



Corporate Compliance Plan

2017-2018

Fiscal Years ~~2016-2017~~

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APPROVAL

The Corporate Compliance Plan for Gulf Bend Center was reviewed and approved on

01, 24 2017.



Steve Hipes,
Gulf Bend Center Board of Trustees Chair



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Gulf Bend Center



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Corporate Compliance Plan

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GULF BEND CENTER

Corporate Compliance Plan

I. Introduction and Statement of Purpose

It is the policy of Gulf Bend Center, hereinafter referred to as "the Center" or "GBC", to follow ethical standards of business practice established by the Center's management team and local board; by oversight agencies; and state and federal law. The Center has an ongoing commitment to ensure that its affairs are conducted in accordance with applicable law and sound ethical business practice. The Center Board of Trustees and employees are provided education on applicable laws and regulations to which the Center is obliged to comply with, so that they do not inadvertently engage in conduct that may raise compliance issues. The Center recognizes that its business relationships with contractors, other providers, vendors and clients are subject to legal requirements and accountability standards.

To further its commitment to compliance and to protect its employees, the Center places emphasis on its Corporate Compliance Plan to address regulatory issues likely to be of most consequence to Center operations. The Corporate Compliance Plan establishes the following framework for legal and corporate compliance by the Center Board of Trustees and employees:

- Designation of responsible persons charged with directing the effort to enhance compliance and implement the Corporate Compliance Plan;
- Incorporation of standards, policies and administrative guidelines directing The Center personnel and others involved with operational practices;
- Identification of legal issues that may apply to business relationships and methods of conducting business;
- Development and implementation of an education program for the Board of Trustees, clinical staff, administrative staff, advisory committees addressing obligations for adherence to applicable compliance requirements;
- Implementation of a mechanism for employees to raise questions and receive appropriate guidance concerning operational compliance issues;
- Development and implementation of an ongoing monitoring and assessment process identifying potential risk areas and operational issues requiring further education;
- Development and implementation of a process for employees to report possible compliance issues including a process for such reports to be reviewed;
- Enforcement of standards through documented disciplinary guidelines, policies and training addressing expectations, sanctions and consequences;
- Formulation of plans for corrective action to address identified areas of noncompliance; and

- Implementation of regular reviews of the overall compliance efforts of The Center to ensure that operational practices reflect current compliance requirements and address strategic goals for improving Center operations.

This Corporate Compliance Plan is not intended to set forth all of the substantive programs and practices of the Center that are designed to achieve compliance. In addition to this plan, the Center has developed and implemented a Quality Management Plan establishing guidelines and defining parameters of the Center's compliance efforts. The compliance practices included in each of these plans are coordinated to direct the Center's overall compliance efforts.

II. Scope

This Corporate Compliance Plan applies to all Center operational activities and administrative actions and includes those activities defined in federal and state regulations relating to healthcare professionals. The Center places particular focus upon the following concerns:

- Adhering to billing requirements relating to the quantitative and qualitative documentation of professional services and associated billing practices;
- Evaluating and managing over- and underutilization of services;
- Ensuring delivery of medically necessary services providing the best value for the clients and communities served by The Center;
- Complying with regulatory guidelines for data collection and submission processes;
- Developing, implementing and adhering to policies and procedures relating to areas deemed as problematic by the Office of Inspector General;
- Developing and implementing policies for credentialing clinical staff including a process for suspension or revocation of professional privileges; and
- Addressing other notable areas identified by the Center through findings from the Quality Management monitoring and self-assessment process.

These concerns are recognized as areas with inherent risk if The Center is to fulfill its commitment to ensuring all practices are carried out within acceptable and appropriate guidelines.

It is intended that the scope of all compliance activities promotes integrity, ensures objectivity, fosters trust and supports the stated values of The Center.

III. Administrative Responsibility

The primary responsibility for implementing, managing and monitoring the Center compliance effort is assigned to the Director of Quality and Compliance Director. The Compliance Officer will report all compliance efforts and identified issues directly to the Executive Director and indirectly, as required, to the Center Board of Trustees. The Center Executive Director has supervisory responsibility for implementation of the Corporate Compliance Plan. The Center Board of

Trustees is accountable for ensuring Gulf Bend Center has developed and implemented a formal corporate compliance plan.

With the oversight of the Executive Director and with the assistance of Center legal counsel, when appropriate, the Compliance Officer is responsible for the following activities:

- Assist the Integrity, Quality, and Compliance Committee in the review, revision and formulation of appropriate policies and procedures to guide all activities and functions of the Center that involve issues of compliance;
- Ensure processes for compliance that integrate with and support the Center quality management monitoring and system self-assessment processes;
- Assist the Integrity, Quality and Compliance Committee, with the review and amendment, as necessary, of the Standards of Conduct for all Center employees;
- Assist Human Resources and Quality Management with developing methods to ensure that employees are aware of the Center's Standards of Conduct and understand the importance of compliance;
- Assist Human Resources and Quality Management with developing and delivering educational and training programs;
- Receive and review instances of suspected compliance issues, communicate findings and develop plans with the program suspected of noncompliance and the Center's Integrity, Quality and Compliance Committee, as set forth in this Plan;
- Prepare the annual Corporate Compliance Work Plan, as set forth in this Plan, with the Center's Integrity, Quality and Compliance Committee;
- Ensure the goals within the annual Work Plan are considered in the Center's Quality Management Plans;
- Coordinate with appropriate body to disseminate and ensure understanding of policies and procedures defining compliance initiatives;
- Prepare revisions to the Center Corporate Compliance Plan with the Integrity, Quality and Compliance Committee, as set forth in this Plan; and
- Provide other assistance with initiatives regarding corporate compliance, as directed by the Executive Director.

