

**NORTHEAST LOUISIANA PHYSICIAN HOSPITAL ORGANIZATION, INC.**  
**POLICIES AND PROCEDURES**  
**Policy Number OPR 110**

**SUBJECT:** **COMPLIANCE PROGRAM**  
**ORIGINATION DATE:** **12/08**  
**REVISION DATE:** **2/13, 12/15**  
**ORIGINATION:** **NLPHO BOARD OF DIRECTORS**

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The Northeast Louisiana Physician Hospital Organization (NLPHO) has developed a compliance program that promotes adherence to statutes and regulations applicable to federal and state law and federal, state and private payor health care program requirements. The goal of this program is to provide a tool to strengthen the efforts to protect the organization from the potential for erroneous, illegal or fraudulent conduct.

The NLPHO uses the seven basic components of a compliance program that is recommended by the Office of Inspector General:

1. The development and distribution of Standards of Conduct and written policies and procedures that promote a commitment to compliance;
2. The designation of a compliance officer or other appropriate contact charged with the responsibility of operating the compliance program;
3. The development and implementation of effective education and training programs for employees;
4. The development and maintenance of effective lines of communication including a reporting system that allows for the receipt of complaints for the protection of the anonymity of the complainant and to protect whistle blowers;
5. The enforcement of standards through well-publicized disciplinary guidelines;
6. The use of audits and/or other evaluation techniques to monitor compliance; and
7. The investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.

## **1. DEVELOP POLICIES AND PROCEDURES**

NLPHO will maintain written policies and procedures that will sufficiently guide individuals through the scope of the Compliance Program and help to reduce the prospect of noncompliant activity.

Current policies and procedures are available in the Policies and Procedures Manual. The material will be updated on an ongoing basis and communicated to the employees in training in-services or written notice. New employees will be made aware of the policies and procedures of the Compliance Program

## **2. DESIGNATION OF A COMPLIANCE OFFICER**

The Northeast Louisiana Physician Hospital Organization has designated the President as the Compliance Officer as well as the Privacy Officer. This individual will have the overall responsibility for the program and be responsible and have the authority to ensure it is consistently enforced and monitored, evaluated and modified to conform to changes in the regulations. The Compliance Officer directly reports to the NLPHO Board of Directors.

The Compliance Officer will have the following duties:

- Overseeing and monitoring the implementation of the compliance program;
- Establishing methods, such as periodic audits to improve the overall efficiency and quality of services offered to network providers and contracted payors; and to reduce the vulnerability to fraud and abuse;
- Periodically reviewing and making necessary changes to the program based on changes to state and/or federal laws/regulations or changes in standards and procedures of any federal or private payor health plans;
- Develop appropriate training and materials for employees that focuses on the components of the compliance program; and
- Investigating any report or allegation concerning possible unethical or improper business practices, along with monitoring subsequent corrective action and/or compliance.

The Compliance Officer will be a member of the Compliance Committee. The Compliance Committee will consist of the NLPHO Chairman of the Board of Directors, NLPHO Treasurer of the Board of Directors, President of NLPHO and the Medical Director. Any issues of the compliance program will be discussed on a quarterly basis with the Compliance Committee. Minutes of the meeting will be kept in the Compliance Program Manual.

The Compliance Committee will have the following responsibilities:

- Review specific risk areas identified in the Compliance Program;
- Review and modify policies and procedures of the organization to promote compliance with applicable federal and state laws;
- Recommending and monitoring the development of internal systems and controls that coincide with the Compliance Program's policies and procedures as part of its daily operations;
- Determining the appropriate strategies to promote compliance with the Compliance Program and detection of any potential violations; and
- Develop and monitor the system to solicit, evaluate, and respond to complaints and problems.
- Evaluate the effectiveness of the Compliance Program on an annual basis or more often as is necessary.

### **3. APPROPRIATE EDUCATION AND TRAINING**

The Northeast Louisiana Physician Hospital Organization will ensure that necessary education is communicated effectively to train the employees on the importance of the compliance program; the consequences of violating the standards and procedures set forth in the program; and the role of each employee in the operation of the compliance program.

The employees will receive training on how to perform their jobs in compliance with the policies and procedures of the organization. The employees will understand that compliance is a condition of their continued employment.

The fulltime employees of Northeast Louisiana Physician Hospital Organization are employed by St. Francis Medical Center. Each employee completes annual education which includes compliance and fraud and abuse training.

Training may be conducted either by in-service programs, the reading of recent publications and/or journals, seminars, appropriate college courses in billing and coding and professional associations which provide various continuing education and certification programs.

Documentation of attendance in continuing education on compliance issues will be maintained in the Compliance Program Manual.

The following topics may be addressed in training sessions:

- Federal and private payor reimbursement principles;
- HIPAA standards and procedures regarding PHI;
- Credentialing/re-credentialing standards of network providers;
- Appropriate billing and coding procedures;
- Medical chart audits and patient confidentiality;
- Managed care contracting and messenger model principles;
- Confidentiality of network providers; and
- Duty to report suspected misconduct.

