



**Community Health Center**  
of the North Country



**Cerebral Palsy Association**  
of the North Country

## Compliance Plan and Required Elements

United Cerebral Palsy Association of the North Country (UCPANC) will comply with the required elements as set forth by the NYS Office of Medicaid Inspector General (OMIG) in Part 521 of Title 18 NYCRR (Social Services); and the Federal Office of Inspector General (OIG) as indicated in Section 6401 of the Patient Protection and Affordable Care Act of 2010, which requires healthcare providers and suppliers to establish compliance programs.

The foundation of Compliance Plan is the New York State and Federal False Claims Acts. Therefore, UCPNC works in accordance with these and all other applicable laws and regulations to assure we are fiscally responsible for funds given us. UCPANC is committed to our self-monitoring audit system across all programs to detect, prevent and eliminate possible fraud and abuse of funds. This Plan fulfills the requirements of the Federal Deficit Reduction Act of 2005.

The Compliance Plan and corresponding policies meet the criteria established by the NYS Office of Medicaid Inspector General (OMIG) and the Federal Office of Inspector General (OIG).

### Required Elements

#### **1. Designation of the Compliance Officer:**

- The Compliance Officer has overall responsibility to oversee compliance with established standards. The Compliance Officer will function within the organizational structure reporting to the Chief Executive Officer and provides reports both oral and written, to the Board of Directors, no less than annually.
  - The Compliance Officer shall have the opportunity to meet with the Board of Directors solely when felt necessary.
- The Compliance Officer will chair the Compliance Committee comprised of personnel from Administrative, Financial, Health Center, and Program Service Departments, representative of employees at different levels within the organization.
- The Compliance Officer will work closely with the department leaders to foster and enhance compliance with all applicable program service regulations, operational policies and procedures and billing requirements.
- The authority of the Compliance Officer shall extend to all billing functions, clinical service and program service practices, whether on a fee-for-service basis or otherwise.
- The Compliance Officer will, with the assistance of counsel when appropriate, perform responsibilities described in the Compliance Officer job description.

## **2. Training and Education:**

UCPANC has a formal "Compliance Training" Policy. The Compliance Officer shall be responsible for developing and implementing a systematic and ongoing training program to educate affected employees regarding policies, procedures, agency standards and regulatory compliance. This policy will be reviewed for effectiveness on a yearly basis.

## **3. Communication Lines:**

UCPANC has a formal "Reporting Concerns Non-Retaliation/Non-Intimidation" policy. UCPANC has established a mandatory, anonymous reporting system. Reports of any legal, ethical or quality issues in the workplace are directed to the Compliance Officer at:

**315-379-8335**

**4 Commerce Lane, Canton NY 13617**

**[corporatecompliance@cpnorthcountry.org](mailto:corporatecompliance@cpnorthcountry.org)**

Compliance reporting information is posted in each agency site.

Any employee who suspects that another employee (including a supervisory or managerial employee) has violated the Code of Conduct, Compliance Guidelines, policies, procedures, or any applicable State or Federal Law, should immediately report his/her suspicion to the Compliance Officer, Chief Executive Officer, or the employee's direct supervisor. Failure to report will result in disciplinary action.

Any employee who reports a suspected violation or who participates in an investigation of an alleged violation shall not suffer any retaliation, intimidation or reprisal for such report or participation (whistle-blower protection).

## **4. Identifying Risk Areas:**

UCPANC has an "Internal Auditing and Monitoring" Policy. Compliance Officer is responsible for conducting risk assessment, establishing a review schedule, establishing the documentation/data collection process and maintaining the results of reviews. The QA/Compliance department will assess service documentation standards, billing policies and regulatory requirements. If instances of non-compliance are identified the matter will be reported to the Compliance Committee and the Chief Executive Officer, and the "Compliance Investigations" Policy will be followed.

## **5. Disciplinary Policy:**

UCPANC has a formal "Enforcement of Compliance Standards" Policy. An employee who violates the Code of Conduct, or any law, regulation or policy, or encourages, supports or allows another in doing so, is subject to discipline, up to and including termination.

Disciplinary actions will also be taken for anyone who participates in non-compliant behavior or activities, encourages, directs or facilitates non-compliant behavior, participates in the cover up of such activities or fails to report such activities after witnessing or becoming aware of them.

## **6. Responding to Compliance Issues:**

UCPANC has a formal "Compliance Investigations" Policy. It is important to the integrity of our operation that all claims of suspected violations be thoroughly reviewed and investigated in as confidential manner as possible, and appropriate disciplinary action taken as warranted.

Whenever non-compliance is identified, preventive and corrective action will be implemented. All investigations will be documented and maintained in a confidential environment. The Compliance Officer will present investigation reports to the Chief Executive Officer, Compliance Committee, and Board of Directors.

## **7. Written Policies and Procedures**

UCPANC shall implement written policies, procedure, and standards of conduct related to compliance practices. UCPANC has also developed a code of conduct that all employees, volunteers, interns, students, Board members, and vendors are required to follow. These policies include, but are not limited to the following:

- Code of Conduct
- Compliance Committee
- Compliance Guidelines
- Conflict of Interest
- Enforcement of Compliance Standards
- Exclusion Screening
- False Claims and Whistle Blower Provisions
- Gifts and Entertainment (anti-kickback)
- Internal Auditing and Monitoring (Risk Assessment)
- Investigations
- Reimbursement, Billing Practices, and Self-Disclosures
- Reporting Concerns Non-Retaliation/Non-Intimidation
- Responding to Government Inquiries

### **Deficit Reduction Act of 2005**

The Deficit Reduction Act (DRA) includes provisions to improve the "payment integrity" of the Medicaid program. Section 6032 required health care organizations to inform employees about the Federal False Claims Act, similar state laws, and about the whistleblower protections afford to employees within these laws.

#### Federal False Claims Act

The False Claims Act, 31 U.S.C. 3729 et seq., is a federal law that imposes liability on any person or entity who submits a claim to the federal government that they know (or should have known) is false. This act is designed to prevent and detect fraud, waste and abuse in federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who knowingly submits false claims to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of \$11,000 to \$23,000 for each false claim submitted.

The definition of “knowingly” in the Federal False Claims Act includes a person who:

- Has actual knowledge of falsity of information in the claim
- Acts in deliberate ignorance of the truth or falsity of the information in the claim
- Acts in reckless disregard of the truth or falsity of the information in the claim

#### Whistleblower or “Qui Tam” Provisions

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a “Qui Tam” or whistleblower provision. The False Claims Act prohibits discrimination by the agency against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to all relief necessary to make the employee whole.

#### **Exclusion Screening**

United Cerebral Palsy Association of the North Country (UCPANC) will conduct appropriate screening of employees, volunteers, independent contractors (consultants), board members, and contracted business vendors to ensure that they have not been the subject of adverse governmental actions and/or excluded from the state/federal healthcare programs.

#### **Self-Disclosure**

UCPANC will ensure the coding and billing practices are in compliance with all federal and state laws and regulations. UCPANC prohibits and intentional submission of claims that are considered false or fraudulent.

When overpayments are identified, UCPANC is required to report, return, and explain any overpayments they have received to the New York State Office of the Medicaid Inspector General (OMIG) Self-Disclosure Program within sixty (60) days of identification, or by the date any corresponding cost report was due, whichever is later. See Social Services Law (SOS) § 363-d(6).