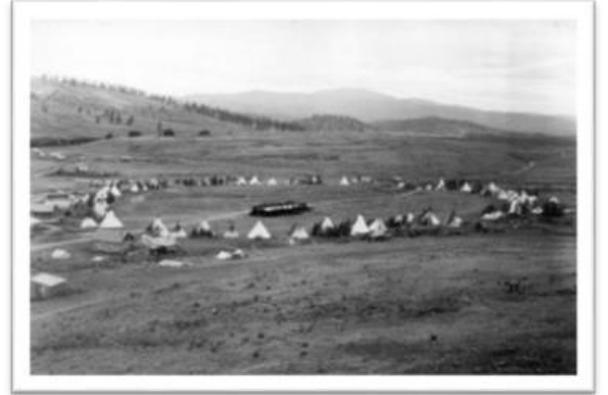


Colville
Confederated
Tribes
Healthcare
Compliance
Manual
2024



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Healthcare Compliance Program Purpose and Overview

INTRODUCTION:

The Colville Confederated Tribes Healthcare Compliance Program has developed this Compliance Manual as a resource to summarize basic health care compliance standards and provide an overview of the Healthcare Compliance Program. All programs associated with the Colville Tribes that bill for federal health care funding or utilize Patient Health Information (PHI) are considered Health Care Components (HCCs) and are expected to follow the guidelines outlined in the Healthcare Compliance Manual. The Healthcare Compliance Manual is not intended to fully describe the laws that apply to personnel or detail individual program policies and procedures. The Manual should be read along with the Healthcare Standards of Conduct.

PATIENT CARE:

The Colville Tribal Health Care Components are committed to quality and efficient patient care, high standards for ethical and professional business conduct, and full compliance with all applicable Federal, State, and local laws affecting the delivery or payment of healthcare services.

COMMITMENT TO COMPLIANCE:

The Healthcare Compliance Program applies to all Health Care Components employees, including but not limited to administration, providers or practitioners, program staff, volunteers, and other entities providing services on behalf of the Colville Tribes. The Healthcare Compliance Program fully complies with all applicable laws and regulations. The Healthcare Standards of Conduct (SOC) details the fundamental principles, values, and framework for compliance within the Tribe, providing guidance on acceptable behavior for HCC personnel and clarifying the expectations HCC personnel will observe. All HCC personnel will be trained and attest to receiving Healthcare Compliance Training.

As demonstrated below, the Compliance Program is enacted at the direction and with the support of the following signatures;

Healthcare Compliance Manager	Date
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Executive Director	Date
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 		Healthcare Compliance Manual	
Subject	General Standards of Conduct	HCCM Page	3-4
Date Approved	1-13-2020	Date last revised	11-01-2023
Purpose	To detail the expected Standards of Conduct to ensure Healthcare Compliance.		
Staff governed by this policy	Health Care Component Personnel		
Reference	EPM 5.0		

POLICY

The Colville Tribal Health Care Component personnel shall fully comply with all applicable Tribal, Federal, and pertinent State laws and regulations. Personnel shall adhere to HCC policies and procedures and are expected to demonstrate high standards of ethical conduct.

PROCEDURE

HCC personnel shall comply with the following ethical and professional standards:

1. HCC personnel shall comply with and carry out services consistent with high ethical and professional standards. They shall treat patients, co-workers, and others professionally with honesty, fairness, dignity, and respect.
2. HCC personnel shall comply with all applicable program policies and procedures.
3. HCC personnel shall comply with all applicable Federal, State, and Tribal laws, regulations, and third-party payer program requirements.
4. HCC personnel shall not discriminate against others based on race, color, sex, religion, age, national origin, ancestry, disability, or sexual orientation.
5. HCC personnel shall not offer, solicit, pay or accept anything of value in exchange for health care treatment or referrals without first consulting the Compliance Committee. This standard applies to providing or receiving money, gifts, free or discounted items or services, professional courtesies, or other arrangements intended to induce referrals, transactions with potential referral sources or health care providers, vendors, or patients.
6. HCC personnel shall follow all contracting requirements of the Colville Confederated Tribes with additional consideration regarding the compliance of a contract or financial arrangement with outside physicians, providers, or practices. If there is any question of appropriateness, HCC personnel shall review with the program leadership, the Compliance Manager, and/or the Compliance Committee.
7. HCC personnel shall not waive or discount government beneficiary co-pays unless such discount complies with the HCCs charity care policy. HCC personnel shall not offer any other discount, gift, free items or services, or other inducements to government beneficiaries without first reviewing with the Compliance Committee and the HCC Professional Courtesy Policy guidelines.
8. HCC personnel shall not offer or receive any free or discounted items or services to or from other healthcare providers or their family members,
9. HCC personnel shall not engage in false, fraudulent, improper, or questionable billing practices.

10. HCC personnel shall not engage in collusive discussions with competitors over such things as prices, employee wages, services to be rendered or eliminated, or division of patients or patients' benefits.
11. Similarly, HCC personnel should not discuss exclusive arrangements with third-party payers, vendors, and providers without first discussing the matter with the proper chain of command, the Compliance Manager/and or the Compliance Committee.
12. HCC personnel shall maintain the confidentiality of patients' protected health information.
13. HCC personnel shall report suspected violations. Personnel are required to immediately report any suspected violations or compliance concerns to their supervisor or department leader, the Compliance Manager, and/or a member of the Compliance Committee.
14. HCC personnel shall not retaliate against anyone for reporting a suspected violation of any law, regulation, program requirements, or relevant HCC policies.

