



CORPORATE COMPLIANCE PLAN

APPROVAL AND ACKNOWLEDGMENT

The undersigned, on behalf of the Board of Directors and Management of Open Door Community Health Center, adopt this Corporate Compliance Plan (Compliance Plan), this ____ day of ____, 2020, and agree to implement its provisions and ensure proper oversight of Open Door's Compliance Program, in alignment with the organization's overall commitment to lawful and ethical conduct.

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INTRODUCTION

Open Door Community Health Centers (Open Door), its clinics, management, providers and staff strive to provide quality, cost-effective healthcare while adhering to the highest ethical standards and complying with all applicable local, state, and federal rules, regulations, statutes, laws, and guidelines. To evidence this commitment, Open Door has developed and implements this Compliance Plan as part of the fabric of the organization and a demonstration of its determination to promote an ethical way of providing care for its patients and advancing a system for doing the right thing across the enterprise.



COMPLIANCE PROGRAM MISSION STATEMENT

Open Door, its leadership, management, providers, staff, contractors, agents, and volunteers will comply with all applicable local, state and federal rules, regulations, statutes, laws, and guidelines governing the provision of healthcare. Everyone who represents Open Door is expected to conduct themselves honestly and with the level of integrity required of healthcare professionals, to prevent fraud, waste, abuse and false billings to any third-party payer, and promote a culture of compliance and a work environment where everyone feels empowered to do the right thing.

THE COMPLIANCE PLAN

Open Door's Compliance Plan incorporates the enterprise's current and future Employee Handbook, Code of Conduct, policies and procedures, processes, forms, worksheets, administrative and clinical protocols and directives. It embraces the core elements of an effective compliance program contained in the Office of Inspector General (OIG), Department of Health and Human Services, Compliance Program Guidance for health institutions:

1. Written policies and procedures
2. Designated compliance officer and compliance committee
3. Effective training and education
4. Effective lines of communication
5. Internal monitoring and auditing
6. Enforcement of standards through well-publicized disciplinary guidelines
7. Prompt response to detected problems through corrective actions

The Plan:

- Establishes an administrative framework for implementing an effective and diligent compliance program.
- Creates effective communication channels to deliver the health system's commitment to ethical business practices and receive feedback regarding adherence to these practices
- Outlines a commitment to educate its personnel regarding the Office of the Inspector General's guidelines for an effective compliance program and promotes a culture of compliance with local, state and federal laws and regulations as well as Open Door's Code of Conduct and policies and procedures.
- Implements monitoring and auditing functions to measure the effectiveness of the Plan and to address identified deficiencies and vulnerabilities in an efficient and timely manner.
- Outlines enforcement and disciplinary measures to ensure its effectiveness.
- Recommends a regular assessment of the health system's operating and legal risks and develops a plan to minimize exposure to such risks.
- Ensures that compliance metrics are reviewed by Open Door's Compliance Committee, to assess program effectiveness.

GOALS AND OBJECTIVES OF THE PROGRAM

Open Door's Compliance Program is designed to:

- Demonstrate to employees and the community the organization's commitment to good corporate conduct
- Identify and prevent criminal and unethical conduct
- Improve the quality of patient care
- Create a centralized source of information on health care regulations
- Develop a methodology that encourages employees to report potential problems
- Develop procedures that allow the prompt, thorough investigation of alleged misconduct
- Initiate immediate and appropriate corrective action

- Reduce the organization's exposure to civil damages and penalties, criminal sanctions, and administrative remedies, such as program exclusion.

RESPONSIBILITY FOR OPEN DOOR'S COMPLIANCE PROGRAM

The Open Door Board of Directors is responsible for the operation and oversight of the Compliance Program; however, the day-to-day responsibility for the operation and oversight of the Program rests with the Chief Compliance Officer, the C-Suite, the Compliance and Audit Committee, all Open Door clinical and administrative managers, and all Open Door employees, volunteers, and vendors.

ADMINISTRATIVE STRUCTURE

Open Door's compliance program is implemented and managed by a Chief Compliance Officer, a Compliance Committee and designated compliance liaisons at each Open Door facility.

