

# CORPORATE COMPLIANCE PLAN

**FY'24 – FY'25**

Revised: 12/13/23



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# INTRODUCTION

The Corporate Compliance Plan is driven by, and supports, the vision, mission and values of MHMR Concho Valley (MHMRCV). These statements are provided next.

## Vision Statement

“Creating better health & wellness in our community.”

## Mission Statement

“Working together to help people help themselves.”

## Values Statement

Respect

Integrity

Support

Excellence

(R.I.S.E.)

## Statement Of Purpose

MHMRCV has established this compliance plan to ensure that quality care occurs in a manner that fully complies with all applicable state and federal laws and regulations. The compliance program is designed to assist MHMRCV to use internal controls to effectively monitor adherence to the applicable regulatory requirements. Center policy mandates the following corporate compliance activities.

- (1) All employees, contractors, providers, and other vendors are educated about the applicable laws and trained in matters of compliance;
- (2) There is periodic auditing, monitoring, and oversight of compliance with those laws;
- (3) There exists an atmosphere that encourages and enables the reporting of non-compliance without fear of retribution;
- (4) Responsibility is not delegated to persons with a propensity to act in a non-compliant manner; and
- (5) Mechanisms exist to investigate, discipline, and correct non-compliance.

## Benefits of a Compliance Program

An effective compliance program provides a mechanism to reduce fraud and abuse, improve operational quality, and improve the quality of care provided. This Corporate Compliance Program will provide MHMRCV with the following benefits:

- The formulation of effective internal controls to assure compliance with federal regulations, private payer policies, and internal guidelines;



- Improved clinical record documentation;
- The ability to more quickly and accurately react to employee's operational compliance concerns and the capability to effectively target resources to address those concerns;
- Increased likelihood of identification and prevention of criminal and unethical conduct;
- A methodology that encourages employees to report potential problems; and
- A concrete demonstration to employees and the community of the Center's strong commitment to honest and responsible corporate conduct.

## Establishing Framework

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

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

This Corporate Compliance Plan is not intended to set forth all of the programs and practices of MHMRCV that are designed to achieve compliance. In addition to this plan, the Center has developed and implemented a Local Provider Network Development (LPND) Plan, Consolidated Local Service Plan (CLSP), ADA Self-Evaluation and Transition Plan, Quality Management Plans and Utilization Management Plan establishing guidelines and defining parameters of the Center's compliance efforts. The compliance

practices included in each of these plans are coordinated to direct the Center's overall compliance efforts.

## Scope

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

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

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

# POLICIES, PROCEDURES & GUIDELINES

## Code of Conduct

It is the policy of MHMRCV that all employees and affiliated professional staff will comply fully with all state and federal laws and will conduct themselves in accord with the highest ethical standard. MHMRCV has adopted a code of conduct that reflects fundamental principles and values and addresses areas of high-corporate risks. It is distributed to all employees, agents, and contractors and a receipt is obtained from each employee or agent to whom the code is distributed. The code of conduct is designed to promote integrity, support objectivity, foster trust and set forth the broad principles that guide employees in conducting business professionally and properly.

## Billing Guidelines

MHMRCV will develop a comprehensive set of guidelines that delineate billing and coding dealings for the Center. Among the issues to be addressed in the guidelines are the education and training requirements for billing and coding personnel; the risk areas for fraud, waste and abuse; the integrity of the billing information system; the methodology for resolving ambiguities in provider paperwork; the method for identifying and reporting credit balances; and the practice to ensure duplicate bills are not submitted in an attempt to gain duplicate payment.

## Other Policies, Procedures & Guidelines

MHMRCV will develop and implement other policies, procedures and guidelines to reduce the amount of risk the Center incurs. These documents will address in detail the following areas:

- Claim Submission Process;
- Credit Balances;
- Integrity of Data Systems;
- Retention of Records; and
- Compliance as an Element of a Performance Plan.