ALL HCC PERSONNEL SHALL REVIEW AND ATTEST TO THE STANDARDS OF CONDUCT

Employee Signature

Date

 		Healthcare Compliance Manual	
Subject	HIPAA Hybrid Entity Policy	HCCM Page	5-7
Date Approved	8-10-2022	Date last revised	11-01-2023
Purpose	To designate programs responsible for adhering to HIPAA		
Staff governed by this policy	Designated Health Care Component Staff		
Reference	HIPAA, Resolution 2022-468, VTCA, EPM, P.L. 638,		

PURPOSE:

The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as amended, and regulations 45 C.F.R. Parts 160 and 164, as amended (collectively, "HIPAA"), establish standards to protect the security and privacy of individual's health care information. HIPAA provides that entities that are engaged in both HIPAA-covered and non-covered functions may designate themselves to be "hybrid entities," the result of which is to limit the application of HIPAA to only those components of the entity that perform covered functions, while the entity as a whole remains responsible for oversight, compliance, and enforcement obligations under HIPAA.

In accordance with Colville Tribal Business Council Resolution 2022-468, The Confederated Tribes of the Colville Reservation has designated itself a hybrid entity under HIPAA. All tribal departments and programs that access, acquire, create, maintain, and transmit protected health information in their capacities of providing health care services that qualify as covered services are designated "Health Care Components" and, as such, are subject to compliance with HIPAA and the related Tribal HIPAA policies, and procedures.

This policy explains the hybrid designation and the responsibilities of the Tribes' health care components for compliance with applicable laws and rules governing patient-protected health information.

DEFINITIONS:**Hybrid Entity:**

A HIPAA Hybrid Entity under this policy means the Confederated Tribes of the Colville Reservation, which is a single legal entity that is considered a "covered entity" under HIPAA whose activities include both covered and non-covered functions, where the Tribes have designated units within the Tribes as Health Care Components.

Protected Health Information (PHI):

PHI is any health information, oral or recorded, that (a) identifies the patient, or there is a reasonable basis to believe that the information could be used to identify the patient; and (b) relates to the past, present, or future physical or mental health or condition of a patient; the provision of health care to a patient; or the past, present, or future payment for the provision of health care to a patient. PHI includes but is not limited to health records, health histories, lab test results, and medical bills. Demographic information is also deemed PHI under HIPAA, as are many common identifiers such as patient names, Social Security numbers, driver's license numbers, insurance details, and birth dates when they are linked with health information.

Health Care Component:

A Health Care Component is a component of a Hybrid Entity designated by the Colville Business Council in compliance with HIPAA and includes any department, program, position (or portion thereof) that would meet the definition of a "Covered Entity" under HIPAA (e.g., health care provider, health plan) if it were a separate legal entity, or if it acts in the capacity of a Business Associate to another Health Care Component. For this policy, Health Care Component includes all such components designated as such by the Colville Business Council in Resolution 2022-468 as amended.

PROCEDURE:

All Health Care Components and their associated staff shall follow the Healthcare Compliance Manual and adhere to the Privacy & Security Policy guidelines.

Duties of a Health Care Component include:

- Colville Confederated Tribes Health Care Components must comply with the HIPAA confidentiality rules and shall not access, use or disclose PHI unless permitted or required by applicable law.
- The Tribes Health Care Components must ensure that electronic PHI is not used, disclosed, or otherwise accessed outside the electronic health record platform or other system used by the Health Care Component to create and store electronic PHI. All Health Care Component staff, as required by HIPAA, must protect electronic PHI to the same extent as paper records.
- The staff members of a Health Care Component who perform duties for both a Health Care Component and another Tribal program (i.e., non-covered component) must not use or disclose PHI created or received in the members' work for the Health Care Component to the non-covered component unless doing so is otherwise specifically allowed or required by HIPAA. For such purposes, the Tribes' non-covered component must be treated the same as any other separate and distinct legal entity outside of the Tribes.

Health Care Components Must Adhere To The Following:

- Compliance with HIPAA confidentiality requirements, including privacy, breach notification, and security rules.
- Compliance with the Tribes Notice of Privacy Practices and its HIPAA Privacy and Security Policies and Procedures.
- Compliance with HIPAA regarding Business Associate Agreements and any associated organizational requirements.
- Designation of Health Care Components in compliance with HIPAA and maintenance of this designation on a routine basis.

Designation of Compliance Responsibility:

- The Tribes Healthcare Compliance program will provide oversight of the policies, procedures, and training to ensure the Tribes remain compliant with relevant Federal, State, and Tribal laws and policies.
- All designated Health Care Components will comply with applicable healthcare laws and regulations and are separately subject to liability for noncompliance. Each Health Care

Component must identify an individual within the program responsible for the accountability and compliance with applicable confidentiality requirements, including this Manual. The individual(s) responsible for the security and the individual(s) accountable for privacy within each component can be the same but are not required to be.

The following components/programs and functions are considered the Tribes' Health Care Components under its HIPAA hybrid designation:

COVERED COMPONENT/PROGRAM	COVERED FUNCTION
CCT Business Council	All Business Council staff who access, use, or disclose PHI in the course of providing oversight and administrative/support services to the HHS Division or Public Safety Division.
HHS Division	All HHS staff who process or have access to PHI, including the Behavioral Health Program (Substance Abuse, Mental Health, and Tribal Health), Speech-Language Pathology, Colville Tribal Convalescent Center, and staff involved with Public Health.
Human Resources	Only to the extent it performs covered functions as the administrator of the self-funded group health plan.
Public Safety Division	Fire Rescue Emergency Services.
Healthcare Compliance Program	All HCC staff who access, use, or disclose PHI in the course of providing oversight and administrative/support services to the HHS Division or Public Safety Division.
Office of Reservation Attorney	All ORA staff who access, use, or disclose PHI in the course of providing oversight and administrative/support services to the HHS Division or Public Safety Division.
Accounting Department	All staff who access, use, or disclose PHI in the course of providing oversight and administrative/support services to the HHS Division or Public Safety Division,
IT Department	To the extent, any protected health information is used or disclosed in the course of providing administrative/support services to the departments/programs listed above.

