

<b>Columbia County Health System</b>	
<b>COMPLIANCE</b>	Ref. No.: 2907
Effective Date: 01/30/2024	Subject
Approval:  Bob Hutchens, Lewis Neace (DO, Chief of Staff), Shane McGuire (CEO), Stephanie Carpenter (RN, COO)	<b>Compliance Plan</b>
	<input type="checkbox"/> Policy <input type="checkbox"/> Procedure <input type="checkbox"/> Protocol

## **Columbia County Public Hospital District #1**

### District Compliance Plan

This Plan covers Dayton General Hospital, Rivers Walk Assisted Living Facility, LLC, Columbia Family Clinic, Waitsburg Clinic, and College Place Health Clinic

## Table of Contents

I.	Introduction.....	4
	A. General Statement	
	B. Purposes & Objectives of the Plan	
II.	District Standards of Conduct.....	6
	A. Fraud and Abuse	
	B. Honest Communications	
	C. Misappropriation of Proprietary Information	
	D. Confidentiality	
	E. Conflicts of Interest	
	F. Business Relationships	
	G. Protection of Assets	
	H. Background Checks	
	I. Legal Compliance	
III.	Compliance Officer and Compliance Committee.....	12
	A. Appointment of a Compliance Officer	
	B. Duties of the Compliance Officer	
	C. Appointment of a Compliance Committee	
IV.	Education and Training.....	14
	A. Other Training and Education	
	B. Government Compliance Alerts and Guidance Rules	
	C. Competency Assessment/Recordkeeping	
	D. New Employees	
V.	Testing and Monitoring.....	15
	A. Periodic Testing	
	B. Testing Techniques	
	C. Other Monitoring	
	D. Investigations and Corrective Action	

VI.	Effective Lines of Communication for District Representatives.....	16
	A. District Representative’s Responsibility	
	B. Reporting Mechanisms	
	C. Questions or Concerns	
	D. Recordkeeping	
	E. Retaliation	
	F. False Report	
	G. Confidentiality	
VII.	Enforcing District Representative Standards through Well Publicized Disciplinary Guidelines.....	18
	A. Management Involved in Establishing Discipline Procedures for Improper Activities	
	B. Persons Involved in Improper Activities	
	C. Reports to the Board	
VIII.	Investigations of Potential Noncompliance with Government Programs.....	19
IX.	Organizational Response to Potential Noncompliance.....	21
	A. Possible Criminal Activity	
	B. Other Noncompliance	
	C. Future Actions	
X.	Record Retention.....	23
XI.	Record Falsification.....	23
XII.	Summary	
XIII.	Appendix Acronyms.....	24

## **Introduction**

### **A. General Statement**

Columbia County Public Hospital District #1 (“District”), doing business as Columbia County Health System (CCHS), operates the following facilities:

- Dayton General Hospital, a 25-bed Critical Access Hospital located in Dayton, Washington.
- Columbia Family Clinic, a Rural Health Clinic located in Dayton, Washington.
- Waitsburg Clinic, a Rural Health Clinic located in Waitsburg, Washington.
- College Place Health Clinic, a fee for service clinic located in College Place, Washington.
- Rivers Walk Assisted Living Facility LLC, a 40-bed assisted living facility, operated as an LLC which is wholly owned by CCHS, and located in Dayton, Washington.

Any person working for one or more of these facilities, either as an employee, or on a contract basis, is considered a District representative of CCHS.

District Representatives (includes all CCHS employees, commissioners, physicians on the medical staff, allied health professionals on the medical staff, students, volunteers, agents and independent contractors and their staff who provide direct patient care and ancillary services) to act in a legal and ethical manner, consistent with all applicable governmental standards and requirements. This District Compliance Plan (“Plan”) is designed to enhance and further demonstrate the District’s commitment to achieve the highest level of awareness of governmental and legal requirements.

It is the responsibility of each District Representative to comply with the Plan. The Plan is not intended to set forth all of the substantive programs and practices of the District that are designed to achieve compliance. The District maintains various compliance practices and these practices continue to be part of its overall legal compliance efforts.

This Plan applies to all District Representatives. Each District Representative is responsible for their conduct and complying with the Plan’s content.

### **B. Purpose and Objectives of the Plan**

This Plan outlines:

- 1) The development and distribution of written standards of conduct, as well as written policies and procedures, promote the hospital’s commitment to compliance.
- 2) The designation of a chief compliance officer and a compliance committee, charged with the responsibility of operating and monitoring the compliance program, and who report directly to the CEO and the governing body.

- 3) The maintenance of a process, such as a hotline, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.
- 4) The development of a system to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against district representatives who have violated internal compliance policies, applicable statutes, regulations, or Federal health care program requirements.
- 5) The development of programs for the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas; and
- 6) The development of programs for the investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals<sup>1</sup>.

This Plan is designed to establish a culture within the District that promotes prevention, detection, and resolution of instances of conduct that do not conform to applicable Federal and State laws governing health care programs and to the District's business and ethical policies. The District has developed procedures to comply with the law, regulations and guidelines for health care programs. While the contents of this Plan are intended to set forth those compliance procedures that pertain to health care programs, as well as to ethical behavior, the District expects each District Representative to always strive to obey all government laws and regulations.

