**(NAME OF YOUR PRACTICE)**

**COMPLIANCE PLAN**

**(DATE)**

**Table of Contents**

**Purpose**…………………………………………………………...…….………….3

**Standards of Conduct**………………………………………………………….…4

**Compliance Officer and Committee**………………………………......................6

**Training and Education**………………………………………………..................8

**Communicating Compliance Issues**……………………………………………...9

**Disciplinary Guidelines**………………………………………………………….10

**Monitoring and Auditing**………………………………………………………..11

**Investigating and Responding**……..……………………………………………13

**COMPLIANCE PLAN:** **Purpose**

(The Practice) and its employees are committed to the Compliance Plan as a major component of the organization. (The Practice) promotes adherence to the Compliance Plan, its policies and procedures, and all relevant state and federal law, in patient care, business, and the financing and delivery of all healthcare services.

The purpose of the Compliance Plan is to establish and maintain a culture that prevents fraud, waste, and abuse, while providing quality patient care. The Compliance Plan will apply to (The Practice) and all personnel.

The Compliance Plan aims to voluntarily implement the OIG guidelines, which include the following seven elements:

1. Conducting internal monitoring and auditing;
2. Implementing compliance and practice standards;
3. Designating a compliance officer or contact;
4. Conducting appropriate training and education;
5. Responding appropriately to detected offenses and developing corrective action;
6. Developing open lines of communication; and
7. Enforcing disciplinary standards through well-publicized guidelines.

**COMPLIANCE PLAN:** **Standards of Conduct**

POLICY (The Practice) values high standards of ethical conduct in providing both healthcare and business services.

PROCEDURE

1. (The Practice) shall promote conduct that conforms to the Compliance Plan.
2. All (The Practice) employees shall comply with applicable (State) and federal laws and regulations.
3. (The Practice) personnel shall perform their services consistent with high standards of ethical conduct and in compliance with all applicable policies and procedures.
4. (The Practice) personnel shall not discriminate against other practice personnel on the basis of race, color, sex, religion, age, national origin, disability, or sexual orientation.
5. (The Practice) shall screen all candidates, and entities, for employment against the relevant government databases including OIG’s LEIE, GSA’s SAM, and any relevant state databases to determine if persons are excluded from participating in programs receiving government funds. During the hiring process, persons shall undergo reasonable background and reference checks, including record of professional licensure.
6. (The Practice) and (The Practice) personnel shall not offer or accept anything of value in exchange for referrals. (The Practice) does not condone inducement or receipt of kickbacks to influence referrals. Any (The Practice) personnel involved in this behavior may be terminated and subject to criminal or civil penalties.
7. (The Practice) personnel shall not refer to, or receive anything of value from, any source with which they, or their family member, have a financial relationship.
8. (The Practice) shall submit claims to all payers accurately. (The Practice) personnel shall not falsely, fraudulently, or improperly bill for items or services.
9. (The Practice) shall take reasonable measures to ensure only claims for services medically necessary for the patient’s condition are performed and billed.
10. (The Practice) personnel shall maintain confidentiality in patients’ protected health information in compliance with HIPAA.
11. (The Practice) personnel shall report all suspected violations of compliance.
12. (The Practice) shall not retaliate against any person for reporting suspected violations of the law or (The Practice’s) Compliance Plan.
13. Failure to comply with (The Practice’s) Standards of Conduct may subject (The Practice) personnel to immediate suspension or termination.
14. All (The Practice) personnel shall review these Standards of Conduct and sign below confirming they have reviewed the Standards.

**Acknowledgement of Standards of Conduct**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby acknowledge that I have received and reviewed (The Practice’s) Standards of Conduct and I agree to be bound by and shall comply with the Standards of Conduct.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLIANCE PLAN:** **Compliance Officer**

POLICY (The Practice) shall designate a Compliance Officer to implement, monitor, and coordinate all compliance activity necessary for an effective Compliance Plan.

