

MaineGeneral Health Compliance Program



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Chief Compliance Officer

MaineGeneral Health 

Statement of Ethics

MaineGeneral Health is committed to maintaining the highest ethical and professional standards and to act with integrity in all of its activities. We pledge to treat all of our patients, employees, health care providers and constituents with courtesy, dignity, honesty and respect.

We believe these high ethical standards are necessary to maintain MaineGeneral Health's tradition of excellence in the care of our patients and to enhance the pride and confidence of all persons who work for or provide services to MaineGeneral Health.

MaineGeneral Health Ethics and Compliance

MGH Compliance Helpline

621-9350

You may report anonymously

Effective Communication

Teamwork

Honesty

Integrity

Compassion

Standards of Excellence



Non-Retaliation

It is a violation of the Code of Ethical Conduct and the Compliance Program to retaliate or take any adverse action against anyone making a good-faith report of a concern or potential compliance violation.

Thank you for doing the right thing

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Section I – MaineGeneral Health Compliance Program

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MaineGeneral Health Compliance Policy Statement

MaineGeneral Health and its subsidiaries (hereinafter collectively referred to as “MGH”) strive to deliver health care compassionately and to act with integrity in all we do. Compliance with applicable laws, rules and ethical standards is critical to our maintaining integrity in all of our operations. Our goal is to make sure each member of the MGH workforce takes responsibility for ethics and compliance, understanding that compliance is everyone’s job. An effective compliance program improves quality of care, saves resources, increases positive outcomes and strengthens our already strong compliance culture of “doing the right thing.”

Purpose of the Compliance Program

The MGH Compliance Program (the “Program”) is established and implemented to:

1. Promote the prevention, detection and resolution of conduct not conforming to laws, standards and ethical business practices;
2. Improve the quality of care for our patients;
3. Satisfy the conditions of participation for health care programs funded by the state and federal government and the terms of all contractual arrangements;

4. Promote internal auditing and provide for appropriate voluntary disclosure of violations of laws and regulations;
5. Provide information, guidance and education regarding ethics, regulatory requirements and standards of practice; and
6. Provide ethical leadership so that everybody associated with MGH uses their best judgment, is held accountable for their actions and conducts business with the highest integrity.

Participants in the Compliance Program

The Program, its concepts, policies and procedures apply to all MGH officers, directors, employees, medical staff, agents and contractors. All of us are personally accountable for our individual actions and decisions. We earn credibility with our patients, community and co-workers by keeping our commitments, acting with honesty and integrity and pursuing our goals solely through honorable conduct. To do so, it is crucial that we understand the laws, company policies and contractual obligations that apply to us.

Therefore, MGH expects each member of the MGH workforce and affiliates of MGH to recognize that they have assumed many ethical and professional responsibilities. These include complying with two fundamental tenets of MaineGeneral Health's Compliance Program:

- adherence to our Code of Ethics; and
- adherence to our policies and standards to include the MGH Confidentiality and Compliance Agreement.

Failure to comply with laws, regulatory guidance, the MGH

Compliance Program, the MGH Code of Ethics and the MGH Confidentiality and Compliance Agreement or our policies and standards may result in disciplinary action. **MGH will not retaliate in any manner against anyone who, in good faith, reports known or suspected violations of laws or**

rules, suspected violations of the Code of Ethics or compliance concerns.

Compliance Program Structure

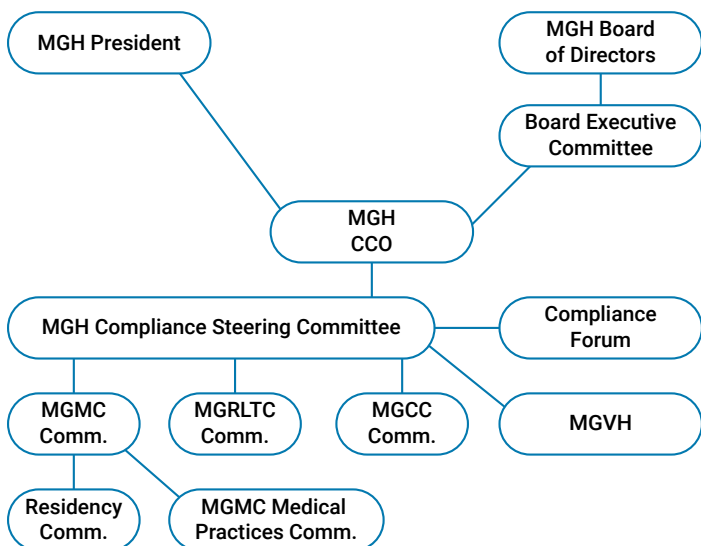
MGH has appointed a Chief Compliance Officer (CCO) to oversee MGH's compliance program. Each MGH entity has or will develop and implement a compliance plan to address its specific requirements. Each entity participates in a compliance committee that meets regularly to address compliance issues. The CCO will develop general compliance guidelines and will receive regular reports from each MGH entity.

MGH has established a Compliance Steering Committee consisting of representatives of all branches of the MGH system. The committee's mission is to support and assist in implementing and maintaining an effective compliance program. The Compliance Steering Committee helps build an awareness of ethics and compliance throughout the organization. The CCO collaborates with the MGH Compliance Steering Committee toward this end. The CCO (or designee) chairs the meetings of the Compliance Steering Committee, which meets quarterly.

The CCO reports directly to MGH's Chief Executive Officer and the Board of Directors. The CCO works collaboratively with the CFO as needed. The CCO has direct access to and may work with the Board of Directors, MGH leadership, all employees, medical staff, contractors and agents. In the context of monitoring or investigating compliance matters, the CCO has access to all documents and information relevant to compliance activities. These include, but are not limited to, patient records, billing records, marketing records, contracts and written arrangements or agreements. The CCO has direct access to legal counsel and to the Board of Directors as needed.

Integrity is
"doing the
right thing"
for the right
reasons without
expectation
of recognition
from others.

