******

***Corporate Compliance Program***

***INCLUDING:***

***Code of Conduct***

***Practice Policies***

*MASTER COPY*

Adopted 12/2020

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# DSP CORPORATE COMPLIANCE PROGRAM

# INTRODUCTION

* PURPOSE AND SCOPE OF COMPLIANCE PROGRAM

Date Received/Revised:\_\_\_\_

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To underscore and enhance Deborah Specialty Physicians (“the Practice”) commitment to legal compliance and corporate ethics, the Practice has established a Corporate Compliance Program (the “Compliance Program”). At the heart of the Compliance Program is this document, the Compliance Plan. This Plan is designed to promote adherence to statutes and regulations applicable to Federal health care programs. The goal is to prevent and reduce improper conduct.

The Compliance Plan consists of seven fundamental areas:

1. Standards of Conduct, Policies and Procedures
2. Designating a Compliance Officer and a Compliance Committee
3. Effective Training and Education
4. Effective Lines of Communication
5. Non-Retaliation and Non-Intimidation
6. Internal Monitoring and Auditing
7. Enforcement of Standards, Prompt Response and Corrective Action

The Practice has also appointed a Compliance Officer to oversee and “run” the Program. The Compliance Officer will be responsible for overseeing and monitoring implementation of the compliance program; establishing methods, such as periodic audits, to improve the Practice’s efficiency and quality of services, and to reduce the practice’s vulnerability to fraud and abuse; periodically revising the compliance program in light of changes in the needs of the practice or changes in the law and in the standards and procedures of Government and private payer health plans; developing, coordinating and participating in a training program that focuses on the components of the compliance program, and ensuring that training materials are appropriate; ensuring that the HHS-OIG’s List of Excluded Individuals and Entities and the General Services Administration’s (GSA) List of Parties Debarred from Federal Programs have been checked with respect to all employees, medical staff and independent contractors; and investigating any report or allegation concerning possible unethical or improper business practices and monitoring subsequent corrective action and/or compliance.

**POLICY 1**

# DSP CODE OF CONDUCT

# CORPORATE COMPLIANCE PROGRAM

The Practice has an ethical responsibility to its patients and patient care is the Practice’s first priority. Ethical care practices and ethical business practices go hand in hand. All employees of the Practice have a responsibility to review, understand and abide by the Code of Conduct as set forth in these Policies.

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# POLICY 2

* CONFLICTS OF INTEREST

# CORPORATE COMPLIANCE PROGRAM

It is the Practice’s policy that all employees and agents are to exercise good faith in all transactions related to the Practice. To discourage any conflicts of interest, no employee or agent shall:

* Engage in any outside employment or business activity that would interfere with his or her service to the Practice or that would use facilities or services paid for by the Practice.
* Accept any gift or valuable consideration of any kind either directly or indirectly from a patient or representative of any business dealing with the Practice.
* Use his or her position or the knowledge gained therefrom to create a conflict between his or her personal interest and that of the Practice.
* Supervise a relative either directly or indirectly.

It is expected that an employee will alert his or her supervisor should a conflict or potential conflict appear in the workplace.

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**POLICY 3**

* RELATIONSHIPS WITH FELLOW EMPLOYEES

# CORPORATE COMPLIANCE PROGRAM

The Practice prides itself on providing its employees with a work environment in which individuals are treated with respect and dignity. The Practice provides equal employment opportunity to qualified individuals, regardless of race, religion, color, national origin, nationality, ancestry, age, sex, marital status, domestic partnership or civil union status, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, veteran status, or mental or physical disability, including AIDS and HIV related illnesses.

Specifically, employment opportunities are and shall be open to all qualified applicants solely on the basis of their experience, aptitudes, abilities and training. Advancement is and shall be based on the individual's achievement, perform­ance, ability, attitude and potential for promotion.

Any form of harassment based on race, color, religion, national origin, sex, age, handicap, sexual orientation, veteran status or other classification protected by applicable law, is discriminatory and unprofessional, and will not be tolerated. Harassment is a serious violation of Practice policy. This policy covers all Practice employees. The Practice will not tolerate, condone, or allow harassment, whether engaged in by fellow employees, supervisors, managers, patients, or other non-employees who conduct business with the Practice. The Practice encourages reporting of all incidents of harassment, regardless of the identity or position of the offender.

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**POLICY 4**

# RECORDKEEPING

# CORPORATE COMPLIANCE PROGRAM

While some of the specific action items contained within this policy are performed by agents of the Practice, staff members are responsible for knowledge about Practice’s recordkeeping. All information regarding the Practice’s operation and the Practice’s financial position must be recorded in accordance with the requirements of law and generally accepted accounting principles including, but not limited to, applicable Medicare, Medicaid and other third-party reimbursement documentation and billing requirements.

Every staff member at the Practice records information of some kind that is used for business and professional purposes. The maintenance of accurate records is critical. You must record and report all information accurately and honestly. The Practice will vigorously: (i) investigate and pursue any situation and/or individual where falsification of records or matters of a similar nature may be involved; and (ii) respond appropriately.

The following policies apply to:

⚫ All records and documentation (e.g., billing and claims documentation) required for participation in federal, State, and private health care programs;

⚫All records, documentation, and audit data that support and explain financial activity, including any internal or external compliance monitoring activities; and

⚫All records necessary to demonstrate the integrity of the Practice’s compliance process and confirm the effectiveness of the program.

A. Financial Records.

All of the Practice’s Personnel who are involved in creating, processing and recording financial information are responsible for its integrity. Every accounting or financial entry should reflect exactly what is described by the supporting information. There must be no concealment of information from (or by) management, or from the Practice’s internal or independent auditors. No one may falsify or inappropriately alter information in any record or document.

No payment on behalf of the Practice shall be approved or made with the intention or understanding that any such payment is to be used for any purpose other than that described by documents supporting the payment. In addition, supervisors shall ensure that all the Practice’s employees follow the corporate financial policies.

The Practice shall document its efforts to comply with applicable statutes, regulations and federal health care program requirements. For example, where the Practice requests advice from a government agency charged with administering a federal health care program, it should document and retain a record of the request and any written or oral response. A log of oral inquiries between the Practice and third parties should also be kept.

In addition, the Practice will keep all relevant correspondence with carriers, fiscal intermediaries, private health insurers, CMS, and State survey and certification agencies. It is the responsibility of the Compliance Officer to ensure that these records are maintained for a period of ten years.

If you become aware of possible omission, falsification or inaccuracy of accounting and financial entries, or basic data supporting such entries, you must report promptly such information to the Compliance Officer.

B. Medical Records.

The care of a patient is always personal and, therefore, any information about a patient’s condition, care, or personal data is absolutely confidential and must not be discussed with anyone other than those who are directly responsible for the patient’s care. Discretion must be exercised at all times when discussing patient information, especially in public areas. You must never discuss this information outside the Practice. You should never leave charts, or other material with patient names, inside your car or in other places visible to the general public. All requests for information about patients should be referred to the Office Coordinator. Only designated employees may release information. See HIPAA Privacy Policy for further information.

Under New Jersey law, the choice of, need for, and provision of, personal care services must be documented. It is imperative that all such medical records be complete. **Medical record information provides the justification necessary to support claims payment.** The medical record may be used to validate (a) the site of services; (b) the appropriateness of the services provided; (c) the accuracy of the billing; and (d) the identity of the care giver. If the information is not properly recorded, the documentation will not support the selection of the CPT code submitted by the Practice and the claim may be deemed fraudulent. It is the Practice’s policy that no employee shall allow a fraudulent claim to be submitted for payment.

The following guidelines will be followed by all Practice personnel involved with medical records:

* The medical record will be complete and legible;
* The documentation of each patient encounter must include the reason for the encounter; any relevant history; physical examination findings; prior diagnostic test results; assessment, clinical impression, or diagnosis; plan of care; and date and legible identity of the observer;
* If not documented, the rationale for ordering diagnostic and other ancillary services should be easily inferred by an independent reviewer;
* CPT and ICD-9-CM codes used for claims submission must be supported by documentation and the medical record; and
* Appropriate health risk factors should be identified. The patient’s progress, his or her response to, and any changes in, treatment, and any revision in diagnosis should be documented.

C. Records Maintenance and Destruction.

It is the Practice’s policy to retain appropriate documentation. To assist in this effort, the Practice will:

⚫ Secure information in a safe place, protected against loss, destruction, unauthorized access, unauthorized reproduction, corruption or damage; and

⚫ Maintain hard copies of all electronic or database documentation;

⚫ Limit access to any documentation to avoid accidental or intentional fabrication or destruction of records; and

⚫ Conform document retention and destruction policies to applicable laws.

All documents that may support a claim for reimbursement, including all medical records, shall be maintained for ten years. For minors, the medical records must be maintained for six years after the minor reaches the age of majority or ten years, whichever comes first.

Records that have satisfied their required period of retention may be destroyed in an appropriate manner. Records that cannot be destroyed include records of matters in litigation or records with a permanent retention. In the event of a lawsuit or government investigation, the applicable records that are not permanent cannot be destroyed until the lawsuit or investigation has been finalized. Once the litigation/investigation has been finalized, the records may be destroyed.

The Practice’s records must be destroyed in a manner that ensures the confidentiality of the records and renders the information no longer recognizable as the Practice’s records. The Practice’s records relating to resident medical information cannot be placed in trash receptacles unless the records are rendered no longer recognizable as a record of the Practice. A record of the destroyed documents should be made and kept. (See sample Certificate of Record Destruction, attached hereto as Exhibit K.)

In the event the Practice is sold or closed, the Practice shall comply with all State and federal requirements relating to the disposition of medical records and shall ensure that all patients are advised of their right to obtain a copy of their medical record.

IMPORTANT: DSP IS A HIPAA COVERED ENTITY: ALL INQUIRIES REGARDING THE CREATION, HANDLING, DISCLOSURE AND DESTRUCTION OF PATIENT-RELATED INFORMATION SHOULD BE REFERRED TO THE HIPAA COMPLIANCE PLAN AND THE HIPAA COMPLIANCE OFFICER.

**POLICY No. 5**

* DEALING WITH SUPPLIERS, HOSPITALS AND PHYSICIANS

# CORPORATE COMPLIANCE PROGRAM

The Practice’s aim in conducting its purchasing operations is to assure continuing, reliable sources of supply. The Practice gives all potential suppliers fair and uniform consideration. Factors of race, religion, national origin, sex or friendship play no part in purchasing decisions, which must be based on objective criteria such as price and quality or a vendor’s reliability and integrity.

