

**CAYUGA COUNTY  
HEALTH DEPARTMENT**

**CORPORATE  
COMPLIANCE PLAN**

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# CAYUGA COUNTY HEALTH DEPARTMENT

## Corporate Compliance Plan

### I. Introduction

#### A. Overview.

Cayuga County Health Department and its affiliated entities and programs (“Cayuga County Health Department” or “Organization”)<sup>1</sup> have adopted a Corporate Compliance Program that reflects its commitment to provide high quality of care and services and effective risk management. The Cayuga County Health Department is committed to preventing, detecting, and correcting any improper or unethical conduct or conduct that does not conform to federal and state law, payor program requirements and the Organization’s business practices. This Plan describes the Organization’s Compliance Program. The Program applies to: (1) billings; (2) payments; (3) medical necessity and quality of care; (4) governance; (5) mandatory reporting; (6) credentialing; and (7) other risk areas that are identified by the Organization.

The Organization’s Compliance Program applies to **all**: (1) individuals employed by the Cayuga County Health Department; (2) individuals and entities providing services and supplies to the Cayuga County Health Department; and (3) members of the Cayuga County Board of Health and the Cayuga County Legislature, (collectively referred to as “Personnel”). All Personnel are expected to read, understand and comply with this Plan (including the Code of Conduct). In addition, all Personnel are expected to report any conduct that they believe violates this Plan, the Organization’s policies, or applicable

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<sup>1</sup> “Cayuga County Health Department” includes the Cayuga County Home Care Agency, Long Term Home Health Care Agency, Programs for Children with Special Needs, and Community Health Services, an Article 28-Diagnostic

laws and regulations to their supervisor, the Organization's Associate Compliance Officer, the County Compliance Officer, or the County Compliance Hotline.

The Cayuga County Health Department's Compliance Program is necessary because federal and state government agencies have intensified their efforts to audit, investigate and prosecute Medicare and Medicaid fraud, waste and abuse. Civil and criminal audits and investigations of the health care and human services industry are occurring at an unprecedented rate and resulting in large fines and criminal convictions. Even if the outcome of an audit or investigation is positive, a lengthy audit or investigation can be extremely intrusive and disrupt the organization's ability to provide care and services. An effective Compliance Program such as this one can substantially reduce the Organization's and its Personnel's potential liability in the event of such an audit or investigation.

**B. The Program's Elements.** The Organization's Compliance Program consists of eight (8) elements. They are as follows:

- (1) Written compliance policies and procedures that describes the Organization's Compliance Program, including a Code of Conduct;
- (2) Appointment of a Compliance Officer who is responsible for the day-to-day operation of the Compliance Program and a Compliance Committee to assist the Compliance Officer;
- (3) Training and education of all affected Personnel on the Compliance Program;
- (4) Mechanisms to report compliance concerns;
- (5) Disciplinary policies to encourage good faith participation in the Compliance Program;
- (6) System for identifying compliance risk areas, including monitoring and auditing;

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and Treatment Center.

- (7) System for responding to, investigating, and correcting compliance problems; and
- (8) A policy of non-intimidation and non-retaliation for good faith participation in the Program.

Cayuga County Health Department's development and implementation of these eight (8) elements will require the full cooperation and participation of all Personnel. Such cooperation and participation will insure that the Organization maintains a high level of honest and ethical behavior in the delivery of its services.

## **II. Code of Conduct.**

It is the Organization's policy that all Personnel will comply with all laws, regulations, and ethical standards applicable to their duties. While each program within the Organization has its own laws and regulations that govern its specific operations, there are general standards of conduct applicable to all of the programs. The following standards of conduct apply to all Personnel:

### **A. General Standards.**

- Honesty and Lawful Conduct. Personnel must be honest and truthful in all of their dealings. Personnel must avoid doing anything that is, or might be, against the law. If you are unsure whether an action is lawful, then you should not do it until you have checked with your supervisor or the Compliance Officer.
- Respect for Patients/Clients Served. Personnel must fully respect the rights of the patient/clients (collectively referred to as "Individuals") served including their right to privacy, respect, dignified existence, self determination, participation in their own care and treatment, freedom of

choice, ability to voice grievances, and reasonable accommodation of Individual needs.

- Confidentiality. Personnel must hold the information concerning the Individuals they serve in the strictest of confidence. Such information will not be disclosed to anyone unless authorized by the Individual or his/her representative or otherwise permitted or required by law. The Organization will comply with all confidentiality laws, including HIPAA, the HITECH Act, Family Educational Rights and Privacy Act (“FERPA”) and the Red Flag Identity Theft rules.
- Business Information. Personnel may not disclose or release any confidential information relating to the Organization’s operations, pending or contemplated business transactions, trade secrets, and confidential Personnel information without the prior authorization of the appropriate supervisor. All confidential information is to be used for the benefit of the Organization and the Individuals it serves, and is not to be used for the personal benefit of Personnel, their families, or friends.
- Organizational Assets. All assets of the Organization shall be used solely for the benefit and purpose of the Organization. Personal use of the Organization’s assets is not allowed unless disclosed to and approved by the Compliance Officer.
- Non-Discrimination. Personnel shall not discriminate based on the recipient’s sex, gender, race, sexual preference, religion, creed, military

status, national origin, marital status, disability, status as a victim of domestic violence, or source of payment or sponsorship.

