

**COMPLIANCE PLEDGE**  
Helping Restore Ability  
(Completed on Hire and Annually)

The undersigned is a current Board of Directors member, owner, officer, director, or person who performs billing or coding functions on behalf of the Agency or an employee of the Agency. In that capacity, the undersigned hereby affirms that:

I have received the Agency Standards of Conduct, have had an opportunity to have questions regarding the Standards of Conduct answered, and agree to conduct myself in accordance with same in all dealings with or on behalf of the Agency;

I have completed the Compliance Training and Education Program as required by the Agency Compliance Program.

I am not aware of any actual or potential unreported activity by any person or entity acting for or in conjunction with the Agency which is known or believed by me to be in violation of any applicable federal or state law, rule or regulation;

I understand the importance of compliance with applicable laws, rules, and regulations to the Agency and to the government and third-party payers.

I understand that all Agency representatives are expected to report any suspected violations of these laws, regulations, or rules to their supervisor or the Compliance Officer. I understand that I must also report any suspected violations of the policies or the standards and procedures of the program, and that I may anonymously report any suspected violations through the Compliance Dropbox or the Hotline.

I understand that conduct in accordance with the Agency Compliance Program will be a condition of my continued relationship with the agency. I understand that failure to comply with the program may subject me to sanctions or discipline, including but not limited to termination of employment, and/or privileges; and

I am not currently and have not been subject to any criminal charge or conviction involving any government business nor any conviction, exclusion action, disciplinary action, debarment or proposed debarment, or loss or limitation of licensure, privilege or employment as a result of any alleged violation of applicable state or federal law, rule or regulation.

---

*Employee Print Name*

---

*Employee Signature*

---

*Date*

# Standards of Conduct and Compliance Program

Compliance Training and Education Program

# General Training for Covered Persons

## Covered Persons:

- All owners, officers, directors, and employees of the agency
- All contractors and agents who provide client care items or services or who perform billing or coding functions on behalf of the agency.

# Compliance Program

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the page, creating a modern, dynamic feel. The text 'Compliance Program' is positioned on the left side of the page, centered vertically, in a clean, sans-serif font.

# Compliance Officer

- ▶ As part of the Program, Helping Restore Ability appointed Emily Glas, as the Agency's Compliance Officer responsible for the operation of the program. However, complying with existing laws requires that every agency director, officer, employee, contractor or other agent conduct him or herself in a manner compliant with the law. It also require that each agency representative report possible legal or ethical violations committed by you or by others.
- ▶ Emily Glas can be reached at 817-635-6023.
- ▶ Agency personnel will sign a Compliance Pledge upon hire and at least annually thereafter.

# When in Doubt—Ask Your Supervisor or the Compliance Officer

- ▶ The law is complicated and sometime the agency compliance standards and procedures will not clearly answer your question or resolve a problem that arises. If this happens, you must ask your supervisor for help. There is no reason for you to take a chance on violating the law. The rule is simple: **When in doubt, ASK!**

# Report Suspected Wrongful Conduct in Good Faith and As Soon As Possible

- ▶ Helping Restore Ability's ability to prevent or detect wrongful conduct in a timely manner depends, in part, on the eyes and ears of each of its employees.
- ▶ Employees are expected to report any suspected violations of the laws regulations, or rules of the Medicaid or other health care program to his or her supervisor or the Compliance Officer. Employees are also expected to report suspected violations of the policies or standards and procedures of the Compliance Program.
- ▶ Employees may anonymously report suspected violations. Helping Restore Ability will attempt to keep reported information as confidential, however, certain information may need to be disclosed to the government or discovered by others during the course of the investigation.
- ▶ All suspected violations are to be reported to Emily Glas, HRA's compliance Officer, at Phone #817-635-6023.

# Report Suspected Wrongful Conduct in Good Faith and As Soon As Possible

- ▶ Helping Restore Ability will not tolerate any threat of or actual retaliation against an employee making a good faith report of suspected wrongful conduct. Any such retribution should be reported to the Compliance Officer.
- ▶ Failure to comply with or report suspected violations of the laws, regulations, and rules of Medicaid and other health care programs can subject Helping Restore Ability, you and others to fines, penalties, and other sanctions. In addition, it will subject you to discipline, up to and including termination of employment.



# Standards Of Conduct

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the frame, creating a modern, layered effect against the white background.

