Compliance and Business Ethics
Program Overview

1. Introduction
The Care Team is committed in establishing and maintain an effective Compliance Program in accordance with the Compliance Program guidelines published by the Office of Inspector General, U.S. Department of Health and Human Services. The Compliance Program is about prevention, detection, collaboration and enforcement of the law, requirements from regulatory bodies and TCT’s compliance policies and procedures.

The Compliance Program:

a. Ensures that TCT team members adhere to all pertinent Federal and State health care program laws, regulations, and guidelines.

b. Serves as a mechanism for preventing and reporting any breach of those laws and regulations that fall within specified criteria.

c. Is based on guidelines of the Office of Inspector General (OIG) and requirements from the Health Insurance Portability and Accountability Act (HIPAA) of 1996. An effective Compliance Program includes the following elements:

   i. Implementing written policies, procedures, and standards of conduct
   ii. Designating a Compliance Oversight and a Compliance Committee
   iii. Conducting effective training and education
   iv. Developing effective lines of communication
   v. Enforcing standards through well-publicized disciplinary guidelines
   vi. Conducting internal risk assessment, monitoring and auditing activities
   vii. Responding promptly to detected offenses and developing corrective actions

2. Elements
   a. Implementing Written Policies and Procedures.

Written standards, code of Conduct, policies and procedures are a central element of an effective Compliance Program. The code of conduct demonstrates TCT’s ethical attitude and its emphasis on compliance with all applicable laws and regulations. The policies and procedures are living documents of the organization and provides guidelines on the day to day operations of the organization. Written policies and procedures also ensure good quality of care as well as patient confidentiality and privacy.
b. **Designating a Compliance Oversight and Compliance Board.**

TCT’s Compliance Director will have the authority and responsibility to administer and manage all tasks related to establishing, monitoring, and updating the Corporate Compliance Program. To ensure success of the program, the Compliance Director will:

i. Have direct access to the CEO, and the Compliance Committee and the Board. This will help ensure that a system of checks and balances is established to effectively achieve the goals of the Compliance Program.

ii. Work closely with the Home Health Compliance Manager and the Hospice Compliance Manager using a team approach to promote and monitor the Compliance Program.

iii. The Home Health Compliance Manager and Hospice Compliance Manager are available to address any compliance matters within the scope of the Compliance Director’s responsibilities and serve as a compliance resource to Team Members who may have compliance-related questions or concerns.

iv. Oversee the monitoring and administration of the Compliance Program in the organization and direct all compliance activities.

v. Develop, revise, maintain, implement and distribute compliance-related policies, procedures, systems, and other materials for The Care Team and all Team Members.

vi. Develop, provide, coordinate and track compliance training and education programs (including new-hire orientation and periodic training thereafter) for all Team Members.

vii. Ensure prompt and thorough resolution of compliance issues, including implementation of policies, procedures, and systems and necessary training of all Team Members, to reduce the potential for recurrence.

viii. Ensure that appropriate background checks are done to eliminate sanctioned individuals and contractors.

ix. Independently and confidentially investigate and act on matters related to compliance.

TCT’s Compliance Committee will be responsible for:

i. Guiding and supervising the implementation of the Compliance Program plan.

ii. Assisting with the implementation of compliance policies and procedures, in accordance with the Compliance Charter.

iii. Meets regularly to monitor Compliance Program activities and provide guidance and recommendations to the Compliance Director, other key Team Members and the Organization’s Board of Managers with respect to compliance matters.

c. **Conducting Effective Training and Education**

Education and training are the first and possibly the most important lines of defense of a Compliance Program. Significant elements of the Compliance Program include proper...
education and training of all TCT team members; including directors, managers, employees, providers, volunteers, interns, other health care professionals and support staff; as well as continual retraining of team members at all levels. Attendance and participation in training programs designated as mandatory are a condition of continued employment or association with The Care Team. Failure to comply with training requirements will result in disciplinary action; up to and including, termination of employment or affiliation.

Education activities include but not limited to face to face training, webinars, attending seminars in programs related to:

i. Federal and State statutes, regulations, and guidelines
ii. Payor requirements and policies
iii. Duty to report misconduct
iv. Coding and billing requirements and cost reporting
v. Claim development and submission processes

d. Developing Effective Lines of Communication

There is open communication between the Compliance Director and all team members at all the locations. With open communication, the potential for fraud and abuse is substantially reduced. Examples of open lines of communication include:

i. Face to face
ii. Compliance Hotline
iii. Compliance E-mail
iv. Memos
v. Newsletters

The hotline number for accepting anonymous reporting and email address is posted in conspicuous areas at all locations.

Confidentiality and retaliation policies and procedures are in place and are made available to all team members.