A. Chief Compliance Officer

The Chief Compliance Officer is responsible for the day-to-day implementation of directing Open Door's compliance program. General responsibilities include the following:

- Supervise the implementation of the Compliance Program and coordinate all compliance activities and initiatives.
- Assure that all Open Door employees, medical staff and contractors or agents receive a copy of the Open Door Code of Conduct and Compliance Plan, and, depending on an individual's particular job responsibilities, any other written compliance policies and guidelines that may be relevant
- Establish a Compliance Committee, educate committee members regarding their compliance responsibilities and chair and oversee activities of the Compliance Committee
- Develop and approve compliance education and training materials; implement tracking mechanisms to document attendance at or completion of required training; and oversee employee attestations and commitment to Open Door compliance program
- Coordinate compliance and personnel issues with Open Door's human resources department to ensure that compliance is an integral part of performance assessment and that the National Practitioner Data Bank and Cumulative Sanction Report are checked with respect to providers, employees, contractors and agents.
- Develop communications (e-mails, newsletters, etc.) that offers employees necessary and adequate information and updates on topical issues; to enlighten, encourage and support employees' responsibility to identify and report potential improper or illegal conduct
- Establish and operate safe and confidential reporting channels, including an anonymous telephone hotline
- Conduct risk assessment and identify areas of Open Door's operations that present the greatest compliance risk and prioritize resources to address such identified vulnerabilities.
- Ensure that the Open Door's Compliance Program promotes a culture of compliance, reporting of concerns, and a guarantee of non-retaliation and non-retribution for good faith reporting
- Work with Open Door's Compliance Committee and all staff, to identify risk areas warranting compliance audits
- Monitor and evaluate the Compliance Program's effectiveness through internal and

external audits; oversee internal or external compliance audits; assess results and develop any necessary responses

- Oversee and document any compliance investigations, working with legal counsel as the situation warrants
- Present quarterly and annual compliance reports to the Open Door Board of Directors
- Keep current with laws, regulations and policies applicable to compliance, to provide the best possible advice and guidance; obtain copies of all OIG regulations, special fraud alerts and advisory opinions to ensure that Open Door's compliance policies reflect the guidance provided by the OIG
- Ensure that Open Door appropriately disciplines employees who do not adhere to Open Door's Code of Conduct and compliance policies
- Periodically (at least annually), with the Compliance Committee, assess the adequacy of the health system's Code of Conduct and Compliance Plan and revise as necessary.

B. Open Door Compliance Committee

The Open Door Compliance Committee is responsible for supporting the Chief Compliance Officer in developing, implementing, monitoring and assessing the Compliance Program. The committee consists of the Chief Executive Officer, all members of the Senior Leadership Team, representing the organization's administrative and clinical operations, and the Directors of Dental and Behavioral Services. The committee meets monthly (or at least quarterly), as necessary, and has the following duties and responsibilities:

- Continually analyze Open Door's compliance vulnerabilities, promote initiatives for Open Door's compliance with local, state, and federal laws and regulations.
- Assess and revise existing compliance policies and procedures to assure compliance with local, state and federal laws, regulations, contracts with health plans, and Open Door's policies and procedures.
- Assist the appropriate Chief Compliance Officer in designing and coordinating internal and external compliance reviews and monitoring activities
- Review the results of hotline calls and trends and disposition of matters reported
- Review the results of investigations and resulting corrective action plans for Open Door departments, staff, providers, or contractors
- Establish and revise policies and procedures to promote compliance and encourage reporting of suspected fraud and other improprieties without fear of retaliation and to ensure proper response to reports of non-compliance
- Review the effectiveness of Open Door's compliance training programs
- Maintain minutes of the Committee's meetings summarizing the items addressed and actions taken at each meeting
- Ensure the maintenance of the confidentiality of any sensitive or proprietary information learned by committee members through the Compliance Committee process.

COMMUNICATIONS

Open Door's commitment to an effective compliance program is regularly communicated to employees through a variety of channels to promote a culture of compliance and the reporting of potential misconduct.