 		Healthcare Compliance Manual	
Subject	Privacy & Security	HCCM Page	8-11
Date Approved	1-13-2020	Date last revised	11-06-2023
Purpose	To provide guidance on Privacy & Security for Protected Health Information (PHI)		
Staff governed by this policy	HCC Personnel		
Reference	HIPAA, HITECH Act of 2009, VTCA, EPM, PL 638, HHS.GOV		

POLICY

All HCC personnel will maintain confidentiality and safeguard Patient Health Information or PHI as required by HCC Policies, the Colville Tribes Employee Policy Manual, and the Health Insurance Portability and Accountability Act (HIPAA) 45 CFR part 2 and the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, and their prevailing regulations, including the HIPAA Privacy and Security Rules.

PROCESS

The Healthcare Compliance Manager shall act as the HIPAA Coordinator. The HIM shall serve as the Privacy Officer, and the HHS-IT Officer shall serve as the Security Officer. Designated HIPAA staff will meet annually to perform HIPAA Risk Assessments and address identified deficiencies. Documentation of meetings or any actions taken will be stored according to records management guidelines. HIPAA Staff will work with HCC leadership to ensure HIPAA training is completed annually.

Privacy:

The HIPAA Privacy Rule establishes national standards to protect individuals' medical records and other individually identifiable health information called "protected health information" (PHI). The Privacy Rule requires appropriate safeguards to protect the privacy of protected health information and sets limits and conditions on the uses and disclosure that may be made of such information without an individual's authorization. Organizations subject to the Privacy Rule are called "covered entities". Within HHS, the Office for Civil Rights ("OCR") is responsible for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties. In general, HCCs will adhere to the principle of "minimum necessary" regarding the use or disclosure of PHI. This section should not be construed to prohibit activity acknowledged by the Colville Tribes Employee Policy Manual.

The Privacy Rule allows for disclosing information related to treatment, payment, and related health care operations or to whom the individual patient or legal guardian designates in the Release of Information. The Privacy Rule permits the use and disclosure of PHI and is described in the Notice of Patient Privacy (NPP), offered to patients on or before their first visit, available on the Tribes webpage, and at each HCC facility. The NPP also defines other uses of PHI, which may include Public Health Activities, Law Enforcement Purposes, Research, Billing, etc.

Security:

The Security Rule protects a subset of information covered by the Privacy Rule, which is all individually identifiable health information a Health Care Component creates, receives, maintains, or transmits in electronic form. The Security Rule calls this information “electronically protected health information” (e-PHI). The Security Rule protects the privacy of individuals’ health information while allowing covered entities to adopt new technologies to improve the quality and efficiency of patient care. The Security Rule does not apply to PHI transmitted orally or in writing.

The Compliance Manager, HCC leadership, and the Tribes IT department will ensure the following Security measures are implemented and regularly monitored:

Administrative Safeguards:

- **Security Management Process.** The Tribes’ will identify and analyze potential risks to e-PHI, and it must implement security measures that reduce threats and vulnerabilities to a reasonable and appropriate level.
- **Security Personnel.** The Tribes’ have designated a security official responsible for assisting with developing and implementing its security policies and procedures.
- **Information Access Management.** The Security Rule requires a covered entity to implement policies and procedures for authorizing access to e-PHI only when such access is appropriate based on the user or recipient's role (role-based access).
- **Workforce Training and Management.** The Tribes’ will provide appropriate authorization and supervision of workforce members who work with e-PHI. The Tribes’ will train all workforce members regarding its security policies and procedures and apply appropriate sanctions against workforce members who violate HCC policies and procedures.
- **Evaluation.** The Tribes’ will perform a periodic assessment of how well security policies and procedures meet the requirements of the Security Rule.

Physical Safeguards:

- **Facility Access and Control.** The Tribes’ have limited physical access to its facilities while ensuring that authorized access is allowed.
- **Workstation and Device Security.** The Tribes’ have implemented policies and procedures to specify the proper use of and access to workstations and electronic media. The Tribes’ have in place policies and procedures regarding the transfer, removal, disposal, and re-use of electronic media to ensure appropriate protection of electronically protected health information (e-PHI).

Technical Safeguards:

- **Access Control.** The Tribes' have implemented technical policies and procedures that allow only authorized persons to access electronically protected health information (e-PHI).
- **Audit Controls.** The Tribes' have implemented hardware, software, and or procedural mechanisms to record and examine access and other activity in information systems that contain or use e-PHI.
- **Integrity Controls.** The Tribes' have implemented policies and procedures to ensure that e-PHI is not improperly altered or destroyed. Electronic measures must be implemented to confirm that e-PHI has not been improperly altered or destroyed.
- **Transmission Security.** The Tribes' have implemented technical security measures that guard against unauthorized access to e-PHI transmitted over an electronic network.

Organizational Requirements:

- **Covered Entity Responsibilities.** Covered Entities must implement standards to protect and guard against the misuse of individually identifiable health information. Failure to timely implement these standards may, under certain circumstances, trigger the imposition of civil or criminal penalties. Covered Entities are required to periodically conduct an evaluation of their security safeguards to demonstrate and document their compliance with the entity's security policies.
- **Business Associate Contracts.** The HITECH Act of 2009 expanded the responsibilities of business associates under the HIPAA Security Rule. The Tribes' developed regulations relating to business associate obligations and business associates contractual obligations to the HITECH Act of 2009.

Policies and Procedures and Documentation Requirements:

- The Tribes' have adopted reasonable and appropriate policies and procedures to comply with the provisions of the Security Rule. The Tribes' will maintain, until six years after the later of the creation date or last effective date, written security policies and procedures and written records of required actions, activities, or assessments.
- **Updates.** The Tribes' will periodically review and update the documentation in response to environmental or organizational changes that affect electronically protected health information (e-PHI).

Enforcement and Penalties for Noncompliance:

- **Compliance.** The Security Rule establishes national standards for confidentiality, integrity, and availability of e-PHI. The Department of Health and Human Services (HHS), Office for Civil Rights (OCR) is responsible for administering and enforcing these standards, in concert with its enforcement of the Privacy Rule, and may conduct complaint investigations and compliance reviews.

