

Human Resources Center, Inc.

Maintaining, Upholding and Enforcing a
Commitment to Compliance



HUMAN RESOURCES CENTER, INC.

Human Resources Center, Inc.

Introduction

The Human Resources Center, Inc. (HRC”) is committed to full compliance with all applicable federal, state and local laws, regulations and requirements. Pursuant to this commitment, HRC has established this Compliance Plan. This Plan is intended and designed to prevent, detect and reduce violations of federal, state and local laws, regulations and requirements.

The Plan is a guide to assist our employees in understanding HRC’s firm commitment to compliance with all legal and ethical duties and obligations. This Plan is intended to provide HRC employees a system of values that will assist them in activities and decision making encountered every day in the normal course of a workday. While no set of standards or written rules can substitute for personal integrity, good judgement and the common sense required to meet the challenges of the daily work of our employees, this Compliance Plan serves as a framework for legal compliance with applicable laws, regulations and requirements setting forth the basic expectations and standards of conduct for personal and professional behavior that all employees must follow.

This Compliance Plan cannot cover every situation that an HRC employee may encounter and is not intended to be a comprehensive compilation of all HRC practices and policies that are intended to facilitate the goal of compliance. When the best course of action is unclear, or if an employee observes a violation of these standards, he/she is required to seek the guidance of a supervisor at HRC or report their compliance concern to the Compliance Coordinator. Reports to the Compliance Hotline are treated confidentially, and may, at the caller’s request, remain anonymous as discussed later in this Compliance Plan.

This Compliance Plan is considered a living document, which will be updated periodically to keep HRC employees’ aware current information on compliance issues. If an HRC employee has suggestions for improvements to this Plan, they should speak directly to the Compliance Coordinator.



HUMAN RESOURCES CENTER, INC.

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I. **Message from the Chief Executive Officer**

As a not-for-profit advocacy and service provider, our mission is dedicated to improving lives of persons we serve. Since our incorporation in 1973, HRC has gained a reputation for conducting itself in accordance with the highest levels of professional ethics. This reputation was achieved and is maintained through the integrity and ethical standards of our Board Members, administration, management, and our staff. Our commitment to compliance remains strong.

We believe that to continue to achieve our mission and to maintain compliance with Federal, State and Local laws and regulations, it is critical that each member of the HRC team understands his/her responsibility to participate in and promote compliance. The HRC Compliance Plan is a tool that educates staff on this topic. The Plan is updated, revised, and reviewed periodically.

As a respected entity in the communities we serve, HRC remains committed to promoting an atmosphere of excellence. As an employee, you are encouraged (and required) to actively participate in maintaining agency-wide compliance. Together we can accomplish great things.

Sincerely,
Darlene Glynn
Chief Executive Officer

HUMAN RESOURCES CENTER, INC.

II. **Purpose and Overview**

Mission Statement.

Through our diverse program offerings, we empower those we serve to make meaningful life choices, encourage self-advocacy, and promote independence while breaking down the barriers that hinder community inclusion.

Compliance starts at the top. This Compliance Plan has been approved by the Board of Directors. The Board of Directors has final responsibility for oversight of the Compliance Plan. The Board has approved a Compliance Coordinator who serves as the primary contact point for compliance questions, compliance complaints, and compliance concerns.

Compliance is an ongoing process. Compliance is an ongoing process- not just policies and procedures that are documented. HRC is committed to actively reviewing its operations and to continually improve itself to ensure compliance with laws and regulations. It is our goal to create a culture of compliance at the HRC, educating staff to be aware of potential areas of fraud waste and abuse, to recognize incidents of FWA and to report and resolve any suspected or real occasions of FWA. Our Compliance efforts are based firmly in a supportive foundation not a disciplinary base. The Compliance Advisory Board is available to assist whenever issues arise, to offer guidance and support when needed and to promote a positive compliance culture that HRC has strived to maintain.

III. The Compliance Plan

The purpose of the Compliance Plan is to provide detailed instruction on the prevention and detection of non-compliant behavior or activity, specifically fraud, waste and abuse. The benefits of this Compliance Plan include:

- ✓ Development and maintenance of an effective system of compliance monitoring and reporting.
- ✓ Assures the Board of Directors that the organization is addressing instances of non-compliant conduct.
- ✓ Decreases the probability of incidence of violations through education and awareness.
- ✓ Improves internal communication and feedback.
- ✓ Improves the speed and quality of responses to audits, investigations, and other compliance situations ~ both announced and unannounced.

