

Hutchinson Clinic Compliance Manual



Compliance Manual

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MISSION STATEMENT

The mission of the Hutchinson Clinic is to maintain a culture of excellence by delivering to our patients the most advanced, timely, and compassionate care possible.

Compliance Manual Purpose

Our Compliance Program applies to everyone. There are no exceptions. The Hutchinson Clinic requires all Administration, Physicians, employees, and other workforce members to follow our Code of Conduct and comply with all federal, state, and local laws as well as conduct themselves in accordance with relevant ethical standards when acting on behalf of the Clinic. To achieve that end, the Clinic has created the Compliance Manual (the “Manual”) to guide how the Clinic designs, administers and enforces our Compliance Program. It reinforces our commitment to ethical and legal conduct. It helps you understand the elements of our program.

Code of Conduct

The Clinic is committed to full compliance with all applicable laws, rules, and guidelines. To such end and in order to uphold the Clinic’s mission, the Clinic offers our Code of Conduct (the “code”) to ensure that these expectations are understood and met. The full code can be found on HutchClinic.com and HC News. The basic principles of conduct are all follows:

Acknowledge and Understand

The Clinic expects every employee and agent to acknowledge and understand the Code applies to everyone, including employees, physicians, and anyone working on behalf of the Clinic, including any persons or entities that provide supplies or other services to the Clinic. Everyone is responsible for following the Code and helping build a culture of compliance.

Be Honest and Ethical

The Clinic expects every employee and agent to

adhere to high ethical standards and be honest at all times when acting on behalf of the Clinic. Employees and agents should never place consideration for our “bottom line” ahead of ethical conduct. Legal and ethical conduct is everyone’s job. All employees and agents are expected to do the right thing, including abiding by this Code, reporting potential issues, identifying and correcting issues, and protecting public resources from fraud, waste and abuse. Never be afraid to ask questions and to ensure you know what the Clinic expects or what the law requires in any situation. You may do this without fear of retaliation. We encourage you to raise questions. All employees and agents should work together to help solve issues and support each other in establishing an environment free of retaliation. Further, you should avoid situations which could be viewed as a conflict of interest in which your individual position is used for personal gain. An example of conflict of interest situation is having an ownership interest in a business that is a vendor of, or supplier for, the Clinic.

Obey the Law

There are many laws and regulations that govern the activities of the Clinic, particularly those related to billing and business relationships. The Clinic has developed policies set forth in the manual and elsewhere to help explain these requirements. As a condition of employment or contracting with the clinic, all employees and agents are expected to comply with applicable laws and regulations. All agents and employees of the Clinic must be committed to full compliance with all federal and state laws, regulations, and requirements related to billing, services provided, and business relationships. We must work to report potential issues, identify and correct issues and protect public resources from fraud, waste and abuse. If you are not certain about what the law requires, please ask questions and seek help from a supervisor, the Compliance Committee, or the Director of Compliance. It is required that you report actual or suspected violations of the Clinic’s Compliance Program, which includes any violation of law or regulation.

Report Information Truthfully

We expect and require employees and agents to take particular care to ensure that all communications within the Clinic and with outside agencies (including government agencies) are truthful, accurate and complete.

Confidentiality

The Clinic expects all employees and agents to maintain the confidentiality of all patient information (including medical and billing records), the Clinic's business information and information relating to the Clinic's vendors and suppliers. Employees and agents should not use any such confidential information except as is appropriate for carrying out business on behalf of the Clinic. It is expected that all patient information will be kept strictly confidential and released only in accordance with applicable law and the terms of the privacy policies and procedures of the Clinic.

Reporting Possible Violations

Every employee and/or agent of the Clinic is required to report any activity he or she reasonably believes to be in violation of the law or Clinic's policies. We do not require you to report issues and concerns to your supervisor or through your chain of supervision. **Our only requirement is that you report your concerns or issues.** Reports may be made to your supervisor, internally through the RL6 reporting system (for employees), any member of the Compliance Committee, the Compliance and Risk Management Department, or to our Compliance Hotline. Reports may be made without fear of retaliation and confidentiality will be protected to the full extent of the law.

