

# Priority One Billing LLC

## Compliance Program

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### **Components of Priority One Billing LLC's Compliance Program**

The fundamental goal of our compliance program is to ensure that Priority One Billing adheres to all laws, regulations and policies that are applicable to and governing the submission of claims for Medicare reimbursement. Our compliance program along with the culture we have developed, are designed to:

- Promote the prevention, detection and resolution of instances of conduct that do not conform to laws, both state and federal and private payer healthcare program requirements, as well as our own ethics and business policies.
- Provide a clear framework of our organization's legal and ethical conduct that can easily be articulated and demonstrated to employees, contractors and clients.
- Outlines our organization's commitment to working with our clients in a transparent manor, with open and frequent communications to ensure our clients have adequate and truthful documentation to support all claims for reimbursement for ambulance services.

A cornerstone of our program is built around Medicare compliance. Achieving that compliance can only occur through effective communication with our employees, contractors and clients.

The Office of Inspector General, United States Department of Health and Human Services (the OIG) in cooperation with, and with input from, the Healthcare Financing Administration, the Department of Justice and various sectors of the healthcare industry issued guidance in the Federal Register/ Vol. 63, No. 243/ Friday, December 18, 1998, "Compliance Program Guidance for Third-Party Medical Billing Companies." This document identifies seven basic elements to serve as building blocks upon which an effective compliance program can be created to the satisfaction of the OIG.

A brief description of the seven elements for an effective compliance program as recommended by the OIG is as follows:

1) Implementing written policies, procedures and standards of conduct

The development and distribution of written standards of conduct, as well as written policies and procedures that promote our commitment to compliance and that address specific areas of potential fraud, such as claims submission process, code-gaming, and financial relationships with its providers. These policies and procedures need to be reviewed periodically and revised when necessary to ensure they are current and relevant to the organization's operation.

2) Designation of a Chief Compliance Officer

The organization will assign an individual with high-level authority to serve as the Chief Compliance Officer, charged with the responsibility of operating and monitoring the elements of the compliance program. The Chief Compliance Officer will serve as the head of the "compliance committee" and report directly to the CEO of the organization.

3) Conducting effective training and education

All steps will be taken to disseminate the organization's policies and procedures to its personnel. This will be accomplished by requiring personnel to participate in ongoing training programs and attend training on an annual basis, including appropriate training in Federal and State statutes, regulations and guidelines, the policies of private payors, and training in corporate ethics. Training content will be offered to all of our clients. Trainings will be tailored appropriately and delivered in a way to maximize the likelihood that all personnel will understand the information.

4) Developing effective lines of communication

Open lines of communication between the Chief Compliance Officer and all personnel is fundamentally important to the successful implementation of a compliance program and the reduction of any potential for fraud, abuse, and waste. Written confidentiality and non-retaliation policies should be developed and distributed to all employees to encourage communication and the reporting of incidents of potential fraud. The OIG encourages the use of hotlines, emails, written memoranda, newsletters, and other forms of information exchange to maintain these open lines of communication. It also needs to adopt procedures to protect the anonymity of complainants and others who have compliance concerns where such persons' desire to remain anonymous, and to protect whistleblowers from retaliation or other adverse actions.

5) Enforcing standards through well-publicized disciplinary guidelines

An effective compliance program should include guidance regarding disciplinary action for corporate officers, managers, and employees who have failed to comply with our standard of conduct, policies and procedures, Federal, State, or private payor healthcare program requirements, and applicable Federal and State laws. Policies and procedures should ensure that discipline is administered in a fair and consistent manner with discipline ranging from oral warnings to suspension, termination, or financial penalties as appropriate. It is vital to publish and disseminate the range of possible disciplinary actions for improper conduct and to educate officers and other staff regarding these standards.