IV. Organizational Structure of the HRC Compliance Plan

The Compliance Plan demands the active participation on all levels of the organization, including the Board of Directors, Administration, the Management Team, all employees, and specific vendors.

Board of Directors - The Human Resources Center is committed to full compliance with all federal, state, and local laws, regulations and requirements. The Compliance Plan shall be maintained under the authority of the Human Resources Board of Directors, which delegates daily oversight to the Compliance Coordinator.

Compliance Coordinator - The Compliance Coordinator oversees all daily activities of the Compliance Plan. Questions, complaints, and suggestions will be forwarded to the Compliance Coordinator from sources which include employees, consumers/clients/residents, families, management, administration, and outside entities. The Compliance Coordinator will address and resolve all compliance questions or issues and monitor the overall level of organization compliance.

External Consultants - Reviews and investigations of a health care entity present unique challenges. Special counsel may be required. External consultants may be used to assist the Compliance Coordinator. Such consultants may provide legal, financial, and programmatic assistance as needed.

V. Responsibilities of Employees- Training -Understanding- Reporting

The effectiveness of this Compliance Plan depends on each employee's efforts to bring all compliance questions and issues to the attention of his/her supervisor, the Compliance Coordinator, or a member of the HRC Management Team. If an employee is unsure as to whether a situation raises a compliance issue, he/she should always report it.

Training – Each HRC employee will have access to training on this Compliance Plan, including instructions about how to report any compliance questions and/or issues. It is each employee's responsibility to ask all questions he/she may have about this Compliance Plan.

Understanding and Following Policies – Each HRC employee must know what this Compliance Plan expects of him/her, abide by these expectations, and be sensitive to situations that could lead them or others to violate these expectations. HRC will do everything possible to clearly convey each employee's responsibilities. If any employee is unclear as to his/her obligation under this Compliance Plan, he/she must seek out clarification from his/her supervisor, the Compliance Coordinator, or a member of the Management Team. Failure to follow the policies and expectations set forth in this Compliance Plan may result in termination of employment or other disciplinary action. Claims of ignorance or good intentions will not excuse non-compliance. It is essential, therefore, for all employees to know, and abide by, their responsibilities under this Compliance Plan.

Reporting Actual or Suspected Compliance Issues – Each employee **must** report all actual or suspected compliance issues. Employees who observe potentially non-compliant behavior **must** report their observation(s) to the employee's supervisor, directly to the Compliance Coordinator, by use of the Compliance Hotline, or to a member of the Management Team. The Hotline phone number is 570-647-5081. HRC encourages all employees to ask any/all compliance questions in person with the Compliance Coordinator or via the Compliance Hotline.

It must be noted that the reporting of compliance issues is expected to be done in a truthful and "good faith" manner. This means that any employee that misuses the Compliance Hotline, by reporting untrue issues or falsely accusing another employee of wrongdoing, shall face serious consequences and disciplinary actions. Failure to report non-compliant behaviors and activities, violations of HRC's policies, violations of applicable laws, regulations, and statutes, and violations of Federal or State health care program requirements may also result in disciplinary actions.

VI. Responsibilities of Management – Training -Understanding -Reporting -Accountability

All levels of HRC management have the responsibility to set forth HRC's standards for compliance. Supervisors serve as a source of information to the organization's employees.

Training – Supervisors must communicate the importance of compliance to every employee and actively promote adherence to this Compliance Plan. Informally, supervisors must foster open communications about compliance and must answer all questions raised by employees or obtain the answer from the Compliance Coordinator. Formally, certain supervisors may be called upon to give presentations to employees explaining the Compliance Plan and instructing employees on how to deal with various compliance related issues.

Understanding, Following and Enforcing Compliance Policies – Supervisors are responsible to abide by this Compliance Plan and to ensure that the employees they manage also abide by this Plan. Supervisors have an affirmative duty to fully understand the Compliance Plan and to ask all questions necessary to clarify their obligations and obligations of those employees that they manage. No supervisor will be excused based on a claim of ignorance

or good intentions. Supervisors who fail to comply with these obligations may be terminated or otherwise disciplined.

