



# **ONEIDA HEALTHCARE CENTER**

## **CORPORATE COMPLIANCE**

### **MANUAL**

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Dear Fellow Employees:

Oneida Healthcare Center is subject to a wide variety of legal, regulatory and professional requirements with which we all must comply. These requirements can be complicated, so this manual was designed to help you understand them. This compliance manual will assist each of us in making appropriate decisions when we are faced with compliance issues. Key elements of this manual include a Code of Conduct and information on how the Corporate Compliance Program is structured, including defined channels of communication (e.g., a confidential hotline) for addressing your questions or concerns.

The Code of Conduct and Corporate Compliance Program has been developed to meet the unique needs of Oneida Healthcare Center. This program is grounded in our organization's mission statement that governs how we conduct business. Our Board of Trustees and Senior Management Team are committed to following and communicating this Corporate Compliance Program to all levels of our organization.

In this changing and challenging era for health care, the public's trust, confidence and respect for our organization requires the commitment of each of us to uphold standards of excellence and ethical behavior. The anti-fraud, waste and abuse efforts of the Department of Health and Human Services (DHHS), Office of Inspector General (OIG), Department of Justice (DOJ) and OMIG have heightened over the recent years, partially due to the threat of future Medicare insolvency. The OIG, DOJ and other governmental agencies have been investigating health care providers nationwide for non-compliance with laws and regulations at an ever-increasing rate.

Now more than ever, we believe it is important to reaffirm Oneida Healthcare Center's longstanding commitment to conduct all work and business affairs lawfully and with integrity. We want to ensure that there continues to be no basis for charges of non-compliance with laws and regulations against our organization, our employees, medical staff members or those that we conduct business with.

This manual should be considered a "living document" that will be updated routinely. It will change and expand as policies are revised and as new resources become available. This manual is for you and only with input and feedback from you can we make it useful and responsive to your needs. The most current manual will be available on the policy and procedure section of the Healthcare Center's Intranet and through the Office of the Corporate Compliance Director.

Please read through the manual and contact either myself or the Compliance Director with any questions or concerns you may have. Thank you for all you do, each and every day, for our patients/residents and for each other.

Sincerely,

Gene F. Morreale, Chief Executive Officer

## **ONEIDA HEALTHCARE CENTER CORPORATE COMPLIANCE MANUAL**

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### **PURPOSE**

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The purpose of this Corporate Compliance Program is to provide guidelines designed to reflect Oneida Healthcare Center's (OHC) commitment to promoting prevention, detection of health care fraud and resolution of instances of potential misconduct within day-to-day operations.

The goals of the Corporate Compliance Program initiative are to:

- Build upon our mission and our values;
- Provide a common understanding of OHC's expectations for proper conduct through the organization's policies and the code of conduct;
- Provide an effective process for employees to ask about compliance related concerns and management to address those concerns;
- Provide a framework for dealing with difficult, complex or confusing issues such as interpretation of regulations or ethical concerns; and
- To ensure that Federal and State regulations are enforced and third party guidelines are followed including those from health insurance companies.

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### **COMPLIANCE PROGRAM COMMITMENT STATEMENT**

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The specific required elements of a Corporate Compliance Program have been issued by the health care branches of the Federal government, the Office of Inspector General (OIG) and the State government, the Office of Medicaid Inspector General (OMIG) who are charged with detecting, monitoring and preventing health care fraud and abuse.

OHC has demonstrated a commitment to compliance by adopting these elements of a Corporate Compliance Program through the following actions:

- The development and distribution of a written code of conduct as well as specific compliance program related policies and procedures that promote the Healthcare Center's commitment to compliance and provide guidance and expectations for all employees.
- The designation of a Corporate Compliance Officer, Corporate Compliance Director and a Corporate Compliance Committee who are charged with the responsibility of operating and monitoring the Corporate Compliance Program. At OHC, the Compliance Director is primarily responsible for the day-to-day operations of the Compliance Program. In addition, the Board of Directors at OHC is the governing body over the compliance program.

- The development and implementation of general compliance-related training and education programs for all employees. Ensuring that additional specialized compliance training is conducted for specific departments (that are deemed as having higher risk operations such as the coding and billing functions).
- The implementation of a ‘reporting and response mechanism’ to receive reports of potential non-compliance or concerns and a procedure for the Compliance Director to address them.
- The implementation of a process to respond to any allegations of potential non-compliance, whether intentional or not. In addition, OHC will follow disciplinary policies against employee and medical staff who have violated internal compliance policies, regulations, Federal or State Health Care Program requirements.
- The use of periodic monitoring activities and conducting internal audits to determine the rate of compliance with specific regulations and to decrease the risk of non-compliance. These particular departments and risk areas are likely to change over time as the Federal and State government change focus and as internal computer applications and processes change.
- The implementation of a process that verifies that OHC has not employed or contracted with physicians, providers (nurse practitioners, physician assistants), vendors and independent contractors that are listed on the OIG or OMIG exclusion website as excluded providers from the Federal and State health care program. This means OHC cannot receive reimbursement from Medicare or Medicaid for any physicians, providers or vendors services if they are listed as OIG excluded (or OMIG excluded), and generally cannot do business with them.
- A process to refund any overpayments that OHC discovers they may have received inadvertently from Medicare, Medicaid or third party payor.