The Plan or excerpts from it will be distributed via PolicyTech to all District Representatives and signed acknowledgment will be required. This plan will be posted for public access via the District website <https://cchd-wa.org/hospital-policies/>

This Plan will be monitored on a regular basis and reviewed at least annually. The Compliance Officer, in consultation with the Compliance Committee, will draft revisions to the Plan as necessary. This plan has been approved by the Board of Commissioners of the District. Revisions to this plan are made upon approval of the Board of Commissioners of the District.

The District is committed to maintaining a high standard of ethical business conduct.

The District will strive to keep its operations, activities and business affairs in compliance with applicable laws and regulations which govern the principles and criteria contained in

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<sup>1</sup> Federal Register/Vol. 63, No. 35/DHHS OIG Compliance Program Guidance for Hospitals

this plan. Therefore, District Representatives will comply with the provisions contained in this plan. Additionally, District Representatives must comply with all other applicable District policies, guidelines, and procedures.

## **II. District Standards of Conduct**

The District's Standards of Conduct establish behavioral expectations and the basic legal principles under which District Representatives must operate. These Standards of Conduct are neither exclusive nor complete. See the pertinent sections of the Employee Handbook for more information on this subject. District Representatives are responsible for ensuring that their behavior and activity is consistent with current District Standards of Conduct and the Employee Handbook, the Board of Commissioner's Code of Conduct in the Board's By-Laws, and all applicable laws and regulations including but not limited to Title 42 RCW. Questions about the existence, interpretation or application of any law, regulation, policy, or standard should be directed, without hesitation, to a District Representative's supervisor, the Compliance Officer, or the District Chief Executive Officer (CEO). Cases concerning a Board member's conduct will be directed to the Board Chair. The Human Resource Director will be responsible for initiating any investigation of accusations and allegations of a Board Member's misconduct and bringing conclusions of the investigation to the Board. Because laws, regulations and policies are constantly evolving, this Plan will be revised and updated as needed in addition to annual review. Revisions, after Board approval, will be communicated in a timely manner to District Representatives through administrative notification.

### *A. Fraud and Abuse*

The District requires that District Representatives adhere to the standards contained in this Plan, as well as other District policies, guidelines, and procedures, including those contained in the District's personnel policies and other policy and procedural manuals, while serving in their respective capacities on behalf of the District. Conduct that does not comply with these standards is not authorized by the District and will not be tolerated. Failure to comply with these standards may constitute a violation of the law and will be subject to disciplinary action. The District expects that each District Representative to abide by the following standards:

1. No District Representative will make any false statement of any kind in any claim or application for health care benefits.
2. No District Representative will retain on behalf of the District any funds from any Federal, State or private insurance program that the District Representative knows have not been properly paid.
3. No District Representative will knowingly submit on behalf of the District any claim for health care benefits if he/she has reason to believe the services were not medically necessary.
4. No District Representative will pay or offer to pay any source for referrals of individuals to the District for services.
5. No District Representative will present a claim on behalf of the District to any governmental agency or other payer that is for an item or service that the

- District Representative knows was not provided or that the District Representative knows was false. No District Representative will make any false representations regarding coverage of any patient services.
6. No District Representative will engage in any conduct or scheme to cheat or defraud any health care program or governmental agency.
  7. No District Representative will falsify or conceal any facts concerning the delivery of services or payments of benefits in connection with any health care program.
  8. No District Representative will either destroy the information or records related to a potential health care offense or obstruct the investigative process.
  9. No District Representative will use any funds obtained improperly or illegally from any health care program.
  10. No District Representative will fail to report any incident which may be considered a violation of any standard of conduct as contained in this Plan or in any other District policies. Reports may be made to the Supervisor, the Department Manager, or the Compliance Officer, by opening a help ticket in the company email directory at [Compliance@cchd-wa.org](mailto:Compliance@cchd-wa.org) or by calling the anonymous CCHS Compliance Hotline at (844)841-2652.
  11. No District Representative will prevent a person who acts pursuant to their responsibilities under this Plan from making reports for alleged facility mismanagement or fraudulent activities.

#### *B. Honest Communications*

The District requires District Representatives to perform their duties and responsibilities honestly and ethically. The District expects verbal and written communications from a District Representative to other persons to be honest and ethical at all times. District Representatives will not make false or misleading statements to any person or persons regarding the services or products provided by the District.

#### *C. Misappropriation of Proprietary Information*

District Representatives are prohibited from misappropriating any confidential or proprietary information. This will include software, contracts, agreements, documents, records, and other restricted information which may not be used in an unauthorized manner.

#### *D. Confidentiality*

The District's policy is that its operations, activities and business affairs, including those relating to patient matters, will be kept confidential, subject to necessary compliance with applicable State and Federal laws, rules and regulations including, but not limited to, the state public records act pertaining to governmental hospital districts.