PROCEDURE

The Compliance Officer shall:

1. Oversee, implement, and maintain an effective Compliance Plan.
2. Report directly to (The Practice’s) responsible body on compliance activities.
3. Assists (The Practice) in establishing efficient and quality healthcare and business services that reduce fraud, waste, and abuse.
4. Revise the Compliance Plan as needed to meet (The Practice’s) changing needs and relevant laws or regulations.
5. Direct education and training for (The Practice) personnel concerning the Compliance Plan requirements and standards.
6. Review contracts, marketing initiatives, and other transactions for any violation of fraud and abuse laws.
7. Take reasonable steps to ensure (The Practice) does not employee personnel or entities excluded from payer programs. This includes coordinating with human resources to ensure they check the National Practitioner Data Bank and perform background checks for felony criminal offenses related to healthcare fraud.
8. Establish internal compliance review and evaluation procedures.
9. Develop policies and procedures that encourage and allow (The Practice) personnel to report suspected noncompliance without retaliation.
10. Investigate matters related to suspected noncompliance, including reports, complaints, and potential violations.
11. Promptly report any violation to the appropriate person within (The Practice)
12. Recommend disciplinary action for violations of the Compliance Plan.
13. Design and implement a corrective action plan with the relevant department or personnel.
14. Establish and maintain records of compliance training and reported noncompliance.

**COMPLIANCE PLAN:** **Compliance Committee**

POLICY (The Practice) shall have a Compliance Committee that advises and assists the Compliance Officer in implementing and monitoring the Compliance Plan.

PROCEDURE

1. The members of the Compliance Committee shall be appointed by (The Practice’s) responsible body. Appropriate members include representatives from the following departments:
	1. Finance,
	2. Billing,
	3. Clinical staff,
	4. Human resources,
	5. Medical records, and
	6. Legal counsel.
2. The Compliance Officer will serve as the Chairperson and determine how frequently the Committee shall meet.
3. The Compliance Committee shall assist the Compliance Officer in evaluating the standards, policies, and procedures; detecting noncompliance; and developing procedures to monitor compliance issues.
4. The Compliance Committee shall determine the frequency of compliance training needed for (The Practice).

**COMPLIANCE PLAN:** **Training & Education**

POLICY (The Practice) will provide the relevant training and education to all employees on compliance issues, including applicable laws and (The Practice’s) policies and procedures.

PROCEDURE

1. (The Practice) shall require all personnel to attend training on the Compliance Program upon hire as part of an initial orientation and at least annually thereafter.
2. The training shall include:
	1. All relevant federal and state law including, but not limited to, those on:
		1. Government and private payer reimbursement,
		2. Prohibitions on paying or receiving remunerations to induce referrals, and
		3. Proper billing.
	2. An emphasis on (The Practice’s) Standards of Conduct and commitment to compliance.
	3. An overview of (The Practice’s) compliance policies and high standards of professional conduct.
	4. A discussion on how suspected noncompliance or general compliance issues are reported.
	5. A summary of (The Practice’s) non-retaliation policy for reporting.
	6. An explanation of the disciplinary standards for violating the Compliance Plan or failure to report noncompliance.
	7. Any changes to the law or (The Practice) policies and procedures from the previous year. The Compliance Officer shall assist human resources in periodic training on current and relevant laws.
	8. An opportunity for questions.
	9. A form that all employees in attendance will sign to verfy they received compliance training.

**COMPLIANCE PLAN:** **Communicating Compliance Issues**

POLICY (The Practice) shall establish and maintain a communication procedure between the Compliance Officer and personnel to prevent confusion in implementing the Compliance Plan. Open lines of communication shall ensure a successful Compliance Plan and reduce potential fraud, waste, and abuse.

PROCEDURE

1. Employees may seek clarification from the Compliance Officer or Compliance Committee regarding any confusion in policies and procedures.
2. (The Practice) personnel shall report suspected violations of the Compliance Plan to a member of the Compliance Committee, including the Compliance Officer, directly.
3. If a member of the Compliance Committee has reason to believe there is a compliance concern, they shall bring their concern to the Compliance Officer.
4. (The Practice) personnel may report anonymously but (The Practice) cannot guarantee the report or their identity will remain confidential if government entities become involved.
5. (The Practice) shall not retaliate against any person for good faith reporting even if no fraud, waste, or abuse is found.
6. The Compliance Officer shall investigate and report significant complaints to the appropriate responsible body.
7. The Compliance Officer should receive Fraud Alerts, Advisory Bulletins, and other publications from CMS and the OIG. If a report potentially implicates the practice, the Compliance Officer should communicate with the appropriate department for review of (The Practice’s) policy.
8. The Compliance Officer shall communicate with legal counsel when guidance on legal issues is needed.

