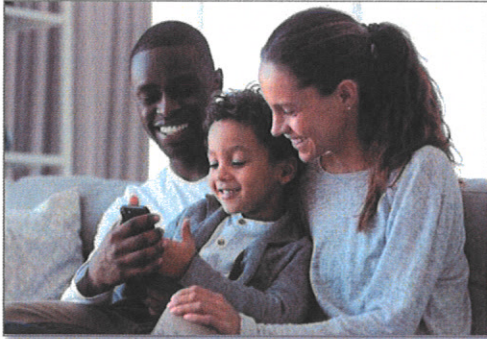




**tandem health**

**Corporate Compliance Plan**

**2023 - 2024**





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## Section 1. Mission and Introduction

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### Mission

Tandem Health is a community-owned organization dedicated to building health communities by providing quality health care that is affordable and accessible with compassion and dignity for all people.

### Introduction

Tandem Health SC (“TH”) Corporate Compliance Plan, along with state and federal regulations, serves to outline the personal, professional, ethical and legal standards that each of us must follow. Tandem Health shall operate in accordance with the highest level of ethics and integrity and is committed to preventing, detecting and correcting any unintentional or deliberate acts or conduct that is inconsistent with these principles. The Corporate Compliance Plan applies to all lines of business and is comprised of the sections listed on the Table of Contents.

The Tandem Health Corporate Compliance Plan has been developed in accordance with the seven elements of an effective Compliance Program, as defined by the Health and Human Services Office of the Inspector General (HHS OIG), and all applicable laws and guidance that include but are not limited to the following:

#### Seven Elements:

- Implement written policies, procedures and standards of conduct.
- Designate a compliance office and a compliance committee.
- Conduct effective training and education.
- Develop and promote effective lines of communication.
- Through well-communicated disciplinary guidelines and policies, enforce standards dealing with sanctioned individuals.
- Conduct internal monitoring and auditing.
- Respond promptly to detected offenses, develop and implement corrective action and reporting to the government.

#### Applicable Laws:

- Federal False Claims Act (31 USC §§ 3729-3733)
- Federal Anti-Kickback (42 USC § 1320a-7b((b))
- Federal Physician Self-Referral Law (42 USC § 1395nn)
- Federal Exclusion Statute (42 USC § 1320a-7)
- Federal Deficit Reduction Act (42 USC § 1396a(a)(68))
- Federal Patient Protection and Affordable Care Act (42 USC § 18001)
- U.S. Department of Health and Human Services
- Office of the Inspector General, the “OIG.”

The Plan places a strong emphasis on preventing fraud, waste and abuse. The mission, goals and requirements of compliance reflect a clear expression of expectations for all employees, students, Residents and members of the Board of Directors. The scope of the Plan is however, not limited to these issues and covers other areas of compliance to which Tandem Health is subject to or adopts in an



effort to ensure overall compliance internally and externally. Tandem Health will seek to promote full compliance with all legal duties applicable to it, foster and assure ethical conduct.

Benefits to our Compliance Program include, but are not limited to the following:

- Demonstrates and nurtures a culture of ethical conduct to the employees, patients, Board Members and the community at large.
- Develops a system to encourage our employees, Board Members, volunteers, patients and community members to report potential problems that may be detrimental to the clients and the Center.
- Develops procedures that allow for a thorough investigation of alleged misconduct.
- Develops process to address intentional and non-intentional compliance violations.
- Develops procedures for conducting routing internal monitoring and auditing which may prevent non-compliance.
- Ensures that Tandem health will not retaliate or discriminate against an employee who, acting in good faith, makes a report of a compliance violation or assists in uncovering a false claim or statement.
- Protects patient privacy through employee education.
- Prevents conflicts of interest with employees, Board members and vendors/contractors.
- Ensures proper credentialing and privileging of clinical staff.

The Corporate Compliance Plan is a “living document” and will be updated annually unless otherwise required. The goal is to keep Tandem Health employees, leadership, and patients and the community informed of the most current information available pertaining to compliance requirements.



The TH Corporate Compliance Plan cannot address every potential situation you may face; however, when faced with a situation you might ask yourself these questions:

- Am I being ethical?
- Am I being fair and honest?
- Are my actions legal?
- How would it look in the newspaper?
- What would I tell my child to do?
- How will I feel about myself afterward?

There are several Q&A boxes through the document. These contain typical questions staff may have about the Corporate Compliance Plan and how it relates to their daily activities. The answers provide more information and explain how the Plan applies to the specific situations in the questions.

If you are still not sure of the proper course of action after asking yourself these questions, seek the advice of your supervisor. If, for any reason, you are not comfortable discussing the subject with your supervisor, see Section 8 for information on Reporting a Concern.

## **Section 2. Corporate Compliance Plan Overview**

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Our Corporate Compliance Plan is a formal policy that outlines how everyone who represents TH should conduct themselves. This includes how we do our work and how we relate to each other in the workplace. It also includes the conduct of those we have business relationships with, such as health care providers, consultants, and vendors.

We expect you to:

- Act according to these standards.
- Let us know about suspected violations or misconduct.
- Let us know if you have questions or don't know what to do or how to act.

There are several ways to voice your concerns or ask questions:

- Talk to your immediate supervisor.
- For internal and external concerns, you can: contact your supervisor; report using the link on the TH Intranet, or call the TH Corporate Compliance Officer directly at 803-774-6471.

More details can be found in Section 8, the Reporting a Concern Section.

The Corporate Compliance Plan Overview Section explains the purpose and goals of our Corporate Compliance Plan, including why it was developed and its importance. This section also outlines employee responsibilities as they relate to compliance, as well as TH's compliance organizational structure.





## 2.1 Purpose and Goals

In this section you will find the purpose and goals of our Corporate Compliance Plan, including why it was developed and its importance. Our Corporate Compliance Plan is an affirmation of TH's ongoing commitment to conduct business in a legal and ethical environment. It has been established to:

- a. Formalize TH's commitment to honest communications within the company and within the community.
- b. Develop and maintain a culture that promotes integrity and ethical behavior.
- c. Facilitate compliance with all applicable local, state and federal laws and regulations.
- d. Implement a system for early detection and reporting of noncompliance with laws, regulations or TH policy. This allows us to resolve problems promptly and minimize any negative impact on our patients or business, such as financial losses, civil damages, penalties, criminal sanctions, etc.

## 2.2 Responsibilities

All Staff are responsible for following the Corporate Compliance Plan. "Staff" include employees, contractors, vendors, consultants and agents, who all must act consistently with the Plan when handling TH business.

## 2.3 Board of Directors

TH Board of Directors shall approve the Corporate Compliance Plan.

