

Clinton County Corporate Compliance Plan

Prepared by:
Nursing Home Administrator
Director of Mental Health and Addiction
Director of Public Health
County Administrator

Clinton County Corporate Compliance Plan

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2017

Clinton County Corporate Compliance Plan

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Clinton County Corporate Compliance Plan

1. Overview

The Office of Inspector General (OIG) of the Department of Health and Human Services (HHS) is responsible for federal laws with New York State Office of Medicaid Inspector General (OMIG) being responsible for state laws with both having zero tolerance toward fraud and abuse. Both entities use extensive statutory authorities to reduce fraud in Medicare, Medicaid and other federal and state funded health care programs. To detect fraud, waste and abuse in New York State, OMIG passed corporate compliance requirements under State Medicaid Law Social Services § 363-d, State Office of Mental Hygiene Law 18 Part 521, and OMIG (Office of Medicaid Inspector General) and 10 NYCRR Part 521.

2. Policy

Clinton County and all its Departments/providers comply with all applicable federal, state, and local laws and regulations, and payer requirements including corporate compliance. This policy applies to all employees and any persons associated with Departments/providers including executives and governing body members.

In complying with corporate compliance requirements, the Clinton County Legislature adopted Resolution #1047 on December 22, 2009 that outlines its intent to establish and maintain a County Corporate Compliance Plan. On January 27, 2010 the Legislature through Resolution # 102 adapted the Clinton County Corporate Compliance Plan.

3. Purpose and Guiding Principles

Purpose: To ensure Clinton County providers establish systemic checks and balances to detect and prevent inaccurate billing and inappropriate practices in Medicaid program specifically, Clinton County providers subject to provisions under articles 28 or 36 under the public health law or articles 16 or 31 under the mental health hygiene law; Departments governed by these provisions include Health, Mental Health, and Nursing Home. To be eligible to receive medical assistance payments or to be eligible to submit claims for care, services, or supplies for or on behalf of another person, a corporate compliance plan must be implemented.

Guiding Principles: This Clinton County Corporate Compliance Plan (CCCCP) guides the County at all levels to ensure an organizational culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state laws and health care program requirements. This Plan establishes a consistent framework and ensures systems are in place to implement and oversee adherence to the CCCC Program.

The County's Code of Ethics as adopted by the Clinton County Legislature through Local Law #2 in 1998 and is part of the Corporate Compliance Plan and establishes standards for staff. This Code of Ethics is shared with all staff through distribution of the *Employee Policy Handbook for Clinton County* at the County's Personnel Department and is available to all on the County's Intranet site at <http://intranet/>.

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4. Compliance Plan Elements

The Clinton County Compliance Plan includes the following:

1. Written policies and procedures that describe compliance expectations and the implementation of said policies and procedures;
2. Designation of an employee vested with the responsibility of the day-to-day operation of the compliance plan;
3. Training and education;
4. Establishment of lines of communication to the designated compliance person;
5. Establishment of disciplinary policies to encourage participation in the compliance plan;
6. Creation of a system for routine identification of compliance risk areas to the provider for self evaluation;
7. Establishment of systems for responding to compliance issues as they are raised; and
8. Establishment of a policy of non-intimidation and non-retaliation for good-faith participation in the compliance plan.

4.1 Written Policies and Procedures

4.1.1 Written policies and procedures within the affected Departments of Health, Mental Health, and Nursing Home will at a minimum:

- describe compliance expectations as embodied in the County's code of ethics
- demonstrate implementation of the operations of the plan
- provide guidance to all persons dealing with potential compliance issues
- identify how to communicate compliance issues to appropriate personnel and
- describe how potential compliance problems are investigated and resolved

4.1.2 Policies and procedures are developed under the advice of the Department Compliance Officers and Deputy Compliance Officers and may be subject to review of the oversight Departmental committee.

4.1.3 All staff have access to the Clinton County Compliance Plan, and Departmental plans, policies and procedures.

4.1.4 See attached standard policies in that may be modified at the Department level to meet this requirement.

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4.2 Corporate Compliance Oversight

- 4.2.1 The Clinton County Administrator is the County's Corporate Compliance Officer and oversees designation of Departmental Corporate Compliance Officers. Deputy Compliance Officers may be designated at Unit levels in larger Departments and assists the Department Corporate Compliance Officer.
- 4.2.2 The Clinton County Corporate Compliance Officer oversees the County's Compliance Committee comprised of the Department Heads of Health, Mental Health, and Nursing Home, Director of Personnel, Clinton County Treasurer, Director of Information Technology and/or designee(s). Members may be added as needed.
- 4.2.3 The CCC Compliance Officer holds meetings and prepares an annual County Corporate Compliance Report to the Clinton County Legislature.
- 4.2.4 Duties of the Corporate Compliance Officer and Committee are outlined in *Appendix 6.2 and 6.2.1*.

4.3 Training and Education

- 4.3.1 The County ensures that annual training on compliance issues, expectations, and compliance plan operations occurs.
- 4.3.2 A standard County training power point is shared with staff and made readily available for reference electronically via intranet, shared departmental electronic files, and or hard copy.
- 4.3.3 Proof of standard training is available upon audit at the Department level. The *Employee Policy Handbook for Clinton County* includes reference to Corporate Compliance and references the need for proof of training in the personnel record.
- 4.3.4 Additionally, staff involved in coding and billing, receive training appropriate to their specific job function and the rules and regulations affecting these areas.
- 4.3.5 Departmental staff are required to attend specific training on a regular basis, including appropriate federal and state rules, regulations, program guidelines, and other relevant training that assists in ensuring corporate compliance.

4.4 Lines of Communication

- 4.4.1 The County ensures communications lines/systems are established for compliance issues including anonymous and confidential good faith reporting.
- 4.4.2 The Departmental systems include designated Corporate Compliance Officers and Deputies, a step by step process for reporting concerns.
- 4.4.3 Staff have multiple ways to report concerns (written, verbally, anonymously) ensuring that concerns are raised and received in a manner that assures staff of no retribution.

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- 4.4.4 Resources such as the County Corporate Compliance Officer, County Corporate Compliance Committee, and legal counsel will be made available to Departments as needed.

4.5 Disciplinary Policies

- 4.5.1 The County ensures disciplinary policies are established that encourage good faith participation in the compliance plan and are fairly and firmly enforced.
- 4.5.2 These policies and procedures outline expectations for reporting compliance issues and assist in resolution and outline sanctions for:
- failing to report suspected problems;
 - participating in non-compliant behavior; or
 - encouraging, directing, facilitating, or permitting either actively or passively non-compliant behavior.
- 4.5.3 This Compliance Plan follows the County's respective policies on progressive discipline.

