Cortland County Health Department

Confidentiality and Privacy Department Training 2020
Cortland County Health Department

- Where are we located?
  - 60 Central Ave, Cortland

- How can you reach us?
  - 607–753–5036–Administration
  - 607–753–5139 Nursing Administration–Lisa Perfetti

- Check us out on:
Confidentiality and Privacy

**Purpose of Policy:**

1. To protect the patient's right to privacy.
2. To protect the patient's right to confidentiality.
3. To protect patient's clinical records from loss, alteration, unauthorized use, or damage.
Confidentiality and Privacy

- Confidentiality for patients and their clinical and billing records shall be provided by all Health Department staff. All staff shall be educated initially at the time of employment and annually thereafter in the policy, purpose, and procedure for confidentiality.

- Patient clinical and billing records will be protected against loss, alteration, unauthorized use, or damage.
Confidentiality & Privacy

- It is the obligation of each employee to protect the confidentiality of any private information, which may be acquired from a patient or from any other source about a patient.
- The privacy rights of the patient must always be a paramount consideration in any decision to disclose information.
Who Must Adhere to this Policy

- All CCHD:
  - Employees
  - Volunteers
  - Students
  - Contracted agencies/employees
All employees, contractors, students, interns and volunteers will have a signed confidentiality agreement indicating their understanding of the training provided before being allowed access to any client information.

The Confidentiality Agreement is located in the Jdrive…Department Forms…CCHD 26/Confidentiality

Signed forms will be kept in Personnel Folders
Who can Access Client Info?

- Professional personnel (and any of their students) directly involved with the patient's care
- Professional personnel responsible for supervising the care provided
- Professional personnel responsible for performance improvement activities
- Professional personnel responsible for billing compliance and/or supervision of same
Who can Access Client Info?

- Medical Records personnel are permitted access to the patient record to perform their daily work duties.
- Professional persons who are members of the Division advisory committees/boards are permitted access to the patient record to the extent that it is necessary to carry out their function.
- The County Attorney or other legal representative retained by the Health Department is permitted access to carry out his/her legal responsibilities on behalf of the Health Department.
Who can Access Client Info?

- Regulatory and accrediting organizations surveying the division for compliance with regulations and standards (NYSDOH, IPRO, etc...)
- Private insurance companies are permitted access to the patient clinical record or information from same when they are providing payment for services
- The billing personnel are permitted access to patient clinical records to verify billing and to copy for submission to insurance companies
Who can Access Client Info?

- The IT Dept. is permitted access to patient records for the purpose of assigning passwords, changing/implementing programs, generating reports and troubleshooting hardware/software problems.
- Government and private agencies and individuals are permitted access to information regarding health insurance claims in the light of current rules and regulations of the Social Security Administration.
- Persons providing microfilming and/or record storage services for the sole purpose of microfilming, filing or shredding records.
Requests to Review Records

- All requests for patient information are reviewed by the program supervisor to determine whether or not the individual requesting the information will be allowed access to it. All questions about such requests are referred to the Department’s Privacy Officer/Compliance Officer or the Public Health Director.

- Requests must be accompanied by an “Authorization for Release of Information” form
Fax transmissions that do not involve highly sensitive material (HIV, mental health, substance abuse, genetics) may be made to other care providers, facilities, and institutions involved in the patient's care. The fax cover sheet will include a confidentiality statement.
Faxing Info

- Any sensitive info (HIV/substance abuse/mental health) may ONLY be faxed if no other more secure means of transmitting info is available. (After appropriate consents obtained) The following procedure must be followed in this case:
  - a) confirm the fax number;
  - b) confirm the receiving individual is standing by the receiving fax;
  - c) fax the sensitive material using the redial feature; and
  - d) confirm the fax was received.
Internal emailing of information must be kept to minimum necessary. No encryption required due to rigorous safeguards/password protected (Although the Cortland Mental Health Dept. is located outside of the COB—it is considered internal email)

External emailing of information must also be kept to minimum necessary and must be encrypted. (Although the Cortland County Dept. of Social Services is inside the building…it is considered EXTERNAL email and must be encrypted)
Additional Policy Info

- Do not share computer passwords with anyone
- When working on a computer—ensure that no one else can see your screen
- Do not leave computer screens with patient info on them unattended
- Paper that contains personal information must be in a locked area.
- Be mindful of conversations with co-workers re: patient/client info. Ensure conversations occur in a private area
Have questions or need more information?