1. **Patient.** The confidentiality of patient information and records is essential. District Representatives will maintain the confidentiality of patient information and records and will not inappropriately release information to other District Representatives, vendors, or the public. An exception will be made for any proper requests made in accordance with applicable laws and regulations.
2. **Corporate.** District Representatives with either access to or the ability to obtain confidential information about the business matters of the District will not discuss such information with anyone except those who have a legitimate need to know this information to perform their job functions as determined by the District CEO or designee. An exception will be made of any proper requests made in accordance with applicable laws and regulations.
3. **Personnel.** Information relating to District Representatives is confidential. Personnel information will be maintained in accordance with District policies and applicable laws governing employment. Personnel having access to such information will exercise due care in protecting its confidentiality and limiting the dissemination of such information to only those individuals in the organization who need the information to perform their job functions. An exception will be made for any proper requests made in accordance with applicable laws and regulations.

#### *E. Conflicts of Interests*

*Policy:* The District recognizes that there is a potential for conflicts of interest. The District has established guidelines to avoid conflicts of interest and protect the assets of the District. Persons holding such positions may not use their position to profit personally, or to assist in profiting in any manner at the expense of the organization.

1. All District Representatives must comply with all applicable laws and regulations governing official conduct<sup>2</sup>.
2. Any member of the District's Board of Commissioners who has a "substantial personal or private interest" in any measure, bill, order, or ordinance proposed or pending before the District Board of Commissioners must disclose that interest to the recording secretary of the District's Board of Commissioners and the conflict shall be reflected in the Board Meeting Minutes. An affected Commissioner may add to discussions but may not vote in matters pertaining to subject matter where the conflict exists. Substantial personal or private interest is defined according to the Board of Commissioners' Conflict of Interest policy (Board By-Laws).
3. The Department Managers and the Purchasing Manager of the District are prohibited from the following acts:

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<sup>2</sup> RCW 43.160.049



- a. Failure to notify administration of private interest, direct or indirect, in any vendor doing business with the District; and
  - b. Accepting personal gifts or gratuities (monies) directly or indirectly from vendors doing business with the District, except for non-monetary gifts or gratuities of nominal value (\$25.00 and less).
4. Department Managers and the Purchasing Manager are to read the Conflict-of-Interest Policy and Procedure annually through PolicyTech. By doing this they are signing that they have read and understood the policy and procedure, and they agree to comply with the policy and procedure.
  5. In the event that a Department Manager or Purchasing Manager is aware of a situation whereby he/she/they or a relative has a private interest or employment, either direct or indirect, in a vendor or physician doing business with the District, he/she/they must notify the Compliance Officer or CEO immediately. The Compliance Officer or CEO will determine within 30 days of receipt of the notice whether the private interest constitutes a conflict of interest. If a conflict of interest exists, the manager has 60 days to divest their interest in the vendor and work with the Compliance Officer to ensure proper oversight to ensure continued Compliance of the employee.
  6. District Representatives determined to be accepting personal gifts and gratuities (other than non-monetary gifts of nominal value) directly or indirectly from vendors will be subject to disciplinary action by the District.

#### *F. Business Relationships*

Business transactions with vendors, contractors and others will be transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in transactions.

1. District Representatives may not personally accept monetary gifts or gratuities (monies) from either patients or suppliers. Whenever monetary gifts or gratuities are offered by patients or suppliers, they must be gracefully declined. If a supplier or anyone else persists in offering monetary gifts, report such activity to the Compliance Officer. District Representatives who fail to comply are subject to disciplinary action which may include forfeiture of office or termination of employment. Likewise, gifts or gratuities may not be given by any individual representing the District for the purpose of inducing or influencing referrals. Such gifts may constitute a violation of the law. Any questions about whether the gifts or gratuities may be received or given will be referred to the Compliance Officer for review and approval/disapproval.

2. If a patient, resident, or suppliers would like to donate gifts or gratuities. CCHS employees may direct that individual to contact the Dayton/Waitsburg Community Health Foundation which is part of the Blue Mountain Community Foundation at 509-529-4371.
3. The District may conduct fundraising activities which are intended for charitable purposes. Soliciting monetary gifts for charitable purposes on behalf of the District will be permissible.
4. *Workshops, Seminars and Training Sessions.* Attendance at local, vendor sponsored workshops, seminars and training sessions will be permitted with prior approval by the District Representative's immediate supervisor (if applicable) or administration. Attendance at out-of-town seminars, workshops, and training sessions, which are at the vendor's expense, is permitted only with the prior approval of the CEO or his/her designee.
5. *Contracting.* Business relations with contractors will be conducted at arm's length, both in fact and in appearance. Contractors will disclose personal and business relationships with District Representatives. Contracts will be approved by the Board of Commissioners or its designee subject to existing policies. The District may from time to time engage legal counsel to conduct an independent review of its contracts.
6. *Business Inducements.* The District will not offer or provide gifts, other than non-monetary gifts of nominal value, free services, or other incentives to patients, relatives of patients, physicians, District Representatives, contractors, nursing facilities, assisted living facilities, or other potential referral sources for the purpose of inducing referrals in violation of the anti-kickback statute, Stark self-referral law or state statutes or regulations and business inducements which are prohibited under this Plan.
7. *Write-offs and Discounts.* The District will discount standard charges when required by contractual agreements as permitted under federal and state law. The Administration may also adjust patient bills due to concerns about patient satisfaction issues. The District will make a reasonable collection effort on unpaid accounts, unless the patients are determined to be financially indigent. Those accounts that cannot be collected will be written off according to the District's policies or assigned to the District's contracted collection agency.