4.6 Identification of Compliance Risk Areas

- 4.6.1 The County ensures systems are in place for:
- routine identification of compliance risk areas specific to the provider type;
 - self-evaluation of such risk areas;
 - evaluation of potential or actual non-compliance findings resulting from self-evaluations;
 - audits;
 - mandatory reporting;
 - governance
 - credentialing of providers and persons associated with providers, including:
 - background checks which may include criminal, and child abuse registry checks based on Departmental regulations
 - verification of licensure or other credentials using NYS websites as appropriate
 - review Medicaid/Medicare exclusion lists checking that staff are not sanctioned
 - necessary action will be taken as appropriate

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4.6.2 Departments identify potential risk areas starting with ones the OIG has identified as potentially problematic including but limited to:

- Billing for items or services not actually documented
- Unbundling
- Upcoding
- Inappropriate balance billing
- Inadequate resolution of overpayments
- Lack of integrity in computer systems
- Computer software programs that encourage billing personnel to enter data in fields indicating services were rendered though not actually performed or documented
- Failure to maintain the confidentiality of information/records
- Knowing misuse of provider identification numbers, which results in improper billing
- Duplicate billing in an attempt to gain duplicate payment
- Failure to properly use modifiers
- Billing company incentives that violate the anti-kickback statute or other similar federal or state statute or regulation
- Routine waiver of co-payments and billing third-party insurance only
- Discounts and professional courtesy

4.6.3 As appropriate, Departmental policies and procedures address the above areas as applicable and any other additional risk areas identified within the Department on an ongoing basis.

4.6.4 Departments will incorporate into applicable contractual agreements acknowledgement and agreement to address corporate compliance safeguards.

4.7 Investigation of Compliance Issues

4.7.1 The County ensures systems are in place for responding to compliance issues including:

- investigating potential compliance problems;
- responding to compliance problems as identified in the course of self-audits and self-evaluations;
- correcting such problems promptly and thoroughly and implementing procedures, policies, and systems as necessary to reduce potential for recurrence;
- identifying and reporting compliance issues to the Department Corporate Compliance Committee and County Corporate Compliance Office and/or Committee, and/or the office of Medicaid Inspector General; and
- refunding overpayments.

4.7.2 Internal investigations may include the following components based on alleged violations:

- interviews
- review of relevant documents

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- records of the investigations that contain documentation of the alleged violation
- a description of the investigative process
- copies of interview notes and key documents
- a log of the investigation (e.g. any disciplinary action taken and the corrective action implemented)
- review by Department Compliance Officers/Committee
- necessary steps will be taken to secure all documents involving the investigation

4.7.3 At any time Compliance Officers believe the integrity of the investigation is at stake in any way, steps will be taken to protect the process/documents including but limited to referring to outside resources another Unit Deputy Compliance Officer, County Compliance Officer, and legal counsel.

4.8 Non-intimidation and Non-retaliation

4.8.1 The County ensures systems/policies are in place for non-intimidation and non-retaliation for good faith participation in the compliance plan including:

- reporting potential issues
- investigation issues
- self-evaluations
- audits
- remedial actions
- reporting to appropriate officials as provided in sections 740 and 741 of the labor law
- see the Clinton County Whistleblower Protection Policy located in the Employee Policy Handbook

5. Conclusion

These basic recommended elements, coupled with other published regulations and guidelines are the foundation of a comprehensive Clinton County Corporate Compliance Plan. This Plan remains dynamic and will periodically be reviewed and updated as needed to reflect a Plan that remains current and applicable. The County believes that by implementing an effective Compliance Plan, quality control programs can be maintained and simultaneously reduce the risk for criminal and civil liabilities.

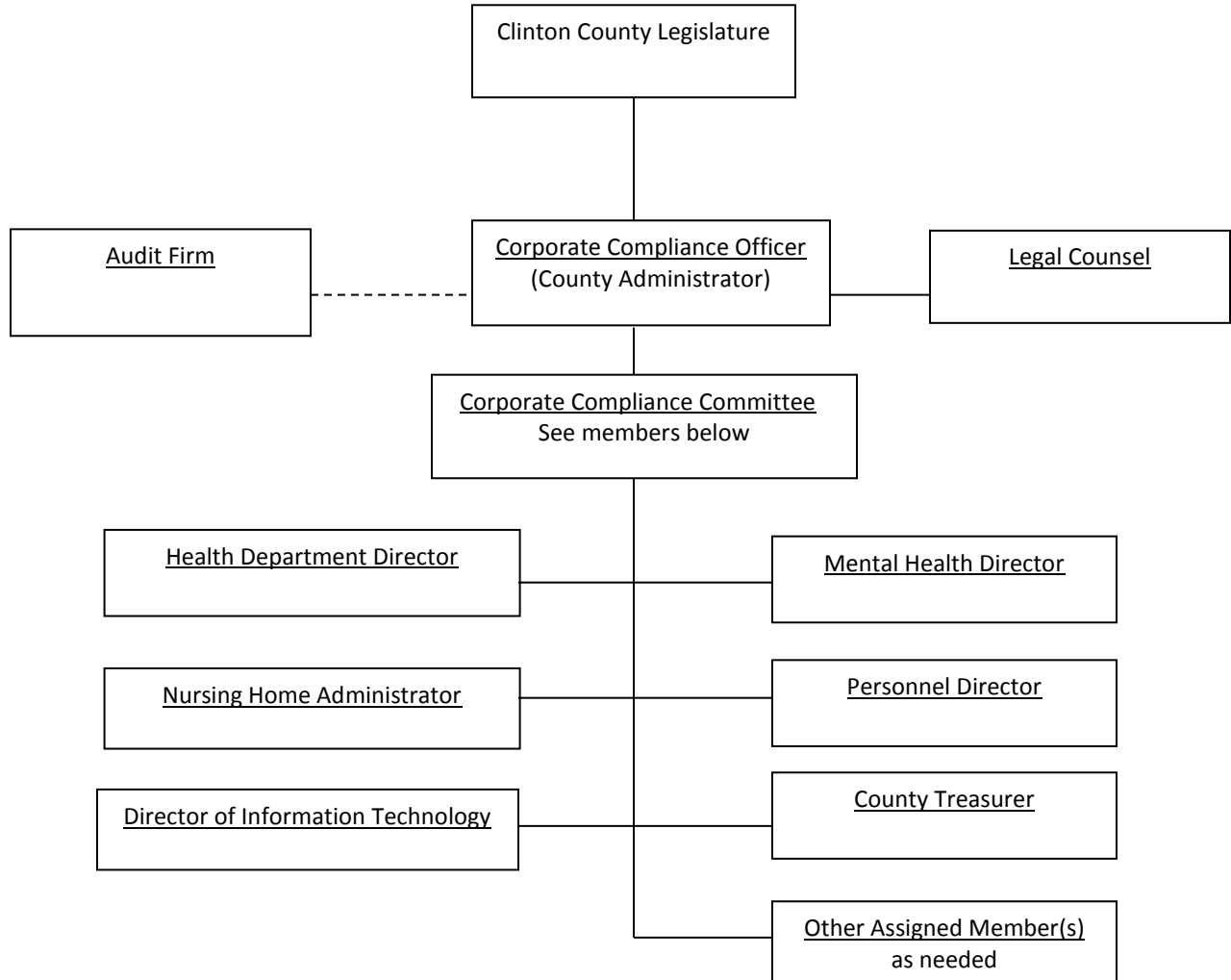
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6.1 Organizational Charts

