



Maxim Healthcare Services, Inc. Compliance Program Plan

CHARACTER

RESPONSIBILITY

AWARENESS



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Actions to be taken:

Read all the way through this Compliance Program Plan. Please sign the acknowledgement page at the end of the packet and submit as directed by your manager.

I. Introduction

A. Purpose

Maxim Healthcare Services, Inc. and its affiliated and subsidiary companies (“Maxim”) is a leading provider of temporary medical staffing, home healthcare, and wellness services. Maxim provides healthcare services to a diverse population of clients and patients. Maxim is a provider of services with a variety of payer sources and under many different programs. Patients in several of the programs are members of Federally-funded medical programs such as Medicare and Medicaid. When Maxim provides services to these patients we agree to follow the rules and regulations of the government that apply to these programs.

The intent of the Compliance Program is to provide guidance regarding compliance, ethics, and conduct to all involved with Maxim. The Compliance Program will include several parts. The initial two are the Compliance Program Plan and the Code of Conduct. These documents have been prepared to provide a ready resource for managers and employees at Maxim.

B. Policy

It is the policy of Maxim to:

1. Be educated in the regulations and standards governing our industry
2. Obey regulations, laws, and standards
3. Conduct business ethically

C. Participants in the Compliance Program Plan

This Compliance Program Plan, its concepts, policies, and procedures apply to all Maxim employees, associated providers, vendors, and patients.

D. Commitment

Maxim has an ongoing commitment to ensuring that its affairs are conducted in accordance with applicable law, standards, and sound ethical business practices. Compliance is challenging because the regulatory requirements are complex and ever changing. To further its commitment to compliance and to protect its employees and patients, Maxim has developed this Compliance Program to address those regulatory issues and standards likely to be of most consequence to its operations and patients.

E. Expectation of the Participants

All of us are personally accountable for our individual decisions and actions. We each must follow a course of conduct that preserves and enhances Maxim’s reputation of honesty and integrity. To do so, it is critical that we understand the laws, company policies, and contractual obligations that apply to our specific area. And, we should never misuse our authority, whether for personal interests or to the detriment of Maxim.

Maxim Healthcare Services wants its employees to be knowledgeable and fully informed about the applicable laws and regulations so that they do not inadvertently engage in conduct that may raise compliance issues. Learn...

Compliance with the rules and regulations that govern our business is everyone's responsibility...teach and educate.

When in doubt... ask

If you notice something that is not right...speak up.

Principle:

"We want communications where we look each other in the eye, talk straight, make commitments, and keep our word."

Brian Wynne, CEO, Dec. 19, 2006

F. Purpose of the Maxim Compliance Program

The Maxim Compliance Program is designed, implemented, and maintained:

1. To establish a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to laws, standards, and ethical business practices.
2. To communicate and demonstrate the corporate commitment to compliance.
3. To establish monitoring and benchmarks that will ingrain compliance as part of the fabric of the organization.
4. To guide management and employees in efficient management and operations.
5. To provide ethical leadership and install systems to facilitate ethical and legal conduct.
6. To improve the quality of care for our patients.
7. To provide information, guidance, and education regarding ethics, regulatory requirement, and standards of practice.

Federal Register/ Vol. 63, No. 35, 2/23/98

The Maxim Compliance Plan has the following key elements:

1. Written practice and ethical standards promoting an ethical culture; policies, and procedures.
2. National Director of Corporate Compliance.
3. Compliance Committee responsible for implementing and maintaining the Compliance Plan and who report to the President and the governing body.
4. Appropriate education and training.
5. Reporting channels to field questions, concerns, and to report complaints; anonymously if preferred, and without fear of retaliation. These mechanisms include a hotline, e-mails, and voicemail.

Participants may voice their concerns or complaints to the following address:

Maxim Healthcare Services, Inc.

7227 Lee DeForest Dr.

Columbia, MD 21046

Attention: Corporate Compliance Department

or to the following e-mail address:

corporate.compliance@maxhealth.com

or to the following hotline number:

Hotline number: 1-866-469-9449.

Participants who report concerns or complaints shall be protected from any and all retaliation.

6. Publicize guidelines and enforce standards
7. Audit and Monitor
8. Risk Assessment: Assess risks and use data to formulate an effective program
9. Employ detection, corrective action, and prevention

Expectations from the US Sentencing Guidelines, Healthcare Compliance Association 7 Elements,
COSO Risk Management and Deficit Reduction Act.

