

Table of Contents

<u>SECTION</u>	<u>PAGE(S)</u>
Compliance Plan and Required Elements	3-6
Code of Conduct	7-16
Compliance Committee	17
Conflict of Interest	18-22
Enforcement of Compliance Standards	23
Exclusion Screening	24
False Claims Act and Whistle Blower Provisions	25-26
Gifts and Entertainment (Anti-Kickback)	27
Internal Auditing and Monitoring (Risk Assessment)	28
Investigations	29-30
Orientation and Training	31
Reimbursement, Billing Practices, and Self-Disclosures	32
Reporting Concerns Non-Retaliation/Non-Intimidation	33-34
Responding to Inquires by Officials	35-36



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

Compliance Plan and information related reporting information is posted in each agency location and website.

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 and Billing Practices
- 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. This screening shall occur on a monthly basis.

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).

Code of Conduct

POLICY: United Cerebral Palsy Association of the North Country (UCPANC), henceforth known as the Agency, is committed to conducting its business ethically and in conformance with all federal and state laws, regulations, and agency policies. A written Code of Conduct will provide guidance on employee and organizational responsibilities related to compliance. The Code of Conduct addresses specific issues related to reimbursement, financial relationships, quality of care, and other critical areas.

The Code of Conduct is a formal statement of UCPANC's commitment to the standards and rules of ethical conduct. UCPANC's Code of Conduct applies to all employees and independent contractors (consultants or agents). The Agency is committed to preventing the occurrence of unethical or unlawful behavior, stopping such behavior as soon as possible after discovery, and to discipline those who violate the Code, including those who neglect to report a violation. All affected individuals must comply with this Code, immediately report any alleged violations of wrongdoing, and cooperate with the investigation of allegations of wrongdoing. While these standards addressed in the Code of Conduct are intended to guide you in the course of your day-to-day responsibilities, they do not replace any Agency or program policies and procedures. There may be instances that are not addressed by the Code of Conduct or existing policies and procedures. You must seek direction and accept guidance from your supervisor, other Agency management staff or the Compliance Officer in these instances.

<p>ACCOUNTABILITY: The Compliance Officer is responsible for the development and periodic update of the Code of Conduct. The Compliance Committee and the Board of Directors will be responsible for oversight and final approval of the Code of Conduct.</p>	<p>PROCEDURE:</p> <ul style="list-style-type: none"> • The Code of Conduct will include instructions to report fraud, abuse, suspected violations of the Code of Conduct, or other suspected wrongdoing directly to the Compliance Officer or other supervisory personnel. • The Code of Conduct will be written at a basic reading level and address critical areas such as ethics, conflict of interest, employment environment, documentation and maintenance of records, confidentiality, fair dealing, compliance with state and federal laws and regulations, and reporting procedures. • The Code of Conduct will be provided to the Board of Directors, employees, and independent contractors. • All recipients of the document will sign and date a receipt that acknowledges: {a) receiving a copy, {b) reading and understanding the contents, and {c) agreeing to abide by the provisions of the document. • The Compliance Officer will ensure that all employees and contractors receive training according to the Compliance Training policy. • The Compliance Officer will include in the report to the Compliance Committee and Board of Directors any recommendations for updating or improving the contents of the Code of Conduct. • The Compliance Officer is responsible for investigations of possible violations of the Code of Conduct according to the Investigations policy.
<p>Ethics</p>	<p><u>Guidelines for Employees and Contractors (Ethics)</u></p> <ul style="list-style-type: none"> • You are expected to keep management staff informed of what you are doing; to document or record all services or transactions accurately; and to be honest

<p>The Agency strives to deliver quality services, and conduct all service provision in an ethical and legal manner. It is the policy of the agency to observe all laws and regulations applicable to its business and to conduct business with the highest degree of integrity and quality. To accomplish this, all employees and contractors must obey the laws and regulations that govern their work and always act in the best interest of the people we serve, their families and the Agency.</p>	<p>and forthcoming with the agency, regulatory agencies, and internal and external auditors.</p> <ul style="list-style-type: none"> • You are expected to comply with the Agency’s policies and procedures, accounting rules and internal controls. • You are expected to function with honesty in your work for the Agency and with people we serve, providers, suppliers and all others with whom the Agency does business. • You, as an employee or contractor, should not subordinate your professional standards, judgment or objectivity to any individual. If significant differences of opinion in professional judgment occur, they should be referred to management for resolution. • You are expected to treat the people we serve according to the highest professional standards, utilizing the best available methods and techniques. • Regardless of provocation or circumstances the people we serve shall not, at any time or for any reason, be treated roughly or abused in any manner, verbally, physically or psychologically. • Clinicians alone have the legal right to diagnose, prescribe and supervise the treatment of the people we serve.
<p><u>Conflict of Interest (COI)</u></p> <p>Employees and contractors must not allow any outside financial interest, or competing personal interest to influence their decisions or actions taken on behalf of the Agency.</p>	<p><u>Guidelines for Employees and Contractors (COI)</u></p> <ul style="list-style-type: none"> • It is a conflict of interest for you to personally take for yourself opportunities that are discovered through the use of the Agency’s property, information or position with the Agency; to use the Agency property or information for personal gain; or to compete with the Agency. • Placing business with any firm in which there is a family relationship (via blood, adoption or marriage) may constitute a conflict of interest. Advanced disclosure and approval are required in such a situation. • There are many types of situations where potential conflicts may arise. You must promptly report any actual or potential conflicts of interest to your immediate supervisor or directly to the Compliance Officer.

<p>Employees and contractors must avoid any situation where a conflict of interest exists or might appear between their personal interests and those of the Agency. The appearance of a conflict of interest may be as serious as an actual conflict of interest.</p>	
<p><u>Outside Activities and Employment</u></p>	<ul style="list-style-type: none"> • You may not conduct outside activities during work time without prior written approval from the appropriate supervisor which will be maintained in the Human Resource employee folder. • You are a representative of the Agency in your everyday life and must represent the Agency positively in the community. • Outside employment must not conflict in any way with your responsibilities to the Agency or its service recipients.
<p><u>Use of Agency Funds and Resources</u></p>	<ul style="list-style-type: none"> • The Agency’s assets are to only be used for the benefit of the Agency and the people we serve. Assets include funds, equipment, inventory and office supplies, but also concepts, business plans and strategies, information about people served, financial information, computer property rights, and other business information about the Agency. • You may not use Agency assets for personal gain or give them to any other persons or entities, except in the ordinary course of business as part of an approved transaction.
<p><u>Business Dealings between the Agency and Employees</u></p>	<ul style="list-style-type: none"> • The Agency will not be inappropriately influenced with goods or services from any business in which you or your immediate family members have a substantial interest. • You are not authorized to enter into any joint venture or partnership with any entity that is a potential or actual referral source unless the arrangement has been reviewed and approved by the Agency’s lawyers. • Property and resources of the Agency should only be used for the benefit of the Agency or the people we serve.
<p><u>Employment Environment</u></p>	<p><u>Guidelines for Employees and Contractors (Employment Environment):</u></p>

The Agency is committed to creating a safe and professional workplace where employees and others are treated with respect and without regard to their race, gender, age, religion, national origin, color, marital status, sexual orientation, disability, or other protected characteristics. Business integrity, teamwork, trust and respect are the Agency's most important values. Unlawful discrimination, harassment and retaliation of any sort violate these values. All Agency employees must exhibit and promote respect, integrity, trust and teamwork in the workplace and must comply with this commitment against discrimination, harassment and retaliation in all facets of the Agency's work.

