



**MANAGED
RESOURCES, INC. /
ASAP STAFFING, INC.**

**COMPLIANCE
PROGRAM**

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COMPLIANCE PROGRAM

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COMPLIANCE PROGRAM

1.1 Basic Values and Principles

This part outlines the basic values and principles on which the MRI/ASAP Compliance Program is structured.

1.100 Introduction

Managed Resources, Inc. (MRI/ASAP Staffing) is committed to conducting business lawfully and ethically. Because MRI/ASAP Staffing's reputation is dependent upon your action as an employee, you have a responsibility to be aware of the legal and ethical issues that impact our company's operations.

MRI/ASAP Staffing's Corporate Compliance Program is intended to safeguard and promote the company's tradition of strong moral, ethical and legal standards of conduct. This program is designed to assist employees in understanding and integrating moral standards in a variety of business-related situations.

MRI/ASAP Staffing's Compliance Program embodies dedication to the highest standards of ethical behavior, expressed through corporate culture and through adherence to the law. This Compliance Plan reflects acceptance of a duty, and commitment of resources, to meet those standards.

The provisions of this Compliance Plan apply to everyone involved in overseeing, managing and operating all components of MRI/ASAP Staffing, including board members, corporate officers, managers, supervisors, employees, and, as applicable, contractors and consultants.

1.101 Mission Statement

MRI/ASAP Staffing is a national health care consulting and staffing firm, committed to providing quality auditing, educational and staffing services to health care organizations nationwide.

MRI/ASAP Staffing, as a socially conscious corporation, is committed to conducting its business with integrity:

- Providing quality services to its customers.
- Treating each employee and client fairly and with respect
- Acting as a responsible corporate citizen toward the different stakeholders and the environment affected by our business.



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1.102 Values

MRI/ASAP Staffing, committed to operating under the highest ethical and moral standards, will strive to incorporate the following values in all of its decisions and activities:

1.102-1 Respect for Persons: Respecting the dignity of each individual involved in each business enterprise.

1.102-2 Honesty and Truthfulness: Maintaining an unimpeachable standard of truthfulness and honesty in all business activities and relationships.

1.102-3 Professionalism: Adhering to the highest standards of professional compliance in the conduct of business

1.102-4 Conformity to the Laws: In terms of: a) Federal and State laws; b) Contractual Obligations.

1.102-5 Responsible Management: Optimizing the use of resources so as to provide the maximum benefit to clients.

1.102-6 Responsibility to Stakeholders: Respecting the interests of employees, customers, communities where the company does business, government and society in general.

1.102-7 Environmental Awareness: Respecting the reality of the limitations of the earth's resources.

1.103 Principles

The following operational principles will guide MRI/ASAP Staffing's business activities. These principles are particularly relevant to MRI/ASAP Staffing's line of work, which involves supportive services for healthcare institutions.

1.103-1 Confidentiality

MRI/ASAP Staffing, aware of the rights and interests of patients, the sensitive nature of health information, and the power and capability of computer systems, is committed to implementing safeguards to promote and protect the privacy of such information and avoid problems in the areas of confidentiality. Granted the necessity of processing health information for purposes of assessment and education and ultimate improvement of patient care, nevertheless, the obvious limitation of such a privilege requires extra precaution in ensuring appropriate confidentiality.



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1.103-1 *Confidentiality (contd.)*

All MRI/ASAP Staffing employees must be aware of the sensitive nature of health information and the necessity of assuring confidentiality whenever the processing of such information is necessary for the provision of our services.

Furthermore, MRI/ASAP Staffing's services are sometimes provided under attorney-client privilege, necessitating the highest degree of confidentiality in communications between MRI/ASAP Staffing and clients requesting this privilege.

MRI/ASAP Staffing, through adopting methods of comprehensive access control and authorization, will take practical steps to avoid breaches in confidentiality: employees shall be educated as to the sensitive nature of health information and the process of attorney-client privilege; an individual employee shall be designated at each client site as responsible for the protection of privileged information.

1.103-2 *Equal Opportunity Employment*

MRI/ASAP Staffing is committed to providing a work environment with equal opportunity employment. Everyone should be treated with fairness, dignity, and respect. All qualified persons are entitled to equal employment opportunities regardless of race, color, sex, age, national origin, religion, or disability. MRI/ASAP Staffing will comply with all federal, state and local laws, regulations, and policies related to non-discrimination and the employment relationship including but not limited to recruiting, hiring, training, benefit administration, promotion, transfer, and working conditions.

1.103-3 *Fair Competition*

It is MRI/ASAP Staffing policy to emphasize the quality and competence of our services and staff rather than to criticize those of our competitors.

MRI/ASAP Staffing is entitled to keep up with competitive development and may review all pertinent public information concerning competitive products.

MRI/ASAP Staffing will avoid all unfair acts against competitors, such as:

- Inducing breach of contract between competitors and their customers.
- Acquisition of competitors' trade secrets or other proprietary or confidential information by unfair means.
- False or deceptive statements about competitors or their products, business practices, financial status or reliability.



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1.103-3 *Fair Competition (contd.)*

- False or misleading advertising of MRI/ASAP Staffing services.
- Staff members must not divulge any non-public information regarding MRI/ASAP Staffing to an outsider except for a legitimate business purpose and the express understanding that the information is confidential and is to be used solely for the limited business for which it was given and received.

1.103-4 *Truth in Advertising*

All business communication will be truthful, in good taste, and free from false or exaggerated claims or statements. This includes business correspondence, advertisements and sales promotion materials, newsletters and any other communication prepared for internal or external use.

1.103-5 *Customer Relations*

All Company employees have an obligation to treat customers fairly at all times; to be hospitable to their needs; to be prompt and accurate in all transactions with them; to constantly improve knowledge of the company in order to answer questions intelligently; and to communicate in a courteous and helpful manner.

All invoices to customers and others will accurately reflect the services rendered and true sales price and terms of sale. Payments received in excess of amount invoiced shall either be reflected or promptly refunded.

We will constantly monitor for product quality. Our policy is to offer continuing product improvements in response to the needs of customers and requirements of the marketplace.

We are totally committed to achieving high product quality; each employee will be responsible for unfailingly maintaining the integrity and quality of our services.