Reporting Compliance Issues – All supervisors are required to report any actual or potential compliance issues to the Compliance Coordinator. In addition, all supervisors must be accessible to employees who wish to report compliance issues. Supervisors also have the responsibility to ensure that no employee is retaliated against, in any way, for reporting a compliance issue in good faith.

Accountability – Supervisors are equally accountable for their own actions as well as the actions of the employees they supervise. Each supervisor must create an atmosphere that encourages compliance and fosters reporting of non-compliant behavior and must seek the assistance of the Compliance Coordinator whenever necessary.

VII. Responsibilities of Vendors and Independent Contractors

Human Resources Center will make certain vendors and independent subcontractors aware of the existence of this Compliance Plan. It is expected that each vendor/contractor will review, understand, and abide by the standards and procedures outlined in this Compliance Plan. Vendors/Independent contractors will be held to the same standards as employees of HRC. Vendors/contractors found to be in violation of this Compliance Plan will be subject to disciplinary action, including the termination of the vendor/contractor contract. The precise discipline utilized will depend on the nature, frequency and severity of the violation and may result in legal action.

VIII. Responsibilities of the Compliance Coordinator

The Chief Executive Officer, with the approval of the Board of Directors, will appoint a Compliance Coordinator who will have responsibility for overseeing and managing the successful operation of this Compliance Plan. These responsibilities will include, at a minimum, the following duties:

Report to the Board of Directors – The Compliance Coordinator will report to the Board of Directors when requested. The report shall identify compliance issues raised and how these issues were resolved. The reports shall also include recommendations on how the Compliance Plan, and all its components, can be strengthened or improved.

Review and Update the Compliance Plan – The Compliance Coordinator shall continually review and update the Compliance Plan. All future updated Compliance Plans shall be reviewed and approved by the HRC Chief Executive Officer.

Development and Implementation of Compliance Policies - The Compliance Coordinator shall be responsible for the development, implementation, and maintenance of effective compliance policies, procedures, and practices. All compliance policies shall be developed and maintained in written or electronic format, shall address compliance risks, shall be written in simple, plain language, and shall be widely and freely accessible to staff.

Completion of Compliance Risk Assessments- The Compliance Coordinator shall be responsible for the completion of periodic compliance risk assessments to identify potential compliance risks and vulnerabilities within

the organization. These risk assessments shall be structured to identify changes in applicable laws and regulations, and the issuance of new directives from organizations that govern our operations.

Management of the Compliance Risk Management Process. The Compliance Coordinator shall be responsible for overseeing a compliance risk management process that will respond to the areas identified by the risk assessment.

Development and Implementation of Audit and Monitoring Programs. The Compliance Coordinator shall develop and implement an Internal Audit Program. The intent of this Program shall be to identify, on an ongoing basis, weaknesses within the organization's internal processes where compliance problems may occur, and to monitor, on an ongoing basis, the activities of staff to verify that compliance is being achieved across all departments.

Additionally, the Compliance Coordinator shall, on a periodic basis, review a random sample of claims being submitted for reimbursement and all supporting documentation to determine if the claim has been represented in a true and accurate manner. Any identified overpayments shall be promptly returned to the payer source. Any incorrect claims shall be investigated, and appropriate corrective actions shall be undertaken to minimize or eliminate the likelihood that the incorrect activity would occur again in the future. If necessary, and at the discretion of the Compliance Coordinator, the original claim sample may be expanded to verify the accuracy of additional claims.

Dissemination of Information – The Compliance Coordinator must establish and oversee procedures to ensure that every employee fully understands this Compliance Plan. These procedures shall include, at a minimum, the following:

1. All newly hired employees will be given a clear description of the Compliance Plan, including full instructions as to how the employee should handle any questions related to compliance or report any compliance issues.
2. Staff will annually acknowledge, in writing, that they have received annual compliance training as a component of the mandated agency annual training plan.
3. All signed acknowledgments (other than the initial) will be retained by Agency Trainer.