The Compliance Hotline number is 855.900.0067 or 800. 216.1288 (Spanish)

The hotline does not require you to tell us your name, but details you give may expose your identity. We will attempt to protect your identity, if asked.

Retaliation Prohibited

We will not tolerate anyone retaliating against you for participating in our Compliance Program. Our Code requires you to speak up when you see an issue or violation. You may not look the other way and comply with our Code or expectations. We need you to voice concerns or ask questions about your conduct or the conduct of others. We cannot ensure we are preventing misconduct and resolving mistakes without your assistance in asking questions and reporting concerns to use. The Clinic will protect you from retaliation for any issue identified or report made in good faith, believe violates the law, we will protect you from retaliation that results. If you ever feel you are being retaliated against, please report it promptly.

Again you can report to your supervisor, the Compliance and Risk Management Department or Hotline.

Disciplinary Action

The failure to follow any of these principles of conduct may result in disciplinary action in accordance with the Clinic's Progressive Disciplinary Policy, including termination. There are also a range of penalties that can apply to individuals for violations of state and /or federal healthcare program regulations. Such penalties can include monetary fines, civil and criminal legal actions, and program exclusions.

Compliance Program Oversight

Responsibility for oversight of the Compliance Program rests with a multi-disciplinary Compliance Committee. The responsibility for implementing and managing the Compliance Program is assigned to the Compliance Officer, who functions within the Clinic and has a direct reporting relationship to the Board Members.

Board of Directors

- Promote a culture that encourages ethical conduct and a commitment to compliance with the law
- Ensure the Compliance Program has adequate resources, funding and staff.

The Compliance Officer

With the assistance of and guidance from the Compliance Committee, the Compliance Officer performs the following activities:

- Oversight, coordination, and monitoring of the day-to-day compliance activities of the Clinic as provided herein.
- Regularly reporting compliance-related matters to the Board, President, CEO and the Compliance Committee.
- Distribution of the appropriate compliance manuals, policies and procedures to employees and agents.
- Establish methods, such as periodic audits, to improve the Clinic's efficiency and quality of services, and to reduce the Clinic's vulnerability to fraud, waste and abuse.

Compliance Committee

Our Compliance Committee meets regularly and at special meetings. It is made up of the Compliance Officer and a group of interdisciplinary personnel. Members of the committee serve for three-year terms and are appointed by the President of the Clinic and ratified by the board. Business and minutes of all meetings are maintained in a confidential manner. Minutes are maintained in the Compliance Department. The Compliance Committee assists in implementation and are responsible for:

- Analyzing applicable legal requirements, and specific risk areas.
- Assessing existing Standards to ensure they adequately address our risk areas.
- Recommending and monitoring, with relevant departments, the development of internal systems and controls.
- Overseeing monitoring of internal and external audits and investigations.

Supervisor's Responsibility

Adherence to the Compliance Program by all employees is considered an essential part of job performance. The Physicians, Administrators, and managing supervisors have a responsibility for education regarding the standards, rules and regulations set forth in this Manual that apply to their employee's jobs. The Clinic requires our supervisors to set the tone for our compliance. Supervisors will be held accountable for making sure their employees understand and apply the policies and procedures set forth in this Manual and act if they have concerns. In general, these individuals are expected to:

- Abide by our Code of Conduct at all times.
- Actively promote ethical conduct.
- Actively promote a commitment to compliance with the law.
- Identify compliance risks associated with our business.
- Promote a positive Culture of Compliance.

Hiring and Ongoing Practices

In order to ensure employment practices comply will

all applicable laws and regulations, background investigations, including reference check, are conducted before any person shall be hired. We also check applicants against the List of Excluded Individuals/Entities. All job applicants are questioned regarding conviction of a criminal offense related to healthcare and criminal activity.

