

SCPHNS Medicaid Corporate Compliance Program

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 agency mission; and to adhere to the highest ethical standards. To achieve this standard, the Public Health Nursing Service adopts the Saratoga County Medicaid Corporate Compliance Program (SCMCCP) and its policies and procedures with regards to County Providers adopted per County Resolution 168 -10, October 19th, 2010, and contained in the Saratoga County Policy Manual Chapter 3, Section W.

County Provider Duties and Responsibilities

1. Develop a department compliance program which follows the rules and concepts set forth in the SCMCCP.
2. Designate an agency compliance officer (ACO) who will coordinate with the County Compliance Officer (CCO) to implement the rules and concepts set forth herein, and annually review and amend the department compliance program on an as-needed basis.
3. Develop department procedures designed to ensure compliance with New York State statute, rules and regulations.
4. Conduct education of applicable employees on the subject of Medicaid compliance and the rules and concepts set forth herein.
5. Review reports, receive complaints, concerns or problems and report in writing to the CCO.

Background

The foundation of the Corporate Compliance Program 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.

Code of Conduct:

In keeping with the SCMCCP, all agency employees shall exercise the utmost good faith in all transactions touching upon their duties to the County. In their dealings, they are held to a strict rule of honesty and fair dealing. They shall not use their positions, or knowledge gained therefrom, so that a conflict might arise between the County's interest and that of the individual.

No employee shall accept any favor which might influence his/her official action or which might reflect upon his/her business conduct.

Employees shall avoid outside employment or activity which involves obligations which may compete with or be in conflict with the interests of the county.

Reporting of Compliance Concerns/Issues and Non-Retaliation

A critical aspect of any compliance program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal, state, and private payer healthcare program requirements, as well as the organization's ethical and business policies. To promote this culture, the SCPHNS has adopted the SCMCCP which has established a problem resolution process and a strict non-retaliation policy to protect employees and others who report problems and concerns from retaliation. Any

form of retaliation can undermine the problem resolution process and result in a failure of communication channels in the organization. (See County Policy and Procedure for details).

All county employees:

- o Who have knowledge of any misconduct, including actual or potential violations of laws, regulations, policies, procedures, or the organization's standards of conduct must immediately report to the County Compliance Officer (CCO) at 885-5381 x2202
- o Or employees may also report problems or concerns to the County Personnel Department, or the Agency Department Head, or Agency Compliance Officer (ACO), if no action is taken by the CCO.
- o If an employee's concern or problem cannot be satisfactorily resolved or special circumstances exist, the employee should report such concern or problem to the CCO.

Agency Compliance Officer (ACO)

At the agency level, the **Director of Patient Services (DPS)** will serve as Agency Compliance Officer (ACO) reporting to the Director of Public Health. The ACO serves as the focal point for compliance activities and is responsible for the oversight of the development, implementation, and operation of the agency compliance program. The Director of Public Health will serve as the alternate. External reviewers will be utilized in any circumstance where there may be a conflict of interest with the compliance function.

In order to facilitate implementation of this compliance program the ACO will coordinate compliance initiatives and be responsible for the following tasks as described in the SCMCCP:

- Take appropriate measures to ensure that all levels of agency staff support this program and encourage the reporting of problems and concerns. At a minimum, the following actions will be taken and become an ongoing aspect of the management process:
 - o Meet with agency staff and employees to discuss the main points within this policy.
 - o Provide, at a minimum, a written copy of this policy and procedure to all contract providers of the agency and provide opportunity for questions or discussion of the program.
 - o Provide agency staff and employees with a copy of this program.
 - o Post a copy of this program on all employee bulletin boards.
 - o Ensure that agency employees receive education on the subject of Medicaid compliance laws and regulations.
 - o Conduct periodic education conferences for rules and regulations, attendance at which the employees shall evidence with a signature.
- For compliance related issues, the ACO will conduct an Initial Investigation that may include document review, interviews, audit, or other investigative techniques. The ACO will pursue the following:
 - conduct a fair impartial review of all relevant facts;
 - restrict the inquiry to those persons or parties necessary to resolve the issues; and

- conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue. The CCO may conduct the same inquiry.
- The department ACO should ensure that the following objectives are accomplished:
 - Fully debrief the employee forwarding the concern;
 - Notify appropriate parties;
 - Determine if there is reasonable cause to believe non-compliance occurred, report to OMIG and to County Attorney.
 - Identify cause of problem, desired outcome, affected parties, applicable guidelines, possible regulatory or financial impact;
 - Implement the necessary corrective action measures, (e.g., policy changes, operational changes, system changes, personnel changes, training/education);
 - Provide a complete list of findings and recommendations to the County Administrator, and County Attorney.
 - Document the inquiry and maintain records of the inquiry for a minimum of seven years, records of which are filed with the County Attorney.

Agency Staff, Committee Members, Independent Providers and Vendors

- All staff members are required to read and abide by the policies contained in the SCPHNS Policy Book. All management, Professional Advisory Committee (PAC) members, and Local Early Intervention Coordinating Committee (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.
- All vendors and independent contractors, including Early Intervention providers, will be held to the same standard of compliance as SCPHNS 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.
- The DPH, DPS, 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.
- The DPH, DPS, 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.
- The DPH, DPS, agency supervisors, and Personnel Department are responsible for conducting and/or coordinating all new employee orientation, certification classes and mandatory in-servicing in conjunction with other involved department managers. Specific training for individual risk areas will be organized or outsourced as needed.