- You are required to support the Agency's commitment to a safe, professional, and drug-free work environment; and you are required to demonstrate appropriate behavior in the workplace.
- You are prohibited from joking about another's race, gender, age, religion, national origin, color, marital status, disability, sexual orientation or other protected characteristics.
- You are prohibited from considering someone's race, color, religion, gender, national origin, age, disability, sexual orientation or other protected characteristic in making decisions about hiring, placement, assignment of duties, training, promotion, termination, compensation, benefits and other work terms.
- Sexual harassment is prohibited. Sexual harassment includes any form of unwelcome sexual advance, request for sexual favors or other verbal or physical conduct of a sexual or sex-based nature.
- You are responsible for understanding the Agency's policy prohibiting discrimination and sexual harassment. You should consult with an appropriate supervisor or administrator if you have questions about your right to a workplace free from unlawful harassment or discrimination or if you have questions about your duty to avoid discrimination.

<p><u>Documentation and Maintenance of Records</u></p> <p>Employees and contractors must record and report all agency, consumer and financial information fully, accurately and honestly. Records include, but are not limited to: records of the people we serve, documentation of services, accounting books or records, financial statements, timesheets or records, expense reports, vouchers, bills, payroll, claims payment records, correspondence and any other method of communication.</p>	<p><u>Guidelines for Employees and Contractors:</u></p> <ul style="list-style-type: none"> • Many of the Agency forms are legal documents used to prove that a service was provided, to bill for a service to a consumer, to record a job task, or to record specific happenings. You must document accurately and honestly, and only for those services that you provided or those events you were involved in. • You are responsible and accountable for the proper expenditure of Agency funds and for the proper use of company property. • All reports or other information required to be provided to any federal, state or local government agency shall be accurate, legible, complete, and filed on time. • You must not omit or conceal any relevant information.
<p><u>Falsification of Records</u></p>	<ul style="list-style-type: none"> • You must not make any false entries in any of the Agency’s records or in any public record for any reason. • You may not alter any permanent entries in the Agency’s records. • You may only approve payments or receipts on behalf of the Agency that are described in documents supporting the transaction. "Slush funds" or similar off-book accounts, where there is no accounting for receipts or expenditures on the Agency books are strictly prohibited. • You may not create or participate in the creation of any records that are intended to mislead or to conceal anything that is improper.

<p><u>Financial/Expense Records</u></p>	<ul style="list-style-type: none"> You must always charge expenses accurately and to the appropriate cost center or account, regardless of the financial status of the program, project or contract or the budget status of a particular account or line item.
<p><u>Billing for Services in Accordance with the False Claims Act:</u></p>	<ul style="list-style-type: none"> Employees or contractors who perform documentation, billing and/or coding of claims must take every reasonable precaution to ensure that their work is accurate, timely, and in compliance with federal and state laws and regulations and the Agency’s policies. No claims for payment or reimbursement of any kind that are false, fraudulent, inaccurate or fictitious may be submitted. The Agency will bill only for services actually rendered and which are fully documented in patients’ medical records/consumer’s chart. If the services must be coded, then only billing codes that accurately describe the services provided will be used. No falsification of medical, time or other records that are used for the basis of submitting claims will be tolerated. The Agency shall act promptly to investigate and correct the problem if errors in claims that have been submitted are discovered. The Agency complies by whistle-blower protection laws. Retaliation against anyone reporting a possible false claim is prohibited.
<p><u>Retention of Records</u></p>	<ul style="list-style-type: none"> The retention, disposal or destruction of records of or pertaining to The Agency must always comply with legal and regulatory requirements and Agency policy. You may not destroy records pertaining to litigation or government investigations or audit without express written approval of the Compliance Officer.
<p><u>Protection of Confidential Information</u></p> <p>During your employment, you may acquire confidential information about the Agency, its staff and people we serve that must be handled in strict confidence and not discussed with outsiders. The protection of</p>	<p><u>Guidelines for Employees and Contractors:</u></p> <ul style="list-style-type: none"> You must treat all Agency records and information as confidential. You may not release confidential information without the proper authorization. Confidential information includes not only information about the people that we serve (including photographs) and their families, but also non-public information about the Agency that may be of use to the Agency’s competitors or harmful to the Agency or its customers if released. You must protect Agency information and avoid discussing or disclosing Agency information, purposefully or inadvertently (through casual conversation), to any unauthorized person inside or outside the Agency. Agency information may not be removed from the Agency’s property without permission from a supervisor or administrator with proper authority over the information. Ask your supervisor if you are not sure whether certain information is confidential.

confidential business, staff and consumer information is very important.

The Agency has developed policies and procedures to assure that the confidentiality of the Agency's information and information about the people we serve is protected and released only with the appropriate authorization or for lawful reasons, in addition to purposes of treatment, payment and operations. All employees and contractors are required to comply with the Agency's Privacy Policy. If you have any questions concerning confidential information or the Privacy Policy, contact your immediate supervisor or the Compliance Officer.