# Compliance With All Laws and Regulations

- ▶ Helping Restore Ability is committed to complying with all laws, regulations, rules and other guidance of the Medicaid or other health care programs and strives to only submit claims that are in compliance with the relevant laws, regulations and rules. Ignorance of the law will not be tolerated. Failure to adhere to home health agency licensing requirements and Medicaid regulations will not be tolerated. **When in doubt—ASK!**

# Compliance With All Agency Policies

- ▶ Agency employees must comply with all agency policies and procedures including those related to billing, administration, human resources and clinical procedure. These policies include, but are not limited to:
  - ▶ Equal Employment Opportunity
  - ▶ Family Medical Leave Act
  - ▶ Americans with Disabilities Act
  - ▶ OSHA regulations
  - ▶ Compensation
  - ▶ Sexual Harassment
  - ▶ Fair Labor Standards Act
  - ▶ Medicaid and other payor regulations

# Proper Claim Development and Reimbursement Documentation

- ▶ **EMPLOYEES ARE EXPECTED TO SUBMIT ACCURATE AND FACTUAL DOCUMENTATION FOR SERVICES RENDERED.**
  - ▶ **False Claims Act:** Actions that could violate the state False Claims Act and other false billing laws include:
    - ▶ Billing for services not actual rendered.
    - ▶ Billing for medically unnecessary services.
    - ▶ Billing for services provided under a plan of care signed by a physician that is on the OIG Exclusion List or whose license has expired.
    - ▶ Billing for services provided to a client without an established, dated and physician-signed plan of care when the program requires physician orders.
    - ▶ Knowingly billing for inadequate or substandard care.
    - ▶ Billing when there is insufficient documentation to validate that services were performed and to support reimbursement.

# Proper Claim Development and Reimbursement Documentation

- ▶ Billing for services provided by unqualified or unlicensed clinical personnel.
- ▶ Inadequate management and oversight of subcontracted services, which results in improper billing.
- ▶ Submitting claims containing information you know to be false:
  - ▶ False dating of amendments of therapy notes
  - ▶ Falsified plans of care
  - ▶ Untimely and/or forged physician certifications on plans of care.
  - ▶ Forged client signatures on visit slips/logs/timesheets to verify services were performed.

# Proper Claim Development and Reimbursement Documentation

- ▶ **Billing and Reimbursement**
  - ▶ Comply with all Medicaid and state laws, regulations, guidelines and policies.
  - ▶ All bills are accurate and reflect current payment methodologies.
  - ▶ Clients and customers receive timely bills, when applicable, and all questions regarding billing are answered.
- ▶ **Government Customers**
  - ▶ Helping Restore Ability has contracts or subcontracts wherein the agency provides services to or on behalf of the Medicaid Program.
  - ▶ All employees must be knowledgeable of, and comply with, applicable laws, rules, and regulations of these government agencies.

# Referral Source Relationships

- ▶ Helping Restore Ability prohibits activities that would compensate for increased referrals or provide incentives for obtaining more referrals from any referral source that could relate to any kickback issue.
  - ▶ Anti-kickback issues—Medicaid and state laws prohibit the agency and its employees from offering a “kickback” to any person or organization (e.g., physicians, hospitals, clients, etc.) to induce them to purchase services for or to refer a client to the agency.
  - ▶ Stark Law Issues—Law regulates physicians’ ability to refer clients to entities they (or a family member) has financial relationship. Basically, if a physician orders home health services and an entity with which he or she has a financial relationship delivers those services, those services are non-payable under Medicaid.

# Dealing Honestly with All Internal and External Customers

- ▶ Helping Restore Ability is committed to providing services that meet all contractual obligations and our quality standards.
  - ▶ Marketing and Advertising Activities
    - ▶ Employees involved in marketing and advertising activities, may offer factual information or documented evidence to the public.
    - ▶ Our Home Health employees should not engage in prohibited or inappropriate conduct (e.g., offer free gifts or services to clients) to carry out their initiatives and activities designed to maximize business growth and client retention. Also, our marketing information should be clear, correct, non-deceptive, and fully informative.



# Dealing Honestly with All Internal and External Customers

## ▶ Competitive Analysis

- ▶ Anti-trust laws prohibit competitors from entering into agreements to fix prices or to reduce price competition.
- ▶ Employees should not provide business information to a competitor unless information is necessary to the customer/supplier relationship or to jointly serve particular clients.
- ▶ Employees should not obtain information about a competitor's business directly from the competitor unless information is necessary to the customer/supplier relationship or to jointly serve particular clients.
- ▶ Employees may obtain information about a customer from public sources or from competitors.
- ▶ When conducting market analysis, employees should not accept or use information known to be proprietary to a competitor.
- ▶ Supervisors must ensure that information is not improperly obtained or used in any improper fashion.

