

**COMMUNITY HEALTHCORE  
CORPORATE COMPLIANCE PLAN**

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## I. Introduction

Community Healthcore (Center) seeks to operate in accordance with the highest level of business and community ethics and in compliance with all applicable laws and regulations. The Center is committed to preventing, detecting and correcting any unintentional or deliberate conduct that is inconsistent with these principles.

The Center Corporate Compliance Plan (Plan) has been developed in accordance with applicable law, with guidance from state and federal authorities when available, including the Federal sentencing Guidelines, and model compliance programs issued by the U.S. Department of Health and Human Service Office of the Inspector General (OIG). While the Plan places a strong emphasis on the prevention of fraud, abuse and waste in federal, state and private health care plans, the scope of the Plan is not limited to this issue and covers other areas of compliance to which the Center is subject.

With this Plan, the Center will seek to promote full compliance with all legal duties applicable to it, foster and assure ethical conduct, and provide guidance to each employee and contractor of the Center for his /her conduct. The procedures and standards of conduct contained in this Plan generally define the scope of conduct which the Plan is intended to cover and are not to be considered as all inclusive.

This Plan is intended to:

1. Prevent accidental and intentional noncompliance with applicable laws.
2. Detect such noncompliance as it occurs.
3. Discipline those involved in noncompliant behavior.
4. Remedy the effects of non-compliance.
5. Prevent future noncompliance.

This Plan is a “living document” and will be updated periodically to keep Center employees and contractors informed of the most current information available pertaining to compliance requirements in the health care industry.

The Center Board of Trustees (Board) will receive compliance reports three times per fiscal year within the Quality Management Report and an annual report recommending any changes necessary to improve the compliance program. The Plan, in its entirety, is published on the Center’s website at [www.communityhealthcore.com](http://www.communityhealthcore.com)

## **II. Scope**

This Plan applies to all Center operational activities and administrative actions and includes those activities defined in federal and state regulations relating to healthcare professionals. The Center places particular focus on all staff following the Center's ethics requirements.

## **III. Statement Of Ethics**

1. Provide the highest quality of services to the broadest range of people meeting criteria for Center programs.
2. Adhere to the most stringent standards of compliance with all regulatory requirements of accountability in record keeping, protection of confidential information, billing, claims processing and other reporting activities.
3. Ensure that all Center-directed activities are consistent with sound treatment planning and do not represent personal gain for the Center or its representatives.
4. Provide all services within the parameters of clearly defined contracts that are fully explained to all parties at the point that service is initiated.
5. Provide all services within the framework of informed consent; offer opinions for resolution of conflicts over recommendations; extend assistance in securing other services when conflicts cannot be resolved; report to appropriate authorities when the best interests of an individual are not being protected by parties with the power of consent.
6. Avoid conflict of interest in any Center-directed relationships and contractual agreements by maintaining a standard that these relationships and agreements are clearly defined, impartially conducted, and unencumbered by personal gain.
7. Conduct all research activities within clearly established guidelines that promote protection from risk and require full informed consent.
8. Provide frameworks for the protection of the rights of staff and the rights of those who use the services of the Center.
9. Require that all staff who are licensed clinical practitioners abide by the ethical guidelines of their respective professions.
10. Expect that all representatives of the Center will assume responsibility for identifying and reporting incidents of deviance from these standards without threat of reprisal.

#### **IV. Administrative Responsibility**

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

With the oversight of the CEO and with the assistance of Center's legal counsel, when appropriate, the Compliance Officer is responsible for the following activities:

1. Assist Quality Risk Management (QRM), Operations staff and the Executive Management Team in the review, revision and formulation of appropriate policies and procedures to guide all activities and functions of the Center that involve compliance issues.
2. Ensure that processes for compliance integrate with and support the QRM monitoring and system self-assessment processes.
3. Assist Operations and QRM with the review and amendment, as necessary, of the Business Code of Conduct for all Center employees and contract providers or affiliate providers or external providers.
4. Assist Human Resources (HR), Staff Development and Contract Management with developing methods to ensure that employees and contract providers, affiliate providers or external providers are aware of the Business Code of Conduct and understand the importance of compliance. The ultimate responsibility for contractors is the Contract Manager.
5. Assist Staff Development and QRM with developing and delivering educational and training programs.
6. Receive and review instances of suspected compliance issues, communicate findings, and review Corrective Action Plans with the program suspected of noncompliance and the Compliance Committee, as stated in this Plan.
7. Prepare a compliance summary three times per year and coordinate the report with the QRM summary presented to the Board, stated in this Plan.
8. Prepare the annual Corporate Compliance Work Plan, as stated in this Plan, with the Compliance Committee.

