



Kennebec Region Health Alliance Compliance Program

**Ethics & Compliance
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Kennebec Region Health Alliance

Kennebec Region Health Alliance (KRHA) was formed in 1997 as a physician hospital organization consisting of MaineGeneral Medical Center and members of the Medical Center medical staff. Over the years, the alliance has expanded to include many members (physicians and staff) and member practices (groups of physicians within a single tax identification number) within our community. The KRHA mission is to promote healthy communities by providing access to quality health care in a cost efficient manner. The organization contracts with major payers and purchasers with an emphasis on developing programs designed to enhance clinical quality and outcomes.

Statement of Ethics

KRHA is committed to maintaining the highest ethical and professional standards and to act with integrity in all of its activities. We pledge to treat all of our patients, employees, physicians and constituents with courtesy, dignity, honesty and respect. We believe these high ethical standards are necessary to maintain KRHA's tradition of excellence in the care of patients and to enhance the pride and confidence of all persons who work for or provide services to KRHA.

Kennebec Region Health Alliance Policy Statement

KRHA strives to coordinate and monitor health care for the people we serve and to act with integrity in all we do. Compliance with applicable laws, rules and ethical standards is critical to our maintaining integrity in all of our operations. Our goal is to make sure each member of KRHA takes responsibility for ethics and compliance, understanding that compliance is everyone's job. KRHA recognizes that an effective compliance program improves quality of care, saves resources, increases positive outcomes and strengthens our already strong compliance culture of "doing the right thing."

KRHA member practices are required to create, monitor and maintain an effective compliance program that is compliant with Office of the Inspector General requirements. KRHA member practices are expected to be in compliance with all applicable federal and state laws and regulations, including but not limited to the federal Anti-Kickback Statute {42 U.S.C. § 1320a-7b(b)} and the Federal False Claims Act (31 U.S.C. § 3729 et seq.).

Purpose of the KRHA Compliance Program

The KRHA Compliance Program is established and implemented to:

- Create a culture that promotes the prevention, detection and resolution of instances of conduct that does not conform to laws, standards and ethical business practices;
- Improve the quality of care for our patients;
- Satisfy the terms of its contractual arrangements;
- Detect and deter criminal conduct or other forms of misconduct by staff, officers, directors, members, and contractors that might expose KRHA to significant civil liability;
- Promote self-auditing and monitoring while providing for appropriate voluntary disclosure of violations of laws and regulations;
- Provide information, guidance and education regarding ethics, regulatory requirements and standards of practice; and
- Provide ethical guidance so that everyone associated with KRHA uses their best judgment, is held accountable for their actions and conducts business with the highest integrity.

Participants in the Compliance Program

The Program, its concepts, policies and procedures apply to all KRHA staff, officers, directors, members, and contractors. All of us are personally accountable for our individual actions and decisions. We earn credibility with our patients, community and co-workers by keeping our commitments, acting with honesty and integrity and pursuing our goals solely through honorable conduct. To do so, it is crucial that we understand the laws, KRHA policies and contractual obligations that apply to us. By affiliating with KRHA, each member and provider is expected to comply with KRHA policies and the KRHA Compliance Program. KRHA has delegated responsibility for human resource functions to each participant in the alliance. In accordance with the KRHA Participation Agreement, each practice shall implement a compliance program that includes appropriate written policies and procedures, follows a standard of conduct, assures participation in KRHA Compliance training and education programs, and has a process for monitoring and auditing. KRHA provides a method for KRHA members and providers to report suspicious activities or misconduct related to KRHA to activities to the KRHA compliance officer.

Failure to comply with federal and state laws, the KRHA Compliance Program, or our policies and standards may result in disciplinary action. KRHA will not retaliate in any manner against anyone who, in good faith, reports known or suspected violations of laws or rules, suspected violations of the Code or other ethics or compliance concerns.

KRHA Compliance Program Structure

KRHA has appointed a Compliance Officer (CO) to oversee KRHA's compliance efforts. KRHA has established a Board of Directors with a mission is to support and assist in KRHA's implementation and maintenance of an effective compliance program. The Board helps build an awareness of ethics and compliance at all levels of the organization. The CO reports directly to KRHA's President. The CO has direct access to and may work with KRHA staff, the Board of Directors, members, and contractors. In the context of monitoring or investigating compliance matters, the CO has access to all documents and information relevant to compliance activities. These include but are not limited to marketing records, contracts and written arrangements or agreements with others. The CO has direct access to legal counsel as needed. If the CO becomes aware of compliance issues involving staff, members or contractors, the CO has direct access to the Board of Directors as needed.