#### *G. Protection of Assets*

All District Representatives are responsible for the preservation and protection of the District's assets. District Representatives will make prudent and effective use of the District's resources and accurately report on their financial condition.

1. *Internal Control.* The District shall establish control standards and procedures to provide that assets are properly used and that financial information is reported properly. Maintaining internal control standards is the responsibility of District Representatives.
2. *Financial Accounting and Reporting.* It is the District's policy to ensure that financial and accounting information is reported accurately, timely and completely. Improper or fraudulent reporting, documentation or accounting is contrary to the District's policy and may be in violation of applicable laws. The following are examples of practices that will be prohibited:
  - a. Falsifying either the reasons for any payment or documentation pertaining to any payment.
  - b. Recording false entries on patient charts, claim forms or any other documents.
  - c. Billing for items or services not actually rendered or documented in the Electronic Health Record
  - d. Providing misrepresented services.
  - e. Using a billing code that provides a higher payment rate than the billing code that reflects the service furnished to the patient.
  - f. Submitting duplicate claims or duplicate billing for reimbursement.
  - g. Submitting false cost reports.
  - h. Billing for services not covered or reimbursable.
3. *Personal use of Corporate Assets.* District Representatives will not convert the District's physical or financial assets to their own personal use. District Representatives are prohibited from the unauthorized use or taking of the District's equipment, supplies, furniture, materials or services unless approved in advance by the CEO or his designee. District Representatives may obtain surplus items only after the Board of Commissioners have approved the surplus items through the Resolution process.

#### *H. Background Checks*

A background investigation, including a reference check, will be conducted before any new employee is hired. The investigation will include a background check conducted by the Washington State Department of Social and Health Services (DSHS) (includes WA State Patrol) or agency as determined by the District. All employee background checks will be

completed every 2 years per DSHS Guidance. The investigation will also include, but not be limited to, an inquiry of the OIG internet database containing information of the individuals who have been sanctioned by or excluded from participating in federally funded health programs and any requirements set forth in the District's guidelines. This review will be performed monthly by the Human Resources Department or appointed designee on all District Representatives. Any District Representative appearing on the Office of Inspector General (OIG) Internet database will be immediately reported to the Compliance Officer and the HR Manager. The CEO will determine appropriate remedial/disciplinary action and report such findings/actions to the Board of Commissioners. Any applicant will be required to disclose any criminal conviction related to health care and any action brought by an agency to exclude the applicant from participation in any federally funded program. Individuals who have been convicted of a criminal offense related to health care or are listed by a federal agency as ineligible for participation in a federally funded program, will not be employed by the District. If criminal charges related to health care are brought against an individual or if a federal agency proposes to exclude an individual from participation in a federally funded health care program, such individual will be removed from direct responsibility for, or involvement, in any federally funded health care program pending resolution of such charges. If resolution of the matter results in conviction, debarment or exclusion of the individual, the District will immediately terminate the individual's employment. The District will also conduct investigations of prospective members of the medical staff and its vendors and contractors as prescribed in the District's policies. Furthermore, the District will conduct annual inquiries of the OIG database for independent contractors providing service to the District.<sup>3</sup>

### *I. Legal Compliance*

District Representatives are expected to be sufficiently knowledgeable of the legal aspects of their responsibilities and activities to reduce the risk of unintended violations. District Representatives whose positions may impact the District's compliance with laws and regulations will attend training and educational opportunities offered by the District and pursue a reasonable account of continuing self-education (See Section IV of this plan).. It is the responsibility of all District Representatives to notify their supervisor when they have a question regarding the legal aspects of their job and when additional information is needed. If questions arise regarding the existence, applicability or interpretation of any law, the Compliance Officer should be contacted.

District Representatives are required to comply with applicable antitrust and similar laws that regulate competition. Examples of prohibited conduct include:

- (1) agreements with competitors to fix prices.

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<sup>3</sup> WAC 388.97.1800 CRIMINAL HISTORY DISCLOSURE AND BACKGROUND INQUIRIES – DOH NH LICENSING REGS

- (2) organized boycotts of governmental or other payers; and
- (3) unfair trade practices.

District Representatives are required to comply with applicable laws and regulations related to their job responsibilities and to refrain from knowingly participating in illegal activities or failing to meet affirmative legal duties whether specifically addressed in this Plan.

### **III. Compliance Officer and Compliance Committee**

#### *A. Appointment of a Compliance Officer*

The Plan will be implemented by a Compliance Officer. The CEO will appoint the Compliance Officer and he/she/they will serve at the discretion of the CEO. The CEO or designee will temporarily serve as Compliance Officer if necessary, during temporary absences. The CEO will temporarily serve as the Compliance Officer in the event the Compliance Officer is implicated in a report of misconduct.

