



Katy Trail Community Health Corporate Compliance Policies

Origination Approval: _____ Date: _____

Revisions Approved By Board of Directors: May 27, 2021

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Board President

Chris Stewart

Chief Executive Officer

KATY TRAIL COMMUNITY HEALTH

Administrative Policies

Policy Title: Corporate Compliance Program
BOD Approval: 5/2019
Responsibility: Administrative

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Distribution: All Departments

POLICY:

Katy Trail Community Health Center (Center) is committed to providing quality health care and service to members of the communities within its service area. The Board of Directors is committed to achieving these goals through application of the highest ethical standards of conduct and to strict adherence to state and federal laws and regulations. The Board of Directors wishes to ensure that the compliance plan is recognized as a key component to our continued success and operations are monitored by management and staff throughout the performance of their routine activities.

APPROVAL(S):

Chief Executive Officer
Corporate Compliance Officer

PROCEDURE(S):

I. The compliance plan will include the following elements:

1. Written standards of conduct and policies and procedures to promote the center's commitment to compliance and that address specific areas of potential fraud
2. The designation of a Corporate Compliance Officer and a Corporate Compliance Committee who report directly to the CEO and the Board of Directors
3. The development and implementation of regular, effective education and training for affected employees
4. The maintenance of a process to receive complaints and the adoption of procedures to protect whistleblowers from retaliation
5. The development of a system to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary measures for those who violate internal policies and applicable laws
6. The use of audits and/or evaluation techniques to monitor compliance and assist in the reduction of identified problem areas
7. The investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.

II. The CEO will designate a corporate compliance officer.

This responsibility will be included in the job description of the designated individual and will be reviewed as part of the compliance officer's annual performance evaluation.

This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.

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III. The Corporate Compliance Committee members will include:

- Corporate Compliance Officer/Chief Operations Officer
- Chief Financial Officer
- HIPAA Privacy Officer
- IT Security Officer
- Quality Improvement Coordinator
- Human Resources Director

The chairperson may add members based on the need to obtain expertise in areas of concern as they develop on ethical issues or based on recommendations by state or federal guidelines.

IV. ROLE OF COMMITTEE

1. The Corporate Compliance Committee is established to advise and assist the compliance officer in implementation of a Corporate Compliance plan. The Corporate Compliance Officer will call meetings of the Corporate Compliance Committee as necessary but not less than annually.
2. Its function will include but not be limited to the following:
 - Monitor, analyze and assess the regulatory environment and legal requirements to which the center must comply.
 - Work with departments to develop and review standards of conduct, policies and procedures to promote compliance with ethical and legal requirements, no less than annually
 - Recommend and monitor the development of systems and controls to carry out the Center's commitment to adhering to the highest ethical standards of conduct and strict adherence to state and federal laws.
 - Determine the approach to training and education that will promote compliance and detection of any potential violations of the policy.
 - Develop a system to respond to complaints and problems.
 - Conduct and monitor internal and external audits or investigations for the purpose of identifying issues and areas of deficient performance.

V. EMPLOYEE EDUCATION:

- New employees will be provided education concerning aspects of the plan during New Employee Orientation. The education will include an overview of the plan with an emphasis on the responsibility of the employee to assist KTCH daily in its enforcement.
- Posters and fliers may be placed throughout reminding the employees of the importance in assisting the Center in adhering to state and federal laws and contact information for the compliance officer.
- In addition to the distribution of compliance materials, the Corporate Compliance Officer will ensure that additional training be provided with respect to targeted issues identified by the Compliance Committee.

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- The Corporate Compliance Officer will ensure review of the training program no less than annually to determine that the subject content is appropriate and sufficient to cover the range of issues confronting employees.
- Annual review and training regarding the elements of the Compliance Program will occur. This annual training will include both general and specific training pertinent to employees' roles and responsibilities in the Center.

VI. STANDARDS OF CONDUCT:

The Center is committed to conducting business through the application of the highest ethical standards and by adhering to state and federal laws and regulations. Our Code of Conduct is offered to provide specific guidelines of conduct. If staff has questions or need assistance in applying these guidelines, it is their responsibility to contact a member of the Leadership Team or their supervisor. Any employee that violates the standards, or of any policies of the Center, will be subject to disciplinary action, up to and including termination. Reference the Code of Conduct Policy within the Personnel Policy Set for additional information.