We will not ignore a deficiency or error no matter how small or obscure; it is essential that it be brought to the attention of those who can properly decide what to do about it.

1.103-6 *Mutuality of Employer–Employee Relationships*

MRI/ASAP Staffing is aware that its success depends upon the ability, loyalty, and enthusiasm of the men and women of the company working together toward commonly understood business objectives; that employer-employee relationships involve mutual accountabilities. In view of this principle, the following is in order:



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1.103-6 *Mutuality of Employer–Employee Relationships (contd.)*

MRI/ASAP Staffing will:

- Respect the human dignity and worth of each employee.
- Accord to each employee all relevant rights and responsibilities as specified in Federal and State statutes and MRI/ASAP Staffing’s employee handbook.
- Through its managers and supervisors provide a supportive work environment that enhances the physical, emotional, economic and spiritual welfare of each employee.
- Clearly express its expectations of an employee by providing appropriate orientation, training and review.
- Provide just compensation programs, including salary and benefits, which will be up-to-date and administered fairly.
- Provide the opportunity for each employee to participate in ways that allow the full use of his/her unique resources.
- Provide an open and candid environment supported by an effective conflict resolution process.
- Provide training opportunities and challenge an employee’s potential through increased job responsibility.
- Provide thorough and truthful information to each employee about his/her job responsibilities and performance, salary and benefits, and MRI/ASAP Staffing’s financial performance.
- Treat employees with consideration, understanding and respect; and will maintain open, two-way communication with all of its employees regarding matters of mutual concern.
- Will compensate employees in a manner that:
 - Reflects business conditions.
 - Is competitive with, or goes beyond, the industry in which their business competes or the labor market their department draws upon.
 - Reflects individual performance and contribution.
 - Includes a well–balanced benefit program that compares favorably with, or goes beyond, benefit programs found within the corporation’s labor markets.



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1.103-6 *Mutuality of Employer–Employee Relationships (contd.)*

Employees shall not:

- Knowingly participate in acts of discrimination or harassment towards any person with which he/she has business relations
- Personally take advantage of a business opportunity that rightfully belongs to MRI/ASAP Staffing. Neither may any employee derive personal profit, gain or advantage (other than compensation from MRI/ASAP Staffing as a result of any transaction undertaken on behalf of MRI/ASAP Staffing.

Employees shall:

- Consider first, in all business transactions, the interest of the company and carry out and believe in its policies.
- Strive for increased knowledge of products and processes.
- Participate in professional development programs so that performance is enhanced.
- Use resources appropriately and efficiently, recycling whenever possible.
- Be knowledgeable of and comply with the confidentiality policy of the company.

1.103-7 *Observance of Laws and Regulations*

It is the policy of MRI/ASAP Staffing to comply with all laws and regulations applicable to its business. The corporation expects its staff members to conduct their business dealings in accordance with the letter, spirit, and interest of all relevant laws and to refrain from any form of illegal, dishonest or unethical conduct. Managers and supervisors are responsible for making sure that employees under their supervision are made aware of the laws and regulation related to their job activities.

1.103-8 *Harassment and Workplace Violence*

All MRI/ASAP Staffing employees, patients, and agents have the right to an environment that is free of violence and harassment. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable.

All forms of sexual harassment are prohibited. Sexual harassment includes but is not limited to unwelcome sexual advances, requests for sexual favors in conjunction with employment decisions, or verbal or physical conduct of a sexual nature.



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1.103-8 Harassment and Workplace Violence (contd.)

An employee having knowledge of any alleged harassment is responsible for reporting it to the supervisor and/or the Compliance Officer immediately. Such reports will be held in confidence and the employee will be protected from harassment or retaliation for reporting this misconduct. Further, any employee who is aware of a person who engages in any kind of harassment and fails to report it will be subject to discipline. MRI/ASAP Staffing will investigate all claims of harassment and take immediate and appropriate remedial action.

1.103-9 Accounting and Financial Responsibility

MRI/ASAP Staffing is committed to the highest standards of business ethics and integrity, and to maintaining the integrity and accuracy of its books, records, and accounts. This requires every employee to record and report information accurately and honestly, including accurate reporting of time worked, business expenses incurred, revenues and costs, and other business-related activities.

MRI/ASAP Staffing's records must accurately reflect the assets, liabilities, revenues and expenses of MRI/ASAP Staffing. All company records are subject to audit, and financial records are to be maintained in accordance with generally accepted accounting principles (GAAP), as well as with all applicable federal, state, and local laws.



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1.2 *Specific Ethical/Moral Issues*

This part contains moral guidelines for specific business concerns such as conflict of interest, gratuities, etc.

1.200-1 *Conflict of Interest*

At MRI/ASAP Staffing, a conflict of interest arises in any situation in which an employee uses his or her contacts or position in the company to advance his or her private business or financial interest, whether or not at the expense of the company. In this regard, each employee shall scrupulously avoid such situations.

1.200-2 *Kickbacks*

No bribes, kickbacks, or other similar recommendation or consideration shall be given to any person(s) or organization(s) in order to attract business.

1.200-3 *Gifts and Gratuities*

Employees shall not make gifts to or entertain persons or firms doing business with MRI/ASAP Staffing in a fashion which exceeds customary courtesies extended in accordance with accepted ethical business practices (e.g. reasonable entertainment at luncheon, dinner, or business meetings with present or prospective customers, which would be properly chargeable as a business expense, gifts or nominal value given at Christmas, other holidays, or special occasions).

MRI/ASAP Staffing recognizes that situations may arise when it would be appropriate to give or receive the following:

- Awards for charitable, educational, civil or religious purposes.
- Unsolicited advice or promotional material (e.g. pens, calendars, etc.) of a value not exceeding \$25.00.

1.200-4 *Accuracy of Books and Records*

The maintenance of accurate records is critical. Each employee is, therefore, charged with keeping or completing accurate records with respect to his/her employment and areas of responsibility. Such records must be carefully recorded and maintained on an up-to-date basis.

Dishonest reporting of information to organizations and people outside the company is strictly prohibited.



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1.200-4 Accuracy of Books and Records (contd.)

Submitting false, fraudulent or misleading claims, including claims for services not rendered, claims which characterize the services differently than the service actually rendered, or claims which do not otherwise comply with applicable program or contractual requirements is contrary to company policy.

