



**Community Council  
Health Systems**

*Do the right thing, the right way!*

**Compliance Hotline Number: 1-866-292-61520**

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**Agency Website: <http://cchss.org>**



## COMPLIANCE HANDBOOK AND CODE OF CONDUCT

**To: Community Council Employees, Consultants, Contractors and Board Members**

**From: James V. Nixon  
President and CEO**

Community Council Health Systems (CCHS) is committed to helping those in need and assisting our employees provide quality services. Our impact is measured in the changes and successes in the lives of our participants as well as their families. While service is our mission, we can never lose sight of the environment within which we exist – the highly regulated healthcare industry. Each of us must be aware of and follow the laws, regulations, payor requirements and our own standards in all that we do.

For CCHS to continue to be a strong company and leader in providing our participants a quality experience, we must combine our desire to serve with sound business ethics. This Handbook and the accompanying training define CCHS Standards. Use the tools you are being given with the knowledge that you have the full support and encouragement of the Board of Directors and myself. Adherence to standards in combination with the spirit of commitment and cooperation will result in more effective employees, healthier participants, and ultimately a successful agency.

The most important expectation that CCHS has of each employee is compliance with all required standards and associated regulations (internal and external). In short, we demand from each of you a ceaseless commitment to

Do the right thing, the right way!

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## **I. INTRODUCTION**

Community Council's Compliance Program is primarily concerned with preventing and detecting, to the best extent possible, incidents of fraud, waste and abuse in the delivery of our healthcare services. Our compliance integrity policy applies to all CCHS employees, contractors, agents or other persons which or who, on CCHS' behalf, furnishes or otherwise authorizes the furnishing of health care items services, performs billing or coding functions, or is involved in monitoring of health care provided by CCHS. Maintaining ethical standards is everyone's responsibility.

The submission of any records, statements or claims for payment or reimbursements to any party that is false, fraudulent, knowingly inaccurate and/or fictitious is strictly prohibited. Claims of ignorance and good intentions, or poor judgment will not be accepted as an excuse for non-compliance. Various Federal and State laws impose significant civil and criminal penalties for submission of false or fraudulent claims. Examples of false or fraudulent claims include: billing for services not rendered; duplicate billing for the same service; billing for services provided by unlicensed or unqualified persons; falsifying credentials; and providing unnecessary services or overutilization of services.

**If a problem relating to non-compliance arises, it must be reported immediately so that the issue can be addressed and expeditiously resolved.**

**Remember CCHS' Compliance motto: *Do the Right Thing, The Right Way!***

If you have any questions about CCHS' Compliance Integrity program, you may contact the Quality Assurance (QA) Department anytime. Do not be afraid to ask questions!

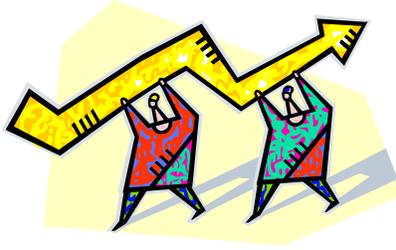
## **II. COMMUNITY COUNCIL MISSION STATEMENT**

The mission of Community Council is to provide comprehensive mental health and educational services for adults and children. All services are designed to be holistic, geographically accessible, culturally sensitive, and coordinated with other related service systems, both formal and informal.

## **III. COMPLIANCE MISSION STATEMENT**

CCHS established and maintains an agency-wide Compliance Program to ensure compliance with all applicable laws, regulations, contracts, government and payor requirements as well as to foster the highest ethical standards in business and service delivery practices. This effort is implemented through every CCHS employees, volunteers, contractors, sub-contractors and the Board of Directors and is managed through the Quality Assurance (QA) Department. CCHS has integrated its QA and Compliance Programs to create better opportunities for preventing compliance violations by establishing best practices throughout the organization.

## V. CODE OF CONDUCT



Community Council has established a company wide Code of Conduct. The standards that follow are those contained in that policy.

✓ **Commitment to Compliance and Ethics**

**“All CCHS personnel and agents must act in compliance with all applicable laws, regulations, the CCHS Standards of Conduct and other company requirements, and conduct all activities in an ethical, professional and legal manner that reflects the mission and values of CCHS.”**

✓ **Management’s Responsibility**

**“Each supervisor and manager is responsible and accountable to make every effort to ensure that all personnel within their supervision act in compliance with law, regulation and company expectations, and in an ethical, professional and legal manner.”**

To ensure that this code is upheld at all times, CCHS managers, supervisors and staff must develop and implement proactive processes to monitor the activities for which they are responsible. Open communication, fostering knowledge of applicable laws and regulations, training, and documentation of all requirements and activities are other ways to promote compliance and ethics. Some specific tools that can be used to fulfill CCHS expectations include:

- Staff supervision to assess the quality of work against professional standards
- Retrospective and concurrent reviews of documentation
- Professional development and in-service training for employees
- Ongoing monitoring
- Leadership and mentoring through management and peer support
- Auditing of records
- Participant satisfaction surveys and review of grievances
- Quality callbacks
- Regular staff meetings
- Written operational procedures for each department
- Checklists and other documentation tools

### ✓ **Commitment to High Quality Participant Services**

We place a high priority on doing what is best for the participant. We seek to assist participants in achieving their highest potential and quality of life in the community.

We seek service interventions, which are effective and efficient for accomplishing this goal.

We treat only with services which are medically necessary and/or appropriate for each individual participant. Services are only provided by properly qualified staff with sensitivity to cultural considerations. All services and treatments provided are properly documented in accordance with agency policy, applicable laws and regulations, payer requirements and ethical standards.

Our Quality Assurance activities are targeted to ensure quality in participant care across programs. How we accomplish our work is also important to us.

- We always respect participant rights and choice by familiarizing all of our service stakeholders (participants, staff, contractors, sub-contractors, volunteers and board members) with consumer rights and responsibilities. A participant grievance process is available.

### ✓ **Confidentiality**

**“All personnel and agents must maintain the confidentiality of all staff/client/consumer/patient information and all CCHS business information consistent with all applicable laws and regulations.”**

The privacy of information is of utmost importance in healthcare, and even more so in behavioral healthcare. Every CCHS employee and agent must safeguard the privacy of information related to what we do, whether that information is clinical, personnel or billing/business. Individually identifiable healthcare information (such as a person’s diagnosis, clinical chart or social security number) may not be provided to anyone without a properly executed and timely **written** release. The Health Information Portability and Accountability Act (HIPAA) places great emphasis on the security and privacy of healthcare information in every form and for every person. Everyone has the right to expect that information be used only for its intended purpose and with knowledge.