# COMPLIANCE OFFICER

## Responsibilities

MHMRCV Valley has determined that the Chief Operations Officer will serve as the Corporate Compliance Officer. The Compliance Officer reports directly to the Chief Executive Officer. Coordination and communication are the key functions of the Compliance Officer with regard to planning, implementing, and monitoring the Center's compliance program. The Compliance Officer's duties and responsibilities include the following:

- Ensure processes for compliance integrate with and support Concho Valley's Quality Management Program and self-assessment activities;
- Develop, implement, and maintain the Center's formal, written Corporate Compliance Plan;
- Develop, review, and maintain all compliance policies, procedures, standards of conduct and other compliance documents;
- Assist with developing and delivering educational and training programs regarding compliance;
- Maintain a reporting system that encourages employees and others to submit any compliance concerns through telephone, e-mail, inter-departmental written mail, written mail sent via the U.S. postal service or in-person;
- Identify areas that represent a high risk with respect to compliance issues, perform appropriate reviews, and recommend and/or take appropriate action;
- Prepare the Corporate Compliance work plan and ensure that the goals within the plan are considered in the LPND, CLSP, Quality Management Plans and Utilization Management Plan as appropriate;
- Monitor the Compliance Program to ensure it is effective including periodic employee interviews, internal reviews, investigation of concerns, recommendations regarding identified compliance issues and program refinements;
- Receive and review instances of suspected compliance issues, communicate findings and develop action plans with the program suspected of non-compliance and the Compliance Committee;
- Provide other assistance with initiatives regarding corporate compliance as directed by the Chief Executive Officer.

The Compliance Officer has the authority to review all documents and other information that is relevant to compliance activities, including but not limited to: patient records, billing records, personnel records, and other contracts for services.

# COMPLIANCE COMMITTEE

## Purpose and Responsibilities

The Corporate Compliance Committee will be established to advise the Corporate Compliance Officer and assist in the implementation of the compliance program. The committee will be representative of the clinical and administrative services of the Center. The Center's existing Quality Assurance Committee will serve as the Corporate Compliance Committee. The Compliance Officer will serve as the chairperson of the committee. Appropriate members who will serve on the committee will include: the Chief Information Officer, a representative from the Reimbursement Department, a licensed professional staff, and others as assigned. The committee's responsibilities include:

- Assessing existing policies and procedures that address these areas for possible incorporation into the compliance program;
- Analyzing the organization's regulatory environment and the legal requirements with which it must comply and specific risk areas;
- Collaborating with employees and contract providers to develop standards of conduct and policies and procedures to promote compliance;
- Recommending and monitoring, in conjunction with relevant departments, the development of internal systems and controls to carry out standards, policies and procedures as part of daily operations;
- Determining the appropriate strategy/approach to promote compliance with the program and detection of any potential violations; such as through compliance incident reports, or through telephonic and other fraud reporting mechanisms;
- Monitoring findings of internal and external reviewing bodies for the purpose of identifying risk areas or deficiencies requiring preventive and corrective action;
- Developing a system to solicit, evaluate, and respond to complaints and problems;
- Assisting with the development of preventive and corrective action plans; and
- Making appropriate recommendations on revisions and improvements to the program and any disciplinary action related to the compliance program to the Chief Executive Officer for ultimate consideration by the Board of Trustees.



# TRAINING AND EDUCATION

## Training Program Format

Proper education and training of employees is a significant element of an effective compliance program. The Corporate Compliance Officer supervises and coordinates the training program. All relevant levels of personnel will be made part of various educational training programs. Targeted training will be provided to directors, managers, and other employees whose actions affect the accuracy of claims submitted for payment. All training materials will consider the skills, knowledge, and experience of the individual trainees.

Attendance and participation are a condition of continued employment. It is the policy of MHMRCV that failure to comply with training requirements will result in disciplinary action, including possible termination, when such failure is serious. Training records of all employees regarding corporate compliance will be maintained.

## Initial Training

The Corporate Compliance Officer, with assistance from the MHMRCV Human Resources Staff Development team, is responsible for ensuring that policies and procedures regarding compliance are disseminated and understood by employees and contract providers of MHMRCV. Initial compliance training occurs at the Center's "New Employee Orientation" program. All MHMRCV employees and affiliates must participate in compliance training. Staff are required to sign and date documentation to reflect the employee's knowledge of and commitment to both the code of conduct and all other areas of training regarding compliance. This attestation will be retained in the employee's personnel file.

## Continuing Compliance Education

Compliance issues will remain at the forefront of MHMRCV's priorities. Annual computer-based corporate compliance training for all employees will be required. In addition, regular compliance issues faced by the Center will be communicated with relevant staff for continuing education purposes.

## COMMUNICATION & REPORTING ALLEGATIONS

The Corporate Compliance Officer will use telephonic, e-mail and face-to-face announcement methods to ensure timely communication of the elements of this compliance program. Questions and responses will be documented, and if appropriate, shared with other staff so that standards, policies, practices and procedures may be updated and improved to reflect any necessary changes.