All reported incidents are documented and investigated promptly to determine validity.

e. Developing Effective Communication System

TCT’s Compliance Program’s system for effective communication includes:

i. The requirements that staff report misconduct that a reasonable person would; in good faith

ii. Creation of a user-friendly process: face to face encounter, compliance software, compliance hotline and compliance email; where team members can anonymously and effectively report fraudulent, unethical or erroneous conduct

iii. Provisions in policies and procedures stating that a failure to report fraudulent, unethical or erroneous conduct is a violation of the Compliance Program
iv. Development of a policy and procedure to investigate reported fraudulent, unethical or erroneous conduct

v. A process that maintains the confidentiality of the persons involved in the alleged fraudulent unethical or erroneous conduct and the person making the allegation

vi. Provisions in the policies and procedures that there will be no retribution for reporting conduct that a reasonable person acting in good faith would have believed to be fraudulent, unethical or erroneous

f. **Enforcing Standards through Well-Publicized Disciplinary Guidelines**

i. The Code of Conduct and the policies and procedures applies to team members at all levels and all locations within TCT and will be enforced consistently regardless of the team member’s position

ii. Failure by any team member to comply with applicable regulations, TCT’s Code of Conduct or policies and procedures will subject the team member including supervisors who ignored or failed to detect misconduct or who has knowledge of the misconduct and failed to correct it, to disciplinary action that could range from oral warnings to suspension, privilege revocation, or termination from employment, based on the seriousness and type of violation

iii. TCT’s sanction policy and procedure sets forth the degree of disciplinary action that may be imposed on team members for failing to comply with the organization’s Code of Conduct and or policies and procedures

iv. Every team member will receive a copy of TCT’s Compliance Sanction policy and the HR disciplinary Action policy and will be required to attest that they have received, reviewed and understood the contents of the policies

v. Each incident/investigation will be documented in the compliance software, including the date of the incident, name of the reporting party if applicable, name of the person responsible for taking action, and the follow-up/corrective action

g. **Conducting Internal Risk Assessment, Monitoring and Auditing Activities**

Risk assessment, auditing and monitoring activities are critical to a successful Compliance Program and is an ongoing activity. These activities will also remain a key feature in any annual review of the effectiveness of the Compliance Program.

1. The Compliance Director will:
   i. Recommend and facilitate auditing and monitoring of identified risk areas related to compliance with laws and regulations, and organizational policies, procedures, and code of conduct
   ii. Provide guidance and assistance to those conducting and/or supervising compliance reviews
   iii. Verify completion of compliance reviews and validate corrective measures that address any weaknesses identified by the process
   iv. Report the general status and outcome of compliance risk assessment, auditing and monitoring to the Compliance Committee and the Board
2. As part of the auditing process, the Compliance Director, in collaboration with Home Health Compliance Manager and Hospice Compliance Manager; will utilize techniques such as:
   i. On-site visits
   ii. Interviews with personnel in management, operations, coding, billing, patient care, and other relevant activities
   iii. Questionnaires developed to solicit information from the entire department
   iv. Reviews of sample patient records for accuracy and necessity
   v. Trend analysis that seek to identify deviations, positive or negative in specific risk areas over a given period

3. Monitoring activities include:
   i. Sampling protocols to identify variations from an established baseline
   ii. Significant variations from the baseline should trigger an inquiry to determine the cause
   iii. If the variation is the result of program deficiencies, prompt steps will be taken to correct problems due to program deficiencies, flawed policies and procedures, or a misunderstanding of or known violation of rules, regulations, or procedures

4. Billing cycle audits include:
   i. Payment collections
   ii. Claims denials
   iii. Payer billing

5. Department specific audits include:
   i. Admission/intake review
   ii. Clinical chart/documentation review
   iii. Contracts and accountability
   iv. Marketing

6. Financial audits, including
   i. Central billing office and payroll
   ii. Financial detection and prevention of fraud
   iii. Credit balances
   iv. Bad debt write-offs

7. Compliance, HIPAA Privacy and Information Security audits, such as
   i. Safeguard, use and disclosure of protected health information (PHI)
   ii. Employee access to PHI
   iii. Network security review
   iv. Business Associates and agreements
   v. Excluded individuals and entities
   vi. Compliance Program effectiveness

h. **Responding to Detected Offenses, Developing Corrective Actions and Prevention.**
   i. According to the OIG, one of the essential elements for an effective Compliance Program is the investigation and remediation of identified systemic problems
   ii. If there should ever be a reason to believe that misconduct or wrongdoing has occurred, the organization must respond appropriately
   iii. OIG notes that violations of the Compliance Program and other types of misconduct threaten an organization's status as a reliable, honest and trustworthy provider capable of participating in federal health care programs
iv. Detected but uncorrected misconduct can seriously endanger the mission, reputation and legal status of the organization

v. OIG calls for prompt reporting of misconduct to the appropriate authority with a reasonable period but not more than 60 days after determination that there is credible evidence of a violation and not more than 30 days to avoid stricter fines

**Conclusion**

The success of a Compliance Program depends on all Team Members in the joint effort to uphold TCT’s commitment to honesty, integrity and compliance. The Care Team’s Compliance Program has an open-door policy. Input from Team Members is valuable, and Team Members are strongly encouraged to raise questions and suggest new ideas that will strengthen the Compliance Program without fear of retaliation. The Compliance Director, Home Health Compliance Manager, and Hospice Compliance Manager are accessible to all Team Members and ready to provide guidance.

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**Team Member Attestation**

I, ______________________________, hereby certify that I have received and read The Care Team’s Compliance and Business Ethics Program Overview and that I have access to compliance policies and related documents of The Care Team. I understand that these documents reflect The Care Team’s commitment to honesty, integrity and compliance with the law, TCT’s policies and procedures and other regulatory agencies and that I am expected to follow them.

I have been offered an opportunity to ask questions and made aware of other resources available to provide guidance if I have questions in the future. I agree to abide by the principles and standards set forth in these documents and to conduct myself in full accordance with them throughout my employment or association with The Care Team.

**Acknowledged and Agreed:**

Team Member’s Signature: ______________________________ Date:
________________________

Team Member’s Printed Name:
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