation.

IV. DEVELOPING EFFECTIVE LINES OF COMMUNICATION

Cherry Health protects whistle blowers from retaliation.

Cherry Health has established a procedure so that staff members may seek clarification from the Corporate Compliance Team in the event of any confusion or questions regarding a policy or procedure.

A hot line (844.305.1504) has been established so that staff members, patients or others may anonymously consult with the Corporate Compliance Officer or designee with questions, or report violations. A compliance email box, (compliance@cherryhealth.com) may be used to communicate information regarding compliance and compliance activities. A staff feedback portal has been established via Google so that staff may communicate with Compliance anonymously. Any staff member may collect information of a compliance nature from patients or others and share that with the Compliance team.

Any potential problem or questionable practice which is, or is reasonably likely to be, in violation of, or inconsistent with, federal or state laws, rules, regulations, directives or Cherry Health rules, procedures or policies relative to the delivery of healthcare services, or the billing and collection of revenue derived from such services, and any associated requirements regarding documentation, coding, supervision, and other professional or business practices must be reported to the Compliance Team.

Any person who has reason to believe that a potential problem or questionable practice is or may be in existence should report the circumstance to the Compliance Team. Such reports may be made verbally or in writing and on an anonymous basis.

The Corporate Compliance Team promptly documents and investigates reported matters that suggest violations of policies, regulations, statutes or program requirements to determine their veracity. The Corporate Compliance Team will maintain a log of such reports including the nature of the investigation and its results.

The Corporate Compliance Team works closely with legal counsel who can provide guidance regarding complex legal and management issues.

V. DISCIPLINARY GUIDELINES

All Cherry Health staff, volunteers and students are held accountable for failing to comply with applicable standards, laws, policies and procedures. Supervisors and/or managers are held accountable for the foreseeable compliance failures of their subordinates.

The supervisor or manager is responsible for taking appropriate disciplinary actions in the event an employee fails to comply with applicable regulations, procedures or policies. The disciplinary process for violations of the Corporate Compliance Program is administered according to organization policies and procedures depending upon the seriousness of the violation. The Compliance Officer, as well as legal counsel, may be consulted in determining the seriousness of the violation.

If the deviation occurred due to legitimate, explainable reasons, the Corporate Compliance Officer and supervisor or manager may limit disciplinary action or take no action. If the deviation occurred because of improper procedures, misunderstanding of rules, including systemic problems, the organization will take immediate actions to correct the problem.

When disciplinary action is warranted, it should be prompt and imposed according to organization policies and procedures.

Within 30 working days after receipt of an investigative report, the supervisor and/or the Chief Medical Officer and/or CEO (or designee) of the organization shall determine the action to be taken upon the matter. The action may include, without limitation, one or more of the following:

1. Dismissal of the matter.
2. Coaching conversation.
3. Documented discussion, written reminder, a letter of admonition or a letter of reprimand.
4. Entering and monitoring a corrective action program. The corrective action program may include requirements for individual or group remedial education and training, consultation, monitoring, and/or concurrent review.
5. Reduction, suspension, or revocation of clinical privileges.
6. Suspension or termination of employment.
7. Modification of assigned duties.
8. Reduction in the amount of salary compensation.

The Chief Medical Officer shall have the authority to, at any time, suspend summarily the involved employee's clinical privileges or to summarily impose consultation, concurrent review, monitoring, or other conditions or restrictions on the assigned duties of the involved provider to reduce the substantial likelihood of violation of standards of conduct.

VI. AUDITING AND MONITORING

The Corporate Compliance Team or designee will conduct ongoing evaluations of compliance processes through monitoring and reporting to the Board of Cherry Health. Compliance reporting will be included in program dashboard reports shared with the Client Services Committee. Annually, the Director of Quality and Informatics will report through the Executive Committee of the Board.

The Corporate Compliance Team or designee will develop audit tools designed to address the organization's compliance with laws governing documentation, coding and billing, claim development and submission, reimbursement, reporting and record-keeping. Internal audits will be conducted on a regular basis.

As part of the exit interview of employees, compliance questions will be included to solicit information concerning potential problems and questionable practices. The answers to those questions will be shared with the Corporate Compliance Team. The Corporate Compliance Team or designee may follow up with the former employee regarding the report of potential problems or questionable practices.

VIII. RESPONDING TO DETECTED OFFENSES AND DEVELOPING CORRECTIVE ACTION INITIATIVES

Violations of Cherry Health's Corporate Compliance Program, failure to comply with applicable state or federal law, other requirements of government, private health programs, funding sources, accreditation bodies, and other types of misconduct may threaten the organization's status as a reliable, honest, and trustworthy provider capable of participating in federal health care programs. Detected, but uncorrected, misconduct may seriously endanger the mission, reputation and legal status of the organization. Consequently, upon reports of reasonable indications of suspected noncompliance, the Corporate Compliance Officer must initiate an investigation to determine whether a material violation of applicable laws or requirements has occurred.

The steps of the internal investigation may include interviews and a review of relevant documentation. Records of the investigation should contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of witnesses interviewed, and the documents reviewed, the results of the investigation and the corrective actions implemented.

