



Department Plan: Corporate Compliance

Supersedes: 11/2017 **Date:** 7/2019

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

Cortland County Health Department's Public Health Director will certify annually that the requirements of this statute have been satisfactorily met.

REFERENCES:

Regulation 18 NYCRR Part 521 and 515

Social Services Law 363-d (SSL 363-d)

Affordable Care Act & Subsequent Federal Regulation (42CFR 455.410)

NYS Labor Law 740 and 741

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 Whistle Blower 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 via email annually in January to all personnel with the expectation that they review, understand and comply with the plan.
 - d) The Public Health Director (PHD) will certify annually in December, that the requirements of this statute have been satisfactorily met. The certification form is available online at <https://www.omig.ny.gov/compliance/certification>

- 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 2019 is Lisa Perfetti 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
 - Consumer Brochure
 - Bulletin Board in the COB
 - Compliance Message Board
 - Compliance Month activities (May)

- 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) The PHD will inform personnel in writing annually who that person is.
 - b) That person is responsible for regular division/program compliance audits and reports to be shared at least monthly with the compliance officer.
 - c) Compliance meetings will occur in conjunction with the monthly Supervisory Staff meeting. This group will comprise the "Compliance Team".
 - d) Findings of the compliance reviews will be shared at least quarterly with the Board of Health.
 - e) 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.
- a) A complaint or report may be made anonymously via phone or written letter directly to the PHD.
- 9) 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.
- 10) 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
- 11) 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) **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) **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.
- 12) 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.
- 13) 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.
- 14) Potential compliance problems will be investigated and corrected. Policies and systems will be altered in order to reduce the potential for recurrence. Problems will be reported to the OMIG. Overpayments will be refunded.
- 15) 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.

CODE OF ETHICS

Cortland County Health Department (CCHD) believes in a client/family-centered approach to care. The best way to meet the needs of clients is through a multidisciplinary approach. Through this Health Department, a range of services is provided through the following divisions: Nursing, Children with Special Needs, Jacobus Center for Reproductive Health, Environmental Health, and Health Administration.

Personnel will comply with the standards put forth in the Cortland County Code of Ethics. "Personnel" is defined as all Cortland County Health Department employees, members of the Health Committee, governing body members, contractors, volunteers, and student interns. The Health Department Corporate Compliance Plan and corresponding Code of Ethics is meant to supplement the county Code of Ethics as it pertains to delivery of health services and Medicare and Medicaid reimbursement.

Ongoing and adequate supervision is an integral part of CCHD's service and delivery.

All personnel and those doing business with CCHD have a responsibility to comply with the standards set forth by the CCHD Corporate Compliance Plan and OMIG pertaining to Medicaid billing for care and service provided to clients through this agency.

1. STATEMENT OF VALUES

Personnel agree to adhere to the following values when working or volunteering on behalf of CCHD:

- a. To support client skills and strengthen their natural support systems.
- b. To approach work from a strength-based foundation.
- c. To acknowledge that services are a client's choice and strive to meet clients where they are geographically, emotionally, and developmentally.
- d. To assure that the confidentiality and safety of all client information is protected.
- e. To assure that services are provided in an empowering and respectful manner.
- f. To advocate and collaborate on behalf of clients and this agency, with integrity and respect.
- g. To commit to excellence and maintain public trust in all that is done on behalf of those serviced by the Cortland County Health Department.

2. PERSONAL AND PROFESSIONAL INTEGRITY

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

- a. 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.
- b. Provide service for the welfare and betterment of individuals and families.
- c. Maintain a professional relationship with all persons served and serve in the best interest of individuals, families, and the community.
- c. Serve as a role model, engage in appropriate behaviors, and be professional at all times.
- d. Not participate in disruptive behavior as it undermines staff morale, interferes with teamwork, and ultimately has a negative impact on clients.
- e. Adhere strictly to rules of confidentiality related to client services and personal information about personnel.
- f. Respect the property, rights, and views of clients, co-workers, the Health Department, and other professionals.
- g. Follow all CCHD policies and procedures and cooperate with management.
- h. Not accept gifts, gratuities, or loans from clients or vendors of the Health Department as County Code of Ethics.

- i. Be compliant with job duties by being on time, doing their expected share of work, and not letting personal matters infringe on work time.
- j. To conduct all activities in a fiscally-responsible manner and conserve the resources of this agency by not engaging in wasteful behavior.
- k. Contribute to the efficiency and quality of services provided, and promptly correct or report problems as they are identified.
- l. To bill individuals and third-party payers accurately.
- m. Seek individual training and/or assistance whenever necessary in order to strengthen their ability to fulfill CCHD's mission

3. COMPLIANCE AND CONFLICT OF INTEREST

Personnel agree to conduct business with CCHD ethically and follow all federal and state laws and regulations as follows:

- a. Disclose any known or suspected actions by personnel that are contrary to any Federal or State laws or regulations or CCHD policies;
- b. 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.
- c. Report human resource violations such as sexual harassment, workplace violence, or discrimination.
- d. Report concerns about safety or quality of care.
- e. Disclose areas of potential fraud, abuse, suspected violations of the County Code of Ethics or this Code of Ethics or similar wrongdoing.
- f. Disclose areas of potential conflict of interest where a financial or personal situation may appear to place into question their: 1) business judgment; 2) ability to deliver services; or 3) ability to do their job.
- g. Disclose any suspected retaliation against an individual for reporting a possible violation or participating in an investigation.
- h. Treat any disclosure related to this Code of Ethics without fear of retribution or retaliation.

All reports or disclosures shall be made to the Public Health Director or the Compliance Officer.

CCHD personnel are expected to maintain a professional environment, keeping in mind the mission of this agency. Disruptive behavior has a negative impact on both client and personnel relationships. Disruptive behavior by any member of the CCHD team will be addressed. The manner in which this is addressed will depend upon the individual situation and circumstance. Personnel are expected to:

1. Always act in a professional, respectful manner to enhance a spirit of cooperation, mutual respect, and trust among all personnel.
2. Refrain from inappropriate behavior, including but not limited to impulsive, disruptive, sexually harassing or disrespectful behavior, or inflammatory remarks.
3. Address disagreements privately in a constructive, respectful manner where clients or uninvolved persons cannot hear the conversation.