

TITLE: CORPORATE COMPLIANCE

PURPOSE: The purpose of this policy is to establish the governing principles for corporate compliance within The Center for Health Care Services. This is a revised policy which supercedes policy 6.12 dated April 9, 2007.

[Key Words: Compliance, Code of Conduct]

POLICY STATEMENT:

It is the policy and practice of The Center for Health Care Services (Center) to fully comply with federal, state, and local regulations and applicable laws and to adhere to sound ethical and moral standards in its business activities. The Center demonstrates its commitment through the establishment of a comprehensive compliance program.

POLICY ELABORATION:

I. CORPORATE COMPLIANCE OFFICER AND COMMITTEE

- A. The President/Chief Executive Officer (CEO) shall appoint a Corporate Compliance Officer to provide direction and monitor the Center's compliance program as implemented by the compliance plan. .
- B. The President/CEO shall appoint a Corporate Compliance Committee consisting of members to ensure adequate representation of agency operations who will:
 - 1. Identify and assess compliance issues.

2. Plan and provide support and guidelines for development of service specific procedures.
 3. Review and provide support for compliance education and training programs.
 4. Disseminate compliance information, receive, evaluate and respond to reports of potential violations; recommend and ensure corrective measures are taken.
 5. Continual monitoring of this policy, the corporate compliance plan, and training curriculum to improve process effectiveness and efficiency.
- C. The Corporate Compliance Officer reports to the Center's President/CEO and to the Board of Trustees. Reports and information concerning violations will be reported to the Corporate Compliance Committee, the President/CEO, and other members of senior management as determined by the President/CEO. The Corporate Compliance Officer will periodically update the Board of Trustees as stipulated in the corporate compliance plan.

II. CORPORATE COMPLIANCE POLICIES AND PROCEDURES

- A. All staff (staff includes all employees, contractors, agents, and affiliates) shall adhere to the corporate compliance policies and procedures set forth by the Center.
- B. The Center's staff are responsible for complying with all policies, and relevant laws and regulations, which pertain

to their performance of duties. Staff are expected to participate in periodic training and to demonstrate familiarity with Center policies, laws and regulations relevant to their duties.

III. CODE OF CONDUCT

- A. Obey the Law.
- B. All staff must adhere to all laws and regulatory requirements that apply to the Center.
- C. All staff members are expected to know and comply with applicable laws and regulations for their respective areas of responsibility. Staff can learn about the laws and regulations by any of the following methods:
 - 1. Asking their supervisors
 - 2. Reading Center policies
 - 3. Participating in training programs
 - 4. Contacting the Corporate Compliance Officer
- D. Keep accurate records.
- E. All staff members are expected to comply with Center and government requirements regarding record keeping. All records must be prepared accurately and retained in accordance with requirements.
- F. Report information truthfully.

1. All Center business related statements, verbal or written, must be accurate, timely, and reported in good faith.
2. Reporting processes must be included in all of the Center's planning documents.

G. Organizational Ethics Statement

To expand on the Center's Mission, Vision, and Values Statements, the following organizational ethics statement has been established to emphasize responsibility to our consumers, staff, contractors, and to the community we serve.

1. All consumers, employees, contractors, and visitors deserve to be treated with dignity, respect, and courtesy.
2. We will fairly and accurately represent our capabilities and ourselves.
3. We will provide services to meet the identified needs of our consumers and will constantly seek to avoid the provision of those services which are unnecessary.
4. We will follow applicable industry practices throughout the organization.

The organization will constantly strive to adhere to and expand on these principles. To that end we require an Ethics Statement be signed at time of employment and upon changes to the Code of Conduct.

H. Fair Billing Practices

We will invoice consumers or third parties only for authorized services actually provided to consumers and will provide assistance to consumers seeking to understand the cost of their care. We will strive to resolve questions and objections to the satisfaction of the consumer and/or third party organizations.

I. Recognition of Potential Conflicts of Interest

1. Staff shall disclose the appearance of or any potential conflicts of interest, as stipulated in the Texas Health and Human Services Code, Chapter 534, to their immediate supervisor or a director.
2. For Center-wide issues, the Executive Leadership Team will review potential conflicts and take appropriate action.

J. Confidentiality

Consumer, personnel, and management information will remain confidential, unless otherwise obliged by professional code of conduct, state or federal law, and be utilized only by individuals authorized to review and act upon such information.

K. Report Possible Violations

1. Staff shall report any activity that they reasonably believe is in violation of any law, regulation, policy, or ethical standard. Failure to do so in a timely manner could result in disciplinary action.