In preparation and maintenance of accounts and adequate records, we will:

- Comply with all accepted accounting standards and practices, rules, regulations and controls.
- See that all entries are promptly and accurately recorded and properly documented. No entry will intentionally distort or disguise the true nature of any transaction.
- Maintain books and records which will fairly and accurately reflect, in reasonable detail, our company business transaction, assets acquisitions plus other pertinent activities.
- Expect employees to sign only those documents they believe to be accurate and truthful.
- Restrict access to sensitive data such as patient's records, customer information, and personnel records.
- Devise, implement and maintain sufficient internal control to provide assurance that record keeping objectives are met.



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1.3 Compliance Regulations for Coders, Auditors & Billers

This part outlines official guidelines for appropriate performance in coding, billing and auditing.

1.300 Definitions

1.300-1 Audit Log: An historical record kept by a payer or provider that records the audit experience related to a particular party.

1.300-2 Bill: Any document that represents a provider's request for payment (Also referred to as *invoice* or *claim*).

1.300-3 Billing Audit: A process to determine whether data in a provider's health record documents or supports services listed on a provider's bill (These audits can be conducted on a retrospective or concurrent basis and commonly are referred to as *revenue recovery audits*.)

1.300-4 Concurrent audit: A billing audit conducted before the issuance of an interim or final bill.

1.300-5 Retrospective Audit: A billing audit conducted after the issuance of an interim or final bill.

1.300-6 Health record: A compilation of data supporting and describing an individual's health care encounter including data on diagnoses, treatment, and outcomes (Formerly known as *medical record* or *clinical record*.)

1.300-7 Unbilled Charges: The volume of services indicated on a bill is less than the volume identified in a provider's health record documentation. (Also known as *undercharges*.)

1.300-8 Unsupported or undocumented charges: The volume of services indicated on a bill exceeds the total volume identified in a provider's health record documentation (Also known as *overcharges*).



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1.301 Audit Requirements

1.301-1 Qualifications of Auditors and Audit Coordinators

All persons performing billing/coding audits as well as persons functioning as audit coordinators, on behalf of MRI/ASAP Staffing, must be credentialed (RN, RHIT, RHIA, CCS, CCS-P, CPC, or CPC-H) and/or have appropriate knowledge, experience, and/or expertise in a number of areas of health care including, but not limited to, the following:

- Format and content of the health record as well as other forms of medical/clinical documentation
- Generally accepted auditing principles and practices as they may apply to billing audits
- Coding, including ICD-9-CM, CPT, HCPCS, and medical terminology
- Billing claims forms, including the UB-82, the HCFA 1500, and charging and billing procedures
- All state and federal regulations concerning the use, disclosure, and confidentiality of all patient records
- Specific critical care units, specialty areas, and/or ancillary units involved in a particular audit

Audit personnel should be able to work with a variety of health care personnel and patients. They should always conduct themselves in an acceptable, professional manner and adhere to ethical standards, confidentiality requirements, and objectivity. They should completely document their findings and problems.

All unsupported or unbilled charges identified in the course of an audit must be documented in the audit report by the auditor. Individual audit personnel will not be placed in a situation through their remuneration, benefits, contingency fees, or other instructions that would call their findings into question. In other words, compensation of audit personnel will be structured so that it does not create any incentives to produce questionable audit findings.



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1.301-2 Audit Coordinators

An audit coordinator should have the same qualifications as an auditor. Duties of an audit coordinator include, but are not limited to, the following areas:

- Scheduling an audit
- Advising other provider personnel/departments of a pending audit
- Ensuring that an informed consent for the release of health information has been obtained
- Verifying that the auditor is an authorized representative of the payer
- Gathering the necessary documents for the audit
- Orienting auditors to hospital audit procedures, record documentation conventions and billing practices
- Coordinating auditor requests for information, space in which to conduct an audit, and access to records and provider personnel
- Acting as a liaison between the auditor and other hospital personnel
- Conducting an exit interview with the auditor to answer questions and review audit findings
- Reviewing the auditor's final written report and following up on any charges still in dispute
- Arranging for payment as applicable
- Arranging for any required adjustment to bills or refunds

1.301-3 Provider Confidentiality and Authorizations

All parties to a billing audit must comply with federal and state laws and contractual agreements regarding the confidentiality of patient information. All payer, audit, and provider organizations conducting or involved with billing audits should have provisions in their codes of ethics outlining their obligation to protect the confidentiality of patient information. In addition, these organizations should have explicit policies and procedures protecting the confidentiality of all the patient information in their possession and the disposal of this information.



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1.301-3 Provider Confidentiality and Authorizations (contd.)

In keeping with the principles of informed consent and a patient's right to control access to the confidential health record, a provider should obtain initial authorization for release of information, usually through its procedures to obtain all needed consents and authorizations.

When state or federal law includes provisions that make the most recent authorization invalid, a new authorization is necessary. When there is a contractual relationship, the contract establishes the responsibility for obtaining the release. In the case of provider initiated rebilling, the provider should obtain patient authorization to release information.

The provider will inform the requestor, on a timely basis, if there are any federal or state laws prohibiting or restricting review of the medical record and if there are institutional confidentiality policies and procedures affecting the review.

1.301-4 Managing Health Information Relating to Infection with the Human Immunodeficiency Virus (HIV)

Acquired immunodeficiency syndrome (AIDS), caused by the human immunodeficiency virus (HIV), has become a major public policy issue in the US. This is due, in part, to the significant potential for invasion of privacy and the resultant discrimination associated with this ailment. The healthcare community must constantly balance its duty to protect third parties from the spread of the disease with its duty to protect the privacy of individuals who are infected with HIV.

Individuals tested for HIV and/or treated for AIDS must be assured that information shared with healthcare professionals will remain confidential.

Those who review patient health records for administrative purposes (such as quality improvement, billing and risk management) must ensure that this information is handled in a confidential manner. Due to the sensitivity of this information, it should not be transmitted via facsimile machine or disclosed over the telephone unless urgently needed for patient care. Medical coders should code only from the diagnosis list in the medical record. The physician should be consulted prior to assigning codes from laboratory data or test results when a diagnosis is not clearly stated.

It is the policy of Managed Resources that all our personnel, especially those immediately involved with medical record information, scrupulously observe confidentiality regarding the sensitive issue of AIDS.