CLINTON COUNTY CORPORATE COMPLIANCE ORGANIZATIONAL STRUCTURE

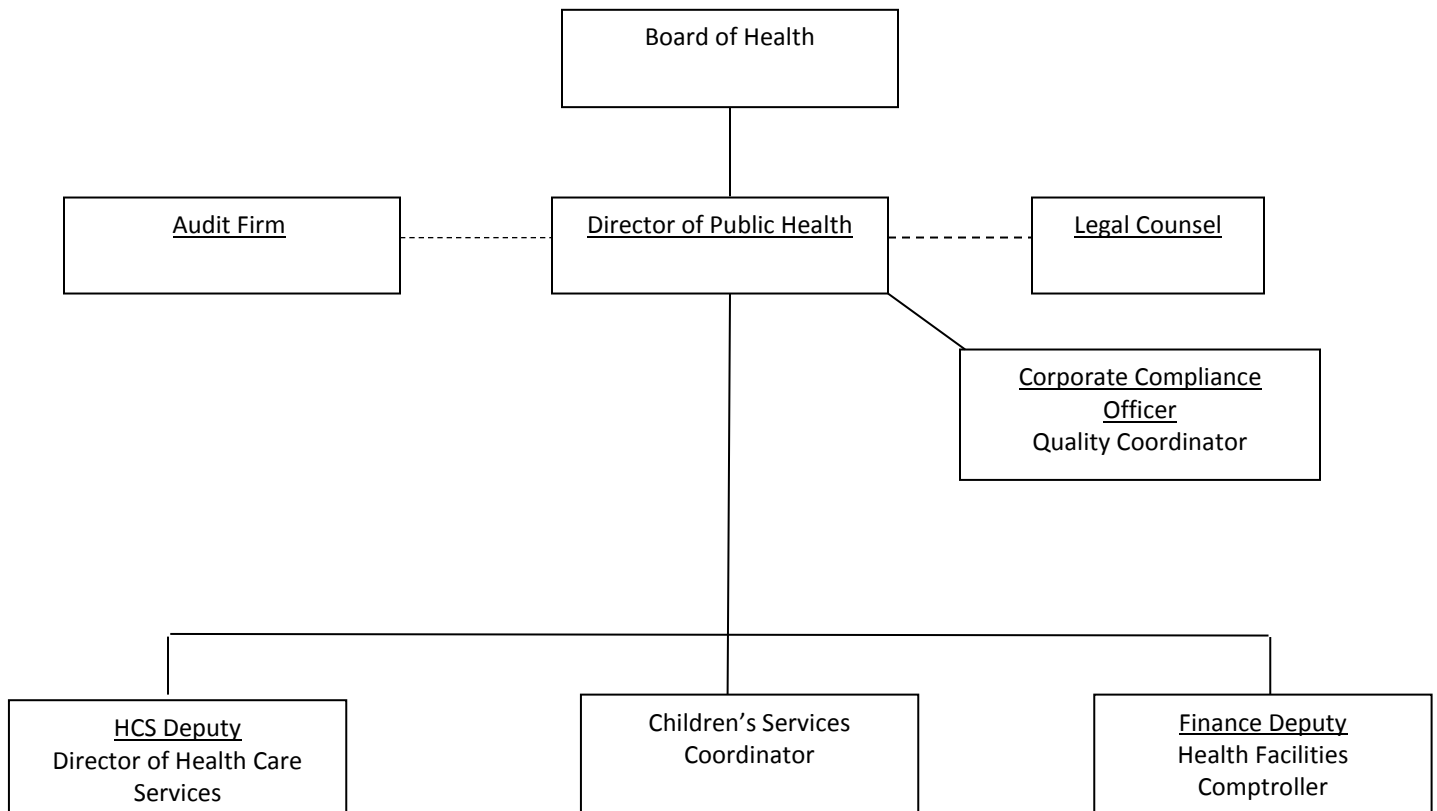


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Appendix 6.1.1

CLINTON COUNTY HEALTH DEPARTMENT CORPORATE COMPLIANCE ORGANIZATIONAL STRUCTURE

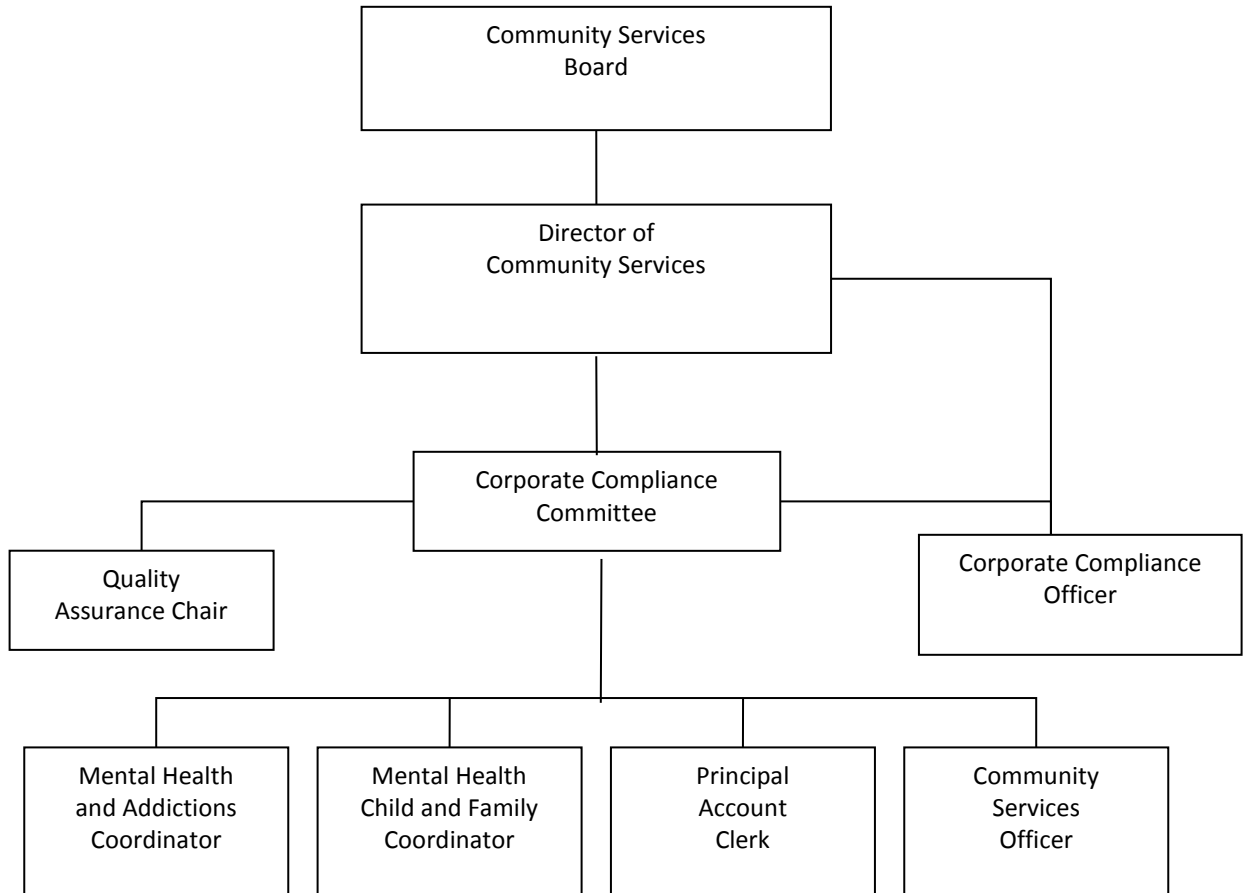


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Appendix 6.1.2

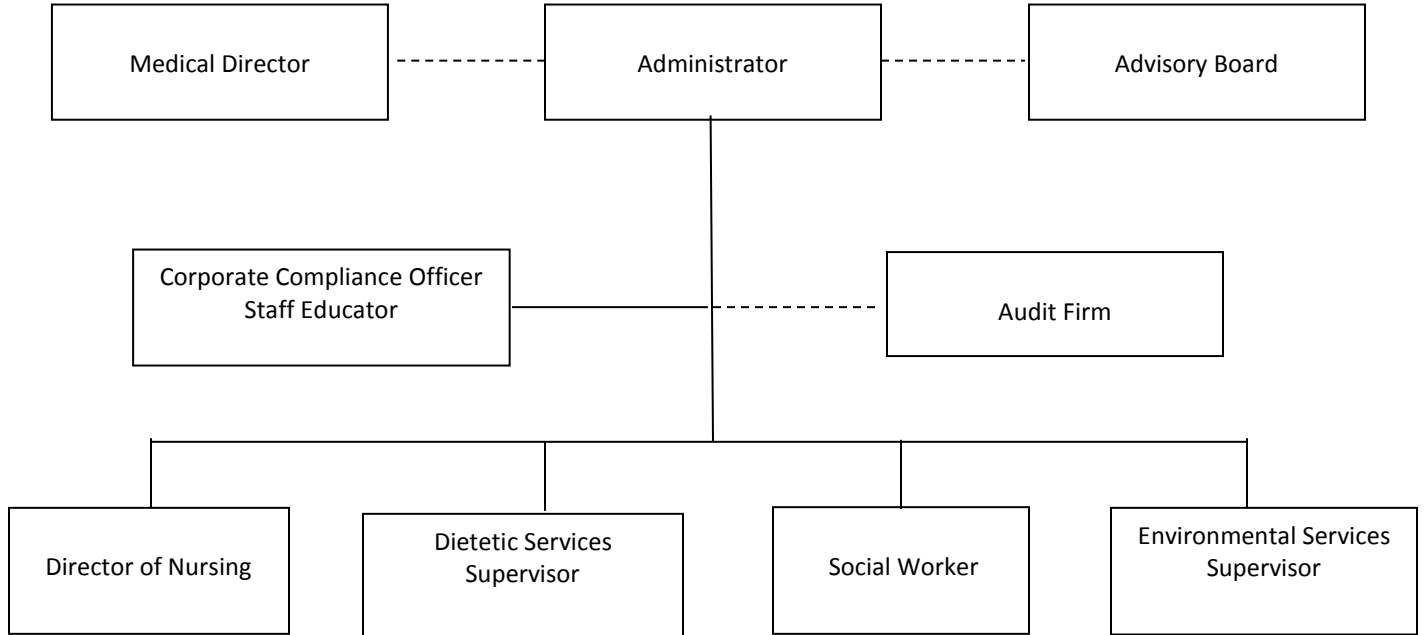
CLINTON COUNTY MENTAL HEALTH DEPARTMENT CORPORATE COMPLIANCE ORGANIZATIONAL STRUCTURE



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Appendix 6.1.3

CLINTON COUNTY NURSING HOME CORPORATE COMPLIANCE ORGANIZATIONAL STRUCTURE



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APPENDIX 6.2

County Compliance Officer Responsibilities

The Compliance Officers' primary responsibilities include:

- reporting on a regular basis to the Clinton County Legislature, Chairman of the Clinton County Legislature, and Compliance Committee on the progress of implementation, and assisting these components in establishing methods to improve County's efficiency and quality of services, and to reduce vulnerability to fraud, abuse and waste;
- working with Departments periodically to revise the Plan in light of changes in the needs of the organization, in the law, policies and procedures of government, and private payer health plans;
- working with Departments to develop, coordinate, and participate in a multi-faceted educational and training program that focuses on the elements of the Compliance Plan, and ensures that all appropriate staff, as well as the Departmental Board Members are knowledgeable of, and comply with, pertinent federal and state standards;
- overseeing that independent contractors and agents who furnish medical services are aware of the requirements of the County's Compliance Plan with respect to coding, billing, and marketing, among other things;
- coordinating personnel issues with the County's Personnel Department as appropriate;
- working with Departments to independently investigate and act on matters related to compliance, including the flexibility to design and coordinate internal investigations responding to reports of problems or suspected violations, and any resulting corrective action with all departments/units, providers, and sub-providers' agents and, if appropriate, independent contractors;
- ensuring Departments develop policies and programs that encourage managers and staff to report suspected fraud and other improprieties without fear of retaliation; and
- assisting Departments in developing auditing programs and conducting periodic audits to ensure compliance at the request of counsel.