CCHS has identical expectations for its business information as well. Information that has not been placed in the public domain either by “sunshine” law or Executive decision should not be publicly revealed or used inappropriately for personal gain.

Additional guidance can be found in the following CCHS Policies and Standards:

- 1.1 (Participant Bill of Rights)
- 1.2 (Participant Civil Rights)
- 1.3 (HIPAA)
- 1.6 (Complaint and Grievance)

### ✓ **Importance of Community Relationships**

We do our best to be good neighbors and include community input in our program planning processes.

CCHS staff often participates in local civic activities in order to contribute to the surrounding community and make us available to hear of community concerns, especially about our presence in the community.

Community concerns are approached respectfully and with a problem-solving attitude. Wherever possible, we seek to educate the community and balance the strain around stigma and fear of certain individuals who are seen as different. All staff, volunteers, contractors, sub-contractors and board members are required to respond seriously and respectfully to community concerns brought to their attention and seek guidance as needed in developing a response to these concerns.

### ✓ **Value of High Quality Employees**

Staff is the greatest asset of CCHS. Our recruitment and selection process is rigorous in order to make the best staff selections possible. Candidates must meet and maintain our high credentialing standards. We seek to select highly qualified and skilled staff, who is also highly committed to helping the individuals we serve. We respect and support our employees and coworkers at all times and respect the individual differences and needs of staff. All staff members are required to act respectfully toward coworkers, supervisors and subordinates, seek assistance as needed to resolve conflicts occurring in staff relationships and model our commitment to respect and value each other.

### ✓ **Professional Behavior**

**“All CCHS personnel and agents must treat all consumers, families, coworkers, business associates and others with respect and dignity and in a manner that reflects CCH values.”**

CCHS requires all employees and agents to behave in a professional manner consistent with their job responsibilities, the law and regulations, ethical business practices and the CCHS Mission, values and standards. Behavior that is illegal, contrary to regulations, unethical, or that is not conducive to maintaining a professional and non-threatening environment will not be tolerated. The behavior of individual employees has the ability to positively or to negatively influence quality of care, service and the work environment.

Every employee must respect the rights and feelings of those they serve, those they work with and those they interact with on behalf of CCHS.

Managers and supervisors are expected to set appropriate examples, maintain appropriate communication and ensure that those under their direction comply with CCHS behavior requirements. Some strategies to implement this requirement include:

Maintain open communication with staff, the chain of command, consumers and families

- Promulgate and support Personnel Policies including the Problem Resolution Process, and the Compliance Program including the reporting requirements
- Hold regular staff meetings

- Be courteous in all dealings with employees, coworkers, consumers, families, business associates and the general public

Work with the Human Resources Department or your supervisor to organize training in problem prone areas such as discrimination, harassment and other workplace interaction issues. Additional guidance can be found in the Handbook of Personnel Policies

✓ **Business Relations**

**“Personnel and agents must not offer, give or accept any form of bribe, gift or item of value to any person or entity with whom CCHS is seeking or has a business or regulatory relationship, except for gifts of nominal value which are given in the normal course of business.”**

CCHS’ efforts to expand or maintain services must be conducted with integrity. CCHS employees or agents are never to attempt to influence licensing, expansion opportunities or other business activities in any way other than through an honest representation of facts.

To maintain the trust given to CCHS as an agency, it is critical that CCHS employees and agents make all decisions and take all actions on legal and ethical bases. No CCHS employee or agent is to permit inappropriate personal relationships, monetary gain, or gifts to influence decisions or actions. As a general rule, anything that could improperly influence decisions or actions, or create the appearance of inappropriate influence, is to be avoided. Some helpful steps include:

- Obtain all products and services through open bidding processes whenever possible and appropriate;
- Document all contracting and purchasing decisions;
- Disclose to your manager and/or to Compliance any potential conflicts of interest or personal relationships with vendors or consultants who may bid on CC purchases or services;
- Inform vendors and contractors of the Compliance Program and provide a copy of the Compliance Handbook.

✓ **Honesty and Integrity**

**“CCHS personnel and agents must be completely honest in all representations with government agencies and representatives, payor agencies and representatives, and all business partners.”**

CCHS insists that all representations, including billing and licensing documents, be honest, accurate and consistent with requirements. Any misstatement knowingly made is grounds for discipline up to and including termination.

All staff, supervisors and managers have an affirmative duty to ensure that all information presented to funding agencies, licensing agencies, government representatives and business associates is accurate and consistent with all known facts. There are a number of steps that can be taken to minimize the risk of inadvertent misrepresentation:

- Establish review processes for rosters, budgets, invoices, financial presentations and other documents/information submitted to external parties;
- Periodically audit source information.

Further guidance can be found in the following:

- I. H.R. (Code of Conduct)
- II. H.R. (Standards of Professional Behavior)

✓ **Federal False Claims Act**

**“The False Claims Act is a federal statute, first signed into law in 1863, which prohibits Medicare and Medicaid providers like CCHS from committing fraud, waste and abuse in the delivery of healthcare services. The False Claims Act prevents any person from knowingly submitting or causing to submit a false or fraudulent claim for payment or approval.” The Act allows everyday people, including employees of potential offenders, to bring suit against organizations, groups or other individuals that are defrauding the government through programs, agencies or contracts (excluding tax fraud).**

Under the False Claims Act, those who knowingly submit, or cause another person or entity to submit false claims for payment of government funds are liable for three times the government’s damages plus civil penalties of no less than \$5,500 and \$11,000 per false claim.

The term **“knowingly”** means that a person, with respect to the information:

- Has actual knowledge that the claim is false;
- Acts in deliberate ignorance of the truth or falsity of the information; or
- Acts in reckless disregard of the truth or falsity of the information.

