



Department Plan: Corporate Compliance

Supersedes: 11/20217 **Date:** 1/2023

Approved by: Board of Health

Cortland County Health Department (CCHD) staff will make a good faith effort to detect, report and correct payment and billing mistakes and fraud. It is the responsibility of each individual involved in the provision of service and the billing process to comply with the provisions of the law. Compliance with the Office of Medicaid Inspector General (OMIG) requirements will be followed.

There will be no tolerance for intimidation or retaliation for good faith participation in the compliance program

CCHD Public Health Director or designee will record (attest to) meeting the requirements for the Medicaid Program as part of their annual "[Certification Statement for Provider Billing Medicaid.](#)" This annual certification shall occur on the anniversary date of the provider's enrollment in Medicaid.

REFERENCES:

[OMIG "who must have a Compliance Program"](#)

[OMIG Compliance Certification](#)

[Regulation 18 NYCRR Part 521](#)

[Social Services Law 363-d \(SSL 363-d\)](#)

[Affordable Care Act & Subsequent Federal Regulation \(42CFR 455.410\)](#)

[NYS Labor Law 740 and 741\(Whistleblower\)](#)

[APHA Public Health Code of Ethics](#)

[Summary of Proposed RuleMaking for Compliance Programs](#)

PURPOSE:

Reduce fraud, waste and abuse in New York's Medicaid and Medicare programs by creating a comprehensive system of oversight for billing, reporting, and practices.

ADDITIONAL MATERIALS

[Cortland County Whistleblower Protection Policy](#)

DEFINITION:

Personnel: All Cortland County Health Department employees, members of the Health Committee, governing body members, contractors, volunteers, and student interns.

PROCEDURE:

- 1) All CCHD personnel will comply with a standard Code of Ethics.
 - a) Education and continued guidance regarding the Code of Ethics is provided as part of orientation at the time of hire/appointment.
 - b) Staff will be required to sign off on the Code of Ethics at the time of hire/appointment. See CCHD Form 112.
 - c) Ongoing training and education on compliance issues, expectations, and the compliance program operation will occur at least annually with all Health Department personnel.

- i. The updated Compliance Plan shall be disseminated annually to all personnel with the expectation that they review, understand and comply with the plan.
- 2) All CCHD personnel, contracted agencies, and ordering clinicians, will be checked for “excluded provider” status as required by OMIG. This will be done as a condition of hire/contract/acceptance of referrals. Monthly (or more frequent) checks are completed automatically.
 - a) K-Checks is the Automated Exclusion Management System being used.
 - b) Information is uploaded to the K-Checks program by the designated staff (see policy Excluded Provider Checks Terminated Employees and Contractors)
 - The Compliance Officer, or Public Health Director in her absence, will be notified immediately of any provider who is identified on the excluded provider list
 - The Health Department will immediately stop using the services of any provider identified as an excluded provider
- 3) Physicians and other healthcare professionals ordering/referring services must be enrolled in Medicaid OPRA (Ordering/Prescribing/Referring/Attending).
 - a) Physician/Healthcare Professionals writing orders for service provided through the CCHD will be checked for OPRA enrollment <https://www.emedny.org/info/opra.aspx>
 - b) A list of physician/healthcare professional OPRA enrollment status will be maintained in the J Drive viewable by Health Department staff and updated regularly.
- 4) The Corporate Compliance Officer (hereafter referred to as “Compliance Officer”) is designated by the PHD.
 - a) Staff will be informed in writing annually as to who the Compliance Officer is. The Compliance Officer for 2023 is Lisa Perfetti BSN, RN.
 - b) The Compliance Officer and his/her contact information will be identified on the CCHD website.
 - c) The Compliance Officer shall report directly to the PHD or her designee.

The Compliance Officer’s duties include but are not limited to the following:

- Develop/update the Cortland County Health Department Compliance Plan annually.
- Develop/update/facilitate compliance education annually.
- Ensure compliance education for all newly hired staff, board members, independent contractors and student interns.
- Provide regular compliance updates to staff and contractors.
 - Usually done via email
- Ensure compliance education is included as part of division specific annual mandatory trainings and completed by all staff/contractors
- Report to Board of Health on compliance activities and findings