## 2.4 Compliance, Quality and Risk Management Committee ("CQRM")

- a. Responsibilities:
  - i. The CQRM Committee shall oversee the compliance efforts with respect to relevant TH policies, the TH's Code of Business Conduct, and relevant laws and regulations. The CQRM Committee shall monitor the efforts to implement compliance programs, policies and procedures that: respond to the various compliance and regulatory risks facing TH and support lawful and ethical business conduct by employees. The Committee shall also monitor the TH's efforts to fulfill

obligations arising from governmental or regulatory agreements, orders, or other similar documents and, at the request of the Corporate Compliance Officer (“CCO”), shall prepare compliance reports required by the Program or other documents.

- ii. The CCO shall oversee the investigation of, and may also request the investigation of, any significant instances of noncompliance with laws or the TH’s compliance programs, policies or procedures, or potential compliance violations that are reported to the Committee. The CCO will work with TH’s legal counsel, as needed.
- iii. The CQRM Committee shall routinely perform and review the TH’s compliance risk assessment plan and compliance audits.
- iv. The Compliance Committee shall assist in compliance training for TH’s Staff.
- v. When requested by the CCO, the CQRM Committee shall oversee the review of compliance complaints received from internal and external sources.
- vi. The Committee shall also carry out such other duties as may be delegated to it by the CCO from time to time.

## 2.5 Compliance Committee Membership, Structure and Meetings

- a. **Members.** The CQRM Committee members shall represent various departments throughout the organization. The CCO may remove any member from the CQRM Committee at any time. The Compliance Officer or designee shall function as the Chairperson of the CQRM Committee.
- b. **Meetings.** The CQRM Committee shall meet as frequently as it determines to be appropriate, but not less than two (2) times per year. The CCO is responsible for setting the agenda for each meeting. The agenda and information concerning the business to be conducted at each CQRM Committee meeting shall, to the extent practicable, be communicated to members sufficiently in advance of each meeting to permit meaningful review.
- c. **Minutes.** The Committee shall appoint a secretary to maintain minutes or other records of CQRM Committee meetings and activities.
- d. **Resources.** The Committee has the authority to retain such outside advisors, including legal counsel or other experts, as it deems appropriate, and to approve the fees and expenses of such advisors. TH will provide for appropriate funding, as determined by the CQRM Committee, for such advisors.

## 2.6 Corporate Compliance Officer & HIPAA Privacy Officer

- a. Creates and implements the Corporate Compliance Plan, and monitors and audits adherence to the Plan.
- b. Reports at least quarterly or as needed to the Board of Directors.



- c. Oversees the reporting mechanisms for Staff to anonymously and confidentially report compliance and fraud and abuse concerns.
- d. Works with Human Resources and legal counsel, as needed, to:
  - i. Protect reporting concerns.
  - ii. Develop appropriate employee disciplinary actions for identified compliance issues; and
  - iii. Maintain compliance-related sections of the Employee Handbook.
- e. Establishes policies and procedures to process concerns and complaints.
- f. Educates Staff annually on compliance and fraud and abuse issues.
- g. Monitors and audits TH's business functions to evaluate compliance or fraud and abuse issues, and to ensure compliance with regulatory agencies, which include, but are not limited to: Centers for Medicare and Medicaid Services, South Carolina Department of Health, South Carolina Department of Medicaid, Conditions of Participation, and the Health Resources and Services Administration ("HRSA").
- h. Works with business owners to develop prompt corrective actions plans.
- i. Works to identify compliance and fraud, waste and abuse issues.
- j. Reports any concerns to the CQRM, CEO, Board of Directors and appropriate government agencies, as required.

## **2.7 Senior Management**

- a. Establishes policies and procedures that are consistent with applicable laws and regulations.
- b. Places importance on Corporate Compliance Plan objectives, relays that importance to their staff, and adheres to the Plan in their work.
- c. Uses the applicable reporting mechanisms to report any concerns.
- d. Follow all TH policies and procedures, including the Corporate Compliance Plan.
- e. Use the applicable reporting mechanisms to report any concerns.

## **2.8 Human Resources Department**

- a. Follow established screening, hiring and exit interview policies and procedures.
- b. Defines and administers the Standards of Conduct and Conflict of Interest policies.
- c. Administers disciplinary actions and maintains compliance attestations.

## **2.9 Vendors, Contractors, Consultants and Agents**

- a. Must be aware of and abide by the TH Corporate Compliance Plan and know how to report TH-related compliance concerns or allegations of fraud, waste and abuse.
- b. Must not be debarred from doing business with government programs.
- c. Must commit to confidentiality.
- d. Must be compliant with all federal requirements regarding compliance.
- e. Must have met the Fraud, Waste and Abuse certification requirement through enrollment into the Medicare program.

## **Section 3. Standards of Conduct and Ethics**

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The TH Standards of Conduct are designed to guide you when you are faced with questions or issues regarding the ethics of business conduct. They are meant to help you understand what is ethical, professional and legal in the workplace. All employees review and sign the Code of Conduct upon hire and annually thereafter.

### **3.1 General Principles**

There are two fundamental principles of the TH Standards of Conduct:

- a. Every employee is responsible for establishing and maintaining a high standard of ethical business conduct. Supervisors are also accountable for and must be aware of the business conduct of the Staff who report to them.
- b. If you are a supervisor, you are responsible for helping Staff understand the content, scope and importance of our Standards of Conduct. You are expected to lead by example with the spirit and practice of ethical business conduct.

### **3.2 Code of Conduct**

- I acknowledge, in every interaction, that I must demonstrate and nurture a culture of ethical conduct to the employees, patients, Board Members and community at large.
- The behavior I exhibit will support the values and mission of Tandem Health and the services I render will be provided in an ethical manner.
- I will support a system to encourage our employees, Board Members, volunteers, patients and community members to report potential problems that may be detrimental to our patients, staff and Tandem Health.



- I will maintain and enhance self-respect and warmth to patients, coworkers, and visitors through appropriate communication. In addition, I will handle complaints and conflicts in a constructive manner and offer positive solutions along with complaints or issues I identify. I will not gossip or talk about a coworker or supervisor in a disloyal manner that is disrespectful to the welfare of that person.
- I will provide explanations of procedures, rules and policies that apply to the patient, family and/or co-worker and answer questions in a professional, pleasant and informative manner in person or on the telephone. In sharing information, I will be mindful to protect the confidentiality of patients, families and co-workers.
- I will take responsibility for my actions and follow all healthcare policies. I will maintain a safe environment to offer patient care. I will notify my supervisor immediately of any hazard, injury, equipment problem or potential safety problem in a timely and immediate manner.
- I will act as an ambassador for Tandem Health both in and outside the workplace. My conversations will be positive and constructive and I will not engage in negative conversations about my workplace to anyone outside Tandem Health. Employee and Tandem Health concerns will not be discussed with or in front of patient, families or physicians.

