



CORPORATE COMPLIANCE PROGRAM

Policy Section
Responsible Department

Corporate Compliance
Compliance

Compliance Program Policy

Introduction: Commitment to Compliance

It is the intent of Oak Hill to comply in good faith and to the best of its ability and knowledge with applicable Federal and State laws and regulations, program requirements of Federal, State and private health plans, and ethical business practice. Oak Hill is also committed to exercising due diligence to prevent and detect criminal conduct. Oak Hill wants its employees to be fully informed about applicable laws and regulations so they do not engage in conduct that may raise compliance issues.

To honor its commitment to compliance, Oak Hill has developed a Compliance Program with the following key elements:

- Written Compliance Policies and Procedures
- Responsibility for Corporate Compliance
- Education and Training
- Effective Lines of Communication/ Reporting Compliance Issues
- Auditing and Monitoring
- Compliance as an Element of Employee Performance/Disciplinary Guidelines
- Responding to Non-Compliance and Taking Corrective Action
- Code of Conduct

This Compliance Program Policy is intended to provide the framework for ongoing development. It is not intended to set forth all of Oak Hill's substantive programs and practices. Oak Hill will continue to modify existing practices and develop new programs as part of its compliance efforts. This Compliance Program Policy will be distributed to all Oak Hill employees, the Monroe County Board of Commissioners ("Commissioners"), agents and contractors.

Written Compliance Policies and Procedures

Oak Hill has developed and adopted policies and procedures designed to prevent fraud and abuse in business operations while ensuring a high standard of quality care. These policies and procedures will educate and alert all Oak Hill employees, physicians, vendors, agents, and contractors to Federal and State laws, rules and regulations as well as Medicare, Medicaid and other payor requirements. They also will identify potential areas of non-compliance and delineate procedures that should be followed to report problems and adopt changes to prevent any further non-compliance. These policies and procedures shall encompass Oak Hill's clinical, financial and administrative functions including the following risk areas:

- Quality of care
- Resident Rights
- Billing and Claims Submission
- Employee Screening
- Kickbacks, Inducements and Self-referrals
- Cost Reporting
- Anti-Supplementation
- Medicare Part D

- HIPAA Privacy and Security Rules (including Breach Notification)
- Creation and Retention of Records

The Compliance Officer, with the oversight of the Compliance Committee and the Commissioners, shall issue written policies, procedures, and instructions relating to the Compliance Program. Some policies and procedures may be written by the Administrator, the DON, or other managers, with the assistance and approval of the Compliance Officer. These policies, procedures and instructions will be communicated periodically to Oak Hill's employees, Commissioners, contractors, and agents, as appropriate. At least annually, the Compliance Officer and Compliance Committee will assess these policies and procedures and update them as necessary. Policies and Procedures will also be reviewed and updated as necessary (e.g. when standards change, regulatory updates are issued, or deficiencies are discovered).

Responsibility for Corporate Compliance

The following parties share responsibility for the Compliance Program. It is Oak Hill's policy not to assign any individual as Compliance Officer, a member of the Compliance Committee, or another position of substantial authority, without first exercising due diligence to verify that such individual has not engaged in illegal activities or other conduct inconsistent with an effective compliance program. Such due diligence includes taking the following actions before hiring management level employees: conducting background checks, checking the federal and state health care program exclusion lists, calling prior employers, and asking the potential employee to disclose any illegal conduct in writing.

A. Compliance Officer

Primary responsibility for implementing and managing Oak Hill's compliance program shall be with the Compliance Officer:

Rachel Giffhorn, R.N.
Director of Corporate Compliance Officer & Quality Assurance
Oak Hill
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Waterloo, IL. 62298
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The Compliance Officer has the primary responsibility for overseeing compliance program implementation, maintenance and improvement at Oak Hill and assumes the managerial and administrative tasks involved in establishing, monitoring and updating this program. For a complete list of Compliance Officer responsibilities, please see the Compliance Officer and Compliance Committee policy and procedure.

The Compliance Officer will report to the Commissioners. The Compliance Officer has direct access to the Compliance Committee, the Commissioners, and Oak Hill's legal counsel.

B. Compliance Committee

The Compliance Committee will advise and assist the Compliance Officer in the development and implementation of the Compliance Program.

The Compliance Committee comprises the following parties:

- Compliance Officer (chair)
- Administrator

- Director of Nursing
- Assistant Director of Nursing
- Community Services Director
- Resident Care Coordinator
- Business Office Manager
- Health Information Manager
- Evergreen Pointe Director

For a complete list of Compliance Committee responsibilities, please see the Compliance Officer and Compliance Committee policy and procedure.

C. Employees

Each employee has a duty to promptly report actual or suspected violations of the Compliance Program. See Effective Lines of Communication/Reporting Compliance Issues, below.

D. Vendors and Contractors

All persons and entities with which Oak Hill contracts will receive a copy of this Compliance Program Policy and will be asked and expected to comply with it. This includes physicians, physician groups, other health care providers, suppliers, vendors, agents, and contractors. At the time a contract is signed, these parties will also be expected to sign an Acknowledgment (attached), which will be kept on file. Contracts will require all vendors and contractors to follow the Compliance Program Policy and Code of Conduct.