2. Violations or suspected violations of law, regulations, policy, or ethical standard shall be reported to any of the following:
 - a. Supervisor
 - b. Corporate Compliance Officer by:
 - 1) E-mail at: COMPLIANCE@chcsbc.org
 - 2) Mail to: The Center for Health Care Services
ATTN: COMPLIANCE OFFICER
3031 IH 10 West
San Antonio, Texas 78201
 - 3) Phone (210) 731-1300 ext. 390
 - 4) In person at 3031 IH 10 West
San Antonio, Texas 78201
 - c. Department of Health and Human Services:
 - 1) Mail to: Office of Inspector General
Department of Health and Human Services
ATTN: HOTLINE
330 Independence Ave., SW
Washington DC, 20201
 - 2) Phone 1-800-HHS-TIPS (800-447-8477)
 - 3) FAX 1-800-223-8164

- 4) E-Mail: HHSTips@oig.hhs.gov
3. Locally reported violations will remain confidential, unless otherwise obliged by professional code of conduct, state or federal law. Staff may, however, be required to substantiate any allegations of wrongdoing.
4. No staff member will be punished or subjected to reprisal because he/she, in good faith, reports a violation of this Center policy. Center policy regarding retaliation will be adhered to in all such instances.

L. Disciplinary Measures

In accordance with the Human Resources policy, as outlined in the Employee Handbook, employees are subject to the Positive Disciplinary Steps for compliance violations, or for their failure to report a known or suspected violation. Depending on the severity of the violations and current employee status, disciplinary action may range from verbal warning up to and including immediate termination.

IV. COMPLIANCE WITH APPLICABLE LAWS AND AREAS OF SPECIAL CONCERN

- A. All staff members are accountable for compliance with laws and regulations, which pertain to their duties.
- B. Examples of areas or programs of special emphasis include, but are not limited to, admission procedures,

consumer rights, referrals, billing, use of business information, advertising and marketing, employment, government investigations, coding, documentation, document retention and others.

- C. Examples of violations include, but are not limited to, intentional deception or misrepresentation, practices which result in unnecessary costs or improper payments, improper claims, billing irregularities, waste, fraud, consumer abuse, misuse of controlled substances, bribes, kickbacks, self referrals of consumers to one's own private practice, falsification of records, money laundering, obstruction of investigations, embezzlement, theft, unlawful employment practices and others.

V. EDUCATION AND COMMUNICATION

- A. The corporate compliance plan and Program are routinely communicated to all staff through the initial employee orientation, staff meetings, annual refresher training and other methods of communication.
- B. Supervisors are expected to include compliance in all formal performance evaluations.
- C. Compliance education and acknowledgement of receipt of information will be provided on a periodic basis.
- D. Education and communication emphasizes that the compliance plan includes an internal mechanism for reporting known and suspected violations, and that compliance violations will result in disciplinary action.

- E. Staff who report violations are assured they may do so without fear of retribution.
- F. Exit interviews shall include compliance related questions.

VI. AUDITING AND MONITORING

- A. The Corporate Compliance Committee reviews and evaluates the potential problems reported. The Corporate Compliance Officer maintains a record of the violations and/or potential violations and provides oversight and testing of corrective measures initiated as needed.
- B. The Corporate Compliance Committee will receive reports from other and routine procedural/compliance audits, such as from data verification reviews, TIMA audits, etc. Audits will be based on statistically valid sample sizes and the sample population will be randomly selected. In general, audit priorities will be determined by the amount of risk an activity or service poses to the Center. Risk may be defined in terms of dollars, numbers, or quality of services. The Compliance Committee will review all internal and external audit findings, as appropriate.

VII. CORRECTIVE AND PREVENTIVE MEASURES

- A. Employees terminated for compliance violations will not be considered for reemployment.
- B. Pre-employment background checks will be conducted on applicants for employment.

- C. The Corporate Compliance Officer and Compliance Committee are responsible for implementing the corporate compliance plan, and for ensuring corrective and preventive measures are in place.

REFERENCES/BIBLIOGRAPHY:

Texas Health & Safety Code 534.001 *et. seq.*
Texas Local Government Code 171.001 *et. seq.*
Federal Sentencing Guidelines
Department of Health and Human Services Office of the Inspector General (OIG) Compliance Guidelines
Performance Contract with the Texas Department of State Health Services
Texas Department of State Health Services
Rehabilitative Services Provider Manual
Texas Department of Assistive and Rehabilitative Services
Texas Department of Aging and Disability Services
Deficit Reduction Act (DRA) of 2005
Federal False Claims Act

OFFICE OF PRIMARY RESPONSIBILITY: President/CEO