These commitment statements follow the recommended structure for the seven elements of a Corporate Compliance Program as promulgated by the OIG Compliance Program Guidances and the eight elements of a Provider Compliance Program from Title 18 of the Codes, Rules and Regulations of the State of NY, Part 521 ‘Provider Compliance Programs’, effective July 2009.

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## **CODE OF CONDUCT**

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This Code of Conduct serves as the foundation for the organization’s compliance, privacy, customer service, and patient safety programs. It reflects the behaviors consistent with laws and regulations and with our commitment to caring.

The Code of Conduct applies to all hospital board members, officers, managers, employees, physicians, contractors, consultants, board members, students and volunteers.

1. Oneida Healthcare Center promotes **respect** for patients as well as employees, agents, physicians, volunteers and visitors.
2. OHC actively fosters **team work, communication and collaborative work environment** among members of the patient care team, customer service support team and among groups

- that meet for the purpose of improving health status including but not limited to trustee, physician and manager groups.
3. Oneida Healthcare Center encourages **honesty and integrity** in communication and fair evaluation of programs and persons. This behavior is reflected in our marketing, admissions, purchasing, transfer, discharge and billing procedures. It also guides the organization, employees and agents in their relationships and interactions with other health providers, educational institutions, vendors and payors.
  4. OHC **does not discriminate** in its business and corporate practices. The organization follows all Federal and state anti-discrimination laws that apply to the admission/discharge process and to the purchase of services and supplies.
  5. OHC's **vision, mission, and values** guide the planning and business practices and patient care experience.
  6. Items and services are provided to customers in a manner that respects and fosters their sense of **dignity, autonomy, and positive self regard, civil rights and involvement in their own care.**

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## WHERE TO GO FOR ASSISTANCE

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Since many of the laws and regulations that apply to OHC are complex, you may have questions or concerns. There are times when the right solution isn't always clear, but a decision will need to be made.

If you:

- ✓ have a question, or
- ✓ would like to report a concern or
- ✓ report a potential circumstance of non-compliance, then
  - Discuss the question or concern with your direct supervisor (who in turn can seek assistance from the Compliance Director, if necessary).
  - Call the Corporate Compliance Director directly at extension 2117 or phone 361-2117.

If

- ✓ the concern deals with your direct supervisor or Department Director, or
- ✓ if you feel uncomfortable going to your direct supervisor or
- ✓ if your past reports to your direct supervisor remain unresolved, then
  - Call the OHC Corporate Compliance Hotline at extension 2116 or phone 361-2116 (where you can leave details on the answering machine) that only the Compliance Director has access to. You are encouraged to leave your name and contact phone number, which could be your home or cell phone number, if you prefer.

or

- Complete the report form included at the end of this manual and submit the completed form directly to the Compliance Director (by inter-office mail, regular mail or in person in the Infomatics Department of the Hospital).

You may also find copies of the report form outside of the ACF Personnel office, the ECF hallway near the nursing offices, outpatient PT building , ENT Specialists office, as well as on the OHC Intranet using the path: Corporate, Compliance, and click on the Corporate Compliance Report Form.

Once a report is made, the employee making the report can decide whether they want their name to be kept confidential, as the Compliance Director conducts the investigation. Alternatively, employees can also make a report anonymously if they wish.

The disadvantage of reporting anonymously is that the Compliance Director can't go back to the employee if she needs additional information and can't report back to the employee on the outcome.

**Note:** *For employee relation matters, such as performance evaluations, pay rate increases, time off, benefits, etc. please contact the Human Resource Department as you normally would.*

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#### **WHAT TO EXPECT WHEN YOU MAKE A COMPLIANCE REPORT**

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When making a report to the Hotline or completing a report form, you have the option of remaining anonymous. However, it will help the Corporate Compliance Director in responding if you identify yourself. The Corporate Compliance Director will do his/her best to keep all questions and reports confidential to protect the individual making the report.

The Corporate Compliance Director will initiate a response to all reports made within two business days. Reports will not be responded to on a first-come, first-serve basis, rather by the nature and extent of potential non-compliance. If necessary, the Corporate Compliance Director will seek advice from external legal counsel based on the severity of allegations.

In cases where the reporter is known, he or she will be notified in writing of the outcome of their report, to the extent deemed appropriate, by the Corporate Compliance Director.

If it is determined that **criminal** misconduct has occurred, the matter will immediately be referred to external legal counsel to initiate contact with the appropriate law enforcement agency. OHC is committed to returning any overpayment obtained in error from a Federal Health Care Program or other payor.

The Corporate Compliance Director, along with relevant department managers and Members of the Corporate Compliance Committee, are responsible for evaluating OHC's training and education needs and ongoing monitoring activities to prevent the reoccurrence of any incidents of non-compliance.