- Civil Money Penalties.** OCR may impose a penalty on a covered entity for failing to comply with the Privacy Rule requirement. Penalties will vary significantly depending on factors such as the date of the violation, whether the covered entity knew or should have known of the failure to comply, or whether the covered entity's failure to comply was due to willful neglect. Penalties may not exceed a calendar year cap for multiple violations of the same requirement.

Category	For violations occurring before 2/18/2009	For violations occurring on or after 2/18/2009
Penalty Amount	Up to \$100 per violation	\$100 - \$50,000 or more per violation
Calendar Year Cap	\$25,000	\$1,500,000

- Criminal Penalties.** A person who knowingly obtains or discloses individually identifiable health information in violation of the Privacy Rule may face a criminal penalty of up to \$50,000 and up to one-year imprisonment. The criminal penalties increase to \$100,000 and up to five years' imprisonment if the wrongful conduct involves false pretenses and to \$250,000 and up to 10 years' imprisonment if the wrongful conduct involves the intent to sell, transfer, or use identifiable health information for commercial advantage, personal gain or malicious harm. The Department of Justice is responsible for criminal prosecutions under the Privacy Act.

 		Healthcare Compliance Manual	
Subject	Healthcare Compliance Program	HCCM Page	12
Date Approved	1-13-19	Date last revised	11-06-2023
Purpose	To assist HCCs in monitoring and detecting compliance issues		
Staff governed by this policy	Healthcare Compliance Manager and Committee		
Reference	VTCA, Social Security Act Sec. 1866(j), the Inspector General Act of 1978,		

POLICY

To support ethical Health Service Delivery within the Tribe, the Compliance Manager and Committee will ensure the Healthcare Compliance Program has up-to-date established policies, procedures, and resources for reporting.

PROCEDURE

The Compliance Program will:

- Establish a Compliance Committee
- Establish education standards for HCC personnel regarding the Healthcare Compliance Manual and reporting requirements.
- The Compliance Manager will implement quarterly auditing, monitoring, and reporting functions to prevent violations.
- The Compliance Manager and Committee will provide timely follow-up to each potential violation, incident report, or risk. The Healthcare Compliance Manager will make operational recommendations to HCC Directors and/or Managers.
- A summary of reports and recommendations will be made by the Compliance Manager and reviewed during quarterly Compliance Committee Meetings.

The Health & Human Services Committee (HHS) is responsible for the Healthcare Compliance Program; however, the Healthcare Compliance Manager is accountable for day-to-day operation and oversight.

 		Healthcare Compliance Manual	
		Subject	Healthcare Compliance Manager
Date Approved	1-13-2020	Date last revised	11-01-2023
Purpose	To outline the responsibilities of the Healthcare Compliance Manager		
Staff governed by this policy	Healthcare Compliance Manager and Committee		
Reference	VTCA		

POLICY

The Healthcare Compliance Manager and Committee administer the Healthcare Compliance Program. The Manager is responsible for adherence to rules and regulations for multiple agencies, including Washington State Healthcare Authority (HCA), Centers for Medicare and Medicaid Services (CMS), and internal policies. The Compliance Manager will facilitate training and ensure access to the Healthcare Compliance Manual and reporting mechanisms. The Compliance Manager has direct access to HHS Council and reports quarterly to the Colville Business Council.

Primary Responsibilities:

The Healthcare Compliance Manager will:

- Lead in developing the Healthcare Compliance Program.
- Perform and coordinate HCC audits for quality improvement and compliance.
- Ensure Healthcare Compliance documentation is accessible to staff.
- Maintain training records and documentation for each HCC.
- Coordinate the review of Independent Contractor Arrangements.
- Review or coordinate with programs to perform pre-employment and continuing screenings for all potential licensed staff, new licensed employees, agents, and independent contractors. (Continuing verification will involve inquiries to the cumulative sanction report and the US Government Accountability Office debarred contractor exclusions list.)
- Coordinate internal and external Compliance audits for HCCs and the Centralized Medical Billing Department, also referred to as the Revenue Cycle Management Program.
- Develop a reporting mechanism for suspected noncompliance, including incident reporting, recommendations, and corrective actions.
- Coordinate an investigation of deficiencies identified through the reporting system or deficiencies identified through periodic review.

 		Healthcare Compliance Manual	
		Subject	Healthcare Compliance Committee
Date Approved	1-13-2020	Date last revised	11-01-2023
Purpose	To establish the duties and responsibilities of the Healthcare Compliance Committee		
Staff governed by this policy	Healthcare Compliance Manager		
Reference	VTCA		

POLICY

With support from the Healthcare Compliance Committee, the Healthcare Compliance Manager will administer the Healthcare Compliance Program. This policy identifies the roles and responsibilities for Committee members.

Compliance Committee Configuration:

- Compliance Manager
- Revenue Cycle Manager
- Chief Financial Officer
- HHS Director
- Director of Business Strategy
- Public Safety Director
- EMS Manager
- CTCC Administrator - (OR the Convalescent Center Business Services Supervisor)
- HHS Operations Manager
- HHS Behavioral Health Clinical Director
- San Poil Facility Administrator

The Compliance Manager shall be the Chair of the Compliance Committee. In the absence of the Compliance Manager, the designated Vice-Chair shall serve as interim Chair of the Committee and assume all duties and responsibilities of the Compliance program. Non-committee members may be invited to participate in the Compliance Committee meetings as determined by the Compliance Manager and Committee members.

Purpose of the Compliance Committee:

The purpose of the Compliance Committee is to support the Compliance Manager in the oversight and operations of the Compliance Program. The Committee will review reports and recommendations regarding Compliance Program activities, including audit findings and general monitoring.

Duties of the Compliance Committee:

The duties of the Compliance Committee shall include, but are not limited to:

- Assist the Compliance Manager with the implementation and operation of the Compliance Program.
- Receive and review reports, audit findings, and potential noncompliance incidents and assist the Compliance Manager in developing recommendations and Corrective Action Plans.
- Evaluate the effectiveness of the Compliance Program.
- Review Compliance Policies and other documents relating to the Healthcare Compliance Program.