#### 6) Conducting internal monitoring and auditing

Ongoing evaluation of the organization's policies and procedures is crucial to the success of the compliance program. Thorough monitoring of the implementation of the plan and regular reporting to senior company officers is key. Effective monitoring can be accomplished with regular, periodic compliance audits by internal or external auditors who have expertise in Federal and State healthcare statutes, regulations, and Federal, State, and private payor healthcare program requirements. Appropriate monitoring methods, such as claims and system reviews need to be employed to detect and identify problems to ensure steps can be taken to respond appropriately and prevent their recurrence.

#### 7) Responding promptly to detected offenses and developing corrective action

Violations of our compliance program, failures to comply with applicable Federal or State law, rules, and program instructions, and other types of misconduct threaten our status as a reliable, honest and trustworthy company. Detected but uncorrected misconduct can seriously endanger our mission, reputation, and legal status. Upon reports or reasonable indications of suspected noncompliance, it is important that the Chief Compliance Officer or other management officials promptly investigate the conduct in question to determine whether a material violation of applicable law, rule, or program instruction or the requirements of the compliance program has occurred, and if so, take steps to correct the problem. Appropriate legal consultation will be taken when necessary and any non-compliant conduct may make it necessary to modify the compliance program to identify and address weaknesses.

## **Code of Conduct**

Priority One Ambulance Billing is committed to the honest and ethical preparation and billing of claims for ambulance service reimbursement for our clients. We strive to promote

the utmost integrity, support objectivity, and foster trust within our organization. Our standards not only address compliance with statutes and regulations, but set fourth broad principles that guide us in conducting business professionally and ethically.

Priority One Billing LLC has adopted a Code of Conduct that reflects a commitment to the highest quality health data submission, as evidenced by its accuracy, reliability, timeliness and validity.

All claims submitted on behalf of our clients must have proper provider documentation to support them. We will work with our clients to ensure they are providing us with complete and adequate documentation prior to submitting claims.

A billing company's relationship with its clients is such that it is in the best interest of all parties to strive for the highest quality in patient care documentation. It is the responsibility of the agency contracting with Priority One Billing LLC to ensure the all documentation used to support claims for reimbursement are clear, concise and accurate.

A large portion of the commitment we make to your clients is to ensure we maintain compliance with the Anti-Kickback Statute (42 U.S.C § 1320a-7b), the False Claims Act (31 U.S. Code§ 3729-3733), the criminal false claims statutes, (18 U.S.C. 287,1001), the fraud and abuse provisions of the Balanced Budget Act of 1997, (Pub. L. 105-33) and privacy standards contained within the Health Insurance Portability and Accountability Act of 1996, (Pub. L. 104-191) (HIPAA) regulations.

## **Health Insurance Portability and Accountability Act (HIPAA) Summary**

The HIPAA regulations govern the use and disclosure of Protected Health Information (PHI). In general, a Covered Entity may use PHI for purposes of treatment, payment, and healthcare operations. It may disclose PHI: With the individual's authorization; to another healthcare provider for treatment and payment purposes with the individual's authorization; and in certain other circumstances described by the regulations.

The remainder of the section outlines the Policies and Procedures that Priority One Billing LLC has put into place to ensure that we conduct ourselves and our operations in accordance with the law.

Further description of our commitment to HIPAA regulations, documents, and policies can be found in our organizations HIPAA Compliance Program, separate from this compliance plan.

## **Standards of Conduct**

### **1. Preparation of Coding and Claims:**

- a) Priority One Billing LLC employees are to code and prepare claims based upon the documented information that is provided by our clients. Questions, clarifications, and identified claim deficiencies are to be returned to the client for additional information.
- b) Claims will be prepared and coded in accordance with Federal and State regulations.
- c) All claims will be coded by individuals holding the Certified Ambulance Coder Certification from the National Academy of Ambulance Compliance (NAAC).
- d) Any claims that do not have the appropriate supporting documentation will be returned to the client for completion prior to submission of any claim for reimbursement.
- e) Appropriate documentation is required for every claim and copies of the documentation will be accepted (e.g., scans, faxes, electronic transmissions, etc.). Verbal claims and/or verbal adjustments to claims will not be accepted.
- f) “Assumption” coding and “Assumption” billing is not permitted at Priority One Billing LLC. If the documentation is in question or if additional information is needed, the claim will be returned to the client.
- g) After coding is complete, all claims will be reviewed for accuracy prior to submission.