# Employee/Employer Performances

- ▶ Charging of Costs/Timecard Reporting/Electronic Visit Verification (EVV)
  - ▶ Employees must submit complete, accurate and timely timesheets, whether paper or electronic, being careful to ensure that hours worked, and costs incurred are applied to the account for which the effort was required.
  - ▶ Employees will sign the timesheet as representation that hours worked are accurate.
  - ▶ The client's (or supervisor's) signature is a representation that the timesheet has been reviewed and steps have been taken to verify the validity of expenses.
  - ▶ Employees using EVV are responsible to call in upon arrival at client home and to call out upon departure to verify the exact time service provision begins and ends.
  - ▶ Employer is responsible for visit maintenance if on EVV to validate services/hours provided to clients.

# Employee/Employer Performances

- ▶ Hiring of Government Employees
  - ▶ Agency employees must obtain prior clearance from the Compliance Officer to discuss possible employment with, make offers to, or hire (as an employee or consultant) any current or former government employee (military or civilian).

# Compliance with Client Rights

## ▶ Clients' Rights

- ▶ Employees must comply with all standards set forth in the Clients' Rights Statement.
- ▶ Employees must also comply with all client care policies governing client care practices and documentation.
- ▶ Discriminatory admission and discharge of clients is not acceptable.
- ▶ Client abandonment in violation of applicable statutes, regulations, and federal health care program requirements will not be tolerated.
- ▶ Under Medicaid, a home health agency has the duty to fully inform a client in advance of termination of services when further care or treatment is necessary. State licensure statutes also have additional requirements home health agencies must follow when terminating a client from services.

# Compliance with Client Rights

- ▶ Advance Directives and Right to Die
  - ▶ Employees shall comply with all agency policies and procedures and state laws and regulations governing advance directives and right to die issues.

# Compliance with Client Rights

## ▶ Confidential Information

- ▶ Employees must carefully avoid any unwarranted invasion of the client's right to privacy. Inappropriate release of sensitive client information may be injurious to the client and to the agency. The inappropriate release of client information may subject you to civil and criminal prosecution, as well as termination from employment.
- ▶ In order to protect sensitive client information from inappropriate disclosure, you are expected to:
  - ▶ Limit your access to client information to the extent required by your duties and permitted by law.
  - ▶ Use only legitimate means to collect client information and whenever practical, obtain it directly from the client.
  - ▶ Release information concerning clients in drug and alcohol treatment programs and information regarding a client HIV status only in accordance with special confidentiality rules that apply to this information.

# Compliance with Client Rights

- ▶ Refrain from revealing any client information unless supported by legitimate business or client care purposes.
- ▶ And refrain from removing or sending a client medical record, or a copy of the record, from a designated storage facility or department with the authorization of a supervisor.

# Using Agency Resources Properly

- ▶ Making Political Contributions
  - ▶ Employees may not contribute or donate agency funds, products, services or other resources to any political cause, party or candidate without advance written approval of the Compliance Officer.
  - ▶ Employees may make voluntary personal contributions to any lawful political causes, parties or candidate.
- ▶ Providing Business Courtesies to Customers or Sources of Customers
  - ▶ The agency does not offer business courtesies such as entertainment, meals, transportation, or lodging to customers, referral sources, or purchasers of agency services, thus seeking to gain an improper advantage.
  - ▶ Employees must not provide any referral or purchaser with gifts or promotionals of more than nominal value (pens, calendars).



# Avoiding Abuses of Trust

## ▶ Conflict of Interest

- ▶ Employees must not have any personal interests which conflict with those of the agency, or which might influence or appear to influence their judgment or actions in performing their duties. A conflict of interest would exist if your outside business or other interests adversely affect your motivation or performance.
- ▶ To avoid potentially damaging effects on both the agency and the individual, employees and other agency representatives must disclose, before taking action, any facts or circumstances that may involve a conflict of interest. Such disclosure can assist agency representatives in resolving honest doubts as to the propriety of the particular course of conduct.

# Avoiding Abuses of Trust

## ▶ Insider Trading

- ▶ No employee of the agency shall trade in the securities of any company, or sell any property or assets, on the basis of non-public information acquired through employment at the agency, whether such information comes from the agency or from another company with which the agency has a confidential relationship.