**COMPLIANCE PLAN:** **Disciplinary Guidelines**

POLICY (The Practice) members shall all be held accountable for failing to comply with the Standards of Conduct, compliance policies and procedures, and relevant laws.

PROCEDURE

1. Supervisors and managers shall be held accountable for the foreseeable compliance failures of their subordinates.
2. (The Practice) shall administer discipline for noncompliance according to practice policy. The discipline for a violation will depend on the seriousness of the violation and may include the following:
	1. No action and dismissal of the matter,
	2. Oral warning or counseling,
	3. Written warning or admonition,
	4. Suspension or reduction of clinical privileges, and
	5. Termination.
3. The Compliance Officer shall not impose discipline but shall consult on the seriousness of the violation.
4. The supervisor, manager, and/or chief officer of (The Practice) shall determine the discipline to be imposed.
5. The Compliance Officer shall recommend corrective action. The corrective action may include:
	1. Individual or group education and training,
	2. Review of assigned duties, and
	3. Proctoring of clinical duties.

**COMPLIANCE PLAN:** **Auditing and Monitoring**

POLICY (The Practice) will implement and conduct evaluations of the Compliance Plan through self-monitoring and reporting to the appropriate responsible parties.

PROCEDURE

1. The monitoring process will evaluate compliance with federal and state laws, policies and procedures, and OIG Fraud Alerts.
2. The Compliance Officer shall:
	1. Maintain evidence of the monitoring and reporting of (The Practice).
	2. Design a monitoring process for (The Practice) to audit the following risks:
		1. Compliance with fraud and abuse laws,
		2. Billing practices,
		3. Claims submissions and reimbursements,
		4. Marketing, and
		5. Internal reporting.
	3. Develop a checklist of items to be monitored and records to be kept.
	4. Identify patterns that reflect an area of concern.
	5. Review any deviations from compliance policies.
	6. Interview employees for potential compliance concerns, including exit interviews.
	7. Confirm employees are properly trained in compliance and maintain records of such training.
	8. Authorize formal auditing, either internal or external. The Compliance Officer will determine the scope and need for an external audit with the assistance of the Compliance Committee, but may approve at any time.
3. The frequency of monitoring shall depend on the compliance needs of (The Practice) and may vary by department.
	1. Departments will report their monitoring activities at least annually to the Compliance Officer. The report shall include:
		1. Monitoring activities,
		2. Compliance issues identified and the resolution of those issues, and
		3. Training provided
4. If monitoring or auditing reveals a compliance violation, the Compliance Officer shall immediately be notified. The Compliance Officer will determine if legal counsel and/or government authority should be consulted.

**COMPLIANCE PLAN:** **Investigating and Responding**

POLICY The Compliance Officer shall investigate suspected compliance issues and report findings of noncompliance. The Compliance officer shall respond with appropriate changes where a failure to comply with any policy, procedure, or relevant law is found. Uncorrected misconduct may threaten (The Practice’s) mission and participation in federal programs.

PROCEDURE

1. The Compliance Officer shall record all reports of potential noncompliance and include:
	1. The date the report was received,
	2. The manner by which the report was received,
	3. A brief statement of the facts alleged.
	4. The notes from the investigation and response,
	5. Any action taken.
2. The Compliance Officer shall promptly investigate all reports of suspected noncompliance to determine if a violation has occurred. As part of their investigation, the Compliance Officer may:
	1. Review documents,
	2. Review relevant policies and procedures,
	3. Interview witnesses, and
	4. Make recommendations at the conclusions of the investigation.
3. If an unintentional error is found, the Compliance Officer shall contact legal counsel to determine if disclosure should be made under the OIG Self-Disclosure Protocol or if repayment can be made without reporting the matter.
4. The Compliance Officer shall immediately report to the appropriate responsible body any intentional violations, and legal counsel may be contacted to determine the appropriate disclosure or repayment.
5. (The Practice) shall report and repay any overpayments from government healthcare programs within sixty (60) days to the appropriate authority.

This plan attempts to provide the foundation for the development of an effective compliance program. This Compliance Plan may be altered or amended in writing only.

This Compliance Plan has been approved and authorized as designated below, effective this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.

**(THE PRACTICE)**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_