The Practice expects all vendors to respect its Code of Conduct and Policies and Procedures. The Practice also encourages vendors to commit in contracts with the Practice and any of its affiliates to adhere to the provisions of the Practice’s Code of Conduct and Policies and Procedures.

Federal and State laws ban the payment of kickbacks in exchange for referrals. Under no circumstances, may a gift be given as an inducement to obtain new patients or referral sources or to retain existing business. However, the Practice will accept vendor funding for certain events (e.g., educational events, charitable events, attendance at trade shows and conferences) provided that the vendor’s funding and/or participation is not inappropriately offered by the vendor or solicited by the Practice. In no event is any request for, or acceptance of, a vendor contribution to be connected in any manner, implied or express, with the conduct of business with the vendor (i.e., receiving funds from a particular vendor does not equate to an incentive or implied obligation to purchase goods or the services from that entity; likewise, refusal by a particular vendor to provide funds will not result in a refusal to purchase goods or services from the particular entity.)

# POLICY No. 6

# AVOIDING ABUSE OF TRUST

# CORPORATE COMPLIANCE PROGRAM

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We strive to serve the best interests of the public -- to provide quality service, to maintain a position and reputation as a leading physician’s practice and to provide full and timely information. Whether we can achieve these goals depends upon the successful development of the relationships discussed previously in this Code. By conducting our business in accordance with the principles of fairness, decency and integrity set forth herein, we help to build public confidence.

# POLICY No. 7

* USE OF Practice PROPERTY

# CORPORATE COMPLIANCE PROGRAM

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Employees must use proper care when using Practice property and equipment. No employee of the Practice may take Practice property off Practice premises without authorization. No other employee of the Practice may authorize such action. Violations of this policy may result in disciplinary action up to and including termination and possible legal action.

At termination, employees are required to return to the Practice all Practice property in their possession including any copies.

1. Telephones: Although the occasional use of Practice telephones for a personal emergency may be necessary, personal telephone calls must be kept to a minimum and should be short in duration except in emergency situations.

B. Equipment: Personal use of Practice equipment (including fax machines) is prohibited except when permission is granted by the Office Coordinator.

**POLICY No. 8**

* GIFTS TO GOVERNMENT OFFICIALS

# CORPORATE COMPLIANCE PROGRAM

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You must not seek to influence any government employee’s judgment by promising or giving money, gifts or loans, or by any other unlawful inducement. The Practice’s dealings with government agencies and officials must be conducted legally and morally.

## No funds or assets of the Practice may be used for contributions to any political party, political action committee, organization or candidate, whether federal, State, or local. This prohibition covers not only direct contributions but also indirect assistance or support through buying tickets to fund-raising events or furnishing goods, services or equipment.

The Practice’s policy on political contributions applies solely to the use of the Practice’s assets and is not intended to discourage or prevent individuals from engaging in political activities voluntarily and on their own time and at their own expense. No personal contributions are subject to reimbursement by the Practice, and you must take care, in all cases, to avoid giving the appearance that you are acting or speaking on the Practice’s behalf. Since a person’s work time can be considered a contribution, you may not work for any political party or candidate during hours which are being paid for by the Practice (excluding vacation or personal time).

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**POLICY No. 9**

* HEALTH AND SAFETY

# CORPORATE COMPLIANCE PROGRAM

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The health and safety of the Practice’s Personnel is a primary concern and responsibil­ity of the Practice. The Practice is committed to providing a safe and healthy working environment. All Practice Personnel are responsible for ­performing their jobs in compliance with federal, State and local laws affecting health and safety conditions of the workplace, including the rules and regulations of the Occupational Safety and Health Administration (“OSHA”), state laws and licensing requirements, any applicable accrediting standards, and the health and safety policies established by the Practice. Among other things, these laws provide for the proper and safe manifesting, tracking, identification, packaging, storage, control, monitoring, handling, collection and disposal of regulated medical waste, and the proper and safe containment of bloodborne and airborne pathogens. Using good common sense and following health and safety regulations can keep acci­dents, to you and others, at a minimum. Practice Personnel who improperly or carelessly endan­ger themselves, other Practice Personnel, or patients of the Practice will be subject to discipline.

It is in the best interests of the Practice, its employees and patients that all employees are able to work to the best of their capabilities, and that employees are not exposed to the hazards which arise when drugs or alcohol are present on the premises. Therefore, the Practice will not tolerate the possession, use or sale of alcohol, unprescribed controlled substances, or any illegal drug on Practice premises, or the impairment of job performance arising from the use of these substances at any time.

POLICY No. 10

* ENVIRONMENTAL RESPONSIBILITY

# CORPORATE COMPLIANCE PROGRAM

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## The Practice recognizes that air, land and water are finite resources and must be protected and used wisely in order to ensure their survival for future generations. To that end, the Practice is committed to servicing sound environmental practices. The Practice’s Personnel must fully comply with all federal, State, and local environmental laws. These laws provide for the proper and safe manifesting, tracking, identification, packaging, storage, control, monitoring, handling, collection and disposal of regulated medical waste.

**POLICY No. 11**

* BRIBES, KICKBACKS AND SELF-REFERRAL

# CORPORATE COMPLIANCE PROGRAM

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## The Practice’s Personnel may not under any circumstances offer, pay, solicit, or receive bribes, kickbacks or other similar remuneration or consideration. Accepting or paying bribes or kickbacks is a crime punishable by imprisonment and substantial monetary fines, and could subject both the individual(s) involved and the Practice to criminal proceedings.

## The federal and State “anti-kickback” laws prohibit the payment of anything of value in return for, or to induce, recommend or arrange the referral of an individual or the purchase or lease of a medical product or service. Therefore, none of the Practice’s Personnel shall offer or grant any benefit to a referring physician or other referral source on the condition or understanding that the person making the referral will refer any residents to the Practice or any other person, hospital or medical facility. All gift giving should comport with the section of the Code of Conduct titled “Gifts and Entertainment.”

In addition, there are certain other federal health care laws that govern the Medicare, Medicaid and other governmental program claims that must be followed. The “Stark” physician self-referral law prohibits a physician from referring a patient to an entity with which the physician or any member of the physician’s immediate family has a financial relationship, if the referral is for the furnishing of “designated health services.” There are exceptions to these prohibitions with which the Practice shall comply in all respects in its financial arrangements with physicians.

The Compliance Officer is available to assist in structuring and preparing documentation respecting arrangements with physicians and other referral sources. Every arrangement involving physician or other referral source for the Practice shall be in writing and shall be reviewed by counsel prior to its execution.

The federal laws and New Jersey insurance laws also prohibit the filing of claims (and the making of false or misleading statements in support of such claims) for reimbursement. The definition of “false claims” includes a claim for a medical item or service that the person knows or should know was not provided as claimed, was false or fraudulent, or was for a pattern of medical items or services that were not medically necessary. The definition includes both intentional false claims and innocent errors in reimbursement documents. No Practice Personnel shall make a false claim, and all Practice Personnel shall use their best efforts to achieve complete accuracy.

In an effort to properly educate and train its staff members, the Practice has put together a list of potential situations that may implicate the above laws. Accordingly, under this policy, the Practice and each staff member must avoid or seek review when engaging in the following potentially violative practices. If you suspect that such a situation has occurred, you must contact the Compliance Officer:

◼ Routinely waiving coinsurance or deductible amounts without a good faith determination that the resident is in financial need, or absent reasonable efforts to collect the cost-sharing amount.

* Entering into questionable patient referral arrangements with a hospital, home health agency, or hospice,
* Soliciting, accepting or offering any gift or gratuity to or from patients or their families, potential referral sources, and other individuals and entities with which the Practice has a business relationship. Gift-giving may be viewed as inducements to influence business decisions. Therefore, staff members are prohibited from giving any gift to, or receiving any gift from, any of the Practice’s patients with the intent of inappropriately influencing the health care decisions of the patient or his or her family. Similarly, none of the Practice’s staff members may accept gifts, hospitality or entertainment valued at more than $50, from any source that is in a position to benefit from the referral of business.

◼ Entering into financial arrangements with physicians that may violate the anti-kickback, physician self-referral, and/or other relevant federal and State laws. It is the Practice’s policy that all physician contracts and agreements be reviewed to avoid violation of the anti-kickback, physician self-referral, and/or other relevant federal and State laws.

* Entering into arrangements with vendors that violate the anti-kickback statute.
* Engaging in certain joint ventures with entities supplying goods or services.
* Entering into consulting contracts or medical directorships.Entering into office and equipment leases with entities to which the physician refers.

* POLICY No. 12
* RESPONDING TO REQUESTS BY GOVERNMENTAL OR REGULATORY AUTHORITIES

# CORPORATE COMPLIANCE PROGRAM

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## The Practice’s policy is to cooperate with reasonable requests from any governmental agency concerning the Practice’s operations, including but not limited to, requests from CMS, the Office of Inspector General of the United States Department of Health and Human Services, the Federal Bureau of Investigation, the United States Attorney’s office, the Occupational Safety and Health Administration, the Equal Employment Opportunity Commission and the New Jersey Department of Health. Nevertheless, it is the Practice’s policy that all Practice Personnel shall notify the Practice’s Compliance Officer prior to responding to any requests for information that are outside of the ordinary scope of routine reports which are regularly made to governmental authorities.

Because the Practice may be legally responsible to meet a deadline set by a pleading or may be subject to administrative sanctions, including exclusion from government reimbursement programs for failure to timely respond to demands for document production, it is essential that the Practice’s counsel be advised of the receipt of the complaint, subpoena or similar document immediately.

Therefore, if you are ever served with a subpoena, summons, complaint, or other legal document, call the Compliance Officer immediately. Follow the instructions of the Compliance Officer carefully and promptly. If you are unable to reach the Compliance Officer, contact the Practice’s attorney (identified in Exhibit A).

Rumor and speculation regarding the investigation should be avoided. Investigations can take months and even years to resolve and often end without liability on the part of the provider. Therefore, it is essential that all employees be advised of the scope of the investigation and the facts and advised that all employees are expected to continue to perform their jobs in spite of the investigation.