Compliance Committee Member Expectations:

- Demonstrate commitment to the Compliance Program, including meeting attendance.
- Must be knowledgeable about the Healthcare Compliance Program.
- Must adhere to strict confidentiality.

 		Healthcare Compliance Manual	
		Subject	Health Care Component Personnel Responsibilities
Date Approved	1-13-2020	Date last revised	11-01-2023
Purpose	To establish the duties and responsibilities of the Health Care Component Personnel		
Staff governed by this policy	Healthcare Compliance Manager		
Reference	VTCA, EPM 9.0		

POLICY

HCC Personnel includes program employees, contractors, or vendors designated as Health Care Components or providing covered functions. All HCC personnel are required to adhere to the Healthcare Compliance Program Manual.

HCC Personnel Responsibilities:

- Comply with the Compliance Program and Standards of Conduct.
- Report suspected violations.
- Immediately report personnel who have been excluded from participation in government health programs.
- Refrain from retaliation against any person for reporting suspected compliance violations.
- Cooperate with investigations or reports of suspected violations.
- Participate in the preliminary training with periodic updates regarding health care compliance issues.

Adherence to the provisions of the Healthcare Compliance program shall be an element in the evaluation of each employee's performance expectations. Violations of the Compliance Program policies, associated laws, regulations, or third-party payer program requirements shall be grounds for disciplinary action as outlined in the Colville Tribes Employee Policy Manual.

 		Healthcare Compliance Manual	
Subject	Education and Training	HCCM Page	17
Date Approved	1-13-2020	Date last revised	11-01-2023
Purpose	Ensure HCC employees and agents acting on behalf of an HCC are adequately trained on Healthcare Compliance.		
Staff governed by this policy	HCC Employees and Agents		
Reference	VTCA		

POLICY

The Compliance Manager will conduct or assist HCCs with training staff on compliance issues, including but not limited to applicable laws, regulations, third-party payer requirements, and HCC policies and procedures.

PROCEDURE

New Tribal Governing body members, support staff, and all HCC personnel; including employees and contracted personnel must participate in training and attest to receiving Healthcare Compliance Training as appropriate to their position.

Initial Training Topics:

- Healthcare Compliance Program Overview
- Fraud, Waste, & Abuse
- HIPAA
- How to report suspected violations

Periodic Training:

- Changes in relevant laws, regulations, or third-party payer program requirements.
- Changes in relevant portions of the Compliance Program or policies and procedures.
- Staff will have an opportunity to ask questions at all training sessions.

Billing, Coding, and Cost Report Training:

Staff involved with billing, coding, and cost reporting will be required to receive training concerning the following:

- General prohibition, paying or receiving remuneration induce referrals.
- Government and payer reimbursement principles, including any changes.

All compliance issues relating to education involving an outside entity or vendor must be coordinated through the Compliance Manager for tracking and consistency purposes.

 		Healthcare Compliance Manual	
Subject	Conflicts of Interest	HCCM Page	18
Date Approved	1-13-2020	Date last revised	11-01-2023
Purpose	Ensure HCC employees and agents acting on behalf of an HCC understand what constitutes a conflict of interest.		
Staff governed by this policy	HCC Employees and Agents		
Reference	VTCA, EPM section 5.3-5.6.		

POLICY

Personnel should not place themselves in a position where their actions, activities, or interests with whom they or a family member may have a financial, business, professional, family, or social relationship that could conflict with the interests of the Tribes, any Health Care Component or related subsidiaries.

PROCEDURE

HCC personnel are required to disclose any situation that creates an actual or potential conflict of interest to their supervisors, HR, and the Healthcare Compliance Manager. In some cases, a waiver may be obtained only when full disclosure and appropriate reviews are made and approval is granted. Violations of conflict of interest policies are subject to corrective action, up to and including immediate dismissal. The Tribes may seek to recover damages or improperly received gains and encourage prosecution for potential criminal offenses if appropriate under the circumstances.

Examples of conflicts of interest include:

- A direct or indirect interest in any transaction that might in any way affect an employee's objectivity, independent judgment, or conduct in carrying out their job responsibilities.
- Conducting any outside business or performing services for another individual or company while at work.
- Using HCC property or other resources for outside activities.
- Direct or indirect involvement in outside commercial interests, such as vendors, physicians, patients, competitors, or others having a business relationship with the Tribes' that could influence the decisions or actions of an employee performing their job.
- Using or revealing outside the facility any confidential or proprietary information concerning the facility.
- Using for personal gain confidential or "insider" information obtained as a result of employment with the HCC.

The Healthcare Compliance Conflicts of Interest Policy is in accordance with the Colville Tribal Employee Policy Manual section 5.3-5.6.

 		Healthcare Compliance Manual	
Subject	Federal Regulations	HCCM Page	19-20
Date Approved	8-10-22	Date last revised	12-06-2023
Purpose	To recognize compliance-related Federal Regulations		
Staff governed by this policy	HCC Employees and Agents		
Reference	31 U.S.C. Sections 3729-3733, RCW 48.80 (FCA), 42 U.S.C. Section 1320a-7a (CMPL), 42 U.S.C. § 1320a-7b(b) (Anti-Kickback), 42 U.S.C. Section 1395nn (Stark Law), Section 1128A of the Social Security Act 42 U.S.C. Section 1320a-7 (Exclusions), 21 st Century Cures Act (Cures Act) 45 CFR 171.103		

POLICY

The Colville Confederated Tribes, specifically the Health Care Components and personnel, will adhere to the following Federal Regulations:

Anti-Kickback:

The Anti-Kickback Statute prohibits the knowing and willful payment of anything of value to induce or reward a patient's referrals or the generation of business involving any item or service payable by federal healthcare programs. Payment to or from referral sources is prohibited. The Centralized Medical Billing Program (Revenue Cycle Management Program) does not pay and will not accept payment for patient referrals or other businesses. HCC personnel will not offer, give, ask for, or receive anything of value that may be viewed as a reason to refer patients or other businesses to a Tribal HCC. Patient referrals are made and accepted based on eligibility, patient choice, medical need, and the ability to provide services.