If an investigation of an alleged violation is undertaken and the Corporate Compliance Team believes the integrity of the investigation may be hampered by the presence of staff members under investigation, those staff members should be removed from their current work activities pending completion of that portion of the investigation. These staff members will be suspended, with pay, pending the outcome of the investigation.

Additionally, the Corporate Compliance Team must take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation.

If the results of the internal investigation identify a problem, the response may be immediate referral to criminal and/or civil law enforcement authorities, development of a corrective action program, or a report to the government and submission of any overpayments, if applicable. If potential fraud or violations of the False Claims Act are involved, the Corporate Compliance Officer should report the potential violation to the Office of the Inspector General or the Department of Justice.

When making a repayment for an overpayment, Cherry Health should inform the payer of the following:

- 1) The refund is being made pursuant to a voluntary Corporate Compliance Program.
- 2) A description of the complete circumstances prompting the overpayment.
- 3) The methodology by which the overpayment was determined.
- 4) Any claim-specific information used to determine the overpayment.
- 5) The amount of the overpayment.

The CEO of Cherry Health will have the authority and responsibility to direct repayment to payers and the reporting of misconduct to enforcement authorities as is determined, in consultation with legal counsel, to be appropriate or required by applicable laws and rules.

If the CEO of Cherry Health discovers credible evidence of misconduct and has reason to believe that the misconduct may violate criminal, civil, or administrative law, then the Corporate Compliance Officer will promptly report the matter to the appropriate government authority within a reasonable time frame, but not more than 60 days after determining that there is credible evidence of a violation.

Office of Inspector General Hotline: 1.800.HHS.TIPS (1.800.447.8477)

When reporting misconduct to the government, the Corporate Compliance Team should provide all evidence relevant to the potential violation of applicable federal or state laws and the potential cost impact.

This Corporate Compliance Program may be altered or amended in writing only with the concurrence of the CEO of the organization.

Corporate Compliance Policies and Procedures

The following policies and procedures are included in the Corporate Compliance Program as the foundation of the program. The procedures provide guidance to the workforce and Board of Directors in working within an organization that is committed to compliance or when confronted with issues that relate to compliance.

Policies:

1. Corporate Compliance Program

The mission of Cherry Health is to improve the health and wellness of individuals by providing comprehensive and integrated health care while encouraging access by those who are underserved. In fulfilling this mission, Cherry Health is dedicated to adhering to the highest ethical standards and accordingly recognizes the importance of compliance with all applicable state and federal laws. To evidence this dedication, the Board of Directors adopts and provides authorization to staff to implement the Corporate Compliance Program.

2. Ethical Environment

Cherry Health is dedicated to the delivery of health care in an environment characterized by strict conformance with the highest standards of accountability for administration, clinical, business, marketing and financial management. Cherry Health's leadership is fully committed to the need to prevent and detect fraud, fiscal mismanagement and misappropriation of funds, and has in place a formal Corporate Compliance Program to ensure ongoing monitoring and conformance with all legal and regulatory requirements.

This program emphasizes:

- Development and distribution of a written code of ethics and conduct, as well as written policies and procedures that address the various components of the Corporate Compliance Program and addresses principal risk areas.
- Designation of Compliance Team and a Quality Management Oversight Team charged with the responsibility of operating and monitoring the Compliance Program.
- Development and implementation of regular, effective education and training programs for Cherry Health employees, Board members, members of the medical staff, contractors and volunteers.
- Maintenance of an effective and well publicized protocol for reporting or raising conduct or ethical concerns without fear of retaliation.
- Development of disciplinary standards to clarify and respond to conduct prohibited by the Code of Ethics and conduct and pursue equitable enforcement of standards with regard to employees who violate law or regulation according to the Compliance Program.

- Development of criteria and protocol for ensuring that no individual who has engaged in illegal or unethical behavior or who has been convicted of health care related crimes shall hold positions that exercise discretionary authority.
- Maintenance of effective auditing and monitoring systems to evaluate compliance with laws, regulations, federal health care programs, and the standards developed in the compliance plan; to assist in the prevention of compliance program violations; and to maintain the effectiveness of the compliance program.
- Investigate, respond, and prevent identified noncompliance, including the establishment of appropriate and coordinated corrective action measures.

Procedures:

1. Corporate Compliance Program

The Corporate Compliance Program is intended to become a part of the fabric of the Organization’s routine operations. The organization endeavors to communicate to all personnel the intent to comply with applicable laws through the Corporate Compliance Plan. In addition, the Corporate Compliance Program will:

- Assess Cherry Health’s business activities and consequent legal risks.
- Educate all personnel regarding compliance requirements and train personnel to conduct their job activities in compliance with state and federal law and according to the policies and procedures of the organization.
- Implement monitoring and reporting functions to measure the effectiveness of the plan and to address problems in an efficient and timely manner.
- Include enforcement and discipline components that ensure that all personnel take their compliance responsibilities seriously.

Overall responsibility for the operation and oversight of the Corporate Compliance Program belongs to the Board; however, the day-to-day responsibility for operation and oversight of the program rests with the Director of Quality and Informatics. The Director of Quality and Informatics will be assisted in these duties by the Continuous Quality Improvement Oversight Committee.