Education and Training

The Compliance Officer is responsible for ensuring the Compliance Program Policy and Code of Conduct are distributed to all employees, Commissioners, vendors, agents and contractors. When the Compliance Program Policy is first implemented, as part of new employee and Commissioner orientation, and annually, employees and Commissioners will receive compliance training. Employees and Commissioners will then review the Compliance Program Policy and Code of Conduct and be given an opportunity to ask questions. Employees and Commissioners should then complete the attached Acknowledgment, which will be kept on file.

The Compliance Officer will also distribute the Compliance Program Policy and Code of Conduct to volunteers and students (if any), and obtain an Acknowledgment from them. The Compliance Program Policy and Code of Conduct will be posted in a binder at each nursing division and on Oak Hill's website, and will be available to residents and their families upon request.

Employees and Commissioners will be given annual "refresher" compliance training. Oak Hill will also provide periodic training and updates to maintain employee and Commissioner awareness of compliance policies and procedures, including reports of compliance activities and regulatory updates.

Employees who work in highly regulated areas such as medical records, coding, billing, cost reporting and contracting will receive additional training specific to their job functions. Specific compliance-related training topics are listed in Oak Hill's Compliance Training and Education Policy.

Attendance at all training sessions, and training curriculum, will be documented and retained.

Effective Lines of Communication/ Reporting Compliance Issues

A. Questions are encouraged

Employees are encouraged to ask their supervisors or the Compliance Officer any questions they have about compliance. Supervisors who are unable to answer employee compliance questions will seek guidance from the Compliance Officer. When the Compliance Officer is unable to answer a compliance question, he or she will seek guidance from Oak Hill's legal counsel.

B. Reporting Non-Compliance

Employees are required to report any and all suspected non-compliance, no matter how minor the issue may seem, so it may be corrected. Reporting may be done the following ways:

- Contacting your immediate supervisor
- Contacting the Compliance Officer
- Calling the toll-free, confidential hotline: 1-855-245-3994. The hotline is available 24/7. The hotline will also be available to contractors/vendors, and residents and their families.

All reports will be kept confidential to the fullest extent reasonably possible. Employees may make reports anonymously. When possible, and when the identity of the individual making the complaint is known, Oak Hill will follow up with the complainant to inform him or her of the results of the investigation. The hotline will be checked for messages Monday through Friday.

Employee training will promote the use of the hotline to report potential compliance issues. The hotline number will also be listed on Oak Hill's board, in the Employee Handbook, and in newsletters.

Oak Hill posts the names, addresses and telephone numbers for the State survey and certification agency, State licensure office, State ombudsman program, State protection and advocacy network, State Medicaid fraud control unit, and HHS-OIG hotline number.

C. Non-Retaliation

Employees who ask a compliance question or report potential compliance issues to Oak Hill or to a government agency will not be subject to retaliation or harassment by Oak Hill as a result of the report. Concerns about potential retaliation or harassment should be reported to the Compliance Officer. Any reports of retaliation or harassment will be immediately and thoroughly investigated, and if retaliation or harassment is found, it will be met with disciplinary action.

Oak Hill welcomes reports of non-compliance and views these reports as essential to improving Oak Hill's operations. Harassment and retaliation in response to reporting will not be tolerated.

D. Documentation

The Compliance Officer will keep a log reflecting any compliance issues raised (including all hotline reports) and the results of the investigation of those issues. The Compliance Officer will use this log to update policies and procedures and improve training, as necessary. All complaints and their disposition will be tracked in Oak Hill's Quality Assurance program.

Auditing and Monitoring

A. Baseline Review

Oak Hill conducted a baseline audit in 2013 to assess its performance in compliance risk areas. The results of the baseline audit have been shared with the Compliance Committee and are available to the Commissioners, and will be used to implement standards, goals, and policies and procedures.

B. Ongoing Review

Oak Hill will establish a compliance calendar on an annual basis that includes scheduled auditing and monitoring activities in each identified area of compliance risk. Additional audits will be conducted if Oak Hill identifies a high-risk program or operation, or a deviation from its baseline compliance status. Audit tools may include: random sampling of records or charts, reviewing written contracts, observing clinical staff, assessing HIPAA documentation, evaluating employee training and discipline records, and reviewing compliance report complaint logs and investigative files. When additional expertise is required, contractors will be used to conduct audits.

C. Annual Review

The Compliance Officer will direct an annual comprehensive audit to evaluate the effectiveness of the Compliance Program. As part of the annual review, the Compliance Officer will recommend changes to current policies and procedures if new or alternative methods are found.

In addition to evaluating each component of the Compliance Program, the annual review will assess the overall effectiveness of the Compliance Program using the following measures:

- Have adequate resources been allocated to compliance initiatives?
- Is there a reasonable timetable for implementation of the compliance measures?
- Have the Compliance Officer and Compliance Committee been vested with sufficient autonomy, authority, and accountability to implement and enforce appropriate compliance measures?
- Do compensation structures create undue pressures to pursue profit over compliance?
- Do employees understand the policies and procedures applicable to their job functions?
- Do employees feel they can report compliance issues without retaliation?
- Is discipline for non-compliance imposed consistently?

D. Auditing Procedures

The purpose of compliance monitoring and auditing is to measure performance, identify problem areas, improve processes, and advance compliance with Federal and State laws and regulations, program requirements, ethical standards, and payor rules. Audits will be conducted by appropriate personnel under the direction of the Compliance Officer. The Compliance Officer will document the procedures and findings of each audit and share the results with the Compliance Committee. If an audit identifies potential compliance issues, the Compliance Officer will handle the matter according to Oak Hill's policies and procedures for investigating compliance matters. Any weaknesses or deficiencies identified in the Compliance Program will be promptly corrected. This includes promptly repaying any detected overpayments. The Compliance Officer and Compliance Committee will use the audit results to improve and update the Compliance Program. Employees will be promptly trained on policy and procedure changes.