The first definition of **knowingly** is straight forward; a person has actual knowledge that the claim is false. The next two definitions are more difficult to understand. To act with ‘deliberate ignorance’ means a deliberate choice to ignore the truth or falsity of the information on a claim, even though that information may be false. **For example**, a false claim submitted with deliberate ignorance would be a provider who does not inform its staff of changes in billing guidelines or update its billing system in accordance with changes to billing practices. To act in **“reckless disregard”** means that the provider pays no regard to whether the information on a claim submitted for payment is true or false. **For example**, a provider assigns the billing functions to an untrained office person without inquiring whether the employee has the requisite knowledge and training to accurately file such claims. The definition of “knowingly” also means that CCHS may be held liable for a false claim even if it did not intend to defraud the government. Stated another way, CCHS may be liable even if it had no actual knowledge that the claim was false when it submitted the claim for payment or approval.

Specifically, the **False Claims Act** prohibits any person from:

- A. Knowingly presenting, or causing to present a false claim for payment or approval;
- B. Knowingly making, using, or causing to be made or used, a false record or statement to get a false claim paid or approved;
- C. Conspiring to defraud the Government by getting a false claim allowed or paid;

- D.* Having possession, custody, or control of property or money used, or to be used, by the Government and, intending to defraud the Government or willfully to conceal the property, delivers, or causes to be delivered, less property than the amount for which the person receives a certificate or receipt;
- E.* Authorizing to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;
- F.* Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge the property; or
- G.* Knowingly making, using, or causing to be made or used a false record to conceal, avoid, or decrease an obligation to pay or transmit property to the Government.
- H.* Conspiring with others to do any of the above.

Further guidance can be found in the following:

III. C.2. (Fraud and Abuse Compliance policy)

✓ **Conflict of Interest**

**“CCHS personnel and agents must not have a personal or financial interest in any transactions between CCHS and another party.**

**Personnel are prohibited from any activity that competes with CCHS business or that may interfere or appear to interfere with the performance of their duties or that involves the use of any CCHS resources.”**

Each employee has a duty to protect CCHS by not engaging in any activity or situation that creates a conflict of interest or the appearance of a conflict. Business interests of employees and members of their immediate family (spouse, brother, sister, children or parent) outside of CCHS must be disclosed to management if they are in conflict with CCHS or give the appearance of a potential conflict.

CCHS staff is prohibited from engaging in any activity that competes with CCHS business or that may interfere or appear to interfere with the performance of their duties. Employees are not permitted to use any CCHS resource (supplies, vehicles, computers, etc.) in any activity other than the performance of their job responsibilities without proper authorization.

Refer to the following for additional information:

- H.R. (Standards of Conduct)
- H.R. (Second Positions for Exempt Staff)
- I.T. (Internet Use)
- I.T. (Acceptable Use of Software)

✓ **Books and Records**

**“All CCHS books, records and transactions must be in accordance with CCHS management’s general and specific directives, generally accepted accounting standards or other applicable standards. All CCHS claims for reimbursement must be submitted accurately and in accordance with all applicable Federal, state and local laws, regulations and requirements. All books and records shall be created, maintained, retained, or destroyed in accordance with CCHS record management policy and federal and state law.”**

CCHS requires honesty in all activities pertaining to medical, clinical, service, billing and accounting records. The medium for the record (paper, electronic or verbal) does not matter, nor does its intended use. All official records must be maintained properly and readily available for retrieval. CCHS has established a record retention policy based upon legal requirements and industry best practices, which must be followed.

CCHS requires that we bill properly, timely and only for services that were actually provided and consistent with applicable legal and regulatory requirements. CCHS employees and agents are required to document properly and maintain all documentation as specified in regulation and policy. No employee or agent may backdate documents or in any way tamper with records or documentation to create a false or misleading impression. CCHS staff or agents are prohibited from falsifying recipient or caretakers’ signatures.

CCHS staff and managers can utilize a number of options to prevent violations of law, regulation or CCHS requirements. Depending upon the situation one or more of the following tools may be helpful:

- “Quality Callbacks” to monitor off-site service delivery
- Regular auditing of clinical, billing or Human Resources/Credentialing records
- Pre-billing reviews
- Periodic culling of records and submission to storage
- Disposing of confidential information in a proper manner

Additional information and guidance can be obtained from the following CCHS Clinical and Administrative Policies and Procedures:

- H.R. (Code of Conduct)
- C.3 (Quality Call Back System)
- 4.2 (Auditing of Service Records)
- HIM (Records Retention and Destruction)
- C.2 (Fraud and Abuse)
- 3.3 (Incident/Occurrence Reporting)

✓ **Antitrust Laws**

**“Personnel and agents must comply with applicable antitrust laws.”**

Antitrust laws were enacted to promote competition. Joint activities or arrangements intentionally or inadvertently designed to impede competition, injure competitors or other third parties may create potential violations of federal and state antitrust laws.

Managers must exercise due diligence when contemplating arrangements with other organizations such as mergers, joint ventures, cooperative arrangements or acquisitions, to guard against antitrust violations or assuming liabilities for other types of violations.

Managers should educate staff on the need for confidentiality and privacy. Additional steps to safeguard information include:

- Establish protocols for access to clinical information;
- Ensure that records are properly stored in secure rooms with controlled, limited access;
- Implement a process for routine, periodic updating of Releases;
- Demand that releases be specific to the event and purpose, and track all access to clinical records;
- Inform staff who is leaving CCHS of the requirement to maintain the confidentiality of information they may have been exposed to during their employment.

✓ **Environmental Safety**

**“All personnel must follow safe work practices and comply with all applicable safety standards and health regulations.”**

It is important to CCHS and to you that we practice safety at all times. In addition to our own personal concerns, we are entrusted with the health and safety of many other people. If you see any safety concerns you must notify supervisor immediately.

✓ **Equal Employment and Equal Opportunities**

**“All personnel must support and assure a work environment that is free of discrimination or harassment due to age, race, gender, color, religion, national origin, disability, sexual orientation, or covered veteran status. Any form of harassment, including the creation of a hostile working environment, is completely prohibited.”**

CCHS does not tolerate discrimination in hiring or promoting practices nor in any other activity of the company, any form of subtle or indirect discrimination, or harassment of any kind toward anyone for any reason.

CCHS looks only at an individual’s ability to perform the job when determining suitability for employment or promotions, transfers, demotions and wages. CCHS and every one of its employees is committed to providing a work environment with equal opportunities that is free of harassment to all individuals regardless of gender, race, age, color, religion, national origin, disability, sexual orientation, covered veteran status, or any other reason. Freedom from harassment specifically includes freedom from intimidating, hostile and offensive activities, including unwelcome sexual advances, requests for sexual favors, or other verbal, graphic, or physical conduct of a sexual nature.