PERSONAL CONDUCT

- 1. Courtesy:** The Staff of the Center will respect the dignity, comfort and privacy of our patients, visitors, providers and fellow employees we come into contact with, while providing them with consideration, courtesy and respect. We will provide high quality care and skilled, compassionate, reliable service to patients, visitors, physicians and fellow employees.
- 2. Commitment to Fairness and Honest Communication/Record Keeping:** The Center is committed to fairness and ethical behavior and in our dealings with persons we come in contact with. Honesty based on clear communication is the cornerstone of the ethical disclosure of information. The Center employees will be honest and will not knowingly make misrepresentations or dishonest statements in conducting or recording Center business. No employee will be forced or coerced into making or signing any document that he or she perceives as a misrepresentation or dishonest statement. Any attempt by a co-worker and/or supervisor to do so must be reported to the Compliance Officer. Documentation found within or used to support the Medical and Financial Records of the Center will accurately reflect the true nature of the services received by the patient or the true nature of the accounting transaction.
- 3. Gifts, Bribes, and Gratuities:** The acceptance or solicitation of material or monetary gifts, gratuities or favors from patients and/or persons or entities that do or desire to do business with the Center is not permitted. This is not intended to prohibit or ban the acceptance or extension of ordinary business courtesies. An invitation to attend social events from current or potential business associates is allowed. The cost for such events must be reasonable and appropriate, must not include expenses paid for travel cost or overnight lodging, and must not influence or reasonably appear to be capable of influencing the employee's business judgment. Attendance at vendor-sponsored

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workshops, seminars and/or training sessions is subject to established policies for travel and education.

- 4. Work Environment - Health and Safety:** The Center works to maintain a healthy, safe and caring environment for those associated with serving our patients. We are responsible for maintaining a safe and healthful work environment. Infection Control policies and procedures have been developed for employee safety and the safety of patients we serve. Employees will dispose of waste and other materials and store chemicals and substances in accordance with these policies and with applicable laws and regulations. Necessary environmental reports will be filed timely and accurately and employees will cooperate fully with governmental authorities in the event of an environmental incident. Also, inspection and testing of equipment is essential. Employees are expected to be aware of policies and exercise responsibility toward this as required.
- 5. Work Environment - Discrimination and Harassment:** The Center's staff is diverse and reflective of our society. Employees should respect the rights and cultural difference of other individuals. It is the Center's policy to employ, retain, promote, terminate and treat any and all employees and job applicants on the basis of merit, qualification and competence. It is the Center's policy to not discriminate against any person because of age, race, religion, sex, disability, national origin or for any other reason prohibited by applicable state and federal law. The Center prohibits harassment of its employees in any form by supervisors, coworkers, volunteers, customers or suppliers. Any employee engaging in such conduct will be subject to disciplinary action up to and including discharge.
- 6. Confidentiality:** The confidentiality of patient and employee information is essential. Information and records pertaining to patients and employees, as well as proprietary information, are private and confidential and only authorized persons who must refer to them as a legitimate business necessity or for patient care purpose will have access to this information. Employee will have an obligation to maintain confidentiality in accordance with applicable laws and regulations.

CONDUCT WHEN CONDUCTING CENTER BUSINESS:

- 1. Compliance with the Laws:** Compliance in spirit and to the letter of applicable state and federal laws governing the operation of the Center is required. It is also our policy to cooperate with government officials who are responsible for administering, monitoring and enforcing the laws.
- 2. Prohibition on Health Care Fraud and Abuse:** Employees of the Center are required to comply with laws which prohibit health care fraud and abuse, including, but not limited to the following:
 - making false or fraudulent claims for payment or approval
 - using or causing to be made or used a false record or statement to get a false or fraudulent claim allowed or paid
 - conspiring to defraud the government by getting a false or fraudulent claim allowed or paid