MGH Comprehensive Compliance Program



A group of compliance partners called the Compliance Forum consists of the CCO, General Counsel, Director of Risk Management, the Health Insurance Portability and Accountability Act (HIPAA) Privacy Officer, the Information Security Officer, Human Resources Partner and the Director of Internal Audit. The Compliance Forum meets quarterly to review MGH compliance matters. At each meeting, Compliance Forum members update the CCO on compliance-related activities in their respective areas. The CCO then reports on Compliance Forum information to the Compliance Steering Committee.

Chief Compliance Officer Functions

MGH has appointed a Chief Compliance Officer (CCO) to oversee MGH's compliance program. The CCO performs all the functions of a compliance officer as suggested by guidance issued by the Officer of Inspector General (OIG) for Health and Human Services. The CCO's functions include the following:

- Works collaboratively with the MGH Compliance Steering Committee to identify and address risks and concerns, set compliance priorities, adopt compliance guidelines and otherwise establish and maintain a robust and effective compliance program;
- Supervises the Department of Ethics and Compliance staff members ("Compliance staff") who work collaboratively with MGH committees and departments to promote compliance awareness and education; train MGH departments in the regular monitoring of risk areas; facilitate

communication among MGH departments and entities; and conduct reviews;

- Supervises and works collaboratively with MaineGeneral Community Care, MaineGeneral Medical Center Medical Practices, MaineGeneral Rehabilitation & Long Term Care and (as the sponsoring hospital) the Maine-Dartmouth Family Medicine Residency Program;
- Addresses MGH compliance concerns;
- Coordinates and directs compliance activities in the various MGH entities to work in a focused and effective manner on compliance issues;
- Works collaboratively with Human Resources, Credentialing and others to ensure all members of the workforce and vendors are regularly checked against governmental exclusion lists and receive Fraud and Abuse education;
- Updates compliance-related policies, procedures and standards;
- Works with legal counsel to ensure program goals are achieved in a manner consistent with legal and regulatory requirements;
- Investigates reports of possible misconduct from employees, independent contractors and/or anyone who contacts the CCO, Compliance staff or the MGH Compliance Helpline;
- Works collaboratively with clinical staff on compliance functions to ensure the highest possible quality of care;
- Oversees and implements a system-wide compliance and regulatory training curriculum in conjunction with Human Resources and other departments;
- Develops and implements a system-wide internal compliance audit plan, on a fiscal year basis, that considers the OIG work plan, high-risk areas, regulatory changes, billing changes and chargemaster changes; and
- Reviews all documents and other information relevant to compliance activities, including, but not limited to, patient and billing records.

Enforcement of MGH Compliance Standards

MGH has created both general and specific standards related to ethics and compliance issues. General standards and expectations are outlined in MGH's Code of Ethical Conduct and more specific standards relating to particular issues are in MGH

policies. The Board of Directors, MGH leadership, medical staff, employees and contractors who work with MGH must comply with all applicable laws and regulations.

All members of the MGH workforce must carry out their duties in accordance with the Program and underlying policies. Failure to comply with governing laws, or the standards set forth in the Program, may result in disciplinary action up to and including termination.

Code of Ethical Conduct

MGH's Code of Ethical Conduct ("Code") provides the foundation for the Compliance Program by setting forth in a clear and concise summary the fundamental ethical standards of the organization. The Code emphasizes the shared common values and culture that guide our actions. Adherence is critical to our future. The Board of Directors, MGH leadership, medical staff, employees and contractors who work with MGH are responsible for ensuring their behavior is consistent with the Code.

MGH expects everyone associated with the organization to follow the principles set forth in the Code. Upon hire, new employees must receive a copy of the Code and are required to certify that they received, understand and agree to abide by it. All members of the MGH workforce are also required to participate in annual ethics training and records of such training are retained.

MGH Core Compliance Principles

- Honest and ethical conduct
- Compassionate caregiving
- Dedication to professional excellence
- Teamwork
- Adherence to laws, regulations and policies
- Respectful environment
- Zero tolerance for criminal or inappropriate conduct
- Effective communication

Adherence to the Code, and participation in related activities and training, are considered in decisions about hiring, promotion and compensation for all candidates and employees.

If you have questions about the Code, or encounter any situation which you believe violates provisions

of the Code, consult your supervisor, another member of management, the Human Resources (HR) Department or the CCO at [207-626-4103](tel:207-626-4103). If you want to make an anonymous report, call the Compliance Helpline at [207-621-9350](tel:207-621-9350).

Written Policies and Procedures

MGH has established written policies and procedures that demonstrate our commitment to complying with all applicable federal and state statutory, regulatory and other requirements. MGH reviews all compliance Policies and Procedures at least every two years and updates them as needed to remain current with regulatory and legal developments. Each employee and affiliate of MGH is expected to be aware of and follow MGH policies, and is specifically encouraged to review the policies applicable to particular areas of concern. All MGH compliance documents, policies and procedures are available internally via MaineGeneral Connect and externally to contractors, agents and vendors upon request from the Ethics and Compliance Department at [207-626-4103](tel:207-626-4103). Many of these documents are also posted on MGH's public website: www.mainegeneral.org.

All MGH policies and procedures are available upon request.

Additional Standards of Conduct

Exclusions

MGH takes reasonable steps to avoid employing or contracting with any individual or entity who has been convicted of a criminal offense related to health care, or is debarred, excluded or otherwise ineligible for participation in federal or state health care programs. MGH makes reasonable efforts to obtain information when it screens employment or independent contractor applications. Further, every new employee and contractor must disclose any convictions related to health care or any debarment, exclusion, sanction or other adverse action taken against him or her by any federal or state agency. MGH revalidates this information periodically and requires all employees and contractors to give MGH notice if any such action is initiated.