## 2. Documentation of Compliance Activities:

- a) Priority One Billing LLC will document and retain efforts, such as the following, to ensure compliance with applicable statutes, regulations, and our compliance policies and procedures.
  - i. The distribution of the compliance plan to all personnel;
  - ii. HIPAA and compliance training provided to all personnel;
  - iii. Logging of compliance incidents and inquiries and the disposition of each incident or inquiry;
  - iv. Responding to inquiries of Medicare Administrative Contractors (“MACs”) and government and enforcement agencies.

## 3. Medical Necessity Requirements:

Medical Necessity and reasonableness must be met in order to submit an ambulance claim for billing. If coding personnel determine that medical necessity is not met, the claim is to be returned to the client for additional information and clarification prior to submission. The claim will be billed as medically necessary only if additional documentation is provided.

4. Credit Balances/Overpayments:

When an overpayment or credit balance has been identified by Priority One Billing LLC personnel, the client is to be notified. The refund will be recommended to be made within state law and the client's account will be updated as appropriate. It is the responsibility of the client to issue the payment to the appropriate entity.

5. Discounts/Financial Hardship:

Priority One Billing LLC personnel must follow individual client's guidelines for discounts, payment plans and financial hardship.

## **Compliance Officer and Committee**

Priority One Billing LLC shall maintain a compliance program that is composed of a designated Chief Compliance Officer who will report directly to the CEO of the organization as well as senior management. The Chief Compliance Officer will be a key member of the senior management and have sufficient authority, independence and resources to effectively oversee and organizations compliance program.

1. Chief Compliance Officer Responsibilities:

- a) Develop and make recommendations to the compliance program periodically to ensure the policies and procedures are enhancing compliance within the organization.
- b) Report on a regular basis to the Chief Executive Officer on compliance program issues.
- c) Develop methods for reducing the organizations vulnerability to fraud, abuse, and waste in conjunction with the compliance committee.
- d) Ensure that all personnel are knowledgeable of and comply with federal and state standards/regulations applicable to their work.

- e) Conducting and arranging appropriate internal compliance reviews and audits.
- f) Investigate compliance concerns and report the results to an appropriate individual or body for appropriate response and corrective or disciplinary action if necessary.
- g) Carry out corrective and disciplinary actions in accordance with the organizations policies and procedures.
- h) Develop and provide training to all of the personnel within the organization.
- i) Review the certifications of personnel within the organization and ensure they have received and read, and understand, the standards of conduct.
- j) Continuing the momentum of the compliance program and the accomplishments of its objectives long after the initial years of implementation.

## 2. Compliance Committee:

- a) Will be comprised of all executive level personnel, the organization's Privacy Officer, billing managers, quality assurance personnel and supervisors.
- b) The Committee will meet formally on a quarterly basis. The Chief Compliance Officer can initiate a meeting outside of this time frame upon his/her discretion as needed.
- c) The Chief Compliance Officer is responsible to report any deficiencies to the committee.

## **Compliance Training and Education**

Priority One Billing LLC shall ensure appropriate compliance training is completed for all new personnel in the organization as well as provide continuing compliance education on a regular, ongoing basis. Continuing education on topics such as compliance promote professional excellence and serve as an important reminder to personnel of the responsibilities that each have in the overall compliance plan for the organization.

1. Compliance-related trainings and education for Priority One Billing LLC will, at a minimum, include:
  - a) An overview of the organization's compliance program and its significance in the day-to-day operations.

- b) The importance of all personnel adhering to the requirements of the Compliance Program.
- c) Explain the reporting obligations for all personnel.
- d) Review of all Federal and State fraud and abuse laws and regulations, statutes, or requirements.
- e) Possible discipline or legal sanctions for compliance misconduct.