The Stark Law:

The Stark Law prohibits healthcare providers from referring Medicare or Medicaid patients to an entity with which the healthcare provider or an immediate family member has a financial relationship unless an exception applies under the law. The Stark Law also prohibits submitting claims to Medicare or Medicaid for services involving a prohibited referral.

Legal Restrictions:

Financial and business arrangements between any HCC and providers and other referral sources are structured to comply with regulations, including the Stark laws and Anti-Kickback laws. Violations of these laws can result in significant criminal and civil fines, as well as licensure actions and exclusion from Medicare and Medicaid programs.

Fair Market Value:

Payments under any contract must be within the verifiable fair market value for the services or goods received, and the arrangement must be accurately reflected in a written agreement approved through the Tribes contract approval process.

Payment to Patients Is Prohibited:

HCC personnel will not waive insurance or health plan co-payments or deductibles or provide free services or other value for the purpose of influencing individuals to request or receive HCC services or products. Appropriate financial accommodations, including waiver of co-pays or deductibles, are dependent upon review by the Revenue Cycle Manager; the waiver must be documented, showing the patient meets the criteria for financial hardship status as defined by the HCC.

The False Claims Acts:

The civil False Claims Act (FCAs) are federal and state laws that provide penalties if claims submitted to government payers are false or fraudulent. It is policy to assure that claims for services paid for by government and private payers are complete and accurate when submitted for payment. The liability of persons/organizations that submit false claims is a civil penalty of not less than \$11,000 and not more than \$22,000, plus three times the amount of damages the government sustains because of the act of the person/organization. The applicable statute allows a private person to bring a lawsuit on behalf of the United States or the state of Washington, or the Tribes if the private person knows that a false or fraudulent claim has been knowingly submitted or caused to be submitted to the government. The FCA's prohibit retaliation such as discharge, demotion, or suspension of employees that act lawfully in furtherance of the FCAs. The Healthcare Compliance Program has established monitoring processes for claims submission, education requirements, and an internal reporting process whereby employees can report compliance concerns. An investigation process and a non-retaliation policy for employees who report compliance concerns have been established to prevent and detect fraud, waste, and abuse in federal and state payment programs. This Manual also contains standards of conduct that govern HCC employees. Employees are protected from retaliation for good faith reporting of concerns.

Antitrust:

All HCCs compete fairly for business. The antitrust laws are intended to promote fair competition in the marketplace. These laws may be violated by discussing Tribal health care operations with competitors. Engaging in conduct that violates antitrust laws is prohibited. We all must avoid activities that might reduce competition. Sometimes, "talking shop" with competitors at conferences or social events can create antitrust concerns. Examples of discussions to avoid include sharing cost or pricing information, discussing HCC marketing strategies, agreeing not to use specific suppliers, or agreeing to limit service delivery. If you are approached to discuss this type of information, do not respond and immediately report any concerns to your supervisor or the Healthcare Compliance Program.

21ST Century Cures Act:

Electronically protected healthcare information (e-PHI) is a designated record set (as defined by HIPAA). The 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program give patients and their healthcare providers secure access to health information.

 		Healthcare Compliance Manual	
Subject	Communication-Reporting Improper Conduct	HCCM Page	21-23
Date Approved	1-13-2020	Date last revised	12-04-23
Purpose	To Maintain open communication channels for potential compliance issues		
Staff governed by this policy	HCC Employees and Agents		
Reference	VTCA, EMP, 12.0 Whistleblower protections		

POLICY

The Healthcare Compliance Manager and Committee will ensure open avenues for communication regarding compliance issues for all HCC personnel and patients free of retaliation.

Contact:

PHONE	EMAIL	WEBSITE
(509) 634-2611	Kimberly.Belgarde.adm@colvilletribes.com	https://ctcr.compliancemanager.healthcity.com/report/96B7737D15

The Healthcare Compliance Program encourages all personnel to bring any concerns forward immediately. Individuals may be reluctant to discuss wrongdoing with their supervisors because they fear retaliation. No retaliation will be permitted against HCC personnel who bring forward concerns made in good faith. Only where it has been clearly determined that someone has made a report of wrongdoing maliciously, frivolously, or in bad faith will disciplinary action be considered.

PROCEDURE**Questions:**

All HCC personnel may seek clarification from the Compliance Manager, members of the Compliance Committee, or their supervisor if they have questions concerning applicable law, regulation, third-party payer requirements, or HCC policy and procedures. Significant questions and responses should be documented and dated.

Reporting Suspected Violations:

If anyone has knowledge of, or in good faith suspects, any wrongdoing:

- In the documenting coding billing for services, equipment, or supplies
- In the program, financial practices
- Any violation of law, regulation, or HCC program policy
- Or any other compliance concern

Process:

HCC personnel and patients must report compliance issues to their supervisor or designated program lead. If reporting to a supervisor poses a conflict, the employee or patient can report directly to the Compliance Manager.

- If a member of the Compliance Committee is listed as involved, a sub-committee of compliance members will review the incident.
- Persons receiving an incident report should forward the information directly to the Compliance Manager. Such persons are not to initiate any investigation or discuss the concern with any person other than their direct supervisor and the Compliance Manager.
- The Compliance Committee and HCC personnel will strive to keep the identity of reporters confidential; however, confidentiality cannot be guaranteed.
- No person will be subject to any retribution or disciplinary action for good faith reporting under the Healthcare Compliance program guidelines. Persons who engage in retaliatory conduct will violate the Colville Tribes EMP, 12.0 Whistleblower protections.
- The Compliance Manager shall report significant or verified complaints of suspected violation to the Compliance Committee and program supervisors. An edited summary of the incidents and resolutions with PHI removed will be provided quarterly to the HHS Committee. Records of incidents will be secured and maintained for seven years after the investigation. At the end of seven years, all files will be destroyed by shredding or purging compliance software.
- All such reports or subsequent investigation and resolution may be privileged from disclosure to certain entities. Reports may impact a provider's ability to perform the functions of their role during an investigation or after significant findings.