### **3.3 Business Relationship Standards**

To fulfill our mission successfully, TH must do business with a variety of other organizations. All Staff are expected to conduct themselves with honesty and integrity when taking part in these relationships and follow the standards described in the following sections:

- a. Confidentiality
- b. Patient Privacy
- c. Conflicts of Interest
- d. Prohibited Affiliations
- e. Outside Employment and Consulting Arrangements
- f. Entertainment, Gifts and Business Courtesies
- g. Health Care Providers
- h. Contracting and Purchasing

### **3.4 Confidentiality**

- a. As a provider in the health care environment, TH Staff handle a great deal of information every day. This information deals with patients, Staff, providers and vendors, as well as the proprietary nature of our systems, products and services.

- b. TH proprietary and business information, as well as patient, employee, provider and vendor information must be kept strictly confidential. Important confidential records and papers, such as claims, employee files, medical records, financial documents, provider files, patient files should be safely secured in designated areas.
- c. You should never share confidential information with friends, family members or others in the community. This information should only be shared or discussed on a need-to-know basis in a business context. You should also limit the information you share with other Staff to the minimum needed to complete your job.
- d. TH workforce members shall maintain confidentiality regarding our patients.
- e. If you are unsure about what should be kept confidential, please talk to your supervisor.

Q: What types of information must be kept confidential?	
A: Non-public information related to:	
•	Patient information, including names, addresses, diagnoses, treatment information or other personal data. When necessary to share it, this information must be used and disclosed based on HIPAA requirements.
•	How we do business
•	Marketing strategy
•	Business plans
•	Contract details
•	Planned acquisitions or other strategic relationships
•	Service or expansion plans
•	Pricing and costs
•	Staffing level plans
•	Employee files
•	Financial documents
•	Privileged information, such as attorney-client communications
•	Data or information your supervisor may ask you to keep confidential

### 3.5 Patient Privacy

Each of us is expected to respect patient privacy at all times, even after your employment/engagement with TH has ended. You may access, use and release protected health information (“PHI”) only as allowed by TH policies and procedures governing privacy and confidentiality.

- a. Key principles are as follows:
  - i. We use and share only the minimum amount of PHI reasonably necessary to accomplish our assigned work.
  - ii. We may not access any PHI except to the extent necessary to accomplish our assigned work.
  - iii. We may not release PHI to anyone outside the organization except as authorized by the person or as otherwise permitted by law.



- iv. We safeguard all PHI that is within our possession or control, and take appropriate steps to make sure that PHI is not lost or accessible to people who do not have the right to access it.
- b. See the TH HIPAA policies for more detailed information on patient privacy. If you have a concern that PHI is being shared inappropriately, you should report this using the noncompliance reporting mechanisms found in Section 8, Reporting a Concern.

Q: I am an TH employee and also a patient. Am I allowed to view my own records in the Electronic Medical Record system?

A: No – absolutely not. Work with your supervisor to request information in compliance with TH policies and procedures.



### 3.6 Conflicts of Interest

- a. A conflict of interest is a situation in which you have competing professional and personal interests. This can make it difficult to fulfill your job responsibilities impartially. Even the appearance of a possible conflict of interest, whether real or perceived, can undermine confidence in your ability to make decisions that are in the best interest of TH.

*To avoid conflicts of interest, you should not take part in activities that:*

- i. Result in profit or gain for yourself or your family or friends at the expense of TH.
  - ii. Interfere with your professional judgment or work duties.
  - iii. Involve using or accessing TH resources for unlawful or unethical purposes.
- b. Examples include:
    - i. Outside employment with competitors, vendors or health care providers who may service our patients where the relationship would pose a conflict of interest.
    - ii. Using information obtained while performing your job for personal advantage.
    - iii. Accepting gifts from vendors, suppliers, patients or providers.

- iv. Holding a financial interest, either directly or indirectly, in a competitor, vendor, etc., whether or not you feel the interest is substantial in nature.
- v. Knowingly asking for or receiving any compensation – including any kickback, bribe, gratuity or rebate – directly or indirectly, in cash or in-kind in return for using a vendor's or provider's service.

If you have any questions or concerns about specific situations, please discuss them with your supervisor, the Human Resources Department or report them via the Compliance reporting mechanisms.

### **3.7 Prohibited Affiliations**

TH does not do business with individuals or organizations that have been excluded or sanctioned under federal or state health care programs or other federal contracts, or who have other restrictions on their eligibility to work with government contractors.

We check Staff and Board members, for exclusions or sanctions at least annually. If you become aware that TH or its affiliates may have a relationship with an individual or company that is a prohibited affiliation, you must report it immediately to your supervisor or through the noncompliance reporting mechanisms. Staff who have been suspended, excluded or debarred from participation in any federal health care programs or other federal contracts shall immediately inform the Human Resources Department and the CCOP.

### **3.8 Outside Employment and Consulting Arrangements**

- a. If you are considering working or consulting for another organization during your relationship with TH, you must discuss this with your supervisor. He or she, in conjunction with Human Resources or the CCO, will help you determine if the outside relationship would be consistent with your duties to TH, and whether or not it would comply with specific policies in your area.
- b. While some outside employment may not be an issue, it may be considered a conflict of interest if:
  - i. It interferes with your ability to effectively perform your job.
  - ii. Conflicts with your scheduled work hours at TH.
  - iii. It could involve knowledge or information about TH and its business activities or TH resources.

### **3.9 Entertainment, Gifts and Business Courtesies**

Staff will take all reasonable steps to avoid conflicts of interest, or the perception of such, between the private interests of personnel and the official responsibilities pertaining to their duties. Staff cannot accept or give gifts, entertainment opportunities or favors that could result in:

- a. Inappropriate influence.



- b. Preferential treatment.
- c. Overutilization, underutilization or inappropriate utilization of health care services.
- d. Patient safety or quality-of-care concerns.
- e. A violation of any federal or state laws, including those related to referrals.

### **3.10 Health Care Providers**

Health care providers play a crucial role in serving our patients' medical needs. TH expects all health care providers who treat our patients to maintain appropriate professional relationships with our patients, within and outside of the clinical setting.

All providers will perform their duties within the scope of their licenses, certifications or other professional standing.

### **3.11 Contracting and Purchasing**

At TH, we use an objective selection process when purchasing products or services. This helps to ensure fair, ethical and responsible transactions. Staff who make contracting and purchasing decisions for TH must act with integrity in negotiating and awarding contracts.

The following protections and guidelines apply:

- a. All transactions made on behalf of TH are to be executed in accordance with management's general or specific authorization and recorded on a consistent basis.
- b. Purchasing decisions are to be based on criteria such as price, quality, timely delivery, service and adequate supply.
- c. Cash disbursements will not be made or approved with the intention or understanding that any part of the payment is to be used for any purpose other than what is described in the supporting documentation.
- d. All cash receipts will be properly identified and recorded.