## ▶ Acceptance of Business Courtesies

- ▶ Employees may not accept gifts or promotional items of more than a nominal value as it may appear to be offered in exchange for any type of favorable treatment or advantage.
- ▶ Gifts of more than \$20.00 value must be reported to the Compliance Officer.

# Avoiding Abuses of Trust

- ▶ Safeguarding the Agency's Restricted Information
  - ▶ Customer lists, pricing structures, technical and financial data and all trade secrets are valuable, special and unique assets of the agency and constitute confidential and proprietary information. All agency representatives are expected to appropriately safeguard the agency's trade secrets and confidential information at all times. Accordingly, agency representatives must not, during or after the term of the employment with Helping Restore Ability, either make improper use of or disclose any such information to any person, firm, corporation or other entity, for any reason or purpose whatsoever. It is a condition of employment or other engagement that no agency representatives make any improper use of, or disclosure of, any confidential information belonging to the agency.
  - ▶ All agency representatives at all levels must adhere to these governing rules of the Standards of Conduct, as well as the policies and procedures of the agency and the program.

# Special training For Relevant Persons

Individuals who are involved in the preparation or submission of claims or cost reports for reimbursement for any government health care program will be considered a Covered person and a Relevant Covered Person.

# Claim Development and Submission Process

- ▶ Helping Restore Ability's policies and procedures reflect and reinforce current federal healthcare requirements regarding submission of claims:
  - ▶ Provide for sufficient and timely documentation of all home health services, including subcontracted services, prior to billing to ensure that only accurate and properly documented service are billed.
  - ▶ Emphasize that a claim should be submitted only when appropriate documentation supports the claim and only when such documentation is maintained, appropriately organized in a legible form, and available for audit and review. The documentation should record the activity leading to the record entry, the identity of the individual providing the service, and any information needed to support medical necessity and other applicable reimbursement coverage criteria.

# Claim Development and Submission Process

- ▶ Indicate that the diagnosis and procedure codes for home health services reported on the reimbursement claim should be based on the client's medical records and other documentation, as well as comply with all applicable official coding rules and guidelines. Any Health Care Common Procedure Coding System (HCPCS), International Classification of Disease (ICD), Home Health Agency's Current Procedural Terminology (CPT), or revenue code (or successor codes) used by the billing staff should accurately describe the service that was ordered by the physician and performed by the home health agency. The documentation necessary for accurate billing should be available for billing staff.
- ▶ Provide that the compensation for billing department personnel and billing consultants should not offer any financial incentive to submit claims regardless of whether they meet applicable coverage criteria for reimbursement or accurately represent the service rendered.

# Claim Development and Submission Process

- ▶ Establish and maintain a process for pre-submission and post submission review of claims to ensure that claims submitted for reimbursement accurately represent medically necessary services actually provided, supported by sufficient documentation, and in conformity with any applicable coverage criteria for reimbursement.

# Cost Reports

- ▶ In addition to submitting claims for specific services, Helping Restore Ability submits annual cost reports to payers as required. With regard to cost report issues, the written policies include procedures that seek to ensure full compliance with applicable statutes, regulations and federal health care program requirements. Among other things, Helping Restore Ability's procedures ensure that:
  - ▶ Costs are not claimed unless they are reimbursable, reasonable, and are based on appropriate and accurate documentation.
  - ▶ Allocations of costs to various cost centers are accurately made and supportable by verifiable and auditable data.
  - ▶ Unallowable costs are not claimed for reimbursement.
  - ▶ Accounts containing both allowable and unallowable costs are analyzed to determine the unallowable amount that should not be claimed for reimbursement.
  - ▶ Costs are properly classified.



# Cost Reports

- ▶ Fiscal intermediary prior year audit adjustments are implemented and are either not claimed for reimbursement or if claimed for reimbursement, are clearly identified as protested amounts on the cost report.
- ▶ All related parties are identified on the cost report and all related party charges are reduced to the cost to the related party.
- ▶ Management fees are reasonable and necessary, and do not include unallowable costs, such as certain acquisition costs associated with the purchase of a home health agency (e.g., good will, non-competes).
- ▶ Any returns of overpayments, including those resulting from an internal review or audit, are appropriately reflected in cost reports, such as repayment of an overpayment received in a prior year may necessitate changes or amendments to the cost report applicable to the prior year.
- ▶ Procedures are in place and documented for promptly notifying the applicable payers in writing of errors discovered after the submission of the home health agency cost report.