For each new director, officer and employee, MGH requires a background check which includes a review of exclusion lists maintained by the:

- Office of Inspector General of the Department of Health and Human Services (OIG) <https://exclusions.oig.hhs.gov>, and
- General Services Administration (GSA) <https://sam.gov/content/exclusions>
- State of Maine <https://mainecare.maine.gov/mhpviewer.aspx?FID=MEEEX>, and
- U.S Department of the Treasury, Office of Foreign Assets Control (SDN) <https://sanctionssearch.ofac.treas.gov>

The performance of these background investigations shall be documented and maintained in the appropriate personnel file. Exclusion list reviews will be repeated periodically and as needed.

Likewise, for each new contractor, MGH conducts an Exclusion List review which is repeated periodically and as needed.

Health Care Fraud and Abuse Laws

All officers, directors, employees, contractors, subcontractors and agents of MGH shall be aware of MGH's commitment to detecting and preventing health care fraud, waste and abuse. MGH complies with all applicable federal and state health care fraud and abuse or "anti-kickback" laws and regulations, including the federal Anti-Kickback Statute {42 U.S.C. § 1320a-7b(b)}, the Federal False Claims Act (31 U.S.C. § 3729 et seq.) and the Affordable Care for Fraud and Abuse-Related Health Care Reform (3/23/2010). See *MGH policy HR-22: Fraud and Abuse Compliance Workforce Information and Education*.

Responding to Government Inquiries

As a good corporate citizen, MaineGeneral cooperates with government inquiries. Upon receipt of a request from a government agency, the MaineGeneral Legal department, Risk Management department and the Chief Compliance Officer are consulted before responding to any non-routine requests to make sure contacts with government entities are handled properly. Communication with a government agency shall be clear and truthful. Any data or other information provided to a government agency must be accurate, complete and in the rare instance of an inability to respond, an explanation will be included. Copies of documentation provided to government agencies are maintained by MaineGeneral. Employees are not obligated to speak with a government agent; however, they should never be prohibited from doing so.

Responsibilities of Managers and Directors

Each director or manager of a MGH department is responsible for:

- Discussing and providing or arranging for training in the compliance standards, policies, procedures, laws and regulations applicable to members of their department or service, in collaboration with the CCO;
- Collaborating with the Ethics and Compliance Department to ensure the Program, the Code of Ethical Conduct, applicable MGH policies and procedures and any applicable laws or regulations are followed;
- Reporting to the CCO any known or reasonably suspected violations of applicable federal health care program laws or regulations by any member of their department;
- Reporting to the Privacy Officer any known or reasonably suspected violation of patient confidentiality;
- Reporting to the IT Security Officer any known or reasonably suspected loss or theft of IT property containing patient health information or unauthorized access to IT systems containing patient health information;
- Where appropriate, after consulting with the CCO and/or Human Resources, initiating and/or implementing corrective or disciplinary action as needed; and
- Taking all measures reasonably necessary to ensure compliance with the MGH Compliance Program and applicable laws and regulations.

Each department's policies and procedures serve as a resource to enhance employees' ability to perform their jobs in compliance with the MGH Compliance Program and applicable laws and regulations. Employees are encouraged to periodically review their departmental policies and procedures, and to discuss compliance issues with their supervisor, or with a director or manager. Directors and managers are encouraged to involve their employees in the preparation and periodic updating of such policies and procedures.

Reporting Compliance Concerns

Open communication is vital to the effectiveness of the MGH Compliance Program. Therefore, each employee is expected to take personal ownership for compliance in their daily activities. All members of the MGH workforce are required to report known or suspected violations of the Code. Several different reporting paths are available:

- Members of the MGH workforce may report directly to the CCO via the Compliance Helpline at [207-621-9350](tel:207-621-9350). The Compliance Helpline allows for calls to be received anonymously. Compliance Helpline information is available throughout MGH facilities through training, posters, MaineGeneral Connect and other methods. Employees are reminded of the Helpline number and of their duty to report actual or suspected wrongdoing.
- All members of the MGH workforce may contact the CCO directly, in person, by telephone, email or regular mail.
- Employees may report any compliance concerns to their supervisor, manager, department director, Human Resources or any MaineGeneral leader who in turn is expected to report to the CCO to investigate the concern.
- Members of the MGH workforce may also report any compliance concerns to Human Resources [207-861-3400](tel:207-861-3400), the HIPAA Deputy Privacy Officer [207-626-6980](tel:207-626-6980) or the Information Technology Security Officer [207-621-7680](tel:207-621-7680).

If it concerns you, it concerns us.

**MaineGeneral Health
Compliance Helpline**

207-621-9350

You may report anonymously

Compliance is everyone's responsibility

Investigations

The CCO is responsible for reviewing, assessing and investigating reports of possible misconduct from employees, independent contractors or anyone else who contacts the CCO or the MGH Compliance Helpline.

MGH Internal Investigative Protocol

All Helpline reports are logged and maintained in a secure location. Each report is reviewed and investigated with oversight by the CCO.

Information received in a Helpline report is treated as confidential to the extent possible under applicable law. However, there may be times when a reporting individual's identity is disclosed, as required by law or to fully investigate the issue.

The MGH Code of Ethical Conduct prohibits retaliation against anyone who, in good faith, reports known or suspected violations of laws, rules or other compliance concerns.

The CCO will review and log any reports of compliance concerns or violations. Not every report will necessarily result in an investigation. Many issues may be addressed informally through discussion or education. However, reports raising issues relating to areas of legal or regulatory risk, such as concerns about charging, billing or overpayment, may require a formal investigation. The CCO has primary responsibility for conducting investigations of such concerns, but may seek the assistance of others, including legal counsel, appropriate consultants, the Chief Human Resources Officer, the HIPAA Deputy Privacy Officer, the appropriate department director or manager or others. In all such consultations, MGH strives to maintain the maximum confidentiality protection permitted by law. The CCO periodically provides information about investigations and other compliance matters to the Board of Directors, the Chief Executive Officer, and senior leadership where appropriate, in light of confidentiality issues.