KRHA Compliance Standards

KRHA has standards related to ethics and compliance issues. General standards and expectations are outlined in KRHA's Member Participation Agreements and more specific standards are included in KRHA policies. The Board of Directors, members and contractors who work with KRHA must comply with all applicable laws and regulations.

Compliance with legal requirements

We must become familiar with, and abide by, the letter and the spirit of the laws and regulations that apply to our positions and duties at Kennebec Region Health Alliance. All officers, directors, members, contractors, subcontractors and agents of KRHA shall be aware of KRHA's commitment to detecting and preventing health care fraud, waste and abuse.

If we are concerned about a mistake or have a question about the appropriateness of an action or inaction, we should speak to a supervisor, administrator or the Compliance Officer. When in doubt, ASK!

Reports of suspected violations will be investigated by authorized personnel. Each KRHA member and provider is expected to cooperate fully with any investigation undertaken. Regulatory violations will not be tolerated and may lead to disciplinary action, up to and including termination.

Avoid conflicts of interest

As members of the KRHA, we are bound to:

- Faithfully and honorably carry out our duties;
- Avoid conflicts between our personal interests and our official responsibilities;
- Refrain from utilizing any position within KRHA for personal gain or benefit;
- Report, in good faith, actual or potential conflicts of interest; and
- Avoid not only actual conflict but any appearance of a conflict of interest

KRHA staff and Board of Directors are required to complete a conflict of interest statement annually disclosing all conflicts.

Exclusions

KRHA takes reasonable steps to avoid contracting with any individual or entity who has been convicted of a criminal offense related to health care, or is debarred, excluded or is otherwise ineligible to participate in federal or state health care programs. Every new member, agent or contractor must reveal any convictions related to health care or any debarment, exclusion, sanction or other adverse action taken against him or her by any federal or state agency. KRHA requires all members and contractors to give KRHA notice if any such action is initiated.

For each new employed director, officer and member, KRHA requires a background check which includes:

- Review of the List of Excluded Individuals/Entities maintained by the Office of Inspector General of the Department of Health and Human Services (OIG) <http://exclusions.oig.hhs.gov>
- The List of Persons Excluded from Federal Procurement and Non-Procurement Programs maintained by the General Services Administration (GSA) <http://www.sam.gov/portal/public/SAM/>
- The MaineCare Excluded Providers list
<https://mainecare.maine.gov/mhpviewer.aspx?FID=MEEEX>

The performance of these background investigations and exclusion reviews shall be documented and maintained by the KRHA member.

Dealings with Government Agencies

Any communication with a government agency must be responsive, accurate and complete. Any data or other information provided to a government agency must be accurate, complete and include an explanation of any omission or inability to respond. All government agents are treated with respect. Any inquiry from a government agent for purposes of compliance will be referred to the CO. In no event will any employee be prohibited from speaking voluntarily with a government agent engaged in an investigation or an enforcement action, although they may be advised that they are not obligated to speak with an agent. All members of KRHA must carry out their duties in accordance with the Program and underlying policies. Failure to comply with governing laws, or the standards set forth in the Program, may result in disciplinary action up to and including termination of participation in the alliance.

Written Policies and Procedures

KRHA has established written policies and procedures that demonstrate our commitment to complying with applicable federal and state statutory, regulatory and other requirements. Each member and provider of KRHA is expected to be aware of and follow KRHA policies. KRHA Compliance policies and the KRHA compliance program are available on the KRHA web site or upon request.

Responsibilities of Managers and Directors

Each KRHA manager/director is responsible for:

- Discussing and providing or arranging for training on compliance standards, policies, procedures, laws and regulations applicable to staff of their department or service;
- Reporting to the CO any known or reasonably suspected violations of applicable federal health care program laws or regulations by any member of their department;
- Taking all measures reasonably necessary to ensure compliance with the Program and applicable laws and regulations.

Reporting of KRHA Compliance Concerns

Open communication is vital to the success of the KRHA compliance program. Without help from KRHA members, it would be impossible for KRHA to learn about compliance concerns and make necessary corrections. Therefore, all members of KRHA are required to report known or suspected violations. Concerns may be reported to:

- Management
- The Board of Directors
- CO at (207) 626-4103 or
- Anonymous reports can be made by calling the **Compliance Helpline at 207-621-9870**

The CO is responsible for reviewing, assessing and, as appropriate, investigating reports of possible misconduct from members, independent contractors or anyone else who contacts the CO or the KRHA Compliance Helpline, as it pertains to KRHA activities.