The Maxim Compliance Program described in this document is intended to establish a framework for legal compliance by Maxim and its employees, providers, vendors, and patients. It is not intended to set forth all of the programs, policies, and practices of Maxim that are designed to achieve compliance. Maxim already maintains various compliance practices and those practices continue to be a part of the Company's overall compliance efforts. ¹

Maxim Healthcare Services intends that this Compliance Plan embrace all elements of an "effective program to prevent and detect violations of law", as identified in § 8A1.2(b)(2)(D) of the Federal Sentencing Guidelines and outlined in § 8B2.1. In addition, the Compliance Plan shall incorporate the objectives and components of the Committee of Sponsoring Organizations (COSO), Internal Control-Integrated Framework, comprising five major accounting groups.

II. Scope

This Plan shall apply to Federal and State regulations, Clinical Standards of Practice, Coding Rules, Accounting and Billing standards, Legal concepts, common sense, and good judgment of daily business practices.

III. Administrative Responsibility

The Compliance Department and function at Maxim shall operate independently of daily operations. The primary responsibility for implementing and managing the compliance effort shall be assigned to the National Director of Corporate Compliance. This position shall report directly to the President, and by dotted line, to the Governing Board. The National Director of Corporate Compliance has the authority to investigate and delegate accordingly, and along with the Compliance Committee, shall perform the following activities:

1. Review and amend the Compliance Program Plan.
2. Develop methods to ensure that Maxim employees are aware of and understand the Compliance Program Plan, the Code of Conduct, Policies, and standards.
3. Assist in developing and delivering educational and training programs.
4. Formulate appropriate policies to guide billing.
5. Work with Vice Presidents of the operating companies, Regional Management, and Executive Management to develop plans for implementing Maxim policies.
6. Coordinate audits of medical charts and associated billing.
7. Investigate instances of suspected compliance issues and develop appropriate corrective actions.
8. Prepare an Annual Compliance Review and prepare proposed revisions to the Compliance Program Plan.
9. Provide other assistance as directed by the President.

IV. Corporate Compliance Committee

To further its commitment and to facilitate an active Compliance Program, Maxim has established a Compliance Committee. The Compliance Committee shall establish and maintain oversight of the Maxim Compliance Program activities. Any actual or perceived violations detected by the National Director of Corporate Compliance shall be immediately communicated to this Committee. Specific oversight for the Committee includes:

1. Conducting/directing investigations.
2. Serving as an appeals mechanism for alleged compliance issues.
3. Defining Maxim compliance policies and recommending changes to Maxim bylaws as necessary.
4. Standardizing compliance policies across the organization.
5. Enforce or recommend action for policy violations.
6. Developing the mechanism for measuring the effectiveness of specific compliance initiatives.
7. Approving the audit methodology of the Compliance Department.

V. Compliance Committee Members

To assist the National Director of Corporate Compliance in the development and implementation of compliance efforts, the Compliance Committee has been formed. The National Director of Corporate Compliance shall chair the Committee. The Compliance Committee will consist of:

1. National Director of Corporate Compliance (Chair)
2. President
3. Vice President of Finance
4. National Director of Corporate Clinical Compliance (Co-Chair)
5. Corporate General Counsel
6. Vice President Clinical Operations
7. Vice President of Operations
8. Others as determined by the Committee

The Compliance Committee will meet quarterly at a minimum and provide ongoing assistance in the development of policies and procedures, the identification of risk areas, and suggestions for the continuous improvement of the Compliance Program.

VI. Policy Guidelines

A. Code of Conduct

Maxim has adopted a Code of Conduct (“Code”) to guide all employees in their business activities. This Code reflects common sense and ethical behavior.

B. Billing

Principle: All claims shall be submitted accurately and the submission of false claims shall be avoided.

The policy of Maxim is to bill only for services actually provided. Maxim recognizes that special billing requirements may apply to certain government-sponsored programs or to other providers; any such requirements must be followed. In selecting codes to describe services rendered, physicians, nurses, other health professionals, and billing personnel are to select codes that they believe, in good faith, correspond to services actually rendered, as documented in the medical record. Maxim clinicians, other health professionals, and billing personnel have a collective responsibility to be knowledgeable about the meaning of the codes applicable to their area of practice, including relevant directives from billing authorities. Maxim further recognizes the importance of maintaining accurate patient accounts in accordance with applicable requirements.

- Maxim health professionals and billing personnel should never submit an invoice or a claim that is known to contain inaccurate information concerning the service provided, the charges, the identity of the provider, the date of service, the place of service, or the identity of the patient. Payments that are received in error will be refunded.
- When in doubt about how to bill a particular service, including the proper code to use, no claim should be submitted until appropriate guidance is obtained from departmental compliance leaders or from the National Director for Corporate Compliance. The resolution of any such billing questions should be documented in writing.
- It is the responsibility of the Maxim health professional to ensure that appropriate documentation supports the bill being submitted.