#### *B. Duties of the Compliance Officer*

The Compliance Officer's duties will include the following:

1. Oversee and monitor the District's compliance activities.
2. Meeting periodically with the Compliance Committee and report to the Board of Commissioners at least annually on the progress of the Plan.
3. Ensure that the Plan has been properly implemented and that revisions are made as appropriate.
4. Periodically review the Plan and recommend revisions as necessary to meet changes in the business and regulatory environment.
5. Coordinate compliance training and related educational activities for District Representatives as required.
6. Review and update education or training materials to reflect current laws and regulations applicable to health care programs.
7. Coordinate internal auditing and monitoring of activities within the scope of the Office of Inspector General (OIG) Compliance Work Plan which is updated annually.
8. Review compliance in District departments on a periodic basis, as needed.
9. Coordinate the drafting and updating of the Standards of Conduct as well as any compliance-related policies and procedures.
10. Participate in the review of contracts with independent contractors and agents for compliance issues, and regarding contracts with physicians or physician entities, coordinate with legal counsel on review of such contracts.
11. Ensure that the Plan has been effectively communicated at an appropriate level to all District Representatives in coordination with Human Resources.
12. Receive and investigate reports that violate the Standards of Conduct and possible illegal conduct in coordination with legal counsel on investigation of alleged misconduct.

13. Establish and administer a communication system that will be available to District Representatives for reporting any suspected misconduct or other conduct that violates the Standards of Conduct without fear of retribution or retaliation. The Compliance Officer will notify appropriate law enforcement agencies of possible illegal conduct.
14. Act as Chair of the Compliance Committee appointed in accordance with Section III (C) of this Plan.

### *C. Appointment of a Compliance Committee*

The Compliance Officer will appoint a Compliance Committee.

1. The Compliance Committee members will work with the Compliance Officer in the design, implementation, and ongoing review of the Plan. Committee members may participate in reviews or audits of District department activities and assist in developing specific standards of conduct and policies and procedures. The Committee members will also coordinate compliance training, relay compliance related communications to the rest of the organization and monitor compliance efforts in their departments.
2. To assure proper coordination of the compliance effort, the Compliance Committee will meet periodically to discuss, review, and resolve compliance issues. The Compliance Committee's functions will include, but not be limited to:
  - a. Analyzing business and legal requirements with which the District must comply;
  - b. Assessing existing policies and procedures to determine their adequacy in meeting the District's compliance objectives;
  - c. Conducting periodic risk assessments and reviewing the results of internal audits.
  - d. Developing new standards of conduct, policies and procedures and controls to promote compliance.
  - e. Assisting in developing work plans to address potential compliance issues uncovered while conducting risk assessments or audits.
  - f. Determining the appropriate approach/strategy to promote compliance with the Plan and detection of any potential violation.
  - g. Performing such special projects as requested by the Compliance Officer.

## **IV. Education and Training**

Training and education for District Representatives will be provided so that each has a clear understanding of their responsibilities under the Plan. The education and training will emphasize the District's commitment to compliance with laws, regulations and guidelines governing health care programs. Failure to comply with training requirements or to attend scheduled training sessions of the District or of each department may result in disciplinary action or loss of affiliation. It is not necessary, however, that every District Representative be educated concerning every aspect of the Plan. The Compliance Officer

will determine, in cooperation with the Compliance Committee, the materials and the training that each classification of District Representative will receive. Tracking of District Representative compliance education is the responsibility of the Human Resource Department. The Compliance Officer will promptly respond to any questions of each District Representative regarding the compliance materials.

*A. Other Training and Education*

In addition to the new employee orientation compliance training, the Compliance Officer or designee will provide for additional training (e.g., seminars, live or videotaped presentations, or more detailed written materials) in targeted departments covering specific issues identified by the Compliance Committee. Such training will utilize in-house expertise whenever possible. However, the Compliance Officer may request the services of outside experts to conduct specialized or highly technical training. Annual Compliance training will be assigned to all staff through Healthstreams by the HR department.

*B. Government Compliance Alerts and Guidance Rules*

The OIG and other government agencies periodically publish fraud and abuse alerts, interpretations, and compliance guidance regulations. The Compliance Officer or a designee will distribute copies of this material to the Compliance Committee and to other affected District Representatives as deemed appropriate. In identifying potential risk areas and developing or revising policies and procedures to strengthen controls over these areas, the Compliance Officer or a designee will further ensure that affected District Representatives receive Centers for Medicare and Medicaid Services (CMS) and other agency manual revisions, instructions, regulations, bulletins, or other material which is considered necessary to properly perform their job duties and responsibilities. Additionally, all District Representatives will receive training regarding fraud and abuse reporting and protection from retaliation.

*C. Competency Assessment/Recordkeeping*

Education and training are part of the District's competency assessment program. The Compliance Officer or designee will enlist the assistance of the HR department and others for education and training relating to compliance issues. The HR Department, with the input of each affected department, will develop an appropriate education competency assessment for affected District Representatives. A District Representative's competency will be evaluated in orientation and throughout employment. Documentation of the competency validation will be retained by the District in accordance with its records retention program.

*D. New Employees*

New employees will receive the compliance materials relative to their job duties as a part of their orientation.