<p><u>Termination of Employment</u></p>	<ul style="list-style-type: none"> • You may not use any confidential information gained from your employment with the Agency for your or another company's benefit. • You may not take copies of any reports, documents or any other property belonging to the Agency. • Upon termination of employment with the Agency, you must return all the Agency's property including, but not limited to, copies of documents, notes, and other records containing confidential information; computer disks, Agency ID, keys and credit cards. • You have a right to, and are encouraged to participate in, an exit interview with the HR department upon separation from the Agency.
<p><u>Information Security</u></p>	<ul style="list-style-type: none"> • You are responsible for properly using information stored and produced by all of the Agency's computer systems. • Computers, Internet access, e-mail, or other office communications systems are intended for business-related purposes only and not for uses that may be disruptive, offensive, harassing or harmful to others. • You are required to comply with the Agency's Security Policies. If you have any questions concerning information security, contact your immediate supervisor or Compliance Officer.
<p><u>Fair Dealing</u> The Agency will not pursue any business opportunity that requires engaging in unethical or illegal activity. Employees and contractors are expected to deal fairly with providers, contractors, people we serve and their families, and competitors.</p>	<p><u>Guidelines for Employees and Contractors:</u></p> <ul style="list-style-type: none"> • Kickbacks and Rebate <ul style="list-style-type: none"> ○ Kickbacks and rebates in cash, credit or other form are prohibited. They are not only unethical, but in many cases, illegal. ○ The Anti-kickback law, 42 U.S.C. § 1320a-7b(b), prohibits the offer of payment, solicitation or receipt of any form of remuneration for the referral of Medicare and Medicaid recipients. ○ Neither the Agency, its employees or contractors shall pay employees, physicians, or other health care professionals, directly or indirectly, in cash or by any other means, for referrals of patients. Every payment to a referral source must also be supported by proper documentation that the services contracted for were in fact provided. ○ You should not accept or provide benefits that could be seen as creating conflict between your personal interests and the Agency's legitimate business interests. This includes accepting expensive meals, gifts, transportation, or entertainment provided or received in connection with the job. • Gifts and Gratuities and Entertainment <ul style="list-style-type: none"> ○ You may not solicit money, gifts, gratitude or any other personal benefits or favors of any kind from providers, contractors, producers, accounts, or people we serve and their families. ○ You must not offer or accept gifts or entertainment that is not a reasonable addition to a business relationship but is primarily intended to gain favor or to influence a business decision. ○ Gifts and benefits to clinicians or referral sources are not appropriate.

	<ul style="list-style-type: none"> • Agreements with Contractors and Vendors <ul style="list-style-type: none"> ○ The Agency must assure that any agreements with contractors and vendors clearly and accurately describe the services to be performed or items to be purchased. Performance standards and the applicable compensation, if any, must be reasonable in amount, not be excessive in terms of industry practice and must equal the value of the services rendered. • Improper Use of Funds or Assets <ul style="list-style-type: none"> ○ Use of the Agency’s funds or assets for any improper purpose is strictly prohibited. If you are aware of or have reason to believe that funds or assets are being improperly used, you must report this immediately to your supervisor or the Compliance Officer. ○ Any improper financial gain to the employee through misconduct involving misuse of the Agency’s or an individual's/ patient's property, or the outright theft of property or embezzlement of money, is prohibited.
<p><u>Federal and State Programs</u></p> <p>The Agency is committed to complying with the laws and regulations that govern the Federal and State programs it administers. Without limiting the generality of that statement, the Agency’s employees and contractors shall comply with all requirements of the Medicare and Medicaid programs and HIPAA regulations</p>	<p><u>Guidelines for Employees and Contractors</u></p> <ul style="list-style-type: none"> • Governmental Investigations <ul style="list-style-type: none"> ○ There may be times that the Agency is asked to cooperate with an investigation by a federal or state governmental agency, or to respond to a request for information. A request may be formally addressed to the Agency or an individual within the Agency. ○ You must report any requests for information or cooperation with an investigation to the Compliance Officer immediately. ○ You are required to cooperate with all investigations conducted by and for the Agency. • Exclusion Screening, 42 U.S.C. § 1320a-7 <ul style="list-style-type: none"> ○ The Agency shall only employ or work with persons with proper credentials, experience and expertise, and may, at any time, require documentation of such. ○ You are required to disclose any name changes, and any involvement in non-compliant activities including health care related crimes. ○ The Agency performs inquiries into the background of applicants, employees, contractors, vendors and Members of the Board of Directors. The following organizations may be queried at any time, with respect to potential employees, contractors, vendors and Members of the Board of Directors: System for Awards Management list of parties excluded from federal programs, HHS/OIG list of excluded individuals/businesses, NYS DOH/OMIG Medicaid Fraud Database, NYS Office of Professions, National Practitioner Data Bank.
<p><u>Reporting Violations of the Code of Conduct</u></p>	<ul style="list-style-type: none"> • Employees and contractors must report any actual or suspected violations of this Code of Conduct, any applicable law or regulation, or any Agency policy and procedure to their immediate supervisor or the Compliance

	<p>Officer. Steps will be taken to protect confidentiality and anonymity, when appropriate and warranted. The Agency will not tolerate any form of retaliation against a person who makes a good-faith report in accordance with this Code of Conduct. All employees and contractors must cooperate fully and honestly in any investigation into a reported violation of this Code of Conduct, any applicable law or regulation, Agency policy, procedure or practice. Any employee or contractor who violates or knowingly fails to report any violation of this Code of Conduct, any applicable law or regulation, Agency policy, procedure or practice is subject to appropriate disciplinary action, up to and including termination.</p>
--	---

Compliance Committee

POLICY: United Cerebral Palsy Association of the North Country, Inc. (UCPANC) D/B/A Cerebral Palsy Association of the North Country and D/B/A Community Health Center of the North Country has established a Compliance Committee to monitor results of the compliance functions and determine the agency's strategy for promoting compliance. The Chief Executive Officer and Compliance Officer appoint the Compliance Committee. The Compliance Committee will be comprised of Senior Management from Administrative, Financial, Clinical, and Program service departments. The committee shall meet at least quarterly, more often as needed. The committee charter will be reviewed and updated yearly. Provider must designate a Compliance Committee responsible for coordinating with the Compliance Officer to ensure it is conducting business in an ethical and responsible manner consistent with its compliance program.

ACCOUNTABILITY:

Committee minutes will be reviewed by the Chief Executive Officer and Board of Directors to assure productivity and progress in meeting responsibilities.

PROCEDURE:

The Compliance Committee shall be responsible for the following:

- Analyze the regulatory environment where the agency does business, including legal requirements with which it must comply.
- Review and assess existing policies and procedures that address risk areas for possible incorporation into the auditing and monitoring schedule.
- Work with departments to develop strategies that address specific risk areas and to encourage compliance according to legal and ethical requirements.
- Develop and assure internal systems and controls to carry out compliance standards and policies and procedures.
- Receive and review investigative reports from Compliance Officer to assess the investigation in terms of: appropriate results; completeness, objectivity and adequacy of recommendations for corrective actions; and/or further actions to be taken as necessary and appropriate.
- Review internal and external audits to identify potential non-compliant issues.
- Review corrective and preventative action plans and follow-up.
- Develop and assure a process to solicit, evaluate and respond to complaints and problems.
- The Compliance Committee reports to the CEO and Board of Directors
- Responsible for advocating that the Compliance Officer is allocated sufficient funding, resources, and staff to fully perform their responsibilities.
- There shall be a formal assessment of the Compliance Officer by the Committee annually.