### **3.12 Workplace Standards**

Teamwork and respect lay the foundation for our workplace relationships. We play an important part in helping each other achieve success by being accountable for our actions.

Our responsibilities to each other include doing our part to create a safe, professional, ethical and respectable work environment by adhering to the safety standards detailed in the TH Employee Handbook.

### **3.13 Quality of Care**

TH provides appropriate, timely and responsible care to all patients. We are committed to the delivery of services, in a caring atmosphere, that meet or exceed patient expectations. At the same time, we focus on continuous quality improvement to those patients we serve:

- a. We will provide quality services without regard to race, creed, age, religion, gender, color, national origin, disability, diagnosis, or any other basis applicable by law.
- b. We will respect their dignity, comfort and conveniences, and will treat them with consideration, courtesy and respect.
- c. We will provide considerate care with the recognition of their right to privacy and confidentiality.
- d. We will ensure they have the right to participate in decisions regarding their health care to include refusing treatment to the extent permitted by law, and to be informed of medical alternatives and costs related to those alternatives.
- e. We will do our very best to meet their needs by providing quality services and promptly investigating all complaints or concerns.
- f. We will report all problems and deficiencies to the appropriate authority or supervisor.
- g. We will provide ongoing educational training of staff to allow continuous improvement and development of skills for the delivery of quality care.
- h. We will keep complete and accurate records documenting services provided.
- i. We will ensure health care providers are properly licensed and credentialed in their area of expertise.

### **3.14 Human Resources**

At TH we are all expected to treat each other with dignity and respect. By embracing the diversity of our workforce, we help spark innovation, creativity and teamwork.

- a. We will abide by the core values of integrity, compassion, respect, truth and trust at all times.
- b. TH is an equal opportunity employer, not only because it's the law, but also because it is a value we honor.
- c. We will treat Staff consistently with respect to pay and benefits, promotions, transfers and all other provisions of employment according to job classification.
- d. We will not discriminate against any employee or patient on the basis of race, color, creed, national origin, religion, sex, disability or age or any other basis applicable by law.
- e. We will not tolerate harassing behavior of anyone toward another individual.





- e. Participating in workplace non-violence, health, and safety training to reduce hazards and maintain a violence-free, healthy and safe work environment.
- f. Inspecting work areas for health and safety risks, eliminating or reporting risks to management, being familiar with health and safety procedures, and training employees.
- g. Obeying laws and policies regarding the manufacture, sale, possession, distribution or use of illegal drugs or alcohol at work. Never reporting to work while under the influence of illegal drugs or alcohol.
- h. Storing, securing and counting all drugs and pharmaceuticals and promptly reporting any missing drugs to appropriate management.

### **3.16 Accountability and Discipline**

We are confident that Staff, providers, board members and vendors who represent TH are directed by our organization's mission and sense of what is right. Please use this Corporate Compliance Plan and other resources made available to you by the organization to help you make the right decision.

A violation of the standards described in this Corporate Compliance Plan and the TH Employee Handbook can result in disciplinary action, up to and including discharge from employment or contract termination. Disciplinary action taken by the organization to uphold this Corporate Compliance Plan will be imposed fairly and consistently, appropriately to the violations in question, and consistently with the TH Employee Handbook and our policies and procedures.

Intentionally or knowingly participating in fraudulent billing will result in immediate termination of employment/association at/with TH.

### **3.17 Alcohol, Firearms and Controlled Substances**

We are committed to maintaining a safe and healthy work environment. As an TH employee, you may not work while under the influence of alcohol or drugs.

You may not possess weapons or other contraband while on TH property or conducting TH business. A permit or license from any state or jurisdiction to carry a firearm, concealed or otherwise, is not a permitted exception to this standard.

### **3.18 Workplace Safety**

TH has established guidelines for promoting and providing a safe environment for Staff and patients. It is every employee's responsibility to educate themselves about safety rules, regulations and required behaviors. Staff are responsible for preventing accidents and reporting unsafe conditions to their supervisor immediately.

### **3.19 Compliance with Policies and Procedures**

TH has policies and procedures in place to ensure we operate within all regulatory and legal parameters. You are expected to be familiar with the policies and procedures that apply to your area of work, both directly and indirectly.



Questions about policies and procedures should be directed to your supervisor. Unresolved compliance concerns should be reported via the Compliance reporting mechanisms. See the Reporting a Concern section on how to use these tools.

### **3.20 Financial Reporting and Information Security**

At TH we create, collect and maintain a large amount of data to conduct our business and fulfill our mission. We are responsible for ensuring that information, including financial data, is secure and reported accurately.

#### **3.21 Financial Data and Reporting**

We are dedicated to honest, accurate and timely reporting of all information, including financial data. Anytime you are contributing data to an external or internal report you must be thorough, complete and accurate to assure that others who use or review the information are not misled.

TH management maintains a system of internal controls to provide reasonable assurance that the organization meets financial and other data reporting obligations. TH's financial statements are prepared in conformity with generally accepted accounting principles or other applicable standards.

#### **3.22 Travel and Entertainment**

Travel and entertainment expenses should be consistent with a Staff member's job responsibility and TH's needs and resources. It is TH's policy that a Staff member should not suffer a financial loss nor a financial gain as a result of business travel and business entertainment.



#### **3.23 Information Security**

Security is everyone's responsibility. We are all responsible for protecting our patient, provider and employee information. We are also responsible for protecting information that is proprietary to TH. Jason Gray is the Chief Information & Technology Officer and the HIPAA Security Officer. Please see our applicable policies and procedures for more details on information security.

### 3.24 Record Management and Disposal

Keeping accurate records is important to TH. Billing laws, accreditation standards, and federal and state regulations set specific guidelines for record-keeping and record management. You can read more about our record retention policy by accessing Human Resources Policy No. 9.3, Finance Department Policy No. 11.24 and Healthcare Policy No. 2.5, Record Retention.

- a. Our Policy: Staff must assure that all records required by state and federal law are created and maintained. All records will be maintained for a period defined in TH policies and procedures.
  - i. Ensures records will be retained for at least the minimum period required by applicable laws and regulations.
  - ii. Protects the privacy and security of all records, including those maintained on electronic data processing storage media.
  - iii. Facilitates purging and destruction of inactive records according to the record retention schedule.
  - iv. Has a mechanism for halting and preventing destruction of appropriate records immediately upon receipt of a legal inquiry for which those records might be relevant.
- b. Management is responsible for seeing that these policies and procedures are followed.

