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**References:**

## Corporate Compliance and Ethics Plan

### PURPOSE

American Health Companies, Inc. d/b/a American Health Partners ("AHP") is committed to prevention, detection, and taking all appropriate action to assure compliance with all legal and regulatory statutes by promoting honest, and ethical behavior in all work-related activities.

### POLICY

AHP has established this plan to ensure that quality services are provided in a manner that fully complies with all applicable state and federal laws and regulations. It is the policy of AHP that: 1) all employees are educated about the applicable laws and trained in matters of compliance; 2) there is periodic auditing, monitoring and oversight of compliance with those laws; 3) there exists an atmosphere that encourages and enables the reporting of non-compliance without fear of retribution; 4) responsibility is not delegated to persons with a propensity to act in a non-compliant manner; and 5) mechanisms exist to investigate, discipline and correct non-compliance.

The Corporate Compliance Program encompasses all facilities and entities that provide health care services or that provide support to health care service providers. These entities are identified within this Policy, and the list shall be updated as necessary to remain current.

This Program applies not only to the employees of AHP and its subsidiaries, but also to the AHP Board of Directors and the Board of Directors of each subsidiary, our affiliated health care providers, and vendors doing business with AHP, all referred to as covered persons. Any reference to "members of AHP" should be considered to include each of these groups.

The Chief Compliance and Ethics Officer ("CCO") for AHP shall be designated by the Board of Directors. The CCO is responsible for the coordination and day to day oversight of AHP and its affiliated entities' Corporate Compliance Program

#### Board of Directors

The Boards of Directors are responsible for the review and oversight of matters related to compliance with Federal healthcare program requirements. The THM Board of Directors is also responsible for the review and oversight of the obligations of the Corporate Integrity Agreement. The AHP Board has a Compliance Committee that receives reports at least quarterly from the Chief Compliance and Ethics Officer.

#### Compliance Committees

The following Committees have been designated to assist with the compliance efforts at AHP; the prevention and detection of possible fraud and abuse; and the implementation of the Program.

**THM/American Health Communities (SNF) Compliance Committee.** This Committee meets monthly and is comprised of the Chief Compliance and Ethics Officer, the Regional Compliance Officers/Directors, and other members of senior management deemed necessary, including senior executives of relevant departments such as billing, clinical, human resources, operations and internal audit.

**Business Unit Compliance Committees.** Each of the business units (AmPharm, Unity Behavioral Health, Home Health/Hospice, and TruHealth) have a Corporate Compliance Committee, whose role is the development, implementation and oversight of compliance policies and procedures specific to the business unit, and who work in conjunction with and report to the AHPM Corporate Compliance Committee at least quarterly. Each business unit Compliance Committee shall be comprised of the Business Unit Leader, various employees of the business unit, the Chief Compliance and Ethics Officer, and other personnel as deemed appropriate by the Corporate Compliance Committee given the services provided by the business unit.

**AHPM Corporate Compliance Committee.** This Committee meets quarterly and is comprised of the Chief Compliance and Ethics Officer and other members of senior management deemed necessary, including senior executives of relevant departments such as billing, clinical, human resources, operations and internal audit.

Each Compliance Committee shall ensure that it maintains a comprehensive program to: a) Comply with all laws and regulations governing its business and activities; and b) Conduct its affairs in an ethical and responsible manner. The Committee shall inform the Board of the reports it receives from the regarding the activities of the Compliance Program

## PROCEDURE

### ***Appointment of Chief Compliance and Ethics Officer***

1. There shall be appointed a Chief Compliance and Ethics Officer, reporting to AHP CEO and Board of Directors. The CCO must be an employee and a member of senior management. The CCO cannot be or be subordinate to the General Counsel or Chief Financial Officer or have responsibilities that involve acting in any capacity as legal counsel or supervising legal counsel functions.
2. The CCO shall be responsible for:
  - Overseeing and monitoring the implementation of the compliance program;
  - Developing and implementing policies, procedures, and practices designed to ensure compliance with federal health care program requirements;
  - Making at least quarterly reports regarding compliance matters director to the Board of Directors; and
  - Monitoring the day-to-day compliance activities.