***Please refer to the Policy on Reporting and Response System (16-1)***

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## **NON-RETALIATION OF EMPLOYEES WHO REPORT**

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It is every employees and medical staff's responsibility to promptly raise questions or report concerns. It's the only way our Corporate Compliance Program will be effective. **OHC will not tolerate retribution or retaliation against any employee or medical staff who acts in good faith** in raising a question or concern. OHC requires each person's assistance to identify and report any suspicious behavior or business practices so the Healthcare Center has an opportunity to correct them.

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## **NYS OFFICE OF MEDICAID INSPECTOR GENERAL (OMIG)**

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The Medicaid Fraud Unit in NYS requires providers to have an effective compliance program that addresses, at a minimum, the following:

- Billings
- Payments
- Medical Necessity and Quality of Care
- Governance
- Mandatory Reporting
- Credentialing (of physicians and providers)
- Other risk areas that should, with due diligence, be identified by the provider

These areas are incorporated into the applicable section of this compliance manual. In addition, how OHC monitors the effective operations of these particular topics are written in detail in OHC's Compliance Plan. Additional information can be found at [www.omig.state.ny.us](http://www.omig.state.ny.us)

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## **MEDICAID COMPLIANCE PROGRAM CERTIFICATION**

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OMIG requires all providers to certify to the OMIG office that a compliance program is in place that meets the requirements specified by the listed above. The certification is a form that the Compliance Officer or Compliance Director must sign during the month of December of every year.

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## **OFFICE OF INSPECTOR GENERAL (OIG) COMPLIANCE GUIDANCES**

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The OIG has developed numerous Compliance Program Guidances for many health care industry segments from 1988 to current date. There are similarities with all the Guidances; all are structured with the seven elements of a Compliance Program (refer to Commitment Statement above) and all have topics that the OIG has designated as high-risk areas for potential healthcare fraud and abuse. The Compliance Program Guidances illustrate the specific areas that the OIG's believes there could be healthcare fraud. To that end, the Guidances should provide 'guidance' for health care providers on methods to decrease the instances of healthcare fraud and abuse.

There are five OIG Compliance Program Guidances that are applicable to OHC's scope of business that provide detailed examples of the compliance risks with the operations for each service lines:

- Hospitals
- Supplemental Guidance for Hospitals
- Clinical Laboratories
- Nursing Facilities and
- Supplemental Guidance to Skilled Nursing Facilities.

All employees and agents should be aware of the risk areas, definitions and examples listed below and should bring any potential instance of non-compliance or concern to the attention of his or her direct supervisor or the Corporate Compliance Director.

The specific Guidances and additional information can be found at: <http://oig.hhs.gov>.

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## **WHAT DOES COMPLIANCE MEANS TO ME?**

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### **WHAT DOES THE COMPLIANCE PROGRAM MEAN TO ALL EMPLOYEES?:**

The following lists below provide examples of specific compliance guidelines for many specific departments at OHC and certain specialized functions. These examples describe the broad nature of OHC's compliance program and how it impacts day-to-day activities with not only services provided but also business functions.

**There are complex and frequently changing rules and regulations that guide each particular type of service line that OHC follows to help ensure compliant behavior. Therefore, it is not possible to list every potential compliance related scenario. If you are facing a situation where you think there might be a compliance related issue, you should discuss it with your manager, or the Corporate Compliance Director. Each individual OHC employee remains responsible and accountable for his/her compliance with applicable laws that govern his/her job responsibilities.**

### **FOR NURSING EMPLOYEES:**

#### **WHAT DOES COMPLIANCE MEAN TO ME?**

- Maintaining patient confidentiality in all written and verbal communications.
- Assuring that patient consent has been obtained when necessary.
- Monitoring that quality of care is provided to all patients regardless of where the services are provided in the hospital(outpatient setting, emergency room, inpatient status).
- Ensuring accurate and safe administration of medications by observing the 5 “rights” of medication administration (the **right dose** of the **right drug** at the **right time** to **right patient** by the **right route**).
- Ensuring nursing services are well documented in a timely manner in the patient chart.
- Notifying patients of their rights.
- Ensuring security of all patient medical records.
- Ensuring proper disposal of syringes, needles and bio-hazardous waste.
- Following universal precautions to protect against blood-borne pathogens.
- Following proper patient inter-hospital transfer and discharge procedures.
- Ensuring the patient is supplied with a discharge plan prior to discharge.

- Timely reporting of unusual patient occurrences.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all departmental policies and procedures.

**FOR PATIENT ACCOUNTING AND FINANCE DEPARTMENT EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Billing only for items or services that are actually provided.
- Ensuring claims submitted are for medically necessary services or items.
- Reviewing patient account credit balances regularly and making refunds as soon as possible, as appropriate.
- Bring any potential billing errors to your supervisor or managers attention as soon as possible
- Ensuring claims submitted are supported by a physician or other authorized practitioner's written order.
- Making an effort to collect all co-payments and deductibles due from patients.
- Furnishing itemized billing statement to patients, upon request.
- Ensuring payments received are for the correct amount. If not, refunding the accidental overpayment to the appropriate party in a timely manner.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all departmental policies and procedures.