Timelines:

Incident Reports should be made immediately or no later than one working day after the incident. The Compliance Manager and Committee will complete the initial investigation. The Compliance Manager will involve the Reservation Attorney if there is a significant violation. A formal summary will vary for each incident reported; however, the summary should be completed in a timely manner.

Response to Detected Deficiencies:

The Healthcare Compliance Program is committed to responding consistently and decisively to detected deficiencies. As deficiencies are discovered through audits, reporting mechanisms, and other activities involved with the operation of the Compliance Program, corrective measures and disciplinary actions will be developed to address the noncompliance.

The Healthcare Compliance Program will:

- Conduct Internal Investigations.
- Develop Recommendations.
- Develop Corrective Action Plans for specific instances involving compliance-related issues.
- Implement remedial action when a gap has been identified in the Compliance Program or a compliance violation is detected to prevent a recurrence.
- Corrective Action Plans and other remedial actions will typically include; personnel education and training, additional monitoring and auditing, and can involve reporting to outside agencies as required.

		Healthcare Compliance Manual	
 	Subject	Auditing and Monitoring	HCCM Page 24-26
	Date Approved	1-13-2020	Date last revised 11-06-2023
	Purpose	To ensure compliance through regular monitoring.	
	Staff governed by this policy	Compliance Manager, Compliance Committee, and Department Leaders	
	Reference	VTCA, 45 CFR 75.326 through 75.335 of Subpart D,	

POLICY

With assistance from the Healthcare Compliance Manager, HCCs will implement a self-assessment process to monitor and evaluate compliance with applicable laws, regulations, and third-party payor requirements. The Compliance Manager will maintain evidence of ongoing monitoring, and periodic reports will be provided to the Compliance Committee and HHS Committee.

PROCEDURE

The Compliance Manager and Committee shall ensure each HCC establishes appropriate policies and processes for monitoring ongoing compliance. The policy and procedure may vary according to the program's needs and identified risks.

Methods:

The Compliance Manager and Committee shall work with the HCCs to identify the appropriate monitoring and auditing processes, which may include the following:

A periodic review of departmental practices or actions relevant to compliance issues, including but not limited to:

- Claims for a payment generated or submitted by the department;
- Contracts with potential referral sources pertinent to the department;
- Advertising or marketing initiative by the department;
- Gifts or inducements to program beneficiaries;
- Necessity, quality, and propriety of care rendered.
- Receipt of any responses to compliance questions, concerns, or complaints.
- Review of government survey or inspection results.
- Review of claim denials.
- Interviews of employees concerning possible or potential compliance issues, including exit interviews of employees who leave the HCC employment.
- Discussion of compliance issues in regularly scheduled department meetings.
- Confirmation department employees have been adequately trained concerning compliance issues relevant to their job duties.
- Review of significant deviations in processes or payments.
- As authorized by the Compliance Manager, formal auditing by an internal or external professional of compliance-related issues.

Frequency:

The frequency and extent of the monitoring shall depend on the needs and potential for compliance violations in the department, providing that the following shall apply to specific departments.

- A. Billing and Coding: Departments involved in coding and billing for claims will, on at least a quarterly basis, review a sample of bills and underlying documentation to confirm ongoing compliance with applicable laws, standards, and payer requirements governing billing, coding, and claim submission.
- B. Clinical Services: Departments that render and document clinical services will review a sample of charts and related documents quarterly to confirm ongoing compliance with applicable laws and standards concerning patient care services, medical necessity, appropriate documentation, and proper coding of services rendered.

Reports:

Annually each department with a significant compliance finding must prepare and submit a report to the Compliance Manager summarizing the department's activities during the preceding year. The report should include a detailed description of the incident, what the department has done to mediate the issue, including monitoring, training, and any policies or procedures implemented.

External Audits:

The Compliance Manager and Committee may, at any time, direct that an audit of any department be conducted by qualified tribal personnel or an outside contractor. An external audit may be appropriate where internal reviews or complaints raise the possibility of a significant compliance issue. If an audit is employed, it may follow this protocol.

- With input from the Compliance Committee, the Compliance Manager will determine the need and scope of an audit.
- With support from the Compliance Committee, the Compliance Manager will develop a checklist of particular items and records to be audited.
- The Compliance Manager will meet with the department leaders to discuss the scope of the audit.
- When applicable, the Compliance Manager will assign tasks to the designated auditor.
- The auditor will meet with department leaders to conduct the audit.
- The auditor prepares and presents the Compliance Manager with a report with appropriate examples of substantiating material.
- The Compliance Manager and auditor meet with the department leader to review and discuss the report. The department leader may be given an opportunity to respond to the report.
- The Compliance Manager will present the report and relevant information to the Compliance Committee and, as needed to the Health and Human Services Committee.

Violations of Law/Disclosures:

In cases where department monitoring, reviews, or audits reveal evidence of a violation of civil or criminal law or the rules and regulations of government healthcare programs (e.g., Medicare or Medicaid), the department leader shall immediately notify the Compliance Manager. If the Compliance Manager determines the concern is valid, the Compliance Manager will consult with legal counsel and, as appropriate, inform the relevant government authority. The Health and Human Service Committee will be apprised of the findings and actions taken.

Over/Under Payments: In cases where department monitoring, reviews, or audits reveal evidence of the receipt of overpayments or underpayments for any third-party payor, the department leader shall notify the Compliance Manager. The Compliance Manager will consult with the Revenue Cycle Manager to refund overpayments or seek payment for any underpayments. The Compliance Committee will be notified of any significant overpayments or underpayments to ensure the overpayments are addressed within 60 days.