Overseeing All Compliance Training Programs – The Compliance Coordinator shall oversee and coordinate all compliance training. The organization's training procedures shall, at a minimum, consist of the following:

1. Upon commencing employment with HRC, all employees will receive a copy of the Compliance Plan. Each employee will be trained on their responsibilities under the Compliance Plan. Each employee will be instructed on the Detection and Prevention of FWA and Federal laws governing FWA specific to the HRC, Inc. Each employee will acknowledge receipt of the written information and training and certify that they understand their role in the Compliance Plan.
2. The Human Resources department shall review and retain new employee orientation training verifications.

Documenting All Actions Taken – The Compliance Coordinator may take certain actions due to the reporting of a compliance question and/or issue. The Compliance Coordinator shall document action he/she takes. This documentation must fully explain the nature of the compliance issue and its resolution. The Compliance Coordinator, in conjunction with the organization’s HR Director, legal counsel and Management Team, may take disciplinary action against any employee, where appropriate. The appropriate disciplinary action will be determined based on the nature, severity, and extent of wrongdoing.

IX. Compliance Standards

The compliance standards that follow are intended to be guidelines for compliance with law, regulations, and HRC business principles. These guidelines are consistent with HRC policies and procedures. HRC Board Members, officers, and employees should use their best judgment to avoid improprieties, or even the appearance of impropriety.

The conduct standards outlined below reflects general standards that apply to all HRC operations. This general list is not exhaustive of all prohibited conduct or ethical situations. If unsure as to whether a situation raises a compliance issue, employees should always err on the side of caution by reporting it to a supervisor, a member of the Management Team, or to the Compliance Coordinator. Remember ...

WHEN IN DOUBT, POINT IT OUT!

Compliance with All Laws and Regulations

Human Resources Center shall maintain full compliance with all applicable laws, regulations, and statutes, and all Federal and State health care program requirements. It is the responsibility of every Board Member, officer, employee, contractor, and all other persons who provide direct-care services, or who perform billing functions on behalf of HRC, to actively participate in our compliance efforts.

The individuals mentioned above are expected to report to the Compliance Coordinator, a supervisor, or a member of the Management Team all compliance questions and suspected violations of any HRC policies. Failure to report may result in disciplinary action(s).

The HRC acknowledges its participation as a provider in federal and state sponsored programs. As a service provider, HRC is subject to specific state and federal regulatory requirements related to these programs. To comply with Section 6032 of the Deficit Reduction Act of 2005, HRC provides this policy, which includes information about its policies and procedures and the role of certain federal and state laws in preventing and detecting fraud, waste, and abuse in federal and state funded programs.

I. Procedures for Detecting and Preventing Fraud, Waste and Abuse

HRC, Inc ‘s Compliance Plan provides framework for the detection, prevention and investigation of fraud, waste, and abuse. The Compliance plan is a guide to detect, investigate, prevent, and recover the loss of corporate, government and consumer assets resulting from fraudulent and abusive actions committed by providers, members, subcontractors, and employees. The Compliance Officer maintains a 24-hour hotline, where potential fraud and abuse issues can be reported directly and, with the Compliance Coordinator, acts on referrals received from internal and external sources of potential fraud and/or abuse. Additionally, the Plan applies other methods to identify potentially fraudulent activity such as internal claim audits.

A. Federal Laws Governing Fraud, Waste and Abuse (FWA)

1. **False Claims Act: 31 U.S.C. §§ 3729 – 3733** The federal False Claims Act imposes liability on any person or entity who:

- Knowingly files a false or fraudulent claim for payments to Medicare, Medicaid, or other federally funded program.
- Knowingly uses a false record or statement to obtain payment on a false or fraudulent claim from Medicare, Medicaid, or other federally funded program; or
- Conspires to defraud Medicare, Medicaid, or other federally funded program by attempting to have a false or fraudulent claim paid.
- Knowingly avoids or decreases an obligation to pay or transmit money or property to the government.

“Knowingly” means:

- Having actual knowledge that the information on the claim is false.
- Acting in deliberate ignorance of whether the claim is true or false; or

The role of False Claims Laws as described in this policy is to create a system for preventing and detecting fraud, waste, and abuse in federal and state funded programs by providing agencies with the appropriate authority and mechanisms to investigate and punish fraudulent activity.