C. Business Relationships

There are a variety of Federal statutes that govern the business relationships of healthcare providers such as Maxim, and the application of these statutes to particular business relationships is often complex. Maxim employees responsible for business relationships with persons or organizations outside of Maxim must take steps to ensure that those relationships comply with all applicable legal requirements.

To guide Physicians, other health professionals, and billing personnel in meeting these objectives, as well as compliance with other regulatory requirements, the National Director of Corporate Compliance shall, with the assistance of legal counsel, and/or the Compliance Committee review existing policy statements, revise those statements as necessary, and develop any additional statements that are appropriate.

VII. Education and Training

The National Director of Corporate Compliance shall be responsible for ensuring that Maxim policies are disseminated to the branch locations. This will be accomplished via e-mail, the Intranet or inter company mail; it will be the responsibility of the Division Vice Presidents and Regional Managers to ensure that the employees implement and demonstrate an understanding of these policies. All training materials directed to billing or other regulatory compliance issues will be submitted to the National Director of Corporate Compliance for review prior to distribution.

All personnel up to and including the Governing Board are required to participate in training about compliance issues. Working in concert with the Departments, the National Director of Corporate Compliance shall develop a system to document that such training has occurred. Moreover, if a concern develops about a billing issue or other compliance issue, the National Director of Corporate Compliance and/or the Compliance Committee may direct any personnel involved in the matter attend mandatory training sessions.

Methodologies for the dissemination of information include, but are not limited to: bulletins, list-serves, professional education, memos, audio and videotapes, lectures at meetings, regional meetings, and applicable articles of interest.

VIII. Prevention & Detection of Fraud

Maxim shall be vigilant in its efforts to recognize and prevent fraud, which is simply defined as possessing knowledge with the willful intent to deceive.

The Office of Inspector General is the enforcement arm of the Federal government. It investigates and sanctions improper conduct. It also publishes findings of its audits through special alerts:

Special Fraud Alerts serve to point out the prevalence of certain types of healthcare fraud, including:

- (1) cost report frauds;
- (2) billing for excessive services
- (3) use of unlicensed or untrained staff;
- (4) falsified plans of care;
- (5) forged Physician signatures on plans of care;
- (6) kickbacks that the OIG has uncovered.
- (7) the submitting of claims to Part B of Medicare for medical supplies and equipment that are not medically necessary;
- (8) submitting claims for items that are not provided as claimed;
- (9) double billings; and
- (10) paying or receiving kickbacks in exchange for Medicare or Medicaid Referrals.

In the early 2000s, June Gibbs Brown, HHS Inspector General, directed regulators to refocus their efforts on assisting providers to achieve compliance. Helping providers achieve compliance is a paradigm shift in philosophy.

It is a philosophy that we are all in this together to deliver excellent care, meet requirements, and prevent fraud and abuse. Those of us in healthcare are called to higher duties than employees in other industries. First, we take care of patients. Second, we have the ability to detect and prevent fraud and abuse.

The Compliance Department will participate in training employees in preventing of Fraud, Abuse, and Waste.

IX. Monitoring

Under the direction of the Compliance Department, an audit of medical records, personnel files, corresponding bills, and other documents along with patient and employee interviews shall be conducted periodically and reviewed for compliance. These audits and interviews will be conducted at least annually. The National Director of Corporate Compliance may, after consultation with legal counsel, engage external compliance experts to review records.

If any of these reviews identify billing issues or irregularities, the National Director of Corporate Compliance shall report to the Compliance Committee and proceed accordingly.

X. Quality Assurance, Process Improvement

The Compliance Department shall quantify and analyze audit data and then benchmark and report the findings. It shall make recommendations to improve compliance, quality, business efficiency, and effectiveness.

The audits coordinated by the Compliance Department shall assess compliance with Federal and State laws, Medicare Rules and Regulations, Policies and Procedures, and the prevention and detection of Fraud and Abuse. These audits do not preclude the Division Vice Presidents or Regional Managers from conducting their own quality assurance audits and implementing process improvement activities.

XI. Reporting Compliance Issues

As a general matter, questions should be presented initially to your manager. The training materials will inform Maxim employees that they may report concerns or any activity that they believe to be inconsistent with Maxim policies, the Code, or legal requirements directly to the National Director of Corporate Compliance, to the hotline, to a designated e-mail address, or via first class mail.