9. Ensure the goals within the annual Corporate Compliance Work Plan are considered in the Strategic Work Plan, Quality Management Plan (QMP) and Utilization Management Plan (UMP), as appropriate.
10. Coordinate with appropriate staff to disseminate and ensure understanding of policies defining compliance initiatives.
11. Prepare revisions to the Plan with the Compliance Committee, as stated in this Plan.
12. Provide other assistance with initiatives regarding corporate compliance, as directed by the CEO.

## **V. Compliance Committee**

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

The role of the Compliance Committee is to advise the Compliance Officer and assist in the implementation of the compliance program.

The Committee's responsibilities include:

1. Analyzing the organization's regulatory obligations.
2. Assessing existing policies and procedures that address these areas for possible incorporation into the compliance monitoring program.
3. Recommending, developing and monitoring internal systems and controls to carry out Center policies and procedures as part of daily operations.
4. Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms.
5. Reviewing the development of preventive and Corrective Action Plans.
6. Developing a system to solicit, evaluate and respond to complaints and problems.
7. Monitoring findings of internal and external reviewing bodies for the purpose of identifying risk areas or deficiencies requiring preventive and corrective action.

## **VI. Education and Training**

The Compliance Officer and Compliance Committee are responsible for ensuring Center policies regarding compliance are disseminated and understood by employees and contract providers or affiliate providers or external providers. To accomplish this objective, the Compliance Officer will assist with the development of a systematic and ongoing training program that enhances and maintains awareness of Center policies. Training materials related to clinical documentation, administrative or other regulatory compliance issues will be submitted to the Compliance Officer for review with the Compliance Committee.

All Center employees and contract providers, affiliate providers or external providers participate in compliance training with completion documented in official records. Training materials will identify the Center contact person(s) available to respond to questions specific to compliance training or regulatory issues. Employees and contract providers, affiliate providers or external providers are made aware of their compliance obligations as a condition of employment or as a condition of the contract, respectively. Adherence to policies will be addressed within the Center's orientation and ongoing training programs, employee job descriptions and provider contracts. Employees and contract providers, affiliate providers or external providers will be expected to demonstrate a sufficient level of understanding as a result of compliance training. If a particular compliance issue or risk issue develops, the Compliance Officer and Compliance Committee may recommend that identified persons attend training addressing the issue.

## **VII. Monitoring**

In coordination with the monitoring practices outlined in the QMP, ongoing review will occur of all Center operations, including contracted services. The results of the routine, ongoing reviews will be communicated by the Compliance Officer to the operational area reviewed, reviewed by the Compliance Committee, reported to the CEO, and summarized for the Board.

## **VIII. Reporting Compliance Issues**

Training materials will inform employees and contract providers, affiliate providers or external providers that they report to the Compliance Officer any activity they believe to be inconsistent with Center policies or legal requirements. The training materials will provide a contact method(s) to address compliance issues to the Compliance Officer. The Compliance Officer will use various communication methods, including available electronic and telephonic communication methods, to ensure timely communication of the elements of this compliance program. The various communication methods will be available 24 hours a day.

Publicizing various methods of communication ensures convenience for employees and contract providers or affiliate providers or external providers and enable immediate response to submitted issues. All reports will be investigated unless the information provided is insufficient to permit a meaningful investigation.

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

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

1. The compliance issue reported.
2. Indication if sufficient information was received to conduct an investigation.
3. Information regarding the affected units.
4. Indication of the development of a preventive or Corrective Action Plan.
5. The resolution of the compliance issue.

To the extent practical and appropriate, the log will be coded to support an effort to maintain confidentiality. The log will be used to manage the development and resolution of Corrective Action Plans to improve the quality of healthcare provided by the Center. The log will be treated as a confidential document whereby access will be limited to those persons at the Center with specific responsibility for supervision or compliance matters.

## **IX. Investigating Compliance Issues**

When conduct is reported that is determined to be inconsistent with Center policy, the Compliance Officer will determine whether there is reasonable cause to believe that a compliance issue may exist. If this preliminary review indicates that a compliance issue may exist, the Compliance Officer will report the issue to the CEO and inquiry into the matter will be undertaken. This inquiry may include appropriate assistance from Center's legal counsel. Center employees and contract providers or affiliate providers or external providers will be expected to cooperate fully with any inquiries taken into the compliance issue.

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

The investigative process will adhere to any applicable HR policies regarding personnel action to be taken. To the extent practical and appropriate, efforts will be made to maintain the confidentiality of such inquiries and the information gathered. Consequences for conduct inconsistent with Center policy will be addressed according to the provisions identified in the applicable HR policies or executed provider contract.