**FOR THE REGISTRATION DEPARTMENT EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Ensuring accuracy of registration information by verifying **all** patient information including insurance at each encounter.
- Ensuring patient completes and signs back of face sheet that includes authorization to bill insurance and authorization to release information.
- Ensure the notice of privacy practices is provided to patients.
- Ensuring patients show proof of their identity.
- Utilizing advance beneficiary notices ("ABNs"), when applicable.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all department policies and procedures.

**FOR EMERGENCY DEPARTMENT EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Ensuring patients receive a medical screening exam prior to obtaining financial or insurance information.
- Assessing and stabilizing patients before transferring them to another facility.
- Timely and accurate documentation of the ED visit in the patient medical record.
- Providing emergency care services to any patient entering the ED regardless of insurance coverage or ability to pay.
- Assuring that patient consent is obtained where necessary and where possible.
- Ensuring proper disposal of syringes, needles and bio-hazardous waste.
- Providing, to the best of our ability, privacy to all ED patients (i.e. utilizing curtains and dividers).
- Ensuring patient confidentiality and not inappropriately releasing patient information to the media or unauthorized individuals.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all department policies and procedures.

**FOR RADIOLOGY /CARDIOLOGY DEPARTMENT EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Obtaining requisition and signed practitioner orders prior to performing any requested testing/procedure.
- Clarifying any illegible practitioner orders prior to performing the test/procedure.
- Obtaining medical history from the patient or medical record to ensure safe and accurate testing and results (i.e. allergies to contrast media, contradictions, panic disorders, etc.)
- Ensuring proper billing by using the appropriate code for the test/procedure.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all department policies and procedures.

**FOR LABORATORY DEPARTMENT EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- That lab tests will be completed when ordered by a physician or authorized practitioner with diagnosis information.
- Ensuring standing orders are reasonable and necessary through the routine monitoring to ensure orders are renewed every six months, if appropriate.
- Ensuring any lab IT errors are not systematic in nature and if so audit claims.
- Ensuring compliance OSHA regulations and other laboratory specific accrediting bodies.
- Utilizing advance beneficiary notices ("ABNs"), when applicable.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.

- Following all department policies and procedures.

**FOR QUALITY MANAGEMENT DEPARTMENT EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Following the specific mandatory reporting requirements for Federal and State Health Care Programs.
- Monitoring the hospital inpatient admissions for medical necessity, reasonableness of services and quality of care.
- Monitor quality of care for patients in the medical assistance program, as mandated by OMIG.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all department policies and procedures.

**FOR HEALTH INFORMATION MANAGEMENT (HIM) DEPARTMENT EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Following the National Correct Coding Initiative (NCCI);
- Claims are coded based on documentation in each patient's medical record.
- Ensuring admission and discharge information is accurately compiled on each patient so records can be coded.
- Consulting with the individual treating physician when medical record information is vague enough that it cannot be accurately coded.
- Maintaining knowledge of all of CMS's requirements.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all departmental policies and procedures.

**FOR PHYSICAL THERAPY DEPARTMENT EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Ensuring prescriptions are obtained prior to rendering services and updated prescriptions are obtained in a timely manner.
- Ensuring that the selection of diagnosis information, CPT/HCPCS codes area accurate.
- Ensuring the appropriate use of modifiers when coding and documenting.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all departmental policies and procedures

**FOR OUTPATIENT CLINIC EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Ensuring the selection and accuracy of any codes applied
- Ensuring complete medical record documentation is obtained.
- Ensuring the super bill is revised every year.
- Utilizing and issuing ABNs to patients, when appropriate.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.

**FOR THE HOUSEKEEPING AND MAINTENANCE DEPARTMENT EMPLOYEES:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Following Occupational Safety and Health Administration ("OSHA") regulations.
- Maintaining a clean and safe environment for patients, providers, visitors and employees.
- Complying with Material Safety Data Sheet Instructions ("MSDS").
- Resolving patient and visitor complaints related to the department's operations.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all departmental policies and procedures.

**FOR THE MEDICAL STAFF OFFICE IN CHARGE OF PROVIDER CREDENTIALING:  
WHAT DOES COMPLIANCE MEAN TO ME?**

- Ensure all physicians, nurse practitioners and physician assistants are credentialed appropriately prior to conducting business and providing patient care at OHC.
- Ensure the credentialing and recredentialing process includes the state laws and Joint Commission regulations that include verification of education and state licensure, verification of DEA license, copies of malpractice insurance, checking of the national practitioner data bank and NYS professional misconduct reporting site along with the OIG and OMIG exclusion site.
- Monitor the compliance of annual health assessments, tuberculosis tests and infection control training required by NYS.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all departmental policies and procedures.