A. Communications to Employees

In addition to formal compliance training, administrative and medical staff, as well as contractors, receive regular reminders of the Open Door's commitment to compliance, the various avenues for reporting concerns, and the organization's strict policy of non-retaliation and non-retribution for reporting potential compliance issues. Such communications include:

- Periodic memos from the CEO and/or the Chief Compliance Officer
- Compliance articles and updates in Open Door compliance newsletter, *Compliance Matters*
- Informational E-mails
- Streamed messages via computer monitors
- Slides on Clinic/POD Monitors
- Employee events

B. Communications from Employees, Contractors, Patients and the Public

Processes are in place to ensure that all employees, contractors, patients and members of the public know about the various communication channels they may use to express compliance concerns to Open Door's management.

Employees who suspect improper or illegal activity are expected to report it. In some circumstances, a failure to report such activity may be grounds for discipline.

Seeking Clarification of Policy

Open Door employees may seek clarification from a supervisor, the Chief Compliance Officer, or any member of Open Door's Compliance Committee regarding any confusion or questions about a compliance policy or procedure. Questions directed to the Compliance Committee and responses are documented and dated, and if appropriate, shared with other staff so that standards, policies and procedures can be updated and improved to reflect necessary changes or clarifications

How to Report Potential Wrongdoing

Reports of concerns may be made orally or in writing and should initially be directed to an employee's supervisor. If an employee is not comfortable reporting concerns to a supervisor, or if an employee is not satisfied with the response to his or her inquiries, the concerns should be directed to Open Door's Compliance Officer or the facility's designated compliance liaison. Issues of concern may also be reported anonymously by calling Open Door's compliance hotline at (707) 630-5270 (x5270 dialing from an Open Door phone), or Open Door's third party administered anonymous hotline at (1-(800) 111-0000. Please see Reporting Methods on page 17.

Responsibilities of Managers and Supervisors

Managers and Supervisors will respond appropriately and honestly when potential wrongdoing is brought to their attention. It is their responsibility to relay reports of noncompliance to the Chief Compliance Officer. In keeping with the policy allowing anonymous reports, a manager or supervisor may decline to identify the employee who originally made the report, if the employee requested anonymity.

Communicating Compliance Issues to Board of Directors

The Chief Compliance Officer maintains a tracking log of all concerns and complaints received, as well as the results of any investigations conducted and the outcome of the investigation. The Chief Compliance Officer will report pertinent compliance issues, at least quarterly, to the organization's Board of Directors. Such reports may include allegations of wrongdoing, the results of any investigations conducted, and any subsequent disciplinary or remedial action taken, recent training efforts undertaken and an overview of outcomes of the program's auditing and monitoring activities. The report may simply consist of statistical data and analyses to determine trend.

Records Retention

Open Door's document retention plan includes provisions to ensure that all records related to reports of wrongdoing are preserved in accordance with California State law and to assure maximum protection under the attorney-client privilege and attorney work-product doctrine.

Protection of Employees

Every effort is made to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports possible misconduct. There will be no retaliation or retribution against anyone who, in good faith, reports a potential violation.

Departing Employees

Departing Open Door employees are asked to submit to an exit interview. One of the purposes of the exit interview is to determine if the employee has knowledge of wrongdoing, unethical behavior or criminal misconduct. The interview may also be used to obtain information about unsafe work environment or unethical business practices.

C. Compliance Hotline

Open Door has established a toll-free Compliance Hotline to receive questions about compliance practices and reports of suspected improper, unethical, or illegal activities. The Hotline is **(707) 630-5270**. Callers may remain anonymous, although callers are encouraged to provide as much information as possible so that reports can be properly investigated. No one who calls with either a question or a report of suspected misconduct will suffer any kind of retaliation, retribution or adverse action, if the call was made in good faith.

Open Door's Anonymous Compliance Hotline service is outsourced to a vendor, therefore, the agents who answer the calls on the Anonymous Compliance Hotline are not employees of Open Door or its clinics. Call agents will ask the caller if he or she wants to remain anonymous. If so, the call will be assigned a number. The number can be used to call back and obtain information about the status of the question or concern. The person taking the call will document the call and forward it to the Chief Compliance Officer.