## **V. Testing and Monitoring**

To detect areas of potential noncompliance and improve the quality of the work product, an ongoing evaluation process is very important to the success of the District's compliance plan. The District will conduct the following testing and monitoring process:

### *A. Periodic Testing*

The District will have an annual financial audit conducted by an independent public accounting firm. In addition, the District will schedule periodic testing of targeted areas to determine if they are in compliance with the procedures and standards of conduct established in this Plan. Examples of such testing will include but not be limited to:

1. Charge Master reviews
2. Medical record reviews
3. Billing and coding reviews
4. Human Resources reviews

Such testing will be coordinated by the Compliance Officer or a designee. Whenever possible, such testing will be conducted by in-house personnel. However, under certain circumstances, the Compliance Officer may engage outside auditors per District policy. The Compliance Officer may seek the advice of legal counsel before engaging the outside auditors.

### *B. Testing Techniques*

The Compliance Officer and staff or external auditors will consider techniques such as the following:

1. Interviews of personnel involved in management, operation, billing, and other related activities.
2. Reviews of written policies and procedures prepared by the different departments of the District.
3. Analytical or comparative reviews.
4. Examinations of supporting documents and records.
5. Surveys or questionnaires.
6. On-site visits.

### *C. Other Monitoring*

1. On an annual basis, the Compliance Officer may retain an independent firm to review records and reports, which are required to be maintained in accordance with the provisions of this Plan.



2. Copies of correspondence related to audits, denials, differences, surveys, complaints, investigations, or inquiries from an organization administering a health care program will be immediately copied and directed to the Compliance Officer.

#### *D. Investigations and Corrective Action*

If an audit discloses potential violations or misconduct, the procedures outlined in Article IX and X of this Plan will be followed. In addition, the Compliance Officer will, with assistance of the Compliance Committee, ensure that policies and procedures are updated, and additional training is provided where necessary to prevent continued noncompliance.

### **VI. Effective Lines of Communication for District Representatives**

#### *A. District Representative's Responsibility*

District Representatives will have the following responsibility with respect to this Plan:

1. To refer to the Compliance Officer any question which cannot be resolved internally involves billing, coding, documentation, or reimbursement matters.
2. To seek clarification of any questions the District Representative may have with this Plan on their job duties.
3. A question which cannot be resolved internally, that involves billing, coding, documentation, or reimbursement matters will be referred to the Compliance Officer.
4. To cooperate fully with the CEO and the Compliance Officer and their agents in their efforts to implement and maintain the Plan.
5. To cooperate fully in any investigations or audits conducted in connection with this Plan.

#### *B. Reporting Mechanisms*

A District Representative will report in good faith their belief of violations of the Plan or applicable laws, or seek guidance regarding any questions he or she may have about the Plan or the carrying out of their job duties, as follows:

1. By contacting the District Representative's supervisor (if applicable) to determine if it is a compliance issue or not. This procedure should not be followed if the complaint involves an employee's supervisor.
2. By calling the Compliance Hot line at 844.841.2652 and leaving a detailed message. The hotline number will be posted on bulletin boards throughout the District. Such calls may be made anonymously. The hotline should be checked daily Monday through Friday.
3. By requesting a private meeting with the Compliance Officer.

4. By mailing their written question/concern to:

Compliance Officer  
1012 S 3<sup>rd</sup> Street  
Dayton, WA 99328

5. Or e-mail compliance [compliance@cchd-wa.org](mailto:compliance@cchd-wa.org)

The investigation into the concerns will be initiated within two business days. Notification will be provided to the reporting District Representative (if known) that the report has been received and is being reviewed. Reports will be taken seriously and will be responded to as soon as possible.

*C. Questions or Concerns*

Upon receipt of a question or concern about a compliance related issue, the employee's supervisor or the department manager will promptly deliver a report of the question or concern to the Compliance Officer. However, if the supervisor or the department manager believes that the question or concern involves an allegation of a violation of the law or the Plan by the Compliance Officer, the question or concern will be delivered immediately to the Chief Executive Officer (CEO) and to the Chairperson of the Board of Commissioners.

*D. Recordkeeping*

A record will be made of each report received by the Compliance Officer or appointed designee through the Strategic Quality Support System (SQSS). The Compliance Officer or HR will record information pertaining to the report which is necessary to conduct an appropriate investigation. This information will include pertinent details relating to the reported incident including the time and date, person or persons involved in the incident, description of the incident, results of the investigation and final disposition of the complaint or inquiry. If the District Representative or other person was seeking information regarding the Compliance Plan or some other matter such as their job duties, the Compliance Officer or HR, will record the nature of the call or report and the information requested and respond to the District Representative as soon as possible if their name is known.

*E. Retaliation*

Any threat of discrimination against, retaliation against, dismissing or in any manner penalizing a person who acts pursuant to their responsibilities under the Plan is not only acting against the District's policy, but also in some instances, is a violation of the law. Retaliation, if proven, will be subject to appropriate discipline. District Representatives, who in good faith, report potential compliance issues will not be

retaliated against. However, District Representatives who file false or misleading claims will be subject to disciplinary action. In addition, District Representatives who report acts of misconduct or violations that they have committed will not be immune from disciplinary action.

