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# Corporate Compliance Plan

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Cortland County Health Department  
Training 2018

# Disclaimer



- While the focus of the Corporate Compliance Plan is preventing Medicaid fraud, safeguards established in this plan apply to Medicare and private insurance billing as well
- Each Division of the Cortland County Health Department will have billing policies and procedures that comply with the regulatory requirements specific to their programs

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**In 2006 the New York State Office of the  
Medicaid Inspector General (OMIG)  
was established ....**

thus requiring that Medicaid providers  
develop and implement compliance programs  
aimed at detecting fraud, waste, and abuse  
in the Medicaid program



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# What is the New York State Office of the Medicaid Inspector General (OMIG)?

- A federally mandated agency that looks for fraud, waste and abuse in New York State's Medicaid program
  - The OMIG works to protect the integrity of the Medicaid program by preventing instances of improper Medicaid payments before they are made, and recovering inappropriate payments made to providers
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# The intent of this law is to insure that Medicaid Providers....

- Are able to detect and correct payment and billing mistakes and fraud
  - Organize resources to resolve payment discrepancies and detect inaccurate billings, as quickly & efficiently as possible
  - Impose systemic checks and balances to prevent future recurrences of these mistakes
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# Who must have Compliance Plans?

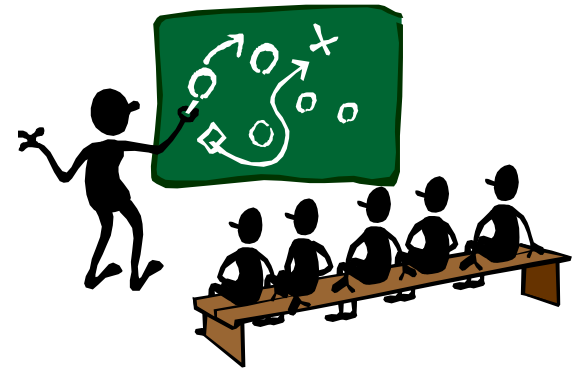
- Medicaid providers of care, services and supplies for which the Medicaid program “constitutes a substantial portion of their business operations”
- Certain Medicaid provider types are automatically covered, such as those subject to the provisions of Articles 28 and 36 of the Public Health Law as well as Articles 16 and 31 of the Mental Hygiene Law



# Why is a Compliance Plan Important?

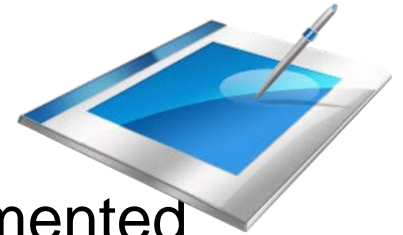
A written Compliance Plan is essential to:

- Educate about the compliance mission
- Establish the importance of compliance in the organization
- Gain buy-in from all constituents
  - Employees
  - Administration
  - Oversight Boards
  - Consumers



# Why Have a Formal Compliance Plan?

A Corporate Compliance Plan creates a comprehensive system of oversight for Medicaid billing, reporting & practice standards. The goal of this plan being to ensure:



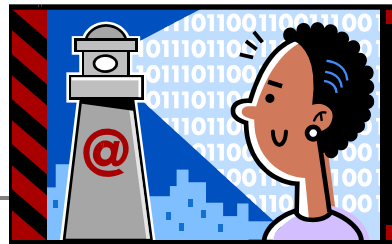
- Medicaid eligible services are properly documented
- Those services are accurately billed
- Establish systematic checks and balances to detect & prevent inaccurate billing and inappropriate practices in the Medicaid Program





# What is included in a Compliance Plan?

- Written policies and procedures describing compliance expectations
- A code of conduct or code of ethics
- Guidance to employees and others on dealing with potential compliance issues
- How to communicate compliance issues to appropriate personnel
- How potential compliance problems are investigated and resolved



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# There are 7 areas to which mandatory compliance programs must apply....

- **Billing** – Ex: set internal controls for documentation, data entry & billing, share internal audits with compliance officer, conduct root cause analysis for persistent denials, conduct self assessments and ensure separation of duties for billing & receipt functions
  - **Payments** – Ex: track over/underpayments & denials, share audit results with compliance officer, conduct assessment of billing accuracy and ensure weaknesses are identified & corrected
  - **Medical Necessity & Quality of Care** – Ex: link quality oversight and periodic assessment of quality indicators
  - **Governance** – Ex: enforce meaningful conflict of interest policy, compliance plan approval by the board, and board self assessment
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# There are 7 areas to which mandatory compliance programs must apply (con't) . . . .