**Q: *I am preparing a claim to be submitted to a payer and I do not have the time to verify the accuracy of the claim data. Should I submit it anyway?***

**A: *No. This claim is potentially inaccurate and may feed into other reports and create other inaccuracies. Inaccurate data could impact how we run our business and have a wide-reaching impact, such as potential violation of federal and state laws.***



## Section 4. Monitoring and Auditing

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- 4.1 Auditing and Monitoring Functions.** To gage compliance TH shall monitor compliance in the following areas: operations, finance, information technology, pharmaceutical, environment of care, and regulatory compliance. In addition, TH will review all of the following departmental processes and internal controls, and to ensure compliance with federal and state laws and contracts, as well as the TH Corporate Compliance Plan, policies and procedures.
- a. It is TH policy to conduct ongoing auditing and monitoring to ensure that billing standards and procedures are current and accurate, Staff are properly carrying out their responsibilities, and claims are being submitted appropriately.
  - b. It is Senior Management’s responsibility to annually review the policies and procedures to see if they are current and complete. If a policy or procedure is ineffective or outdated, it will be updated to reflect changes in codes and applicable government and other regulations.
  - c. In addition to the policies and procedures, Staff must implement a procedure whereby bills and medical records are reviewed at least annually for compliance with applicable coding, billing and documentation requirements. Self-audits are used to determine whether:
    - i. Bills are accurately coded and accurately reflect the services provided;
    - ii. Services provided are reasonable and necessary;
    - iii. Any incentives for unnecessary services exist; and
    - iv. Medical records contain sufficient documentation to support the charge.
  - d. All aspects of the claim development and submission process, from patient intake through claim submission and payment, are to be examined in order to identify elements within this process that may contribute to non-compliance or that may need to be the focus for improving execution.
  - e. Self-audits will inquire into compliance with specific rules and policies that have been the focus of Medicare fiscal intermediaries or carriers, as evidenced by the Medicare Fraud Alerts, OIG Audits and evaluations and publicly announced law enforcement activities. Audits will also reflect areas of concern that are identified by TH as needing improved execution
  - f. All claims for services submitted to Medicare or other health benefits programs will correctly identify the services ordered. Only those services ordered and provided by authorized clinicians that meet Medicare’s or the health benefits program’s criteria will be billed.

## Section 5. Our Commitment to HIPAA Privacy and Security

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The Health Insurance Portability and Accountability Act (HIPAA) requires “covered entities,” *e.g.* health plans and health care providers, to protect health information. Covered entities may only use or disclose PHI in the following ways:

- Without authorization, covered entities may use for themselves, and disclose to others, PHI for purposes of treatment, payment and health care operations.
- Without authorization, covered entities may disclose PHI for important public policy reasons, *e.g.*, to departments of health, law enforcement, etc.

If an individual does not object, covered entities may disclose health information in order to list individuals in a facility directory or to persons involved with the patient’s care.



When using or disclosing PHI, covered entities must only use or disclose the minimum amount necessary to accomplish the purpose.

Covered entities are required to give individuals a Notice of Privacy Practices (NPP) upon obtaining services and no less than every three years thereafter, as applicable. The NPP informs the individual of how their PHI will be used and disclosed.

Covered entities are required to implement certain internal practices, including designating a privacy officer, training staff, adopting policies and procedures, and documenting compliance with the HIPAA Privacy Rule.

The HIPAA Privacy Rule permits individuals the following rights:

- a. Individuals may access their PHI or request a copy of their records.
- b. Individuals may request amendments to inaccuracies in their PHI.
- c. Individuals may receive from a covered entity, an accounting of disclosures made by the covered entity of their PHI.
- d. Individuals may request that the covered entity communicate with them in a confidential way.
- e. Individuals may request restrictions on the use and disclosure of their PHI beyond what is required by the HIPAA Privacy Rule.

### **5.1 HIPAA Incident Reporting and Tracking**

In accordance with the Breach Notification Rule, TH will maintain a log of Privacy and Security incidents. Each incident will be investigated thoroughly and information relevant to the incident will be maintained in accordance with TH policies and procedures. If it is determined that a breach of unsecured PHI occurred, TH will report the breach as required by applicable HIPAA laws and regulations.

Anyone with questions or concerns should contact:

Marion Richardson, Corporate Compliance Officer  
Tandem Health  
550 South Pike West  
Sumter, South Carolina 29150  
803-776-6471

### **5.2 HIPAA Security Rule**

The HIPAA Security Rule applies to all PHI that is in electronic form whether it is being stored or transmitted. Security applies to the physical, technical and administrative safeguards put in place to protect the integrity, availability and confidentiality of PHI.

### **5.3 Security Officer**

The purpose of the HIPAA Security Officer is to protect the confidentiality, integrity and availability of information systems and electronic Protected Health Information (e-PHI). The Chief Information & Technology Officer is responsible for the development and implementation of all policies and procedures necessary to protect our information systems and ePHI.

Anyone with questions or concerns should contact:

Jason Gray, Chief Information & Technology Officer  
Tandem Health  
550 South Pike West  
Sumter, South Carolina 29150  
803-774-4519

### **5.4 Access Authorization**

Access to computers and data is provided on an as-needed basis. Any attempt to gain access to information systems containing e-PHI for which you do not have proper authorization is prohibited.

### **5.5 Passwords**

TH has policies for creating, changing and safeguarding passwords for logging on to any computer system. Passwords are used to validate a user's identity and access to information systems and data. Each user creates a password: a mix of numeric and alphabetic characters with at least one symbol. NEVER SHARE YOUR PASSWORD WITH ANYONE.



## 5.6 System Audit Activity

Staff and others accessing the TH network will be audited. These audits will be conducted on a regular basis and inappropriate access will be addressed. Any user that has concerns for unauthorized access to e-PHI needs to contact their supervisor or the TH Security Officer.

## 5.7 Reporting Security Risks

If you notice e-PHI is not being protected, contact the HIPAA Security Officer. Responsibility for protecting e-PHI is to be shared by all TH system users.



## 5.8 Safeguards

- a. Physical:
  - i. Do not leave your computer screens with patient information visible.
  - ii. Placement of workstations should be in secure areas and monitors should not be visible to the general public.
  - iii. All computer servers are physically secured and locked.
  - iv. Report any issues to your supervisor or HIPAA Security Officer.
- b. Technical:
  - i. TH runs anti-virus software on all PCs.
  - ii. TH PCs use password-protected screen savers.
  - iii. All TH e-PHI data is stored, encrypted and backed up.
  - iv. There is a TH Business Continuity Plan for business interruptions.
  - v. Downloading from the Internet is not permitted at TH without permission from the Information Technology Department.
- c. Administrative:
  - i. Risk Analysis, identify and determine probability and magnitude of the risk.

- ii. Computer access is role based i.e., based on your job title.
- iii. When you change jobs your manager will request a modification to your access again based on your new role.
- iv. Contingency Plans for unscheduled downtime.
- v. Communication of security policies and practices on the TH Intranet.
- vi. Information Systems audit and monitoring system logs, activity and incidents.

