

SARATOGA COUNTY PUBLIC HEALTH NURSING SERVICE

SUBJECT: MEDICARE CORPORATE COMPLIANCE (CHHA/LTHHCP)

I. POLICY:

It is the policy of Saratoga County Public Health Nursing Service (SCPHNS) to promote compliance with all federal, state, and local statutes, regulations and program requirements pertinent to the accomplishment of our corporate mission. Corporate compliance has been embraced as a central theme for all current programs of Saratoga County Public Health, and every reasonable attempt will be made to prevent, detect, and address errors, omissions, fraud and abuse in our daily operations.

II. GENERAL GUIDELINES:

1. The foundation of the Corporate Compliance Policy is the network of internal controls, policies and procedures in place within SCPHNS. The success of the plan is predicated on the continuous monitoring of effective managerial systems and investigation and correction of real and potential problems.
2. All employees are required by this policy to discuss potential errors or irregularities with their chain of command and/or directly with the Saratoga County Public Health Compliance Officer. Under no circumstances will retaliation be permitted against employees who voice legitimate concerns to management.
3. The Corporate Compliance Policy follows the Health & Human Services (HHS) Office of Inspector General's Compliance Program Guidance for Health Care Facilities but is equally applicable to the requirements of all other governmental entities.

III. PROCEDURE FOR ADMINISTRATION OF THE CORPORATE COMPLIANCE PROGRAM

1. The Director of Patient Services (CHHA and LTHHCP) will function as the Corporate Compliance Officer with the Director of Public Health as an alternate. External reviewers will be utilized in any circumstance where the Director of Patient Services (DPS) has a conflict of interest with the compliance function. The Compliance Officer will coordinate system wide compliance initiatives and be responsible for the following tasks:
 - a. Reviewing and updating the Saratoga County Public Health Compliance Program on a regular basis.
 - b. Maintaining all records and documentation of compliance related activities.
 - c. Reporting on compliance matters to the Public Health Committee and Professional Advisory Committee annually, usually in conjunction with the standard QA Report/Annual Report.
 - d. Reporting on compliance matters at the biweekly departmental administrative (SPHN) meetings, which will serve as the Management Compliance Committee. The Compliance Officer will also attend staff meetings, the Performance Improvement Committee meetings and the Professional Advisory Committee meeting when required.
 - e. Conducting ad hoc training on compliance related issues and helping to develop compliance elements for the standard orientation and inservicing program.
 - f. Serving as the point of contact for employees with questions or concerns about potential compliance problems within Saratoga County Public Health. Agency training and literature will reinforce this option for employees and stress that their inquiries will be kept confidential to the extent possible and that they will be protected from retaliation.

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- g. Reviewing all monitoring and auditing functions within the various internal control systems of Saratoga County Public Health to ensure that potential problems are identified and dealt with in a timely manner and for developing and implementing new systems as needed.
 - h. Working with the Director of Public Health and Director of Personnel to ensure that employees who have compliance related violations are appropriately disciplined according to the standards contained in the Saratoga County Policy Manual and for monitoring compliance issues with independent contractors and vendors.
 - i. Conducting and/or coordinating internal investigations into potential compliance issues and working with the Director of Public Health on developing appropriate courses of action.
2. All staff members are required to read and abide by the policies contained in the SCPHNS Policy Book. All management, PAC, and LEICC members in a position to affect agency billing and purchasing decisions, are further required to read and execute an annual Code of Ethics statement as described in county administrative policy. Violations of the terms and conditions stated in these documents expose the individual to disciplinary actions up to and including dismissal and removal.
3. All vendors and independent contractors will be held to the same standard of compliance as Saratoga County Public Health staff. Contracts will be reviewed by legal counsel (the County Attorney) as needed for potential issues, and any instances of noncompliance will be considered grounds for severing the business relationship.
4. The Director of Public Health, Director of Patient Services, Fiscal Manager, and all agency supervisors are responsible for continually reviewing and updating the policies, procedures and systems of internal controls within their areas of responsibility. It is contingent upon them to remain current and informed on all changes and modifications to the regulatory environment in which they operate. To this end, SCPHNS is committed to supporting continuing professional education through tuition reimbursement, seminars, industry publications and online research.
5. The Director of Public Health, Director of Patient Services, and all agency supervisors are responsible for enforcing adherence to the policies, procedures, and systems of internal controls within their areas of responsibility. Training staff members, monitoring their work directly or through managerial systems, and timely correction of problems that come to light are critical to the prevention and detection of errors, omissions, fraud and abuse.
6. The Director of Patient Services, nursing supervisors, and Personnel Department are responsible for conducting and/or coordinating all new employee orientation, certification classes and mandatory inservicing in conjunction with other involved department managers. Specific training for individual risk areas will be organized or outsourced as needed.