Conflict of Interest

POLICY: All employees, officers, Board members, and agents (hereinafter Interested Person) of United Cerebral Palsy Association of the North Country (UCPANC) have an obligation to conduct business within guidelines that prohibit actual or potential Conflicts of Interest. This policy is established to ensure that services and business activities are conducted in an objective manner and are not motivated by desire for personal or financial gain.

Conflict of Interest: Any situation in which financial or other personal considerations may compromise or appear to compromise (1) an Interested Person's business judgment; (2) delivery of services; or (3) ability for an Interested Person to do his or her job. An actual or potential conflict of interest occurs when an Interested Person is in a position to influence a decision that may result in a personal gain for the Interested Person or for a relative as a result of business dealings. For the purpose of this policy, a relative is any person who is related by blood, marriage, adoption or whose relationship with the Interested Person is similar to that of persons who are related by blood, marriage or adoption.

- Business dealings with outside entities should not result in *unusual gain*. Unusual gain refers to bribes, product bonuses, special fringe benefits, unusual price breaks, and other windfalls designed to ultimately benefit either entity.
- The materials, products, designs, plans, ideas, and data are the property of UCPANC and should not be given to an outside firm or individual without appropriate prior authorization. Any improper transfer of material or disclosure of information, even though it is not apparent that an employee has personally gained by such action, is prohibited.
- Interested Persons involved in the selection, award, or administration of contracts should not solicit or accept gratuities, favors, or anything monetary of value for private financial gain from such contractors or parties to sub-agreements.

ACCOUNTABILITY:

QA/Compliance Department will audit personnel files to assure documentation of Compliance Certification is present. The Board of Directors and the Executive team will review COI Disclosure Statements. Compliance Officer will monitor and assure compliance with this policy.

PROCEDURE for Conflict of Interest Disclosure Statements:

- Actual or potential conflicts of interest must be disclosed to appropriate management personnel, Human Resources, Executive Nominating Committee of the Board of Directors and/or the Compliance Officer.
- New employees completing agency orientation will complete a compliance certification form, which includes opportunity to disclose any actual or potential conflicts of interest.
- Anyone with questions or concerns about potential conflicts of interest should consult appropriate management staff and/or the Compliance Officer.
- Compliance Officer will assure members of administration and the Board of Directors complete a Conflict of Interest Disclosure Statement initially and annually thereafter. The existence and resolution of conflicts will be documented in Board minutes.
- Individuals must seek guidance and approval from appropriate management personnel prior to pursuing any business or personal activity that may constitute a conflict of interest.

- Outside employment may not interfere with the ability to fulfill responsibilities with UCPANC. In addition, individuals may not compete against UCPANC or have any ownership interest in a competitor.

Procedure for Addressing Conflict of Interest:

- An Interested Person may make a presentation regarding the arrangement of transaction involving possible Conflict of Interest to the Executive Nominating Committee of the Board of Directors. After exercising due diligence, the Committee shall determine by a majority vote of the disinterested members whether a Conflict of Interest exists. If the Committee determines that a Conflict of Interest does exist, then the Interested Person is prohibited from attempting to improperly influence any deliberation or voting related to the transaction or agreement involving the Conflict of Interest. Further, the Interested Person must leave a meeting during the discussion of, and the vote on, any such transaction or arrangement. If the Committee determines that a Conflict of Interest does not exist, then the Interested Person may participate in any discussion or vote related to such transaction or arrangement.
- If the Committee determines that a Conflict of Interest does exist, then it shall report the transaction or arrangement to the Full Board to make a determination as to whether the transaction or arrangement involving the Conflict of Interest is in the Agency's best interest, for its own benefit; and whether it is fair and reasonable. In conformity with the above determination, the Board or appropriate committee with Board delegated authority shall determine whether it should approve the transaction or arrangement.
- If the Board has reason to believe that an Interested Person has failed to disclose a Conflict of Interest or otherwise violated this policy, it shall inform the Interested Person of the basis for this belief and afford him or her an opportunity to explain the alleged failure or violation. If, after hearing the response of the Interested Person and making such further investigation as may be warranted in the circumstances, the Board determines that the Interested Person has in fact failed to disclose an actual or potential Conflict of Interest or otherwise violated this policy, it shall take appropriate disciplinary and corrective action, which may include suspension and termination of relationship.

EMPLOYEE COMPLIANCE CERTIFICATION

I have been provided with United Cerebral Palsy Association of the North Country's Compliance Plan including the Code of Conduct. I understand the contents as they apply to my job.

If I have any questions or concerns about the meaning of these documents as they apply to my job responsibilities, I understand I should consult one or more of the following: my supervisor or the Corporate Compliance Officer. I have retained a copy of these documents for my reference and guidance.

I agree to comply with the Plan and Code of Conduct as it applies to my job responsibilities.

I understand that violation of the Plan and/or Code of Conduct will result in disciplinary action up to and including termination.

I also represent that I have not been excluded from, or sanctioned by, any government health care benefits program, including but not limited to Medicare and Medicaid. Include a statement concerning any personal business situation, conflict of interest, or other matter which you believe is, or may involve, a violation of the Plan or Code:

Conflict of Interest: Any situation in which financial or other personal considerations may compromise or appear to compromise (1) an employee's business judgment; (2) delivery of services; or (3) ability for an employee to do his or her job. An actual or potential conflict of interest occurs when an employee is in a position to influence a decision that may result in a personal gain for that employee or for a relative as a result of business dealings. For the purpose of this policy, a relative is any person who is related by blood, marriage, adoption or whose relationship with the employee is similar to that of persons who are related by blood, marriage or adoption.