In general, the investigation process involves:

- stopping the activity or practice at issue, pending the outcome of the investigation;
- obtaining appropriate guidance on whether the activity or practice raises compliance concerns;
- determining the scope of the potential problem;
- developing an appropriate audit or review methodology to assess the impact or effect of the problem, with the use of external consultants if appropriate; and
- developing and implementing a corrective action plan, including but not limited to any necessary repayments, disclosures or voluntary self-reports.

At the conclusion of any investigation, the CCO documents the nature of the compliance situation or problem, summarizes the investigation process, identifies the parties responsible for the problem and outlines the corrective actions taken. The CCO will keep the Compliance Steering Committee and the Board of Directors advised on a periodic basis of the status of all open investigations.

Program Controls and Corrective Actions

The goals of the Program are to prevent, detect and correct compliance problems that may occur so MGH may continue health care operations in a safe and compliant manner. Once an investigation has been completed, MGH will implement process controls and corrective actions to ensure the compliance issue does not recur.

Unintentional Errors

If an investigation reveals a problem that appears to be an unintentional error, the following actions, in collaboration with various departments and legal counsel, if necessary, will also be taken:

- If overpayments have been received from Medicare, Medicaid or other governmental health care programs because of errors or mistakes:
 - › the defective practice or procedure will be corrected as quickly as possible;
 - › the improper overpayments, if any, will be calculated and repaid to the appropriate payer;
 - › education will be provided to appropriate individuals to prevent similar problems in the future; and
 - › follow-up monitoring will be performed, as appropriate, to ensure the updated processes and controls are working.
- If no overpayments have been received:
 - › the defective practice or procedure will be corrected as quickly as possible; and
 - › education will be provided to appropriate individuals to prevent similar problems in the future.

The Chief Human Resources Officer shall be involved in any corrective action taken when results of an investigation identify an MGH individual whose conduct did not meet MGH's standards.

Intentional Noncompliance

If an investigation discloses what appears to be intentional noncompliance on the part of an individual or entity, the following actions shall be taken:

- The practice at issue will immediately be suspended pending the outcome of the investigation.
- The MGH individual may be placed on administrative leave, with or without pay, until the investigation is concluded.
- If the investigation determines the MGH individual acted intentionally, willfully or with reckless disregard for applicable laws or regulations, the individual will be subject to disciplinary action, up to and including termination of employment.
- If the investigation determines that the practice at issue was inappropriate, MGH will correct the practice immediately, including making any necessary repayments.
- If the investigation determines that a non-MGH individual or entity acted intentionally, willfully or with reckless disregard for applicable laws or regulations, MGH may notify state or federal agencies as appropriate. Legal counsel will be consulted as necessary.

Risk Evaluation Activities

Internal Monitoring

Regular internal monitoring for compliance with appropriate state and federal guidelines and regulations, as well as with MaineGeneral Health policies, is central to preventing and identifying errors and to reinforcing best practices. The Ethics and Compliance staff provides guidance to individual department leaders and/or their designated staff in internal self-monitoring reports. The results of these reports are then reported to the Ethics and Compliance Department. In addition, participation in the internal monitoring program is reported at Compliance Committee meetings. The Ethics and Compliance department retains all internal monitoring reports on file for seven years. The internal monitoring program manual describes this process in detail.

External Audits

MGH occasionally engages external auditors or consultants to evaluate certain aspects of its billing and coding activities, or other compliance risks. To maintain appropriate confidentiality protection for these self-critical studies, external audits of compliance-related activities are generally conducted through legal counsel, except as otherwise determined by the CCO. The results of such external audits are reported to the CCO and to appropriate managers and supervisors.

Government Requests

Government agencies, such as the Office of Inspector General (OIG), the Centers for Medicare and Medicaid Services (CMS), the Medicare Administrative Contractor (MAC) or the Maine Department of Health and Human Services (DHHS), may contact MGH with requests for information about certain aspects of MGH's regulatory compliance. These may include requests for a review or an audit, or may suggest the need for MGH to conduct such a review or audit. When such a request is received, the department receiving the request will advise the CCO as soon as possible.

Under the oversight of the CCO, MGH will design an appropriate audit or review methodology. In response to the findings, necessary corrective actions and education will be implemented. The CCO will consult with legal counsel as appropriate.

Coordination with Ethics and Compliance Department

The CCO must be notified of all results of audits or other reviews performed by MGH personnel, external consultants or government auditors, whether or not such audits identify potential compliance issues. Written results of all internal or external reviews are kept on file.

Audit Activity Confidentiality

Any internal or external reviewers or auditors who are given access to MGH information to carry out audit activities are held to MGH's confidentiality requirements. Access to patient medical or billing information for review or audit activities does not constitute authorization to use such information for anything other than this monitoring purpose. Members of the MGH workforce carrying out such activities are subject to all MGH policies about confidentiality of protected health information.

External auditors, MaineGeneral Health employees, volunteers, students, trainees, contractors and other members of the workforce will be asked to sign the Confidentiality and Compliance Agreement for MaineGeneral Medical Center or a HIPAA business associate agreement, as appropriate.

Design and Coordination of Compliance Training

Compliance training and education is provided to all members of the MGH workforce, including the Board of Directors and senior leadership. The CCO, in conjunction with Human Resources and others, creates or identifies appropriate programs for new and existing personnel.

Effective compliance training is a key component of the Compliance Program. Members of the MGH workforce complete annual compliance training. In addition, in-person basic compliance training is offered to all departments. Compliance training includes the purpose of the Compliance Program as well as the applicable federal and state laws and regulations that apply to MGH's operations. When an area of perceived compliance risk involves specialized issues not of general concern to the entire employee population, the CCO may direct certain employees or contractors to attend appropriate continuing education courses offered by commercial conference organizers or government agencies.