A person or entity found liable under the False Claims Act is, generally, subject to civil money penalties and up to three times the total damages that the government sustained because of the illegal act.

Under the False Claims Act individuals with knowledge of potential violations may file suit on behalf of the government in federal court. These individuals may be entitled to a percentage of the amount recovered by the government. The False Claims Act also provides protection from retaliation and discrimination for individuals that bring action under this law. (See Whistleblower policy)

2. **Patient Protection and Affordable Care Act ("PPACA")** Section 6402: Enhanced Medicare and Medicaid Program Integrity Provisions. This requires that a provider of services, who receives an overpayment, must report and return the overpayment within 60 days of discovering the overpayment or the date a corresponding cost report is due. Repayment is owed to the entity who made the overpayment (e.g., State, insurance carrier, contractor). Civil monetary penalties may be imposed by the Secretary of Health and Human Services of up to \$50,000 or triple the total amount of the claim involved for those who knew of an overpayment and did not return it.

3. Program Fraud Civil Remedies Act. The Program Fraud and Civil Remedies Act (“PFCRA”) creates administrative remedies for making false claims and false statements. These penalties are separate from and/or in addition to any liability that may be imposed under the False Claims Act.

The PFCRA imposes liability on individuals or entities that file a claim that they know or have reason to know:

- Is false, fictitious, or fraudulent.
- Includes or is supported by any written statement that contains false, fictitious or fraudulent information.
- Includes or is supported by a written statement that omits a material fact, which causes the statement to be false, fictitious or fraudulent.
- Is for payment for property or services not provided as claimed.

A violation of this section of the PFCRA is punishable by a \$5,000 civil penalty for each wrongfully filed claim and an assessment of twice the amount of any unlawful claim that has been paid.

4. Civil Monetary Penalties Law

The Civil Monetary Penalties Law (CMPL) imposes CMPs for a variety of fraud violations; different amounts of penalties and assessments may be authorized based on the type of violation. The CMPL authorizes penalties of up to \$50,000 per violation, and assessments of up to three times the amount claimed for each item or service, or up to three times the amount of remuneration offered, paid, solicited, or received. Violations that may give rise to CMPs include: (1) knowingly presenting a claim to a federal department or agency that the person knows was not provided as claimed; (2) is knowingly provided by a provider excluded from a Federal health care program; (participation or (3) refuses to grant timely access to the Inspector General of the Department of Health and Human Services for the purpose of audits, investigations, evaluations, or other statutory functions.

5. Anti-Kickback Statute. The federal anti-kickback statute prohibits HRC, its employees, and contractors from offering or paying remuneration in exchange for the referral of favor or business. Under the anti-kickback statute remuneration is anything of value that is exchanged. Penalties that may be imposed under this statute for violations include criminal penalties, exclusion from participation in government programs and civil monetary penalties.

Gifts-Human Resources Center shall follow all federal and state anti-kickback laws and regulations. Board Members, officers, and employees may not accept a payment, gift, or other inducement in return for purchasing goods or services, providing referrals, or for participating in other business transactions. Any offer of a gift, payment, or other inducement by a vendor or other individual must be immediately reported to a supervisor, a Management Team member, or to the Compliance Coordinator.

6. Stark Laws. The Physician Self-Referral Act or Stark Laws prohibit physicians from making referrals for certain health services that are payable by Medicare or Medicaid to any entity with which the physicians have a financial relationship. A financial relationship means either an ownership interest or a compensation arrangement. The purpose of the Stark Laws is to ensure that referrals for services are made in the best interests of the patient.

iii. Unacceptable Practices

False claims and false claim statements are unacceptable practices. Sanctions that the Department of Health may impose on a provider for unacceptable practices include censure, repayment, and exclusion from participation in Federal funded programs. In certain circumstances, a person who makes false statements may be charged criminally. Each of the following crimes may be a misdemeanor or a felony, depending on the intent of the perpetrator and the amount involved. Penalties include fines or imprisonment, or both.

- **Fraudulent Practices.** Any person who obtains or attempts to obtain, for himself or others, assistance by means of a false statement, concealment of facts, impersonation or other fraudulent means commits a fraudulent practice.