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1.301-5 *Documentation*

Verification of charges, consistent with hospital-specific policies and procedures and generally accepted community practice, will include the investigation of whether or not:

- Services are documented in health or other appropriate records as having been rendered to the patient
- Charges are reported on the bill accurately

The health record documents clinical data on diagnoses, treatments, and outcomes. It was not designed to be a billing document. A patient health record generally documents pertinent information related to care. The health record may not back up each individual charge on the patient bill. Other signed documentation for services provided to the patient may exist within the provider's ancillary departments in the form of department treatment logs, daily charge records, individual service/order tickets, and other documents.

Auditors may have to review a number of other documents to determine valid charges. Auditors must recognize that these sources of information are accepted as reasonable evidence that the services ordered by the physician were actually provided to the patient. Providers must ensure that proper policies and procedures exist to specify what documentation and authorization must be in the health record and in the ancillary records and/or logs. These procedures document that services have been properly ordered for and delivered to patients. When sources other than the health record are providing such documentation, the provider should make those sources available to the auditor.

1.301-6 *Onsite/Offsite Audits*

Auditors should conduct audits at a provider's site unless otherwise agreed. On-site audits prevent unnecessary transmission of health records and better ensure confidentiality. In addition, on-site reviews encourage or promote mutual understanding of the records and afford both parties the opportunity to quickly and efficiently handle questions that may arise.

Some audits, based on mutual agreement between MRI/ASAP Staffing and Client, can be conducted off-site. Such off-site audits should conform in all respects to the guidelines for billing/coding audits set forth in this document. Furthermore, under those circumstances, auditors will be aware of and respect MRI/ASAP Staffing's technical protections and safeguards consistent with the transmission and disclosure of protected health information (PHI).



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1.302 *Standards of Conduct for Coding*

MRI/ASAP Staffing's goal is to follow standards of ethical coding developed by the American Health Information Management Association (AHIMA) on coding and classification.

All employees performing coding responsibilities must meet the following standards of conduct:

- Diagnoses that are present on admission or diagnoses and procedures that occur during the current encounter are to be abstracted after a thorough review of the entire medical record. Those diagnoses not applicable to current encounter should not be abstracted.
- Selection of the principal diagnosis and principal procedure, along with other diagnoses and procedures, must meet the definitions of the Uniform Hospital Discharge Data Set (UHDDS).
- Assessment must be made of the documentation in the chart to ensure that it is adequate and appropriate to support the diagnoses and procedures selected to be abstracted.
- Medical record coders should use their skills, their knowledge of ICD-9-CM and CPT and any available resources to select diagnostic and procedural codes.
- Medical record coders should not change codes or narratives of codes in such a way that the meanings are misrepresented. Nor should diagnoses or procedures be included or excluded because the payment will be affected. Statistical clinical data is an important result of coding, and maintaining a quality database should be a conscientious goal.
- Physicians should be consulted for clarification when they enter conflicting or ambiguous documentation in the chart.
- The medical record coder is a member of the healthcare team and, as such, should assist physicians who are unfamiliar with ICD-9-CM, CPT, or DRG methodology by suggesting resequencing or inclusion of diagnoses or procedures when needed to more accurately reflect the occurrence of events during the encounter, irrespective of the implications to reimbursement.
- The medical record coder is expected to strive for the appropriate payment to which the facility is legally entitled, but it is unethical and illegal to maximize payment by means that contradict regulatory guidelines.



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1.303 *Coding Competencies*

1.303-1 *Data Identification*

- Read and interpret health record documentation to identify all diagnoses and procedures that affect the current inpatient stay/outpatient encounter visit
- Assess the adequacy of health record documentation to ensure that it supports all diagnoses and procedures to which codes are assigned
- Apply knowledge of anatomy and physiology, clinical disease processes, pharmacology, and diagnostic and procedural terminology to assign accurate code to diagnoses and procedures
- Apply knowledge of disease processes and surgical procedures to assign non-indexed medical terms to the appropriate class in the classification/nomenclature system

1.303-2 *Coding Guidelines*

- Apply knowledge of current approved “ICD-9-CM Coding and Reporting Official Guidelines”* to assign and sequence the correct diagnosis procedure codes for hospital inpatient services
- Apply knowledge of current “Diagnostic Coding and Reporting Guidelines for Outpatient Services”*
- Apply knowledge of CPT format, guidelines, and notes to locate the correct codes for all services and procedures performed during the encounter/visit and sequence them correctly
- Apply knowledge of procedural terminology to recognize when an unlisted procedure code must be used in CPT

1.303-3 *Regulatory Guidelines*

- Apply Uniform Hospital Discharge Data Set (UHDDS) definitions to select the principal diagnosis, principal procedure, complications and co-morbid conditions, other diagnoses and significant procedures which require coding
- Select the appropriate principal diagnosis for episodes of care in which determination of principal diagnosis is not clear because the patient has multiple problems
- Apply knowledge of the Prospective Payment System to confirm DRG assignment which accurately reflects the occurrence of events and ensures appropriate reimbursement
- Refuse to fraudulently maximize reimbursement by assigning codes that do not conform to approved coding principles/guidelines*



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1.303-3 *Regulatory Guidelines (contd.)*

- Refuse to unfairly maximize reimbursement by unbundling services and codes that do not conform to basic coding principles and the National Correct Coding Initiative (CCI)
- Apply knowledge of the Ambulatory Surgery Center (ASC) Payment Groups to confirm ASC assignment which ensures appropriate reimbursement
- Apply policies and procedures on health record documentation, coding, and claims processing and appeal
- Use the HCFA Common Procedural Coding System (HCPCS) to appropriately assign HCPCS codes for outpatient Medicare reimbursement

1.303-4 *Coding*

- Exclude from coding diagnoses, conditions, problems, and procedures related to an earlier episode of care which have no bearing on the current episode of care
- Exclude from coding ICD-9-CM non-surgical, noninvasive procedures which carry no operative or anesthetic risk
- Exclude from coding information such as symptoms or signs characteristic of the diagnosis, findings from diagnostic studies, or localized conditions, which have no bearing on the current management of the patient
- Apply knowledge of ICD-9-CM instructional notations and conventions to locate and assign the correct diagnosis and procedural codes and sequence them correctly
- Facilitate data retrieval by recognizing when more than one code is required to adequately classify a given condition
- Exclude from coding these procedures which are component parts of an already assigned CPT procedure code