2. Billing-specific training components:

- a) Medicare reimbursement regulations and policies.
- b) Billing and coding practices.
- c) Appropriate and accurate interpretation of documentation submitted by our clients.
- d) Importance of not altering patient care records received from our clients.
- e) Compilation of all necessary documentation to support the level of service submitted for reimbursement.

3. Chief Compliance Officers' Role in Training:

- a) Will coordinate all compliance training activities at the organization.
- b) Responsible for dissemination of new compliance information to personnel.
- c) Document or ensure documentation of all compliance educational activities. Additionally, measure the training and educational activities by its effectiveness, not simply by its length or scope.
- d) Retain documentation certifying that all personnel have completed the necessary trainings and educational activities. Said records will be kept and made available to regulatory oversight agencies upon formal request.

### **Effective lines of Communication**

Priority One Billing LLC believes that open and honest communication between all personnel in the organization is a critical component to the Compliance Program. All complaints are reviewed and investigated. No complaint is too small or insignificant and all personnel can file complaints.



Priority One Billing LLC encourages direct communication with management and personnel and has an “open door” policy for employees at any level to speak with management. Personnel can request a private meeting with the Chief Compliance Officer or with any supervisor at any time.

#### 1. Reporting Methods for Compliance Concerns

We will require our personnel to report any possible unethical conduct, potential violation of law, or concerns about potential fraud and abuse to a supervisor or the Chief Compliance Officer. Such reports may be made in person or through other forms of written or electronic communication.

Priority One Billing LLC will have a process to allow for the anonymous reporting of compliance concerns. A toll-free compliance hotline, operational and available, will be available for staff, clients, and patients. We will treat such reports as confidential to the extent reasonably possible.

#### 2. Protection for Personnel Who File Reports

Priority One Billing LLC will comply with all protections in applicable law regarding anti-retaliation for reporting of potential violations of law. There will be no retaliation against personnel who, in good faith, file a report regarding a compliance concern.

### **Disciplinary Guidelines**

Another fundamental component of an effective compliance program includes guidance for disciplinary action for corporate officers, managers, and all personnel who have failed to comply with Priority One Billing LLC’s standards of conduct, policies, and procedures, Federal and State laws or those who have otherwise engaged in wrongdoing, which has the potential to impair our status as a reliable, honest, and trustworthy organization.

Senior management will set the tone for compliance in the organization and will strive to ensure that appropriate and consistent corrective and disciplinary actions are taken when noncompliant conduct occurs. While the Chief Compliance Officer, in conjunction with the compliance committee, is charged with facilitating the compliance program, the CEO will have the ultimate responsibility for Priority One Billing LLC and personnel compliance.

Priority One Billing LLC will not condone any unethical or illegal conduct/ behavior on the part of any personnel or business associated with our organization that negatively impacts our operations or reputation.

We will disseminate our disciplinary policies and procedures to all personnel upon onboarding in the organization and they will be reviewed during annual trainings and educational activities.

Sanctions available under the Compliance Program will include, but not be limited to, counseling, required remedial training, verbal and written reprimands, and, for serious infractions, suspension or termination.

The Chief Compliance Officer will conduct a thorough and impartial investigation prior to taking disciplinary action against personnel and will document all aspects of the process. Personnel and subcontractors for Priority One Billing LLC are expected to be truthful, reliable, and lawful in all business dealings.

Priority One Billing LLC will perform background checks for perspective personnel and subcontractors by a third-party organization. A component of the background check will include the screening of said individuals or organizations to ensure they are not on exclusion lists from Federal or State healthcare programs. The screening for excluded individuals/ organizations will occur on a monthly basis.

Priority One Billing LLC will also require any applicants to the organization and proposed subcontractors to disclose any criminal conviction, as defined by 42 U.S.C. 1320a-7(i), or exclusion action. Employment is prohibited for individuals or entities who have been recently convicted of a criminal offense related to healthcare or who are listed as debarred, excluded, or otherwise ineligible for participation in federal healthcare programs. If such conduct has been discovered with current personnel/contractors, those individuals will be removed from direct responsibility for, or involvement in, any federal healthcare program.