CCHS expects employees to treat everyone else – coworkers, participants, families, visitors, representatives from external organizations and the general public – with respect, dignity and courtesy.

CCHS has established a Human Resources Department to guide managers and staff in the proper ways to supervise and interact, and resolve problems. CCHS has created a Handbook of Personnel Policies to inform all employees of its expectations and of their rights and obligations. Enforcement of all CCHS policies and requirements is through the disciplinary process managed by the Human Resources Department. Managers and supervisors are expected to utilize the Human Resources Department as appropriate and necessary. Staff who has problems or grievances should address them through the proper chain of command or to the Human Resources Department. Specific requirements can be found in:

✓ **Credentials and Background Checks**

**“CCHS will not delegate authority to any individual or entity known to have a propensity to engage in illegal or inappropriate activities, or who has been debarred, suspended or otherwise declared ineligible by any federal, state or local authority.”**

CCHS does not permit any manager or supervisor to hire anyone who has not fully completed background or credential checks required by government, payors or CCHS. CCHS cannot assign responsibility for client care, billing or any other activity until it can clearly document that the individual is free from debarment, sanctioning, child abuse, defined criminal convictions, or other activities that would put CCHS, our clients or staff at risk. Past behavior is one strong predictor of potential future problems, and managers are not permitted to put CCHS at risk by having personnel engaged at work sites that have not been completely and properly cleared. Any staff person or candidate who fails to comply with the background/credential check will not be permitted to work until such time as he/she has been properly cleared.

Employing managers and/or the Human Resources Department should ensure that all applicants are properly qualified, have all required certifications, and have been cleared through criminal, child abuse, federal debarment/exclusions lists, and the National Practitioners Data Bank as appropriate. Additional guidance can be found in:

(HR Credentialing)

✓ **The Responsibility to Report Violations (Disclosure)**

**“Each supervisor and manager is responsible for reporting all violations or suspected violations of any law, regulation or contractual requirement, or any unethical, unprofessional or illegal behavior or activity.”**

Every employee/agent has the ethical and employment obligation to report any violation or suspected violation of law, regulation, government or payor requirement or other compliance violations.

All staff has the option of reporting suspected violations either to management or to the [QA department](#). Managers are required as a condition of employment to report suspected violations to the QA department through any of the mechanisms provided.

Reports of suspected violations may be made anonymously. The identity of those reporting to the [QA department](#) will be protected to the extent allowable by law.

Each report is evaluated confidentially, with specific follow-up determined by the nature of the allegation(s). Corrective actions are taken as necessary and appropriate. **Retribution of any kind against any reporter/caller is strictly prohibited.**

✓ **Disclosure and Non-Retribution**

**“All CCHS employees must report any known deficiencies or violations of law or ethics and cooperate in internal and external investigations and corrective actions. Failure to report as required and/or failure to comply with laws, regulations and CCHS requirements will subject the employee to the CCHS disciplinary process. CCHS will maintain confidentiality of all reports as appropriate. Retaliation of any kind against a reporting employee is absolutely prohibited.”**

✓ **Protection from Retaliation**

In 1986, The False Claims Act was amended in order to strengthen the “qui tam” provisions. These provisions created incentives for private citizens with evidence of fraud to come forward and sue on behalf of the government. In doing so, the “Relator” may be awarded a portions of the funds recovered.

In addition the amend also protects any person who starts, participates, cooperates, provides testimony, or otherwise acts lawfully in furtherance of an action under the False Claims Act, from being discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against by CCHS in the terms and conditions of their employment.

**Whistleblower Protection Act (43 P.S. 1421-1428).**

Pennsylvania law also protects an employee who makes a good faith report of wrongdoing or waste from being discharged, threatened, demoted, suspended, threatened, and harassed and discrimination in the terms and conditions of his or her employment. Under federal law, the whistleblower may be awarded a portion of the funds recovered by the government, typically between 15 and 30 percent. A person who brings a qui tam action that a court later finds was frivolous may be liable for fines, attorney fees and other expenses.

It is the responsibility of every CCHS employee or agent to comply with all applicable laws, regulations and other requirements. It is also your obligation to report anything that is or may have the appearance of a violation of this requirement.

While mistakes do happen, they must be reported, corrected and appropriately resolved. Deliberate violations will result in disciplinary actions. Employees have the option to report suspicions either to management or to the QA department. Managers must report to QA. Employees must not permit personal relationships, fear of reprisal, and fear of getting someone in trouble or simple apathy to deter them from fulfilling their mandate to report.

The QA Department or one of its authorized investigators may conduct an investigation, review or audit. Every CCHS employee must cooperate with these activities. Compliance and Quality Management (QM) investigations typically focus on events or actions and are not intended to be an investigation of a particular employee or his/her character. Compliance investigations are simply fact finding.

CCHS management, not Compliance or QM, determines whether an individual should be suspended during a compliance investigation and whether any disciplinary actions will result against any employee.

Compliance and QM investigations are kept as confidential as possible. CCHS appreciates the cooperation of employees, supervisors and managers who report to the QA department. Anyone found guilty of retaliation against a reporter to QA will be subject to immediate discipline.

CCHS supports cooperation with external investigations but you should be aware of your legal rights in such cases. You do not have to grant access to your home or other personal areas and you are entitled to legal representation. If you are approached and want guidance, please contact a QA representative or a senior manager.

In the event that any purported representative of any external agency arrives on-site with the stated purpose of conducting an investigation, you should immediately notify the most senior person on site.

Further guidance is available in the following Administrative Policies and Procedures:  
Additional guidance can be found in the following CCHS Administrative Policies:

- **H.R.** (Code of Conduct)
- **C.1** (Reporting, Investigation and Follow-up of Suspected Noncompliance)

CCHS, as part of its strong commitment to compliance and ethics, has established a confidential disclosure program referred to as the **Hotline 1-866-292-61520**. You can make a report on this voice-mail system twenty-four hours a day, seven days a week and a caller can make a confidential and detailed report.

Anyone may take advantage of the Hotline or use the Compliance e-mail option ([Compliance@cchss.org](mailto:Compliance@cchss.org)) to report issues. All options can also be used by anyone who has questions regarding regulations, policies, CCHS standards or any other requirements or expectations. If any employee is not sure of the best practice in any area, they are encouraged to call Quality Assurance department or to talk to management to obtain clarification.