- Coordinate compliance efforts between divisions
 - Work with the compliance team through meetings, emails and other means
 - Ensure policy updates
 - Ensure audits are uniformly reported and processes adequate
 - Receive, investigate and track compliance complaints including anonymous reporting
 - Inform/work closely with the Public Health Director on all compliance issues
 - Ensure consumer materials are current and accessible to the public
 - CCHD website
- 5) Each division will have a supervisory staff member assigned to oversee the day to day compliance of the division and/or program. This person shall be designated by the PHD.
- a) That person is responsible for regular division/program compliance audits and reports to be shared at least monthly with the compliance officer.
- b) Compliance meetings will occur in conjunction with the monthly Supervisory Staff meeting. This group will comprise the “Compliance Team”.
- c) Findings of the compliance reviews will be shared at least quarterly with the Board of Health.
- d) Employee performance evaluations will include a Corporate Compliance indicator
- 6) The Compliance Plan and corresponding Code of Ethics will be reviewed annually by all personnel and will be posted on the Cortland County Health Department Website.
- 7) All contractors and agents who furnish or authorize the furnishing of Medicaid services on behalf of the County, perform billing or coding functions, or are involved in monitoring the care provided by the County are required to communicate these policies and procedures to their employees and are responsible for making sure that the communication occurs.
- a) Contractors will comply with documentation standards set forth by the Programs with which they contract.
- 8) Compliance issues are to be reported to the respective Division Compliance staff. Concerns and/or problems will be brought to the Compliance Officer. Depending on the severity of the findings, the Compliance Team may decide to bring an issue before the County Ethics Board.
- 9) A complaint or report of Medicaid fraud or other compliance issue may be made in-person, anonymously, via phone, email or written letter directly to the Compliance Office or the Public Health Director.

The Compliance Officer is Lisa Perfetti BSN, RN
 Deputy Public Health Director
 60 Central Ave, Cortland NY 13045 (COB) Room 121
 Office phone is 607-753-5139 and is confidential
 Email= lperfetti@cortland-co.org

The Public Health Director is Nicole Anjeski MS, MPH
60 Central Ave. Cortland, NY 13045 (COB) Room 122
Office Phone is 607-753-5135
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If you suspect that a provider or recipient has committed Medicaid fraud, you can help by reporting it to:

1-877-87-FRAUD (1-877-873-7283)

- 10) CCHD expects good faith participation by its personnel in this compliance program. "Good Faith" is based upon the motivation of the individuals' participation in the compliance program and described as honesty of purpose, freedom from intent to defraud, and being faithful to one's duty/obligation. If any of the following occurs:

- 1) failure to report a suspected problem
- 2) participation in non-compliant behavior
- 3) encouraging, directing, facilitating, or permitting, either actively or passively, non-compliant behavior, a corrective action plan will be developed and/or disciplinary actions taken.

A corrective action plan may include required training or a period of supervision/approval of documentation prior to bill submission. Discipline may include termination. The appropriate form of discipline will be case-specific, and in accordance with NYS Civil Service Law and/or the respective collective bargaining agreements. Cortland County Personnel Director and legal counsel shall be involved in any disciplinary actions that could lead to termination.

- 11) The Cortland County Health Department will enforce a policy of non-intimidation and non-retaliation for "good faith" participation in the compliance program. "Intimidation" includes any form of bullying, coercion or threatening behavior. "Retaliation" includes injury to one's person, livelihood or reputation.
- a) Allegations of intimidation or retaliation are considered a compliance risk area that requires investigation. The following individuals are covered by the non-intimidation and non-retaliation policy:
- 1) Those involved in assisting and conducting investigations
 - 2) Those conducting self-evaluations and audits and remedial action
 - 3) Those reporting to officials identified in Labor Law sections 740 and 741

For More detail see Labor Law sections 740 and 741

- 12) The Compliance Program shall apply to the following operations:
- a) **BILLING:** establish internal controls for documentation/data entry and billing, internal billing audits, root cause analysis for persistent denials, self-assessments and adequate separation of duties in billing and receipt functions.
- b) **PAYMENTS:** track and analyze over/underpayments, accounts receivable internal audits, tracer audits looking at accuracy of billing/payment, and areas of weaknesses are identified and corrected.
- c) **Ordered Services, MEDICAL NECESSITY AND QUALITY OF CARE:** connect compliance to quality oversight, conduct periodic tracers of care to assess quality indicators are met and develop a quality scorecard with resolution of outliers reported to the compliance officer.