Contact:

- Lisa Perfetti
- Director of Community Health Services
- lperfetti@cortland-co.org
- 607-753-5139
Cortland County Health Department Compliance Plan and Code of Conduct Training 2020
Cortland County Health Department

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  - 60 Central Ave, Cortland

- How can you reach us?
  - 607–753–5135–Administration
  - 607–753–5139 Lisa Perfetti Director of Community Health Services

- Check us out on:
OMIG
(Office of Medicaid Inspector General)

- Established in 2006
- A federally mandated agency that looks for fraud, waste and abuse in New York State’s Medicaid program
- Requires that Medicaid providers develop and implement compliance programs aimed at detecting fraud, waste, and abuse in the Medicaid program
OMIG Mission Statement

- To enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting high-quality patient care.
Goals of a Compliance Program

- Detect and correct payment and billing mistakes and fraud
- Organize provider resources to resolve payment discrepancies and detect inaccurate billing
- Make corrections/improvements quickly and efficiently
- Create and operate a system of checks and balances to prevent future recurrences
- Operationalize a system to identify and address risks
Maintain appropriate processes to repay overpayments, regardless of the cause
Build on and expand existing management control structures so that integrity of operations is demonstrated
Compliance programs must be compatible with a provider’s characteristics
Create a culture of compliance throughout the organization
Be able to demonstrate to your constituencies, a commitment to integrity in operations
Who is Required to have a Compliance Plan?

- Article 28 Clinics
  - CCHD operates an article 28 clinic—the JCRH and the Immunization Clinic are both run through this clinic

- Article 36 Licensed Home Care Agencies
  - CCHD operates a Licensed Home Care Agency

- Agencies/Programs that participate with Medicaid reimbursement
  - For CCHD this is Early Intervention and PreK programs
A Compliance program must be applicable to “All Affected Individuals”

- Employees
- Contractors
- Volunteers
- Students

Anyone who may be involved in programs that bill Medicaid and/or Medicare are required to comply with our compliance program.
Element 1:
- Written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics

Element 2:
- Designation of compliance officer – an employee vested with responsibility for the day-to-day operation of the compliance program

Element 3:
- Training and education of all affected individuals on compliance issues, expectations and the compliance program
8 Elements of a Mandatory Compliance Program (NYCRR) 18 Part 521.3 (c)

- **Element 4:**
  - Communication lines to the compliance officer that are accessible to all affected individuals to allow compliance issues to be reported

- **Element 5:**
  - Disciplinary policies to encourage good faith participation in the compliance program

- **Element 6:**
  - System for routine identification of compliance risk areas and non-compliance
Element 7:
- System for responding to compliance issues when raised, for investigating and correcting problems

Element 8:
- Policy of non-intimidation and non-retaliation for good faith participation in the compliance program
Element 1:
Written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics

- CCHD has a Written Compliance Plan.
  
  Staff can find the Plan in the Jdrive under Department Policies…Health Department Plans…Corporate Compliance…2019 Corporate Compliance Plan
  
  The Plan is also located on the Cortland County Health Department Website for all to see

- Compliance Plan contains our CCHD Code of Ethics
Element 2:
Designation of compliance officer – an employee vested with responsibility for the day-to-day operation of the compliance program

- CCHD Compliance Officer is:

Lisa Perfetti
Director of Community Health Services
Cortland County Office Building Room 121
Phone: 607–753–5139
Email: lperfetti@cortland-co.org
Element 3:
Training and education of all affected individuals on compliance issues, expectations and the compliance program

- All CCHD employees will be provided training and education about the Compliance Plan and the Code of Ethics as part of a comprehensive orientation.
- All CCHD Board of Health Members will be provided training and education about the Compliance Plan and the Code of Ethics at the start of their term and annually.
- All Students will be provided training and education about the Compliance Plan and the Code of Ethics.
- Annual Training will occur for all CCHD staff involved in Medicaid service provision and/or billing.
Element 4:
Communication lines to the compliance officer that are accessible to all affected individuals to allow compliance issues to be reported