Name (Printed): _____ Date: _____

Position/Title: _____ Department: _____

Signature: _____

CONFLICT OF INTEREST DISCLOSURE QUESTIONNAIRE

Pursuant to the Conflict of Interest Policy, a copy of which has been furnished to me, I hereby provide the following information:

Name: _____ CPANC/CHCNC Position/Title: _____

1. Are you employed by the State of New York in any capacity related to provision of services to the uninsured and/or individuals with disabilities or public policy matters related to such persons?
 Yes No
2. Are you a paid employee or consultant to an agency that primary provides services to the uninsured and/or individuals with disabilities in programs or services under license issued by the New York Office for People with Development Disabilities, Office of Mental Health, Department of Health or their successors, where your work on behalf of the other agency involves formation or communication of issues of public policy? Yes No
3. Other than CPANC/CHCNC, are you a Director or principal of another corporation, partnership, business entity, or other agency that primarily provides services to the uninsured and/or individuals with disabilities operated by or under license by New York Office for People with Developmental Disabilities, Office of Mental Health, Department of Social Services, Department of Health, Department of Mental Hygiene, or Department of Education? Yes No
4. Do you or a member of your immediate family hold any material financial interest, including investments, in any outside concern that does not business with or compete with CPANC/CHCNC? Yes No

If you answered yes, please provide details: _____

5. Do you or a member of your immediate family receive any services from CPANC/CHCNC? Yes No

If you answered yes, please provide details: _____

6. Are you related (through blood, marriage or adoption) to a member of the Board of Directors or an employee of CPANC/CHCNC? Yes No

If you answered yes, please provide details: _____

7. Are you or a member of your immediate family involved in the purchase or sale of property or property rights, interests, or services which the sale or purchase competes or may potentially compete with CPANC/CHCNC? Yes No

If you answered yes, please provide details: _____

8. Other than CPANC/CHCNC, are you or a member of your immediate family an owner, partner, shareholder, member, director, manager, consultant, or employee of an outside concern, including other not-for-profit corporations that do business with or competes with CPANC/CHCNC? Yes No

If you answered yes, please provide details: _____

9. Have you or a member of your immediate family accepted any gifts, loans, gratuities, entertainment, or payments of money, service, or property (other than for reimbursement for expenses made by you or a member of your immediate family) from any outside concern that does or is seeking to do business with or competes with CPANC/CHCNC? Yes No

If you answered yes, please provide details: _____

I have reviewed the attached policy on the conflict of interest and have answered the questions to the best of my knowledge. If I answered yes to questions, I have completely disclosed my personal interest or that of my immediate family, which may be in conflict with the interests of CPANC/CHCNC.

I further acknowledge that all information and matters about CPANC/CHCNC is considered confidential unless the information is a matter of public record of common knowledge and that utilizing such information either directly or indirectly for my benefit, for the benefit of a member of my immediate family, or for the benefit of another unrelated corporation may be a conflict of interest. I understand and agree to report to the Chairman or Chief Executive Officer of CPANC/CHCNC any potential conflict of interest that may arise prior to the completion of my next annual Disclosure Questionnaire.

I understand and accept that anyone with an actual or potential conflict will be excused during deliberations and voting. This precaution is to avoid the individual from improperly influencing the matter concerning the conflict.

Signature

Date

Print Name

Title/Position

ENFORCEMENT OF COMPLIANCE STANDARDS (Disciplinary Action)

POLICY:

United Cerebral Palsy Association of the North Country (UCPANC) is committed to taking disciplinary action for violations of the compliance standards. Compliance standards include federal, state and local laws and regulations, agency compliance program, code of conduct and policies.

Any affected individual who, upon investigation, are found to have committed violations of compliance standards will be subject to appropriate disciplinary action, up to and including termination.

The following actions may result in disciplinary actions:

- Authorization of, or participation in, actions that violate the law, regulations, Compliance Plan, Code of Conduct, and all related policies and procedures;
- Failure to report a violation by a peer, subordinate or superior;
- Failure to cooperate in an investigation;
- Retaliation and/or intimidation against an individual for reporting a possible violation or participating in an investigation and
- Failure to act as an honest, reliable and trustworthy service provider.

ACCOUNTABILITY: The Chief Executive Officer and Compliance Officer will monitor and assure compliance with this policy. The Compliance Officer and Director of Human Resources will be responsible for assuring that disciplinary actions are consistent. The Compliance Officer will report quarterly to the Compliance Committee and not less than annually to the Board of Directors, regarding such actions.

PROCEDURE:

- Generally, UCPANC will impose progressive discipline, including a verbal and written warning, corrective action plan, demotion, suspension, and termination. However, UCPANC reserves the right to determine in its sole discretion and judgment, the nature and level of discipline, if any, depending on the circumstances.
- This policy is not a guarantee of progressive discipline, and UCPANC reserves the right to terminate an employee at any time, for any lawful reason, with or without notice.
- Actions that are deemed to be intentional or reckless will be subject to more significant sanctions, up to and including immediate termination.
- When the determination is made that a compliance violation has occurred, the Compliance Officer will notify the Chief Executive Officer and the individual's supervisor or representative for independent contractors.
- The Compliance Officer and Director of Human Resources shall work in collaboration with the appropriate supervisor/manager in determining disciplinary action related to a confirmed instance of non-compliance.
- Discipline will be appropriately documented in the disciplined employee's personnel file and will be considered during evaluations.
- Disciplinary standards will be enforced fairly and consistently and will apply to all levels of personnel.

Exclusion Screening

POLICY: 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.

ACCOUNTABILITY:

QA/Compliance Department will perform annual audit of employment applications and business contracts. A report of this audit will be made to the Compliance Committee and Board of Directors, along with any recommendations for improvement to the process as part of the annual compliance report.

Procedure:

- UCPANC will conduct exclusion checks and/or contract with appropriate vendors to conduct checks with applicable databases to verify that employees, volunteers, independent contractors, contracted business vendors, Board of Directors, providers rendering or ordering a billable service have not been excluded from state and/or federal healthcare programs.
- An exclusion check is a search of the following sources to determine if the individual or entity's name appears:
 - SAM/EPLS
 - OIG/LEIE
 - OIG Most Wanted Fugitives
 - OFAC Specialty Designated Nationals
 - State Database of business operating locations
 - Social Security death list
- An exclusion check will be performed on all applicants as part of the pre-employment screening process, and prior to entering into a written agreement with independent contractors and business vendors.
- If the check indicates that any individual or entity has been excluded from state or federal healthcare programs, the individual or entity cannot be employed by or conduct business with CP Association.
- Exclusion checks will be performed no less than monthly, as indicated by the Centers for Medicaid and Medicare Services (CMS) and/or NYCRR Part 521

Vendor Screening Lists:

- Exclusion screenings for vendors shall be updated monthly.
- An updated list of vendors will be received from the finance department monthly to ensure we are capturing all new vendors utilized. This will include all the vendor payments made to in the previous month.
- This will also ensure we are not screening for outdated vendors no longer being utilized.

False Claims Acts and Whistle Blower Provisions

POLICY: United Cerebral Palsy Association of the North Country (UCPANC) is committed to prompt, complete service provision and accurate billing of all services provided to individuals. UCPANC shall not make or submit any false or misleading entries on any claim forms. No employee, contractor or agent shall engage in any arrangement or participate in such arrangement at the direction of another person, including any supervisor or manager that results in the submission of a false or misleading entry on claim forms or documentation of services that result in the submission of a false claim.

[Overview of the Federal False Claims Act: 31 U.S.C § 3729-3733](#)

The False Claims Act is a federal law 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 a false claim to the Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of \$5,500 to \$11,000 for each false claim submitted.