- d) **GOVERNANCE:** ensure a meaningful conflict of interest policy is in place for management and governing body, compliance function is connected to all management and governing body entities, involvement of the governing body through approval of the plan and budget, and self-assessment that includes planning and tracking progress.
 - e) **MANDATORY REPORTING:** periodic assessment for completeness of mandated reporting of billing payment, quality and contractual issues, report/repay/explain all overpayments as required by the ACA and conduct root cause analysis for areas of concern.
 - f) **CREDENTIALING:** periodic checks of the credentialing process, for associates – determine if they are required to have a compliance program, and check excluded provider lists.
 - g) **Contractor, subcontractor, agent or independent contract oversight:** All “Personnel” are required to participate and are subject to contract termination if they do not participate
 - g) **OTHER RISK AREAS:** determine if the program is covering all risk areas, assess affiliates program integrity, and expand risk areas based on compliance program history and operations.
- 13) Each division will incorporate safeguards into their routine billing policies and procedures. Examples of compliance issues include but not limited to the following:
- a) Billing for item or service not rendered
 - b) Billing for service not medically necessary
 - c) Duplicate billing
 - d) Over or under utilization of services
 - e) Knowingly billing for inadequate or substandard care
 - f) Insufficient documentation to show that services were performed and that support reimbursement
 - g) Billing for services provided by unqualified or unlicensed personnel
 - h) Falsifying records – false dating, false plans of care, forged signatures on visit log
 - i) Improper or high pressure patient solicitation or marketing
- 14) Routine quality assurance activities will occur in each division. This can be done through self-evaluation and/or internal or external audits. Findings will be shared regularly with the Compliance Officer.
- 15) Potential compliance problems will be investigated and corrected. Policies and systems will be updated as needed in order to reduce the potential for recurrence. Problems will be reported to the OMIG. Overpayments will be refunded.
- 16) All agency representatives are expected to comply with federal, state, and local regulations such as Medicaid and Medicare criteria for reimbursement and Stark Laws.

For additional compliance program guidance, see the OMIG Website www.omig.state.ny.us.

Cortland County Health Department Code of Ethics

The Cortland County Health Department (CCHD) recognizes that the work being done at the health department everyday has an impact on the health and wellness of the individuals of our community as well as the health and wellness of the community as a whole. As trusted health advisors to our community, we strive to ensure excellent standards of conduct, professionalism, competence and integrity. As employees of Cortland County, we are obligated to follow the Cortland County Code of Ethics ([Cortland County Code of Ethics](#)). Our CCHD Code of Ethics has additional provisions specific to the nature of the services provided at the health department as well as ensures compliance with OMIG requirements.

This code of conduct is intended to be the framework to follow as we move forward with our [Mission, Vision and Values](#) to serve the Cortland community.

All health department personnel will be held to these standards. Personnel includes all staff, volunteers, students, interns, governing body members and contractors.

PERSONAL AND PROFESSIONAL INTEGRITY

CCHD staff will act with professionalism, honesty, integrity, and openness as a representative of the Health Department:

- Honor the dignity and worth of every client and not discriminate based on race, ethnicity, sexual orientation, gender, gender identity, age, cultural beliefs 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 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.
- Respect the property, rights, and views of clients, co-workers, the Health Department, and other professionals.
- Follow all CCHD policies and procedures and cooperate with management.
- Be compliant with job duties by being on time, doing their expected share of work, and not letting personal matters infringe on work time.
- To 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 or report problems as they are identified
- Seek individual training and/or assistance whenever necessary in order to strengthen their ability to fulfill CCHD's mission

Gifts:

Staff members may not solicit or accept gifts as this presents a potential conflict of interest. Gifts have the potential to be perceived as bribes or offerings in return for a past or future favors and any such gift must be declined.

We recognize that those we serve may want to say “thank-you” for a job well done with a gift. We may accept perishable items of modest value, such as food or flowers, provided that it is shared with our entire department or unit. (An example of this would be: A pizza luncheon provided by a community member who wants to show gratitude to the entire health department staff for running efficient Covid 19 vaccination clinics.)

Confidentiality and HIPPA:

The CCHD maintains a Confidentiality and Privacy Policy with the intent to keep all PHI (Protected Health Information) Confidential. All CCHD staff will be provided initial and annual training related to confidentiality and HIPPA and will sign a Confidentiality Agreement (Department Form CCHD-26).

In addition to PHI, the CCHD will protect the privacy of individuals and groups of individuals when collecting and disseminating de-identified health data, surveys, and qualitative data (for example, focus groups). Although our programs and services are meant to improve the health of the community as a whole, we often focus on vulnerable populations. We will strive to include vulnerable groups in data collection efforts and to thoughtfully balance the need for dissemination of health disparity data in order to inform focused public health interventions, with the possibility that the data may cause stigmatization of individuals or groups.

Billing Compliance:

CCHD does bill for services provided under the Article 28 clinic, the Article 36 LHCSA and both the PreK and Early Intervention program under the Children with Special Healthcare Needs Division.

Staff with responsibilities to any of these programs are provided appropriate guidance and education specific to each program. All invoices, bills, claims and records submitted will contain sufficient information and documentation to support billing requirements including but not limited to: provider medical orders, medical necessity, services rendered including dates and times, service provider signatures and any other requirement as per the regulation or statute of that particular service provision. Each individual involved in service provision and billing is expected to maintain the highest level of integrity and honesty.

All Quality Assurance activities and billing audits will be conducted and reported as per policy.