**FOR THE COMPLIANCE DEPARTMENT IN CHARGE OF IMPLEMENTING THE COMPLIANCE PROGRAM:**

**WHAT DOES COMPLIANCE MEAN TO ME?**

- Meet with OHC personnel to discuss any concerns about potential non-compliance.
- Initiate follow up for any compliance reports made including document reviews, claims review, policy review and staff interviews.
- Make semi-annual verbal and written reports to the Board of Directors as part of the governance of the Compliance Program.
- Function as the chairperson to the corporate compliance committee and ensure it meets monthly and there is documentation of all discussion points.
- Ensure any overpayments received are properly and timely refunded by the patient accounting office and documented for future reference.
- Perform internal audits of areas designated by the annual compliance work plan and other areas as identified throughout the year.
- Appoint additional staff to assist in the performance of internal audits, as deemed necessary.
- Provide a report to specific department managers, senior management and the corporate compliance committee about topics investigated or internal audits conducted.
- Provide individual and small group training as a result of outcomes from internal audits.
- Provide the compliance program portion of general orientation for new employees.
- Monitor the attendance of annual compliance training sessions for all employees and specific training for selected groups of employees.
- Ensure that the annual OMIG compliance certification form is completed, signed, reviewed and filed appropriately by December 31<sup>st</sup> of every year, unless otherwise specified by OMIG.
- Ensure that the provider credentialing files are audited for accuracy and completeness of specific documents every year.
- Provide revisions to all compliance department related materials on an annual basis.
- Oversee the external audits conducted by Medicare and Medicaid.
- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all departmental policies and procedures.

**FOR THE EXTENDED CARE FACILITIES EMPLOYEES:**

**WHAT DOES COMPLIANCE MEAN TO ME?**

- Notifying residents of their rights.
- Ensuring quality of care through quality assurance activities and processes.
- Documenting all pertinent information in the resident medical record in a timely manner
- Developing and revising resident care plans as necessary.
- Discussing advance directive orders with patients and their families upon admission.
- Ensuring accurate, safe administration of drugs.
- Ensuring proper disposal of syringes, needles and bio-hazardous waste.
- Ensuring security of all patient medical records.
- Maintaining and promoting a safe, sanitary environment.
- Reporting incidents of mistreatment, neglect, or abuse to the administrator of the facility and other officials, as required by law.
- Promoting safe and proper use of physical or chemical restraints.

- Exhibiting behavior that is consistent with the code of conduct.
- Maintaining the privacy of protected health information.
- Ensuring OHC's privacy practice policy is followed if disclosure of protected health information is necessary.
- Following all departmental policies and procedures.

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## **THE EMPLOYEES' ROLE AND RESPONSIBILITY**

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OHC relies on you to ensure we continue to operate in a legal and ethical manner. Without you, the Corporate Compliance Program cannot succeed. As such, you are responsible for:

- Being honest in all your interactions with patients, co-workers, supervisors, management and medical staff.
- Becoming familiar with OHC's code of conduct, your specific department's policies and the regulations that relate to your job responsibilities.
- Listening to questions or complaints made by patients, family members or visitors and notify your supervisor/manager of those complaints.
- Reporting any concerns you may have about potential non-compliant behavior to your Manager or the Compliance Director

It is important that any concerns get resolved by the appropriate Director in charge because failure to to comply with applicable laws can result in civil fines or criminal penalties against OHC along with termination of participation in the Medicare and Medicaid program. Medicare and Medicaid patients are the majority of OHC's business. In some instances of intentional wrong doing, civil fines could also be assessed against individuals, not just the health care provider.

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## **OHC'S COMPLIANCE OVERSIGHT STRUCTURE**

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The Compliance Oversight Structure at OHC consists of:

- Corporate Compliance Director,
- Corporate Compliance Officer,
- Corporate Compliance Committee, and
- Governance of the OHC Corporate Compliance Program.

The (above) compliance-related roles have been added to existing positions at OHC.

*These compliance related positions oversee not only functions at the hospital, but also the nursing home, outpatient clinics, outpatient physical therapy and off site laboratory draw stations.*

- The Director of Informatics is also the Compliance Director.
- The Chief Financial Officer is also the Compliance Officer.
- The Department Directors hold positions in the Compliance Committee and
- The Board of Directors and Chief Executive Officer (CEO) is ultimately in charge of the governance of the compliance program.

These roles have been developed to ensure appropriate oversight of planning, designing, implementing, and maintaining organization-wide Compliance Programs and associated policies and procedures.

These individuals have complete and unrestricted access to information, employees and medical staff required to complete the designated corporate compliance responsibilities.

### **The Compliance Director**

The Compliance Director serves as the coordinator for **all** corporate compliance activities and functions in this role on a daily basis. The Corporate Compliance Director is principally responsible for the design, development and implementation of OHC's Corporate Compliance Program.

### **The Compliance Officer**

The Compliance Officer serves in an advisory capacity to the Compliance Director, primarily about financial matters that arise due to claim billings, reimbursements/payments and overpayments. The Compliance Officer is in charge of coordinating all government or other payor investigations and may seek the assistance of outside legal counsel.

### **The Corporate Compliance Committee**

The Corporate Compliance Committee members consist of management (typically Department Directors) and senior management personnel who, in this Committee's capacity, will serve as an oversight body for OHC Corporate Compliance Program. The Compliance Director is the Chairperson for the Corporate Compliance Committee meetings.

These committee member individuals have dual roles; to compliance and to their other area of operational responsibility. Committee Members are responsible for bringing compliance-related concerns to the meetings so a multiple department approach can be developed; and/or participation on sub committees to decrease the risk of compliance issues.