Conspicuously posted public notices will inform employees and contract providers that they may report any activity they believe to be inconsistent with policies or legal requirements to the Corporate Compliance Officer. The notice includes a specific compliance reporting phone number and contact information. Reports made to the Corporate Compliance Officer via phone, written inter-office mail and U.S. mail communication can be made anonymously. In addition, e-mail and face-to-face/in-person reports of suspected compliance issues are acceptable.

### Making A Report

Reporting Compliance Allegations to the Corporate Compliance Officer

- TELEPHONE REPORT (ANONYMOUS)  
(325) 658-7750, extension 539
- WRITTEN REPORT SUBMITTED VIA INTER-OFFICE MAIL (ANONYMOUS)  
Attn: Melinda McCullough, Corporate Compliance Officer  
Family & Youth Guidance Center Building
- WRITTEN REPORT SUBMITTED VIA U.S. MAIL SERVICE (ANONYMOUS)  
MHMR Concho Valley  
Attn: Melinda McCullough, Corporate Compliance Officer  
424 S. Oaks St.  
San Angelo, TX 76903
- E-MAIL REPORT  
mmccullough@mhmrvc.org
- FACE-TO-FACE/IN-PERSON REPORT  
MHMR Concho Valley  
Family & Youth Guidance Center Building, Office #117  
424 S. Oaks St.  
San Angelo, TX 76903



## Texas State Auditor's Office (S.A.O)

An additional reporting method includes contacting the Texas State Auditor's Office to make a report. To report fraud, waste, or abuse call the **SAO Fraud Hotline at 1-800-TX-AUDIT (892-8348)**.

## Texas Whistleblower Act

The Texas Whistleblower Act protects public employees who make good faith reports of violations of law by their employer to an appropriate law enforcement authority. An employer may not suspend or terminate the employment of, or take other adverse personnel action against, a public employee who makes a report under the Act. In accordance with this Act, employees and contract providers who in good faith report compliance issues will not be subjected to retaliation or harassment as a result of the report. If any employee feels they are being harassed, it should be reported to the Corporate Compliance Officer or Chief of Human Resources.

Every employee is expected to express their compliance concerns. Failure to communicate a known compliance concern through the established reporting mechanism will be considered a failure to comply with the compliance plan.



# MONITORING, REVIEWING AND INVESTIGATING

## Risk Assessment Monitoring

MHMRCV will perform risk and compliance assessments which are intended to be a tool that will aid management in prioritizing responses to the regulatory environment. In addition, management at MHMRCV will address through continuous monitoring the following high-risk areas as identified by the Office of Inspector General (OIG):

- Billing for items or services not actually documented;
- Billing for items whose documentation does not meet the standard;
- Up-coding (billing for a service that is similar, but more complicated than the one provided);
- Lack of integrity in computer systems;
- Inadequate resolution of overpayments;
- Failure to maintain the confidentiality of records;
- Unbundling or carving out;
- Duplicate billing;
- Coding without proper documentation;
- Billing for services provided by unqualified or unlicensed clinical personnel;
- Availability of all necessary documentation at the time of billing.

## Compliance Reviews

Periodic reviews of whether the compliance elements of the program have been satisfied will occur. Types of reviews include whether there has been appropriate dissemination of the program's standards, training, ongoing educational programs, disciplinary actions, etc. As part of the review process the Compliance Officer, or other reviewers, will consider the following:

- On-site visits;
- Testing staff on their knowledge of reimbursement and coverage criteria;
- Unannounced mock surveys, reviews and investigations;
- Examination of the complaint logs;
- Checking personnel records to determine whether any individual was previously reprimanded for compliance issues in the past are among those currently engaged in improper conduct;
- Reviews of written materials and documentation; and
- Trend analyses that seeks deviation, positive or negative, in specific areas over a given time.

## Investigations

A Corporate Compliance investigation is initiated when an allegation is made or when the course of routine Quality Management internal record review reveals anomalies that warrant further scrutiny. When an allegation is made or discovered, it will be logged by the Corporate Compliance Officer to

maintain a record of the complaint, timeline, and findings. An investigation may include records review, billing reviews, staff interviews, patient interviews, and any other means necessary to gather facts that lead to the conclusion. This information will be included in findings reports to the Compliance Committee and to the Chief Executive Officer who will then report to the Board of Trustees. MHMRCV will strive to maintain the confidentiality of an anonymous reporter's identity during an investigation. However, it will be explicitly communicated that there may be a point where the individual's identity may become known during the investigation. Once a decision regarding the allegation is determined, a summary report will be prepared that explains the allegation, the investigation process, the results and required corrective and/or disciplinary actions. This information will be provided to the Chief Executive Officer, Program Chief/Director, and Human Resources Director. The reporter will be notified that the investigation has been completed but will not be privy to the outcome details for privacy reasons.