- **Falsifying Records.** A person may be found guilty of falsifying records if, with the intent to defraud, he or she:

- makes or causes a false entry in files or records or makes false statement.
- alters, erases, deletes, removes or destroys an entry in files or records.

- **Insurance Fraud.** It is a crime to file an insurance claim, knowing that it is false. Insurance fraud may be a Class A misdemeanor or a Class B, C, D or E felony, depending upon the amount involved. It is also a Class D felony to commit insurance fraud more than once.

- **Health Care Fraud.** Health care fraud includes knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions. Health care fraud may be a Class A misdemeanor or a Class B, C, D or E felony, depending upon the amount involved. In addition to requiring repayment of improperly claimed funds, the Department of Health may impose additional penalties per item or service.

HUMAN RESOURCES CENTER, INC.

Whistleblower Protection Policy

The Human Resources Center, Inc. requires directors, officers and employees to observe high standards of business and personal ethics while fulfilling their employment duties and responsibilities. As employees and representatives of the Human Resources Center, Inc., we must practice honesty and integrity and comply with all applicable laws and regulations.

Reporting Responsibility.

This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns internally so that the Human Resources Center, Inc. can address and correct inappropriate conduct and actions. It is the responsibility of all board members, officers, employees and volunteers to report concerns about violations or suspected violations of law or regulations that govern the Human Resources Center, Inc. operations.

Non-Retribution /Non-Retaliation. It is contrary to the values of the Human Resources Center, Inc. for anyone to retaliate against any board member, officer, employee or volunteer who in good faith reports an ethics violation, or a suspected violation of law, such as a complaint of discrimination, or suspected fraud, or suspected violation of any regulation governing the operations of the Human Resources Center, Inc. Any action which is intended to intimidate, threaten, coerce, discriminate against, or take any other retaliatory action against any HRC employee for exercising his/her right(s) in good faith to report non-compliance activity shall be immediately reported to the Compliance Coordinator and/or Chief Executive Officer. All such reports shall be investigated in a prompt and thorough manner.

An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

Reporting Procedure. The Human Resources Center, Inc. has an open-door policy and encourages employees to share their questions, concerns, suggestions or complaints with their supervisor. If you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak with the Chief Executive Officer. Supervisors and managers are required to report complaints or concerns about suspected ethical and legal violations in writing to the Human Resources Center, Inc. Compliance Coordinator, who has the responsibility to investigate all reported complaints. Employees with concerns or complaints may also submit their concerns in writing directly to their supervisor or the Chief Executive Officer or the Compliance Coordinator.

Compliance Coordinator. The Human Resources Center, Inc. Compliance Coordinator is responsible for ensuring that all complaints about unethical or illegal conduct are investigated and resolved. The Compliance Coordinator will advise the CEO and/or the Board of Directors of all complaints and their resolution and will periodically report when requested by the CEO.

Acting in Good Faith. Anyone filing a written complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

Confidentiality Violations or suspected violations may be submitted on a confidential basis by the complainant. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Human Resources Center shall comply with all federal and state laws related to maintaining the confidentiality of the records we hold. HRC policies allow for access to certain protected health information based upon each staff

member's job duties. Board Members, officers, and employees should not access any information that they do not need to do their job. Disciplinary actions will be taken against anyone violating HRC confidentiality policies.

Handling of Reported Violations. The Human Resources Center, Inc. Compliance Coordinator will notify the person who submitted a complaint and acknowledge receipt of the reported violation or suspected violation. All reports will be promptly investigated, and appropriate corrective action will be taken if warranted by the investigation.

Exclusion List Screening

All HRC employees, volunteers, interns and other persons/entities shall be screened monthly to determine if they have been excluded from participation in Medicare, Medicaid or any other federally funded program. The procedure can be found at the end of this document.

Billing and Claims Submission

Human Resources Center shall charge, bill, document, and submit claims for reimbursement in the manner required by all applicable laws, regulations, and statutes. It is expected that all billed services shall be authorized and shall be adequately and accurately prescribed, identified, documented, and coded prior to submission to third party payers. This includes the accurate completion of evaluations, service/treatment plans, case/progress notes, discharge plans, referral forms, and any/all other documentation pertaining to the services rendered to a consumer. HRC staff shall strive to select and submit billing codes accurately and, to the best of their knowledge and judgment, shall not up-code, miscode, or double bill.