## **Section 6. Specific Risk Areas Law, Regulations and Legal Issues**

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TH has developed specific policies and procedures to reaffirm the key points of the TH Code of Conduct. The policies and procedures focus on those risk areas most likely to arise in connection with TH's business operations.

### **6.1 Coding and Billing**

- a. All Staff of TH must ensure that claims for services submitted to any payers (governmental, commercial and self-pay) correctly identify and support the services ordered and rendered. Bills will be submitted only for tests, treatments and procedures that are:
  - i. Ordered by an authorized practitioner.
  - ii. Meet Medicare and other health care benefit programs criteria, and performed.
- b. Staff must provide documentation to support the CPT and ICD-10 (or successor codes) used based on medical findings and diagnoses.
- c. Billing Department and other revenue cycle related Staff will follow ALL state and federal laws and regulations, as well as the CMS (Centers for Medicare and Medicaid Services) guidelines and coverage determinations, including, but not limited to, those maintained in the Coding Compliance directives.
- d. Prohibited Conduct includes, but is not limited to:
  - i. Billing for services not actually rendered/provided/performed.
  - ii. Submitting claims for medically unnecessary services.
  - iii. Submitting duplicate claims or otherwise not following the National Correct Coding Initiative (NCCI) or other coding guidelines.
  - iv. Coding to circumvent discounts for multiple procedure.

- v. Intentionally or knowingly “up coding” (i.e., selecting a code to maximize reimbursement, when such a code is not the most appropriate for the actual service rendered).
  - vi. Intentionally or knowingly “down coding” (e.g., not billing for service provided) to decrease patient responsibility, trying to avoid audit or to gain favorable recognition by third party payers.
  - vii. Falsely certifying or “correcting” documentation to make services appear medically necessary.
  - viii. Failure to refund overpayments or incorrect payments made by the federal or state health care programs.
- e. Reasonable and Necessary Services – All TH Staff will take reasonable measures to ensure that bills are only claims for services that are reasonable, necessary, documented and are based on the patient’s condition.
- f. Documentation: In addition to facilitating high quality patient care, a properly documented medical record verifies and precisely states what services were actually provided. The medical record is used to validate:
- i. The site of service
  - ii. The appropriateness of the services provided
  - iii. The accuracy of the billing
- g. Therefore, the medical record documentation should comply with, at a minimum, the following principles:
- i. The medical record must be legible, and completed in a timely manner.
  - ii. The documentation of each patient encounter should include the reason for the encounter, any relevant history, physical examination findings, prior diagnostic test results, physical assessment, clinical impression, diagnosis, plan(s) of care and include the date and legible identity of the observer (author).
  - iii. Past and present diagnoses should be accessible to the treating and/or consulting practitioner.
  - iv. Appropriate health risk factors should be identified.
  - v. The patient’s progress, his or her response to and any changes in treatment, as well as any revision in diagnosis should be documented.
  - vi. CMS and local carriers should be able to easily determine who performed the services billed.



## 6.2 Antitrust Compliance Policy

- a. TH and its Staff shall comply with antitrust and similar laws which regulate competition. Violations of the antitrust laws may subject the company and its officers, directors and employees to substantial civil and criminal penalties. TH shall act independently in making its business decisions involving competitive matters.
- b. TH and its Staff shall not: (1) enter agreements to fix prices and collusion (e.g., price sharing) with competitors; (2) enter boycotts, exclusive dealing, or price discrimination agreements; (3) engage in unfair trade practices, such as bribery, misappropriation of trade secrets, deception, and intimidation; and (4) engage in division of geographic or product markets among competitors, resale price maintenance, tying or bundling arrangements. In addition, TH and its Staff shall not engage in any agreements, discussions, or other types of communication with any competitor regarding product or contract pricing, territories, customers, suppliers, trade secrets or proprietary manufacturing practices for the purpose of reducing or restraining competition.
- c. Absent approval from the President, or legal counsel, Staff are prohibited from responding to outside queries or surveys about prices, fees, processes, salaries, suppliers, business practices, or any other information about TH that may give rise to any antitrust issue or violation.
- d. This antitrust compliance policy does not prohibit routine communications with competitors for purposes that are reasonable and appropriate. It also does not preclude using legal and ethical means to gather information about competitors from readily available and legal sources.



## 6.3 Fraud, Waste and Abuse

- a. TH is committed to preventing, detecting, investigating, mitigating, correcting and reporting health care fraud and abuse. All Staff are responsible for reporting any suspected health care fraud, waste and abuse.
- b. Health care fraud, waste and abuse includes, but is not limited to the following:
  - i. Billing noncompliance;
  - ii. Physician contract noncompliance;
  - iii. Improper financial relationships with referral sources;

- iv. Improper gifts or discounts; and
  - v. Many financial improprieties.
- c. The Compliance Department takes all reported allegations of fraud, waste and abuse seriously. Each allegation is evaluated and investigated. Direction and support is obtained from the CCO and outside General Counsel, when deemed appropriate.
- d. If fraud, waste or abuse is identified, the Compliance Department will take appropriate corrective action. Corrective actions may include, but are not limited to, education and training, contract termination, disciplinary actions, law enforcement referral, Corrective Action Plans (CAPs), and legal actions. All identified fraud, waste or abuse shall be reported to the appropriate government agencies. You are responsible for:
- i. Knowing what constitutes fraud, waste and abuse.
  - ii. Reporting any health care activity that may be fraud, waste or abuse.
  - iii. Taking and completing the required annual compliance training.
  - iv. Knowing and understanding the following laws:
    - (a) Anti-Kickback Statute
    - (b) False Claims Act
    - (c) State laws regarding fraud, waste and abuse
    - (d) Stark Law

#### **6.4 Federal False Claims Act**

- a. The federal False Claims Act allows individuals to bring “whistle-blower” lawsuits on behalf of the government. These suits can be against groups or individuals who are defrauding the government through programs, agencies or contracts. It is a violation of the False Claims Act when a company or person:
- i. Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval.
  - ii. Knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim.
  - iii. Conspires to commit a violation of any other section of the False Claims Act.
  - iv. Has possession, custody, or control of property or money used, or to be used, by the government and knowingly delivers, or causes to be delivered, less than all of that money or property.



- v. Knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government.
- b. The time period for a claim to be brought under the False Claims Act is the latter of:
  - i. Within six years from the date of the illegal conduct, or
  - ii. Within three years after the date the government knows or should have known about the illegal conduct but, in no event, later than 10 years after the illegal activity.
- c. Violations of the False Claims Act are punishable by prison terms up to five years and substantial criminal fines. Violations can also result in substantial civil fines.