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- offering or receiving remuneration (such as kickbacks, bribes or rebates) as an inducement to make a referral for the furnishing (or arranging for the furnishing) of any item or service
- 3. Compliance with Antitrust Laws:** A number of activities engaged in by the Center are subject to state and federal antitrust laws. Generally these laws prohibit agreements or actions that may restrain trade or reduce competition, such as agreements to fix prices, bid rigging, collusion with competitors, boycotts and unfair trade practices. Employees are expected to seek advice from the Corporate Compliance Officer when confronted with business decisions that involve a risk of violation of antitrust laws.
- 4. Gifts, Educational Events and Entertainment:** The offering or receiving of compensation of any kind as inducement to refer patients to the Center or to make a referral is strictly prohibited. The sponsorship of education events is permitted. The cost associated with the event should be nominal and must comply with any state or federal laws governing the provision of such programs. An invitation to attend social events is allowed. The cost associated with such events must be reasonable and appropriate but must not include expenses paid for travel cost or overnight lodging. The event cost associated with the event should be nominal and must comply with any state or federal laws governing such events.
- 5. Coding and Billing:** The Center will comply with nationally recognized standards and rules governing coding and billing for services. Employees of the Center are specifically prohibited from:
- Submitting false or fraudulent claims including billing for services not covered, duplicate billings, unreasonable, unnecessary or not properly documented for payment of services
 - Coding of patient records will ascribe to and comply with guidelines as promulgated by CMS, the National Center for Health Statistics, the American Medical Association and the American Health Information Management Association.
 - Filing or reporting inaccurate or undocumented information for the purpose of retaining the right to participate in or obtain reimbursement from a government entity or third party
 - Failing to timely refund credit balances resulting from overpayment for services received by patients and due a patient or third party payer.
 - Filing false cost reports
- 6. Conflicts of Interest:** Any activity, practice or act that conflicts with or appears to conflict with the interests of the Center, its patients or its mission is prohibited. Any individual covered under this policy must disclose any financial interest he or she or an immediate family may have with any firm which does business with, desires to do business with or competes with the Center.
- 7. Advertising and Information Provided to Others:** Distribution of false, dishonest, incomplete, inaccurate and/or misleading information to organizations, media or other sources of public information, government agencies and/or accrediting organizations is prohibited. Media inquiries should be referred to the CEO.

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- 8. Political Contributions and Lobbying:** The Center supports the participation of employees in the political process. Employees are not allowed to use their position with the Center to influence the personal decisions of others regarding contributions to or the support of a particular candidate. The Center may not make contributions for the benefit of any candidate and may not participate in the political campaign of any candidate for public office.
- 9. Tax Exempt Status and Use of Center Assets:** No part of the net earnings will inure to the benefit of or be distributed to anyone except to the extent that such payment constitutes reasonable compensation for services rendered in the necessary course of business. The use of Center assets for any unlawful purpose or unauthorized personal benefit is prohibited.
- 10. Intellectual Property:** The Center is committed to protecting proprietary information and respecting the intellectual property rights of others. Employees are prohibited from reproducing, distributing or altering copyrighted material or any other items without permission of the copyright holder or their agent. Software used within the Center must be properly licensed to the Center and used in accordance with the license.
- 11. Record Retention:** Records must be maintained and retained in a manner that meets applicable laws, rules and regulations. Records include clinical and medical claims documentation required for participation in healthcare programs and employment, accounting and other related business information as may be required by federal or state law.
- 12. Protection and Proper Use of Corporate Assets:** Employees are charged with protecting and preserving the Center's assets by following procedures to prevent their loss, theft or unauthorized use.
- 13. Medical and Financial Records:** Documentation found within or used to support the Medical/Dental and Financial Records of the Center will accurately reflect the true nature of the services received by the patient or the true nature of the accounting transaction. The patient's medical records will be maintained in a consistent and organized manner. The medical/dental records are the only source of information upon which the Center can rely for the proper billing of services provided as ordered by the patient's provider. Documentation within the medical/dental record must adequately support medical necessity for service regardless of who is billed for the service.

VII. AUDITING AND MONITORING

To detect non-compliance and improve work quality, an ongoing evaluation process is critical to the success of the Center's compliance program.