Reports of suspected violations may be made anonymously. The identity of those reporting to the QA department will be protected to the extent allowable by law. Each report is evaluated confidentially, with specific follow-up determined by the nature of the allegation(s). Corrective actions are taken as necessary and appropriate. Retribution of any kind against any reporter/caller is strictly prohibited.

Management personnel are obligated to report every instance of suspected noncompliance as soon as they become aware. They may discuss with the QA department the preferred process for investigating the issue.

Additional guidance can be found in the following CCHS Policies and Standards:

- C.1. (Reporting, Investigation and Follow-up of Suspected Noncompliance)
- C.2. (Fraud and Abuse Compliance Policy)

## VI. COMPLIANCE PROTOCOLS



CCHS' Compliance Protocols detail the specific methods for preventing and detecting fraud, waste and abuse. The Protocols address the following areas:

- ✓ The Compliance Training protocol requires annual compliance training and outlines the purpose and content of compliance training;
- ✓ The Helpline protocol establishes an avenue for employees and other interested persons to anonymously report suspected illegal or unethical behavior, and sets forth the duties of the compliance office over the helpline;
- ✓ The Confidentiality protocol insures, to the best extent possible, the confidentiality of all compliance reports and investigations;
- ✓ The Non-Retribution/Non-Retaliation protocol explains that everyone is responsible for reporting suspected wrongdoing or violations of the law or CC policies. It also states that no one will be subjected to discipline or other forms of discrimination or retaliation for making a good faith report of non-compliance;
- ✓ The Issue Resolution protocol explains that the compliance office's purpose is to attempt to resolve issues of legal or ethics violations. The protocol furthermore outlines the resolution procedure;
- ✓ The Ongoing Monitoring and Auditing protocol requires periodic reviews of CC programs;
- ✓ The Sanctions Screening protocol explains that CC may not employ or engage anyone who is currently under sanction or exclusion;
- ✓ The Compliance Office and General Counsel protocol explains when issues should be turned over to the general counsel;
- ✓ The Records Management protocol outlines the procedure for establishing records retention policies;
- ✓ The Billing and Coding protocol reinforces CC's commitment to the submission of accurate claims for necessary services;

- ✓ The Voluntary Disclosure to Third Parties protocol discusses if and when illegal misconduct should be reported to appropriate law enforcement or regulatory agencies;
- ✓ The Search Warrant Compliance protocol details procedures upon receipt of a search warrant; and
- ✓ The Conflicts of Interest protocol defines what an impermissible conflict is, and compels employees to take all reasonable steps to avoid conflicts or the appearance of conflicts between their private interest and their official duties at CCHS.

The complete Compliance Protocols are discussed and provided at all compliance trainings but are always available from the Quality Assurance office, Compliance Web page, Employee and Credible. Remember CCHS' compliance motto: **DO THE RIGHT THING, THE RIGHT WAY!**

Again, if you have any questions about CCHS' compliance integrity policy, you may contact the Quality Assurance office anytime.

## VII. QUESTIONS AND ANSWERS



The following questions and answers are not intended to answer every question that you may have, but rather to increase your understanding of how the specific guidelines must be applied.

### *Violations of Law*

- Q.* I am worried that my supervisor may be violating a law, but I am not really sure. what should I do?
- A.* All CCHS employees have a responsibility to report suspected problems. In fact, employees may be subject to corrective action if they do not report such problems. Report your concern to your manager at your facility or to the Hotline **1-866-292-6152**. All information received by the Quality Assurance office will be kept in strict confidence to the extent permitted by law. As long as you honestly have a concern, our policy prohibits your being reprimanded or disciplined in any way for raising a compliance concern.
- Q.* What should I do if my supervisor asks me to do something that I think is illegal or violates the Code of Conduct or CC policies?
- A.* Don't do it. No matter who asks you, if you know it is wrong, you must refuse to do

it. You must also immediately report the request to a level of management above your supervisor, to the Compliance Specialist or to the Hotline.

- Q.** Sometimes the “rules and regulations” get in the way of getting the job done. Isn’t it more important to see that things get done than to worry about all the procedures?
- A.** Getting the job done by going around the rules is never justifiable or acceptable.

### ***Ethical Standards***

- Q.** Can employees really get dismissed for violating CCHS ethical standards?
- A.** Yes, CC takes these standards seriously and intends to enforce them. The standards apply to everyone. Any employee-no matter what his or her level in the organization-who has violated the ethical and legal standards outlined in the Compliance Handbook and Code of Conduct, will be disciplined in an appropriate and consistent manner ranging from warning to dismissal.
- Q.** How do I know if I am on ethical “thin ice?”
- A.** If you feel a sense of uneasiness about what you are doing, if you are worried about whether your actions will be discovered, or if you are rationalizing your activities with “everybody does it” type of thinking, you are probably on ethical “thin ice”. Stop, think about what you are doing and get advice.

### ***Conflicts of Interest***

- Q.** I am thinking of starting my own outside business. Is this a conflict of interest?
- A.** An outside business activity does not necessarily put you in a conflict of interest situation. You should inform your supervisor of your intention. He or she will help you to determine whether the activity constitutes a conflict of interest. It is your responsibility to ensure that outside business activities are strictly separated from your responsibilities at CC and that:
- i. You do not conduct any of your outside business during CCHS work time;
  - ii. Customers and colleagues from your outside activity do not contact you at CCHSS;
  - iii. You do not share any confidential information regarding CCHS;
  - iv. You do not use CCHS equipment and supplies for your outside work;
  - v. You do not promote your outside products or services to other CCHS employees during work hours.
- Q.** My brother currently works for a company that is proposing to provide services to CCHS. Is that a conflict of interest?
- A.** If your brother is seeking to provide services to CCHS, you must ensure that you do

not use your position at CCHS or information that you obtain at work to influence the negotiation process in any way. You should make your supervisor aware of the situation so that even the appearance of favoritism is avoided.

### ***Consumer Care***

- Q.** I am concerned that a newly hired clinician is not following all the policies and procedures for our department. What should I do?
- A.** High quality care is critical to the CC mission. You should talk openly and honestly to your supervisor about your concerns or contact the Quality Assurance office.