The materials will explain how to report violations and how to contact the National Director of Corporate Compliance and the Compliance Department. Employees, who in good faith report possible compliance issues, should not be subjected to retaliation or harassment as a result of the reporting. All concerns about possible retaliation or harassment should be reported to the Compliance Department or the Legal Department.

The Compliance Department shall maintain a record of each submission, including the date of the acknowledgement and actions taken. The National Director of Corporate Compliance will review all submissions received and will determine, along with the Compliance Committee, as appropriate, all means of investigating and addressing any submissions. All submissions will remain confidential to the Compliance Department, Compliance Committee, and their advisors, as necessary under the circumstances.

XII. Compliance Hotline

Maxim has established a hotline for reporting Code of Conduct, compliance, legal, or ethical concerns or violations. The hotline will be available 24-hours a day, 7 days a week. The National Director of Corporate Compliance will ensure that training and educational materials include information on how the hotline can be accessed.

If you submit a concern, complaint, or violation with your contact information, the National Director of Corporate Compliance or a Compliance Department member will follow-up with you.

If you submit a concern, complaint, or violation without your contact information, the National Director of Corporate Compliance or a Compliance Department member will investigate to the fullest extent possible, given the information provided. If the submission provided to the hotline contains insufficient information to permit a meaningful investigation, the log will contain an explanation as to why no investigation was undertaken.

Participants may voice their concerns or complaints to the following address:

Maxim Healthcare Services, Inc.
7227 Lee DeForest Dr.
Columbia, MD 21046
Attention: Corporate Compliance Department

or to the following e-mail address:
corporate.compliance@maxhealth.com

or to the following hotline number:
Hotline number: 1-866-469-9449.

Again, any retaliation against an employee who, in good faith, reports a suspected violation is prohibited. Please report any retaliation claims to the Compliance Department or Legal Department immediately.

XIII. Investigating Compliance Issues

Whenever conduct inconsistent with Maxim policies and procedures, or applicable laws, rules, and regulations is reported, the National Director of Corporate Compliance along with the Compliance Committee will determine if there is reasonable cause to believe that a material compliance issue may exist. Responsibility for conducting the review will be decided on a case-by-case basis by the National Director of Corporate Compliance and the Compliance Committee as appropriate.

The results of the inquiry will be confidential and made available to the Compliance Committee and their advisors, as necessary. Maxim employees shall cooperate fully with any inquiries and investigations. To the most practical and appropriate extent, efforts should be made to maintain the confidentiality of such inquiries and the information gathered.

XIV. Corrective Action Plans

Whenever a compliance issue has been identified, the National Director of Corporate Compliance shall have the responsibility and authority to take or direct appropriate action to address that issue. In developing a corrective action plan, the National Director of Corporate Compliance may obtain guidance from the Compliance Committee, Legal Counsel, or other personnel as necessary. All corrective action plans shall be set forth in writing and conveyed to the Compliance Committee.

Corrective clinical, billing, or business related action, should be designed to ensure not only that the specific issue is addressed but also that similar problems do not occur in other areas or departments. For example, corrective action may require that billing is handled in a designated way, that billing responsibility is reassigned, that certain training take place, restrictions are imposed on billing by health professionals, repayment is made, or that the matter is disclosed externally.

If it appears that certain individuals have engaged in practices that raise compliance concerns, the corrective action plan should identify actions that will be taken to limit non-compliant outcomes.

Corrective action may include recommendations that a sanction or disciplinary action is imposed. Moreover, if the National Director of Corporate Compliance believes that any non-compliance has been willful, that belief, and the basis for it, should be reported to the Compliance Committee. Maxim officers, members, employees, and agents who have engaged in willful misconduct will be subject to disciplinary action, up to and including termination.

XV. Annual Compliance Review

On or before the end of each calendar year, the National Director of Corporate Compliance will arrange for a review of Maxim's then current professional billing operation, including a review of billing policies, procedures, and practices. The purpose of the review, which should include such probe samples as the National Director of Corporate Compliance considers advisable, is to ascertain whether the billing process has reasonable controls in place to assure that payers, including federal health insurance programs, are billed appropriately for services rendered as claimed. A written report of compliance related activities shall be prepared on or before December 31.