### ***Employee Reporting***

1. All employees have the responsibility to comply with applicable laws and regulations and to report any acts of non-compliance.
2. Any employee who perceives or learns of an act of non-compliance shall notify their supervisor, the Facility Compliance Officer, the Regional Compliance Director, the CCO, or the Confidential Disclosure Program. Supervisors are required to report these issues through established management channels and/

or the CCO. Reports may be made anonymously, although giving a name and phone number generally makes investigating reports easier and more effective. All employees are encouraged to call if they have any question about whether their concern should be reported. Every effort will be made to preserve the confidentiality of reports of non-compliance (although calls made anonymously will always preserve the autonomy of the caller). All employees must understand, however, that circumstances may arise in which it is necessary or appropriate to disclose information. In such cases, disclosures will only be made as necessary.

3. All employees are required to report acts of non-compliance. Any employee found to have known of such acts, but who failed to report them, will be subject to disciplinary action, up to and including possible termination.
4. No employee or manager shall, in any way, retaliate against another employee for reporting an act of non-compliance. Acts of retaliation should also be reported to the CCO directly or via the hotline and will be investigated by the CCO and/or his/her designee. Any confirmed act of retaliation shall result in disciplinary action, up to and including possible termination.

### ***Investigation of Non-Compliance***

1. The CCO and/or their designee(s) will investigate every report of non-compliance whether reported through the Confidential Disclosure Program or otherwise. Investigations will be conducted promptly and will consist of interviewing personnel, examining documents, and consulting with legal counsel, if necessary.
2. The CCO and/or their designee(s) have full authority to interview any employee and review any document he/she deems necessary to complete the investigation.
3. A written record of each investigation will be created and maintained by the CCO. He/she will make every effort to preserve the confidentiality of such records and will make any necessary disclosures on a "need-to-know" basis only.
4. The CCO will report the results of each investigation considered significant to the Administrator/CEO. He/she may recommend a course of discipline and/or other corrective action. Sanctions for non-compliance may be imposed.

### ***Corrective Action or Discipline***

Disciplinary action, up to and including termination of employment, may be taken for any of the following:

1. participating in or authorizing an action that violates the corporate compliance program;
2. failing to report a violation of the compliance program;
3. refusing to cooperate in the investigation of a suspected violation of the compliance program;
4. failing to detect and report a violation of the compliance program, if such failure indicates inadequate supervision or lack of oversight by a violator's supervisor; or
5. retaliating against an individual for making a good faith report of a suspected violation of the compliance program.

### ***Training***

1. The CCO and/or their designee(s) will monitor the education of employees concerning the existence of the compliance plan, the contents of the plan, and the need to abide by the specific laws and regulations. The CCO will ensure that employees receive a copy of the Code of Conduct. He/she will inform

employees of changes in the laws or regulations periodically and systematically through written communications and training.

2. All employees will receive compliance training within 30 days of hire date and annually thereafter.

**Monitoring and Auditing**

1. The Chief Compliance and Ethics Officer shall develop and implement a centralized annual risk assessment and internal review process to identify and address risks associated with AHP and its affiliates' participation in federal health care programs.
2. The risk assessment and internal review process shall require compliance, legal, and department leaders, at least annually, to: 1) identify and prioritize risks; 2) develop internal audit work plans related to the identified risk areas; 3) implement the internal audit work plans; 4) develop corrective action plans in response to the results of any internal audit performed; and 5) track the implementation of the corrective action plans in order to assess the effectiveness of such plans.

The Corporate Compliance Plan, including the Code of Conduct and associated compliance policies shall be reviewed on an annual basis.

**Attachments:**

No Attachments

**Approval Signatures**

<b>Approver</b>	<b>Date</b>
Ben Sparks: AGC [LC]	05/2019
Kelly Thomas: Chief Compliance & Ethics Officer [LC]	05/2019
Kelly Thomas: Chief Compliance & Ethics Officer [LC]	05/2019
Laura Carrico: Director of Compliance	05/2019