# Government Customers

- ▶ Helping Restore Ability has government contracts or subcontracts wherein the agency supplies services to or on behalf of the Medicaid program.
- ▶ All employees are to be knowledgeable of, and comply with, applicable laws, rules, and regulations of these government agencies.
- ▶ Billing personnel will comply with the agency's policy on reimbursement and billing policies and procedures.
- ▶ Concerns or questions concerning compliance with any government contract should be directed to a supervisor or to the Compliance Officer.
- ▶ Employees must obtain prior approval from the Compliance Officer to provide or pay for any meal, refreshment, entertainment, travel, or lodging expenses for government employees.

# Accurate Books and Accounts

- ▶ Agency payments and other transactions must be properly authorized by management to include but not be limited to the following:
  - ▶ Accurately and completely recorded in the agency's books.
  - ▶ Records in accordance with generally accepted accounting principles and established corporate accounting policies.
  - ▶ Assets must be regularly compared with actual assets and action taken to reconcile any variances.
  - ▶ No undisclosed or unrecorded corporate funds shall be established for any purpose, nor shall the agency's funds be placed in any personal or non-corporate account.
  - ▶ All assets must be properly protected.

# Contract Negotiations

- ▶ The agency has a duty to disclose current, accurate, and complete cost and pricing data where such data are required under appropriate federal or state law or regulation.
- ▶ Employees involved in pricing or negotiation of contracts must ensure the accuracy, completeness and currency of all data generated and given to supervisors and other employees as well as representations made to customers and suppliers, both government and commercial.
- ▶ False, incomplete, or misleading submission can result in civil and/or criminal liability for the agency, the employee involved, and any supervisors who condone such a practice.

# Antitrust Issues

- ▶ Employees may encounter antitrust issues in the areas of pricing, boycotts, and trade association activity which could include, but not be limited to the following:
  - ▶ Entering into or negotiating an agreement with one or more competitors to:
    - ▶ Fix prices at any level or to fix other terms of service;
    - ▶ Allocate customers or markets; or
    - ▶ Boycott a supplier or customer;
  - ▶ Employees must refrain from engaging in unfair practices that might restrict competition.

# False Claim Issues

- ▶ Duplicate Billing
  - ▶ Duplicate billing occurs when the agency submits more than one claim for the same service, or the bill is submitted to more than one primary payor at the same time. Although duplicate billing can occur due to simple error, intentional duplicate billing, which is sometimes evidenced by systematic or repeated double billing, can create liability under criminal, civil, or administrative law, particularly if any overpayment is not promptly refunded.
- ▶ Joint Ventures Between Parties, One of Whom Can Refer Medicaid Business to the Other
  - ▶ Such arrangements are generally established between those in a position to refer business, such as physicians, and those providing items or services for which a federal health care program pays. Sometimes established as “joint ventures”, these arrangements may take a variety of forms.

# False Claim Issues

## ▶ False Cost Reports

- ▶ The submission of false cost reports is usually limited to certain Medicare Part A providers, such as home health agencies, hospitals, and skilled nursing facilities, which are reimbursed in part on the basis of their self-reported operating costs. The OIG is aware of practices in which home health agencies maintain records that indicate salaries are paid to employees that do not exist, lump non-client related expenses with client related ones in an attempt to bury the non-reimbursable costs, bill Medicare for client visits with no records to substantiate that the services were performed, inappropriately shift certain costs to cost centers that are below their reimbursement cap, shift non-Medicare related costs to Medicare cost centers, and fail to properly disclose related organizations, e.g., entities that provide leased space or equipment, financial management consulting, and direct client services and supplies.

# False Claim Issues

- ▶ Stark Physician Self-Referral Law
  - ▶ Under the Stark Physician Self-Referral law, if a physician (or an immediate family member of such physician) has a financial relationship with a home health agency, the physician may not make a referral to the home health agency for the furnishing of home health services for which payment may be made under the federal health care programs. This does not apply to a contractual relationship with a Medical Director in which the physician actually provides services to the agency per the contract.
- ▶ Knowing misuse of provider certification numbers, which result in improper billing.



# Agency Compliance Policies

- ▶ Policies and procedures will reflect and reinforce the Compliance Program. The following are our policies supporting the Compliance Program:
  - ▶ Administrative Structure
  - ▶ Compliance Program
  - ▶ Employee Orientation
  - ▶ Personnel Records
  - ▶ Agency In-services and Education
  - ▶ Employee Grievance/Complaint Resolution
  - ▶ Progressive Discipline Policy
  - ▶ Standards of Conduct
  - ▶ Ethical Issues
  - ▶ Billing Process/False Claims