The Clinic prohibits the employment of individuals who:

- Have a criminal history related to Federal Health Care programs or state health care programs;
- Have been disbarred, excluded, or otherwise determined ineligible for participation.

Screening is done for all employees for sanctions by the Office of Inspector General (OIG). The Clinic contracts with a vendor to screen all employees in accordance with the above mentioned schedule. The reports of these screenings are reported to the Compliance Officer weekly.

We do not contract, or do business with any excluded or debarred persons or entities. If we receive actual notice a person is on the Exclusion List, we will remove him/her from responsibility for, or involvement with, our business operations relating to any Federal Healthcare program.

Training and Education

We require all Physicians, Administrators, Directors and employees to participate in our Compliance Education. This mandatory training includes education and instruction on Code of Conduct, the Compliance Program, Fraud, Waste and Abuse, coding requirements, claim development and submission and employees responsibilities regarding compliance with, and reporting violations or potential violations of, policies and applicable laws.

Employees are required to sign and return Employee Acknowledgement and Certification of Code of Conduct and Compliance Training form. Forms and attendance of training are maintained in employees file within HR.

The Compliance Committee is responsible for developing and monitoring ongoing education. Physicians and employee's may receive additional

specialized training or education tailored for their respective responsibilities. Failure to attend any mandatory training may result in discipline. Or, we may use it as a factor in your annual evaluation.

Monitoring and Auditing

In order for the Clinic's Compliance Program to be effective, it is necessary to periodically audit the compliance standards and procedures of the Clinic to ensure that they adequately identify and address compliance problems. To this end, the Compliance Committee shall be responsible for overseeing and monitoring the various compliance activities and operations of the Clinic, assessing the effectiveness of the compliance program, and identifying areas in which the program may need revision or improvement.

Audits may include on-site visits, interviews with personnel involved in administration, operations, billing, marketing, and other related activities, review of documentation and other written materials, or other similar activities.

If problems are identified, the Compliance Committee may determine that a more focused review should be conducted or that audits should be performed on a more frequent basis. The Compliance Committee will establish protocols for appropriate responses when a problem is identified. A system to respond to and report potential problems will be part of the protocol.

The Compliance Committee shall maintain written reports of its monitoring activities as appropriate and shall provide an overview of the auditing process being used and the results of such monitored activities to the Board periodically or as requested.

Additionally, no less than annually, the Compliance Committee shall evaluate the effectiveness of compliance program, including all manuals, policies and procedures, and provide the results of such evaluation to the Board.

Corrective and/or Disciplinary Action

All Physicians, Administrators, Directors, employees contractors, vendors and agents of the Clinic are expected to comply with all policies and procedures and will not tolerate any illegal activity or knowing, intentional, or willing noncompliance with federal and state laws and regulations.

The outcome of an investigation determines the seriousness of the corrective action plan. The investigation may determine that no violation occurred or that a violation occurred unintentionally or intentionally. Each corrective action plan will include the following, as appropriate:

- Analysis of the Clinic's policies and procedures and/or billing practices to determine if any changes are necessary and implementation of any changes deemed necessary.
- Institute preventative measures including additional training and education and training, if necessary, to reduce the likelihood that the errors will occur again in the future.
- Repayment of overpayments discovered in the investigation.
- Compliance with any mandatory disclosure obligations (i.e. Governmental authority, Licensing board)
- The President and Board will be made aware of any disciplinary procedures recommended against person or persons for violations of laws, rules or regulations.
- Scheduled follow-up reviews to ensure that the errors have been corrected.

Record Creation and Retention

Documents generated pursuant to this Manual and the overall compliance program of the Clinic, including investigatory documents, review reports, corrective action plans and educational materials shall be maintained by the Compliance Committee for a minimum of five (5) years; provided however, that if there is any ongoing internal or external investigation, lawsuit or similar action, the records relevant to the action shall be retained until the action is concluded.