1.303-5 *Data quality*

- Clarify conflicting, ambiguous or nonspecific information appearing in a health record by consulting the appropriate physician
- Participate in quality assessment to ensure continuous improvement in ICD-9-CM and CPT coding and collection of quality health data
- Demonstrate ability to recognize potential coding quality issues from an array of data
- Apply policies and procedures on health record documentation and coding that are consistent with official coding guidelines*
- Contribute to development of facility-specific coding policies and procedures



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1.303 *Coding Competencies (contd.)*

*The cooperating parties (American Health Information Management Association, American Hospital Association, Health Care Financing Administration, National Center for Health Statistics) publish official guidelines in the Coding Clinic for ICD-9-CM CD-ROM offered by the US Government Printing Office. "ICD-9-CM Coding and Reporting Official Guidelines" and "Diagnostic Coding and Reporting Guidelines for Outpatient Services (Hospital-Based and Physician Offices)" published in Fourth Quarter, 1995, Coding Clinic for ICD-9-CM (Volume 7, No. 1). The CPT Assistant newsletter, published by the American Medical Association, is also considered a coding resource for the CCS exam.

1.304 *Quality Assurance Plan for Coders and Billers*

Coders

Managed Resources, Inc and ASAP Staffing provide coding and coding validation services to Healthcare Facilities. The policy of MRI/ASAP is to adhere to all State and Federal Regulatory Guidelines, particularly documentation and coding guidelines that have been set forth by Medicare, for the coding and billing of Outpatient and Inpatient services. It is our goal to be compliant with all published guidelines, particularly Coding Clinic, CPT Assistant, AHIMA's Ethical Coding Standards, and Documentation for Evaluation and Management Codes as published by the American Medical Association, and HCFA (CMS). To assist in accomplishing this goal, MRI/ASAP has the long-standing position of Vice President of Quality Assurance within corporate management. Fulfilling this role since the inception of the company is Kay Hartley, RN, CCS, CCS-P. We are committed to an on-going Quality Assurance Program that is administered as follows:

- 1) A supervisor, or lead coder, will be assigned to each site, based on the number of staff assigned. Otherwise these responsibilities will be directed from the corporate office. This person will have responsibilities that include:
 - Scheduling of coding staff to adequately meet the standards of the facility
 - Periodic surveillance of coding assignments produced by the coding staff
 - Monitoring of production records of each contract coder to ensure acceptable work flow



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1.304 *Quality Assurance Plan for Coders and Billers (contd.)*

- Informing the HIM department of any documentation issues, that is, legibility, lack of documentation, or questions that impact proper code assignments.
 - Communicating with physicians, if acceptable to facility, any questions or issues that would positively impact coding accuracy.
 - Serving as the on-site liaison for MRI/ASAP and client
 - Performing random Quality Reviews of each coder's work. Five (5) coding samples from each coder is the minimum standard.
 - Maintaining a database of this monitoring process to track accuracy or problem areas.
 - Focusing on problem areas by conducting targeted education of the staff and performing additional reviews of those areas identified (if warranted.)
- 2) The Vice President of Corporate Quality Assurance will oversee the compliance and quality components of the product. This person will have responsibilities that include:
- Performing quarterly quality reviews of the coders at the site. Reviews of five (5) medical records that have been coded by each of the coders are conducted. These reviews are done off-site, with records that are copied (names and pertinent identifying information are marked out), and mailed to the QA Supervisor. The reviews are conducted in the light of official coding guidelines. The results of these reviews are communicated back to the site and appropriate corrective action, if necessary, is initiated. Identification of discrepancies is followed by focused training. Continued discrepancy in coding will lead to the replacement of the employee
 - Periodic site visits are carried out, depending on the scope of the project. The focus of these visits is education for the staff, specifically focused on any review findings of inaccuracies or deficiencies, and discussion of any issues identified from the reviews performed by the Site Supervisor and/or the QA Supervisor.



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1.304 *Quality Assurance Plan for Coders and Billers (contd.)*

Billers

Managed Resources, Inc. provides billing services for healthcare facilities. As part of our service to our client, MRI/ASAP monitors the productivity and checks the accuracy of the claim forms generated by our billing staff. It is the policy of MRI/ASAP to adhere to all Federal and State and Institutional Regulatory Guidelines for submitting claims for reimbursement for healthcare services. In order to verify compliance with these guidelines, a daily productivity log will be completed and periodic reviews of completed claim forms will be performed.

- A.** Productivity monitoring: a tracking log will be completed by each biller to track the number of accounts processed.
- B.** Claim form completion accuracy: these reviews will consist of the following:
 - 1) Verification of claim form information with the medical record to insure that the following agree:
 - ❖ Patient Name
 - ❖ Service period covered
 - ❖ Birth date
 - ❖ Description of Service
 - ❖ Service codes (HCPCS)
 - ❖ Service units
 - ❖ Attending physician
 - 2) Verification that the principal diagnosis and procedure codes submitted on the claim form agree with the codes provided by the coding staff.
 - 3) Verification that reports are submitted with claim forms that include services for which a report is required for payment.
 - 4) Verification that the claim form is legible and signed by the AR technician as the provider representative.
- C.** MRI/ASAP will review and identify the completion/accuracy of any other data identified by client.
- D.** The MRI/ASAP quality assurance procedure for our billing staff is as follows:
 - If the compliance/accuracy review identifies deficiencies (in the light of a 95% accuracy rate or the rate specified by client), corrective action by way of focused training/education for the employee will be taken
 - A focused review will be conducted within two (2) weeks of training



COMPLIANCE PROGRAM

1.304 *Quality Assurance Plan for Coders and Billers (contd.)*

- Identification of continued discrepancy will result in probation and further focused training
 - A second focused review will be conducted within two (2) weeks of the second training session
 - Identification of continued discrepancy will result in replacement
- E.** A written report on all Quality Assurance reviews will be provided to the client
- F.** MRI/ASAP will replace any employee who does not comply with orientation requirements or meet competency and performance and compliance requirements.