- **Mandatory Reporting** – Ex: perform periodic assessments of mandatory reporting for billing, payment & contract issues and report, repay & explain overpayments as required by the ACA
  - **Credentialing** – Ex: perform periodic accuracy checks of credentialing process, excluded provider listing and determine whether associates are required to have a compliance program
  - **Other risk areas** – Ex: determine whether the compliance program covers all risk areas, assess affiliates' program integrity, expand risk area based on compliance history & operations and assess affiliate risk areas.....
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# Who do you go to if you have a problem or question??

- The Public Health Director is ultimately responsible for ensuring compliance for the Cortland County Health Department
- The Compliance Officer for the 2018 Compliance Plan is:  
**Lisa Perfetti, RN**
  - **Phone: 607-753-5139**
  - **Email: lperfetti@cortland-co.org****Anonymous Drop Box located outside room 122 is checked daily**
- The Director or Supervisor overseeing each division is the person responsible for day-to-day operation and enforcement of compliance within that division
- In the event that the CCHD Compliance Officer or Public Health Director is unavailable or the employee does not want to report to either, complaints may go directly to the Cortland County Compliance Office (County Attorney) or directly to OMIG

























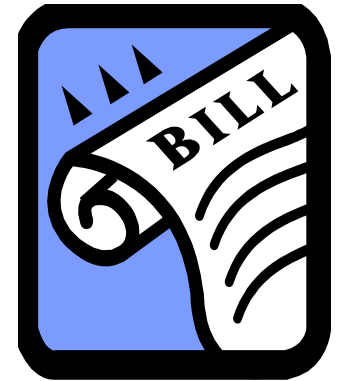






# More Provider Fraud.....

- ❑ Having an unlicensed person perform services that only a licensed professional should render then bills as if the professional provided the service
- ❑ Billing for a visit when there was none, or adding additional family members' names to bills
- ❑ Billing for a service provided AFTER the patient has died
- ❑ Accepting payment or something of value from another provider, including sharing in the reimbursement paid by the Medicaid program, as a result of referring a patient (e.g. kickbacks)
- ❑ Falsifying cost reports



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# If a provider receives payment they are not entitled to.....

- Both federal and state laws specify that providers participating in the Medicaid program must not retain any inappropriate payments
    - Knowingly retaining inappropriate payments violates the Fraud Enforcement and Recovery Act (FERA) which amended the federal False Claims Act
  - Medicare and Medicaid program integrity provisions include a new section under SSA, §1128J(d) requiring providers of Medicare or Medicaid services or supplies to notify the program and return any inappropriate payments to the program(s) within sixty (60) days of identifying the overpayment.
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# More examples of Provider Fraud

- Diluting Prescriptions while pretending they are full strength
- Selling prescriptions that have expired
- Re-using the same items and charging the Medicaid program over and over
- Prescribing narcotics for patients you know will sell them
- Hiring employees who are on the OMIG exclusion list
- Not maintaining records
- Falsifying documents



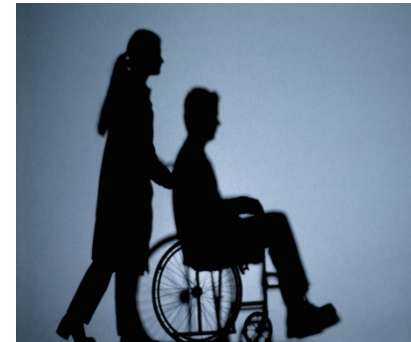
# Consumer Medicaid Fraud is ....



- Lying about one's eligibility for Medicaid
- Lying about one's medical condition
- Forging or sharing prescriptions
- Loaning one's Medicaid card to others

# More Consumer Fraud.....

- Taking Medicaid transportation to go places other than a medical appointment
- Lying about income to qualify for Medicaid
- “Doctor shopping” – going from one doctor to another to get Medicaid to pay for narcotics
- Selling items obtained by Medicaid such as nutritional supplements (Ensure), adult diapers and diabetic test strips
- Getting home health care when it is not medically necessary



# What else do we do?

- Ensure no one associated with the Cortland County Health Department is excluded from providing Medicaid services by running all staff and contractors through **K-Checks** at least monthly
- Verify that all ordering/prescribing/referring/attending providers are Medicaid **OPRA** enrolled
- Complete regular **credential checks** on licensed/certified staff and contractors



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# You do have a role

If you have any questions - speak with your supervisor or division head. If you do not feel comfortable doing that, go directly to the Compliance Officer and or Public Health Director

We all have a responsibility to report any suspected case of Medicaid fraud





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# Let someone know!