## **Compliance Reports**

The compliance program is an ongoing curriculum to ensure adherence to the Corporate Compliance Plan and applicable federal and state law and the requirements of federal, state and private health plans. It is recognized that a program hastily constructed and implemented without ongoing monitoring, will likely be ineffective and could result in greater harm or liability than no program at all. Compliance reports created by ongoing monitoring including reports of suspected non-compliance, will be maintained by the Compliance Officer and reviewed with senior management and the compliance committee.

## RESPONSE TO DETECTED OFFENSES

### Corrective Action Plans

When a compliance issue has been identified through routine monitoring, reporting protocol, or investigation, the Compliance Officer will ensure the issue is communicated to the chief and director with the responsibility for the service area. The chief and/or director will be responsible for the development of an action plan. Assistance may be solicited from the Compliance Officer and other staff, as appropriate, for documentation of the action plan. The Compliance Officer may seek guidance from the compliance committee, the Chief Executive Officer or legal counsel, when appropriate. The corrective action plans will be monitored by the Compliance Officer and the Compliance Committee. The action plans will be maintained in a secured file in accordance with record retention policies and procedures. They will be used as historical reference tools and may be included in the Center's provider profiling and supervisory review processes.

### Disciplinary Action

In order for MHMRCV's compliance program to be effective, each staff member and clinician must fulfill their duties and responsibilities with respect to the compliance plan. Administrators, managers, staff, and medical staff will be held accountable for failing to comply with, or for the foreseeable failure of their subordinates to adhere to, the applicable standards, laws and procedures that are within the scope of their job duties/ responsibilities.

Appropriate disciplinary action will be commensurate with the specifics of the individual's failure to follow policies, standards, and applicable statutes and regulations. Disciplinary action may include remedial training, verbal warning/reprimand, written warning/reprimand, suspension, or even termination of employment. Appropriate disciplinary action will depend upon the following:

- The nature of the activity;
- Whether the employee could reasonably be expected to identify the activity as non-compliant;
- Whether the employee was in a position to take appropriate corrective action; and/or
- Whether the employee was unduly influenced to participate in the activity.

Staff that are intentionally or recklessly non-compliant will be subject to significant disciplinary action. While an employee's history with respect to compliance issues is always pertinent in determining disciplinary actions, intentional or reckless noncompliance may be grounds for termination without regard to past accomplishments. The need for repeated disciplinary actions for relatively minor offenses will subject transgressors to significant disciplinary action, including termination.

It is the intent of this compliance plan and MHMRCV policy and procedures to ensure that disciplinary actions will be taken on a fair and equitable basis. Managers and supervisors should be aware that they have a responsibility to discipline employees in an appropriate and consistent manner.



## REVIEW AND REVISIONS

### Compliance Review

A review of the Center's status with current compliance and regulatory operations may be conducted. The purpose of the review is to determine whether the compliance operations of MHMRCV agree with Center policy and procedures and regulatory requirements. Compliance reports and action plans resulting from internal and external monitoring will be reviewed. The Compliance Officer, with examination and input from the Compliance Committee, will prepare a report to be delivered to the Board of Trustees. In addition, a work plan addressing strategy for maintaining and improving Center compliance efforts will be developed by the Compliance Officer with the Compliance Committee as needed. Recommendations within the work plan will be considered in the development or revision of the LPND, CLSP, Quality Management Plans and Utilization Management Plan.

### Review And Revisions to the Corporate Compliance Plan

The Corporate Compliance Plan is intended to be a flexible document that readily adapts to changes in regulatory requirements and in the healthcare system as a whole. The plan will be reviewed by the Compliance Officer and the compliance committee and revised as experience demonstrates that a certain approach is not effective or as new tactics are needed. The revised Corporate Compliance Plan will be reviewed by:

- Quality Assurance Committee/Corporate Compliance Committee
- Planning and Network Advisory Committee
- Board of Trustees

The review of this plan will be reflected in each committee's agenda and meeting minutes. These minutes will be stored for future reference if needed. The Chief Executive Officer's signature on this plan indicates review and approval of the plan.

## CORPORATE COMPLIANCE PLAN APPROVAL

The FY '24 – FY '25 Corporate Compliance Plan for MHMR Concho Valley was prepared and submitted for approval.

The Corporate Compliance Plan has been reviewed and approved by Gregory J. Rowe, Chief Executive Officer.

  
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Gregory J. Rowe, Chief Executive Officer

12/18/2023  
\_\_\_\_\_  
Date