1. What if you are the Served with a subpoena?

If a law enforcement agent or other governmental authority appears in person and requests information through a subpoena, it does not mean that any act of wrongdoing or crime has been committed or that the governmental agent has concluded that any act of wrongdoing or crime has taken place. Be advised of the following:

1) You have the right and the responsibility to request credentials of the agent for identification purposes;

2) You have the right to speak or decline to speak, as all such conversation is voluntary;

3) You have the right to consult with an attorney before deciding to be interviewed. The name, address, telephone number and fax of the Practice’s legal counsel are attached as Exhibit A;

4) If you agree to be interviewed, you can insist that an attorney be present;

5) DO NOT turn over documents called for in any subpoena until instructed by the Compliance Officer, or the Practice’s legal counsel;

6) DO NOT discuss the case with the individual who served you with the subpoena; and

7) DO NOT discuss the subpoena with anyone other than the Compliance Officer and the Practice’s legal counsel.

1. What if you are Served with a Search Warrant?

If a law enforcement agent arrives to execute a search warrant on the Practice’s property, the following steps should be taken:

1) DO NOT interfere with the agents in their search;

2) Demand a copy of the search warrant and the business card (or name) of the agent in charge;

3) Be sure the highest ranking Practice Personnel on the premises is informed of the situation;

4) Call, the Compliance Officer and the Practice’s legal counsel.

Next, you should take steps to ensure that:

1) Only those items referred to in the search warrant are taken; and

2) The agents give you a correct and complete inventory of all items taken before the agents leave the premises. Ask also if you can obtain copies of the information taken by the agents. You will need this information in order to continue to conduct business at the Practice.

Remember: You do not have to submit to an interview with a governmental official. You are not required to explain the Practice’s operations, bookkeeping, records, or what any document means. You should cooperate in locating those items called for in the search warrant and no more. If an agent makes request or demands of you that are inconsistent with these instructions, you should contact the Practice’s legal counsel.

## C. Informal Contacts with Government Agents/Investigators.

All contacts with anyone claiming to represent any local, State or federal agency shall be immediately reported to counsel and/or Compliance Officer.

The Practice’s policy is to cooperate with the authorities. Nevertheless, government regulations and their enforcement is a very complex area of the law. Because such inquiries are important and often complicated, your adherence to this requirement is important.

In complying with this policy, keep the following in mind:

1) It is not uncommon for investigators to arrive unannounced at someone’s home and then try to make the person feel guilty if they do not consent to an interview. Occasionally, the investigator will try to suggest that you must speak with them “or else.” No one is required to submit to questioning by government investigators or employees. Beware of any investigator who says you have nothing to worry about or who suggests that by talking to him, things will be better for you. Investigators do not have the authority to promise anything to a witness. Only a government attorney, working with your attorney, can make promises binding on the government.

2) If someone claiming to represent the government contacts you at work or at your home, follow these steps:

A) Ask for identification and a business card;

B) Determine why the individual wants to speak with you;

C) Tell the individual you want to make an appointment for a date and time in the future. Do not be intimidated by a claim that there should be no delay because “honest people have nothing to hide.”

After the investigator leaves, contact the Compliance Officer or the Practice’s legal counsel.

## D. Contacts with Non-Practice Employees.

Unless it is part of a person’s written job description to have contact with the following categories of individuals, all of the Practice’s Personnel are governed by the following rules:

i. Contact with the Media.

All contact with the media MUST be referred to the Compliance Officer. You should politely, but firmly, decline to engage in any discussion with media representatives, no matter how seemingly harmless.

Reporters are skilled at extracting information, often pretending to know more than they really do or claiming to have already talked to someone inside the organization. Do not confirm, deny, or otherwise discuss information related to the Practice with anyone from the media unless directed to do so by the Compliance Officer.

ii. Contact with Attorneys.

All contact with anyone claiming to be an attorney should be immediately referred to the Compliance Officer. Like all companies, the Practice may become involved in legal disputes and litigation. Attorneys representing those with interests contrary to the Practice may try to contact Practice Personnel directly in an effort to obtain information. You should politely, but firmly, refuse to discuss anything with the attorney. Instead, refer the attorney to the Compliance Officer.

The Practice also realizes that, as a health care provider, it may receive requests and subpoenas for medical records from attorneys for use in connection with litigation, claims, and disputes that do not involve the Practice as a party. Such requests should be referred to counsel for review to determine if the requests are HIPAA compliant and otherwise legally appropriate. The Practice’s Personnel must ensure that the release of patient information complies with the federal and State privacy laws.

**POLICY No. 13**

* REporting violations and discipline

# CORPORATE COMPLIANCE PROGRAM

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## Violations of the Practice’s Code of Conduct, or of any of the Practice’s policies or procedures, are a serious matter. The Practice’s Personnel are expected to act fairly and honestly in all transactions with the Practice and with others, and to maintain the high ethical standards of the Practice in accordance with this Code. If a situation arises which presents in your mind a potential violation of this Code, you should contact the Practice’s Compliance Officer or your immediate supervisor. **THIS PRACTICE MAINTAINS A “SEE-IT, SAY-IT” POLICY**.

Discovery of events of a questionable, fraudulent or illegal nature, whether accidental or deliberate, or which appear to be in violation of the Code, must be reported promptly to the Practice’s Compliance Officer. **A knowing failure to report a violation is itself a violation of the Code**. An employee’s compliance with the Practice’s Compliance Program is a condition of employment and will be considered in evaluating performance. Violations of the Code of Conduct or policies and procedures will result in disciplinary action, up to and including termination.

Managers and supervisors will be disciplined for failing to adequately instruct their subordinates or for failing to detect noncompliance with applicable policies and legal requirements, where reasonable diligence would have led to the discovery of any problems or violations and given the Practice the opportunity to correct them earlier. Conversely, those supervisors who have demonstrated leadership in the advancement of the Practice’s Code of Conduct and compliance objectives will be singled out for recognition.

The Practice takes all reports of non-compliance seriously. The purpose of voluntary disclosure is to provide a mechanism which allows reporting of any matter that may be unethical, unprofessional, illegal or potentially an issue of non-compliance without fear by the reporting person (“reporter”) of retribution or embarrassment. The person reporting is not required to provide his/her name or any other facts that identify him or her. If the person reporting identifies him or herself, she or he may be interviewed to ascertain further facts. The identity of the person who reports will be kept confidential if feasible. The person who reports is encouraged to provide as much information as possible to assist with the investigation.

**IT IS THE PRACTICE’S POLICY THAT A REPORTING INDIVIDUAL WILL BE SUBJECT TO DISCIPLINARY ACTION IF THE PRACTICE REASONABLY CONCLUDES THAT A REPORT OF WRONGDOING WAS KNOWINGLY FABRICATED, DISTORTED, EXAGGERATED OR MINIMIZED EITHER TO INJURE OR PROTECT SOMEONE ELSE OR TO PROTECT THE REPORTING INDIVIDUAL.**

**Notwithstanding the foregoing, the Practice reserves the absolute right to terminate an employment relationship at any time and for any or no reason. Please refer to the Practice’s Employee Handbook for the Practice’s employment policies.**

**POLICY No. 14**

**P**OLICY ON FRAUD AND ABUSE PREVENTION

# CORPORATE COMPLIANCE PROGRAM

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The Office of Inspector General and Health Care Financing Administration of the United States Department of Health and Human Services and other governmental agencies charged with the responsibility for enforcement of federal health care laws have emphasized the importance of voluntarily developed and implemented compliance plans, such as the Practice’s Compliance Plan. The Office of Inspector General recognizes the fact that voluntary compliance plans can be a significant factor in reducing and preventing instances of fraud, abuse and waste under governmental health care programs such as the Medicare and Medicaid programs, particularly in connection with reimbursement matters where claims and billing operations are subject to extensive governmental regulation. The Compliance Plan is intended to assist the Practice in improving overall quality and preventing any instances of non-compliance with applicable health care laws, while developing a central coordinating source for information and guidance on applicable laws, regulations, standards of conduct and conditions of participation in governmental health care programs.

Although a primary impetus behind the Compliance Plan is to prevent and detect instances of non-compliance and wrongdoing in connection with applicable health care laws and particularly those involving the Medicare and Medicaid programs, the Practice is committed to full compliance with all pertinent federal, State and local laws and regulatory guidelines whether they relate to health care matters or not, and the responsibilities and obligations established under the Compliance Plan, such as the duty to report to the Compliance Officer any instance of suspected non-compliance or wrongdoing, and to apply to all laws and regulations applicable to the Practice and all areas and aspects of the Practice’s operations.

POLICY No. 15

* pOLICY ON coding and billing

# CORPORATE COMPLIANCE PROGRAM

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A primary component of the Practice’s compliance effort is to identify those areas that may subject the Practice to the risk of submitting false or fraudulent claims. Central to this effort is billing and coding. This Compliance Program is designed to ensure that the Practice maintains up-to-date coding and billing policies and that these policies are followed. While it is understood that Practice utilizes the services of others to perform billing and coding, it is still important that staff understand the importance of accurate billing and coding.

The Practice shall maintain written standards/procedures and/or have resources that are available to guide all coding and billing personnel with respect to the current reimbursement principles.

Coding and billing must be based on medical record documentation.

The following risk areas associated with billing have been among the most frequent subjects of investigations and audits by the Office of Inspector General:

* Billing for items or services not rendered or not provided as claimed;
* Submitting claims for equipment, medical supplies and services that are not reasonable and necessary;
* Billing for items or services furnished to Medicare or Medicaid patients that are substantially in excess of the Practice’s usual charges;
* Double billing resulting in duplicate payment;
* Billing for non-covered services as if covered;
* Knowing misuse of provider identification numbers, which results in improper billing;
* Unbundling (i.e., billing for each component of the service instead of billing or using an all- inclusive code);
* Failure to properly use coding modifiers;
* Clustering (i.e., the practice of coding/charging one or two middle levels of service codes exclusively, under the philosophy that some will be higher, some lower, and the charges will average out over an extended period). This practice overcharges some patients while undercharges others;
* Altering medical records in order to justify reimbursement for an item or service; and
* Upcoding the level of service provided (i.e., billing for a more expensive service than the one actually performed).

# POLICY No. 16

* pOLICY ON reasonable and necessary services

# CORPORATE COMPLIANCE PROGRAM

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Claims may be submitted only for services that the Practice finds to be reasonable and necessary in the particular case.

**POLICY No. 17**

# pOLICY ON local medical review policy

# CORPORATE COMPLIANCE PROGRAM

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Physicians are supposed to bill the federal health care programs only for items and services that are reasonable and necessary. In order to determine whether an item or service is reasonable and necessary under Medicare guidelines, however, the physician must apply the appropriate local coverage determination (“LCD”).

With the exception of claims that are properly coded and submitted to Medicare solely for the purpose of obtaining a written denial, physician practices are to bill the federal health programs only for items and services that are covered. In order to determine if an item or service is covered for Medicare, a physician practice must be knowledgeable of the LCD’s applicable to its practice’s jurisdiction.