#### **4. DEVELOPING EFFECTIVE LINES OF COMMUNICATION**

Northeast Louisiana Physician Hospital Organization realizes that effective lines of communication are an integral part of implementing a compliance program. Northeast Louisiana Physician Hospital Organization maintains a structure for internal reporting of suspected noncompliant behavior. Employees may report to their immediate supervisor, any member of the Compliance Committee, or the Compliance Officer. Employees must submit reports in written form, by telephone, or in person. The employee may contact Integrity Link hotline by calling (888) 400-4517 or anonymously submitting their complaint in written form and placing it in the box in the break room. The employees have read the Compliance Program and signed a form stating that they understand the expectations for any and all compliance issues.

Reports of suspected noncompliant activity are reviewed and acted upon based upon investigation results. Employees as well as other individuals have the right to report directly to the entity any suspicion of noncompliant activity. Employees and individuals acting as Whistleblowers, who in good faith report any suspicion of noncompliant activity relative to federal law are protected from retaliation by law through various Compliance laws.

A private person may file a Qui Tam lawsuit on behalf of the Federal Government. If the government does not decide to intervene, the relator may still continue the lawsuit independently. If Qui Tam lawsuit is successful, the relator may receive a percentage of the recovery, depending on the level of the government's participation and other factors as well as reasonable attorney's fees and costs. The Qui Tam "Whistleblower" provisions protect against retaliation. There can be no retaliation against the relator for filing and participating in the lawsuit in good faith. At the same time, however, any person who brings a clearly frivolous case can be held liable for the defendant's attorney's fees and costs.

Whistleblowers reporting suspicion of noncompliant activity relative to state law or to oversight agencies of the State of Louisiana are required to first advise the employer of the violation of the law in order to be protected against retaliation by the Louisiana Whistleblower laws. The State of Louisiana Whistleblower Protection statutes qualify an individual for whistleblower protection if the employee in good faith:

- Discloses or threatens to disclose a workplace act or practice in violation of state law.
- Provides information or testifies before a public body investigating a violation of law.
- Objects or refuses to participate in an employment act or practice that is in violation of the law.

Penalties for noncompliant activity by external oversight entities may include civil penalties of fines, criminal penalties of incarceration or jail time, and possible exclusion from participation in government programs.

#### **5. ENFORCEMENT OF DISCIPLINARY STANDARDS THROUGH WELL-PUBLICIZED GUIDELINES**

Northeast Louisiana Physician Hospital Organization will enforce disciplinary measures against any employee who after investigation is found in violation of the compliance standards. Disciplinary action will be administered in a consistent manner in accordance with established guidelines. Secondly, any employee who fails to report violations of the compliance program may also be subject to discipline.

Appropriate disciplinary action will be taken and may include: warnings (oral); reprimands (written); probation; demotion; temporary suspension; termination; restitution of damages; and/or referral for criminal prosecution.

Any communication resulting in the findings of non-compliant conduct will be documented in the compliance files by including the date of incident, name of the reporting party, name of the person responsible for taking action, and the follow-up action taken.

For compliance documentation, St. Francis Medical Center maintains employee records through their Compliance Program Policies, Records Management Policy # 305 for a period of ten (10) years. St. Francis Medical Center also conducts ongoing monitoring by querying the OIG and SAM prior to hiring or contracting of any new employee, volunteer, consultant, governing body member, or FDR as well as on a monthly basis for NLPHO.

## **6. AUDITS AND OTHER EVALUATION TECHNIQUES TO MONITOR COMPLIANCE**

The Northeast Louisiana Physician Hospital Organization has an ongoing evaluation process that includes not only are the policies and procedures current and accurate, but also whether the compliance program is effective.

An annual audit of the overall operations of NLPHO is conducted by a local outside accounting firm. One year an extensive audit is conducted and alternating years an overview audit is conducted. The findings are reported to the Board of Directors and the shareholders on a yearly basis.

Contracted payors audit credentialing and re-credentialing provider files on an annual basis.

Quality committee annually reviews the Quality Assurance Policy and physician work-group audit procedures. The NLPHO Medical Director oversees the Certified Medical Coder to ensure the physician audits are conducted fairly and confidentiality is adhered to.

Auditing may include:

- Review of the financial internal controls;
- Review of all new contracts between NLPHO and outside entities;
- Review of credentialing and re-credentialing policies and procedures;
- Valid sample of credentialing and re-credentialing files to audit processes and procedures;
- Annual review of provider contracts and messenger model;
- Annual review of Quality Assurance Policy and physician work group audit processes; and
- All other policies and procedures not addressed above are reviewed annually and updated in accordance with current federal and state laws and regulations and federal and/or private payor regulations.

Monitoring of this compliance program will be ongoing. As part of the review process, the Compliance Officer may use one or more of the following techniques:

- Determine if employees have maintained continuing education;
- Review any complaints; and
- Communicate with employees regarding compliance program updates and/or changes that may affect their job.

## **AUTHORIZED SIGNATURE**

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Chairman, NLPHO Board of Directors

**IN COLLABORATION WITH: The NLPHO Board of Directors**