

HEALTHWEST

Policy and Procedure

No. 01-006

Prepared by:

Matt Plaska
Director of Quality Improvement

Effective: January 27, 2006

Revised: March 8, 2018

Approved by:

Subject: Corporate Compliance



Julia Rupp
Executive Director

I. POLICY

It is the policy of HealthWest to conduct itself as a good organizational citizen with the utmost of professional integrity, ethics, and honesty.

II. PURPOSE

To establish and maintain a Corporate Compliance Program in strict conformance with laws and regulations governing administrative, business, clinical, financial, and marketing practices to prevent violations of any law, whether criminal or non-criminal for which HealthWest is, or would be, liable.

III. APPLICATION

All employees, volunteers, contractual employees or vendors of HealthWest.

IV. DEFINITIONS

- A. Covered Individuals: Except as otherwise provided within the Corporate Compliance Plan, the term "Covered Individuals" refers to all of HealthWest employees and all of its contractors and individuals with responsibilities pertaining to the ordering, provision, marketing, documentation, coding or billing of services payable by a Federal or State program for which HealthWest seeks reimbursement.
- B. Off-Site Contractor Providers: Individuals/entities that contract with HealthWest (or who are employed by or sub-contract with a person or entity that contracts with HealthWest) to provide services at locations that are not owned or leased by HealthWest.
- C. Pre-Existing Contractors: Covered Individuals who are independent contractors with whom HealthWest has an existing contract on the effective date of any revisions to the Corporate Compliance Plan. Once HealthWest renegotiates, modifies, or renews a contract with an existing contractor, that contractor ceases to be a Pre-Existing Contractor and HealthWest will have full responsibility for the certification and training compliance obligations as pertains to that contractor.

- D. Corporate Compliance Plan: Procedural framework established to provide assurances that HealthWest is in compliance with all billing, collection, and medical records and other documentation requirements of all Federal or State programs with which the Agency does business. The Plan provides avenues for errors/problems in the system to be appropriately and timely identified and corrected.
- E. Corporate Compliance Officer: Executive team member selected by the Board of Directors to manage HealthWest's Corporate Compliance Plan. The Corporate Compliance Officer has necessary access to legal counsel, Board of Directors, and Director in order to enforce the Plan.
- F. Risk Management Committee: Designated Staff of the Agency with the responsibility to review risk management and other compliance issues and activities.
- G. Abuse: Payment for items or services when there is no legal entitlement to that Payment, and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.
- H. Fraud: Knowingly and willfully executing or attempting to execute a scheme or artifice to defraud any Federal or State program or to obtain, by means of false or fraudulent pretenses, representations or promises any of the money or property owned by, or under custody or control of, any Federal or State program.

V. PROCEDURE

- A. The HealthWest Executive Director will designate a Corporate Compliance Officer, who is responsible for oversight of the Corporate Compliance Program.
- B. The Corporate Compliance Officer in conjunction with the Risk Management Committee will develop, implement, and revise the Corporate Compliance Plan as needed.
- C. The Code of Ethics will be reviewed on an annual basis and revised as necessary to meet any changes in regulations that would result in a change in the Corporate Compliance Plan.
- D. The Corporate Compliance Officer/Designee will train the employee using the Corporate Compliance Plan and other pertinent information when they are first employed by HealthWest with updates on an as needed basis. The Executive Director/Designee will assure the Corporate Compliance Officer is trained to perform his/her duties.
- E. The Corporate Compliance Officer will continuously review all health care fraud alerts and other pertinent information for integration into the ongoing training program for HealthWest employees.
- F. The Corporate Compliance Officer will distribute the Code of Ethics to "Covered Individuals" and "Off-Site Contractor Providers" and ensure by certification that such individuals and providers have received, read, understood, and will abide by the Code of Ethics.

- G. The Corporate Compliance Officer will ensure that HealthWest employees have the opportunity to report any wrongdoing in several ways: telephone, internal mail, voice mail, and electronic mail.
- H. Once a complaint is received, the Corporate Compliance Officer, in conjunction with legal counsel (if necessary) will investigate the complaint. The Corporate Compliance Officer will either substantiate or not substantiate the complaint as a result of the investigation. If the complaint is substantiated, recommendations will be made and a plan of correction will be required.
- I. The Corporate Compliance Officer will monitor the Plan of Correction. If the Plan of Correction is not implemented; the Executive Director will be notified for subsequent action to prevent future occurrences of the offense.
- J. Depending upon the nature of the complaint, the Board of Directors of HealthWest will be informed and if appropriate, the Executive Director shall make a timely and thorough report to the appropriate governmental authorities on behalf of HealthWest.
- K. No retribution will be taken against any employee for merely reporting what the employee reasonably believed to be a violation of the Program.
- L. Adherence to and promotion of the Corporate Compliance Program will be a specific criterion used in performance evaluations of all levels of HealthWest employees.
- M. The Corporate Compliance Officer will continuously review the effectiveness of the Corporate Compliance Plan.
- N. The Corporate Compliance Officer will present a report to the Board of Directors on an annual basis, and more frequently, if necessary relative to the adherence to the Corporate Compliance Plan.

VI. REFERENCES

- Definitions of Fraud and Abuse – 42 CFR § 455.2
- False Claims Act 31 U.S.C. § 3729
- DOJ Guidance on the Use of the False Claims Act in Civil Health Care Matters
- Federal Anti-Kickback Statute 42 U.S.C. § 1320a-7b (b)
- False or fraudulent representation in connection with health care benefits program 18 U.S.C. § 1035
- Office of Inspector General Compliance Guidelines

MP/jec