E. Dashboard

In order to foster an organizational culture and leadership that understands and promotes compliance, Oak Hill may use a dashboard to communicate compliance related information to the Compliance Committee and Commissioners, such as patient and customer satisfaction, financial measures, staffing and nursing hours, and hotline reports. A dashboard may also be used to report quality of care information to the Commissioners, such as increases in the number of patient falls, pressure ulcers, or use of restraints, and poor outcomes in the management of diabetic patients.

Compliance as an Element of Employee Performance/ Disciplinary Action

Compliance with this Compliance Program is a condition of employment at Oak Hill. Employees who fail to comply with the Compliance Program will be subject to disciplinary action, regardless of their level or position. Managers and supervisors have a responsibility to discipline employees who violate the Compliance Program, in a fair and consistent manner. Managers and supervisors should discuss with employees and contractors the compliance policies and legal requirements relevant to their functions, and the disciplinary consequences for failing to comply. Disciplinary action will be taken fairly and firmly enforced for conduct such as:

- Participation in or authorization of actions that violate Federal and/or State laws and regulations, the Compliance Program (including the Code of Conduct), or Oak Hill policies and procedures.
- Failure to report a violation or suspected violation of Federal and/or State laws or regulations, the Compliance Program, or Oak Hill's policies and procedures.
- Actively or passively encouraging, directing, facilitating or permitting non-compliant behavior.
- Failure by a violator's supervisor to detect and report a compliance violation, if such failure reflects inadequate supervision or lack of oversight.
- Refusal to cooperate in an investigation of a potential violation.
- Retaliation against an individual for reporting a compliance violation.

The Compliance Officer has no disciplinary enforcement authority; he or she may investigate, evaluate, and make recommendations to the Administrator consistent with Oak Hill policies and procedures as they apply to employees. Any disciplinary action shall be determined by the Administrator in conjunction with the appropriate supervisor. All disciplinary action will be taken in accordance with Oak Hill's progressive discipline policy described in the Employee Handbook.

In addition to the factors listed in the Employee Handbook, the following factors may influence the imposition of discipline for a compliance violation:

- The severity of the violation
- Whether the violation was committed accidentally, negligently, recklessly or intentionally
- Whether the individual has previously committed Compliance Program violations
- Whether the violation was self-reported
- Whether, and the extent to which, the individual cooperated with the investigation of the violation
- Whether the violation constitutes a crime; and if so, whether it is a misdemeanor or a felony
- Whether the violation is unethical
- Whether anyone was harmed by the violation

In addition to imposing discipline, Oak Hill will implement other remedial measures as appropriate (e.g. training).

Employees' non-adherence to the Compliance Program will be considered as a criterion in performance reviews. Prompt and complete self-disclosure of one's own non-compliance may be considered a mitigating factor in determining an employee's discipline or sanction. Likewise, employees' adherence to the Compliance Program and efforts to advance compliance initiatives in Oak Hill will be considered a positive criterion in performance reviews.

Responding to Non-Compliance and Taking Corrective Action

A. Investigating Compliance Issues

All reports of potential compliance violations will be immediately reviewed by the Compliance Officer to determine whether there is reasonable cause to believe the Compliance Program has been violated. If reasonable cause exists, the Compliance Officer will conduct an investigation with assistance from Oak Hill's legal counsel, as appropriate.

Oak Hill employees are required to cooperate fully with all Compliance Program investigations. To the extent possible, the inquiries and all information gathered will remain confidential. If the Compliance Officer determines the integrity of the investigation could be compromised by the presence of employees under investigation, those employees will be put on administrative leave until the investigation is complete.

The investigative file should contain a completed Compliance Report Intake Form. All reports will be investigated unless the information provided by the report contains insufficient information to permit a meaningful investigation. The Compliance Officer will attempt to obtain additional information if possible. If not possible, the Compliance Officer will document the reason an investigation did not take place.

The Compliance Officer will include all compliance reports and their results, as well as the effectiveness of corrective action plans and investigation procedures, in her quarterly reports to the Compliance Committee and the Commissioners.

B. Corrective Action Plans

Once an investigation has identified non-compliance, the Compliance Officer shall have the responsibility and authority to take or direct appropriate action to address and correct the issue. In developing the corrective action plan, the Compliance Officer should consult with the Compliance Committee and appropriate clinical and administrative personnel, as appropriate. Legal counsel should be consulted as soon as possible if the corrective action will involve returning overpayments and/or reporting conduct to the authorities. The corrective action plan will be provided to the Administrator and included in quarterly reports to the Compliance Committee and the Commissioners. The corrective action plan should be designed to ensure not only that the specific issue is addressed, but also that similar problems do not recur in other areas of Oak Hill. Possible corrective actions include:

- Imposing disciplinary action upon an employee
- Reporting alleged incidents of mistreatment, neglect, abuse, or misappropriation of resident property to the Administrator and the State
- Returning overpayments to the Government
- Notifying criminal and/or civil law enforcement authorities
- Self-reporting potential fraud using the OIG's voluntary self-disclosure protocol
- Expanding the investigation to include a broader audit of systems
- Updating the Compliance Program
- Modifying policies and procedures
- Training employees to improve adherence to policies and procedures
- Notifying residents or media where required by HIPAA

All compliance issues will be addressed promptly, and on a case-by-case basis. When assessing corrective action, the Compliance Officer will seek advice from Oak Hill's legal counsel to determine the extent of Oak Hill's liability and obligations, and to plan the appropriate course of action. Strict timelines might apply.