### **The Board of Directors**

The Board of Directors is the governing body over the entire Corporate Compliance Program. Each board member legally has a general 'duty of care' which is defined as the obligation to exercise the proper amount of care in their decision making process. The three-part duty of care test includes board members (1) acting in good faith (2) with the level of care that an ordinarily prudent person would exercise and (3) in a manner that they reasonably believe is in the best interest of OHC.

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## **DISCIPLINARY ACTIONS & SANCTIONS**

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After an investigation, if the concern reported requires disciplinary action, the disciplinary process will proceed per policy as outlined in the *Human Resources Progressive Disciplinary Policy*.

It is important to note that depending on the severity of the non-compliant behavior, progressive discipline is not required.

It is expected that employees and medical staff will report compliance issues. If it is found that an employee or a group of employees did not report compliance issues that they were aware of, they will be subject to discipline. The OHC's *progressive disciplinary policy* describes sanctions for (1) failing to report suspected problems (2) participating in non-compliant behavior and (3) encouraging or permitting active or passive non-compliant behavior.

Sanctions, which are penalties imposed, can result in not only disciplinary action, but also the removal of certain employment privileges, contract penalties, discharge from employment and in some cases civil and /or criminal prosecution from a government agency against an employee or medical staff member. Senior management would be involved with recommending any sanctions needed, as this is not an all inclusive list.

Employees and medical staff may also be subject to disciplinary action for:

- Failure to perform any of the required compliance training, and failure to complete any assigned compliance assignments.
- Failure of management personnel to detect non-compliance with their department's applicable policies, where reasonable due diligence on the part of the Director or Senior Manager would have led to the discovery of such non-compliance.

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## WHAT TO DO IN CASE OF A ON-SITE GOVERNMENT INVESTIGATION OR SEARCH WARRANT

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While it is very unlikely, an on-site Federal Government fraud and abuse investigation could occur at OHC. OHC is committed to preparing employees and medical staff in the unlikely event it should happen.

An investigation could be commenced during any time of the day, evening or night. Government officials could be from the OIG, DOJ, Federal Bureau of Investigations (FBI), United States Attorneys Office, the Fiscal Intermediary (FI) (Empire Medicare), the State Attorney General's Office, the State Department of Health (DOH) and OMIG. All employees and agents should follow the appropriate steps should a Government Agent present himself or herself at OHC. The same procedure is in place with or without a search warrant being presented. It is important to note that in the past, government agents have attempted to use intimidation to obtain confidential information about providers that includes questioning an employee or medical staff at his or her home residence. Therefore, the following steps apply to government agents who may contact an employee or agent on or off the Healthcare Center's property.

Employees and agents should:

1. Immediately notify their direct supervisor.
2. The direct supervisor should immediately notify the Corporate Compliance Officer or Corporate Compliance Director after receiving a contact from governmental agencies who may be conducting an investigation of OHC. (Contact is defined to include presenting a search warrant, any requests from governmental agencies to schedule future interviews or meetings with employees and medical staff or for written information under circumstances where the request seems out of the ordinary.)

3. Do not inadvertently waive personal or OHC rights such as the attorney-client privilege, the right to counsel and the right against self-incrimination. Upon initial contact, the employee or agent should only provide the name and location of the Corporate Compliance Officer and Corporate Compliance Director. Employees and agents do not have to answer any questions prior to the appropriate parties' arrival.

The Corporate Compliance Officer or Corporate Compliance Director will notify external legal counsel. External legal counsel will direct the investigation, in consultation with the Corporate Compliance Officer and Corporate Compliance Director.

*Please refer to Search Warrant and On-Site Investigation from a Government Agency (16-3) for additional instructions.*

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## **ANNUAL COMPLIANCE WORK PLAN**

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The Compliance Director is responsible for developing an annual compliance work plan and submit it to the Compliance Committee for feedback in December for the next calendar year. This work plan describes the areas that will be reviewed, whether it will be reviewed by internal or external resources, and describes whether it is a policy review, claims review and/or document review, and in which quarter of the year it will be completed.

Any changes to this work plan should be discussed at the Compliance Committee meetings. The work plan should also be shared with the Board of Directors during the first meeting of the said year.

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## **COMPLIANCE MONITORING & AUDITING POLICY**

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OHC recognizes the importance of performing regular, periodic compliance audits.

Compliance monitoring and auditing procedures will be implemented that are designed primarily to determine the accuracy and validity of the billing and coding submitted to Federal, state and private health care programs and detect other instances of potential misconduct by employees and medical staff.

Random samplings of records drawn from a cross-section of departments will be conducted on an annual basis. Specific monitoring and auditing plans will be included in the annual compliance work plan. It will include periodic tests of claims submitted to Medicare, Medicaid, and other health plans. It reviews the accuracy of the work of coding and billing personnel and patient registration representatives. For quality of care/medical necessity reviews, claims review will also include care provided by nursing and medical staff.

This provides a system for routine identification of compliance risk areas which is required by OMIG. OMIG requires a mandatory evaluation of four areas on a regular basis: (1) credentialing of providers (2) mandatory reporting (3) governance and (4) quality of care.

The Corporate Compliance Committee meeting minutes will provide documentation to demonstrate the compliance topics that are discussed and addressed.