**Public Health**  
Prevent. Promote. Protect.

Cortland County Health Department  
[cchd.cortland-co.org](http://cchd.cortland-co.org)

Cortland County Health Department

[cchd.cortland-co.org](http://cchd.cortland-co.org)

607-753-5139

~Or~

NYS Office of the Medicaid Inspector General

[omig.state.ny.us](http://omig.state.ny.us)

877-873-7283



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# CCHD Corporate Compliance Plan

## Code of Conduct ....

This will be reviewed by all staff & contractors at the time of hire and annually

### **Statement of Values**

*Staff will adhere to the following values when working or volunteering on behalf of the Cortland County Health Department:*

- Support client skills and strengthen their natural support systems.
  - Approach your work from a strength based foundation.
  - Acknowledge that services are a client's choice and strive to meet clients & patients where they are geographically, emotionally and developmentally.
  - Protect the confidentiality and safety of all client information.
  - Assure that services are provided in an empowering and respectful manner.
  - Advocate and collaborate on behalf of consumers and the agency, with integrity and respect.
  - Commit to excellence and maintain public trust in all that you do with, or on behalf of, those served by the Cortland County Health Department.
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# Code of Conduct continued ....

## Personal Integrity

*Staff will act with professionalism, honesty, integrity and openness as a representative of the Health Department and agree to:*

- Honor the dignity and worth of every client and not discriminate based on race, color, national origin, religion, gender, ethnicity, age, sexual orientation or ability to pay for services.
  - Provide service for the welfare and betterment of individuals and families.
  - Maintain a professional relationship with all persons served and to serve in the best interest of individuals, families and the community.
  - Serve as a role model, engage in appropriate behaviors and be professional at all times.
  - Not participate in disruptive behavior as it undermines staff morale, interferes with teamwork and ultimately has a negative impact on clients and/or patients.
  - Adhere strictly to rules of confidentiality related to client services, employee and volunteer personal information.
  - Respect the property, rights and views of clients, co-workers, the Health Department and other professionals.
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# Code of Conduct continued ....

## **Personal Integrity** continued:

- Follow all Cortland County Health Department policies and procedures and cooperate with management.
  - Not accept valuable gifts, gratuities or loans from clients or vendors of the Health Department as per county policy.
  - Be compliant with job duties by being on time, doing expected share of work and not let personal matters infringe on work time.
  - Conduct all activities in a fiscally responsible manner and conserve the resources of this agency by not engaging in wasteful behavior.
  - Contribute to the efficiency and quality of services provided and promptly correct problems as they are indentified.
  - Bill individuals and 3rd party payers accurately.
  - Seek individual training and/or assistance whenever necessary in order to strengthen one's ability to fulfill this agency's mission.
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# Code of Conduct continued . . . .

## Compliance and Conflict of Interest:

*Staff agrees to conduct business with Cortland County Health Department ethically and follow all federal & state laws and regulations, by doing so agree to:*

- Disclose any known or suspected actions by employees, volunteers or contractors that are contrary to any Federal or State laws or regulations or Cortland County Health Department policy to my supervisor, Director of Public Health or the Compliance Officer.
  - Not engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager that may result in the submission of a false or misleading entry on claims forms or documentation of services.
  - Report human resource violations such as sexual harassment and discrimination to my supervisor, Director of Public Health or the Compliance Program Administrator.
  - Report concerns about safety or quality of care to my supervisor, the Public Health Director or the Compliance Officer.
  - Disclose areas of potential fraud, abuse, suspected violations of the Code of Conduct or similar wrongdoing to my supervisor, Director of Public Health or the Compliance Officer.
  - Disclose to my supervisor, Director of Public Health or the Compliance Officer, areas of potential conflict of interest where a financial or personal situation may appear to place into question my: 1.) business judgment 2.) ability to deliver services, or 3.) ability to do my job.
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# Code of Conduct continued ....

## Compliance and Conflict of Interest continued:

- Disclose to my supervisor, Public Health Director or Compliance Officer any suspected retaliation against an individual for reporting a possible violation or participating in an investigation.
- Treat any disclosure related to this Code of Conduct in accordance with the Health Department's Confidentiality Policy and without fear of retribution or retaliation.

*CCHD staff is expected to maintain a professional environment in keeping with the goals of this agency.*

- Disruptive behavior has a negative impact on both client/patient and staff relationships and will be addressed. The manner in which this is addressed will depend upon the individual situation and circumstance.
  - Always act in a professional, respectful manner to enhance a spirit of cooperation, mutual respect and trust among the client care team.
  - Refrain from inappropriate behavior, including but not limited to impulsive, disruptive, sexually harassing or disrespectful behavior or inflammatory remarks.
  - Address disagreements in a constructive, respectful manner privately and out of ear shot of clients or uninvolved persons.
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