#### *F. False Report*

Any attempt to harm or slander another through false accusations, malicious rumors or other irresponsible actions are a violation of the District's policy. Such attempts, if proven, will be subject to discipline or loss of affiliation.

#### *G. Confidentiality*

The District, at the request of a District Representative making a report, will provide such anonymity to the District Representative as is possible under the circumstances provided such confidentiality is, in the judgment of the Compliance Officer, consistent with the District's obligation to investigate District Representative concerns and take necessary corrective action. However, the District cannot provide any assurances of anonymity if an external investigation is performed.

### **VII. Enforcing District Representative Standards through Disciplinary Guidelines**

District Representatives who have failed to comply with the Plan, and otherwise engaged in wrongdoing that has the potential of impairing the District's status as a reliable, honest and trustworthy health care provider may be subject to disciplinary action.

#### *A. Management Involved in Establishing Discipline Procedures for Improper Activities*

The Compliance Officer, in consultation with the Director of Human Resources and the department manager, will establish procedures for the discipline of District Representatives related to violations of the Plan. These procedures will be outlined at employee orientation and in the Employee Handbook.

#### *B. Persons Involved in Improper Activities*

Any District Representative who violates the Plan will be disciplined as provided by the District's personnel policies. Violations include the failure to report suspected improper activity. Disciplinary action may range from a warning to termination and may include mandatory training. Any disciplinary action will be appropriately documented in the District Representative's personnel files (if applicable), along with a statement of the reasons for imposing such discipline.

#### *C. Reports to the Board*

1. The Compliance Officer will report at least quarterly to the Board of Commissioners any confirmed fraudulent behavior that affects the health systems daily operations.
2. This report will maintain the confidentiality of all individuals.

### **VIII. Investigations of Potential Noncompliance Involving Healthcare Programs**

Upon receipt of audit results, reports or complaints suggesting possible noncompliance with the laws or rules of Medicare, Medicaid, other federal or state health care programs, or private health care plans or contracts, the District will follow the investigation policies and procedures set forth below:

1. **State the Purpose of Investigation:** The purpose of the investigation will be to identify those situations in which the laws, rules or standards of Medicare, Medicaid, or other federal or state health care programs, or private health care plans or contracts may have been breached; to identify individuals who may have knowingly or inadvertently caused claims to be submitted or processed in a manner which violates applicable laws, rules or standards; to facilitate the correction of any practices not in compliance with the applicable laws, rules or standards; and to implement those procedures necessary to ensure future compliance. In cases that may involve the Compliance officer, the CEO will follow the procedures for investigating an incident.
2. **Control of Investigations.** The Compliance Officer will be responsible for directing the investigation of any alleged problem or incident. At the discretion of the Compliance Officer, the information or report received may be forwarded to legal counsel who may assist in the investigation of the alleged problem or incident. In investigating, the Compliance Officer or legal counsel may request the support of District's staff, internal counsel and auditors, consultant, and other external resources with the technical expertise or knowledge to assist with the specific problem or incident. These persons will function under the direction of the Compliance Officer or legal counsel and will be required to submit relevant evidence, notes, findings and conclusions to the Compliance Officer or legal counsel depending upon who is directing the investigation.
3. **Investigative Process.** The following steps are not all inclusive but are the basic procedures to be undertaken:
  - a. A Review of the applicable laws and regulations which might be relevant to or provide guidance with respect to the appropriateness of the activity in question, to determine whether a problem exists.

- b. When indicated, a 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, will be made to determine the nature of the problem, the duration of the problem, and the potential financial magnitude of the problem.
- c. Interviews of the person or persons who appeared to play a role in the process or who have knowledge of the alleged problem. The purpose of these interviews will be to determine the facts related to the alleged problem or incident as opposed to making judgments and may include the following steps:
  - (1) The understanding of the applicable laws, rules and regulations governing the person or persons involved in the situation.
  - (2) The identification of persons with supervisory or managerial responsibility in the process.
  - (3) The adequacy of the training of the individuals performing the functions within the process; and
  - (4) The extent of which any person knowingly or with reckless disregard or intentional indifference acted contrary to the applicable law, rules, or regulations.
- d. Preparation of summary report which (i) defines the nature of the alleged problem, if any, (ii) summarizes the investigation process, (iii) identifies any person whom the investigator believes to have either acted deliberately or with reckless disregard or intentional indifference toward the applicable laws, rules and policies, and (iv) if possible, estimates the nature and extent of the resulting overpayment by the government, if any.
- e. If the review results in conclusions or findings that the conduct is permitted under applicable law, regulations, or policy or that the alleged problem or incident did not occur, the investigation will be closed.
- f. If the investigation concludes that there is improper billing occurring, that practices are occurring which are contrary to applicable law or, that inaccurate claims are being submitted, corrective action will be taken in accordance with Section IX.
- g. If the identity of the person or persons filing the complaint is known, the Compliance Officer will report to that person that an investigation has been completed and, if appropriate, that corrective action will be taken.