No members of the organization have authority to act contrary to any provision of the Corporate Compliance Program or to condone any such violations by others. Anyone with knowledge of information concerning a suspected violation of law or violation of a provision of the Corporate Compliance Program is required to report promptly such violations in accordance with the Corporate Compliance Program and Duty to Report Compliance Issue procedure.

Members of the organization who violate any provision of the Corporate Compliance Program, including the duty to report suspected violations, will be subject to disciplinary measures as set forth in the Corrective Action policy and procedure. Cherry Health will take steps to investigate all reported violations and will endeavor through constant vigilance to ensure that the Corporate Compliance Program is effective in preventing, detecting and eliminating violations of the law. In addition, promotion of and adherence

to the Corporate Compliance Program will be part of the job performance evaluation criteria (Integrity section) for all organization members.

Cherry Health reserves the right to change, modify or amend the Corporate Compliance Program as deemed necessary. If changes, modification or amendments are made to the program, members of the organization will be informed as soon as possible after the changes, amendments or modifications are approved by the Board.

Should members of Cherry Health have any questions or uncertainties regarding compliance with applicable state or federal law, or any aspect of the Corporate Compliance Program, including related policies or procedures, they should seek immediate clarification from their supervisor, the Corporate Compliance Officer, or through the Compliance Hotline.

2. Corporate Compliance Coordination and Quality Oversight Committee

Cherry Health will designate a Director of Quality and Informatics to serve as the coordinator of all compliance activities and a Quality Oversight Committee to advise the Corporate Compliance Officer and assist in the implementation of the Corporate Compliance Program as needed.

The responsibilities and scope of authority of the Director of Quality and Informatics and Quality Oversight Committee are included in the Corporate Compliance Program and position description.

3. Compliance Reporting to the Board of Directors

Compliance reporting will be included in program dashboard reports to the Client Services Committee of the Board of Directors on a regular basis. If an issue is deemed to be of a serious nature it will be reported to the Board at its next regularly scheduled meeting after the issue arises.

4. Duty to Report Compliance Issues

Duty to Report: All staff, 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 Cherry Health 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 investigation of the claim, the identity of the reporting person may be deduced or indirectly disclosed.

Non- Retaliation or Retribution: Staff, 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.

How to Report a Concern: Generally, compliance concerns involve the potential for fraud, abuse and waste, confidentiality violations or noncompliance with policies or procedures. Examples of compliance concerns include (but are not limited to):

- Submitting inaccurate or misleading claims for services provided.
- Making false statements or representations to obtain payment for services.
- Offering or giving something of value to patients to encourage them to use or purchase health care services.
- Sending a statement of account (billing statement) which includes protected health information (PHI) to the wrong address or person.
- Unintentionally sharing PHI inappropriately.

Those with a compliance concern have several options to report or obtain additional information and assistance.

- Whenever possible, resolve the issue within the department. It is an expectation to raise concerns first with the manager or direct supervisor if that approach is appropriate.
- If discussing the concern with the manager or supervisor is inappropriate, the employee may contact the Corporate Compliance Team directly by phone or email. The employee may report to any supervisor, manager, administrator, utilize the compliance email box, the staff feedback portal or call the Compliance Hotline.
- The Compliance Hotline is available for anyone to use to raise an issue. The hotline can be used either anonymously, or if a response is desired the person should identify themselves.
- Concerns regarding employee performance should be directed to Human Resources and addressed through the Problem Resolution process.

After a Concern Has Been Reported:

- The Corporate Compliance Team will investigate all concerns reported. If the concern relates to a process or procedure of another department, and is not a compliance issue, the Corporate Compliance Officer will refer that concern to the appropriate department for resolution. There will be a determination of whether a formal investigation, by an outside party, is warranted.
- The Corporate Compliance Team will notify the reporting individual (if known) that the concern has been received and is either resolved or being investigated further.
- If a complaint warrants formal investigation by an outside party, the Executive Committee of the Board of Directors will engage and receive the report from the outside party.

5. Billing Integrity Audits

Billing Integrity Audits (BIA) will be conducted by Corporate Compliance staff or designee on a regular basis.

The BIA will monitor the coding changes verify the accuracy of claims and services provided by a comparison of the patient record to the requirements of the payer and the remittance advice.

The BIA will include that services provided are documented in accordance with appropriate requirements, are coded correctly, billed appropriately, and payment is applied appropriately. Exceptions noted will be documented on a spreadsheet that will indicate the date of service, the provider of the service, description of the exception, and are reported to the CMO, program supervisors and providers.

Ongoing monitoring will continue to ensure repeated errors do not occur by updating reports, which will indicate errors made by individual staff as well as by program, the corrective action recommended and when the corrections were made within the timelines established in the recommendation of the auditor. Additional documentation will be kept that indicates if the corrective actions were successful. The outcome of the BIA will be the improvement of procedures and processes to assure efficient and accurate billing of services.

The BIA will be made available to auditors per contract or agreement as appropriate.