### **Internal Monitoring and Auditing**

Ongoing evaluation of the Compliance Program is a critical component. Reports created by this ongoing monitoring, including reports of suspected noncompliance, should be maintained by the Chief Compliance Officer and reviewed with the billing company's senior management and the Compliance Committee. The extent and frequency of the audit function may vary depending on factors decided by the Chief Compliance Officer in conjunction with the compliance committee.

Many monitoring techniques are available to Priority One Billing LLC, one effective tool to promote and ensure compliance is the performance of regular, periodic compliance audits by internal or external auditors who have expertise in Federal and State healthcare statutes, regulations, and Federal, State, and private payor healthcare program requirements. The Chief Compliance Officer along with the compliance committee will decide when an external audit is necessary and seek out appropriate entities for completion. The audits should focus on programs or divisions, including external relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions. At a minimum, these audits should be designed to address compliance with laws governing kickback arrangements, coding practices, claim submission, reimbursement, and marketing. In addition, the audits and reviews will examine compliance with specific rules and policies that have been the focus of particular attention on the part of the Medicare fiscal intermediaries or carriers, and law enforcement, as evidenced by OIG Special Fraud Alerts, OIG audits, and evaluations and law enforcement's initiatives.

Monitoring techniques may include sampling protocols that permit the Chief Compliance Officer to identify and review variations from an established baseline. Significant variations from the baseline will trigger a reasonable inquiry to determine the cause of the deviation. If the inquiry determines that the deviation occurred for legitimate, explainable reasons, the Chief Compliance Officer or manager may want to limit any corrective action or take no action.

If it is determined that the deviation was caused by improper procedures or misunderstanding of rules, including fraud and systemic problems, prompt steps to correct the problem will be taken. Any overpayments discovered as a result of such deviations should be reported promptly to the appropriate provider, with appropriate documentation and a thorough explanation of the reason for the overpayment.

Priority One Billing LLC will incorporate periodic (at a minimum, annual) reviews of whether the program's compliance elements have been satisfied; e.g., whether there has been appropriate dissemination of the program's standards, training, ongoing educational programs, and disciplinary actions, among others. This process will verify actual conformance by all departments with the compliance program.

### **Detected Offenses and Corrective Action**

Detected but uncorrected misconduct can seriously endanger the mission, reputation, and legal status of Priority One Billing LLC. The Chief Compliance Officer will monitor and review all processes on a regular basis. Investigations will be initiated if errors are identified through those processes to determine their cause.

The Chief Compliance Officer or other management officials will promptly investigate any conduct in question to determine whether a material violation of applicable law, rule, program instructions, or the requirements of the organization's compliance program has occurred, and, if so, take steps to correct the problem.

As appropriate, such steps may include, but are limited to, an immediate referral to criminal and/or civil law enforcement authorities, a corrective action plan, a report to the Government, and the notification to the provider of any discrepancies or overpayments, if applicable.

Even if the overpayment detection and return process is working and is being monitored by Priority One Billing LLC's audit or coding divisions, the Chief Compliance Officer needs to be made aware of these significant overpayments, violations, or deviations that may reveal trends or patterns indicative of a systemic problem. Depending upon the nature of the alleged violations, an internal investigation will probably include interviews and a review of relevant documents. Priority One Billing LLC may consider engaging outside counsel, auditors, or healthcare experts to assist in an investigation.

Records of the investigation will contain documentation of the alleged violation, a description of the investigative process (including the objectivity of the investigators and methodologies utilized), copies of interview notes and key documents, a log of the

witnesses interviewed and the documents reviewed, and the results of the investigation, (e.g., any disciplinary action taken and any corrective action implemented). Although any action taken as the result of an investigation will necessarily vary, Priority One Billing LLC will strive for consistency by utilizing sound practices and disciplinary protocols.

This compliance program has been designed to provide a foundation for Priority One Billing LLC, essentially the trunk of the tree to which necessary branches will grow. Comprehensive documents outlining specific policies, procedures, and practices will take root from this program.