Code of Conduct

This Code of Conduct is part of Oak Hill’s Compliance Program. It provides guidance to all Oak Hill employees, Commissioners, volunteers, agents, and contractors, and assists us in maintaining appropriate ethical and legal standards. These obligations apply to our relationships with residents, affiliated physicians, third-party payors, vendors, consultants and each other. This Code of Conduct does not represent a change from Oak Hill’s prior practices, but is a recordation and compilation of these practices. The Code of Conduct is available for review by residents and their families, physicians, and independent contractors.

It is the intent of Oak Hill to comply in good faith and to the best of its ability and knowledge with all state and federal laws. This Code of Conduct is not intended to be a comprehensive summary of Facility standards, but instead to provide a framework for Oak Hill’s Compliance Program policies and procedures. Many standards set forth in this Code of Conduct are expanded in detail in policies and procedures. Employees should familiarize themselves with Oak Hill’s Compliance Program and policies and procedures applicable to their job function, and seek guidance from their Supervisor and/or the Compliance Officer as needed. When an employee is unsure whether an activity or practice is illegal or inappropriate, the employee should not “guess” as to the correct answer. Employees will not be penalized for asking compliance-related questions. Oak Hill strives to create a culture in which every individual is comfortable asking questions about how to conform their job duties to the Compliance Program.

This Code of Conduct summarizes Oak Hill’s commitment to meet ethical standards and to comply in good faith to the best of its ability and knowledge with laws, statutes and regulations in the following areas:

1. Provision of quality health care services
2. Protection of resident rights
3. Integrity of billing and coding
4. Conforming business practices to laws and regulatory requirements
5. Cultivation of an ethical culture

1. Provision of Quality Health Care Services

All employees shall:

- Use professional skill and judgment when providing health care services.
- Provide high quality health care services in a responsible, reliable manner, in accordance with all applicable federal and state regulatory requirements and recognized standards of care.
- Provide health care services that are individualized for the specific needs of each resident and that attain and maintain each resident’s highest practicable medical, mental and psychosocial needs, based on a comprehensive and accurate assessment of the resident's functional capacity.
- Document the provision of health care services in a complete and accurate medical record.
- Maintain, dispense and transport all drugs and controlled substances in conformance with all applicable laws and regulations.
- Continually work to improve the quality of resident care.

2. Protection of Residents Rights

All employees shall:

- Promote the resident’s right to a dignified existence that emphasizes freedom of choice, self-determination, and reasonable accommodation of individual needs.
- Provide treatment to residents without discrimination as to race, color, religion, sex, national origin, disability, source of payment, sexual orientation, age, or any other characteristic protected by applicable law.

- Provide residents with considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- Provide residents information in order to make intelligent decisions. This includes information about Oak Hill and its policies, procedures and charges, and who will provide services on behalf of Oak Hill.
- Respect the right of all residents to make their own health care decisions if able. Family and/or durable power of attorney will be consulted on behalf of residents who are unable to make their own decisions.
- Respect and observe resident rights in accordance with all applicable policies and procedures of Oak Hill and all pertinent state and federal laws and regulations.

3. Integrity of Billing and Coding

All employees involved with billing and/or coding shall:

- Bill only for necessary and appropriate items and services actually rendered, which are fully documented in the medical record. Employees will not knowingly engage in any form of up-coding of any service in violation of any law, rule or regulation.
- Take every reasonable precaution to ensure billing and/or coding work is accurate, timely, and complies with 1) federal and state laws and regulations; 2) billing requirements imposed by federal and state programs and other third party payors; and 3) Oak Hill policies and procedures.
- Ensure that no claims for payment or reimbursement of any kind that are false, fraudulent, inaccurate or fictitious are submitted. No falsification of medical, time or other records that are used in the billing process will be tolerated.
- Promptly investigate and correct billing issues (including making any required repayments) if errors are discovered.
- Maintain complete and thorough medical and billing records.
- Be knowledgeable of the billing policies and procedures established by government programs and private third party payors, and remain current on all applicable billing requirements by attending training seminars sponsored by Oak Hill, payors, and/or professional organizations.

4. Conforming Business Practices to Laws and Regulatory Requirements

Oak Hill is committed to conducting its business affairs with integrity, honesty and fairness, and without conflict with personal interests. All employees shall adhere to the following standards of conduct:

A. Books and Records

- All books, records and accounts, such as financial transactions, cost reports, and documents used in the ordinary course of business, must accurately reflect transactions and payments.
- Absolutely no false or artificial entries or misstatements may be made.
- Oak Hill may not give or receive any payments (or anything else of value), or agree to a purchase price, with an intention or understanding that part of that payment will be used for any purpose other than what is listed in the document supporting the payment.
- All facts will be documented truthfully and accurately. Oak Hill does not conceal or fail to document any transactions.

B. Gifts

- Employees and Commissioners may not accept or provide any benefits that could be viewed as a conflict between personal interests and Oak Hill business interests. Employees and Commissioners may not accept gifts or benefits in exchange for referrals; or in exchange for the purchasing, leasing, ordering, arranging, or recommending an item or service. This includes accepting expensive meals, gifts, refreshments, transportation, or entertainment provided or received in connection with Oak Hill business activity. This policy applies to relationships with vendors, physicians, residents and their families, referral sources, and others. Occasional non-cash gifts that are limited to

reasonable meal expenditures or entertainment or that are of nominal value (less than \$25.00), although not expressly prohibited, are discouraged. All gifts must be disclosed to the Administrator.