All questions and reports to the Anonymous Compliance Hotline are kept confidential to the extent practicable. The Chief Compliance Officer will disclose concerns and reports on a "need to know" basis, except as required by law. Similarly, if a caller chooses to identify himself or herself, the Chief Compliance Officer will keep the caller's identity confidential and disclose only on a "need to know" basis, except as required by law. In general, "need to know" means that disclosure will be made only to the extent necessary to allow for a full investigation of reports of suspected misconduct and for the implementation of any appropriate corrective actions or disciplinary sanctions.

Responding to alleged Offenses

The Chief Compliance Officer will review all allegations of potential wrongdoing arising from hotline reports, informal communications or audits conducted by the Compliance department. An initial assessment is made to determine the need to involve legal counsel, to advise or direct the process and to assess the need for legal privilege to protect the process. An assessment shall be made to determine the appropriate resources required to investigate a case, depending on the gravity of the allegation. The Chief Compliance Officer conducts or oversees the initial investigation, and may seek the assistance of the legal counsel where and when it is warranted. Executive management is immediately notified if a serious allegation is determined to be credible. Additional resources may be required to fully investigate a case and outside resources may be utilized to conduct a full investigation.

Records of an investigation contain:

- Documentation of the alleged violation
- A description of the investigative process
- Copies of interview notes and key documents
- A log of the witnesses interviewed, and the documents reviewed
- The results of the investigation

If the investigation indicates that a violation has occurred, appropriate corrective action will be taken, including the following:

- Prompt restitution of any overpayments
- Notification to the appropriate government agency, where appropriate
- Review of current policies and procedures to determine if clarification is needed
- System modification
- Staff education
- Referral to criminal and /or civil law enforcement authorities
- Possible disciplinary action of involved employees, up to and including termination

EDUCATION AND TRAINING

Compliance training is provided on a regular basis to ensure that all employees are educated as to the purpose, contents and requirements of Open Door's Compliance Program. The training program consists of two components:

- General Training and
- Supplemental Training

The Chief Compliance Officer, working with the Open Door's Compliance Committee, management and staff, as appropriate, develops and regularly updates such training information.

General training covers the material contained in the Code of Conduct and the Compliance Plan/Policies, as well as other applicable laws, policies and procedures. It reinforces the need for strict compliance with applicable statutes, regulations, policies and procedures and advises employees about disciplinary action that may result from failure to comply. General compliance training is provided to all new employees as a part of new employee orientation. The training is

updated on a regular (at least annual) basis thereafter. All employees receive either or both in-person and online compliance training annually.

Supplemental training covers those items that may present a heightened risk of noncompliance, particularly those directly affected by the statutes, regulations, policies, procedures and program guidelines for Medicare, Medicaid and all other federal healthcare programs. Likely areas for potential supplemental training include the following:

- Government and private payer reimbursement principles
- General prohibitions on paying or receiving remuneration to induce referrals
- Proper confirmation of diagnoses
- Submitting a claim for provider services when rendered by a non-provider (e.g., non-billable RN visits)
- Signing a form for a Provider without the Provider's authorization
- Alterations to medical records
- Prescribing medications and procedures without proper authorization
- improper documentation of services rendered
- Billing for services not offered
- Duty to report misconduct
- Patient confidentiality
- Other areas identified by this Plan or by the Compliance Committee as representing high risk areas

Attendance and participation in training is a condition of continued employment. Upon completing compliance training, each employee is required to sign a written acknowledgement confirming his or her pledge to adhere to the Compliance Program and that the individual understands that failure to comply with Open Door's Compliance Program will result in disciplinary action, up to and including, termination of employment.