The Compliance Officers for the County and for each Department have the authority to review all documents and other information relevant to compliance activities, including, but not limited to, patient and billing records, and any records concerning marketing efforts its own or through other parties including staff, independent contractors, suppliers, agents, and physicians, etc. The Compliance Officers also review contracts and obligations (seeking the advice of legal counsel, where appropriate) that may contain referral and payment issues that could violate the anti-kickback statute, and any other legal or regulatory requirements. In the event of a conflict of interest with the County Corporate Compliance Officer, the Chair of the Legislature may assign another person for instance another Deputy or member of the County's Corporate Compliance Committee to assist with the situation per advice of the County's legal counsel.

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APPENDIX 6.2.1

County Corporate Compliance Committee Responsibilities

The Compliance Committee will advise and assist the County and Departmental Compliance Officers in the implementation of the Compliance Plan.

The Committee's functions include:

- analyzing the Departments' environments, the legal requirements with which they must comply, and specific risk areas;
- ensuring existing policies and procedures address these risk areas for possible incorporation into the Compliance Plan;
- working with appropriate Departments to develop standards of conduct and policies and procedures to promote compliance with the County's Plan;
- recommending and monitoring, in conjunction with the relevant Departments, the development of internal systems and controls to carry out the County's standards, policies, and procedures as part of its daily operations;
- determining the appropriate strategy/approach to promote compliance with the plan and detection of any potential violations, such as through hotlines and other fraud reporting mechanisms; and
- Monitoring the system put in place to solicit, evaluate, and respond to complaints and problems.
- standing agenda may include as an example:
 - Reports from Health, Mental Health, and Nursing Home
 - Review of types of audits carried out
 - Findings from audits
 - Synopsis of investigation and corrective action
 - Status of corrective action
 - Training updates

It is the County's intent that the Committee will also address other functions as the compliance concept becomes part of the overall operating structure and daily routine of the Departments. The organizational charts for Corporate Compliance for the County and the Departments are included in Appendix 5 Section 5.3.

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6.3 Policies

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6.3.1 Clinton County

CORPORATE COMPLIANCE:

CODE OF CONDUCT

POLICY:

All staff are expected to act in accordance with the highest level of professional and ethical standards in relation to the County's operations, documentation, coding, billing, and day to day activities with an eye toward preventing fraud, waste, and abuse.

PROCEDURES:

1. All staff will avoid any act of fraud (as outlined in the False Claims Act (31 USC Sec 3729-3733) which is considered an intentional act of falsification in documentation or billing in the provision of care.
 - Examples of fraud: services claimed but not provided, claims for greater time and greater service than was provided, services provided that were not medically necessary, etc
2. Claims for reimbursement will be submitted for services that are medically necessary and that are supported by the appropriate documentation as required by Medicaid, Medicare, and other 3rd party payers.
3. The Departments prohibits staff either directly or indirectly from participating in or causing a claim for services that:
 - were not provided as claimed, i.e.
 - service not provided on billing date
 - inflated service time (example-brief billed as full)
 - type of service inflated (example-group billed as individual)
 - were not provided by a properly credentialed professional
 - were not medically necessary
 - billing the same service twice
 - containing incorrect billing codes
 - were otherwise false or fraudulent
4. All staff will report any knowledge or suspicion of acts of fraud, waste, or abuse following the protocol for reporting.
5. All expense reports, reimbursement reports, financial statements, and cost reports are to be completed and represented accurately.
6. Clients/patients/residents are advised of any service recommendation that is not reimbursable prior to the delivery of services.
7. Clients/patients/residents will not be billed for any services outside of their co-pay that are known to be reimbursable through third party payers and/or have been billed.
8. All records are properly documented based on regulatory requirements that verify the services that were provided under a physicians order.
9. The records, once documented and having received final review/approval, will not be altered.
10. Staff will not sign off for the work of another staff member.

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11. All staff are to be certified and properly licensed in accordance with federal and New York State laws and regulations.
12. All staff will adhere to the HIPAA confidentiality regulations or the CFR 42, whichever is the higher rigor.
13. All staff will adhere to the Clinton County Ethical standards regarding conflict of interest.
14. No staff will accept bribes, gifts or gratuities intended to influence decisions or reward special attention or services.
15. No force or coercion will be used by employers on clients/patients/residents for purposes of soliciting contributions.
16. Staff will not engage in any type of kickback payments or benefits in return for generating visits.
17. All staff will adhere to non-discrimination because of age, race, gender, color, marital status, disability, sexual preference, or national origin while conducting business in the departments.

Approved
County Corporate Compliance Officer: _____
Date: _____

Effective: 2/1/10

Clinton County Corporate Compliance Plan

6.3.2 Clinton County

CORPORATE COMPLIANCE:

COMPLIANCE TRAINING

POLICY:

All staff are knowledgeable of the County's corporate compliance plan and policies/procedures including departmental training components and overall personal responsibility and expectations for the plan to be carried out.

PROCEDURES:

1. All staff are provided an orientation to the corporate compliance plan and all related policies and procedures.
2. Refresher training will be provided on an annual basis with a focus on:
 - the importance of compliance,
 - how to report non-compliance and
 - the assurance of non-retaliation for reporting non-compliance.
3. All training regarding compliance is mandatory.
4. Annually a risk assessment is done by the Departmental compliance committee(s) and a review of risk areas is incorporated into the annual staff training.
5. Trainings will be scheduled in such a way to allow all staff to attend.
6. The training will incorporate relevant external resources such as webinars or power points or may be developed in-house.
7. Attendance logs will be filed and kept permanently; individual staff training attestation sheets are sent to the Personnel Department for inclusion in the individual's personnel file as proof of training. Individual Departments may also keep a record.

Approved
County Corporate Compliance Officer: _____
Date: _____

Effective: 2/1/10

6.3.3 Clinton County

CORPORATE COMPLIANCE:

BILLING PRACTICES

POLICY:

All staff are to maintain the ethical and professional standards as outlined by the laws and regulations of New York State relating to documentation, coding, billing, and the associated day to day operations.

