

Compliance and Ethics Training and Education/ Basics of the Compliance and Ethics Program

I. Per federal and state requirements, this facility has a mandatory compliance and ethics program which is applicable to and any and all owners, directors, officers, clinical staff, employees, independent contractors, consultants, and others ("Associates"). The compliance and ethics program is designed to:

1. Ensure Associates' compliance with all federal and state laws, rules and regulations;
2. Help Associates understand and meet the legal and ethical standards expected by the facility;
3. Emphasize the facility's commitment to accurate and lawful documentation and submission of all claims for services to Medicare, Medicaid, and other third-party payors;
4. Promote the prevention, detection and resolution of any acts that do not conform to applicable federal and/or state laws, rules, and regulations;
5. Minimize, through early detection and reporting, any potential loss to the government from erroneous claims; and to
6. Provide for seamless interaction and communication between the governing board and staff, which helps in correcting any compliance and/or ethics issues and in keeping the facility in compliance with all applicable federal and states statutes and regulations.

II. The Compliance and Ethics Program consists of the following eight elements.

1. Compliance and Ethics Officer

A. The Compliance and Ethics Officer is an employee of the facility who handles the responsibility of managing the day-to-day operation of the compliance and ethics program. This facility's Compliance and Ethics Officer is _____. The Compliance and Ethics Officer interacts with, and communicates compliance-related matters to, the governing board through periodic written and/or verbal communications and reports.

2. Policies and Procedures

A. The facility has policies and procedures which are accessible to all Associates that are designed to ensure the facility's commitment to compliance and ethics by, among other things, describing compliance and ethics expectations for Associates, and establishing protocols to be followed prior to an occurrence of non-compliance. Examples of policies and procedures are those that address:

- a. the implementation of the compliance and ethics program;
- b. training and education for all Associates on the compliance and ethics program and potential compliance and ethics issues as part of the orientation process and at least annually thereafter;
- c. the facility's commitment of quality of care;
- d. the prohibition against retaliation and intimidation for reporting compliance and/or ethics concerns;
- e. the prohibition on unlawful harassment and discrimination;
- f. the requirement for all Associates to report fraud, waste and abuse;
- g. how to deal with compliance and/or ethics issues as they come up;
- h. how to properly investigate and resolve compliance and/or ethics issues;
- i. the information contained in this training document.

3. Education/Training of Associates

A. The facility, as required, provides new orientation and annual compliance and ethics training to all Associates in the form of this training document. All Associates should be aware of the following:

- a. The facility has a Corporate Compliance and Ethics Plan, Code of Conduct, and other policies and procedures that implement the

compliance and ethics program through an adoption and resolution, describe the facility's compliance and ethics expectations for Associates, and which provide detailed guidance on dealing with compliance and/or ethics issues. Specifically:

i. Associates have a duty to report any questionable conduct, questionable practices, and actual or suspected violations of the compliance and ethics program to their supervisor, the compliance and ethics officer, or the compliance and ethics hotline. When a reporter requests confidentiality, the report will be provided solely to the compliance and ethics officer or his/her designee(s).

ii. Potential compliance and/or ethics problems are investigated and resolved. The Compliance and Ethics Officer will initiate investigations to ascertain if an allegation of non-compliance received through a compliance and ethics reporting channel represents a possible violation of applicable laws, rules, regulations or the compliance and ethics program. The extent of the investigation will vary depending upon the nature of the concern. The facility will take necessary remedial action to the extent it is warranted. The compliance and ethics officer will develop a remediation plan on a case-by-case basis when a compliance and/or ethics violation is detected. The plan will be designed to prevent a recurrence of the violation and is a key factor in evaluating the success of the overall compliance and ethics program. Associates are expected to fully cooperate with and assist the facility in the resolution of reported compliance and/or ethics issues.

iii. The facility expects all Associates at all times (1) to act in a way that meets the requirements of the mandatory compliance and ethics program laws and regulations, and (2) to conduct business in a manner that supports the facility's integrity in operations.

4. Reporting/Communication of

suspected non-compliance

A. All Associates must report any identified potential compliance and/or ethics issues as they arise. Reports can be made to an Associate's direct department head, any department head, the compliance and ethics officer directly, or via the CCG hotline (800-610-2544). The hotline number is posted throughout the facility and calls can be anonymous and confidential. Any Associate receiving any such report is required to report such issues to the appropriate compliance and ethics personnel, such as the compliance and ethics officer or his/her designee(s). An Associate who fails to promptly report any such activity will be subject to disciplinary action, which may include termination of employment or contract.

B. If a reporter requests confidentiality, the report will be provided solely to the Compliance and Ethics Officer or his/her designee(s), and confidentiality shall be maintained unless the matter is turned over to law enforcement or disclosure is required during a legal proceeding.

C. The facility has a zero-tolerance policy for intimidation, retaliation, or retribution against any Associate who, in good faith, reports suspected non-compliance, misconduct, or fraud, waste, and abuse by any Associate. All forms of unlawful retaliation are prohibited, including any form of discipline, reprisal, intimidation, or other form of retaliation taken against an Associate for participation in any activity protected by law.

D. Both the law and facility policy protect whistleblowers.

5. Discipline

A. The facility has policies and procedures that outline disciplinary standards that are fairly and firmly enforced. Disciplinary action shall be administered on a fair and equitable basis, appropriate to the seriousness of the violation and consistent with the facility's policies and

procedures. Enforcement of disciplinary action will be consistent across all levels and rankings within the facility. Depending on the severity of the violation, progressive steps in the disciplinary action process may be omitted in order that immediate corrective measures, including termination, can be taken. The disciplinary policies are used to encourage and facilitate the reporting of non-compliant behavior, and to fairly and consistently deal with compliance and/or ethics violations, which includes non-reporting of compliance and/or ethics issues by applicable Associates. Associates who (1) participate in non-compliant behavior; (2) encourage, direct, facilitate, or permit non-compliant behavior; (3) or do not report suspected compliance and/or ethics violations shall be subject to disciplinary measures ranging from an oral reprimand to termination of employment or relationship.

B. Associates are expected to assist, as appropriate, in the resolution of compliance and/or ethics issues.

6. Auditing and Monitoring

A. In order to evaluate its program and identify potential compliance and/or ethics issues and to self-evaluate identified risk areas, the facility conducts periodic reviews and external and/or internal audits. The facility also continuously monitors internal processes to ensure the proper identification of compliance and ethics risk areas to enable proper monitoring of potential compliance and ethics issues.

7. Responding to detected offenses

A. The facility has a mechanism to respond to potential compliance and ethics issues, which is outlined in the facility's written policies and procedures. Specifically:

- a. the facility has a system in effect (1) for responding to compliance and ethics issues as identified in the course of audits and self-evaluations through investigations and corrective actions to ensure that compliance and ethics issues are resolved promptly and thoroughly; (2) for reducing the potential for the recurrence of compliance and ethics issues through proper training, education, and disciplinary actions; (3) for identifying and reporting compliance and ethics issues to the Department of Health and OMIG; (4) for refunding Medicaid/Medicare overpayments; and (5) for responding to compliance and ethics issues as they are raised through investigations and remedial actions.

8. Reassessment

A. The facility will periodically reassess the compliance and ethics program to evaluate its effectiveness and to make any necessary adjustments.

By signing below, I acknowledge that I have received, read, and understood the materials covered in this training. I have had the opportunity to ask questions and receive responses related to the content of this training, and I understand that active participation in the compliance and ethics program is mandatory.

Print Name: _____

Signature: _____

Date: _____