*Please refer to Monitoring and Auditing Policy (16-8) for additional instructions.*

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## **COMPLIANCE PROGRAM EFFECTIVENESS**

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This Corporate Compliance Program shall be reviewed annually by the Corporate Compliance Committee, Corporate Compliance Officer and Corporate Compliance Director to evaluate the effectiveness of the plan and to determine if changes and/or revisions are necessary. The annual evaluation shall be promptly submitted to the Board of Trustees for consideration.

There are a few methods OHC will use to demonstrate the effectiveness of the compliance program.

1. That there have been reports made to the Compliance Director (either directly, through the hotline or report form). This indicates that staff is aware of the program and the reporting systems available.
2. That there are written reports that summarize specific compliance reviews/internal audits that were conducted. Ideally, there will be reviews conducted proactively from knowledge of a high risk area along with reviews conducted reactively by a concern reported.
3. Attendance rates for annual compliance training at 95% or above.
4. Corporate Compliance Committee meeting minutes that demonstrate the topics addressed and actions taken.
5. That there have been refunds made to Medicare or Medicaid for overpayments received in error. Subsequently, refunding of overpayments discovered as part of an internal audit is typically a routine procedure at the conclusion of the internal audit. Alternatively, if overpayments are found on a case-by-case basis, those too will be refunded timely and appropriately.

When any overpayments are discovered, OHC must determine how widespread the overpayment issue is and if there was any intention to defraud the government. OIG and OMIG both have 'self disclosure procedures' that are available to providers online that provide details on how to self-disclose any intentional and/or widespread systemic compliance issues that resulted in significant overpayments. OHC can follow the self disclosure protocols if necessary, with the assistance of external legal counsel.

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## **BILLING AND CLAIMS SUBMISSION POLICY**

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When claiming payment for OHC or professional services, OHC has an obligation to its patients, third party payors, and the Federal and state governments to exercise diligence, care and integrity with respect to billing and claims submission. The right to bill the Medicare and Medicaid programs, conferred through the award of a provider number or supplier number, carries a responsibility that may not be abused.

OHC is committed to maintaining the accuracy of every claim it processes and submits. Many people, throughout the Healthcare Center, have responsibility for entering charges and procedure codes. Each of these individuals is expected to monitor compliance with applicable billing rules.

Any false, inaccurate or questionable claims should be reported immediately to a direct supervisor or to the Corporate Compliance Director. Examples of false claims include:

- Claiming reimbursement for services that have not been rendered,

- Filing duplicate claims,
- “Upcoding” to more complex procedures than were actually performed,
- Including inappropriate or inaccurate costs on cost reports,
- Billing for a length of stay beyond what is medically necessary,
- Billing for services or items that are not medically necessary and
- Failing to provide medically necessary services or items.

There are steep fines, penalties and exclusions from the Federal and State Health Care Program that can be assessed for providers who are found to have submitted false claims under the Civil and Criminal False Claims Act.

The Fraud Enforcement and Recovery Act of 2009 (FERA) signed into law May 2009, implemented significant changes to the federal false claims act by expanding the scope of the false claims act liability and makes it possible to prove fraud against the government easier based on the revised law by widening the definitions of various key words and phrases.

*Please refer to Billing and Claims Submission Policy (16-9) for additional instructions.*

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## **COMPLIANCE TRAINING & EDUCATION POLICY**

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OHC’s initial compliance training program shall:

- Highlight the importance of a Corporate Compliance Program;
- Highlight our customized Corporate Compliance Program and Manual and Report Form, and
- Summarize Federal and State fraud and abuse laws.

This initial training was provided to existing employees and medical staff in January 2001. This initial compliance training has been incorporated into the General Orientation process for all future employees. New employees must complete a written quiz and score 80% or above to receive credit for this training. In addition, each new employee is required to sign an acknowledgement of receipt of both the Compliance Manual and policies.

Mandatory annual training for all employees is provided online through ‘inservice solutions’. Specialized training is provided to certain groups of departments and individuals, including Board Members.

Periodic compliance training and education sessions will be developed and scheduled by the Corporate Compliance Director. Attendance and participation in these education programs is a condition of continued employment. Attendance will be tracked and enforced. Failure to meet minimum prescribed requirements will result in disciplinary action, including possible termination.

*Please refer to Compliance Training Policy (16-7) for additional instructions.*

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## OIG EXCLUSION CHECK POLICY FOR PROVIDERS AND EMPLOYEES

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The OIG has authority to exclude individuals and entities from the Federal and State Health Care Programs. The OIG also has the authority to assess penalties to providers that violate the law by employing or contracting with an excluded individual or entity. An individual or entity is most commonly excluded for civil or criminal health care fraud and abuse. Exclusion could occur for fraud and abuse circumstances that were not intentional however also in circumstances when it was intentional.

OHC is prohibited from employing or contracting with any employee, agent or vendor who is listed by the OIG as debarred, excluded or otherwise ineligible for participation in Federal and State Health Programs. This prohibition is necessary to ensure OHC receives appropriate Federal healthcare program reimbursement for items and/or services provided to patients.