- 1. Periodic Audits:** In addition to the annual financial audit conducted by independent public accountants retained by the Center, the Board of Directors will require regular audits of compliance with procedures and standards of conduct established in this plan. These audits will be conducted at least annually and will include an assessment of each of the basic elements of the plan (written policies and procedures, compliance officer and compliance committee, effective training and education, effective lines of communication, enforcement of standards through disciplinary guidelines, auditing and

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monitoring and response to offices and corrective action) as well as the overall success of the program. Such audits will be conducted or directed by the Corporate Compliance Officer. Whenever possible, such audits will be conducted by in-house personnel.

2. However, in appropriate circumstances, after obtaining approval of the CEO, the Corporate Compliance Officer may engage outside auditors. The Corporate Compliance Officer will report results of such audits to the Board.
3. **Auditing Techniques:** The audits should assess outcomes as well as the underlying structure and process of each element of the compliance program. The Corporate Compliance Officer and the monitoring/auditing representatives will consider and implement such techniques as, but not limited to, the following:
 - Onsite visits
 - Interviews with personnel involved in management, operations, billing and other related activities
 - Reviews of written policies and procedures
 - Trend analysis studies
 - Review of supporting documents and records
4. **Other Monitoring:** Communications from any regulatory authority or designee charged with administering a federally funded program received by any employee of the Center will be immediately copied to the Corporate Compliance Officer. It is the policy of the Center to make reasonable inquiry into the background of prospective employees. In conjunction with policies and procedures developed and administered by the Human Resources Department, employees will be screened to determine whether they have been convicted of a Class A or B felonies or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation. Employee screening will be conducted in compliance with section 660.317 of the Missouri statutes. The provider credentialing process will also include screening utilizing the National Practitioner Data Base. Providers will also be screened to determine whether they have been convicted of a criminal offense or listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation.
 - **Investigations and Corrective Action:** If an audit reveals potential noncompliant conduct, the procedures set forth in this plan will be followed. In addition, the Corporate Compliance will, in cooperation with the Compliance Committee, ensure that policies and procedures are updated and additional training is provided when necessary to prevent continued non-compliance.
 - **Retention of Records:** Center will periodically review policies and procedures regarding the creation, distribution, retention, storage, retrieval and destruction of documents to ensure compliance with state and federal laws and to ensure that appropriate documentation exists to audit and monitor compliance with the plan. The Center's record retention system will be reviewed and modified as necessary to provide for appropriate retention of records and documents

VIII. REPORTING NONCOMPLIANCE:

This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.

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Employees of the Center have the duty and obligation to report any suspected violation of the Corporate Compliance Plan or suspected violation of any state or federal laws. No concern staff may have is too small or unimportant. Reports or complaints will be processed confidentially and

expediently. Receipt of a report of suspected violation will be acknowledged to the reporting party within 2 working days of submission of the report. Efforts will be made to complete investigations within 30 days of report of the suspected violation. The employee's duties and obligations also include their full cooperation with the Board of Directors, the Compliance Officer or their designee during any investigation of any suspected violation.

- Employees also have a duty to obtain clarification regarding any questions employee may have with regard to these policies or carrying out job duties. The Corporate Compliance will also establish and maintain a mechanism for employees to raise questions and receive prompt, appropriate guidance on compliance issues.
- Any person reporting what he or she believes to be violations of the law or regulations or having questions will not be discriminated against or suffer any adverse consequences or reprisals. The Center encourages employees to assist us in maintaining our ethical standards and to report to us a suspected violation of any state or federal law. Failure to report a suspected violation is and of itself a violation of our compliance policy and will result in disciplinary action.
- Reporting of any suspected violation may be made to the appropriate Supervisor, Manager, Compliance Officer or through the secure Lighthouse reporting website.
- The Supervisor or Manager is responsible for reporting any inquiry immediately to the Compliance Officer, or if the inquiry involves an allegation of a violation of the law or the policies by the Corporate Compliance Officer, the inquiry should be delivered directly to the CEO. Should the reporting party wish to remain anonymous, he or she will be assigned a tracking number and will be asked to call in periodically for updates on the status of the investigation. We do request compliance with us should we have questions or need additional information regarding a report. Effort will be made to maintain the anonymity of the reporting party though this cannot be guaranteed.
- If a question or report of a suspected violation is in an area requiring specialized expertise, legal counsel or other experts will be consulted or may be retained to conduct the investigation.
- With regard to reports of possible noncompliance, the Corporate Compliance and or his or her designee, will record information pertaining to the report which is necessary to conduct an appropriate investigation. If the employee was seeking information concerning the Standards of Conduct or their application or any other clarification pertaining to his or her job duties, the Corporate Compliance or his or her designee, will record the fact of the call or report and nature of information sought and will respond as is appropriate to the employee.