The law was revised in 1986 to expand the definition of “knowingly” to include a person who:

1. Has actual knowledge of falsity of information in the claim;
2. Acts in deliberate ignorance of the truth or falsity of the information in the claim; and
3. Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim. Some examples include knowingly making false statements, falsifying records, submitting claims for services never performed or items never furnished, double-billing for items or services, using sales records or statements to avoid paying the Government, or otherwise causing a false claim to be submitted.

ACCOUNTABILITY:

Compliance Officer will monitor and assure compliance with this policy. Issues relating to this policy will be presented to the Compliance Committee quarterly and to the Board of Directors no less than annually.

PROCEDURE:

- UCPANC will perform billing activities in a manner consistent with the regulations and requirements of third party payers, including Medicaid and Medicare.
- Any employee or contractor who has any reason to believe that anyone is engaging in false billing practices or false documentation of services is expected to report the practice to their supervisor or UCPANC’s Compliance Officer.
 - a. Employees, volunteers, service recipients may report their compliance concerns anonymously to the Compliance Officer by phone or mail:
(315) 379-8335 or
Community Health Center of the North Country
4 Commerce Lane
Canton, NY 13617
Attn: Corporate Compliance
- Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.

- Any employee who commits or condones any form of retaliation will be subject to discipline up to and including termination.
- In addition to agency training requirements, the Compliance Officer will assure that the information in this policy is included in any contract with outside contractors or agents.
- UCPANC will conduct regular auditing and monitoring procedures as part of its efforts to assure compliance with applicable regulations.

New York State False Claims Act [State Financial Law, Art. 13, §§ 187-194](#)

The NYS False Claims Act closely tracks the Federal False Claims Act. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is \$6,000 to \$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may have to pay the government's legal fees.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit, or 15-25% if the government did participate in the suit.

Whistleblower or "Qui Tam" Provisions [Federal False Claims Act \(31 USC § 3730\(h\)\), NY False Claim Act \(State Finance Law § 191\)](#)

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Acts contain a "Qui Tam" or whistleblower provision.

The Government, or an individual citizen acting on behalf of the Government, can bring actions under the False Claims Acts. An individual citizen, referred to as a whistleblower or Relator, who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the US Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15-30% of the amounts received.

The False Claims Acts prohibit discrimination against any employee for taking lawful actions under the False Claims Acts. 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 relief. Such relief may include reinstatement, double pay back, and compensation for any special damages.

Gifts and Entertainment (Anti-Kickback)

POLICY: United Cerebral Palsy Association of the North Country (UCPANC) recognizes that there are legitimate and lawful reasons to accept or provide reasonable business courtesies (gifts and entertainment). However, in healthcare, the Anti-Kickback Law, [42 U.S.C. § 1395nn](#), prohibits the offer of payment, and solicitation or receipt of any form of remuneration, for the referral of Medicare and Medicaid recipients.

Gifts and Entertainment: Gifts and Entertainment include items of value given to another free of cost, as well as social events sponsored or hosted by the agency such as meals, sporting events, theatrical events, and receptions.

An immediate family member of a person includes:

- The person's spouse; birth or adoptive parent, child or sibling; stepparent, stepchild, stepbrother or stepsister; father-in-law, mother-in-law; son-in-law; daughter-in-law; brother-in-law; or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

Potential Referral Source: A potential referral source includes a physician, licensed medical practitioner, dentist, optometrist, or chiropractor who could reasonably be a source of referral of patients to the agency for services or treatment.

ACCOUNTABILITY:

Compliance Officer will monitor and assure compliance with this policy.

PROCEDURE:

- Employees and agents may not solicit money, gifts, gratitude or any other personal benefits or favors of any kind from providers, contractors, producers, accounts, or people we serve and their families.
- Employees and agents must not offer or accept gifts or entertainment that is primarily intended to gain favor or to influence a business decision.
- Any gifts or entertainment involving physicians or other individuals or entities in a position to refer patients or services to UCPANC must strictly follow policies and be in conformance with all Federal and State Laws, regulations, and rules regarding these practices.
- Agency employees may not offer a potential referral source and/or his/her immediate family members gifts or entertainment unless the following criteria are met:
 - The gifts or entertainment is not based, directly or indirectly, on the volume or value of referrals or other business generated by the potential referral source.
 - The gifts or entertainment is not solicited by the potential referral source or the referral source's practice or employees;
 - The gifts or entertainment does not violate the federal Anti-Kickback statute or any state or federal law governing claims submission; and
 - The gifts or entertainment is not extended to physician group.

Internal Auditing and Monitoring (Risk Assessment)

POLICY: It is the policy of United Cerebral Palsy Association of the North Country (UCPANC) to conduct ongoing auditing and monitoring of identified risk areas related to quality standards and compliance including but not limited to billing, fiscal management, program operations, and service provision.

APPLICABILITY:

Quality Assurance and Compliance Department personnel, Administration and all Department Director.

ACCOUNTABILITY:

The Compliance Officer will ensure that ongoing auditing and/or monitoring is properly conducted, documented and reported. Summary of results will be included in the quarterly report to the Board of Directors.

PROCEDURE:

- The Compliance Officer will recommend and facilitate auditing and monitoring of the identified risk areas related to compliance with laws and regulations, as well as agency policies, procedures, and standards of conduct.
- Compliance Officer will determine the frequency, sample size and sample criteria prior to each audit. All review tools used will be standardized throughout the Agency and approved by the Compliance Officer. Risk areas may be identified through the regular course of business, external alerts, or internal reporting channels.
- The audits and reviews conducted will examine compliance with specific rules and policies through a variety of means, including but not limited to: site visits, personnel interviews, general questionnaires, data reports, clinical record reviews to support claims for reimbursement, and documentation reviews.
- Each program will review and respond to QA/Compliance Reports to assure correction and prevention. The Compliance Officer will verify completion of QA/Compliance Reports and any corrective measures arising from them.
- Any correspondence, including but not limited to regulatory updates, will be promptly forwarded to the Compliance Officer to assure audit tools are updated respectively.
- Program management will immediately notify the Compliance Officer of any visits, audits, investigations, or surveys by any regulatory agency or authority.
- Results (oral or written) of any visits, audits, investigations, or surveys will be promptly forwarded to the Compliance Officer.
- The Compliance Officer will be responsible to report to the Compliance Committee and the Board of Directors on the general status of compliance reviews, the outcome of compliance auditing and monitoring, and the corrective actions taken.
- The Compliance Officer will ensure results are reported to the Board of Directors on a quarterly basis.
- Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions or that take part in the provision of services.