Any employee, agent or vendor who is charged with criminal offenses related to health care, must be removed from direct responsibility for or involvement in any Federal and State Health Program until resolution occurs. If resolution results in conviction, debarment or exclusion of the employee, agent or vendor, the Health Care Center's Corporate Compliance Committee must immediately review the case and proceed with termination of the contract or employment.

OHC shall terminate conditional employment or a conditional contract upon receiving results of the individual or organization being excluded from participation in Federal Health Programs until which time that they are not on the list.

There is a process in place to verify that new employees and providers are not excluded from the Medicare or Medicaid program. This occurs during the employment process and credentialing phase for providers.

There is a semi-annual process to ensure that all existing providers and employees are not excluded by OIG or OMIG.

*Please refer to Vendor/Contractor Exclusion Checks (16-6), Employee Exclusion Check (16-5), Physician Exclusion Checks (16-11) Policies for additional instructions.*

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## FREQUENTLY ASKED QUESTIONS

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The following questions and answers provide examples of how to apply OHC's Corporate Compliance Program:

### Changing Diagnosis Information

- Q. Physicians or nurses often call the Patient Accounting Office to correct or change a diagnosis in response to a patient complaint about claim reimbursement. Should providers or their employees call to correct or change information related to patient accounts?*
- A.** Only the provider who submitted the **original** information should make corrections to medical claim information. In addition, all changes to claim information must be supported by medical record documentation in the existing medical record prior to initiating changes to the claim for reimbursement.

Gifts

- Q. May a department or individual accept a basket of fruit or flowers sent by a patient, resident, physician or family member?*
- A. Yes. Gifts to an entire department or an individual may be accepted if they are consumable or perishable and are able to be shared with all staff who cared for that patient.

Monetary Gifts/Donations

- Q. What do I do if a patient's or resident's family member attempts or would like to provide a monetary donation to the Healthcare Center or to an individual employee or physician?*
- A. OHC appreciates donations because it assists us in carrying out our not-for-profit mission. Therefore, refer the family member to the Administration Department where the family member can be advised on completing the required paperwork to make a monetary donation.

Patient Confidentiality

- Q. We live in a small town, and most people in the community know one another. There is a physician in our hospital that sometimes requests medical records, whether he is taking care of the patient or not. Is he allowed to do this?*
- A. No. With respect to physicians, only the attending, covering or consulting physician or OHC Medical Director may have access to a patient's medical records. In addition, if a physician can demonstrate a relationship to the employee, he/she can also access patient records. For example, if a physician is scheduled to see a patient, he/she can access the records a day or two in advance to prepare for the examination. Patients are entitled to expect confidentiality, the protection of their privacy and the release of information only to authorized parties.

Violations of the Code of Conduct & Health Care Fraud

- Q. What would be considered fraudulent activities that would be in violation of the Code of Conduct or the Corporate Compliance Program?*
- A. Fraudulent activities include, but are not limited to, activities such as:
- Forgery of signatures;
  - Alteration of patient billing documents;
  - Documentation of services were provided or signing for services or medications provided when they were not;
  - Forgery or alteration of checks, drafts, promissory notes or securities;
  - Any misappropriation of funds;

- Swearing or being disrespectful of co-workers;
- Exhibiting behavior that is in violation of the code of conduct such as disruptive or inappropriate behavior
- Any irregularities of payments in connection with business transactions in the granting and obtaining of contracts;
- Falsifying or altering any report or record such as employment applications, payroll records, expense accounts, shipping/receiving records, medical records, patient records, or research records; and
- Giving or receiving monetary compensation as an incentive to produce patient referrals from physicians or other health care providers.

### Compliance Reporting Form

***Instructions:*** Any Oneida Healthcare Center Employee, physician or agent may complete this form if you feel there was/is a situation of potential non-compliance with NY State regulations, Federal regulations, OHC's own policies or OHC's Corporate Compliance Program.

***Please complete this form and forward or mail it to Renee Olmsted, the Corporate Compliance Director for review. Her office is located in the Informatics Department.***

Date:	
Name & department of individual writing this report (unless you wish to remain anonymous*):	
How do you wish the Compliance Director to contact you for follow-up?	Check one: Email/phone: ___ at OHC ___ at Home
Please provide phone number and/or email address.	Phone number: _____ Email address: _____
What are you reporting? Please explain your concern and why it concerns you.	
What are the date(s) or time frame for your concern?	
Department(s) involved:	
Any other individuals and/or department(s) involved (unless they wish to remain anonymous):	
Are there any supervisors or department managers you have spoken to about your concern? YES-NO	If yes, what actions did they take and what were you told?
Any additional information you would like to share?	

***Note:*** \*The Compliance Director will maintain this report in a confidential manner, which means that your identity will not be disclosed unless absolutely necessary. It is helpful for you to allow this to be handled confidentially rather than anonymously, so that the Compliance Director can contact you with any questions and with the outcome of her investigation. If you choose to remain anonymous, the Compliance Director may not be able to further the investigation or notify you directly of the outcome of any investigation. However, you may contact the Compliance Director directly at extension 2117 or phone 361-2117 if you have any further information or questions.