**Q:** I work in the Billing Department and have seen a pattern of unusual billing from a health care provider. I checked with my supervisor and co-workers, and we all find that this billing is irregular. How should I report this?

**A:** Contact the Corporate Compliance Officer or use any of the many Compliance reporting mechanisms mentioned in the Reporting a Concern section of this document.

## 6.5 Deficit Reduction Act Requirements

If TH receives South Carolina Medicaid reimbursement of Five Million Dollars (\$5,000,000.00) or more annually, it is required: 1) to communicate policies and procedures that address the provisions of federal False Claims Act and South Carolina statutes addressing false claims and policies fraud and abuse (e.g., this Compliance Program); 2) to provide education to Staff regarding the False Claims Act compliance and the whistleblower provisions; and, 3) to include False Claims Act compliance requirements in its Employee Handbook.

## 6.6 South Carolina False Claims Law

The state of South Carolina does have a False Claims Act which is similar to the federal False Claims Act. South Carolina regulates the filing of false claims in an attempt to defraud Medicaid. If a provider is found to have violated this particular law he or she could be subject to civil penalties, including, but not limited to:

- a. Payment of interest (at the maximum rate) on the amount of excess payments.
- b. Payment of three times (3x) the amount of any excess payments.
- c. A fine between five and eleven thousand dollars for each false filing, and any other reasonable expenses determined by the court. The provider will also have their provider agreement terminated for a period of five years.

Anyone filing a false claim or who in some way participates in a scheme to file false claims for any federally-funded health care program can be charged with fraud. Anyone charged with fraud of a federally-funded health care program faces a misdemeanor or felony charge depending on the amount of money received fraudulently. If convicted, the individual could go to jail and be ordered to pay fines and restitution. If someone, specifically a licensed medical provider is found guilty of fraud for a federally-funded health care program, either civilly or criminally, their license can come under review and be suspended or permanently revoked as a result of their fraudulent activity.

### **6.7 Anti-Kickback Statute**

The federal Anti-Kickback Statute makes it illegal for any person (individual or entity) to knowingly and willfully solicit or accept money or other forms of payment in return for generating Medicare, Medicaid or other federal health care program business. Likewise, a person cannot offer money or pay anything of value to induce referrals of federal health program business. Federal law provides a number of safe harbors to protect arrangements from prosecution if all elements of a safe harbor are met. Meeting all elements of a safe harbor is not legally required, but greatly reduces compliance risk.

TH Staff will not participate in provision (or receipt) of inducements (gifts, money or other favors) or receipt of kickbacks (financial or other personal gain) to gain business for TH or influence referrals. TH requires that ALL Staff comply with all state and federal anti-kickback or inducement regulations.

### **6.8 Stark Law**

The Stark Law is related to, but not the same as the federal Anti-Kickback Statute. The physician referral law (Section 1877 of the Social Security Act) prohibits a physician from referring patients to an entity for a designated health service (DHS), if the physician or a member of his or her immediate family has a financial relationship with the entity, **unless all elements of an exception apply**. Unlike the Anti-Kickback Statute, failure to meet all elements of a Stark exception means the arrangements violates federal law. (The exceptions are specified in 42 CFR Part 411, Subpart J.) The law also prohibits an entity from presenting a claim to Medicare or to any person or other entity for DHS provided under a prohibited referral. No Medicare payment may be made for DHS rendered as a result of a prohibited referral, and an entity must timely refund any amounts collected for DHS performed under a prohibited referral. Civil money penalties and other remedies may also apply under some circumstances.

### **6.9 Civil Monetary Penalties Compliance Policy**

TH and all Staff shall comply with the Civil Monetary Penalties Law (42 U.S.C. §1320a-7a) (“CMPL”) which prohibits an array of fraudulent activities. Staff are prohibited from conduct that violates CMPL, including, but not limited to presenting, or causing to be presented, claims for services that the Employee “knows or should know” were: 1) not provided as indicated by the coding on the claim; 2) not medically necessary; 3) furnished by a person who is not licensed or who was not supervised by a licensed physician when required; 4) furnished by a provider who is excluded from participation in the Federal health care program to which the claim was submitted; 5) offering remuneration to a Medicare or Medicaid beneficiary that Associate knows or should know is likely to influence the beneficiary to obtain items or services billed to Medicare or Medicaid from TH.



## 6.10 Cooperation with Government Investigations

- a. TH cooperates fully with any requests for information or assistance from local, state or federal agencies. You are expected to cooperate with these investigations, but you should do so with guidance and assistance from TH.
- b. Contact your supervisor and the CCO right away if, as a representative of TH, you receive any summons, subpoena, inquiry or other communication from a court, law enforcement official, government agency or lawyer. We strongly encourage you to contact the CCO before responding to any requests or questions.
- c. TH procedures for government site visits are as follows:
  - i. If someone arrives and identifies himself or herself as a government auditor, investigator or other representative, treat him or her with respect and courtesy.
  - ii. Request identification and the reason for the visit, but do not attempt to photocopy credentials.
  - iii. Ask the individual to wait in an unused office or a location where business is not conducted.
  - iv. Immediately contact the CCO.
  - v. Await direction from the CCO. Do not submit to questioning or an interview or provide documents or other information until consulting CCO. Individuals have the right to decline an interview or to postpone an interview until they have had an opportunity to seek legal counsel or other advice.
  - vi. The CCO or other authorized executive staff member should remain present while agents are conducting a search. Other than providing what is necessary to direct the agents to information requested, do not submit to any form of questioning or interviewing.

## **Section 7. Hiring, Training and Attestations**

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TH strives to make sure all Staff receive information about what is expected of them at work. Likewise, we all need to make sure we understand those expectations and act accordingly.

TH has a comprehensive orientation program designed to educate Staff about expectations, compliance and consequences of noncompliance. We offer support and guidance to help you understand our ethical and professional responsibilities to TH and each other. This section covers:

- a. New Associate Screening and Hiring/ Engagement
- b. New Staff and Annual Training
- c. Associate Attestations

### **7.1 New Employee Screening and Hiring**

The Human Resources (HR) department ensures that TH employs/engages people who abide by the standards of the TH Corporate Compliance Plan. HR screens applicants by doing a thorough background and reference check. All applicants are checked for prohibited affiliations before an employment/engagement offer is finalized.

Temporary Staff hired/engaged to complete specific tasks may be an exception to the full screening process if such Staff was previously screened by an agency and the screening is in compliance with TH standards. Contact HR for information regarding this potential exception

### **7.2 Compliance Training**

It is the policy of TH to require both initial and recurrent training in compliance, both with respect to the compliance program itself and the applicable statutes, rules and regulations. The training will also address the operation and importance of the compliance program, the consequences of violation of the policies set forth in the program and the role of each Associate in the operation of the Compliance program. New Staff must be trained on the Compliance program (including acknowledgment of the Code of Conduct within 30 days of their start date. The training must be documented. Thereafter, Staff will receive refresher training on an annual basis or as appropriate due to revisions to the Corporate Compliance Plan.