The practice and/or its billing service shall ensure that it has a copy of the pertinent LCDs. CMS has a web site which contains the LCD’s for each of the contractors across the country. The web site may be accessed at www.cms.hhs.gov.

When the LCD indicates that an item or service may not be covered by Medicare, the physician practice is responsible to convey this information to the patient so that the patient can make an informed decision concerning the health care services he/she may want to receive. This information is to be conveyed through Advance Beneficiary Notices (“ABN”).

**POLICY No. 18**

* pOLICY ON ADVANCE BENEFICIARY Notices OF NONCOVERAGE

# CORPORATE COMPLIANCE PROGRAM

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Physicians are required to provide ABNs before they provide services that they know or believe Medicare does not consider reasonable and necessary. A properly executed ABN acknowledges that coverage is uncertain or yet to be determined, and stipulates that the patient promises to pay the bill if Medicare does not. Patients who are not notified before they receive such services are not responsible for payment. The ABN must be sufficient to put the patient on notice of the reasons why the physician believes that the payment may be denied. The objective is to give the patient sufficient information to allow an informed choice as to whether to pay for the services.

Accordingly, an ABN should:

* Be in writing;
* Identify the specific service that may be denied (procedure name and CPT/HCPC code is recommended);
* State the specific reason why the physician believes that service may be denied; and
* Be signed by the patient acknowledging that the required information was provided and that the patient assumes responsibility to pay for the service.

An ABN is not acceptable to Medicare if:

* The patient is asked to sign a blank ABN form;
* The ABN is used routinely without regard to a particularized need.

With respect to the ordering of diagnostic tests or services, the Practice will take the following steps to ensure it is in compliance with the regulations concerning ABNs:

* Determine which tests are not covered under national coverage rules;
* Determine which tests are not covered under local coverage rules such as LCDs; and
* Determine which tests are only covered for certain diagnosis.

If you have any questions with respect to the need for an ABN, you should obtain guidance from the carrier.

Any refusal by a patient to sign an ABN shall be documented and placed in the patient’s chart.

**POLICY No. 19**

* pOLICY ON billing for non-covered services as if covered

# CORPORATE COMPLIANCE PROGRAM

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In instances where a claim is being submitted to Medicare in order to receive a denial from the carrier (allowing the patient to submit the denied claim for payment to a secondary payer), the Practice must place, somewhere on the claim form the following statement:

“THIS CLAIM IS BEING SUBMITTED FOR THE PURPOSE OF RECEIVING A DENIAL, IN ORDER TO BILL A SECONDARY INSURANCE CARRIER.”

In the event the carrier pays the claim even though the service is non-covered, and even though the Practice did not intend for payment to be made, the Practice will refund the amount paid and indicate that the service is not covered.

POLICY No. 20

* pOLICY ON gainsharing and other physician incentive arrangemenTs

# CORPORATE COMPLIANCE PROGRAM

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The term “gainsharing” typically refers to an arrangement in which a hospital gives a physician a percentage share of any reduction in the hospital’s costs for patient care attributable to the physician’s efforts. The Practice shall not enter into any unlawful gainsharing arrangement. Such unlawful arrangements violate federal laws that prohibit any hospital from knowingly making a payment directly or indirectly to a physician as an inducement to reduce or limit services to a Medicare or Medicaid beneficiary under a physician’s care.

The federal government has identified potentially illegal practices involving the offering of incentives by entities in an effort to recruit and retain physicians. The OIG is concerned that the intent behind offering incentives to physician may not be to recruit physician, but instead the offer is intended as a kickback to obtain and increase patient referrals from physicians. Some examples of questionable incentive arrangements are:

* Provision of free or significantly discounted billing, nursing, or other staff services;
* Payment of the cost of a physician’s travel and expenses for conferences;
* Payment for a physician’s services that require few, if any, substantive duties by the physician;
* Guarantees that if the physician’s income fails to reach a predetermined level, the entity will supplement the remainder up to a certain amount.

The Practice shall not knowingly participate in any such arrangement.

POLICY No. 21

* pOLICY ON professional courtesy

# CORPORATE COMPLIANCE PROGRAM

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The term “professional courtesy” is used to describe a number of different practices. The traditional definition is the practice by a physician of waiving all or a part of the fee for services provided to the physician’s office staff, other physicians, and/or their families. “Professional courtesy” has also been used to mean the waiver of coinsurance obligations or other out-of-pocket expenses for physicians or their families (i.e., “insurance only billing”).

These arrangements may violate federal law as they may be viewed as offered in order to induce referrals. As a result, the Practice’s policy is that it will not extend professional courtesy of any kind. The waiver of copayments will be limited to those patients which are deemed to be financially needy. In such circumstances, information about the patient’s financial status shall be documented.

**POLICY No. 22**

* pOLICY ON unlawful advertising

# CORPORATE COMPLIANCE PROGRAM

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It is unlawful for any person to advertise using the names, abbreviations, symbols or emblems of the Social Security Administration, CMS, Department of Health and Human Services, Medicare, Medicaid or any combination or variation of such words, abbreviations, symbols or emblems in a manner which is intended to convey the false impression that the advertised item is endorsed by the named entities. For example, a physician may not place an ad in the newspaper that reads “Dr. X is a cardiologist approved by both the Medicare and Medicaid programs.”

It is the Practice’s policy that all advertising shall be approved by the Compliance Officer.

**POLICY No. 23**

* pOLICY ON confidential information

# CORPORATE COMPLIANCE PROGRAM

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Confidential information that is generally not available to those outside of the Practice is proprietary information of the Practice. Such information must be kept confidential and must be protected against theft, loss or improper disclosure. Practice Personnel should not discuss, disclose or permit the disclosure of patient information, data, systems, pricing, finances, or policies to any person who does not have a need to know such information for the use and benefit of the Practice, patient care, regulatory requirements or other appropriate purposes.

Confidential information should not be needlessly discussed with other Practice Personnel. Appropriate discretion and judgment shall be exercised when disclosing any confidential information to Practice Personnel. Confidential information shall never be discussed among Practice Personnel in elevators, lobbies, hallways, the cafeteria or other public places. Upon acceptance of employment at the Practice, as part of his/her orientation process, each employee shall be required to execute a confidentiality agreement prohibiting the dissemination of confidential information.

The obligation to maintain confidentiality of information continues even after a person terminates his or her relationship with the Practice and no confidential information shall be relayed to someone who is not current Practice Personnel.

Please also refer to the Practice’s HIPAA policies and procedures for further information regarding the privacy and security of patient information.

# POLICY No. 24

# DUTIES OF COMPLIANCE OFFICER

# CORPORATE COMPLIANCE PROGRAM

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## An individual, appointed by the Board of Trustees shall serve as the Compliance Officer and shall have the responsibility and authority for managing, directing and ensuring the proper functioning of the Compliance Program. The Compliance Officer shall be a person with sufficient integrity, credibility and standing within the Practice to warrant confidence and the trust and respect of the Practice’s employees who must be comfortable in reporting matters to the Compliance Officer. The Compliance Officer must have direct access to management and legal counsel. In light of the important and sensitive nature of his or her duties and responsibilities, the Compliance Officer should be a person of demonstrated tact and good judgment. The Practice’s Compliance Officer for the current year is identified in Exhibit A.

The Compliance Officer shall have the responsibility and authority for managing, directing and ensuring the proper functioning of the Compliance Program. The Compliance Officer shall confer generally with the Practice’s employees about matters relating to the Compliance Program and shall report to the Board with respect to any deficiencies identified or improvements needed in the Compliance Program. The Compliance Officer shall report to the Board on at least an annual basis or when compliance matters arise which require his attention.

The Compliance Officer shall be accessible to every person within the Practice with respect to any and all ethics and compliance issues. The Compliance Officer shall be responsible to do or oversee the performance of the following activities:

 Monitor developments relating to compliance, including changes in applicable laws, regulations and standards of conduct, and periodically distribute to the Practice’s Personnel memoranda, news articles or other relevant informational materials that explain compliance requirements, report changes in requirements or industry standards, or are otherwise relevant to compliance responsibilities.

 Revise, update, supplement, inventory and maintain a centralized chronological repository of the Practice’s Compliance Plan and the Practice’s Policies, as necessary, in order to ensure compliance with applicable laws, regulations and compliance standards and to reflect new laws, regulations and compliance standards. (A complete copy of these manuals will be maintained in the Compliance Officer’s office.)

 Distribute pertinent policy manuals and compliance materials including revisions and supplements to appropriate staff for their use, and develop and monitor attendance at educational and compliance training sessions and in-service programs for the Practice’s Personnel, including compliance orientation for new personnel, geared toward promoting compliance throughout the Practice.

 Maintain effective mechanisms for the Practice’s Personnel to report potential non-compliance issues and wrongdoing, disseminate information regarding these reporting mechanisms throughout the Practice and respond appropriately to staff questions and external inquiries regarding ethics and compliance issues.

 Oversee internal quality monitoring and reviews, and any necessary monitoring by external consultants, if deemed appropriate, to ensure that the Compliance Program is operating at a high level of effectiveness.

 Review and investigate reports of potential non-compliance or wrongdoing, establishing corrective action plans in consultation with counsel.

 Develop procedures for obtaining legal advice on proposed transactions or activities that may raise questions under applicable laws or regulations or may involve ethics or compliance issues, and consult with the Practice’s legal counsel, as appropriate, on individual reports of non-compliance to ascertain legalities of issues and disclosure obligations and to preserve attorney-client privilege to the fullest extent available.

 Report to the Board when compliance matters arise which require his attention, prepare annual written reports detailing actions taken during the year to ensure compliance with the Compliance Plan and the Practice’s Policies and proposed changes to the Compliance Plan and Policies that would enhance overall compliance efforts.

 Maintain a notebook “log” of all compliance reports, identifying each report sequentially, and noting all investigations, actions and changes in policy that result from the report.

If you need assistance in the reporting of suspected violations of law, regulations or the Practice’s Policies, or in requesting advice when you are in doubt about the propriety of some action, please contact the Practice’s Compliance Officer. Remember that, except as may otherwise be required by applicable law or where such information is relevant to judicial or administrative proceedings involving the Practice, your communications with the Practice’s Compliance Officer will be treated on a confidential or anonymous basis if you wish.

**POLICY No. 25**

* EMPLOYEE SCREENING AND TRAINING

# CORPORATE COMPLIANCE PROGRAM

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## A. Employee Screening.