MONITORING AND AUDITING EFFECTIVENESS OF PROGRAM

Open Door applies monitoring and auditing initiatives to assess the effectiveness of its Compliance Program. The types of audits and areas to be audited are determined each month, quarter, or year by the Chief Compliance Officer and Open Door's Compliance Committee. Audits are conducted by using external resources such as counsel, auditors, or other healthcare experts or through internal personnel or through an internal audit function. Audits may include the review of a statistically valid random sample of cases, staff interviews, and trend analysis. The results of such audits are presented to the Compliance Committee, which assesses the results and recommends any necessary corrective measures. Such corrective measures may include additional auditing, monitoring, new policies, additional training and education. Monitoring efforts are also used to ensure compliance with laws governing:

- Kickback arrangements
- The physician self-referral prohibition
- Coding
- Claims development and submission
- Reimbursement

- Cost reporting
- Marketing practices

While the Chief Compliance Officer and Open Door's Compliance Committee periodically assess the organization's risk areas to determine which areas may warrant a compliance audit, certain areas by their nature present significant potential clinical risk. Accordingly, coding and billing audits are conducted at least quarterly or annually, and more frequently where warranted. Similarly, a review of the health system's marketing practices is conducted, at least annually.

At least annually, a review is performed to assess whether the compliance program's elements have been satisfied, e.g., whether there has been appropriate dissemination of the program's standards, training, ongoing education programs, and disciplinary actions.

ENFORCEMENT AND DISCIPLINE

Any employee who violates the tenets of Open Door's Compliance Program or healthcare laws, regulations, or program requirements is subject to disciplinary measures, up to and including termination. Such measures will be consistent with Open Door's progressive discipline policies.

Providers with privileges who violate the tenets of Open Door's Compliance Program or healthcare laws, regulations, or program requirements are subject to discipline, up to and including the loss of privileges. Such measures will be consistent with Open Door's Code of Conduct.

If an agent or contractor violates Open Door's Compliance Program policies or healthcare laws, regulations, or program requirements, the company will take appropriate measures such as terminating the contract, requiring repayment or requiring additional training and education.

Open Door has established a process to ensure that it does not knowingly hire, employ, or contract with any individual or entity whom the company knows or should have known, after reasonable inquiry,

- has been convicted of a criminal offense related to healthcare (unless the individual or entity has been reinstated to participation in Medicare after being excluded because of the conviction), or
- is currently listed by a federal agency as excluded, suspended or otherwise ineligible for participation in federal or federally funded programs such as Medicare and Medicaid.

IDENTIFICATION OF RISKS; STANDARDS AND POLICIES

The Chief Compliance Officer and Open Door's Compliance Committee assess the health system's risk priorities at least annually. The areas identified below represent a starting point for this effort. These are areas that have been identified by the OIG as high-risk areas to assist community health centers in focusing their compliance initiatives. It also serves as a starting point for Open Door's educational strategies. This is not an exclusive list of potential Open Door vulnerabilities. Other areas of concern are identified from time to time. Detailed standards and policies for complying with healthcare laws and regulations implicated by these risk areas are contained in Open Door's clinical policies and procedures and are periodically reviewed to ensure that they fully address the risks presented by these areas. Further, such policies are periodically reviewed to ensure consistency with the policy recommendations set forth in the OIG 1998 Model Compliance

Program Guidance for health institutions and the OIG Supplemental Compliance Program Guidance for Ambulatory facilities which can be found at <http://oig.hhs.gov>.

A. Billing and Coding Risks

Billing for items or services not actually rendered. Submitting a claim that represents that Open Door performed a service, all or part of which was not performed.

Providing medically unnecessary services. Intentionally seeking reimbursement for a service that is not warranted by a patient's current and documented medical condition.

Upcoding. Using a billing code that provides a higher payment rate than the billing code that reflects the service furnished to the patient.

DRG creep. Using a Diagnosis Related Group (DRG) code that provides a higher payment rate than the DRG code that accurately reflects the service furnished to the patient.

Duplicate billing. Submitting more than one claim for the same service or submitting a claim to more than one primary payor at the same time.

False cost reports. Submitting unallowable costs due the failure to provide proper controls over costs included in a Community Health Center's Medicare cost report; shifting certain costs to areas that are below their reimbursement cap; shifting non-Medicare related costs to Medicare cost centers.