XVI. Annual Report

On or before December 31 of each calendar year, the Corporate Compliance Director should prepare and distribute to the Compliance Committee a report describing the compliance efforts during the preceding fiscal year. The report should include the following elements:

1. A summary of the general compliance activities undertaken during the preceding year, including any changes made to the Compliance Plan;
2. A copy of the hotline log for the preceding year;
3. A copy of the preceding financial year's Compliance Review;
4. A description of actions taken to ensure the effectiveness of the training and education efforts;
5. A summary of actions to ensure compliance with Maxim policy on dealing with excluded persons; and
6. Recommendations for changes in the Compliance Plan that might improve the effectiveness of Maxim's compliance efforts.

XVII. Revisions to this Plan

This Compliance Plan is intended to be flexible, dynamic, and readily adaptable to changes in regulatory requirements and will be regularly reviewed. This plan should be changed as experience shows that a certain approach is not effective or suggests a better alternative. The National Director of Corporate Compliance shall have the authority to amend the plan with approval from the Compliance Committee.

XVIII. Excluded Persons Policy

Maxim confirms the importance of compliance with 42 U.S.C. § 1320a-7a(a)(6), which imposes penalties for “arrang[ing] or contract[ing] (by employment or otherwise) with an individual or entity that the person knows or should know is excluded from participation in a Federal healthcare program . . . for the provision of items or services for which payment may be made under such a program.” Accordingly, prior to employing or contracting with any provider for whom Maxim intends to submit bills to a Federal healthcare program, Maxim will take appropriate steps to confirm that the provider or potential employee/applicant has not been excluded. Those steps will include checking the provider's name against the HHS/OIG Cumulative Sanctions List and the GSA Debarred Bidders List. Maxim's National Director of Corporate Compliance will arrange for training for employees with responsibility for personnel functions about how to access those lists. If Maxim learns that a prospective provider (either as an employer or contractor) is excluded, Maxim will not hire or use that provider.

To comply with this policy, Maxim will periodically confirm that none of the providers that it currently employs appear on either the HHS/OIG Cumulative Sanctions or the GSA Debarred Bidders lists.

If Maxim learns that any of its current providers (either as employees or contractors) has been proposed for exclusion or excluded, it will remove such providers from any employment with Maxim until such time as Maxim has confirmed that the matter has been resolved.



COMPLIANCE PROGRAM PLAN ACKNOWLEDGMENT

1. I have received a copy of the Maxim Healthcare Services, Inc. ("Maxim") Compliance Program Plan, and have read, understand, and agree to abide by its terms and conditions.
2. I understand that all employees of Maxim and its affiliated and subsidiary companies, including me, are expected to abide by the Compliance Program Plan. My adherence to the Compliance Program Plan is not a guarantee of my employment with Maxim, the terms and conditions of which remain governed by the Maxim Employee Handbook, which I have received a copy of.
3. I understand my responsibility to report questions or concerns regarding compliance with laws, regulations, contract provisions, or Maxim policies to Human Resources, Regional Management, the National Director of Corporate Compliance, the Legal Department, and/or the Corporate Compliance Department, either by regular mail, e-mail, or the hotline.
4. I understand that there will be no retaliation for raising a compliance issue in good faith.
5. I understand that any violation of the Compliance Program Plan, including my failure to report a violation thereof, may result in corrective action and/or disciplinary action up to and including termination.
6. I understand that my failure to cooperate in a compliance investigation can be grounds for termination.

Signature

Date

Print Name: _____

REPORT A COMPLIANCE CONDUCT CONCERN, COMPLAINT, OR VIOLATION TO:

Telephone Hotline: 1-866-469-9449

Mail Address: Maxim Healthcare Services, Inc.
7227 Lee DeForest Drive
Columbia, MD 21046
Attention: Corporate Compliance Department

E-mail: corporate.compliance@maxhealth.com

URL: www.maximcompliance.com



Employee Copy

COMPLIANCE PROGRAM PLAN ACKNOWLEDGMENT

1. I have received a copy of the Maxim Healthcare Services, Inc. ("Maxim") Compliance Program Plan, and have read, understand, and agree to abide by its terms and conditions.
2. I understand that all employees of Maxim and its affiliated and subsidiary companies, including me, are expected to abide by the Compliance Program Plan. My adherence to the Compliance Program Plan is not a guarantee of my employment with Maxim, the terms and conditions of which remain governed by the Maxim Employee Handbook, which I have received a copy of.
3. I understand my responsibility to report questions or concerns regarding compliance with laws, regulations, contract provisions, or Maxim policies to Human Resources, Regional Management, the National Director of Corporate Compliance, the Legal Department, and/or the Corporate Compliance Department, either by regular mail, e-mail, or the hotline.
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Signature

Date

Print Name: _____

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Mail Address: Maxim Healthcare Services, Inc.
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www.maximhealthcare.com