The Practice prohibits the continued employment of individuals who have been convicted of a criminal offense related to health care or who are debarred, excluded, or otherwise become ineligible for participation in federal health care programs. In addition, if the Practice has notice that an employee or contractor is currently charged with a criminal offense related to the delivery of health care services or is proposed for exclusion during his or her employment or contract, the Practice will take all appropriate actions to ensure that the responsibilities of that employee or contractor do not adversely affect the quality of care rendered to any patient or the accuracy of any claims submitted to any federal health care program. If resolution of the matter results in conviction, debarment, or exclusion, the Practice will terminate its employment or contract arrangement with the individual.

As part of its background check of its employees, the Practice, acting through its agents, will conduct the following:

⚫ Investigate the background of employees by checking with all applicable licensing and certification authorities to verify that requisite licenses and certifications are in order;

⚫ Require all potential employees to certify (e.g., on the employment application) that they have not been convicted of an offense that would preclude employment in an entity that receives reimbursement from a federal health care program and/or that they are not excluded from participation in the federal health care programs;

⚫ Require temporary employment agencies to ensure that temporary staff assigned to the Practice have undergone background checks that verify that they have not been convicted of an offense that would preclude employment by the Practice;

⚫ Check the Office of Inspector General’s List of Excluded Individuals/Entities and the General Service Administration’s list of debarred contractors to verify that employees are not excluded from participating in the federal health care programs;

⚫ Require current employees to report to the Compliance Officer if, subsequent to their employment, they are convicted of an offense that would preclude employment in an entity that receives reimbursement from a federal health care program or are excluded from participation in any federal health care program; and

⚫ Periodically check the Office of Inspector General (<http://www.hhs.gov/oig>) and General Services Administration (http://epls.arnet/gov) web sites to verify the participation/exclusion status of independent contractors and retain on file the results of that query.

B. Employee Training and Communication of Standards.

As part of the Practice’s Personnel orientation, the Compliance Officer shall schedule sufficient instruction and training regarding the Compliance Plan and the Practice’s Policies. This instruction and training should be performed within sixty (60) days of the employee’s hire date. Attendance at these orientation compliance training sessions shall be compulsory and shall be monitored by the Compliance Officer.

In addition to orientation for new Practice Personnel, the Practice is committed to providing ongoing education and training under the Compliance Plan. Internal sessions and programs shall be designed and scheduled by the Compliance Officer. A minimum of one (1) educational or training session or in-service program shall be offered per year to each member of the Practice’s Personnel. Targeted training also may be provided to those supervisors and practitioners who create greater legal exposure to the Practice by virtue of their job responsibilities, including the coding and billing department. The Compliance Officer may also disseminate information regarding pertinent external conferences and seminars to appropriate Practice Personnel via internal memoranda. The Compliance Officer shall be responsible for scheduling educational and training sessions with sufficient advance notice and communicating the requirement of mandatory attendance to all Practice Personnel.

It is expected and required that employees will attend the educational and training sessions, conferences and seminars for which their attendance has been specified as mandatory (unless attendance is excused due to leave of absence, vacation, illness, suspension, etc.). Attendance at these sessions and programs shall be monitored through appropriate inquiry during each employee’s annual performance review. Failure to comply with training requirements will result in disciplinary action.

Examples of topics likely to be covered during the Practice’s internal sessions and programs include:

(i) Compliance with private insurance policy requirements relevant to the employee’s respective duties and responsibilities;

1. Coding requirements;
2. Claim development and submission processes;
3. Signing a form for a physician without the physician’s authorization;
4. Proper documentation of services rendered;
5. Proper billing standards and procedures and submission of accurate bills for services or items rendered to Federal health care program beneficiaries; and
6. The legal sanctions for submitting deliberately false or reckless billings.

The Compliance Officer will be required to hire training instructors who are sufficiently experienced in the issues presented.

These sessions and programs shall allow participants to ask questions regarding ethics and compliance issues and identify resources within the Practice that can answer subsequent questions that may arise. In addition to Practice-sponsored compliance training sessions, the Practice’s employees regularly attend professional education courses sufficient to ensure that they remain current with changes within their field of expertise. The Compliance Officer shall maintain copies of all attendance logs and materials disseminated at compliance training sessions.

Each member of the Practice’s Personnel shall be provided with a copy of the Compliance Plan, and any other documents that are pertinent to the person’s job responsibilities along with appropriate updates of these items. Within a reasonable period of time following distribution of the Compliance Plan, each person shall be required to sign and return to the Compliance Officer a copy of the *Compliance Plan Awareness Certification Form,* a copy of which is attached as Exhibit B, certifying the person’s receipt of and familiarity with the Compliance Plan and the person’s commitment to report any potential issue of non-compliance or wrongdoing in accordance with the procedures established under the Compliance Plan.

It is essential and part of the Practice’s compliance initiatives that each member of the Practice’s Personnel shall comply fully with the Practice’s policies and procedures. Any person who has any questions concerning a compliance matter may obtain additional guidance from the Compliance Officer. However, the ultimate responsibility for adhering to the Practice’s policies and procedures and avoiding improper conduct rests with each member of the Practice’s Personnel. In this regard, it is imperative that each person exercise his/her best judgment in applying the statements contained in the Compliance Plan and the Practice’s Policies.

The Compliance Officer shall undertake and oversee regular efforts to ensure that the Practice’s Personnel are aware of the voluntary reporting aspects of the Compliance Plan, including through: (i) communication to the Practice Personnel at the commencement of the Compliance Plan; (ii) discussion and printed information distributed during orientation for new Practice Personnel; (iii) discussion and printed information distributed to the Practice’s Personnel during compliance training and educational sessions; and (iv) discussion during annual performance reviews. The Compliance Officer also shall cause to be posted in prominent places accessible to staff a *Compliance Program Notice* that reiterates the Practice’s commitment to compliance with applicable laws, regulations, and standards of conduct set forth in the Compliance Plan, and the voluntary reporting mechanisms established under the Compliance Plan, including the fact that reports of actual or potential non-compliance or wrongdoing may be made anonymously and that no Practice Personnel shall suffer any penalty or retribution for good faith reporting of any suspected instances of non-compliance or wrongdoing. A copy of this Notice is attached as Exhibit G.

The Compliance Officer shall be responsible for appropriately communicating and implementing: (i) any new or revised laws and regulations affecting the Practice’s operations; and (ii) changes in the Practice’s policies and procedures as set forth in the Compliance Plan or the Practice’s Policies. When appropriate, as determined by the Compliance Officer, dissemination of information regarding significant new or revised laws and regulations or significant changes in the Practice’s policies and procedures may be held in a “meeting” forum that allows for questions and answers. Written documentation shall be provided during such meetings in order to reinforce discussion and understanding of the new or revised laws, regulations, policies or procedures. The Compliance Officer shall maintain an attendance list, meeting agenda and copies of any distributed material from such meetings.

POLICY No. 26

* REPORTING NON-COMPLIANCE AND WRONGDOING

# CORPORATE COMPLIANCE PROGRAM

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## A. Employee Reporting.

The Practice takes all reports of non-compliance and wrongdoing seriously. The purpose of voluntary disclosure under the Compliance Plan is to provide a mechanism to allow the reporting of any matter that may be unethical, illegal or potentially an issue of non-compliance or wrongdoing without fear by the reporting employee of retribution or embarrassment. With respect to any such matter, every person within the Practice has direct access to and is encouraged to consult with the Compliance Officer.

An employee or agent of the Practice who is requested to make, accept, authorize or agree to any offer, action or payment which is or may be contrary to the compliance program or any of the Practice’s policies shall promptly report such information to the Compliance Officer.

Furthermore, an employee or agent who acquires information that may give rise to a reasonable belief that another employee or agent are engaged in conduct which violates the compliance program or any of the Practice’s policies or that an agent, representative or other person or firm representing the Practice in any transaction is engaged in the type of conduct which does not meet the standards set forth in the compliance program or any of the Practice policies shall also promptly report such information to the Compliance Officer.

Reports to the Compliance Officer shall be made in person, by telephone, by voice mail or by mail to the Compliance Officer. A sample “report” form that may be used by the reporting person is attached hereto as Exhibit C.

The Compliance Officer shall maintain a notebook “log” of all reports regarding compliance matters. These reports shall be assigned a sequential file identification number by the Compliance Officer for the specific year and shall be used for new or additional information on the same matter. The caller/author shall not be required to provide his/her name or any other facts that may give away his/her identity. If the caller/author provides his/her identity, then he/she shall be provided with the file identification number for the reported matter on a confidential basis. The caller/author shall be encouraged to provide as much information as possible to assist with the investigation of the matter. The caller/author shall also be advised that the Compliance Officer will use best efforts to keep the identity of the caller/author confidential; however, there may be a point in time when the individual’s identity may become known or may have to be revealed.

The Compliance Officer shall conduct an investigation of the report, make a record in the log of the results and the specific actions taken after completion of the investigation. The specific facts and circumstances surrounding the report must be kept confidential and any discussions regarding the complaints should be limited to those parties with a “need to know” during the investigation. Upon final resolution of a problem, the Compliance Officer shall provide feedback to an appropriate administrative official regarding the possible need for policy or procedure change. In addition, the Compliance Officer shall prepare annual reports to be submitted to the Board of Directors on the status of the Compliance Program.

IT IS THE PRACTICE’S POLICY THAT NO EMPLOYEE SHALL SUFFER ANY PENALTY OR RETRIBUTION FOR THE GOOD FAITH REPORTING OF ANY SUSPECTED INSTANCE OF NON-COMPLIANCE OR WRONGDOING, REGARDLESS OF WHETHER OR NOT SUCH NON-COMPLIANCE OR WRONGDOING ULTIMATELY IS DETERMINED TO EXIST FOLLOWING INVESTIGATION.

PLEASE NOTE, IT IS ALSO THE PRACTICE’S POLICY THAT AN EMPLOYEE SHALL BE SUBJECT TO APPROPRIATE DISCIPLINARY ACTION IF IT IS REASONABLY CONCLUDED THAT A REPORT OF WRONGDOING WAS KNOWINGLY FABRICATED OR DISTORTED BY THE EMPLOYEE OR AGENT EITHER TO INJURE SOMEONE ELSE OR TO INAPPROPRIATELY PROTECT THE REPORTING EMPLOYEE OR OTHER PERSONS.