C. Conflicts of Interest

- No employee or Commissioner may enter into any joint venture, partnership or other risk sharing arrangement with a potential or actual referral source unless the arrangement has been reviewed and approved in writing by the Commissioners.
- All employees, Commissioners and contractors should avoid any activity that conflicts with the interests of Oak Hill or its patients. This includes involvement with outside commercial activities with potential customers, competitors or contractors or placing business with any entity in which there is a family relationship, ownership interest, or financial interest. All such interests or relationships must be disclosed to the Compliance Officer.
- All employees and Commissioners who are in positions to influence business decisions must submit an annual Conflicts of Interest Disclosure Statement, disclosing all business and familial interests that compete with or are associated with Oak Hill.

D. Fraud and Abuse

It is against state and federal law to pay or give anything of value to an individual, provider, or vendor to induce or reward referrals. All employees shall adhere to the following standards of conduct:

- The selection of physicians, subcontractors, suppliers, and vendors shall be made on the basis of objective criteria that include quality, technical excellence, price, delivery, timeliness, and service. Oak Hill will not pay incentives to employees, contractors, physicians, suppliers, vendors, or referring parties based on number of referrals. Financial relationships with entities that refer patients to Oak Hill will be based on the fair market value of the items or services provided and will not be in any way related to the value or volume of referrals or contain an inducement to refer.
- Employees of Oak Hill who are in a position to make referrals must make such referrals based on the preferences of the individual seeking treatment/services or, if the individual does not express a preference for a particular provider, what is best for the individual.
- Oak Hill will not waive insurance co-payments or deductibles, or otherwise provide financial or non-cash benefits to individuals in order to induce such individuals to obtain health care services from Oak Hill.
- Oak Hill expects all contractors to be familiar with and comply with all applicable federal and state regulatory requirements and to conduct all business in an ethical manner.

E. Confidentiality

All employees shall:

- Ensure the confidentiality, integrity, and availability of all protected health information, electronic or otherwise (“PHI”) that Oak Hill creates, receives, maintains, or transmits; protect against any reasonably anticipated threats or hazards to the security or integrity of PHI; protect against any reasonably anticipated uses or disclosures of PHI that are not permitted by federal or state privacy law; and notify the Compliance Officer immediately of any potential privacy or security breaches involving PHI.
- Protect residents’ rights to privacy and confidentiality of their medical records (including electronic records), in accordance with HIPAA and its regulations, state law, accreditation standards, and Oak Hill’s policies and procedures.
- Refrain from engaging in unauthorized review or disclosure of medical records.
- Refrain from disclosing confidential or proprietary information of Oak Hill (such as resident lists, development plans, marketing strategies, business deals, and financial information), during or after employment.

F. Employee Screening

Background checks will be performed on all employees as required by law.

- All potential employees will be provided with a list of disqualifying offenses which are offenses such that, if the individual has a conviction for the offense, the individual would be legally precluded from employment in a nursing facility and not legally able to work for Oak Hill. The applicant will certify that he/she has not been convicted of any of the disqualifying offenses and is not excluded from participation in federal or state health care programs before further consideration for employment. All employees have an ongoing duty to notify Oak Hill if they become convicted or excluded.
- Oak Hill will not employ or continue to employ individuals who have been excluded from participation in federal or state health care programs, or convicted of crimes of neglect, violence, abuse, theft, dishonesty, financial misconduct, or other offenses relevant to the job for which they are applying.
- The OIG's List of Excluded Individuals/Entities, the GSA's list of barred contractors, and the Illinois Medicaid Sanctions List will be checked to verify that employees, vendors, and contractors are not excluded from participating in the federal or state health care programs.
- Oak Hill will require temporary employment agencies to ensure their temporary staff have undergone background checks that verify they have not been (1) convicted of an offense that would preclude them from employment in the facility; or 2) excluded from participation in federal or state health care programs.

5. Cultivation of an Ethical Culture

All employees shall:

- Perform their duties in good faith and to the best of their ability.
- Refrain from illegal conduct in both personal and business matters.
- Comply with Oak Hill's records policies and procedures. Employees shall not alter or destroy Oak Hill documents in anticipation of or in response to a request for documents by a government agency or a court of competent jurisdiction.
- Participate in training regarding the Compliance Program and policies and procedures.
- Immediately report all suspected violations of the law, this Code of Conduct, the Compliance Program, or any Oak Hill policy or procedure, to the Compliance Officer or by using the hotline.
- Follow Oak Hill's policy and procedure regarding mandatory reporting of incidents and events to the proper authorities.
- Immediately notify their Supervisor upon receipt of an inquiry, subpoena (other than for medical records or other routine licensing or tax matters) or other government request for information regarding Oak Hill.

Compliance Officer and Committee Policy

Compliance Officer

The Compliance Officer has the primary responsibility for implementing and managing Oak Hill's Compliance Program, and assumes the managerial and administrative tasks involved in establishing, monitoring and updating the Compliance Program.

Oak Hill's Compliance Officer is:

Rachel Giffhorn, R.N.