- In order to allow compliance issues to be reported there must be good communication between employees, administration and governing body members
- This includes providing for anonymous and confidential “good faith” reporting of actual or potential compliance issues
- Good faith is based on the motivation of the individual and can be described as “an honesty of purpose, freedom from intent to defraud, and being faithful to one’s duty or obligation”
Element 4:
Communication lines to the compliance officer that are accessible to all affected individuals to allow compliance issues to be reported

- The CCHD Compliance Officer can be reached:
  - In person—room 121
  - Via Telephone—607–753–5139 (confidential voice mail can be left on this extension)
  - Via email—lperfetti@cortland-co.org
  - Anonymous drop box located in health dept. hallway across from room 125.
  - Via Mail: Lisa Perfetti—room 121
    - 60 Central Ave
    - Cortland, NY 13045
Element 5:
Disciplinary policies to encourage good faith participation in the compliance program

- 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.

- Disciplinary policies shall be fairly and firmly enforced
Element 6: System for routine identification of compliance risk areas and non-compliance

- The Director/Supervisor who oversees each division is the person responsible for day-to-day operation and enforcement of compliance risk areas within that division.

- Each CCHD division has specific policies and procedures that allow for routine identification of compliance risk areas and systematic checks & balances to detect inaccurate billing (e.g. billing review and double check systems, EHR use).

- CCHD performs self-evaluation activities of risk areas – including internal audits (e.g. chart or billing audits) and as appropriate, external audits.

- Evaluate and correct potential or actual non-compliance issues found as a result of self-evaluations and audits.
Element 7:
System for responding to compliance issues when raised, for investigating and correcting problems

- CCHD will...
  - Investigate ALL potential compliance problems
  - Respond to compliance problems as identified in the course of self-evaluations and audits
  - Correct problems promptly and thoroughly by implementing revised procedures, policies and systems as necessary to reduce the potential for recurrence
  - Identify and report compliance issues to the OMIG or the NYS Department of Health
  - Refund overpayments
Element 8:
Policy of non-intimidation and non-retaliation for good faith participation in the compliance program

- There is a policy of non intimidation (bullying, coercion or threatening behavior) and non retaliation (injury to one’s person, livelihood or reputation) for good faith participation in the compliance program
- This includes, but is not limited to, reporting potential issues; self evaluations; audits & remedial actions and reporting to appropriate officials
- For more detail see the [Cortland County Whistleblower Protection Policy](#)
Each of the 8 Elements are to apply to all 7 Areas (NYCCR) 18 Part 521.3(a)

- **Billings**
  - 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 and 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
Each of the 8 Elements are to apply to all 7 Areas (NYCCCR) 18 Part 521.3(a)

- **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.....
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.
CCHD Code of Conduct...

- **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.
  d. Serve as a role model, engage in appropriate behaviors, and be professional at all times.
  e. Not participate in disruptive behavior as it undermines staff morale, interferes with teamwork, and ultimately has a negative impact on clients.
  f. Adhere strictly to rules of confidentiality related to client services and personal information about personnel.
  g. Respect the property, rights, and views of clients, co-workers, the Health Department, and other professionals.
  h. Follow all CCHD policies and procedures and cooperate with management.
CCHD Code of Conduct...

- **PERSONAL AND PROFESSIONAL INTEGRITY (CONT...)**
- 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.
CCHD Code of Conduct...

**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.
CCHD Code of Conduct...

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

- Billing for services that were not provided, e.g., a home visit that did not occur
- Duplicate billing which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient
- Requiring a return visit when another visit is not necessary
- Providing unnecessary services
- Upcoding, e.g., providing a simple home visit and billing for a comprehensive visit
- Billing for more time than actually provided
- Hiring employees who are on the OMIG exclusion list
Examples of Consumer Medicaid Fraud

- Lying about one’s eligibility for Medicaid
- Lying about one’s medical condition
- Forging or sharing prescriptions
- Loaning one’s Medicaid card to others
- 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
Questions/Concerns/Reports of Fraud should go to….

- 1) Your direct Supervisor
- 2) Catherine Feuerherm Public Health Director
- 3) Lisa Perfetti Compliance Officer

Reporting directly to OMIG can be done as follows…

Have questions or need more information?

Contact:
- Lisa Perfetti
  - 607–753–5139
  - lperfetti@cortland-co.org

- https://www.omig.ny.gov/