Appendix A: MGH Values & Standards

All MaineGeneral Health employees abide by a code of values and standards that are woven into the fabric of everything we do. These values and standards are represented by the acronym RESPECT:



R Respect

- I demonstrate respect and compassion for everyone with my words, my tone of voice and my body language.
- I treat others as I would want to be treated – as the most important person I will see or speak to today.

E Excellence

- I promote excellence by doing my best work every day in every interaction.
- I maintain a high standard of ethical behavior and personal expertise striving to exceed expectations.
- I maintain confidentiality.

S Safety

- I am responsible for maintaining a safe and secure accident-free environment.
- I speak up when I am concerned about the safety of patients or anyone else.

P Professionalism

- I am responsible for my own actions and learn from my mistakes.
- I always make sure my appearance is clean, professional and follows the MaineGeneral dress code.
- I assume responsibility for my personal and professional growth.

E Empathy

- I demonstrate kindness, understanding and caring for patients, families and coworkers.
- I am sensitive to the diversity among our patients, families, employees and community.
- I honor everyone's uniqueness and value.

C Communication

- I welcome EVERYONE with a smile, eye contact and a friendly introduction.
- I use appropriate meetings and communication tools to receive and share information.
- I actively listen to other people's needs and respond in an open, thoughtful and accepting manner.
- If I do not know the answer to a question, I do my best to find someone who can help.

T Teamwork

- I collaborate with others, am positive in finding solutions, support a blame-free environment and foster a professional, healing atmosphere.
- I recognize the unique skills, expertise and value of my coworkers, acknowledging that the team can accomplish more together than individually.
- I recognize that our patients and their families are important members of our health care team.

Appendix B: MGH Core Compliance Principles

Honest and ethical conduct

Compliance with highest ethical standards

We are committed to maintaining the highest ethical and professional standards and to acting with integrity in all of our activities. We pledge to treat our patients, visitors and fellow workforce members with courtesy, dignity, honesty and respect.

Avoid conflicts of interest

As members of the MaineGeneral Health workforce, we agree to:

- faithfully and honorably carry out our duties;
- avoid conflicts between our personal interests and our official responsibilities;
- refrain from using any position within MaineGeneral Health for personal gain or benefit;
- report, in good faith, actual or potential conflicts of interest; and
- avoid not only actual conflict but any appearance of a conflict of interest as well.

Compassionate caregiving; dedication to professional excellence; teamwork

Compliance with the highest standards of patient care

As members of the MaineGeneral Health workforce, we are dedicated to providing the highest-quality care and service to our patients, their families and the communities we serve. All patients must be treated with compassion and concern. All care must be reasonable, necessary and appropriate to the situation and only provided by duly qualified personnel. We agree to properly screen and treat emergency patients in accordance with EMTALA regulations.

Teamwork is one of the keys to providing excellent patient care and is essential to maintaining an effective compliance program. We all must work together as a team to help MaineGeneral Health provide thorough, compassionate health care services in a lawful and ethical way.

Adherence to laws, regulations, and policies

Compliance with legal requirements

We must become familiar with, and abide by, the letter and spirit of the laws and regulations that apply to our positions and duties at MaineGeneral Health.

If we are concerned about a mistake or have a question about the appropriateness of an action or inaction, we should speak to a supervisor, administrator or the Chief Compliance Officer. When in doubt, ask!

Fairness - Conducting business practices with honesty and integrity.

We are expected to conduct all business with patients, payers, grantors, vendors, competitors and the academic and research community with

honesty and integrity. Among other requirements, we are expected to adhere to all laws that prevent bribes or kickbacks, wrongful referrals, price fixing and improper sharing of competitive or protected information. All purchases of supplies and services must come from qualified sources and may not personally benefit an employee. We agree not to view or share protected business information unless it is part of our work.

Creation, maintenance and preservation of accurate records.

We understand that our records, documents and claims must be accurate, complete and in compliance with institutional and governmental requirements. We bill only for services actually provided and medically necessary, which are supported by required documentation. All bills must conform to applicable legal and payer requirements.

Compliance with environmental and occupational safety regulations.

We comply with the health and safety laws, regulations, policies and procedures that govern and protect all persons who come in contact with MaineGeneral Health facilities or personnel. We comply with all environmental laws, regulations, licenses, permits, approvals, storage and disposal requirements for any toxic or biohazardous materials.

Respectful environment; standards will be enforced in response to criminal or inappropriate conduct

Respect for patient privacy.

Just as we respect the integrity of each patient we serve, we also respect the privacy of each patient's personal and health care information. We comply fully with state and federal confidentiality rules; we do not publicly discuss patient information that we learn from our work; we never view patient information, either on paper or by computer, unless it is actually necessary for accomplishing our job.

Respect for the rights and dignity of employees, patients and others.

MaineGeneral Health and its subsidiaries do not discriminate in the provision of benefits or services or the conduct of programs or activities on the basis of race, color, religion, citizenship or military status, age, gender, sexual orientation, gender identity, marital or parental status, physical or mental disability or impairment or the ability to speak, write or understand English.

Maintenance of a drug-, alcohol- and smoke-free workplace.

The illegal use, sale, purchase, transfer, possession or presence in one's system of alcohol and/or illicit drugs, as well as the smoking of any substance on the campus of any MaineGeneral Health facility, is strictly prohibited.

Effective communication

Honest, open conversations regarding crucial concerns.

Honest communication with colleagues and supervisors is critical to effective teamwork and to helping maintain MaineGeneral Health's excellent reputation in the community as an organization with integrity. To that end, members of the MaineGeneral Health family are encouraged to discuss concerns with colleagues, supervisors, administrators and the Chief Compliance Officer.

Reporting violations of this Code; promise of no retaliation; enforcement.

Open communication applies to our compliance concerns as well as to our day-to-day work responsibilities. Each of us is expected to uphold this Code of Ethical Conduct and report any suspected violation to a supervisor, Chief Compliance Officer, the Human Resources Department, a HIPAA Privacy Officer, Manager of Information Security or the MaineGeneral Health Compliance Helpline at [207-621-9350](tel:207-621-9350).