COMPLIANCE PROGRAM

1.4 Procedures for Auditing, Monitoring and Promoting the Compliance Program

This part provides MRI/ASAP's procedures for assuring effectiveness of the Compliance Program, particularly monitoring and training.

1.400 Education/Training

MRI/ASAP Staffing will continuously take steps to communicate its ethical expectations, compliance standards and procedures to all employees. Training will include the provisions of this Program, MRI/ASAP Staffing's expectations of ethical conduct, as well as focused training in requirements and procedures for designated personnel involved in coding, auditing, validation, and claims development or submission.

All MRI/ASAP Staffing employees will receive updated general education and orientation annually. All new employees will receive initial compliance training as part of their general orientation program. Training in compliance policies and procedures will be provided annually, or more frequently as needed, to employees involved in coding, auditing, validation, and claims development or submission. Adherence to the provisions of the Compliance Plan, including completion of Compliance training, will be a factor in each employee's performance evaluation. Failure to participate in Compliance training may be grounds for disciplinary action, including termination of employment. As new developments or concerns arise, the Compliance officer may require additional training for some or all employees.

1.401 Auditing and Monitoring

Monitoring is to be carried out on an ongoing basis. Each Supervisor, Manager and Director performing monitoring activities will inform the Corporate Compliance Officer of the nature and findings of monitoring, as well as any remedial actions and their results, at least annually.

Auditing refers to retrospective evaluation of the effectiveness of internal controls. The Compliance Officer will supervise all internal audit activities. The Compliance Officer is responsible for the following audit activities related to the Corporate Compliance Program:

1.401-1 Baseline Audits

Assessment of relative organizational risk levels can be determined through baseline audits of MRI/ASAP Staffing's internal and external environments.



COMPLIANCE PROGRAM

1.401-2 *Internal Audits*

Internal Audits are performed on a recurring or planned periodic basis. Internal Audits may concern specific regulatory or government requirements, or may be focused on specific areas identified as high in risk for MRI/ASAP Staffing.

1.401-3 *Special Audits*

Special Audits are performed at the direction of the Compliance Officer in response to events such as internal or external investigations. An outside auditor may perform any individual audit if the Compliance Officer determines an outside audit to be appropriate.

1.401-4 *Post-Compliance Review*

Following correction of a compliance issue, the Compliance Officer will conduct or oversee a review to assess the adequacy of correction following corrective implementation. The Compliance Officer may require that Post-Compliance Reviews lead to additional Special Audits if findings or perceived risk levels indicate.

1.401-5 *Audits of the Compliance Program*

The Compliance Program must be regularly audited to ensure its effectiveness. Possible measures to determine program effectiveness include, but are not limited to, the following: 1) results of Regular, Special and Post-Compliance Audits; 2) records of Hot Line calls, investigation reports, problem resolutions, action plans, disciplinary actions and revisions of the Compliance Plan and supporting policies; 3) training records; and 4) periodic assay of employees' level of knowledge and support



COMPLIANCE PROGRAM

1.5 *Procedure for Pre-Hiring Investigation*

This part outlines MRI/ASAP's process for checking employee status regarding exclusion/disbarment.

1.500 *Scope*

MRI/ASAP Staffing will not knowingly employ or contract with any individual or entity listed by a federal agency as excluded, debarred, suspended or otherwise ineligible to participate in federal health care programs. In order to carry out this policy, MRI/ASAP Staffing will make reasonable inquiry into the status of any prospective employee, consultant or contractor.

All potential employees who have completed an application for employment for a position requiring licensure, registration, or certification must possess a valid, current license, registration, or certification. Throughout their association with MRI/ASAP Staffing, such licensed, certified or registered personnel are expected to maintain current credentials continuously in compliance with Federal, State and organizational requirements. To assure compliance, MRI/ASAP Staffing requires periodic evidence of current license or credential status.

Each Supervisor/Manager of MRI/ASAP Staffing that performs primary hiring functions is responsible to perform a reasonable inquiry (sanction check) regarding a prospective employee's eligibility to participate in government-funded programs.

1.500-1 *Purpose*

In order to operate an effective Compliance Plan, an organization must avoid delegating substantial authority to individuals whom the organization knows or should know to have a propensity to engage in illegal activities. Two steps to avoid such inappropriate delegation are a pre-employment background investigation and screening against Government databases of individuals and business entities barred from participation in government-funded programs.

1.500-2 *Policy*

- A.) For all new employees who have discretionary authority to make decisions that may involve compliance with the law, MRI/ASAP Staffing will conduct a reasonable and prudent background investigation as part of every such employment application prior to employment. The employment application for such individuals will specifically require the applicant to disclose any criminal conviction, as defined by Chapter 42, Section 1320a-7(I) of the United States Code, as well as any exclusion action.



COMPLIANCE PROGRAM

1.500-2 Policy (contd.)

B.) MRI/ASAP Staffing will not knowingly employ or contract with, with or without compensation, any individual or entity recently convicted of a criminal offense related to health care or who is listed by a federal agency as excluded, debarred, suspended or otherwise ineligible to participate in federal programs.

1.500-3 Responsibility

Employees

Sanction checks should be performed prior to actual hiring, purchasing, contract signing or finalization of any business relationship.

The Supervisor/Director performing primary hiring functions is responsible for sanction checks for prospective employees.

All prospective MRI/ASAP Staffing employees must be checked without exception.

Contractors and Consultants

Checking is not limited to claims processing, but extends to all outside business associates.

Checking all individual employees of contracting firms is not required.

Call the Compliance Officer at 2129 to resolve questions about sanction checking.

1.500-4 Procedure

Via the Internet, search the following two databases. Observe the search procedures detailed in each database.

1. <http://exclusions.oig.hhs.gov>
2. <http://epls.arnet.gov>



COMPLIANCE PROGRAM

1.6 *Procedure for Response to Employee Concerns and Government Investigations*

This part describes MRI/ASAP's procedure in the event of employee on governmental communication of concern.

1.600 *Response When an Employee Concern Is Raised*

Potential compliance concerns may reach the Compliance Officer through a variety of means. A concern may be communicated through the Compliance Hot Line, or directly to the Compliance Officer by phone, face-to-face or in writing. Compliance concerns may arise through referral by a third party or as a result of audit activity. The Compliance Officer will maintain a record of all complaints and allegations and the disposition of each case.