## **IX. Organizational Response to Noncompliance Regarding Healthcare Programs**

If, upon conclusion of an investigation, it appears that there are genuine compliance concerns, the Compliance Officer in consultation with legal counsel and the CEO will immediately formulate and implement 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 areas. The procedure for undertaking corrective action will include, but need not be limited to the following:

### *A. Possible Criminal Activity*

If the investigation uncovers what appears to be criminal activity on the part of any District Representative, the Compliance Officer will:

1. Notify legal counsel, the District liability insurance carrier, and the Chairperson of the Board Commissioners.
2. Initiate the applicable procedure to immediately stop billing or other activities related to the problem until such time as the offending practices are corrected.
3. Initiate the applicable procedure for appropriate disciplinary action by the CHRO against the person or persons whose conduct appears to have been intentional, willfully indifferent or with reckless disregard. Appropriate disciplinary action will include, at minimum, the removal of the person from any position with oversight for or involvement with the claims submission or billing process and may include, in addition, reprimand, suspension, demotion, or discharge.
4. Notify the appropriate law enforcement or regulatory authorities, with the advice of legal counsel, no later than 14 days after credible evidence has been obtained to confirm that a violation has occurred.
5. Initiate the applicable procedure to modify the applicable policies and procedures, if required.
6. Designate and implement an appropriate program of education to prevent similar noncompliance in the future.
7. Initiate any other action deemed appropriate under the circumstances.

### *B. Other Noncompliance*

If the investigation reveals problems which do not appear to be the result of conduct which is intentional, willfully indifferent, or with reckless disregard, the Chief Financial Officer (CFO) or appointed designee will undertake the following steps:

1. Improper Payments. If the problem results in duplicate payments by Medicare, Medicaid, other federal or state health care programs, or private health care plans or contract, coding or claims submission 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, the CFO will:
  - a. Initiate the applicable procedure to stop billing or other activities of the type which is a problem until such time as the offending practice is corrected.
  - b. Determine, in consultation with the CEO, Revenue Cycle Manager and legal counsel if indicated the need to calculate and repay the overpayments to the appropriate payer.
  - c. 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, or discharge.
  - d. Designate and implement an appropriate program of education to prevent future similar problems; and
  - e. Initiate the applicable procedure to modify the applicable policies and procedures.
2. No Improper Payment. In the event the problem does not result in an improper payment by Medicare, Medicaid, and other federal or state health care program, or a private health care plan or contract, the CFO will:
  - a. Initiate the applicable procedure to correct the defective practice or procedure as quickly as possible by identifying the problem and resolving it with the proper solution.
  - b. Initiate such disciplinary action, if any, as may be appropriate given the facts and circumstances. Appropriate disciplinary action will be consistent with District's guidelines.
  - c. Designate and implement an appropriate program of education to prevent future similar problems.

C. *Future Actions*

Any issue for which a corrective action plan is implemented will be reviewed in future audits of the affected department or area. The CFO will report quarterly to the Board of Commissioners on the nature of the investigations

that have been conducted, the findings, the corrective actions, and the repayment, if applicable, of funds to federal, state, or other agencies.

## **X. Record Retention**

- The purpose of the District's record retention policies located in PolicyTech, is to:
  1. Provide guidelines as to the creation, maintenance, retention, and destruction of documents,
  2. Establish a mechanism for periodic review of the retention periods
  3. Determine compliance with requirements of those District policies and of applicable document retention periods specified by law or regulation.

The District will follow the record retention requirements required by applicable laws, regulations, and contractual agreements.

## **XI. Record Falsification**

The District expressly prohibits the alteration of documents to deceive another person or entity, to conceal information to distort the truth, to destroy or hide the facts or to obstruct an investigation in any way by tampering with the District's records.

## **XII. Summary**

The District requires that District Representatives adhere to the standards contained in this Plan, as well as other District policies, guidelines and procedures, including those contained in the District's record retention policies and other policy and procedural manuals, while serving in their respective capacities on behalf of the District. Conduct that does not comply with these standards is not authorized by the District and will not be tolerated.



### **XIII. Appendix – Acronyms:**

#### **ABN – Advanced Beneficiary Notice**

The ABN is a written notice issued to a Fee-For-Service beneficiary before furnishing items or services that are usually covered by Medicare but are not expected to be paid in a specific instance for certain reasons, such as lack of medical necessity.

#### **CEO – Chief Executive Officer**

The CEO is the highest-ranking person in the organization.

#### **CFO-Chief Financial Officer**

The CFO provides financial oversight of Revenue Cycle and budgetary obligations of the Health System, while ensuring the health system is following state and federal financial compliance requirements.

#### **COO-Chief Operations Officer**

Provides oversight of departmental operations that are patient care focused and ensuring that the organization is meeting Compliance requirements per state and federal regulations.

#### **CCHS – Columbia County Health System**

Community owned health care system.

#### **HIPAA – Health Insurance Portability and Accountability Act**

A US law designed to provide privacy standards to protect patients' health information.

#### **OIG – Office of Inspector General**

The Office of Inspector General is a division of the Federal Government's Department of Health and Human Services charged with combating fraud, waste, and abuse in Health and Human Services programs.

#### **SQSS-Strategic Quality Support System**