### ***Confidentiality***

- Q.** A clinician at our site sometimes requests medical records, whether he is taking care of the client or not. Is he permitted to do this?
- A.** Not without proper approvals and releases, unless he is in a supervisory capacity over the providing clinician. Only the attending, covering, or consulting may have access to medical records. Participants are entitled to expect confidentiality and protection of their privacy. We must do everything we can to meet these expectations.
- Q.** Healthcare issues are hot topics for conversation with relatives, friends and professional colleagues outside of CCHS. I'm never sure how much I am allowed to tell people about my work at CCHS. How can I tell whether things that I know are considered to be confidential?
- A.** As a general rule, all information related to CC should be considered to be confidential unless it has been released in public documents. When in doubt, ask your supervisor or the Compliance Officer. If they are not immediately available, it's best to remain silent.

### ***Harassment***

- Q.** A co-worker keeps making embarrassingly personal remarks to me and asking me out to social events outside of work hours. I consistently refuse these invitations and have made it clear that these attentions are not welcome, but it doesn't seem to make any difference. Is this harassment? What should I do?
- A.** Yes, it is harassment. You should immediately speak with your supervisor or a representative from the Human Resources Department.

### ***Relationships with Clients***

- Q.** A grateful client family member gave me a cash gift. Am I permitted to keep the money?
- A.** Cash gifts from families are against CC policy and you should explain this to the family member as diplomatically as possible. You may suggest that the family contact the CC Main office to make cash contribution. If the family gives a non-cash gift of gratitude, it should be shared with the other members of your department.

### ***Relationships with Third-Party Payors***

- Q.** I work in the billing department and I do not always understand the complicated billing rules for some of our payors. I am concerned that if I don't get the bills out timely, I will be reprimanded. What do I do?
- A.** In no event should time pressures result in a violation of CC's standard to not knowingly submit incorrect bills to any payor source. For clarification of any rules, discuss the issue with your supervisor or contact the Quality Assurance office or Compliance Hotline.

### ***Relationships with Suppliers***

- Q.** A supplier of CC gave me a bottle of wine and a box of chocolates at Christmas, and I accepted these gifts. Did I make a mistake?
- A.** In cases such as this, where the gift is relatively small, it is okay to accept the gift on behalf of your department. The chocolates may be shared with staff and visitors. Assuming the bottle of wine is relatively inexpensive, department staff could "draw lots" to determine who gets to take the wine home. But it is best to discourage a supplier from offering items that cannot be shared on site by the entire department.

### ***Personal use of Organization Resources***

- Q.** Can I type my spouse's resume on my computer?
- A.** Possibly. Check with your supervisor. If you use the computer during non-working hours, you may be permitted to type personal documents.
- Q.** I volunteer for Big Sisters. May I use the copy machine to make fundraising leaflets?
- A.** Again, check with your supervisor. CC encourages all employees to participate in volunteer activities. Organization equipment, however, must not be used for charitable or other non-business purposes without prior approval from your supervisor.
- Q.** I do volunteer work for a local candidate for office. May I use the copy machine for campaign flyers?
- A.** No, you may not use CC time or resources to support political activities that are undertaken on a personal basis, as is the case here.
- Q. What is a "Claim?"**
- A.** The *False Claims Act* defines a claim as "**any request or demand**, whether under a contract or otherwise, for money or property which is made to a contractor, grantee, or other recipient if the United States Government provides any portion of the money or property which is requested or demanded, or if the Government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded."

***Q. What is a False Claim?***

- A.** A “***false claim***” is a claim for payment for services or supplies that were not provided specifically as presented or for which the provider is otherwise not entitled to payment. Actions that may violate the ***False Claims Act*** include, but are not limited to, the following:
- a. Billing for services not rendered;
  - b. Excessive charges or double billing for services rendered;
  - c. Billing for more time or units of service than rendered;
  - d. Providing unnecessary treatment or services;
  - e. Misrepresenting or falsifying professional qualifications;
  - f. Billing for services provided by an unlicensed or unqualified person;
  - g. Falsifying documents to meet regulatory requirements;
  - h. ***Kickbacks*** or payments for referrals;
  - i. Forging signatures;
  - j. Documenting more time or units of services than rendered;
  - k. False or fraudulent documentation;
  - l. Billing inappropriate or non-reimbursable services;
  - m. Claims that indicate a higher level of service than was actually provided; and
  - n. Failure to maintain proper documentation.

This list is intended to highlight some common examples of fraud, waste and abuse that may violate the False Claims Act. The list is not intended to include all the possible ways in which the ***False Claims Act*** may be violated.

***Q. What is the Civil Monetary Penalties Law?***

- A.** The Federal ***Civil Monetary Penalties Law*** also prohibits the submission of ***false or fraudulent claims*** very similar to those prohibited by the ***False Claims Act***. A violation of the Civil Monetary Penalties Law may result in a penalty of \$10,000 and \$50,000.00 per item or service and up to three times the amount claimed for each item or service. In addition, the provider may be excluded from participating in any health care program. This means the provider may not bill Medicare or Medicaid for any services rendered in the future.

***Q. What are the Civil Penalties for False Claims?***

- A.** ***The False Claims Act*** provides penalties from a minimum of \$5,500 up to a maximum of \$11,000 for each false claim submitted. Thus, for every 100 false claims submitted, a provider could be liable for \$1,000,000 or more in penalties. Plus a provider is liable for damages up to three times the total amount of the false claims submitted.

***Q. What is the Program Fraud Civil Remedies Act?***

- A.** The Program ***Fraud Civil Remedies Act*** establishes administrative procedures for imposing civil penalties against persons, who make, present or submit, or cause to be

made, presented, or submitted false, fictitious or fraudulent claims or written statements to governmental authorities. The appropriate governmental authority, i.e., the U.S. Department of Health and Human Services, may investigate and with the Attorney General's approval, commence proceedings if the claim is less than \$150,000. The penalty for each such claim is not more than \$5,500.00 and up to twice the amount of the claims submitted in violation of the act.