If a reported problem does not concern compliance, the Compliance Officer may refer the issue to the manager most affected or involved. A written statement by the manager concerned documenting follow-up and resolution of the issue will be required in every referred case. The Compliance Officer will maintain a record of all such statements.

When a reported concern is deemed to be a potential compliance issue, the Compliance Officer will conduct or oversee an internal review to determine whether the complaint or allegation appears credible. If further investigation is warranted, the Compliance Officer will determine whether the investigation should be conducted internally or with the aid of outside experts. If the investigation is conducted internally, the Compliance Officer will determine appropriate modalities for gathering and processing information.

The Compliance Officer may take such steps as he believes necessary to arrange for the suspension of various activities until the process of investigation is completed. This may result suspending an individual from conducting an activity, or other methods as appropriate. After the conclusion of the investigation, if appropriate, the activity may be resumed. Employment or business relationships with individuals facing debarment or exclusion from Government programs, or facing criminal charges related to health care, will be suspended pending legal resolution.



COMPLIANCE PROGRAM

1.600 Response When an Employee Concern Is Raised (contd.)

The Corporate Compliance Officer will prepare a written summary and detailed report of findings in every case involving a potential compliance issue. The Compliance Officer is responsible for prompt development and implementation of a plan for corrective action if findings indicate the need for such. The Compliance Officer will review findings and corrective action plans with such parties as he or she deems necessary to resolve the specific case and to prevent recurrence, and will retain a copy of all plans and reports. The President will receive a copy of each report involving a potential compliance issue and corrective action plan. The effectiveness of corrective actions will be evaluated through timely post-implementation compliance audits. Failure to take effective corrective action on the part of concerned personnel may result in disciplinary action as discussed in this Plan.

When misconduct is confirmed, the Compliance Officer will initiate appropriate disciplinary action as detailed in this Plan. The Compliance Officer is also responsible to create and implement a plan to prevent recurrence of the misconduct detected. Such an action plan may include increased or altered monitoring and auditing procedures, focused training of personnel, replacement of culpable supervisors, revision of this Plan, or other measures.

If an investigation shows that funds should be returned to payers, the Compliance Officer will ensure that a prompt refund is made. The Compliance Officer and the President will jointly determine the best approach to returning the funds.

The Compliance Officer, in consultation with President will notify appropriate government agencies when he or she determines that the policies of such agencies may have been violated, whether or not intentional misconduct is suspected or confirmed.

1.601 Response To Government Investigations

MRI/ASAP Staffing is committed to complying with all applicable laws and to cooperating with any reasonable requests for information from the federal, state and local governments, while protecting its rights and those of its employees.

Government officials can approach an employee at the employee's home or work place with a request that the employee provides information regarding MRI/ASAP Staffing. If this happens, the employee should not answer any questions until he or she has contacted his or her supervisor, and until the President and the Compliance Officer have been consulted. The employee should then follow the instructions of these authorities.



COMPLIANCE PROGRAM

1.601 *Response To Government Investigations (contd.)*

If an employee is not contacted by an investigator but learns of a government inquiry through other means, the employee should immediately contact President, or the Compliance Officer.

If a government agency actively conducts an investigation of MRI/ASAP Staffing, all requests for information should be directed to the President, who is responsible for coordinating provision of information to the investigating agency. The Compliance Officer and the President will collaborate on any response to requests for compliance-related information from any government agency, whether or not an active investigation exists.

MRI/ASAP Staffing employees must never do any of the following:

- Destroy any company documents in anticipation of a request for those documents;
- Alter MRI/ASAP Staffing documents, or any other documents, related to an investigation or potential investigation;
- Mislead or lie to any government investigator; or
- Pressure or intimidate anyone to hide information or provide false information to any government investigator.

It is illegal to selectively destroy documents that may implicate MRI/ASAP Staffing once an investigation has begun.



COMPLIANCE PROGRAM

1.7 *Disciplinary Approach*

This part outlines MRI/ASAP's disciplinary response to proven violation of standards.

1.700 *Discipline Regarding Compliance Violations*

The Corporate Compliance Officer is responsible for maintaining specific sanctions or penalties for those employees who violate MRI/ASAP Staffing policies, including this Compliance Plan. The Compliance Officer, in consultation with the President, will decide on appropriate disciplinary action based on MRI/ASAP Staffing's Compliance Plan.

Grounds for discipline include both active violation and failure to report a known violation of the law or of the Compliance Plan. Failure to cease and correct any conduct criticized in any Special Fraud Alert issued by the Office of the Inspector General of the United States Department of Health and Human Services, or to take reasonable action to prevent such conduct from recurring in the future, will lead to disciplinary action.

Discipline may include counseling, warning, suspension or termination of employment. All levels of personnel, including all levels of management, will be subject to similar penalties for similar offenses. Corporate officers, managers, and supervisors, will be held accountable for failing to comply with, or for the foreseeable failure of their subordinates to adhere to, this Plan and all applicable standards, laws and procedures.

If an employee is found to have participated in, condoned, ignored or directed an act that is illegal or in violation of MRI/ASAP Staffing, the Compliance Officer will report this finding to the President, and the employee's supervisor. If the President determines that misconduct may be illegal, the Compliance Officer will report the person responsible for the misconduct to an appropriate government agency.

The Compliance Officer will maintain records of all disciplinary actions based on violation of the Compliance Plan.

If a person, agent or company doing business with MRI/ASAP Staffing is found to have participated in an act or directed an act that is illegal or in violation of MRI/ASAP Staffing policies, the Compliance Officer will consult with the President to determine an appropriate response. MRI/ASAP Staffing's response to such an external event will be consistent with the internal guidelines expressed in this Plan.

If a current employee or independent contractor is debarred or excluded from participation in Government programs, or is convicted of a criminal offense related to health care, the employment or business arrangement will be terminated immediately.



COMPLIANCE PROGRAM

1.8 *Compliance Officer's Responsibilities*

1.800 *Compliance Officer*

Managed Resources/ASAP Staffing Compliance Officer is John O'Callaghan, PhD, Vice President for Compliance and Ethics.