B. Compliance Investigation and Log.

As indicated above, it is the Compliance Officer’s responsibility to document, adequately investigate (or oversee the investigation of) and, in accordance with the direction of management, appropriately respond to each in-person disclosure, telephone call or voice message, and written correspondence, report form, or e-mail message concerning compliance matters. The Compliance Officer shall maintain a compliance log book which documents the following items in connection with compliance matter inquiry:

 Sequential file identification number, date of report of potential non-compliance or wrongdoing is received, whether the reporter has identified himself or herself and has been advised of the file identification number, whether the reporter has brought the matter to the attention of his or her immediate supervisor (and if not, why not) and description of the incident;

 Identification of person designated as being primarily responsible for investigating the incident, and identification of any outside counsel or external consultants retained to assist in evaluation and investigation of the incident;

 Current status of the investigation, as periodically updated;

 Date matter is resolved and type of resolution, including corrective action taken, where appropriate, and

 Date matter is reported to management, or reason why not reported.

A copy of the form that will be used by the Compliance Officer to document the reports is attached hereto as Exhibit D. All information surrounding the complaint and resolution system shall be kept in a secure location for a period of at least six years. Only the Compliance Officer and shall have access to this information.

The Compliance Officer shall also maintain a record of self-disclosure of overpayments and billing irregularities by maintaining a record of disclosures and refunds to the health care programs.

The Compliance Officer should maintain a record of all employee education, including the number of training hours, the courses offered and the identities of the attendees in order to demonstrate the Practice’s commitment to the Compliance Plan.

**POLICY No. 27**

**CORPORATE COMPLIANCE PLAN**

**NON-RETALIATION AND NON-INTIMIDATION**

It is the responsibility of employee to abide by applicable laws and regulations and support DSP’s compliance efforts. All employees are required to report their good faith belief of any violation of the Compliance Plan or applicable law. **Such report shall be made as promptly as possible once the violation is known or suspected**. DSP, at the request of the employee, will provide such anonymity to the reporting employee as is possible under the circumstances in the judgment of DSP, consistent with its obligations to investigate employee concerns and take necessary corrective action. **There shall be no retaliation in the terms and conditions of employment as a result of good faith reporting of a possible compliance issue.** No individual shall be punished solely on the basis that he/she mistakenly reported what was reasonably and in good faith believed to be an act of wrongdoing or a violation of the Plan. However, an individual will be subject to disciplinary action if it is determined that the report of wrongdoing was knowingly fabricated by that person or was knowingly distorted, exaggerated or minimized to either injure someone else or to protect himself/herself. Any employee of DSP who misuses this hotline or attempts to interfere with efforts to investigate or address a possible compliance issue will be subject to disciplinary action, up to and including termination of his/her employment or affiliation with DSP.

**POLICY No. 28**

# pOLICY ON COMPLIANCE MONITORING AND AUDITING

# CORPORATE COMPLIANCE PROGRAM

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Monitoring and auditing functions enable the Practice to review systematically the effectiveness of the Compliance Plan and target additional training efforts in order to ensure that the Practice’s business practices and operations are, and remain in compliance with, its existing policies and applicable federal, State and local laws and regulations. Areas of general concern and scrutiny include, for example, contractual relationships with physicians, hospitals, suppliers and other referral sources, billing companies and marketing activities, professional courtesy discounts and waivers of co-payments and deductibles.

There are three (3) concurrent monitoring and auditing processes in place under the Compliance Program: (i) self-monitoring; (ii) internal audit reviews; and (iii) external reviews.

A. Self-Monitoring.

As part of the Practice’s annual performance review for all of the Practice’s employees, each employee shall be questioned as to his/her awareness of any potential issues of non-compliance or wrongdoing and attendance at compliance training and educational sessions and in-service programs held during the preceding review period. Each employee also shall be asked to certify his/her familiarity and compliance with the Compliance Program and all of the Practice’s Policies that are pertinent to his/her job responsibilities, and to certify that he/she has not engaged in any practices, activities or incidents nor is aware of any practices, activities or incidents which would deviate from the requirements of the Compliance Program or any of the Practice’s Policies. These questions and certifications shall be in the same or a similar form as those set forth in the *Compliance Survey and Disclosure Statement,* attached as Exhibit E. Adherence to the requirements of the Compliance Program shall be a consideration in the annual evaluation of each employee.

B. Internal Audit Reviews.

Internal audit reviews shall be undertaken to address typical areas of risk associated with initiatives under the Compliance Program. The Compliance Officer shall be responsible for directing staff to conduct appropriate compliance reviews throughout the Practice. All compliance review approaches and audit methodologies shall be approved by the Compliance Officer and may be modified by the Compliance Officer at any time if they are determined to be ineffective or too limited in scope. An internal assessment should focus both on the Practice’s day-to-day operations, as well as its adherence to the rules governing claims development, billing and relationships with third-parties.

The areas to be addressed by internal audit, under the direction of the Compliance Officer, on an annual basis shall be as follows:

 At least one (1) specific area of the Practice’s operations which relates to initiatives under the Compliance Program as designated by the Compliance Officer;

 Any areas for study that have come to light as the result of reports made through the voluntary reporting mechanisms under the Compliance Program or through the Compliance Survey and Disclosure Statements received during the annual employee performance reviews;

 Any areas for study identified by internal audit as the result of its audit activities with the concurrence of the Compliance Officer, and any other areas for which the Compliance Officer has requested review; and

 Appropriate follow-up study on violations previously reported under the Compliance Program in order to determine the adequacy of corrective actions taken.

Internal audits may include such techniques as on-site reviews, interviews with personnel involved in management, operations, billing, marketing and other related activities.

C. External Reviews.

External legal counsel, accountants, auditors and other consultants or professionals may be retained for purposes of monitoring and auditing activities under the Compliance Program.

**POLICY No. 29**

* pOLICY ON CORRECTIVE ACTION AND DISCIPLINARY PROCEDURES

# CORPORATE COMPLIANCE PROGRAM

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## It is the Practice’s policy to ensure that all reasonable steps are taken to facilitate compliance with applicable federal, State and local laws and regulations, including, but not limited to, those involving the Medicare and Medicaid programs. Toward that end, the enforcement of the Compliance Plan and the Practice’s Policies is meant to prevent, detect and deter instances of non-compliance and wrongdoing. It also is the Practice’s policy that the standards of conduct set forth in the Compliance Plan and the Practice’s Policies shall be consistently enforced through appropriate disciplinary mechanisms. If a violation of any applicable law, regulation or standard of conduct relating to the Practice’s operations is detected, the Practice shall take all reasonable steps to respond appropriately to the violation and to prevent further similar violations from occurring including, where appropriate, through modifications to the Compliance Program. It is further the Practice’s policy that if it learns: (i) of a material violation of any applicable law or regulation that is not known to the relevant governmental agency but is reasonably likely to be of interest to that agency; or (ii) that any statement previously made by or on behalf of the Practice to any governmental agency is false or incorrect in any material respect, then, upon the advice of counsel, the Practice shall, when appropriate, voluntarily and promptly (after internal investigation) self-report the matter to that agency. Nothing in this Compliance Plan shall be deemed to require a waiver of any right, privilege or immunity conferred upon the Practice by State or federal law.

The Practice considers the actions of each employee under the Compliance Plan, including the Code of Conduct, to be significant indications of judgment and competence in job performance. Accordingly, those actions constitute an important element in the evaluation of the employee for position assignments and promotions. Any employee who disregards the Practice’s Policies shall be subject to appropriate disciplinary action depending on the severity of the violation, including probation, suspension and dismissal from employment. This includes any employee who fails to report an instance of non-compliance or wrongdoing of which he/she has knowledge, which failure to report is itself a violation of the Compliance Plan. Claims of ignorance, good intentions or bad advice shall not be acceptable excuses for non-compliance or wrongdoing. Any instances of an employee’s non-compliance with the Compliance Plan or any of the Practice’s Policies shall be appropriately documented in the employee’s performance review and personnel file, and may affect his/her compensation level and promotion consideration.

Upon completion of an appropriate investigation of any issues of potential non-compliance or wrongdoing by or under the direction of the Compliance Officer, appropriate disciplinary action shall be determined and implemented management in consultation with the Compliance Officer.

**APPENDIX A**

Health Care Laws of Particular Concern.

There are numerous federal and State health care laws that are applicable to different aspects of the Practice’s operations. Some of the more relevant health care laws, for which persons and entities found to violate them may be subject to substantial criminal and civil penalties, include the following:

 *Anti-Kickback Laws (also referred to as the Medicare and Medicaid Anti-Kickback Statute)* – This law prohibits anyone from knowingly and willfully offering, paying, soliciting or receiving anything of value in return for or to induce, recommend or arrange the referral of an individual or the purchase or lease of a product or service covered under Medicare, Medicaid or another governmental health care program. A similar law also applicable to Medicare, Medicaid and other governmental health care programs prohibits anyone from offering or paying anything of value to a patient that the person knows or should know is likely to influence the patient to receive a medical item or service from the person or entity making the offer or payment instead of from another provider.

 *False Claims Laws (including the False Claims Act)* – These laws prohibit anyone from knowingly presenting or causing to be presented any claim for payment under Medicare, Medicaid or another governmental health care program for a medical item or service that the person knows or should know was not provided as claimed, was false or fraudulent, or was for a pattern of medical items or services that were not medically necessary. Similar laws prohibit false claims made to other third party payors including private insurance companies.

*New Jersey False Claims Statutes --*

*New Jersey Medical Assistance and Health Services Act–(N.J.S. 30:4D-17(a)-(d))*

* Provides criminal penalties for individuals and entities engaging in fraud or other criminal violations relating to Title XIX-funded programs. They include: (a) fraudulent receipt of payments or benefits: fine of up to $10,000, imprisonment for up to 3 years, or both; (b) false claims, statements or omissions, or conversion of benefits or payments: fine of up to $10,000, imprisonment for up to 3 years, or both; (c) kickbacks, rebates and bribes: fine of up to $10,000, imprisonment for up to 3 years, or both; and (d) false statements or representations about conditions or operations of an institution or facility to qualify for payments: fine of up to $3,000, or imprisonment for up to 1 year, or both. Criminal prosecutions are generally handled by the Medicaid Fraud Section within the Office of Insurance Fraud Prosecutor, in the N.J. Division of Criminal Justice.

*Civil Remedies, N.J.S. 30:4D-7.h., (N.J.S. 30:4D-17(e)-(i); N.J.S. 30:4D-17.1.a.)*

* In addition to the criminal sanctions discussed in section 3 above, violations of N.J.S. 30:4D(a)-(d) can also result in the following civil sanctions: (a) unintentional violations: recovery of overpayments and interest; (b) intentional violation: recovery of overpayments, interest, up to triple damages, and up to $2,000 for each false claim. Recovery actions are generally pursued administratively by the Division of Medical Assistance and Health Services, with the assistance of the Division of Law in the N.J. Attorney General’s Office, and can be obtained against any individual or entity responsible for or receiving the benefit or possession of the incorrect payments.