### **7.3 Coding and Billing Training**

It is the policy of TH to require that Staff that are directly involved with billing, coding or other aspects of the state and federal healthcare programs receive extensive education specific to that individual's responsibilities on an "as needed" basis. Coding and billing training includes, but is not limited to:

- a. Coding requirements
- b. Claim development and submission process
- c. Marketing practices that reflect current legal and program standards

- d. Ramifications of submitting a claim for physician services when rendered by a non-physician
- e. Signing a form for a physician without the physician's authorization
- f. Ramifications of altering medical records
- g. Proper documentation of services rendered
- h. How to report misconduct
- i. Proper billing standards and procedures and submission of accurate bills for services or items rendered to state and federal healthcare program beneficiaries.
- j. The personal obligation of each Associate involved in the billing process to ensure claims are properly and accurately submitted.
- k. Legal sanctions for submitting deliberately false or reckless billings.

#### **7.4 Employee Attestations**

All new Staff are required to sign acknowledgement forms attesting that:

- a. The employee has read the TH Employee Handbook, if relevant, and agrees to abide by the Handbook.
- b. The employee has read and agrees to comply with the Corporate Compliance Plan, which includes our Standards of Conduct.
- c. The employee has disclosed any conflicts of interest.
- d. The employee is not subject to exclusion or debarment under federal law.

All potential new hires/contractors are asked to divulge any felony convictions once selected for a position. The HR Department reviews each situation and makes a determination relative to the eligibility of the applicant.

HR maintains signed employee acknowledgment forms in the employee's personnel file.





## **Section 8. Reporting a Concern**

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If you learn of any activity that might violate applicable law, our standards of conduct, or may be considered fraud, waste or abuse, you must report the activity. We rely on your good judgment to help us meet our ethical, legal and professional commitments.

You can voice your questions or concerns anonymously and confidentially to the extent possible and as permitted by law. If you do report anonymously, remember to include enough information in your report so that we can investigate your concern promptly and thoroughly.

Any employee who, in good faith, reports a concern will not suffer any retaliation, penalty, harassment, retribution or adverse employment consequence.

If you do, please report it using the reporting mechanisms below:

To report a concern you may:

- Contact your immediate supervisor
- Contact the Corporate Compliance Officer directly by calling at 803-774-6471.
- Go to the TH Internet page ([www.tandemhealthsc.org](http://www.tandemhealthsc.org)) and click on “Corporate Compliance” at the bottom of the page. (Link: <https://www.tandemhealthsc.org/corporate-compliance/>).

## Section 9. Definitions

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- **Abuse** – Provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost or in reimbursement for services that are not medically necessary or that fail to meeting professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost.
- **Anonymous** – Information given without providing a name or other means of identification.
- **Anti-Kickback Statute** – The federal Anti-Kickback Statute prohibits health care organizations from knowingly and willfully paying, or offering, soliciting or receiving money or anything else of value in exchange for patient referrals payable by federal health care programs.
- **Staff** – Owners, Board Members, Executives, leaders, Staff and those who hold Medical Staff Membership and/or Clinical Privileges.
- **Compliance reporting mechanisms** –The methods that Staff, should use to report compliance concerns.
- **Compliance concerns** – Compliance issues related to any organizational activity that is regulated by federal or state law. Typically, they are issues that relate to licensure, privacy, security, purchasing, conflicts of interest, vendor relations, billing and other business practices.
- **Confidential** – Expectation that anything done or revealed will be kept private. Reported concerns are kept private to the extent permitted by law.
- **Compliance & HIPAA Privacy Officer** – Marion Richardson, Director Compliance.
- **Disciplinary guidelines** – Guidelines for corrective actions taken by the Human Resources Department if the Corporate Compliance Plan is not followed by employee.
- **E-learning** – A term to describe web-based learning.
- **Ethics** – The discipline of dealing with what is good and bad and the moral duty and obligation.
- **False Claims Act** – The federal False Claims Act allows individuals to bring “whistle-blower” lawsuits on behalf of the government.
- **Financial Interest** – This includes an ownership or investment interest in an entity (or its owner) or a compensation arrangement between the provider and the entity.
- **Fraud** – An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person
- **HIPAA** – Health Insurance Portability and Accountability Act.
- **HIPAA Security Officer:** Jason Gray
- **Honesty** – Being truthful and able to be trusted.
- **In-kind** – Payment made in the form of goods and services, rather than cash.
- **Knowingly** – Possessing knowledge, information or understanding.
- **Knowledge check process** – Upon completion of Compliance e-learning courses, a set of questions are asked to check your understanding of the material.
- **Mission:** The TH Mission statement: “Tandem Health is a community-owned organization dedicated to building healthy communities by providing quality health care that is affordable and accessible with compassion and dignity for all people.”
- **Nominal Value** – Representing very little costs when compared to the actual value received.
- **Privacy** – We are required to safeguard our patients’ confidentiality. Some of these laws also give individuals additional privacy rights, such as the right to access their medical records,

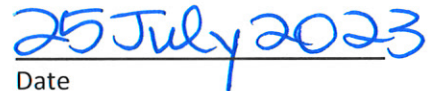
request an amendment to their records and receive a list of who we have disclosed their information to.

- **Proprietary** – Of or relating to privacy ownership with exclusive rights of use.
- **Reasonable** – Acceptable and according to common sense or normal practice.
- **Respect** – Esteem for or a sense of the worth or excellence of a person, a personal quality or ability, or something considered as a manifestation of a personal quality or ability.
- **Retaliation** – A negative consequence for something done in good faith.
- **Stark Law** – A federal law that prohibits physicians from referring to certain entities for designated health services in which that physician or his or her family members have a financial interest UNLESS certain requirements are met.
- **TH** – Tandem Health SC
- **Un-bundling** – A fraudulent practice in which provider services are broken down to their individual components, resulting in a higher payment by the payer.
- **Up-coding** – A fraudulent practice in which providers bill for services using higher procedure codes than were actually performed, resulting in a higher payment by the payer.
- **Vendors** – Subcontractors.
- **Whistle-Blower** – A person who publicly alleges concealed misconduct on the part of an organization or body of people, usually from within the same organization.

## SIGNATURES



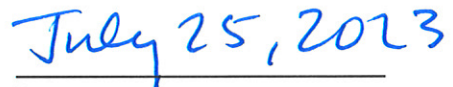
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Annie Brown, MHA, BSN, RN  
Chief Executive Officer



\_\_\_\_\_  
Date



\_\_\_\_\_  
Jack Barnes, Chairman  
Board of Directors



\_\_\_\_\_  
Date