PROCEDURES:

1. The County prohibits staff either directly or indirectly from participating in or causing a claim for services that:
 - were not provided as claimed, i.e.
 - service not provided on billing date
 - inflated service time (example-brief billed as full)
 - type of service inflated (example-group billed as individual)
 - were not provided by a properly credentialed professional
 - were not medically necessary
 - billed for the same service twice
 - contained incorrect billing codes
 - were otherwise false or fraudulent
2. All staff are oriented to the proper and legal type of services and the documentation and billing procedures for each service visit whether it occurs in the home, clinic, or institution.
3. Billing functions are monitored and supervised to prevent inaccurate claims.
4. Problems identified with billing, either through supervisory monitoring or reports by staff are thoroughly reviewed. A corrective action plan is implemented with ongoing monitoring to ensure that a solution has been secured.
5. If it is determined that a false claim has been filed, a correction will be filed and the revenue account reconciled.
6. Restitution for overpayments is made. Significant errors/problems shall be self-disclosed per NYSOMIG in a good faith effort for resolution and repayment and such instances shall be reported to the County Corporate Compliance Committee.
7. Means of reimbursement for services is identified and verified at the time of intake prior to rendering any services (except in an emergency).
8. A sliding fee scale (based on federal poverty guidelines) and/or payment options are arranged if a client is experiencing financial hardship.
9. Clients/patients/residents are advised of any service recommendation that is not reimbursable prior to the delivery of services.
10. Clients/patients/residents will not be billed for any services outside of their co-pay that are known to be reimbursable through third party payers and/or have been billed.

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11. All insurance resources are billed prior to Medicaid.
12. All records are properly documented based on regulatory requirements that verify the services that were provided.
13. All claims for payment of services are submitted accurately, truthfully, and completely.

Approved

County Corporate Compliance Officer: _____

Date: _____

Effective: 2/1/10

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6.3.4 Clinton County

CORPORATE COMPLIANCE: BILLING COMPLIANCE MONITORING

POLICY:

Establish accurate and effective internal controls for monitoring billing of services.

PROCEDURES:

1. An independent external audit is conducted once annually by an outside accounting firm and the report is forwarded to the Compliance Committee.
2. Ongoing internal monitoring of the billing process is conducted by the Department/Unit's designated person who oversees the billing process and reports the monitoring activities to the Corporate Compliance Committee.
Monitoring includes:
 - accurate coding for services rendered
 - avoidance of duplicate billing
 - assuring that appropriate documentation is in place prior to billing
 - submitting accurate service dates
 - filing claims in a timely manner
 - avoiding billing for uncovered services or services provided by non-qualified staff
 - and all other related billing activities.
3. A summary of errors that are found or system problems that are identified are reported to the Corporate Compliance Committee and are investigated.
4. Corrective action, as warranted, is initiated and follow up to assure that correction has taken place is undertaken.
5. Inaccurate payments are promptly returned to the payer.

Approved

County Corporate Compliance Officer: _____

Date: _____

Effective: 2/1/10

Clinton County Corporate Compliance Plan

6.3.5 Clinton County

CORPORATE COMPLIANCE:

MEDICAL NECESSITY

POLICY:

County services delivered through the Health Department, Mental Health and Addiction Services, and the County Nursing Home are provided based on medical necessity which incorporates a clear demonstration of a legitimate service need and which facilitates self-care, self-determination, personal safety, and integration into family and community.

Services provided take into account the Five Elements of Medical Necessity:

Indicated There is a diagnosis to treat.

Appropriate There is a match between the service/intervention provided and the client's need.

Efficacious The service/intervention has been proven to work based on evidence based practice.

Effective The service/intervention is working.

Efficient The intensity, frequency and duration of the service/intervention is time and resource sensitive.

PROCEDURES:

1. Treatment is focused on diminishing or stabilizing the symptoms.
2. The outcome to treatment is to arrest or delay the progression of the condition and/or disorder(s) and to provide rehabilitation or recovery toward an adequate level of functioning.
3. All services are prescribed by the physician via the treatment plan and delivered by qualified providers.
4. The services are focused on the diagnosed condition or the effects of the condition on the client.
5. The services rendered are appropriate and effective to the needs, strengths, abilities, preferences, and environment of the client.
6. The services provided are with the least restriction and are the least costly of available services while meeting the needs of the client.
7. The services are not duplicative of other services.
8. Services are sufficient in amount, scope, and duration to reasonably treat the condition.
9. Services are consistent with acceptable professional standards of care.

Approved

County Corporate Compliance Officer: _____

Date: _____

Effective: 2/1/10

Clinton County Corporate Compliance Plan

6.3.6 Clinton County

CORPORATE COMPLIANCE: REPORTING FRAUD, WASTE, ABUSE

POLICY:

All staff that are aware of any inaccurate practices are expected to report these concerns to the proper authority and will be afforded protection from retaliation. Significant errors and problems resulting in overpayments discovered through self-auditing and confirmed by the overseeing Corporate Compliance committee(s) will be reported to the New York State OMIG in a good faith effort for resolution and repayment.

PROCEDURES:

1. If staff perceives an inaccurate practice is being carried out or if they are being asked to participate in a potential non-compliant activity they are to report this to their immediate supervisor, the department head, or the compliance officer.
2. Staff may report their concern in person, by e-mail, or by postal mail. The employee may choose to report the concern anonymously by the designated method within each Department such as a locked drop box, hotline, etc.
3. The department will protect as much as possible the anonymity of the reporting staff.
4. Staff are protected throughout against any retribution.
5. Any threat of reprisal against staff who acts in good faith under the compliance plan is prohibited in accordance with the Clinton County Whistleblower Protection Policy.
6. If wrongdoing is found the director in tandem with the county personnel department will take appropriate disciplinary action within the bounds of Civil Service and the union contract.
7. In the event of malfeasance by any Department Head, the Departmental Corporate Compliance Officer will report the situation in writing to the Departmental Oversight Committee and the Clinton County Corporate Compliance Officer.
8. All "whistleblowers" are protected under the 740 and 741 provision of the NYS Labor Law and Clinton County Whistleblower Protection Policy. This can be found in the Employee Policy Handbook for Clinton County.
9. Information on how the public can report Medicaid fraud and/or abuse shall be available on the County's website at www.clintoncountygov.com.

Approved

County Corporate Compliance Officer: _____

Date: _____

Effective: 2/1/10

Clinton County Corporate Compliance Plan

6.3.7 Clinton County

CORPORATE COMPLIANCE: INVESTIGATION AND ENFORCEMENT

POLICY:

Clinton County ensures that a concern or problem related to non-compliance is thoroughly investigated and in the event of malfeasance disciplinary action up to and including termination is taken within the boundaries of the county rules, civil service, and the union contract.

PROCEDURES:

1. The Department Corporate Compliance Officer and/or Compliance Committee launches an investigation of any problem or concern that is brought forward by staff, is the result of an internal or external audit, or through day to day monitoring.
2. The investigation may include:
 - a full chart review
 - interviewing staff or clients/patients/residents
 - review of inappropriate payments that determines amount involved, impact of patterns/trends, period of non-compliance, and the circumstances leading to the problem.
 - See form 6.4.1
3. These are reviewed by the Department Compliance Committee to determine whether the issue relates to a particular staff or is a systems issue.
4. Based on the findings and analysis a corrective action plan is developed and initiated with ongoing follow up to ensure that correction has taken place.
5. In the event of a systems issue corrections are made and relevant staff notified or if needed training is initiated.
6. In the event of malfeasance which includes failure to report non-compliance as well as directly committing non-compliance activities disciplinary action depending on the type of non-compliance activity is undertaken.
7. All disciplinary activities are documented and are undertaken in tandem with the county personnel department and/or the county attorney.
8. The Department Heads submits these to the County Corporate Compliance Committee to determine whether appropriate action was taken and/or if further steps need to be taken.