Unbundling. Submitting bills piecemeal or in fragmented fashion to maximize the reimbursement for various tests or procedures that are required to be billed together and therefore at a reduced cost.

Credit balances. Failing to refund credit balances.

Use of Information Technology. Failing to fully understand the impact of computer systems and software that affect coding, billing or the generation or transmission of information related to the federal healthcare programs or their beneficiaries.

B. Risks Arising from the Referral Statutes

The Physician Self-Referral Law (the "Stark" Law) and the Federal Anti-Kickback Statute.

The Stark Law. The Stark law prohibits health institutions from submitting -and Medicare from paying - any claim for a "designated health service" (DHS) if the referral of the DHS comes from a physician with whom the health care facility has a prohibited financial relationship. A financial relationship can be almost any kind of direct or indirect ownership or investment relationship or direct or indirect compensation arrangement, whether in cash or in-kind, between a referring physician (or immediate family member) and a health care institution.

The Federal Anti-Kickback Statute. The anti-kickback statute is a criminal prohibition against payments (in any form, whether the payments are direct or indirect) made purposefully to induce

or reward the referral or generation of federal healthcare program business. The statute extends equally to the solicitation or acceptance of remuneration for referrals or the generation of other business payable by a federal healthcare program. Although liability under the anti-kickback statute ultimately turns on a party's intent, neither a legitimate business purpose for the arrangement nor a fair market value payment, will legitimize a payment if there is also an illegal purpose (i.e., an intent or desire to induce federal healthcare program business).

C. Substandard Care

The OIG may exclude a health care institution from participating in federal healthcare programs if the facility or organization provides items or services that fail to meet professionally recognized standards of healthcare. To achieve quality related goals, Open Door regularly measures its performance against industry standards. Open Door has developed its own quality of care protocols and has implemented mechanisms for evaluating compliance with those protocols. In addition, Open Door takes an active part in monitoring the quality of medical services provided at each of its clinics by appropriately overseeing the credentialing and peer review of the medical staff.

D. Relationships with Federal Healthcare Beneficiaries

Health institutions are prohibited from offering remuneration to a Medicare or Medicaid beneficiary that the organization knows or should know is likely to influence the beneficiary to order or receive items or services from a provider. The definition of "remuneration" expressly includes the offer or transfer of terms or services for free or other than fair market value, including the waiver of all or part of a Medicare or Medicaid cost-sharing amount. Specific items of concern include the following:

Gifts. Open Door prohibits offers of gifts or gratuities to beneficiaries if the remuneration is something that is likely to influence a beneficiary's selection of a provider. The restriction does not apply to items or services valued at less than \$10 per item and \$20 per patient in the aggregate on an annual basis. Open door sometimes offers \$10 - \$20 gift cards to its patients, as an incentive to explore preventive health services. Open Door educates its employees to ensure their understanding of these restrictions.

Free Transportation. While health institutions are prohibited from offering free transportation to Medicare or Medicaid beneficiaries to influence their selection of a provider, Open Door can offer free local transportation of low value (within the gift exception above). Certain other complimentary transportation programs may be permissible under currently evolving rules. Prior to undertaking such transportation efforts, Open Door will have processes in place to ensure that all statutory and regulatory requirements relating to free transportation are met.

E. HIPAA Privacy and Security Rules

Open Door is subject to detailed rules that govern the use and disclosure of individuals' health information and standards for individuals' privacy rights to understand and control how their health information is used. These rules can be found at <http://www.hhs.gov/ocr/hipaa>. Penalties for failing to comply with these rules are significant. Open Door has developed privacy procedures to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and HITECH rule and has instituted training programs to educate all employees of their obligations with respect to these requirements.

F. Other Community Health Center Practices

A variety of billing issues exist with respect to making sure that Community Health Centers bill the government appropriately or otherwise observing the applicable guidelines for services involving the situations described below.

- Discounts to uninsured patients
- Provision of preventive care services

To the extent a health institution undertakes these practices, it is done in the context of understanding fully the laws and regulations pertinent to such practices, and employees are educated as to those laws and regulations.