Director of Corporate Compliance and Quality Assurance

Oak Hill, 623 Hamacher, Waterloo, IL. 62298

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The Compliance Officer reports to the Monroe County Board of Commissioners (hereafter, "Commissioners"). The Compliance Officer will have direct access to the Commissioners, the Compliance Committee, and legal counsel.

The Compliance Officer will, with the oversight of the Compliance Committee and assistance of the Compliance Committee, perform the following responsibilities:

1. Oversee and monitor implementation of the Compliance Program
2. Develop and implement, in conjunction with clinical and administrative departments, policies and procedures ensuring compliance with government laws and regulations
3. Seek to ensure that all relevant employees and management understand and comply with pertinent Federal and State standards
4. Establish methods to improve Oak Hill's efficiency and quality of services and reduce its vulnerability to fraud, waste and abuse
5. Develop, coordinate, implement, and participate in a multifaceted compliance education and training program for all employees and Commissioners
6. Provide compliance updates to Oak Hill leadership and staff
7. Ensure independent contractors and agents who furnish health care services to patients are aware of resident rights, as well as requirements of the Compliance Program applicable to the services they provide
8. Provide the Compliance Program to employees, contractors and Commissioners; make the Compliance Program available to residents and their families upon request.
9. Coordinate personnel issues with the Human Resources Department to ensure that: 1) the OIG, GSA and state excluded Oak Hill lists have been checked for all employees, Commissioners, medical staff, and independent contractors; 2) Federal and state background checks are completed on all employees, medical staff, Commissioners, and independent contractors; and 3) license verification is completed for all staff and physicians as applicable
10. Independently receive, investigate and act on instances of suspected compliance issues
11. Develop corrective action plans for suspected compliance issues
12. Work with Oak Hill's legal counsel in appropriately reporting self-discovered violations of the compliance program
13. Develop audit tools and coordinate systematic ongoing audit reviews
14. Share auditing and monitoring results with the Compliance Committee and the Commissioners
15. Keep a dated log of compliance hotline reports and employee questions about compliance, and the Compliance Officer's response; share this information with other staff in order to update standards and improve employee training
16. Complete the annual Compliance Program review and make recommendations for improvement of the program
17. Analyze and revise the Compliance Program in light of the annual review and changes in Oak Hill's needs, and changes in the law and policies of government and private payors
18. Continue the momentum of the Compliance Program after the initial years of implementation

The Compliance Officer will make quarterly reports to the Compliance Committee and the Commissioners, regarding the implementation, on-going status, and effectiveness of the Compliance Program. These reports will address:

- A summary of the compliance activities undertaken during the preceding period, including results of any compliance audits performed
- A copy of the hotline log and complaint summaries for the preceding period, along with a summary of how they were investigated and resolved
- A description of actions taken to ensure the effectiveness of training and education efforts
- A report of employees who were previously disciplined for non-compliance, and whether they have improved their performance
- Results of auditing and monitoring activity
- Recommendations for changes to the Compliance Program to improve its effectiveness

- Any other compliance information the Compliance Officer deems pertinent

To the extent the above information is available in data format; a dashboard may be used to communicate compliance progress.

The Compliance Officer has the authority to review all documents and other information that is relative to compliance activities, including resident records, billing records, and marketing agreements and records.

Compliance Committee

The Compliance Committee will advise and assist the Compliance Officer in the development and implementation of the Compliance Program. The Compliance Committee will include the following members:

- Compliance Officer (chair)
- Administrator
- Director of Nursing
- Assistant Director of Nursing
- Community Services Director
- Staff Development Coordinator/ Infection Preventionist
- Business Office Manager
- Health Information Manager
- Evergreen Pointe Director

The Compliance Officer shall chair the Compliance Committee. No member of the Compliance Committee can have a criminal history.

The Committee's functions include:

1. Analyzing the legal requirements with which Oak Hill must comply, and specific risk areas
2. Assessing existing policies and procedures that address these risk areas for possible incorporation into the Compliance Program
3. Working with appropriate departments to develop standards of conduct and policies and procedures to promote compliance with legal and ethical requirements
4. Recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out Oak Hill's policies
5. Determining the appropriate strategies and approaches to promote compliance with program requirements and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms
6. Developing a system to solicit, evaluate, and respond to complaints and problems
7. Monitoring internal and external audits and investigations for the purpose of identifying deficiencies, and implementing corrective action

The Compliance Committee shall meet at least quarterly; however any member may call a special meeting.

Compliance Program Training and Education

Oak Hill is committed to providing ongoing education and training to its employees and managers regarding the Compliance Program policies and procedures.

General Compliance Training

The Compliance Officer is responsible for ensuring the Compliance Program Policy (including the Code of Conduct) is distributed to all employees, Commissioners, Compliance Committee members, vendors, volunteers, agents and contractors (including physicians). When the Compliance Program is first implemented, as part of new employee orientation (or when a vendor, volunteer, agent or contractor begins working with Oak Hill), these parties will be provided with a copy of the Compliance Program Policy and given an opportunity to ask questions. These parties should then complete the attached Acknowledgment, which will be retained by the Compliance Officer.

New employees will receive compliance training within **15 days** of employment. Compliance training will include an overview of compliance laws and requirements, the Code of Conduct, and general compliance policies and procedures, such as procedures for reporting compliance violations, including the use of the compliance hotline or other available reporting mechanisms; and the disciplinary system. Compliance training will be provided to temporary employees before they are assigned responsibility for resident care. Compliance training will also be provided to the Commissioners annually.