- Documents shall be secured and confidential at all times.
- Compliance Committee shall provide maintenance and retention of records in accordance required by all state and federal laws.
- No employee shall enter false or misleading information to Clinic records.

Risk Assessments

The Clinic will conduct risk assessments to determine if adequate controls are in place. We will take action to reduce areas of risks by adopting or modifying our Standards. The Compliance Officer will review the OIG's Fraud Alerts and take reasonable action to prevent the conduct in said alerts, or prevent such conduct from reoccurring.

Reporting Noncompliance

The Clinic is committed to creating a culture that allows you to voice concerns and report violations. Failing to report any violations or potential violation that a person knows or should have known may subject a person to disciplinary action up to and including termination.

Employees are encouraged to speak to their Director, Compliance Officer, or report concerns anonymously to the Compliance Hotline.

Lighthouse Compliance Hotline

Website: www.lighthouse-services.com

Email: reports@lighthouse-services.com
(*must include Company name with Report*)

Phone: 855.900.0067 (English)

800.216.1288 (Spanish)

- Calls to the hotline are treated anonymously, upon request, and confidential to the extent possible.
- The Clinic strictly follows and enforces a non-retaliation policy against any person reporting suspected noncompliance.
- Upon receiving information from the hotline or any method of Compliance violation reporting, the Compliance Officer will communicate complaints to the Compliance Committee.
- Each report will be reviewed, and the Compliance Officer will initiate any investigation, corrections and/or follow-up .
- The Compliance Officer will provide routine reports and updates as deemed necessary to the Compliance Committee and the Board.

Improper Inducements, Kickbacks and Self-Referrals

There are very strict laws and regulations that address referrals by and among health care providers.

Federal Anti-Kickback Law

It is a violation to accept or solicit anything of value from an individual or entity attempting to do business with the Clinic except items or gifts of a promotional nature and of nominal value.

It is a violation to bribe any employee, vendor, supplier, or other individual or entity attempting to do business with the Clinic in return for favors or benefits whether for personal gain or on behalf of the Clinic.

- The Clinic does not pay for referrals.
- The Clinic does not make payments or provide non cash benefits to any physician or health professional for referrals.
- The Clinic follows the OIG interpretation and requirements for nominal value gift giving per 1128A(a)(5) of the Social Security Act.
- The Clinic does not allow the routine waiver of co-payment or deductibles .

Stark Law

Prohibits providers from referring patients to the Clinic for certain health services if the provider or a provider's family member has a financial relationship with the Clinic.

All "financial relationships" between the Clinic and provider, who refer to the Clinic, should be reviewed by legal counsel to ensure that the relationship falls within a stated exception of the Stark Law.

Prevention and Detection of Fraud, Waste, and Abuse

Federal False Claims Act (FCA)

Under the FCA it is a crime for any person or organization to knowingly make a **false** record or file a **false claim** regarding a federal health care program, which includes any plan or program that provides health benefits, whether directly through insurance or otherwise, which is funded by the government.

Violations under the federal FCA can result in significant fines and penalties.

Kansas also has a State False Claims Act that applies in a similar manner for State government payments. For a more detailed description of the Federal and State Fraud, Waste, and Abuse Laws, please see the Clinic's Deficit Reduction Act Policy. The Policy may be found on the Clinic's website at the bottom of the main page.

Conclusion

Healthcare compliance is the continuous process of abiding by legal, ethical, and professional standards applicable to a healthcare organization or medical practice. As an employee of our Healthcare organization, you are an integral part of this process. We encourage you to speak up when something does not seem right.

If you have questions about our Compliance Program please reach out to your Director, Compliance Officer or the Compliance Hotline.

The Board approved the revised Compliance Manual on March 9th, 2020