The QA/Compliance Department will conduct reviews on a periodic basis throughout each year based on an approved audit schedule, which includes items from the internal Compliance Work Plan. In addition, the department will also address any new issues outlined in the OIG and OMIG annual work plans, Medicaid updates, and

other regulatory publishing. Specific audit tools and procedures for performing reviews are located in the QA/Compliance Department.

Investigations

POLICY: United Cerebral Palsy Association of the North Country (UCPANC) will respond to reports and reasonable indications of suspected non-compliance by commencing a prompt and thorough investigation of the allegations to determine whether a violation has occurred.

The Compliance Officer is responsible for resolving compliance-related issues; however, employees should not be discouraged from using any specific communication channel.

Employees who report program related issues or concerns to the Compliance Officer will be politely redirected to the appropriate department or individual.

ACCOUNTABILITY:

The Compliance Officer will be responsible for reporting the results of all investigations to the Chief Executive Officer, Compliance Committee and the Board of Directors.

PROCEDURE:

- The Compliance Officer will conduct or oversee all internal investigations involving compliance-related issues and shall have the authority to engage legal counsel and/or other consultants, as needed.
- Upon report or discovery of alleged non-compliance, the Compliance Officer will conduct an initial inquiry into the alleged situation. The purpose of the initial inquiry is to determine whether there is sufficient evidence of possible non-compliance to warrant further investigation. The initial inquiry may include documentation review, interviews, audit, or other investigation technique. The Compliance Officer will (a) conduct a fair impartial review of all relevant facts; (b) restrict the inquiry to those necessary to resolve the issues; and (c) conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue.
- If, during the initial inquiry, there is sufficient evidence of possible violation of any *criminal, civil, or administrative law*, legal counsel should be consulted.
- The Compliance Officer should ensure that the following objectives are accomplished:
 - Conduct appropriate interviews;
 - Notify appropriate internal parties;
 - Identify cause of problem, desired outcome, affected parties, applicable guidelines, possible regulatory or financial impact;
 - Provide a complete list of findings and recommendations;
 - Determine the necessary corrective action measures, (e.g. policy changes, operational changes, system changes, personnel changes, training/education);
 - Document the investigation.
- Upon determining the results of the investigation, depending upon the scope and severity of the identified violations, the Compliance Officer will consult with the director of the department involved, Director of Human Resources and Chief Executive Officer to discuss (a) the results of the investigation, (b) the

	<p>completeness, objectivity and adequacy of recommendations for corrective actions; and/or (c) further actions to be taken as necessary and appropriate.</p> <ul style="list-style-type: none">• The Compliance Officer will maintain all notes of the interviews and review of documents as part of the investigation file.• All employees, executive, governing body members are expected to assist, to the best of their knowledge, in the resolution of compliance issues/investigations.
--	---

Orientation and Training

POLICY: It is the policy of United Cerebral Palsy Association of the North Country (UCPANC) to provide in-service training and continuing education to all affected individuals as indicated by best practices in the field and regulatory agencies including, but not limited to, OPWDD, DOH, OMIG, and NYCRR Part 521. The purpose is to provide knowledge and skills to enable success and to maintain skills and current standards of professional practice.

ACCOUNTABILITY:

Director Human Resources will assure compliance with this policy.

QA/Compliance Department will perform periodic reviews to assess compliance.

PROCEDURE:

- All new UCPANC workforce members will participate in Agency orientation conducted by the Coordinator of Staff Development.
- All new UCPANC workforce members will also receive site specific orientation and training pertinent to their department, and their job title.
- UCPANC site specific orientation and training will be conducted and/or coordinated by the Department supervisors and/or appropriate UCPANC personnel.
- The Department Director, or designee, will maintain a list of Department training topics to be included in a new workforce member's initial orientation and training, as well as topics requiring Annual Review.
- Initial training will be completed within 90 days of hire.
- Re-education will take place annually for all staff.
- Documentation of orientation and training will be forwarded to Staff Development where the information is added to HR database Paylocity.
- Orientation and training will be provided through a variety of means to accommodate different learning styles, including but not limited to staff meetings, conferences, newsletters, regulatory updates, e-mail memos, policy distribution, individual or group face-to-face instruction, and Webinars.
- Education will be different for staff based on the risk area associated with their role and organizational experience.
- The training plan is maintained within the Human Resources department
- The effectiveness of the training program will be evaluated annually to ensure all affected individuals have received mandatory education and training.
 - This will be completed via quarterly surveys to all employees and will be reported to the Compliance Committee quarterly.
- Corporate Compliance training will be tracked via Litmos platform on a quarterly basis. Compliance rates will be reported to the Compliance Committee.

Reimbursement, Billing Practices, and Self-Disclosures

POLICY: United Cerebral Palsy Association of the North Country (UCPANC) is committed to accuracy and integrity in all its billing, coding, and other reimbursement operations and to ensuring that its reimbursement practices comply with all Federal and State Laws, regulations, guidelines, and policies. The Agency prohibits the intentional submission of any claim that is false, fraudulent, or fictitious.

ACCOUNTABILITY:

The Chief Financial Officer is responsible for general oversight of billing and other reimbursement operations. The CFO, Compliance Officer, or designee, will review the billing and documentation procedures and/or any revisions to procedures or forms before implementation.

PROCEDURE:

- All employees will receive compliance training that will reinforce the following policies:
 - Anyone that has knowledge of a problem related to reimbursement (e.g. submission of a claim that is false or contains false information) must report that problem to management, and/or the Compliance Officer.
 - Failure to report a known problem related to reimbursement will subject an employee to disciplinary action.
 - Anyone reporting a problem or concern in good faith will be protected by the non-retaliation policy.
- UCPANC will submit accurate claims for services that are actually rendered, deemed medically necessary, and in accordance with the plan of care.
- All services rendered shall be documented in a proper and timely manner. The documentation shall include the identity and title of the individual providing the service.
- Each Agency program (OPWDD, CDPAP, DOH, etc.) will develop and maintain written procedures for the documentation and billing for services.
- Any overpayment received as a result of a billing error will be promptly repaid to the appropriate payer.
- The agency will follow the Self-Disclosure protocol issued by the OMIG. QA/Compliance (HIM) and Billing departments may conduct sample reviews for detection and correction of accidental submission of any claim that is false or inaccurate, such as keypunch errors.
- UCPANC 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).
- UCPANC will follow the process OMIG has enacted in regards to the Self-Disclosure mechanism to report, return, and explain overpayments from the Medicaid program. The process covers all Medicaid program providers. See SOS § 363-d(7).
- On a monthly basis, UCPANC will utilize the Self-Disclosure Abbreviated Statement to disclose any overpayments related to:

	<ul style="list-style-type: none"> ○ Routine credit balance/coordination of benefits overpayments; ○ Typographical human errors; ○ Routine Net Available Monthly Income (NAMI) adjustments; ○ Instance of missing or faulty authorization for services due to human error; ○ Instance of missing or insufficient documentation due to human error; ○ Inappropriate rate, procedure or fee code used due to typographical or human error; ○ Routine recipient enrollment issue ● Examples as to when UCPANC will follow the Self-Disclosure Full Statement include, but are limited to: <ul style="list-style-type: none"> ○ Any error that requires a Medicaid entity/Provider to create and implement a formal corrective action plan; ○ Actual, potential or credible allegations of fraudulent behavior by employees or others; ○ Discovery of an employee on the Excluded Provider list; ○ Documentation errors that resulted in overpayments; ○ Overpayments that resulted from software or billing systems updates; ○ Systemic billing or claiming issues; ○ Overpayments that involved more than one Medicaid entity/Provider (example – Health Homes & Care Management Agencies); ○ Non-claim-based Medicaid overpayments; ○ Any error with substantial monetary or program impacts; and ○ Any instance upon direction by OMIG
--	---

Reporting Concerns Non-Retaliation/Non-Intimidation

POLICY: United Cerebral Palsy Association of the North Country (UCPANC) has established a compliance reporting process and a strict non-retaliation/non-intimidation policy to protect employees and others who report problems and concerns in good faith or participate in an investigation. Any form of retaliation, intimidation, or retribution can undermine the compliance resolution process and result in a failure of communication channels in the organization.

The Compliance Officer’s phone number and address will be visibly posted in locations frequented by Agency employees, including but not limited to, Departmental Policy and Procedure manuals, staff break rooms, and the Agency websites.

The Compliance Officer’s phone number and address will be visibly posted in locations frequented by patients receiving services, particularly in waiting areas of the Health Centers.

ACCOUNTABILITY:

The Compliance Officer will be responsible for the

PROCEDURE:

- Employees, volunteers, service recipients may report their compliance concerns anonymously to the Compliance Officer by phone: **(315) 379-8335**.
Mail to:

investigation and follow-up of any reported retaliation against an employee and will report the results to the Corporate Compliance Committee, Chief Executive Officer or the Board of Directors.

Community Health Center of the North Country
4 Commerce Lane
Canton, NY 13617
Attn: Corporate Compliance

Or by email at: corporatecompliance@cpnorthcountry.org

- All employees, executives, governing body members, and persons associated with the provider have a duty and responsibility for promptly reporting any known or suspected misconduct, including actual or potential violations of laws, regulations, policies, and/or procedures.
- The “open-door policy” will be maintained at all levels of management to encourage employees to report problems and concerns.
- Any form of retaliation and/or intimidation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
- Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.
- Employees cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be taken into account in determining the appropriate course of action.

PROCEDURE APPLICABLE TO ALL EMPLOYEES:

- Knowledge of misconduct must be immediately reported to the immediate supervisor (if appropriate), the Compliance Officer or Chief Executive Officer.
- Confidentiality will be maintained to the extent that is practical and allowable by law. Employees should be aware that UCPANC is legally required to report certain types of crimes or potential crimes and infractions to external governmental agencies.
- If the reporter wishes to remain anonymous no attempt will be made to trace the source of the report or to identify the person providing the information.
- Reporters should be aware that it might not be possible to preserve anonymity if they identify themselves, provide other information that identifies them, the investigation reveals their identity or if they inform others that they made a report.
- UCPANC will not impose any disciplinary or other action in retaliation against individuals who make a report or complaint in good faith. “Good faith,” meaning that the individual believes that the potential violation actually occurred as he or she is actually reporting.
- UCPANC strictly prohibits its employees from engaging in any act, conduct or behavior which results in, or is intended to result in, retaliation against any employee for reporting his or her concerns relating to a possible violation.
- If an employee believes in good faith that they have been retaliated and/or intimidated against for reporting a compliance complaint or concern or for participating in any investigation of such a report or complaint, the employee

	<p>should immediately report the retaliation and/or intimidated to the Compliance Officer. The report should include a thorough account of the incident(s) and should include the names, dates and specifics events, the names of any witnesses and the location or name of any document that supports the alleged retaliation and/or intimidated.</p> <p>PROCEDURE APPLICABLE TO MANAGEMENT (Executives, Directors, Managers, and Supervisors): Management must take appropriate measures to ensure that all levels of management support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions should be taken and become an ongoing aspect of the management process:</p> <ul style="list-style-type: none"> • Meet with department staff and discuss the main points within this policy • Provide all department staff with a copy of this policy.
--	--

<h2>Responding to Inquiries by Officials</h2>	
<p>POLICY: It is the policy of United Cerebral Palsy Association of the North Country (UCPANC) to provide a uniform method by which workforce members are to respond in the event that any “official” (including but not limited to the local, state or federal government, law enforcement or regulatory agency) contacts a workforce member, or presents at a UCPANC location, requesting information regarding UCPANC or any affiliated entity or individual.</p>	
<p>APPLICABILITY All UCPANC workforce members</p> <p>ACCOUNTABILITY: The Compliance Officer will monitor and assure compliance with this policy.</p>	<p>PROCEDURE:</p> <ul style="list-style-type: none"> • Workforce members will notify supervisor, up to and including the Chief Executive Officer and Compliance Officer should an official present at the worksite. • Workforce members shall cooperate with the reasonable requests of official representatives and provide accurate information. <ul style="list-style-type: none"> ○ Providing inaccurate statements to official representatives may result in obstruction of justice charges. • During an official inquiry and/or investigation workforce members shall not, under any circumstances: <ul style="list-style-type: none"> ○ Alter or destroy documents, or information ○ Falsely deny knowledge of information ○ Corruptly influence another person

- Intimidate a witness with the intent of influencing behavior

Demands Letter or Subpoenas:

- If an employee is presented with a demand letter of subpoena, request that the government official, representative, or other individual acting on behalf of the government wait until the Chief Executive Officer or Compliance Officer is notified.
- The employee should ask the government official, representative, or other individual acting on behalf of the government for proper identification.
- The employee should list the names and positions of all investigations along with the date and time of the demand

Search Warrants:

- Search warrants must be complied with; failing to do so could result in criminal charges.
- The Chief Executive Officer and/or Compliance Officer must be notified immediately if a search warrant is being executed.
- The employee should ask for a copy of the warrant that would show the items or type(s) of items located on the premises of where the warrant is to be executed.
- The employee should list the names and position of all investigators along with the date and time of the demands.
- Request that no interviews be conducted until the Chief Executive Officer and/or Compliance Officer has contacted legal counsel.
- Make a record of everything said by the investigating officer.