All employees and Commissioners will also receive compliance training annually, will be provided updated versions of the Compliance Program Policy, and will be asked to sign a new Acknowledgment at that time. The Compliance Officer will provide periodic education and updates to maintain employee and Commissioner awareness of compliance policies and procedures, including reports of compliance activities and regulatory updates.

Job-Specific Compliance Training

Employees and contractors/vendors who work in highly regulated areas such as claims development and submission processes, residents' rights, and marketing practices will receive additional training specific to their job functions. The specific topics to be addressed are listed on the attached Training Schedule.

Training Requirement

Annual compliance training is mandatory for all employees. The Compliance Officer will ensure training occurs according to the attached Training Schedule. Participation in training programs will be a condition of continued employment and failure to comply with training requirements may result in disciplinary action. Adherence to the training requirements as well as other provisions of the Compliance Program will be a factor in the annual evaluation of each employee. The Compliance Officer will retain records of training, including training schedules and agendas, dated attendance logs and material distributed at training sessions.

As appropriate, Oak Hill may give vendors and outside contractors the opportunity to participate in the compliance training and educational programs.

Questions about Compliance

Employees will be told that they can obtain additional compliance information from their supervisor or the Compliance Officer. If the Compliance Officer cannot answer a compliance question, he or she will consult with Oak Hill's legal counsel.

Oak Hill Training Schedule

Training Topic	Department/Category of Personnel	Frequency	Date of Next Scheduled Training
Compliance program (training)	All employees and Commissioners	At hire and annually	Date: _____ Did training occur? _____
Quality of care (including abuse and neglect, quality assurance, philosophy of care)	All employees	At hire and _____	Date: _____ Did training occur? _____
Billing and claims submission (includes reimbursement requirements; examples of proper and improper claims submission practices; Federal health care program and private payor requirements)	All employees involved with billing and claims submission	At hire and _____	Date: _____ Did training occur? _____
Cost Reporting	All employees involved with cost reporting and billing	At hire and _____	Date: _____ Did training occur? _____
Employee screening	HR personnel	At hire and _____	Date: _____ Did training occur? _____
Kickbacks, inducements and self-referrals	All employees	At hire and _____	Date: _____ Did training occur? _____
HIPAA Privacy, Security and Breach Notification	All employees	At hire and _____	Date: _____ Did training occur? _____
Anti-Supplementation	All employees	At hire and _____	Date: _____ Did training occur? _____
Medicare Part D	All employees	At hire and _____	Date: _____ Did training occur? _____
Compliance with Medicare participation requirements	All employees	At hire and _____	Date: _____ Did training occur? _____
Appropriate and sufficient documentation (clinical and financial records)	All employees		Date: _____ Did training occur? _____
Residents' rights	All employees and contractors	Upon hire and _____	Date: _____ Did training occur? _____

Responding to Non-Compliance and Taking Corrective Action

This policy contains Oak Hill's general guidelines for investigating and responding to potential incidents of non-compliance. Each incident will be evaluated on a case-by-case basis. Because non-compliance can take many forms, each incident may require Oak Hill to apply different regulatory requirements and/or timelines. Oak Hill will consult legal counsel regarding the applicability of any such requirements.

Investigating Compliance Issues

Immediately upon receipt of audit results, a hotline report or other information suggesting a possible compliance violation, the Compliance Officer shall conduct and document an initial investigation to determine whether there is reasonable cause to believe a violation of the Compliance Program, the law, or health care program requirements has occurred. The Compliance officer may confer with Oak Hill's legal counsel before determining who should conduct the investigation and how the investigation should be conducted.

The Compliance Officer and/or designee will conduct an investigation as soon as reasonably possible. Oak Hill employees and contractors should cooperate fully with all Compliance Program investigations. To the extent possible, the inquiries and all information gathered will remain confidential. In some cases, outside help of clinical/billing and other experts may be used to support the investigation. If the Compliance Officer determines the integrity of the investigation could be compromised by the presence of employees under investigation, those employees may be put on administrative leave until the investigation is complete or assigned to other duties so as not to hinder the investigation.

The investigative file should contain a completed Compliance Report Intake Form (attached). All reports will be investigated unless the information provided by the report contains insufficient information to permit a meaningful investigation, in which case the Compliance Officer will attempt to obtain additional information. If the Compliance Officer is unable to obtain sufficient information to conduct a meaningful investigation, s/he will document the reason an investigation did not take place. The investigative file should contain:

- documentation of the alleged violation
- a description of the investigative process (including objectivity of investigators and methodologies used)
- copies of interview notes and key documents
- a log of the witnesses interviewed
- the documents reviewed
- the results of the investigation (e.g., any disciplinary action taken)
- the corrective action implemented

The Compliance Officer will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation. If the investigation reveals a billing problem, Oak Hill management will take immediate steps to determine the scope of any suspected billing issues and whether the investigation needs to be expanded. The Compliance Officer will include all compliance reports and their investigation results in his reports to the Compliance Committee and the Commissioners.

Corrective Action Plans

Once an investigation has identified non-compliance, the Compliance Officer shall have the responsibility and authority to take or direct appropriate action to address and correct the issue. In developing the corrective action plan, the Compliance Officer should consult with the Compliance Committee and appropriate clinical and

administrative personnel, as appropriate. Legal counsel should be consulted as soon as possible if the corrective action will involve returning overpayments and/or reporting conduct to the authorities, to residents or to the media. The corrective action plan will be provided to the Administrator and included in quarterly reports to the Compliance Committee and the Commissioners. The corrective action plan should be designed to ensure not only that the specific issue is addressed, but also that similar problems do not recur in other areas of the facility.