It is a violation of this Code of Ethical Conduct and the MaineGeneral Compliance Program to retaliate or take any adverse action against anyone making a good-faith report of a concern or potential compliance violation, whether or not the report is proven after investigation.

A report may be made anonymously (by mail or the Compliance Helpline). MaineGeneral Health, if requested, will make every reasonable effort to keep confidential the identity of anyone reporting a suspected violation, to the extent permitted by law.

Reports of suspected violations will be investigated by authorized personnel. Each of us is expected to cooperate fully with any investigation undertaken. Violations of this Code of Ethical Conduct may lead to disciplinary action, up to and including termination.

Section II – MaineGeneral Medical Center Medical Practices

Elmwood Primary Care, Waterville



Winthrop Family Medicine and Winthrop Pediatric & Adolescent Medicine



MGMC Medical Practices Compliance Program Purpose

The purpose of this section is to establish and foster a culture of compliance specific to the needs of MaineGeneral Medical Center Medical Practices (MGMC Medical Practices). MGMC Medical Practices is comprised of primary care and specialty care practices. The MGMC Medical Practices Compliance Program is a supplement to the MaineGeneral Health (MGH) Compliance Program. Due to the compliance risks associated with the claims development and billing process, the MGMC Medical Practices compliance program focuses on clinical documentation and coding/billing accuracy. The MGMC Medical Practices compliance program is periodically reviewed and revised as needed.

MGMC Medical Practices Compliance Program Structure

The MGH CCO serves as the Compliance Officer for MGMC Medical Practices. The CCO has the authority to investigate and respond to all allegations of non-compliance. The MGMC Medical Practices Compliance Committee reports through the MaineGeneral Health Compliance Steering Committee. The MGMC Medical Practices Compliance Committee meets on a regular basis and includes appropriate representation from the medical practices and departments that support those practices. The CCO has reporting responsibilities to the MGH CEO and the MGH Board of Directors.

The purpose of this committee is to provide compliance oversight and guidance related to current compliance risk areas. This committee shall maintain minutes of its meetings.

MGMC Medical Practices Policies and Procedures

MGMC Medical Practices adheres to all policies and procedures of MGH that are indicated as applicable to “MGMC Medical Practices” or “All.” MGH Policies and Procedures are available for viewing by all employees on the MaineGeneral Connect site. In addition, MGMC Medical Practices has established written procedures to ensure standardized workflows.

MGMC Medical Practices Communication

An open line of communication shall be established and maintained for employees and others within MGMC Medical Practices to submit reports, complaints or questions about compliance.

Compliance-related issues are hard to identify and correct without help from employees. Questions or concerns about compliance should be directed to the employee’s supervisor or the Chief Compliance Officer. Staff may also call the MaineGeneral Health Compliance Helpline at [207-621-9350](tel:207-621-9350). Calls to the Helpline may be made anonymously.

All employees who provide direct care are required by law to report any suspected abuse, neglect or exploitation to the DHHS, as well as their supervisor, manager or administrator.

MGMC Medical Practices Auditing and Monitoring

A program of ongoing monitoring is maintained to educate MGMC Medical Practices medical staff and other appropriate personnel in areas such as claims submission and documentation. Audits are proactively performed to reduce compliance risks and to promote adherence to statutes, regulations and guidelines.

Audits may also be performed in response to the following:

- Identification of a compliance concern;
- Government requests and/or other health plan probes; or
- Activities listed on the OIG Work Plan.

Auditors are allowed access to all documentation necessary to conduct their monitoring activities and shall bear in mind confidentiality requirements.

Ethics and Compliance Audit Summary Report

An annual report is submitted to the Chief Compliance Officer and MGMC Medical Practices leadership that outlines the previous 12 months of auditing and education provided.

Audit Findings

The outcome of all audits is reported in written form and distributed as appropriate.

A team approach is taken to partner with the MGMC Medical Practices Clinician or the medical practice leadership to help achieve compliance. Resources and support are made available as necessary. The following steps may be taken:

- Follow-up audits;
- Expanded audits;
- Additional one-on-one education;
- Additional support/education from the appropriate Medical Director; and
- Pre-payment record reviews.

Overpayments

Audit findings that reflect an overpayment require subsequent charge and billing corrections. Please refer to the MGH Compliance Program Policies for more information.

Audit Plan for Professional Evaluation and Management (E/M) Services

An annual E/M audit plan is created by the Ethics and Compliance department or other designated personnel. The Compliance Specialists perform, coordinate and report MGMC Medical Practices E/M audits with assistance from other auditors as necessary.

Specialty-specific E/M utilization data reviews (i.e. reports of E/M code distribution) shall be used to assess compliance risk as appropriate. MaineGeneral uses a proactive approach to identify clinicians that fall outside of the statistical norm for their specialty. Due to the medical complexity of some specialties, auditors may require additional resources to ensure accurate assessment of the medical documentation. These additional resources may include, but not be limited to, direct contact with professional societies that represent the specialty and/or consultation with the MGMC Medical Practices Medical Director for the medical specialty.

E/M documentation reviews (audits) for professional services shall be conducted for all new MGMC Medical Practices Medical Staff and periodically thereafter.

- Baseline audit shall include:
 - › Audit of a sampling of 15 E/M services to include review of compliance with documentation requirements and appropriate CPT leveling.
 - › Education will be offered after baseline audit is performed.

Follow-up E/M audits are conducted as deemed appropriate.

Report of Audit Findings:

- Audit findings shall be reported to the Medical Staff member, the Medical Practice Leadership including Medical Directors and to others as deemed appropriate. Audit findings are reported to Revenue Cycle Leadership for resolution of identified charging, coding and billing issues, including repayment as appropriate.

MGMC Medical Practices Compliance Education and Training

Education and training are key elements of the MGMC Medical Practices compliance program. All MGMC Medical Practices personnel shall receive appropriate training about the compliance program.