Conflicts of Interest

Human Resources Center shall enforce its policies related to maintaining relationships that are free from conflict-of-interest. All Board Members, officers, and employees must avoid any/all potential or perceived conflicts-of-interest. Any concerns about what constitutes a "conflict-of-interest" should be discussed with a supervisor, a member of the Management Team, or the Compliance Coordinator.

Market Competition/Anti-Trust

Human Resources Center shall comply with all laws and regulations pertaining to "antitrust" issues. According to these laws, HRC is prohibited from sharing certain information ~ including information about HRC charges, the salaries paid by HRC, or other internal business practices ~ with other health care providers.

Response to Investigations

Human Resources Center shall cooperate with all investigations, audits, subpoenas, search warrants, and other similar documents and actions to the full extent required by law. If contacted by an investigator, all Board Members, officers, and employees must notify the Compliance Coordinator and/or the Chief Executive Officer immediately.

References:

HRC Compliance Officer

Paul Stanalonis

pstanalonis@hotmail.com

HRC Compliance Hotline: **570-647-5081**

HRC Compliance Coordinator

Michelle Mullican

michelle.mullican@hrcinc.org

570-299-3965

REFERENCED POLICY



Exclusion List Screening Policy

PURPOSE: To ensure that the Human Resources Center Inc. does not employ or contract with an Ineligible Person/Entity, as defined below, who are excluded from participation in any Federal and/or State health care program such as Medicaid, Medicare States Children’s Health Insurance program (CHIP), and all Federal Health Care systems of the Social Security Act (as defined in section 1128B(f)).

POLICY: The HRC, Inc. shall ensure that all Screened Persons/Entities, as defined below, shall not be an Ineligible Person/Entity, as defined below.

DEFINITIONS

“Screened Persons/Entities” includes all current or prospective employees, volunteers, interns, and contractors, vendors, and other persons/entities: (1) that directly provide patient/client/consumer care items and services; (2) whose functions are a necessary component of providing patient/client/consumer care items and services; (3) who are involved in generating a claim to bill for patient/client/consumer care items and services; or (4) who perform billing functions on behalf of the organization.

An **Ineligible Person/Entity** includes any individual or entity that is currently excluded, debarred, suspended, or otherwise ineligible to participate in Federal or State health care programs, or has been convicted of a criminal offense that will result in the exclusion, debarment, suspension, or will otherwise be declared ineligible to participate in Federal or State health care programs.

PROCEDURE: Screening Requirements. The HRC Inc. Compliance Program establishes the requirement that all Screened Persons/Entities shall be determined eligible Persons/Entities, by implementing the following screening procedures:

1. Current employed and/or contracted Persons/Entities shall be screened against the Exclusion Lists monthly.
2. Prospective Persons/Entities shall be required to disclose whether they are an Ineligible Person/Entity.
3. Persons/Entities shall be required to immediately disclose any debarment, exclusion, suspension, or other events that makes that person/entity ineligible.

Removal Requirement. If a Person/Entity is determined to be an Ineligible Person/Entity, they shall be immediately removed from responsibility for, or involvement with the HRC, Inc. A person/entity determined to be an Ineligible Person/Entity may not be hired/contracted until the person is reinstated to participate in Federal and State health care programs. Documentation of the reinstatement must be submitted and approved by the Compliance Coordinator before employment.

Documentation Requirement. Whenever a search of a Screened Person/Entity is conducted on any Exclusion List, the search results screen must be maintained, whether the results indicate a match, or not.

Reporting Requirement. The organization shall immediately self-report any discovered exclusion of a Screened Person/Entity to the Department of Public Welfare's Bureau of Program Integrity either: (1) via email utilizing the Medical Assistance Provider Compliance form, (2) via U.S. mail; or (3) by fax in accordance with MA Bulletin 99-11-05.

Self-Audit Requirement. The organization shall conduct periodic self-audits to determine the organization's compliance with MA Bulletin 99-11-05.

Revisions: 2016, 4/17/2018, 3/18/2019, 2/10/2020, 3/3/2020, 4/30/2020 1/11/2021 8/10/2021, 8/17/2022



HUMAN RESOURCES CENTER, INC.