Approved
County Corporate Compliance Officer: _____
Date: _____ Effective: 2/1/10

Clinton County Corporate Compliance Plan

6.3.8 Clinton County

CORPORATE COMPLIANCE: CREDENTIALING AND EXCLUDED PROVIDERS

POLICY:

Clinton County maintains a current database (within one month) list of providers and excludes from its service provision those providers the Office of Medicaid Inspector General (OMIG) lists as "excluded" from Medicaid reimbursement during the period of exclusion.

PROCEDURES:

1. Clinton County include in its contractual agreements language demonstrating the County's agreement to comply with the Excluded Provider requirement.
2. Checks may be run on the entire database, or on a single person (for instance, as a pre-employment check) at any time of the month.
3. No specific date is set aside for K-Checks to be run; for start-up, for instance, half can be done on the first of the month and the other half on the 15th.
4. The Clinton County CCHD assigns an Information Technology person who oversees administration of program and work with Departmental staff to ensure compliance.

Approved

County Corporate Compliance Officer: _____

Date: _____

Effective: 2/1/10

Clinton County Corporate Compliance Plan

6.3.9 Clinton County

CORPORATE COMPLIANCE:

SELF DISCLOSURE

POLICY:

Clinton County ensures a Departmental system exists that significant errors and problems resulting in overpayments discovered through self-auditing are reported to the New York State Office of Medicaid Inspector General in a good faith effort for resolution and repayment.

PROCEDURES:

1. If inappropriate payments are discovered, an assessment is conducted to determine the amount involved, impact of patterns/trends, period of non-compliance, and the circumstances leading to the problem.
2. Minor amounts will be adjusted through voiding or adjusting the amount of the claim(s).
3. The identification of systematic errors or substantial routine errors as well as violations of fraud and abuse laws will result in full investigation documented in writing as follows:
 - How the error was found
 - The time period
 - The potential financial impact
 - A detailed list of claims and amount of each overpayment
 - Any rule/law violation
 - Identification of any individuals involved in any suspected improper or illegal conduct
 - Any corrective action taken to address the problem
 - The date of the corrective action
 - The monitoring process to prevent reoccurrence
4. After review and if warranted the report along with a formal letter will be submitted by the senior official to the NYS OMIG office at:
The Office of the Medicaid Inspector General
Attention: Provider Self-Disclosure
800 North Pearl Street
Albany, New York 12204
5. The County will cooperate fully with OMIG in the pursuant investigation providing any required information related to the self-disclosure.
6. The County will cooperate fully with OMIG regarding a repayment amount either in the full amount or through a repayment agreement if one is established.
7. These events should be presented by the Department to the County Corporate Compliance Committee.

County Corporate Compliance Officer: _____
Date: _____ Effective: 2/1/10

6.4 Forms

6.4.1 Corporate Compliance Report Form

(May be modified to meet needs of Department but must include this standard information)

6.4.2 Staff Training Attestation Form

Clinton County Corporate Compliance Plan

Form 6.4.1

Clinton County Corporate Compliance Report Form For Use by Investigating Staff

IMPORTANT: This report is confidential. Photocopying this report or disclosing information it contains without authorization is strictly prohibited. If you find this report or receive it in error, please call 565-4600 immediately and ask for the Clinton County Corporate Compliance Officer.

ID#: _____ DATE: _____ TIME: _____

Name (Optional): _____

Did person ask that identity be kept in confidence? Yes _____ No _____

Informational questions:

Detailed description of suspect conduct (including dates, duration, and location of incident)

Names involved: _____

Department/Unit: _____

Others with knowledge of the problem: _____

Have you discussed this issue with your supervisor? Yes _____ No _____

If yes, when? _____

Specifics: _____

Was anything ever put in writing or was all communication verbal? _____

How did the person find out about the problem? _____

Can the person provide any documentation? Yes _____ No _____

Was problem resolved? Yes _____ No _____ If yes, explain: _____

FOR COMPLIANCE USE ONLY:

To whom report was referred? _____

Date and time assigned to caller for follow up: Date: _____ Time: _____

Clinton County Corporate Compliance Plan

Form 6.4.2

CORPORATE COMPLIANCE: STAFF TRAINING ATTESTATION FORM

Clinton County has adopted a Corporate Compliance Plan that adopts an antifraud philosophy, values and standards of conduct to ensure adherence with all legal requirements and honest and ethical conduct of all individuals. All individuals are expected to uphold the philosophy, values, and standards of conduct in their daily work. Each individual associated with the Clinton County Health Department, Mental Health Department or Nursing Home are to read, review, and sign this document initially and annually, and is given a copy to keep as a reminder of ethical and honest conduct.

Philosophy

The County fully supports and advocates an antifraud philosophy and values for every function and at every level of the organization. The organization, supported by the Clinton County Legislature, has zero-tolerance for fraud, abuse, or waste whether quality, effective, and caring services. We expect legal and ethical conduct from all staff and associates. The County along with its Departments are committed to be in compliance with all state, federal, and local laws; federal, state, and private payer program requirements; and Departmental policies. The County along with the Departments monitors activities to assure compliance, identify potential problem areas, and resolve issues immediately as they arise. Prevention and early detection maintains an organization with high integrity and high quality services.

Values

Clinton County:

- is committed to establishing an organizational culture of honesty and responsible conduct throughout all operations of the County
- is committed to providing high quality and effective services
- condones only honest and responsible conduct
- maintains a zero-tolerance for fraud, abuse, or waste
- Is committed to prevent allegations of wrongdoing
- holds all individuals to strict standards of conduct
- works to comply with statutory and regulatory requirements
- encourages open communication within the organization and encourage individuals to report potential problems without fear of retaliation
- is committed to immediate, appropriate and decisive corrective action if a problem is identified.

Clinton County Corporate Compliance Plan

P 2 Staff Training Attestation Form

Standards of Conduct

These Standards of Conduct are established so that all individuals associated with Clinton County have a clear understanding of the County's expectations of each individual regarding the prevention of fraud, abuse, and waste and the promotion of honest and responsible conduct. The Standards of Conduct apply to governing body members, officers, administrators, managers, employees, clinicians, and contractors and other agents.