KRHA Internal Investigative Protocol

Upon receiving a report from an individual or the Helpline, a report log of the contact is maintained with all pertinent data in a secure location. If the CO concludes that the report contains allegations that should be investigated further, the CO or his/her designee will initiate an investigation. Information received by the CO is treated as confidential to the extent possible under applicable law. However, there may be times when a reporting individual's identity is disclosed, as required by law or to fully investigate the issue. KRHA does not retaliate in any manner against anyone who, in good faith, reports known or suspected violations of laws or rules, suspected violations of the Code or other ethics or compliance concerns.

The CO will review and log reports of compliance concerns or violations. Not every report will necessarily result in an investigation. Many issues may be addressed informally through discussion or education. However, issues relating to areas of legal or regulatory risk may require a formal investigation or review. The CO has primary responsibility for conducting investigations of such concerns, but may seek the assistance of others, including legal counsel, appropriate consultants, the appropriate member or manager or others. In all such consultations, KRHA strives to maintain the maximum confidentiality protection permitted by law. The CO periodically provides information about investigations and other compliance matters to the Board of Directors and/or the President where appropriate, in light of confidentiality issues. In general, the investigation process involves:

- Stopping the activity or practice at issue, pending the outcome of the investigation if appropriate;
- Reviewing appropriate guidance to determine whether the activity or practice raises compliance concerns;
- Establishing the scope of the potential problem;

- Assessing the impact or effect of the problem, with the use of external consultants if appropriate; and
- Developing and implementing a corrective action plan, including but not limited to any necessary repayments, disclosures or voluntary self-reports.

At the conclusion of any investigation, the CO prepares a report that defines the nature of the compliance situation or problem, summarizes the investigation process, identifies the parties responsible for the problem and outlines the corrective actions taken. The CO will keep the Board of Directors advised on a periodic basis of the status of all open investigations.

Unintentional Errors

In the event an investigation reveals a problem that appears to be an unintentional error, education and corrective actions will be taken in collaboration with members, the President and legal counsel, if necessary.

Intentional Noncompliance

If an investigation discloses what appears to be intentional noncompliance on the part of an individual or member, the following actions shall be taken:

- The practice at issue may be immediately suspended from the alliance pending the outcome of the investigation.
- The KRHA member may be placed on administrative leave, with or without pay, until the investigation is concluded.
- If the investigation determines the KRHA member acted intentionally, willfully or with reckless disregard for applicable laws or regulations, membership may be revoked as recommended by the Board of Directors.
- If the investigation determines that the practice at issue was inappropriate, KRHA will correct the practice immediately.
- If the investigation determines that a non- KRHA individual or entity acted intentionally, willfully or with reckless disregard for applicable laws or regulations, KRHA may notify state or federal agencies as appropriate.
- Legal counsel will be consulted as necessary.

Program Controls and Corrections

The goals of the Compliance Program are to prevent compliance issues and correct any compliance problems identified so that KRHA may continue to locate, coordinate and monitor health care in an appropriate, professional and lawful manner. Once an investigation or review has been completed KRHA will implement all necessary process controls and corrective actions to ensure the compliance issue does not occur again.

Risk Evaluation Activities

Internal Monitoring

Regular internal monitoring for compliance with appropriate state and federal guidelines and regulations, as well as with KRHA policies, is central to preventing and catching errors and to reinforcing best practices. Members and/or providers of KRHA may wish to monitor new services, high-volume services, or items identified annually by the Office of the Inspector General to ensure compliance with State and Federal regulations.

Corrective Actions

If either internal or external KRHA regulatory reviews reveal deficiencies, the CO will assist members with development of appropriate corrective actions. In the spirit of knowledge and collaboration, members should not develop independent corrective action plans or hire consultants to respond to compliance issues without the knowledge or involvement of the CO. Members and/or member practices are expected to monitor and correct any regulatory deficiencies identified.

Audit Activity Confidentiality

Any internal or external reviewers or auditors who are given access to KRHA information to carry out audit activities are held to KRHA's confidentiality requirements. Access to patient medical or billing information for review or audit activities does not constitute authorization to use such information for anything other than this monitoring purpose. Members of KRHA carrying out such activities are subject to all KRHA policies about confidentiality of protected health information.

Design and Coordination of Annual Compliance Training

Annual KRHA compliance training and education are provided to KRHA members, providers, and the Board of Directors. The CO, in conjunction with the Board of Directors, will create supplemental Compliance training programs as necessary. Attendance at all KRHA compliance trainings will be documented.

Conclusion

Through the Compliance Program, as outlined in this document, KRHA will work toward maintaining a health care system that effectively prevents or detects wrongdoing, corrects errors and improves processes. Everyone associated with KRHA is a member of the compliance team and can help KRHA achieve its compliance goals.