 		Healthcare Compliance Manual	
Subject	Investigation and Response	HCCM Page	27-28
Date Approved	1-13-2020	Date last revised	11-06-2023
Purpose	Ensure every report of a potential compliance issue is reviewed and investigated as appropriate and in a timely manner.		
Staff governed by this policy	Compliance Manager, Compliance Committee, and HCC personnel.		
Reference	VTCA		

POLICY

The Compliance Manager will direct investigations concerning alleged compliance problems and report relevant findings. A filed incident report does not establish wrongdoing but serves as an opportunity to evaluate the compliance program and make appropriate changes.

PROCEDURE

Record:

Upon receiving notice of a potential compliance problem, the compliance Manager shall create a Record/Incident Report. The Record or Incident Report shall include at a minimum:

- The date received;
- The manner in which the report was received (e.g., anonymous, verbal, email report)
- A brief statement of the alleged facts;
- Notes detailing and documenting a timely investigation and response; and
- Any actions and recommendations.

Investigation:

Once a report is received, the Healthcare Compliance Manager will conduct an investigation into the allegations to determine the nature, scope, and duration of wrongdoing, if any. The Compliance Program investigates all non-frivolous claims of wrongdoing. If the allegations are substantiated, a plan for corrective action will be developed. Appropriate corrective action may include, for example, restitution of any overpayment amounts, notifying an appropriate governmental agency, disciplinary action, or making changes to policies and procedures to prevent future occurrences.

Report:

Upon completion of the investigation, the Compliance Manager will prepare a final report summarizing the investigation and recommended actions to be taken, if any. Additional measures may include, but are not necessarily limited to, providing additional training; modifying or correcting procedures; disciplining employees; repaying overpayments or requesting payment for underpayments; etc.

Errors:

Suppose the investigation discloses unintentional errors or mistakes by HCC personnel. In that case, the Compliance Manager shall report the conclusions to the Director or Manager as appropriate, the Compliance Committee, and/or HHS Committee. Legal counsel may be contacted to determine whether repayment or disclosure to the appropriate government entity should be made. OIG Self Disclosure Protocol should be reviewed and any overpayments should be addressed within 60 days.

 		Healthcare Compliance Manual	
Subject	Billing Responsibilities	HCCM Page	29-30
Date Approved	1-13-2020	Date last revised	11-06-2023
Purpose	Ensure that all claims seeking reimbursement accurately and appropriately reflect services rendered.		
Staff governed by this policy	HCC personnel involved with billing.		
Reference	VTCA, Sections 1880 and 1911 of the Social Security Act and 25 USC §§ 1641(c) and (d), 25 USC § 1641(d)(2), 25 USC § 458aaa-7(j), and 25 USC § 1641(d)(5), PL 93-638		

POLICY

All claims and requests for reimbursement from the Federal Healthcare Programs, including Medicare, Medicaid, and the Veterans Administration – and all documentation supporting such claims or requests must be complete, accurate, and comply with legal requirements.

All claims must reflect reasonable and necessary services ordered by appropriately licensed medical professionals who are participating providers in the healthcare program. This includes; appropriate outpatient and inpatient procedure coding, admissions and discharges, supplemental payment considerations, and the proper use of information technology.

All persons involved in healthcare billing and claims reimbursement activities are expected to submit timely claims with accurate information. Appropriate documentation is needed to support all claims, diagnosis's, and the procedure codes on submitted bills must accurately reflect the information documented in the medical records and other applicable documents.

HCC personnel must adhere to all relevant rules and regulations pertaining to Federal, State, and Tribal healthcare program requirements, including but not limited to the following:

- Accuracy in all billing activities, including the submission of claims and information.
- Billing for items rendered.
- Billing only for medically necessary services.
- Billing with correct billing codes.
- Preparing accurate cost reports.
- Assuring that no duplicate billing occurs.

PROCEDURES

1. Clinical providers, Clinical Supervisors, the Centralized Medical Billing/Revenue Cycle staff, including the Health Information Manager (HIM), are responsible for ensuring the appropriateness of codes for all rendered services.
2. Questions about code selection should initially be presented to the supervisor and/or billing staff. If questions remain after discussing with the supervisor and billing staff, the department should refer to the Compliance Manager.
3. Billing office personnel must be meticulous in billing for services that involve:

- Coding.
 - Claim rejections, which may need review by the billing supervisor for identification of problem and correction.
 - Inappropriate unbundling /bundling of services.
4. CPT and HCPCS codes will be reviewed annually upon receipt of the CPT code manual for the year. Significant code changes will be communicated in writing to practitioners as appropriate.
 5. Bulletins for third-party payers will be reviewed and initialed by the Revenue Cycle Manager. Coding changes made or changes in reimbursement levels will be communicated to all providers as needed.

If a billing error is identified after submitting a claim to Medicare, Medicaid, or another government payor, steps should be taken to submit the corrected claim. The error should be reported using the following process:

- The Revenue Cycle Manager will use their best efforts to quantify the overpayment as soon as practicable.
- The Revenue Cycle Manager shall immediately report to the Healthcare Compliance Manager all potential or actual overpayments from government payors in excess of \$25,000.
- Within 60 days after identifying any overpayment from any government payor, the facility will repay the overpayment unless such overpayment would be subject to reconciliation and/or adjustment pursuant to routine policies and procedures established by the government payor or fiscal intermediary.
- The Revenue Cycle Manager with the HCC will take remedial steps to correct the problem and prevent the overpayment from recurring.

ALL HCC PERSONNEL SHALL REVIEW AND ATTEST TO THE FOLLOWING:

By signing below, you acknowledge;

- Participation in a comprehensive Compliance Training with a question and answer section.
- You were provided a copy of the Manual to use as a resource.
- You agree to abide by the policies and procedures outlined in the Healthcare Compliance Manual.

Printed Employee Name

Program

Employee Signature

Date of Training

*Signature pages are required to be stored in the employee files.