IV. PROCEDURE FOR ENSURING QUALITY OF CARE COMPLIANCE

1. It is the policy of SCPHNS to provide the highest quality of care to its patients and clients. SCPHNS believes that state and federal regulations provide a minimum baseline of standards which all staff will strive to exceed in the provision of care and services.
2. The SCPHNS Medical Director and Infectious Disease Consultant conduct monitoring and evaluation activities relating to the quality and appropriateness of patient care. The policies and procedures of SCPHNS are incorporated by reference into this Corporate Compliance Plan.

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3. The Saratoga County Public Health Utilization Review Committee assembles, reviews, and draws conclusions about the quality and appropriateness of patient care in conjunction with the Medical Advisor as needed. The team maintains its own data files, analytical reports and minutes of meetings. The records, internal controls, policies and procedures of the team are incorporated by reference into this Compliance Plan.
4. The Quality Assurance, Professional Improvement, SPHN and/or the Public Health Committee review quality issues in a broader perspective. The records, internal controls, policies, and procedures of the committee are incorporated by reference into this Compliance Plan.

V. PROCEDURE FOR ENSURING PATIENT RIGHTS' COMPLIANCE

1. It is the policy of Saratoga County Public Health, as required by state and federal law, not to discriminate in the admission, retention and care of patients because of race, color, blindness, national origin, sex, sexual preference, religion, sponsorship, or source of payment.
2. The Director of Public Health, Director of Patient Services, and agency supervisors monitor adherence to all federal and state guidelines and address all patient and family complaints and concerns.

VI. PROCEDURE FOR ENSURING BILLING AND FINANCIAL/REGULATORY REPORTING COMPLIANCE

1. Saratoga County Public Health has an obligation to its patients, third-party payers, and the state and federal government to exercise diligence, care and integrity when submitting claims for payment or statutory reports.
2. The Saratoga County Public Health Policy and Procedure Manual, as well as the standing system of internal controls and software controls, are incorporated by reference into this Compliance Plan. The Fiscal Manager will continuously monitor compliance with the fiscal systems, making modifications and corrections as needed.
3. Financial statements will be prepared and presented by the Director of Public Health and the Fiscal Manager on a regular basis. Utilization of services, cash position and operational performance compared to the approved budget will be reviewed and discussed.
4. An independent accounting firm possessing significant healthcare expertise will audit the year-end financial statements.
5. The Fiscal Manager will prepare the Medicare Cost Report in strict compliance with HIM-11 and Fiscal Intermediary guidelines.
6. The Fiscal Manager will prepare the Medicaid Cost Report in strict compliance with NYSDOH guidelines. The independent accounting firm is required to certify key components of the Medicaid Cost Report prior to its submission.
7. The Saratoga County Treasurer will prepare the annual federal and state non-profit tax returns for Saratoga County Public Health if so indicated, ensuring reporting and disclosure requirements are met.

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8. Periodically, an outside entity will review a sample of Medicare Part A and Part B claims to ensure the following:
 - a. Eligibility of patient for benefits
 - b. The presence of all necessary physician orders
 - c. Appropriate care plans and clinical notes
 - d. Descriptions of procedures/treatments performed
 - e. Supporting OASIS and HRGS documentation
 - f. Accuracy of information on the UB-04 or HCFA 1500
9. Other payer claims will be reviewed by this entity during the engagement on an as-needed basis
10. The Quarterly Medicare Credit Balance Report will be reviewed and filed by the Director of Public Health or the Fiscal Manager.
11. All Additional Documentation Requests (ADRs) and focused medical reviews will be reviewed by the Director of Patient Services in consultation with supervisors, clinicians, and Billing Department.
12. All NYS Department of Health draft audits will be reviewed by the Fiscal Manager.
13. Complaints and concerns of private-pay patients will be reviewed by the Director of Public Health and Fiscal Manager.