Possible corrective actions include:

- Imposing disciplinary action upon an employee
- Reporting alleged incidents of mistreatment, neglect, abuse, or misappropriation of resident property to the Administrator and the authorities
- Returning overpayments to the Government
- Notifying criminal and/or civil law enforcement authorities
- Self-reporting potential fraud using the OIG's voluntary self-disclosure protocol
- Expanding the investigation to include a broader audit of systems
- Updating the Compliance Program
- Modifying policies and procedures
- Training employees to improve adherence to policies and procedures
- Notifying residents or media where required by HIPAA

Special Reporting Considerations

Disciplinary Action. The corrective action plan may include recommendations that a sanction or disciplinary action be imposed if it is found that the non-compliance was committed intentionally, recklessly, or negligently by an employee. Appropriate disciplinary action measures shall be made on a case-by-case basis. The imposition of discipline can be based on:

- Participation in or authorization of actions that violate the law, the Compliance Program (including the Code of Conduct), or Oak Hill policies and procedures.
- Failure to report a violation or suspected violation of the law, the Compliance Program, or Oak Hill policies and procedures.
- Actively or passively encouraging, directing, facilitating or permitting non-compliant behavior.
- A supervisor's or manager's failure to advise personnel and contractors about compliance policies and procedures.
- Failure by a violator's supervisor to detect and report a compliance violation, if such failure reflects inadequate supervision or lack of oversight.
- Refusal to cooperate in an investigation of a potential violation.
- Retaliation against an individual for reporting a compliance violation.

The Compliance Officer has no disciplinary enforcement authority; the Compliance Officer may investigate, evaluate, and make recommendations to the Administrator consistent with Oak Hill policies and procedures as they apply to employees. Any disciplinary action shall be determined by the Administrator in conjunction with the appropriate supervisor. All disciplinary action will be taken in accordance with the progressive discipline policy described in Oak Hill's Employee Handbook.

In addition to the factors listed in the Employee Handbook, the following factors may influence the imposition of discipline for a compliance violation:

- The severity of the violation

- Whether the violation was committed accidentally, negligently, recklessly or intentionally
- Whether the individual has previously committed Compliance Program violations
- Whether the violation was self-reported
- Whether, and the extent to which, the individual cooperated with the investigation of the violation
- Whether the violation constitutes a crime; and if so, whether it is a misdemeanor or a felony
- Whether the violation is unethical
- Whether anyone was harmed by the violation

Abuse. All alleged incidents of mistreatment, neglect or abuse (including injuries from an unknown source), and misappropriation of resident property, must promptly be reported to the Administrator, and to the authorities within required timelines. *[See Resident Abuse Policy in Policy & Procedure Manual]. The Administrator can be reached at 618-939-9096, 618-719-9184 or 618-567-5491. The Director of Nursing or someone in Nursing Administration should be contacted if the Administrator is not reached. Consult Oak Hill’s Resident Abuse Policy and Procedure for additional information on abuse, misappropriation and investigation thereof.*

Notifying Law Enforcement. When, after an inquiry, Oak Hill has reason to believe that detected or reported misconduct might violate criminal, civil, or administrative law, Oak Hill will immediately consult legal counsel about what reports should be made to the applicable authorities, such as the OIG, CMS, Office of Civil Rights, Department of Justice, U.S. Attorney, FBI, state survey agency, state Medicaid fraud control unit, state licensing boards, other state authorities, or the local police. The following violations might need to be reported immediately and before an investigation is complete: clear violations of OIG administrative authority or civil or criminal fraud law; violations with a significant adverse effect on quality of care; or violations that indicate a systemic failure to comply with laws or a Corporate Integrity Agreement. Before making any report to law enforcement, legal counsel should be consulted regarding when and where to make the report, and, if so, the contents of the report.

Repayment of overpayments. The Compliance Officer will be notified of all overpayments to identify if a system-wide problem exists. Overpayments that do not involve potential fraud will be promptly returned using normal repayment channels. If fraud is suspected, legal counsel will be contacted immediately. Repayment and/or self-disclosure to the government may be necessary.

History of Policy

All changes must be listed chronologically in the format below, including all edits and reviews. Note when policy name or number changes, or if a revision date is exclusively for the policy section or the procedure section.

Issued: 9-2013
Revised/ Edited: 5-2015; 6-2018
Reviewed: 2-2019

Compliance Report Intake Form

Date of report:



CORPORATE COMPLIANCE PROGRAM

Name of individual filling out this form:
Name of individual making report (if known):
Method of reporting:
Date of incident:
Amount of time incident has been going on (if applicable):
Other people who are aware of this incident:
Nature of report (Please provide all details regarding the alleged violation, including the locations of witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation):
Description of the investigation, including objectivity of investigators and methodologies used:
Please attach interview notes and other key documents, a witness log, and all documents reviewed.
Results of internal investigation:
Did the investigation reveal a billing problem? If so, describe next steps for investigating billing history in order to determine if any false claims were submitted:
Corrective action implemented, if any:
Discipline imposed, if any:
Does this matter need to be referred to legal counsel? (Legal counsel should be notified if the complaint involves potential abuse or other harm or potential harm; fraud and abuse or other violation of federal law; criminal activity; or other conduct that could require disclosure to the government or result in liability)