1.801 *Role of the Compliance Officer*

The Compliance Officer holds responsibility, authority and resources to establish and operate MRI/ASAP Staffing's Corporate Compliance Program. The Compliance Officer assures that MRI/ASAP Staffing's Corporate Compliance Program is an effective program to prevent and detect fraud, abuse and other violations of Federal, State or local statutes, regulations and policies, as well as violations of the standards of ethical behavior expressed in MRI/ASAP Staffing's Code of Conduct. The Compliance Officer retains accountability for all Compliance responsibilities of MRI/ASAP Staffing.

In addition to general accountability for MRI/ASAP Staffing's Corporate Compliance Program, the Chief Compliance Officer's responsibilities include:

- Periodic assessment of MRI/ASAP Staffing's compliance risk exposure, and action to ensure that the Compliance Program responds to identified areas of risk
- Formulation and communication of MRI/ASAP Staffing's Code of Conduct, a statement of the organization's expectations of ethical behavior on the part of all employees and associates
- Oversight of the establishment and maintenance of policies and procedures to support the Compliance Program
- Ensuring that effective systems are in place to prevent employment of individuals or contractors, who have been barred from participation in Government programs, or who have demonstrated a propensity to engage in illegal activities
- Assuring that Corporate Compliance training programs accomplish the following:
 - Acquaint all MRI/ASAP Staffing employees and associates with the Corporate Compliance Program and Code of Conduct
 - Update and refresh this information through mandatory periodic retraining
 - Address Compliance issues related to employees or associates
- Overseeing Internal Audit activity to ensure that MRI/ASAP Staffing's internal controls are adequate to detect significant violations of law and ethical standards



COMPLIANCE PROGRAM

1.801 *Role of the Compliance Officer (contd.)*

- Maintaining a well-publicized confidential disclosure program for reporting of potential Compliance violations without fear of retribution
- Keeping a record of all compliance-related complaints and allegations and the disposition of each case, including any associated disciplinary actions.
- Participating in disciplinary actions based on violations of this Compliance Plan when appropriate
- Conducting investigations, or authorizing outside investigations, of potential violations of laws or regulations, or instances of unethical behavior, that place the organization at risk, in consultation with MRI/ASAP Staffing's President
- Determining, implementing and evaluating responses to correct and prevent future offenses after a violation has been detected
- Reviewing and updating this Corporate Compliance Plan both periodically and as events require



COMPLIANCE PROGRAM

1.9 Security and Privacy

1.900 Patient Information

Patient information made available to MRI/ASAP Staffing for consulting purposes shall be labeled “MRI/ASAP Staffing Confidential”.

Access: Only those individuals designated with approved access and signed non-disclosure agreements. Such information will be physically secured and will be stored in a physically secured computer. Penalty for deliberate or inadvertent disclosure: Up to and including termination, possible civil/criminal prosecution to the full extent of the law.

Company Information System Resources include, but are not limited to, all computers, their data and programs, as well as all paper information.

1.900-1 Policy

- All system-level passwords must be changed on at least a quarterly basis
- All user-level passwords must be changed at least every six months
- Passwords must not be inserted into email messages or other forms of electronic communication
- All user-level and system-level passwords must perform to company guidelines

1.900-2 Passwords

Keep passwords secure and do not share accounts. Authorized users are responsible for the security of their passwords and accounts system level passwords should be changed quarterly, user level passwords should be changed every six months.

- All workstations should be secured with a password-protected screensaver with an automatic activation feature set at 10 minutes or less, on by logging-off when the host will be unattended.
- Because information contained on portable computers is especially vulnerable special care should be exercised.

Any employee found to have violated these policies may be subject to disciplinary action, up to and including termination of employment.

1.900-3 Password Protection Standards

Do not use the same password for Managed Resources, Inc./ASAP Staffing accounts as for other non-company access.



COMPLIANCE PROGRAM

1.900-3 *Password Protection Standards (contd.)*

Do not share Managed Resources, Inc./ASAP Staffing passwords with anyone. All passwords are to be treated as sensitive, confidential company information.

The purpose of Managed Resources, Inc./ASAP Staffing Compliance and Information Security Program is to protect the confidentiality, integrity and availability of individual health information that is transmitted to or stored and maintained by Managed Resources, Inc./ASAP Staffing whether in electronic, paper or oral form.

1.900-4 *Use of Personal Computers*

Computers are used widely throughout MRI/ASAP Staffing's business operations. Standards and guidelines for their proper use have been developed. All existing MRI/ASAP Staffing policies regarding confidentiality and employee conduct apply to computerized information. Electronic mail (e-mail) sent both internally at MRI/ASAP Staffing and externally via the Internet is NOT confidential and should never be used to communicate confidential information of any kind, in particular information on patients. Each MRI/ASAP Staffing employee is responsible for maintaining the security and confidentiality of data to which he or she has access. Violation of MRI/ASAP Staffing's policies regarding computer usage can result in disciplinary action.



COMPLIANCE PROGRAM

Reporting Concerns

This part provides a hotline number for reporting concerns.

Process for Reporting

You may contact the Corporate Compliance Officer directly by calling (562) 499-2129. Your call can be anonymous, but you must provide sufficient information for a thorough investigation of the alleged issue.

John O'Callaghan, Ph.D.
Vice President, Compliance and Ethics
One World Trade Center, Suite 1240
Long Beach, CA 90831-1240



COMPLIANCE PROGRAM

ACKNOWLEDGEMENT

Each employee must complete and sign prior to employment, and annually thereafter, an acknowledgement statement to the effect that he/she fully understands the code of conduct and acknowledges his/her commitment to comply with the code as an employee of MRI/ASAP Staffing. The acknowledgement statement will form a part of the personnel file of each employee of MRI/ASAP Staffing.

I hereby acknowledge that I have received and reviewed MRI/ASAP Staffing's Code of Conduct/ Compliance Program. I fully understand that, as an employee, I have an obligation to fully adhere to the policies and principles set forth therein.

In particular, I hereby acknowledge and affirm that:

1. I fully understand MRI/ASAP Staffing's Code of Conduct/Compliance Program and I acknowledge my commitment to comply with this code as an employee of Managed Resources, Inc.
2. When I have a concern about a possible violation of MRI/ASAP Staffing's policies, I will promptly report the concern to the Corporate Compliance Officer.

Date

Employee's signature

Printed name of employee