***Q. What is the Pennsylvania Law?***

- A.** Pennsylvania Law (62 P.S.1407) also prohibits the submission of false or fraudulent claims. Specifically, a provider may not:
- A.** Knowingly or intentionally present for allowance or payment any false or fraudulent claim or cost report for furnishing services or merchandise under medical assistance, or to knowingly present for allowance or payment any claim or cost report for medically unnecessary services or merchandise under medical assistance, or to knowingly submit false information, for the purpose of obtaining greater compensation than that to which he is legally entitled for furnishing services or merchandise under medical assistance, or to knowingly submit false information for the purpose of obtaining authorization for furnishing services or merchandise under medical assistance;
  - B.** Solicit or receive or to offer or pay any remuneration, including any *kickback*, bribe or rebate, directly or indirectly, in cash or in kind from or to any person in connection with the furnishing of services or merchandise for which payment may be in whole or in part under the medical assistance program or in connection with referring an individual to a person for the furnishing or arranging for the furnishing of any services or merchandise for which payment may be made in whole or in part under the medical assistance program;
  - C.** Submit a duplicate claim for services, supplies or equipment for which the provider has already received or claimed reimbursement from any source;
  - D.** Submit a claim for services, supplies or equipment which were not rendered to a recipient;
  - E.** Submit a claim for services, supplies or equipment which includes costs or charges not related to such services, supplies or equipment rendered to the recipient;
  - F.** Submit a claim or refer a recipient to another provider by referral, order or prescription, for services, supplies or equipment which are not documented in the record in the prescribed manner and are of little or no benefit to the recipient, are below the accepted medical treatment standards, or are unneeded by the recipient;
  - G.** Submit a claim which misrepresents the description of services, supplies or

equipment dispensed or provided; the dates of services; the identity of the recipient; the identity of the attending, prescribing or referring practitioner; or the identity of the actual provider;

- H.** Submit a claim for reimbursement for a service, charge or item at a fee or charge which is higher than the provider's usual and customary charge to the general public for the same service or item;
- I.** Submit a claim for a service or item which was not rendered by the provider;
- J.** Dispense, render or provide a service or item without a practitioner's written order and the consent of the recipient, except in emergency situations, or submit a claim for a service or item which was dispensed, or provided without the consent of the recipient, except in emergency situations;
- K.** Except in emergency situations, dispense, render or provide a service or item to a patient claiming to be a recipient without making a reasonable effort to ascertain by verification through a current medical assistance identification card, that the person or patient is, in fact, a recipient who is eligible on the date of service and without another available medical resource;
- L.** Enter into an agreement, combination or conspiracy to obtain or aid another to obtain reimbursement or payments for which there is not entitlement;
- M.** Make a false statement in the application for enrollment as a provider; and
- N.** Commit any of the prohibited acts pertaining to shared health facilities.

A person who commits the above acts, except # 11, is guilty of a ***felony of the third degree*** for each such violation with a maximum ***penalty of \$15,000 and 7 years imprisonment***. If the conduct constitutes a ***second offense***, it is a ***felony of the second degree with a maximum penalty of \$25,000 and 10 years imprisonment***.

In addition, any person convicted may be ordered: (1) to repay the amount of the excess benefits or payments plus interest; and (2) to pay an amount not to exceed 3 times the amount of excess benefits or payments. Any person shall also be ***ineligible to participate in the medical assistance program for a period of five years from the date of conviction***. A provider who commits any of the prohibited acts may have its ***provider agreement terminated*** and be required to ***pay back twice the amount of excess benefits plus interest***.

It is also unlawful for any person to: **(1)** knowingly or intentionally make or cause to be made a false statement or misrepresentation or to willfully fail to disclose a material fact regarding eligibility; **(2)** knowingly concealing or failing to disclose the occurrence of any event affecting the initial or continued right to any benefit or payment; **(3)** having made application to receive any such benefit or payment for the use and benefit of himself or another and having received it, knowingly or intentionally converts such benefit or any part thereof to a use other than for the

use and benefit of himself or such other person; (4) knowingly or intentionally visit more than three practitioners or providers, who specialize in the same field, in the course of one month for the purpose of obtaining excessive services or benefits beyond what is reasonably needed; or (5) borrow or use a medical assistance identification card for which he is not entitled or otherwise gain or attempt to gain medical services covered under the medical assistance program if he has not been determined eligible for the program.

A person who commits these acts may be criminally prosecuted for a misdemeanor or felony offense, assessed monetary penalties, restitution, and forfeiture or termination of benefits.

***Q. What are the different types of exclusions?***

- A. Mandatory Exclusions (42 U.S.C. § 1320a-7(a):** Office of Inspector General (OIG) is required to exclude the individual or entity for a minimum of 5 years for conviction of certain offenses (e.g., program-related crimes, consumer abused, felony health care fraud or felony convictions related to controlled substances).

**Permissive Exclusions (42. U.S.C. § 1320a-7(b):** OIG may exclude individuals or entities under 16 different authorities (e.g., losing a state license to practice, failing to repay student loans, conviction of certain misdemeanors, or failing to provide quality care).

***Q. Who can be excluded?***

- A.** Any individual or entity/provider.

***Q. What is the effect of program exclusion?***

- A.** No payment may be made by any Federal health care program (e.g., Medicare) for Items or services furnished, ordered, or prescribed by an excluded individual or entity/provider.

The prohibition applies to the excluded person, anyone who employs or contracts with the excluded person, and any hospital or other provider or supplier were the excluded person provides services. The exclusion applies *regardless* of who submits the claims and also applies to all administrative and management services furnished by the excluded person.

***Q. How long do exclusions last?***

Certain exclusions are imposed for a defined period, but others may be indefinite in length, such as those derived from licensing board actions.

- A.** Reinstatement is NOT automatic. Any individual or entity/provider wishing to again participate in the Medicare, Medicaid, and all Federal health care programs must apply for reinstatement and receive authorized notice from the OIG that reinstatement has been granted.

## VIII. COMPLIANCE TERMINOLOGY



**Abuse:** Claims for services that aren't consistent with Medicaid regulations, or are medically unnecessary, inappropriate to recipients' health needs, or not within customary standards of practice.

**Anti-Kickback Statute:** A federal law that prohibits persons from directly or indirectly offering, providing or receiving kickbacks or bribes in exchange for goods or services covered by Medicare, Medicaid and other federally funded health care programs.

**Bureau of Program Integrity (BPI):** Bureau within Pennsylvania's Department of Public Welfare (DPW) federally mandated to prevent, identify, and combat fraud, waste, and abuse within Pennsylvania's Medical Assistance (MA) Program, ensure that MA recipients receive quality care and do not abuse their benefits, and take administrative actions.