## **X. Corrective Action Plans**

When a compliance issue has been identified through routine monitoring, report by employee or contract providers or affiliate providers or external providers or investigation, the Compliance Officer will ensure the issue is reported to the supervisor with responsibility for the service area, employee or contract providers or affiliate providers or external providers. The supervisor will be responsible for development of a Corrective Action Plan but not the investigation. Assistance may be solicited from the Compliance Officer and other staff, as appropriate, for documentation of the Corrective Action Plan. The Compliance Officer may seek guidance from the Compliance Committee, CEO or Center's legal counsel. Information about preventive and Corrective Action Plans will be reported to and monitored by the Compliance Committee.

Corrective Action Plans will be designed to ensure not only correction of the specific issue but also, when appropriate, preventive measures to ensure the issue does not recur within the system of care. In accordance with Center procedure, corrective action may require provision of training; reassignment of duties or functions; personnel action; terminating contractual relationships; repayment; or external disclosure to the appropriate oversight body of the compliance issue and action taken.

If the investigation finds that any non-compliance act has been willful, that finding will be reported to the CEO and Compliance Committee. In accordance with Center policies, employees or contract providers, affiliate providers or external providers who have engaged in willful misconduct will be subject to disciplinary action, including consideration of termination of employment or contract for services, respectively.

Corrective Action Plans will be maintained in a secured file for at least five years. Corrective Action Plans will be used as historical reference tools whereby identified issues may be included in the Center's provider profiling and supervisory review processes.

## **XI. Compliance Risk Areas**

Set forth below are the some of the most significant compliance risk areas identified by the Center. This list is not intended to be exhaustive. It is designed to make Center employees and contractors aware of key compliance issues that affect day to day operations. Center staff are encouraged to contact their supervisor or the Compliance Officer if they have any questions regarding these risk areas or other potential compliance issues.

The submission of accurate and appropriate bills to Medicare, Medicaid and other third-party payers is one of the Center's most important legal obligations. While this Plan does not reference every potential billing issue that may arise, critical billing compliance issues include the following:

1. Billing for items or services not actually rendered.
2. Billing for medically unnecessary services.
3. Duplicate billing, i.e., billing for the same services two or more times.
4. Upcoding claims to reflect a higher level of service intensity than actually provided.
5. Unbundling two or more services that must be billed together under applicable reimbursement rules.
6. Billing for more than a single visit on the same day, to the extent prohibited by applicable reimbursement rules.
7. Failure to refund credit balances that are due to clients.
8. Failure to maintain sufficient documentation to demonstrate that services were performed and to support third party reimbursement.
9. Billing for services provided by unqualified personnel or by personnel who lack the level of licensure required by applicable law or the relevant payer.
10. Failure to provide a sufficient level of professional supervision for services as required by applicable reimbursement rules.
11. Untimely, absent or forged physician certifications on plans of care.
12. Inadequate management and oversight of subcontracted services, which results in improper billing.

13. Duplication of services provided by physicians and other mental health providers.

14. Failure to bill other payers prior to billing Medicaid.

15. Failure to return overpayments of which the Center becomes aware.

The failure to adhere to these and other billing requirements may subject the Center to substantial liability. Among other things, knowingly submitting false or fraudulent claims for payment to a government agency may constitute a violation of the False Claims Act, 31 U.S.C. § 3729(a). A person acts “knowingly” under this law not only if they have actual knowledge of a false or fraudulent claim, but also if they act with deliberate ignorance or reckless disregard. Penalties under the False Claims Act include triple damages (i.e., damages of three times the amount of the false claim). *As of January 15, 2025, False Claims Act Penalties Range from \$14,308 to \$28,619 per claim.*

Individuals who become aware of fraudulent claims may file “qui tam” suits on behalf of the federal government and may be entitled to keep a portion of any recovery. Improper billing may also trigger civil and criminal liability under other federal laws, including the False Claims Act (18 U.S.C. §§ 286 and 287), False Statements Relating to Health Care Matters (18 U.S.C. § 1035), Health Care Fraud (18 U.S.C. § 1347) and Civil Monetary Penalties Law (42 U.S.C. § 1320a7a).

## **XII. Annual Report and Corporate Compliance Work Plan**

Included within the results of the Center self-assessment process, a report of the compliance efforts during the preceding year will be presented to the Board. A Corporate Compliance Work Plan addressing plans for maintaining and improving Center compliance efforts will be developed by the Compliance Officer with the Compliance Committee. Recommendations within the Corporate Compliance Work Plan will be considered in the:

1. Development of goals for the Strategic Work Plan.
2. Development of ongoing monitoring mechanisms in the QMP.
3. Development of expected outcomes in the UMP.