VOLUNTARY DISCLOSURE

It is a felony when a person has "*knowledge of the occurrence of any event affecting (a) his initial or continued right to any such benefit or payment, or (b) the initial or continued right to any such benefit of payment of any other individual on whose benefit he has applied for or is receiving such benefit or payment, conceals or fails to disclose such event*" (42 U.S.C. § 1320a-7b(a)(3)).

If, after thorough investigation of a reported violation or suspected non-compliance, the Chief Compliance Officer or the Compliance Committee, with consultation from Open Door's Legal Counsel, determines that the misconduct may violate criminal, civil, or administrative law, they should act promptly to disclose misconduct to the appropriate authorities. When appropriate, the Chief Compliance Officer or designee will report to the appropriate governmental authority the existence of misconduct no more than sixty (60) days after determining that there is credible evidence of a violation.

OBLIGATION TO REPORT VIOLATIONS OR SUSPECTED NON-COMPLIANCE

Open Door employees and contractors are obligated to report any activity that may violate Open Door's Compliance Program's mission, standards, and any applicable law, regulation, rule or guideline. Open Door prohibits retaliation against any person making a report. An employee engaging in any form of retaliation will be subject to disciplinary action.

Reporting Channels

- **By Phone:**

- o The Compliance Hotline ▪ (707) 000-0000

- **By Mail:**

- o Chief Compliance Officer, Open Door Community Health Center, 1275 8th Street, Arcata, CA 95521

- **By Email:**

- ❖ compliance@opendoorhealth.com

Direct contact with the Chief Compliance Officer

- ❖ (707) 826-8633 x5176

- **Filing** concerns through Open Door's event reporting portal, *EthicsPoint*

Employees and contractors may also report Medi-Cal fraud directly to the Department of Health Care Services (DHCS):

- **By Phone:**

- ❖ The Fraud hotline: (800) 822-6222

- **By Mail:**

- ❖ Medi-Cal Fraud Complaint – Intake Unit Audits and Investigations PO Box 997413, MS 2500 Sacramento, CA 95899-7413

- **By Email:**

- ❖ fraud@dhcs.ca.gov

CLARIFICATION

With ongoing changes in federal and state regulations, it is expected that employees may be uncertain of or have questions about Open Door practices and procedures. It is also expected that employees will need clarification on compliance standards and procedures. Questions should be directed to the Chief Compliance Officer by one of the reporting methods above. Each report will be logged and addressed.

EMPLOYEE ATTESTATION/ACKNOWLEDGEMENT

This is to acknowledge that I have received and reviewed Open Door Community Health Center's Code of Conduct and Compliance Plan. I agree to comply with the standards contained in the code, compliance plan, and all related policies and procedures as required of me, as part of my continued employment or association with the organization.

I acknowledge that the code and compliance plan are only statements of principles for individual and business conduct and does not constitute an employment contract. I will promptly report to my supervisor or Open Door's Chief Compliance Officer any potential violation of which I become aware. I understand that any violation of the Code of Conduct or compliance policies or procedures is grounds for disciplinary action, up to and including discharge from employment.

Name

Signature

Date

Compliance Program Quiz

1. “When appropriate, the Chief Compliance Officer or designee will report to the appropriate governmental authority the existence of misconduct no more than _____ after determining that there is credible evidence of a violation.”

2. “Coding and Billing Audits are conducted at least _____ or _____ and more frequently when warranted.”

3. One of the responsibilities of the Chief Compliance Officer is to:

“Keep current with _____, _____ and _____ applicable to compliance in order to provide the best possible advice and guidance; obtain copies of all _____, special fraud alerts and advisory opinions to ensure that Open Door’s compliance policies reflect the _____ by the _____.”

4. HIPAA Privacy and Security Rules can be found where?

5. _____ is Open Door’s Compliance Hotline.

6. A supervisor reporting on a potential wrongdoing must reveal the person’s name who is reporting. The decision to keep the reporter’s identity anonymous is made by the Compliance Officer.

True False