Training shall consist of, but not be limited to, the following:

- Completion of annual mandatory computer-based compliance training modules; and
- Compliance presentations and educational/ research memos relating to statutes, regulatory updates and local coverage determinations.

Training shall address, as applicable, the following:

- Coding and billing guidelines;
- HIPAA Privacy and Security;
- Proper and timely documentation and reporting of services rendered;
- Duty to report misconduct; and
- Other compliance training needs as identified.

E/M Coding Education for Physicians and Non-Physician Practitioners

New Medical Staff

During the medical staff orientation process, E/M coding education is provided to all new MaineGeneral physicians and non-physician practitioners. The educational session will be presented by members of the Ethics and Compliance department.

Periodic E/M Audits and Education

E/M documentation reviews (audits) are conducted for MGMC Medical Practices clinicians by the Ethics and Compliance department in collaboration with other auditors, as necessary (see Auditing and Monitoring section on page 16). Upon completion of an audit, a meeting is offered to the clinician to review the audit findings and address any educational needs. Educational resources include, but are not limited to:

- CMS 1995 and/or 1997 Documentation Guidelines;
- Current version of the American Medical Association (AMA) CPT E/M Office Revisions Level of Medical Decision Making (MDM). This is the standard auditing form used by MGH auditors;
- Current version of the CMS Evaluation and Management Services Guide;
- Additional education and resources are provided as needed.

Section III – MaineGeneral Rehabilitation & Long Term Care (MGRLTC)

MaineGeneral Rehabilitation & Long Term Care at Glenridge



MaineGeneral Rehabilitation & Long Term Care at Gray Birch



MGRLTC Compliance Program Purpose

The purpose of this section is to establish and foster a culture of compliance specific to the needs of MaineGeneral Rehabilitation & Long Term Care (MGRLTC). MGRLTC is comprised of skilled, long-term, residential and Alzheimer's/dementia care. The MGRLTC Compliance Program is a supplement to the MaineGeneral Health (MGH) Compliance Program. The MGRLTC Compliance Program is reviewed periodically and revised as needed.

MGRLTC Compliance Program Structure

The MGH CCO serves as the Compliance Officer for MGRLTC. The CCO has the authority to investigate and respond to all allegations of non-compliance. The MGRLTC Compliance Committee reports through the MaineGeneral Health Compliance Steering Committee. The MGRLTC Compliance Committee meets on a regular basis and includes appropriate representation from the skilled, long term, residential and Alzheimers/dementia care units and departments that support those facilities. The CCO has reporting responsibilities to the MGRLTC CEO and the MGH Board of Directors.

The purpose of this committee is to provide compliance oversight and guidance related to current compliance risk areas. This committee shall maintain minutes of its meetings.

MGRLTC Policies and Procedures

MGRLTC adheres to all policies and procedures of MGH that are indicated as applicable to “MGRLTC” or “All.” MGH Policies and Procedures are available for viewing by all employees on the MaineGeneral Connect Site.

In addition, MGRLTC has established written policies and procedures to ensure compliance with program-applicable laws, rules, regulations and guidelines.

MGRLTC Communication

An open line of communication shall be established and maintained for employees and others within MGRLTC to submit reports, complaints or questions about compliance.

Compliance-related issues are hard to identify and correct without help from employees. Questions or concerns about compliance should be directed to the employee’s supervisor or the Chief Compliance Officer. Staff may also call the MaineGeneral Health Compliance Helpline at [207-621-9350](tel:207-621-9350). Calls to the Helpline may be made anonymously.

All direct care staff are required by regulation to immediately report all alleged incidents of mistreatment, neglect, abuse (including injuries of unknown origin) and misappropriation of resident property to leadership for report to DHHS.

MGRLTC Auditing and Monitoring

A program of ongoing monitoring is maintained to educate MGRLTC personnel in areas such as claims submission and documentation. Audits are performed proactively to reduce compliance risks and to promote adherence to statutes, regulations and guidelines.

Audits may also be performed in response to the following:

- Identification of a compliance concern;
- Government requests and/or other health plan probes; or
- Activities listed on the OIG Work Plan.

Auditors are allowed access to all documentation necessary to conduct their monitoring activities and shall bear in mind confidentiality requirements.

The MGRLTC Quality Assurance Performance Improvement (QAPI) Program is designed to maintain and improve the highest level of quality resident care and services.

The QAPI program (Policy LTCPI-01) provides an ongoing, comprehensive, interdisciplinary review of the full range of services and care offered in the facility. The ongoing quality program includes clinical care, quality of life and resident choice. Patient safety standards, high-quality care and MaineGeneral Excellence at Work Values and Standards drive the goals while maintaining resident and patient choice and relationship-based care. Goals of the facility are measurable and use evidence-based practice and best units of measurement.

MGRLTC uses several audit and survey tools to identify risk areas:

- Federal and state DHHS surveys for certification and licensure
- CMS case mix reviews
- Performance improvement projects
- QAPI review
- Participation in MGH internal monitoring program
- Pharmacy reviews
- Complaint resolution reviews
- Satisfaction surveys
- Periodic audits of accuracy of documentation of resident care and Minimum Data Set (MDS) information

MGRLTC Compliance Education and Training

Education and training are key elements of the MGRLTC compliance program. All MGRLTC personnel shall receive appropriate training about the compliance program.

Training shall consist of, but not be limited to, the following:

- Completion of annual mandatory computer-based compliance training modules; and
- Compliance presentations and educational/ research memos relating to statutes, regulatory updates, local coverage determinations.

Training shall address, as applicable, the following:

- Coding and billing guidelines;
- HIPAA Privacy and Security;
- Proper and timely documentation and reporting of services rendered;
- Duty to report misconduct; and
- Other compliance training needs as identified.