**Code of Conduct:** A set of conventional principles and expectations that supports the values of the company as well as are considered binding on any person who is an employee or agent.

**Compliance:** The agreement in fulfilling official requirements.

**Compliance Program:** A formal ongoing program designed to prevent, detect, and report criminal conduct, violations of law or regulations, overpayments, and improper professional practices

**Conflict of Interest:** A situation in which a person has a duty to more than one person or *organization*, but cannot do justice to the actual or potentially adverse interests of both parties. This includes when an individual's personal interests or concerns are inconsistent with the best for a customer and company.

**Corrective Action Plan (CAP):** A written plan of action developed to achieve targeted outcomes to resolve identified problems.

**Deficit Reduction Act of 2005:** First Federal law to require Medicaid providers to implement a Compliance program as a condition of payment/reimbursement.

***Excluded Parties List System (EPLS):*** Includes information regarding entities debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits.

***Federal False Claims Act:*** Prohibits a person or entity from knowingly presenting or causing to be presented a false or fraudulent claim or false record or statement to the federal government for payment. Intent to defraud is not required. Those found guilty must repay the reimbursement obtained for such claims, may be liable for a civil penalty up to \$11,000 plus three times the amount of damages sustained by the government for each violation, and can be excluded from participation in Medicare and Medicaid.

***Fraud:*** An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. ***Knowingly*** or intentionally submitting false claims.

***Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy:*** Protects the privacy of individually identifiable health information;

***HIPAA Security Rule:*** National standards for the security of electronic protected health information; and the confidentiality provisions of the Patient Safety Rule, which protect identifiable information being used to analyze patient safety events and improve patient safety.

***Integrity:*** firm adherence to a code of especially moral or artistic values: incorruptibility

***List of Excluded Individuals and Entities (LEIE):*** The Office of Inspector General (OIG) has the authority to exclude individuals and providers from federally funded health care programs. The OIG maintains a list of all currently excluded individuals and entities called the ***List of Excluded Individuals and Entities (LEIE)***. The primary effect is that no payment will be provided for any items or services furnished, ordered, or prescribed by an excluded individual or entity. This includes Medicare, Medicaid, and all other Federal plans and programs that provide health benefits funded directly or indirectly by the United States. Anyone who hires an individual or entity on the ***LEIE*** may be subject to civil monetary penalties (CMP).

***Medicaid:*** Federal program administered by Centers for Medicare and Medicaid Services (CMS) that pays certain medical costs for persons with disabilities and/or limited income and resources. Each State's Medicaid program is administered in accordance with a State plan approved by CMS. The Federal Government and States share the cost of the program.

***Medical Assistance (MA) Program:*** Pennsylvania's Medicaid program for low-income families, elderly persons and persons with disabilities administered by DPW.

***Medicaid Fraud Control Section (MFCS):*** Criminal investigatory agency in the Pennsylvania Office of the Attorney General (OAG) that investigates and prosecutes fraud by providers and persons and files felony and misdemeanor charges.

***Medicaid Integrity Contractor (MIC)***

***Office of the Attorney General (OAG):*** The Attorney General is Pennsylvania's top law enforcement official, with a wide range of responsibility to protect and serve the citizens and agencies of the Commonwealth

**Office of Inspector General (OIG):** The Office of Inspector General’s mission is to prevent, investigate, and eradicate fraud, waste, abuse, and misconduct in the programs, operations, and contracting of executive agencies under the Governor’s jurisdiction

**Medicaid Integrity Reviews:** An audit of Medicaid providers to identify payments for services that were not appropriately provided, documented or billed.

**Medicaid Payment Error Rate Measurement (PERM):** An ongoing federal audit to measure improper payments; state must reimburse

**Provider:** Individual or facility that signs an agreement with the Department of Public Welfare (DPW) to participate in the MA program.

**Provider Agreement:** Contract with DPW; provider agrees to comply with all federal and state laws governing participation in the MA and Medicare programs and submit accurate claims.

**Qui Tam:** “Whistleblower” lawsuit against a person or company who is believed to have violated the law in the performance of a contract with the government or in violation of a government regulation, when there is a statute which provides for a penalty for such violations. The Plaintiff receives part of the penalty recovered with the balance going to the state.

**Relator:** A private person that has information that the named defendant has knowingly submitted or caused the submission of false or fraudulent claims to the United States.

**Self-Audit:** A component of an effective compliance program is the periodic self - audit of services and billing. This includes reconciliation of MA claims with the amount received and with client records to ensure that appropriate payment was made and that the services were rendered in accordance with regulations, requirements, billing guides, and other departmental instructions.

**Waste:** The overutilization of services or other practices that result in unnecessary costs.

**Whistleblower:** One who reveals something covert or who informs against another.

## IX. COMPLIANCE RESOURCES



**Anti-Kickback Safe Harbor Regulations:** <http://oig.hhs.gov/fraud/safeharborregulations.asp>

**DPW Medical Assistance Fraud and Abuse:**  
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/mafraudandabusehealthcarecompliancewebsites/index.htm>

**Excluded Parties List System (EPLS):** <https://www.epls.gov/>

**HIPPA Privacy and Security Rules:** <http://www.hhs.gov/ocr/privacy/index.html>  
<http://www.cms.gov/HIPPAGenInfo/>

**OIG Fraud Prevention & Detection webpage:** <http://oig.gov/fraud.asp>

**OIG Exclusions:** <http://oig.hhs.gov/fraud/exclusions.asp>

**OIG List of Excluded Individuals and Providers (LEIE):**  
<http://oig.hhs.gov/fraud/exclusions.asp>, <http://exclusions.oig.hhs.gov/> and  
<http://www.dpw.state.pa.us/PartnersProviders/MedialAssistance/DoingBusiness/FraudAbuse/003673510.aspx>

**Medical Identity Theft and Medicare Fraud:** <http://oig.hhs.gov/fraud/IDTheft/>

**PA Office of Attorney General:** <http://www.attorneygeneral.gov/index.aspx>

**Prohibited Acts:** 55PA Code § 1101.75(a) (1-14)

**Confidentiality of Mental Health Records:** 5100.31

**Record Keeping:** 55 PA Code § 1101.51 (e) and § 1101.51 (e) (1) (i-x)