IX. DISCIPLINARY POLICY:

This policy/ procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Board of Directors and by Health Center management, Federal and State law and regulations, and applicable accrediting and review organizations.

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Center staff (including directors, officers, managers, employees, and providers performing service for the Center) will be subject to disciplinary action for failure to comply with laws applicable to the operations of the Center or any violation of Center policy and procedures

related to the Corporate Compliance Plan. Disciplinary action may consist of one or more of the following:

- Oral or written warnings
- Mandatory Re-education
- Suspension
- Termination
- Any other action as may be deemed appropriate

Disciplinary actions will be equally and consistently applied to staff. Form of discipline will be determined by the Compliance Officer after consultation with appropriate Manager. Discipline will reflect seriousness of offense and will promote respect within the system for the Compliance Policy. Legal opinion will be obtained prior to determining the disciplinary action when necessary.

X. INVESTIGATIONS OF POTENTIAL NON COMPLIANCE:

1. Investigations Involving Medicare, Medicaid, Other Federal or State Healthcare Programs, or Private Healthcare Plans or Contracts: Upon receipt of audit results or a report or other information suggesting a possible compliance issue in which the laws, rules or standards of Medicare, Medicaid, other federal or state health care programs or private health care plans or contracts may not have been followed, the investigation policies and procedures set forth below will be followed.

2. Purpose of Investigation: The purpose of the investigation will be:

- to identify situations in which the laws, rules or standards of Medicare, Medicaid, other federal or state health care programs, or private health
- to review care plans or contracts that may not have been followed
- to identify individuals who may have knowingly or inadvertently caused claims to be submitted or processed in a manner which violated applicable laws, rules, or standards;
- to facilitate the correction of any practices not in compliance with the applicable laws, rules or standards
- to implement those procedures necessary to ensure future compliance
- to protect the Center in the event of civil or criminal enforcement actions and to preserve and protect the Center's assets.

3. Control of Investigations: The Corporate Compliance will be responsible for directing the investigation of alleged problem or incident. In the discretion of the Corporate Compliance Officer and with the approval of the Chief Executive Officer, the information or report received may be forwarded to legal counsel in which event legal counsel will be responsible for directing the investigation of the alleged problem or incident. In undertaking an investigation, the Corporate Compliance Officer or legal counsel, may solicit the support of internal auditors, external counsel and auditors and

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internal and external resources with knowledge of the applicable laws and regulations and required policies, procedures or standards that relate to the specific problem in question. These persons will function under the direction of the Corporate Compliance Officer or legal counsel and will be required to submit relevant evidence, notes, findings and

conclusions to the Corporate Compliance Officer or legal counsel depending upon who is directing the investigation.

4. Investigative Process: Investigation will commence as soon as reasonably possible. Steps to be followed in undertaking the investigation may include, but need not be limited to:

- An interview of complainant and other persons who may have knowledge of alleged problem or process and a review of applicable laws and regulations which might be relevant to or provide guidance with respect to the appropriateness or inappropriateness of activity in question, to determine whether or not a problem actually exists.
- The identification and review of representative bills or claims submitted to or under the Medicare, Medicaid, other federal or state program, or private health care plan or contract and/or relevant contracts, cost reports, invoices, ledgers and other documents, to determine the nature of the problem, the scope of the problem, the frequency of the problem, the duration of the problem and the potential financial magnitude of the problem.
- Interviews of the person or persons who appeared to play a role in the process or who have knowledge of the problem. Purpose of the interview will be to determine facts related to alleged problem or incident and may include but will not be limited to:
 - individual understanding of applicable laws, rules and regulations
 - identification of persons with supervisory or managerial responsibility in the process
 - adequacy of training of the individuals performing the functions within the process
 - extent to which any person knowingly or with reckless disregard or intentional indifference acted contrary to applicable laws, rules or regulations
 - nature and extent of potential civil or criminal liability of individuals
- Preparation of a summary report which defines the nature of the problem, summarizes the investigation process, identifies any person whom investigator believes to have either acted deliberately or with reckless disregard or intentional indifference toward applicable laws, rules and policies and if possible, estimates nature and extent of the resulting overpayment by the government.
- If reviewed results in the conclusion or findings indicate suspected conduct is permitted under applicable laws, regulations or policy or that alleged problem or incident did not occur, investigation will be closed.

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- If investigation concludes that improper billing is occurring, that practices are occurring which are contrary to applicable law or that inaccurate claims are being submitted, corrective action will be taken.

- If identity of complainant is known, Corporate Compliance Officer will report to complainant that investigation has been completed and, if appropriate, corrective action that will be taken.

Investigations not Involving Medicare, Medicaid, Other Federal or State Healthcare Programs, or Private Healthcare Plans or Contracts: Upon receipt of audit results or a report or other information suggesting a possible compliance issue other than one involving Medicare, Medicaid, other federal or state healthcare programs, or private healthcare plans or contracts, Corporate Compliance Officer will make a record of the information and confer with legal counsel before any investigation is undertaken to determine who should conduct the investigation. Investigation may be conducted by Corporate Compliance Officer alone or with staff assistance. In either case, legal counsel may conduct a review of the findings. Alternatively the Corporate Compliance Officer may refer the matter to legal counsel for investigation by legal counsel or by an outside expert retained by legal counsel. An investigation will be commenced by the appropriate person as soon as reasonably possible. The procedure for undertaking an investigation will include, but need not be limited to the following:

- A written report describing facts and circumstances surrounding alleged problem will be completed by investigator and submitted to Corporate Compliance Officer.
- If investigation results in conclusions or findings that suspected conduct is permitted under applicable laws, regulations or policy or that the alleged problems or incidents did not occur, investigation will be closed.
- If investigation concludes that there is improper conduct or that practices are occurring which are contrary to applicable law, regulation or policy, corrective action will be taken.
- If identity of complainant is known, Corporate Compliance Officer will report to complainant that investigation has been completed and, if appropriate, corrective action will be taken.

XI. ORGANIZATIONAL RESPONSE:

- 1. Corrective Action for Compliance Issues Involving Medicare, Medicaid, Other Federal or State Healthcare Programs, or Private Healthcare Plans or Contracts:** If, upon conclusion of an investigation involving a Medicare, Medicaid, other federal or state healthcare program, or private healthcare plan or contract issue, it appears there are genuine compliance concerns, the Corporate Compliance Officer will immediately notify the Board and formulate and implement a corrective action plan. Corporate Compliance Officer may obtain advice and guidance of legal counsel and approval of the Chief Executive Officer and/or Board in formulating and implementing a corrective action plan. The corrective action plan will be designed to ensure that the specific issue is addressed and, to the extent possible, that similar problems do not occur in other departments or

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areas. The procedure for undertaking corrective action will include, but need not be limited to the following:

2. **Possible Criminal Activity:** In the event investigation uncovers what appears to be criminal activity on the part of any employee, the Center will undertake the following steps:
 - It will immediately stop billing or other activities related to the problem until such time as the offending practices are corrected.
 - It will determine, where appropriate, the need to calculate and repay to the appropriate carrier, fiscal intermediary or other payor overpayments resulting from the act or omission.
 - It will initiate appropriate disciplinary action against the person or persons whose conduct appears to have been intentional, willfully indifferent or with reckless disregard to Medicare, Medicaid or other federal or state healthcare laws. Appropriate disciplinary action will include, at a minimum, removal of the person from any position with oversight for or impact upon claims submission or billing process and may include, in addition, suspension, demotion and discharge.
 - It will, after consultation with and upon advice of legal counsel, report the existence of misconduct to the appropriate Federal and State authorities within such time frame as provided by law after determining that there is credible evidence of a violation.
 - It will, if necessary, modify Center policies and procedures and undertake an appropriate program of education to prevent similar non-compliance in the future.
 - It will take other action deemed appropriate in the circumstances.
3. **Other Non-Compliance:** In the event investigation reveals problems which do not appear to be the result of conduct which is intentional, willfully indifferent or with reckless disregard for Medicare, Medicaid or other federal or state healthcare laws, the Center will nevertheless undertake the following steps:
 - **Improper Payments:** In the event problem results in duplicate payments by Medicare, Medicaid, other federal or state healthcare programs, or private healthcare plans or contracts, coding or claims submission errors, cost reporting errors, payments for non-covered services or for services not rendered or provided other than as claimed or any other type of overpayment resulting from billing or payment errors, it will stop billing or other activities of the type which is a problem until such time as offending practice is corrected.
 - Determine, where appropriate, the need to calculate and repay to appropriate carrier, fiscal intermediary or other payor overpayments resulting from the act or omission.
 - Initiate such disciplinary action, if any, as may be appropriate given the facts and circumstances. Appropriate disciplinary action may include but not limited to reprimand, demotion, suspension and discharge.

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- Promptly undertake an appropriate program of education to prevent future similar problems.
 - No Improper Payment: In the event the problem does not result in an improper payment by Medicare, Medicaid, other federal or state healthcare program or a private healthcare plan or contract, the Center will correct defective practice or procedure as quickly as possible. Initiate such disciplinary action, if any, as may be appropriate given the facts and circumstances. Appropriate disciplinary action may include, but is not limited to, reprimand, demotion, suspension and discharge.
- 4. Corrective Action for Compliance Issues not Involving Medicare, Medicaid, Other Federal or State Healthcare Programs, or Private Healthcare Plans or Contracts.** If, upon conclusion of an investigation not involving a Medicare, Medicaid, other federal or state healthcare program, or private healthcare plan or contract issue, it appears there are genuine compliance concerns, the Corporate Compliance Officer will immediately formulate and implement a corrective action plan. The Corporate Compliance Officer may obtain advice and guidance of legal counsel and approval of Chief Executive Officer and/or Board in formulating and implementing the corrective action plan. The corrective action plan will be designed to ensure that the specific issue is addressed and, to the extent possible, that similar problems do not occur in other departments or areas. The procedure for undertaking corrective action will include, but need not be limited to, the following:
- Possible Criminal Activity: If the investigation reveals possible criminal activity (conduct which is intentional, willfully indifferent, or with reckless disregard for the law), the Center will immediately stop activity related to the problem until the offending practice is corrected. It will initiate appropriate disciplinary action against person or persons whose conduct appears to have been intentional, willfully indifferent or with reckless disregard for the law. It will, after consultation with and upon advice of legal counsel, report the existence of misconduct to appropriate federal and state authorities within such time frame as provided by law after determining there is credible evidence of a violation. It will, if necessary, modify Center policies and procedures and undertake an appropriate program of education to prevent future similar problems. It will take other action deemed appropriate in the circumstances.
 - Other Noncompliance: If the investigation reveals noncompliant conduct which does not appear to be intentional, willfully indifferent or with reckless disregard for the law, the Center will immediately stop the activity related to the problem until the offending practice is corrected. It will initiate such disciplinary action, if any, as may be appropriate given the facts and circumstances. It will promptly undertake an appropriate program of education to prevent future similar problems.

XII. RETENTION OF OUTSIDE COUNSEL:

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The Corporate Compliance Officer is hereby authorized to engage the services of attorneys on behalf of the Center as may be required to obtain a legal opinion or advice or conduct investigations. Any information obtained during their review is considered privilege under the Attorney- Client relationship. Attorneys retained are authorized, with the advice of the Corporate Compliance Officer, to involve other law firms, accounting firms and others deemed necessary to conclude any investigation in a prompt and diligent manner. Attorney-

Client relationship would be extended to any other party contacted or used for advice or assistance with an investigation. Personnel have the duty and obligation to cooperate fully with attorneys or others retained to conduct investigations.

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