*Health Care Claims Fraud Act ( N.J.S. 2C:21-4.2 & 4.3; N.J.S. 2C:51-5)*

* Provides the following criminal penalties for health care claims fraud, including the submission of false claims to programs funded in whole or in part with state funds:

a) A practitioner who knowingly commits health care claims fraud in the course of providing professional services is guilty of a crime of the second degree, and is subject to a fine of up to 5 times the monetary benefits obtained or sought to be obtained and to permanent forfeiture of his license;

b) A practitioner who recklessly commits health care claims fraud in the course of providing professional services is guilty of a crime of the third degree, and is subject to a fine of up to 5 times the pecuniary benefit obtained or sought to be obtained and the suspension of his license for up to 1 year;

c) A person who is not a practitioner subject to paragraph a. or b. above (for example, someone who is not licensed, registered or certified by an appropriate State agency as a health care professional) is guilty of a crime of the third degree if that person knowingly commits health care claims fraud. Such a person is guilty of a crime of the second degree of that person knowingly commits 5 or more acts of health care claims fraud, and the aggregate monetary benefit obtained or sought to be obtained is at least $1,000. In addition to all other criminal penalties allowed by law, such a person may be subject to a fine of up to 5 times the monetary benefit obtained or sought to be obtained; d. A person who is not a practitioner subject to paragraph a. or b. above is guilty of a crime of the fourth degree if that person recklessly commits health care claims fraud. In addition to all other criminal penalties allowed by law, such a person may be subject to a fine of up to 5 times the monetary benefit obtained or sought to be obtained .

*N.J. False Claims Act (NJS 2A:32C-1, 2A:32C17 and amending 30:4D-17(e)*

* This law authorizes the NJ Attorney General and whistleblowers to file false claims lawsuits similar to what is authorized under the Federal False Claims Act, and also amends NJ’s Medicaid statute to make a violation of this Act a violation of that statute, and increases the penalty per false claim in New Jersey to the same level as provided for in the Federal False Claims Act, currently $5500 and $11,000 per false claim.
* Specifically, a person shall be jointly and severally liable to the State for a civil penalty of not less than and not more than the civil penalty allowed under the federal False Claims Act (31 U.S.C. § 3729 et seq.), as may be adjusted in accordance with inflation for each false or fraudulent claim, plus three times the amount of damages which the State sustains, if the person commits any of the following acts:
* a Knowingly presents or causes to be presented to an employee, officer or agent of the State, or to any contractor, grantee, or other recipient of State funds, a false or fraudulent claim for payment or approval; b. Knowingly makes, uses, or causes to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the State; c. Conspires to defraud the State by getting a false or fraudulent claim allowed or paid by the State; d. Has possession, custody, or control of public property or money used or to be used by the State and knowingly delivers or causes to be delivered less property than the amount for which the person receives a certificate or receipt; e. Is authorized to make or deliver a document certifying receipt of property used or to be used by the State and, intending to defraud the entity, makes or delivers a receipt without completely knowing that the information on the receipt is true; f. Knowingly buys public property from any person who lawfully may not sell or pledge the property; or g. Knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the State.
* *False Statements Law* – This law prohibits anyone from knowingly and willfully making or causing to be made any false statement or representation of a material fact for use in any application for benefits or payment or in determining rights to benefits or payment under Medicare, Medicaid or another governmental health care program. Similar laws prohibit false statements made to other third party payors including private insurance companies.
* *Anti-Referral Laws (also referred to as the Stark I and II Physician Self-Referral Laws)* - Among other things, these laws prohibit a physician from referring a Medicare or Medicaid patient to a health care provider for such Medicare or Medicaid patient, if the physician or an immediate family member has an ownership or investment interest in, or financial or compensation arrangement with, the health care provider, unless one of certain limited exceptions applies. Analogous State laws may prohibit similar self-referral conduct with respect to non-Medicare and Medicaid patients depending on the State in which the physician and patient are located.
* *Obstruction of Criminal Investigations of Health Care Offenses* – This law makes it a crime to willfully prevent, obstruct, mislead, delay or attempt to prevent, obstruct, mislead or delay the communication of records relating to a Federal health care offense to a criminal investigator. This law applies not only to Federal health care programs, but also to most other types of health care benefit programs as well.
* *Civil Monetary Penalties Laws* – Theses laws provide protection from an array of fraudulent and abusive activities. The statutes prohibit a health care provider from presenting or causing to be presented, claims for services that the provider “knows or should know” were:

° Not provided as indicated by the coding on the claim;

° Not medically necessary;

° Furnished by a person who is not licensed as a physician (or who was not properly supervised by a licensed physician);

° Furnished by a licensed physician who obtained his or her license through misrepresentation of a material fact (such as cheating on a licensing exam);

° Furnished by a physician who was not certified in the medical specialty that he or she claimed to be certified in; or

° Furnished by a physician who was excluded from participation in a federal health care program to which the claim was submitted.

Under this law, it is also unlawful to:

° Offer remuneration to a Medicare or Medicaid beneficiary that the person knows or

should know is likely to influence the beneficiary to obtain items or services billed to

Medicare or Medicaid from a particular provider; or

° Employ or contract with an individual or entity that the person knows or should know is excluded from participation in a Federal health care program.

*Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801 –3812***) --**

* The federal Program Fraud and Civil Remedies Act (PFCRA) creates administrative remedies for making false claims and false statements. These penalties are separate from and in addition to any liability that may be imposed under the Federal False Claims Act. Current civil penalties are $5,500 for each false claim or statement, and an assessment in lieu of damages sustained by the federal government of up to double damages for each false claim for which the Government makes a payment. The amount of the false claims penalty is to be adjusted periodically for inflation in accordance with a federal formula.
* •The PFCRA imposes liability on people or entities who file a claim that they know or have reason to know:

a) Is false, fictitious, or fraudulent;

b) Includes or is supported by any written statement that contains false, fictitious, or fraudulent information;

c) Includes or is supported by a written statement that omits a material fact, which causes the statement to be false, fictitious, or fraudulent, and the person or entity submitting the statement has a duty to include the omitted fact; or

d) Is for payment for property or services not provided as claimed.

e) An individual can bring suit for a legal wrong that cost the government money, i.e. Medicare fraud is discovered and the individual discovering fraud can sue the person that committed the fraud even though the government lost money, not the individual suing. The individual filing the action will receive a percentage of the monies recovered.

* *Whistleblower Protections*

Anyone initiating a whistleblower case may not be discriminated or retaliated against in any manner by their employer. The employee is authorized under the False Claims Act to initiate court proceedings to make themselves whole for any job related losses which resulted from any such discrimination or retaliation.

* *Conscientious Employee Protection Act, “Whistleblower Act” (N.J.S.A. 34:19-4)*

New Jersey law prohibits an employer from taking any retaliatory action against an employee because the employee does any of the following: a. Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy or practice of the employer or another employer, with whom there is a business relationship, that the employee reasonably believes is in violation of a law, or a rule or regulation issued under the law, or, in the case of an employee who is a licensed or certified health care professional, reasonably believes constitutes improper quality of patient care; b. Provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any violation of law, or a rule or regulation issued under the law by the employer or another employer, with whom there is a business relationship, or, in the case of an employee who is a licensed or certified health care professional, provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into quality of patient care; or, provides information involving deception of, or misrepresentation to, any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employer or any governmental entity. d. Provides information regarding any perceived criminal or fraudulent activity, policy or practice of deception or misrepresentation which the employee reasonably believes may defraud any shareholder, investor, client, patient, customer, employee, former employee, retiree or pensioner of the employee or any governmental entity. e. Objects to, or refuses to participate in, any activity, policy or practice which the employee reasonably believes: i.) is in violation of a law, or a rule or regulation issued under the law or, if the employee is a licensed or certified health care professional, constitutes improper quality of patient care; ii.) is fraudulent or criminal; or iii.) is incompatible with a clear mandate of public policy concerning the public health, safety or welfare or protection of the environment.

* The protection against retaliation, when a disclosure is made to a public body, does not apply unless the employee has brought the activity, policy or practice to the attention of a supervisor of the employee by written notice and given the employer a reasonable opportunity to correct the activity, policy or practice. However, disclosure is not required where the employee reasonably believes that the activity, policy or practice is known to one or more supervisors of the employer or where the employee fears physical harm as a result of the disclosure, provided that the situation is an emergency.
* *The Uniform Enforcement Act (N.J.S. 45:1-21. b. and o.)*

Provides that a licensure board within the N.J. Division of Consumer Affairs “may refuse to admit a person to an examination or may refuse to issue or may suspend or revoke any certificate, registration or license issued by the board” who as engaged in “dishonesty, fraud, deception, misrepresentation, false promise or false pretense:, or has “[a]dvertised fraudulently in any manner.”

* *N.J. Consumer Fraud Act (N.J.S. 56:8-2, 56:8-3.1, 56:8-13, 56:8-14 and 56:8-15)*
* Makes unlawful the use of “any unconscionable commercial practice, deception, fraud, false pretense, false promise, misrepresentation, or the knowing concealment, suppression, or omission of any material fact”, with the intent that others rely upon it, in connection with the sale, rental or distribution of any items or services by a person, or with the subsequent performance of that person.
* This law permits the N.J. Attorney General, in addition to any other penalty provided by law, to assess a penalty of not more than $10,000 for the first offense and not more than $20,000 for the second and each subsequent offense. Restitution to the victim also can be ordered.

**Any of the Practice’s Personnel who believe or have reason to believe that the Practice or any of the Practice’s Personnel have violated (or are about to violate) any of the above-described health care laws shall immediately report such information to the Compliance Officer.**

* APPENDIX B

Rules of Conduct and Corrective Action

As explained in this Compliance Plan, every employee is expected to adhere to all of the Practice’s Policies.

Any employee who disregards the Practice’s Policies will be subject to appropriate disciplinary action depending on the severity of the violation, including probation, suspension and dismissal from employment as described in the Practice’s Employee Handbook and other of the Practice’s Policies. This includes any employee who fails to report an instance of non-compliance or wrongdoing of which he/she has knowledge, which failure to report is itself a violation of the Compliance Plan.