- All individuals are knowledgeable about fraud and abuse issues in health care and understand their obligation to maintain ongoing compliance with legal requirements.
- All individuals fully understand their job responsibilities and conduct their responsibilities according to federal, state, and local laws and program requirements and according to agency policy. If staff are unclear about their responsibilities, they seek advice and guidance.
- All individuals have an affirmative obligation to report potential fraud and abuse problems immediately.
- All individuals understand that any alleged misconduct by managers, employees, independent contractors, consultants, or other health care professionals will be promptly and thoroughly investigated.
- Since the systems within the Departments and County are interrelated and interdependent, all staff work cooperatively to maintain legal and ethical conduct.
- All individuals articulate and demonstrate the County's commitment to ethical conduct in their daily job responsibilities.
- All individuals understand that failure to comply with the County's standards and policies and applicable statutes and regulations results in disciplinary actions up to and including termination.
- All individuals work cooperatively with the compliance officer and committee for the purpose of maintaining an organization with high integrity.
- All staff are to uphold the patients/clients/residents bill of rights when working with them. I have received, read, and understand the Antifraud Philosophy, Values, and Standards of Conduct.

I have received training, have had the opportunity to ask questions and have them answered, and am aware of my responsibilities within the Corporate Compliance Plan.

Print Name: _____

Signature and Title _____ Date _____

- Check only one:
- Orientation copy
 - Annual review copy
 - Revised issuance copy

Clinton County Corporate Compliance Plan

6.5 Glossary

| | |
|------------------------------|--|
| Abuse | <p>Describes practices that either directly or indirectly result in unnecessary cost to Medicare program. Many times abuse appears quite similar to fraud, except that it is not possible to establish that abusive acts were committed knowingly, willfully, and intentionally. Examples of abuse include, but are not limited to the following:</p> <ul style="list-style-type: none">▪ charging in excess of services;• providing medically unnecessary services that do not meet professionally recognized standards;• submitting bills to Medicaid that are the responsibility of other insurers. |
| Compliance Officer | <p>Individual designated within an organization to oversee day-to-day operations of the compliance plan, may have assigned deputies to assist with these operations in larger organizations and specialized services.</p> |
| Compliance Committee | <p>Committee established to oversee the organization’s corporate compliance plan, assists the Corporate Compliance Officer in implementing and enforcing the compliance plan.</p> |
| Compliance System | <p>An organization wide tool that links legislative and business rules to organization policies and processes.</p> |
| Fraud | <p>Making false statements or representations of material facts to obtain some benefit or payment for which no entitlement would otherwise exist. These acts may be committed either for the person’s own benefit or for the benefit of some other party. To prove fraud has been committed against the government, it is necessary to prove that fraudulent acts were performed knowingly, willfully, and intentionally. Examples of fraud include, but are not limited to the following:</p> <ul style="list-style-type: none">• billing for services not furnished or supplies not provided;• altering claims forms and/or receipts to receive a higher payment;• duplicative billings;• offering, paying, soliciting, or receiving bribes, kickbacks, or rebates-directly or indirectly- in cash or in kind to induce referrals of clients/patients/residents;• falsely representing the nature of the services furnished. |
| OMIG | <p>Office of the Medicaid Inspector General, Office that oversees New York State Medicaid efforts to reduce waste, fraud, and abuse of Medicaid resources.</p> |
| Regulatory compliance | <p>The goal that corporations or public agencies aspire to in their efforts to ensure that personnel are aware of and take steps to comply with relevant laws and regulations.</p> |
| Staff | <p>Includes employees and staff contracted with for professional services</p> |

6.6 Other Documents/References

- 6.6.1 Clinton County Request for Extension of Mandate and Reply (Permission Granted)
- 6.6.2 Clinton County Record Retention Policy and Procedures – see County Legislative Office for Copy
- 6.6.3 Department Program Plans are available upon request from Health Department, Mental Health Department, and Nursing Home.
- 6.6.4 See Clinton County intranet site (<http://intranet/>) for:
 - Information Security Policy
 - Clinton County Information Technology Policies and Procedures
 - Employee Policy Handbook for Clinton County
 - Anti-nepotism Policy

Clinton County Corporate Compliance Plan

6.7.1

CLINTON COUNTY LEGISLATIVE OFFICE

Clinton County Government Center
137 Margaret Street, Suite 208
Plattsburgh, New York 12901

MICHAEL E. ZURLO
County Administrator

RODNEY L. BROWN
Deputy County Administrator



TELEPHONE
518-565-4600

FAX
518-565-4616

January 4, 2010

Mr. Robert Hussar
First Deputy Medical Inspector General
State of New York Office of the
Medicaid Inspector General
800 North Pearl Street
Albany, NY 12204

Via Email – Hard Copy to Follow

Dear Mr. Hussar:

It is my understanding that you were contacted by the New York State Association of Counties on Clinton County's behalf seeking our Medicaid Compliance Certification.

Please accept this correspondence as Clinton County, New York's formal request for an immediate extension in order to fully comply with Part 521 of Title 18 of the Codes, Rules and Regulations of the State of New York.

Please be advised that Clinton County is aware of their requests under Part 521 of Title 18 and is prepared to comply with all requested therein. The County has been actively working towards full compliance, but will require additional time to do so.

Therefore, the County would respectfully request an extension to January 31, 2010 to implement an effective compliance program.

Please convey your decision on this request to my attention at your earliest convenience so that the County has a full understanding of its position.

Thank you in advance for your consideration of this request. Should you need to discuss this further, please contact me at your convenience.

Sincerely,


Michael E. Zurlo
County Administrator

MEZ/jb

Clinton County Corporate Compliance Plan

Page 1 of 1

Zurlo, Mike

From: Robert A Hussar
Sent: Monday, January 04, 2010 10:11 AM
To: Zurlo, Mike
Cc:
Subject: Re:
Attachments: SCAN6455_000.pdf
Mr. Zurlo,

Your extension is approved through 1/31/10.

Regards,

Bob

Robert A. Hussar
First Deputy Medicaid Inspector General
State of New York
Office of the Medicaid Inspector General
Phone (518) 473-3782
Fax (518) 474-6773

01/04/2010 09:56 AM

Mr. Hussar-

Attached please find our request for our 1 month extension to achieve Medicaid Compliance certification. I do appreciate your assistance in this matter.

Thank you very much.

Mike

*Michael E. Zurlo
Clinton County Administrator
137 Margaret Street, Suite 208
Plattsburgh, New York 12901
(518) 565-4600 phone
(518) 565-4616 fax*

(See attached file: SCAN6455_000.pdf)

IMPORTANT NOTICE: This e-mail and any attachments may contain confidential or

1/4/2010

6.7.2