IV. Integrity, Quality and Compliance Committee (IQC)

To assist the Compliance Officer with the development and implementation of compliance efforts, Gulf Bend Center's Integrity, Quality and Compliance Committee has been appointed to serve as the Compliance Committee. This committee is representative of the clinical and administrative services of the Center. The IQC will identify specific concerns, necessary improvement projects, and identified high-risk areas needing review. The Quality Management department will serve as a data/information source to the IQC Committee to aide in its analysis and decision-making. The Corporate Compliance Officer will facilitate IQC meetings to discuss items relevant to compliance issues.

Compliance issues and/or reports are addressed at least quarterly or more often as evidenced by agenda and minutes.

The role of the IQC is to advise the Compliance Officer and assist in the implementation of the compliance program. The Committee's responsibilities include:

- Analyzing the organization's regulatory obligations;
- Assessing existing policies and procedures that address these areas for possible incorporation into the compliance monitoring program;
- Working with employees to develop standards of conduct and policies and procedures that promote compliance;
- Recommending, developing and monitoring internal systems and controls to carry out Center standards, policies and procedures as part of the Center's daily operations;
- Determining the appropriate strategy and approach to promote compliance and detection of potential risk areas through various reporting mechanisms;
- Assisting with the development of preventive and corrective action plans;
- Developing a system to solicit, evaluate and respond to complaints and problems; and
- Monitoring findings of internal and external reviewing bodies for the purpose of identifying risk areas or deficiencies requiring preventive and corrective action.

V. Policy Guidelines

The Center has adopted policies and procedures specific to the Center's operational practices. These policies and procedures are reviewed at least annually and revisions are made, as necessary. The policies and procedures specific to the Center's compliance efforts are intended to support and further define the operational practices and responsibilities and, when possible, are integrated within existing policies and procedures.

The Center has also adopted Standards of Conduct to guide all business activity. These standards reflects a common sense approach to ensuring appropriate and ethical behavior. All new employees receive training and provide acknowledgement of receipt of the Standards of Conduct. As a condition of employment, the Standards of Conduct are reviewed and acknowledged annually thereafter.

VI. Education and Training

The Compliance Officer and IQC Committee are responsible for ensuring Center policies regarding compliance are disseminated and understood by employees. To accomplish this objective, the Compliance Officer will assist with the development of a systematic and ongoing training program that enhances and

maintains awareness of Center policies. Training materials related to compliance issues will be submitted to the IQC for review.

All Center employees will participate in compliance training; documentation of such training will be maintained by Human Resources. Training materials will identify the Center contact person(s) available to respond to questions specific to compliance training or regulatory issues. Employees are made aware of their compliance obligations as a condition of employment or as a condition of the contract, respectively. Adherence to policies will be addressed within the Center's orientation and ongoing training programs, employee (position, job) descriptions and provider contracts. Employees will be expected to demonstrate a sufficient level of understanding as a result of compliance training. If a particular compliance issue or risk issue develops, the Compliance Officer and IQC may recommend that identified persons attend training addressing the risk issue.

VII. Monitoring

In coordination with the monitoring practices outlined in the Center Quality Management Plan, ongoing review will occur of all Center operations, including contracted services. The results of the routine, ongoing reviews will be communicated to the IQC and to the appropriate area reviewed. The Compliance Officer will report results to the Executive Director and provide summary reports for the Center Board of Trustees.

The Executive Director delegates authority to the Compliance Officer to seek consultation with the Center legal counsel when expert review is necessary to analyze the risk issue. If a review identifies risk issues for the Center, the Compliance Officer will report the facts to the Executive Director and to the Center legal counsel. In consultation with legal counsel, the Compliance Officer will review the situation to determine whether there appears to have been activity inconsistent with Center policies, procedures or Business Code of Conduct.

VIII. Reporting Compliance Issues

As a general practice, and as stated in the Center training materials, employees are directed to address questions about operational issues to person(s) having supervisory responsibility for the service area. As another reporting option, training materials will inform employees they may report to the Center Compliance Officer any activity they believe to be inconsistent with Center policies or legal requirements. The training materials will provide a contact method(s) to address compliance issues to the Compliance Officer. The Compliance Officer will use various communication methods, including available electronic and telephonic communication methods, to ensure timely communication of the elements of this compliance program. The various communication methods will be available 24 hours a day. The intent of publicizing various methods of communication is to ensure convenience for employees and enable immediate response to submitted issues. All reports will

be investigated unless the information provided contains insufficient information to permit a meaningful investigation.