VII. PROCEDURE FOR ENSURING EMPLOYEE SCREENING COMPLIANCE

1. It is the policy of Saratoga County Public Health to exercise due care in the recruitment and hiring of employees.
2. The Director of Public Health, Director of Patient Services, and the Personnel Department share joint responsibility for the screening and processing of new employees.
3. Any new hire or rehire is required to complete the Saratoga County Civil Service employment application and certify its accuracy. Any disclosure of criminal offense or healthcare related non-compliance will be reviewed and may serve as grounds for refusal to hire. Falsification of the employment application will serve as grounds for immediate termination.
4. All prospective employees who will be providing direct care will be checked against an appropriate databank for sanctions.
5. Professional certifications or licensures will be checked on line or by other means.
6. References will be checked for all patient care positions.
7. Periodically, the Personnel Department has the option of reviewing a sample of new hires to ensure compliance with the above standards.

VIII. PROCEDURE FOR DETECTING KICKBACKS, INDUCEMENTS AND SELF-REFERRALS

1. Federal and state laws prohibit Saratoga County Public Health and its employees from offering or accepting anything of value in exchange for patient referrals or orders for goods and services that involve payments from either Medicare or Medicaid. These circumstances can be quite complex and require close scrutiny from all involved staff.

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2. All new contracts will be reviewed by the County Attorney and Compliance Officer for potential conflicts with federal and state statutes and regulations. Existing contracts that come under question will also be subject to review and possible termination or renegotiation.

IX. PROCEDURE FOR CONFIDENTIALITY, DOCUMENTATION AND RECORD RETENTION

1. It is the policy of Saratoga County Public Health to properly safeguard and manage all sensitive and privileged information pertaining to patients, clients, and employees. This philosophy pertains to agency operations in general and compliance related tasks in particular.
2. All pertinent federal and state guidelines for confidentiality and record retention, as well as Saratoga County Public Health policies and procedures are incorporated by reference into this Compliance Plan.
3. All potential compliance issues noted by staff and management will be documented in writing and submitted to the Compliance Officer, who will maintain the central files on compliance issues.
4. Privacy and confidentiality of patient and employee data will be ensured, to the extent possible, by all parties to compliance investigations. Information on patients and staff may have to be provided to federal and state authorities in the course of their investigations.

X. PROCEDURE FOR EVALUATING EMPLOYEE PERFORMANCE RELATING TO COMPLIANCE

1. Saratoga County Public Health is committed to training all staff in regulatory issues and keeping them current with developing trends. Compliance with all applicable laws, regulations, ethical standards and policies is an expectation for all staff, and violations of the same will not be tolerated.
2. Training records will be maintained along with other mandated orientation and inservice records and will be a component of the employee's annual appraisal.
3. Failure to follow Saratoga County Public Health policies and procedures or report instances of misconduct will be cause for an unfavorable performance appraisal and/or progressive discipline.
4. Gross misconduct, fraudulent or abusive behavior uncovered as part of a compliance investigation will result in immediate termination and potential legal ramifications.
5. Management and supervisory personnel will be evaluated, in part, based on their department's adherence to compliance related policies and procedures. Failure to train and monitor staff or to detect obvious compliance issues within the scope of their authority will result in disciplinary action against the manager or supervisor.

XI. PROCEDURE FOR ENSURING RISK MANAGEMENT AND EMPLOYEE INCIDENT COMPLIANCE

1. It is the policy of Saratoga County Public Health to promote the safest environment possible for patients, staff, and visitors.

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2. The management, supervisory, and field staff monitor patient, visitor, and employee incidents for trends and causes and develop corrective actions. The records, internal controls, policies and procedures of the team are incorporated by reference into this Compliance Plan.
3. The management staff reviews all pertinent federal and state regulations and coordinates systemic changes, building modifications and staff training as necessary.
4. The Director of Public Health, Director of Patient Services, and/or Fiscal Manager will monitor all reporting to and from insurance companies and will coordinate involvement of legal counsel where warranted.