**The following grid explains the type of disciplinary action that will generally be used to address any instances in which an employee violates any of the Practice’s Policies. Please refer to the Practice’s Employee Handbook for additional information on Corrective Action, Rules of Conduct and/or Violations Resulting in Termination.**

|  |  |
| --- | --- |
| **Employee action** | **disciplinary action** |
| 1. Violations; minor in nature. Habitual violations (3 separate occurrences/reports), minor in nature, shall be considered serious. Refer to number 2 below for the relevant disciplinary action guideline. | ***Verbal Warning, by your supervisor. Your supervisor will prepare a memo of this warning and will give a copy to you.*** |
| 2. Violations that are considered to be serious in nature, but not of such severity to pose immediate and serious threat to the well-being of patients, employees or the organization. | ***Written warning (s) from your Supervisor. This warning will set out the reasons you received a warning, what is expected of you for improvement and possible suggestions on how to conduct yourself of perform your work in an acceptable manner. This becomes a part of your Personnel File. You be asked to sign a copy of the warning acknowledging receipt of the warning. Failure to sign may be cause for disciplinary action.***  ***Performance Probation. You may be placed on performance probation for a specified period of time. During this probation period, your performance will be evaluated to ensure that the deficiencies are being corrected. Further performance problems during the probation period may result in further disciplinary action, including but not limited to, termination. During the period you are on performance probation, you will continue to accrue benefit time, but will not be permitted to use it.*** |
| 3. Violations that are considered to be serious in nature and pose immediate and serious threat to the well-being of patients, employees or the organization and/or any of the actions explained under the heading “Violations Resulting in Termination” set forth in the Employee Handbook. | ***Further disciplinary action, up to and including, termination.*** |

* EXHIBIT A

# COMPLIANCE OFFICER: Victor M. Hatala

Mechanisms of Reporting:

Anonymous Methods:

VIA MAIL:

Mark the envelope “CONFIDENTIAL”

Disclosed Methods: In person.

VIA TELEPHONE: 609 893-1200, extension 5424

**THE PRACTICE’S LEGAL COUNSEL: Christina Strong, Esq**

* EXHIBIT B

COMPLIANCE PROGRAM AWARENESS  
CERTIFICATION FORM

(\*To be completed by all employees upon distribution of

the Compliance Program, and by all new employees)

I hereby certify that I have received and reviewed a copy of (“the Practice”) Corporate Compliance Plan (the “Plan”). I understand the provisions contained in these documents, and I hereby agree that I will promptly report any matter that may be unethical, illegal or potentially an issue of non-compliance or wrongdoing with any of the Practice’s published policies or with applicable Medicaid or Medicare requirements in accordance with the procedures established under the Compliance Plan.

I also hereby certify that as of this date I am in full compliance with all policies, procedures and rules of conduct established by the Practice and communicated to me including but not limited to those contained in the Compliance Plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

* EXHIBIT C

2002-\_\_\_\_\_\_\_\_\_\_

I.D. #

(To be Completed By Compliance Officer)

COMPLIANCE PROGRAM REPORT OF POTENTIAL WRONGDOING

(This form may be used by the Practice’s Personnel or others to report potential wrongdoing.)

Name of Reporting Person (*optional*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held by Reporting Person (*optional*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of this Report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the possible wrongdoing, including the name(s) of the person(s) involved and, if known, the date(s) of the relevant incident(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Please describe when and how you became aware of this activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please describe any evidence that exists to prove the wrongdoing or other means available to verify relevant incident(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Please list any other person(s) inside or outside of the Practice who may be able to verify the relevant incident(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Have you discussed the relevant incident(s) with any other person(s) inside or outside of the Practice? Yes \_\_\_\_No \_\_. If “Yes,” please list the identity of such person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Would you be willing to discuss the potential wrongdoing with the Practice’s Compliance Officer or the Practice’s legal counsel? Yes \_\_\_\_\_No \_\_\_.

Note: Confidentiality is strictly observed except where report disclosure is determined to be required for further action and resolution.

* EXHIBIT D

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I.D. #

COMPLIANCE PROGRAM COMPLIANCE OFFICER INCIDENT REPORT\*

(\*This form may be used by the Practice’s Compliance Officer to log reports of potential wrongdoing)

Name of Reporting Person (*if known, otherwise “anonymous”*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Held by Reporting Person (*if known*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date the Report was Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was Reporting Person informed of the File Number? Yes \_\_\_\_No \_\_

1. Description of reported incident(s) (attach a more lengthy description if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Did the reporting person make the incident(s) known to his/her immediate supervisor?

Yes \_\_\_\_No \_\_\_\_

If “Yes” to #2, did the reporting person believe the supervisor’s response to be acceptable? Yes \_\_\_\_No \_\_\_. If “No,” please describe why not: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If “No” to #2, please describe why the reporting person did not make the incident(s) known to his/her immediately supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Person designated as being primarily responsible for investigating the reported incident(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. List any legal counsel or consultants retained to assist in the investigation and evaluation of the reported incident(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Current status of the investigation and evaluation of the reported incident(s) (*this section shall be updated periodically until the matter is closed*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Date and description of the resolution of the reported incident(s), including any corrective action taken (attach more lengthy description if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Dates the reported incident(s) and their resolution were reported to [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_], or the reason why not reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Date the resolution of the reported incident(s) was reported to the reporting person, or the reason why not reported: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Date this Incident Report was Closed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Compliance Officer Signature

* EXHIBIT E

ANNUAL COMPLIANCE SURVEY  
AND DISCLOSURE STATEMENT

(\*To be completed by all employees as part of the annual performance review)

*This compliance survey is undertaken as part of ’s (“the Practice”) annual performance review of all employees in accordance with the requirements of the Practice’s Corporate Compliance Program. Prior to responding to the questions, please be sure that you are familiar with the Practice’s Compliance Plan and all of the Practice’s policies and procedures that are pertinent to your job responsibilities.*

1. Have you engaged in or been asked to engage in any practice or activity which may have been a deviation from the requirements of the Compliance Plan or any of the Practice’s policies and procedures?

Note: *If you would like your answer to this question to remain confidential, you may submit it directly to the Compliance Officer*.

\_\_\_ *(Check here, instead of responding below, if your answer is being submitted directly to the Compliance Officer*.)

\_\_\_No \_\_\_Yes (If Yes, please explain below.)

2. Are you aware of any incident, practice or activity involving employees of or persons who do business with the Practice which incident, practice or activity may have been a deviation from the requirements of the Compliance Plan or any of the Practice’s policies and procedures?

Note: *If you would like your answer to this question to remain confidential, you may submit it directly to the Compliance Officer*.

\_\_\_ *(Check here, instead of responding below, if your answer is being submitted directly to the Compliance Officer*.)

\_\_\_No \_\_\_Yes (If Yes, please explain below.)

**(Continued)**

**ANNUAL COMPLIANCE SURVEY**

**AND DISCLOSURE STATEMENT**

3. Have you attended all of the educational and compliance training sessions, in-service programs, conferences and seminars that you have been asked by the Practice to attend during the past year?

Note: *If you have not attended these sessions, programs, conferences and seminars, it is your responsibility to contact the Compliance Officer to reschedule.*

\_\_\_No \_\_\_Yes (If No, please explain below the reasons for your non-attendance.)

4. Continuous monitoring and auditing of the progress of the Compliance Program is an important element of its effectiveness. If you are aware of any areas of the Practice’s operations that you believe would be suitable for monitoring or auditing activities under the Compliance Program, please describe the area(s) below as specifically as possible. You may also use the space below to give any other information relative to the Compliance Program that you deem appropriate.

AFFIDAVIT: I HEREBY AFFIRM that I have reviewed and am familiar with the Practice’s Compliance Plan and all of the Practice’s policies and procedures that are pertinent to my job responsibilities, and that to the best of my knowledge and belief, each of my answers to the questions set forth in this Compliance Survey and Disclosure Statement is truthful, complete and accurate. I FURTHER AFFIRM that I am familiar with the voluntary reporting mechanisms, policies and procedures established under the Compliance Plan and that in accordance with them I have reported herein ANY AND ALL incidents, practices and activities which may involve deviations from or infractions of the Compliance Program or any of the Practice’s policies and procedures of which I have direct or indirect knowledge, whether or not such incidents, practices and activities have already been reported by me or anyone else pursuant to the requirements of the Compliance Plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

* EXHIBIT G

**COMPLIANCE PROGRAM NOTICE**

DSP has implemented a Corporate Compliance Program designed to assist the Practice’s Personnel in understanding their job responsibilities and to assure full compliance with all applicable laws, regulations, internal policies and business ethics. Toward that end, the Practice has adopted a Code of Conduct, which will be applicable to all employees and others who perform services on behalf of the Practice or with whom the Practice maintains substantial business dealings.

Any person who is requested to engage in questionable conduct which may violate applicable laws, regulations, internal policies or business ethics, or who learns of another person affiliated with the Practice who is engaged in such questionable conduct, shall report such conduct to the Practice’s Compliance Officer or his or her immediate supervisor. Reports to the Compliance Officer may be made on an anonymous basis. No person shall suffer any penalty or retribution for the good faith reporting of any suspected instance of non-compliance or wrongdoing.

Reports to the Practice’s Compliance Officer may be made as follows:

**1. Anonymous Methods of Reporting:**

**VIA MAIL, addressed to:**

***Mark the Envelope “CONFIDENTIAL”***

**2. Disclosed Identity:**

**In Person or**

**Via Telephone:**

* EXHIBIT \_\_\_

MASTER INDEX

\*(To be used to records changes/amendments to the Plan.)

Compliance Plan Description/Section Date of Change/Amendment Index Page

* EXHIBIT I

PROFESSIONAL DEVELOPMENT RECORD

**DSP** is devoted to the ongoing professional development of its staff. Please share your thoughts/comments on your recently attended continuing education. Thanks.

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Seminar:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speaker(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note the key points of the seminar:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain whether the seminar was a valuable use of your time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What issues interested you the most?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What will you/the Practice do differently as a result of this seminar?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any comments or suggestions you obtained from this seminar that you believe should be implemented by the Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* EXHIBIT

THE PRACTICE COMPLIANCE PROGRAM TRAINING RECORD

(To Be Used to Document In-House Training Sessions)

Date Name of Course or Name of Speaker Attendance List Attached?

Training Offered

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* EXHIBIT K

CERTIFICATE OF RECORD DESTRUCTION

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date), I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name) caused the following records maintained by to be destroyed. (Describe, for each record destroyed general information about the record, including, if applicable, name of resident, date record was created and brief, description of information contained in record.)

1.

2.

3.

4.

5.

6.

7.

8.