Employees reporting in good faith possible compliance issues will not be subjected to intimidation, retaliation or harassment as a result of the report. Concerns about possible intimidation, retaliation or harassment should be reported to the Executive Director, Human Resources, Compliance Officer, or Quality Management.

The Compliance Officer will maintain a log of the reported compliance concerns. This log will record the compliance issue reported; indication if sufficient information was received to conduct an investigation; information regarding the affected units/departments/organizations; indication of development of a preventive or corrective action plan; and the resolution. To the extent practical and appropriate, this log will be codified to support effort to maintain confidentiality. The log will be used to manage the development and resolution of action plans to improve the quality of healthcare provided by The Center. The log will be treated as a confidential document whereby access will be limited to those persons at The Center with specific responsibility for supervision or compliance matters.

IX. Investigating Compliance Issues

When conduct is reported that is determined to be inconsistent with Center operating policy, the Compliance Officer will determine whether there is a reasonable cause to believe that a risk issue may exist. If this preliminary review indicates that a problem may exist, the Compliance Officer reports the risk issue to the Executive Director and inquiry into the matter will be undertaken. This inquiry may include appropriate assistance from the Center legal counsel. Center employees will be expected to cooperate fully with any inquiries undertaken.

Responsibility for conducting the investigation will be decided on a case-by-case basis by the Executive Director. The person(s) responsible for the review use the appropriate monitoring tools associated with the identified compliance issue. The findings will be reviewed by the Compliance Officer to ensure consistency in the review process. The results of the review will be reported to the Executive Director and, if appropriate, to Center legal counsel.

The investigative process will adhere to any applicable Center Human Resources policies regarding personnel action to be taken. To the extent practical and appropriate, efforts will be made to maintain the confidentiality of such inquiries and the information gathered. Consequences for conduct inconsistent with Center operating policy will be addressed according to the provisions identified in the applicable Center Human Resources policies or executed provider contract.

X. Corrective Action Plans

When a compliance issue has been identified through routine monitoring, report by employee or investigation, the Compliance Officer will ensure the issue is reported to the individual with responsibility for the service area/employee. This individual will be responsible for development of an action plan. Assistance may be solicited from the Compliance Officer for documentation of the action plan. The Compliance Officer may seek guidance from the IQC Committee, Executive Director or legal counsel. Information about preventive and corrective action plans will be reported to and monitored by the IQC Committee.

Action plans will be designed to ensure not only correction of the specific issue but also, when appropriate, preventive measures to ensure the issue does not recur within the Center's system of care. In accordance with Center policy, corrective action may require provision of training; reassignment of duties or functions; personnel action; terminating contractual relationships; repayment; or external disclosure to the appropriate oversight body of the compliance issue and action taken.

If the investigation finds that any non-compliance act has been willful, that finding will be reported to the Executive Director. In accordance with Center policies, employees or who have engaged in willful misconduct will be subject to disciplinary action, including consideration of termination of employment or contract for services, respectively.

The action plans will be maintained in a secured file for at least six years. The action plans will be used as historical reference tools whereby identified issues may be included in the supervisory review processes.

XI. Annual Compliance Review

In conjunction with the Center's established self-assessment process, the Compliance Officer will ensure a review of the Center's status with current compliance and regulatory operations. The purpose of the review is to ascertain whether the compliance operations of the Center are within substantial compliance with Center policy and regulatory requirements. A review of the compliance reports, action plans and resolutions will be conducted and synopsisized by compliance category. The Compliance Officer, with review and comments provided by the IQC Committee, will prepare the annual compliance report. The resulting report will be included with the documented conclusions of the Center self-assessment process.

XII. Annual Report and Corporate Compliance Work Plan

Included within the results of the Center self-assessment process, a report of the compliance efforts during the preceding year will be reported to the Board of Trustees. A work plan addressing plans for maintaining and improving Center compliance efforts will be developed by the Compliance Officer.

XIII. Revisions to the Corporate Compliance Plan

This Corporate Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system as a whole. The Plan will be regularly reviewed by the Compliance Officer and the IQC Committee to assess the viability of the Plan and the inclusion of all appropriate Center policies and regulatory requirements. The Plan will be revised as experience demonstrates that a certain approach is not effective or suggests a better alternative. The Compliance Officer will have the authority to revise or amend the plan, based on input from the IQC and with the approval of the Executive Director and adoption by the Board of Trustees.

**Gulf Bend Center
Corporate Compliance Work Plan -2017**

Revise Standards of Conduct
Develop face to face corporate compliance training related to the Center's compliance program.
Provide face to face corporate compliance training to all staff on standards of conduct, Center's compliance program and staff reporting responsibility.
Create additional reporting mechanisms for staff – create a hotline number available 24 hours.
Develop Security Plans and Procedures in response to completed Security Gap Analysis conducted by Coalfire.
Develop additional compliance program procedures, e.g. Billing, Investigations, etc.
Review of local procedure codes and staff credentials required to use codes.
Conduct consumer phone surveys to inquire if service provided as documented.
Conduct documentation reviews to ensure service provision documentation matches code usage (data verification) and is included in treatment plan.
Conduct Center-Wide Privacy review