Section IV – MaineGeneral Community Care (MGCC)

Hathaway Creative Center, Waterville



MGCC Compliance Program Purpose

The purpose of this section is to establish and foster a culture of compliance specific to the needs of MaineGeneral Community Care (MGCC). MGCC is comprised of home care, hospice and behavioral health services. The MGCC Compliance Program is a supplement to the MaineGeneral Health (MGH) Compliance Program. The MGCC Compliance Program is reviewed periodically and revised as needed.

MGCC Compliance Program Structure

The MGH CCO serves as the Compliance Officer for MGCC. The CCO has the authority to investigate and respond to all allegations of non-compliance. The CCO reports the results of compliance activities to the MGCC CEO and the MGH Board of Directors.

The MGCC Compliance Committee reports through the MaineGeneral Health Compliance Steering Committee. The MGCC Compliance Committee meets on a regular basis and includes appropriate representation from MGCC behavioral health services, home care and hospice and departments that support those programs. The CCO has reporting responsibilities to the MGCC CEO and the MGH Board of Directors.

The purpose of this committee is to provide compliance oversight and guidance related to current compliance risk areas. This committee shall maintain minutes of its meetings.

MGCC Policies and Procedures

MGCC adheres to all policies and procedures of MGH that are indicated as applicable to “MGCC” or “All.” MGH Policies and Procedures are available for viewing by all employees on the MaineGeneral Connect Site.

In addition, MGCC has established written policies and procedures to ensure compliance with program-applicable laws, rules, regulations and guidelines.

MGCC Communication

An open line of communication shall be established and maintained for employees and others within MGCC to submit reports, complaints or questions about compliance.

Compliance-related issues are hard to identify and correct without help from employees. Questions or concerns about compliance should be directed to the employee's supervisor or the Chief Compliance Officer. Staff may also call the MaineGeneral Health Compliance Helpline at [207-621-9350](tel:207-621-9350). Calls to the Helpline may be made anonymously.

All employees who provide direct care are required by law to report any suspected abuse, neglect or exploitation to the DHHS, as well as their supervisor, manager or administrator.

MGCC Auditing and Monitoring

Quality auditing and monitoring occurs on an ongoing basis to promote adherence to statutes, regulations and guidelines and reduce compliance risks.

Audits may also be performed in response to the following:

- Identification of a compliance concern;
- Government requests and/or other health plan probes; or
- Activities listed on the OIG Work Plan.

Auditors are allowed access to all documentation necessary to conduct their monitoring activities and shall bear in mind confidentiality requirements.

MGCC Compliance Education and Training

Education and training are key elements of the MGCC Compliance Program. All MGCC personnel shall receive appropriate training about the compliance program.

Training shall consist of, but not be limited to, the following:

- Completion of annual mandatory computer-based compliance training modules; and
- Compliance presentations and educational/ research memos relating to statutes, regulatory updates and local coverage determinations.

Training shall address, as applicable, the following:

- Coding and billing guidelines;
- HIPAA Privacy and Security;
- Proper and timely documentation and reporting of services rendered;
- Duty to report misconduct; and
- Other compliance training needs as identified.

Section V – MaineGeneral Virtual Health (MGVH)

MGVH Compliance Program Purpose

The purpose of this section is to establish and foster a culture of compliance specific to the needs of MaineGeneral Virtual Health (MGVH). MGVH provides MaineGeneral eCare Services which allows patients to access a provider virtually by secure video to help treat non-emergency medical conditions. The MGVH Compliance Program is a supplement to the MaineGeneral (MGH) Compliance Program. The MGVH Compliance Program is periodically reviewed and revised as needed.

MGVH Compliance Program Structure

The MGH CCO serves as the Compliance Officer for MGVH. The CCO has authority to investigate and respond to all allegations of non-compliance. The MGVH Compliance activities are reported through the MaineGeneral Health Steering Committee. The CCO reports the results of MGVH compliance actions to the MGVH CEO and the MGH Board of Directors.

MGVH Policies and Procedures

MGVH adheres to applicable policies and procedures of MGH that are indicated as applicable to “MGVH” or “All” when MGVH is included in the list. MGH Policies and Procedures are available for viewing by all employees on the MaineGeneral Connect Site.

MGVH Communication

An open line of communication shall be established and maintained for MaineGeneral Medical Center employees that provide contracted eCare Services to MGVH patients to submit reports, complaints or

questions about compliance. Patients and others are also encouraged to contact the MaineGeneral Health Compliance Helpline at [207-621-9350](tel:207-621-9350) with MGVH compliance questions or concerns. Calls to the Helpline may be made anonymously.

All employees who provide direct care are required by law to report any suspected abuse, neglect or exploitation to the DHHS, as well as their supervisor, manager or administrator.

MGVH Auditing and Monitoring

Quality auditing and monitoring is performed in response to identification of a compliance concern, to promote adherence to guidelines and reduce compliance risks. Auditors are allowed access to all documentation necessary to conduct their monitoring activities and shall bear in mind confidentiality requirements.

MGVH Compliance Education and Training

Education and training are key elements of the MGH Compliance Program. All MGH personnel shall receive appropriate training about the compliance program. Training shall consist of, but not be limited to, the following:

- Completion of annual mandatory computer-based compliance training modules; and
- Compliance presentations and educational/ research memos related to statutes, regulatory updates and local coverage determinations.

Training shall address, as applicable, the following:

- HIPAA Privacy and Security;
- Proper and timely documentation and reporting of services rendered;
- Duty to report misconduct; and
- Other compliance training needs as identified.

Conclusion

Through the Compliance Program outlined in this document, MGH works to maintain a health care system that effectively prevents, finds and fixes mistakes and misconduct and improves processes. Everyone associated with MGH is a valuable member of the compliance team and is expected to help MGH achieve its compliance goals.



MGH Compliance Helpline: 207-621-9350

You may report anonymously.

Non-Retaliation

It is a violation of the Code of Ethical Conduct and the MGH Compliance Program to retaliate or take any adverse action against anyone making a good-faith report of a concern or potential compliance violation.



Ethics and Compliance

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