**B. Billing For Services.**

- Accurate and Truthful Claims and Cost Reports. Claims submitted for payment must be accurate and truthful, and reflect only those services and supplies which were ordered and provided. Cost reports must be prepared as accurately as possible and adequate documentation must exist to support information provided in the report. Non-allowable costs must be appropriately identified and removed, and related party transactions must be treated consistent with applicable laws and regulations.
- Coding. Coding of services shall accurately reflect the services rendered.
- Verification of Coverage. To the best of Personnel's ability, insurance coverage and benefits shall be verified. Any changes in coverage, or changes in benefits, shall be promptly communicated to the Individual and their family in writing. Personnel shall comply with the requirement that Medicaid is a payor of last resort and shall ascertain that other payors are not primary before billing Medicaid.
- Adequate Documentation. Billing of services and supplies must be based on accurate and adequate documentation to support the services and supplies, and in accordance with applicable laws and regulations and third party payor requirements.

- OASIS. All personnel shall adhere to all requirements related to OASIS assessments and shall provide accurate information about an Individual's medical condition on the OASIS.
- Inadequate or Substandard Care or Services. Claims shall not be knowingly submitted for payment for inadequate or substandard care or services.
- Excluded Providers. Claims for items or services furnished by an individual or entity that has been excluded from participation in a federal or state health care program shall not knowingly be submitted for payment.
- Record Retention. Records that demonstrate the right to receive payment, including medical records, will be retained for ten (10) years.

**C. Payment.**

- Credit Balances. A "credit balance" is an excess or improper payment as a result of billing or claims processing errors. If a department or program knows that it has received payments for which it was not entitled from a governmental or private payor or a recipient, the payments will be refunded to the appropriate payor or recipient.
- Receipt of Payments and Gifts. Personnel may not accept any gifts, gratuities or tips from any Individual (or his/her family) served by the Organization or from any individual or entity outside of the Organization, such as contractors and vendors, that are intended, or could be seen as intending, to influence the staff member's actions and decisions.

- Payment of Items or Gifts. Personnel may not give anything of value, including bribes, kickbacks, or payoffs, to any government representative, fiscal intermediary, carrier, contractor, vendor, or any other person in a position to benefit the Organization in any way.
- Exception for Nominal Value. Personnel may provide or receive ordinary and reasonable business entertainment and gifts of nominal value, if those gifts are not given for the purpose of influencing the business behavior of the recipient. “Nominal value” is defined as \$25.00 or less.

**D. Medical Necessity and Quality of Care and Services.**

- Delivery of Care and Services. All Individuals served by the Organization will be afforded the care and services necessary to attain or maintain the highest possible physical, mental, and psycho-social well-being. All clinical staff and Early Intervention Service Coordinators will be trained to evaluate and provide appropriate services and are encouraged to ask management or other senior staff members if unsure in any area. An Individual’s identified needs will drive any decisions related to the provision of services. For example, the Cayuga County Health Department Program for Children with Special Needs believes in a family centered approach to care where the best way to meet the needs of the Individual is through a multi-disciplinary approach.
- Ability to Provide. The Organization will refer Individuals and their families to other appropriate providers when it cannot provide for the Individual’s identified needs.

- Medical and/or Educational Necessity. Medical care and services shall be based on medical necessity and professionally recognized standards of care. Non-medical services shall be based on the programmatic requirements for those services.
- Appropriate Treatment. The Organization shall provide appropriate and sufficient treatment and services to address Individuals clinical conditions in accordance with their plans of care and professional standards of practice.
- Quality Improvement. The Organization shall have processes to measure and improve the quality of its care and services and the safety of the Individuals served. To the extent possible, the Organization's quality assessment and improvement processes shall be coordinated with the Organization's Compliance Program.
- Accountability. Personnel shall be responsible for being knowledgeable, balancing Individual needs, allowable benefits, and limited resources in carrying out services, supervision, and case management.
- Survey Performance. Personnel shall strive for deficiency-free surveys. Any deficiencies identified by state or federal agencies may reflect noncompliance with applicable laws and regulations. Therefore, current and past surveys should be reviewed in order to identify specific risk areas and where appropriate, incorporate corrective action into the program's policies, procedures, training and monitoring.

**E. Governance.**

- Board Oversight. Cayuga County’s Board of Health and the Cayuga County Legislature shall exercise reasonable oversight over the implementation of the Compliance Program and ensure that they receive appropriate information in a timely manner as is necessary and appropriate. The Board of Health and Cayuga County Legislature’s duty of “reasonable oversight” includes the duty to make reasonable inquiry when presented with extraordinary facts or circumstances of a material nature (i.e. indications of financial improprieties, self-dealing, or fraud) or a major governmental investigation.
- Conflict of Interest. In accordance with Cayuga County’s Conflict of Interest Policy, any actual or potential conflict of interest must be disclosed to ensure that the integrity of the Organization’s operations is not compromised. All Personnel must disclose to the Compliance Officer any financial interest that they or a member of their family have in any entity that does business or competes with the Organization in any manner.
- Maintaining Tax Exempt Status. Cayuga County is a municipality that has been granted exemption from federal and state tax. In order for it to maintain its tax exempt status, the Organization shall not engage in any activity that violates the requirements for tax exempt municipal corporations.

**F. Mandatory Reporting.**

- Abuse, Neglect, Mistreatment. Individuals receiving services will be free from abuse, neglect and mistreatment. Any allegations of abuse, neglect or mistreatment must be immediately reported to the appropriate supervisor and other officials as required by law and investigated in accordance with applicable policies, rules, and regulations.

**G. Credentialing.**

- Background Checks. The Organization, through the Cayuga County Human Resources Department, shall screen prospective employees, members, and contractors prior to engaging their services against websites which provide information on excluded individuals and entities, criminal backgrounds, and professional licensure and certification.<sup>2</sup> Screening should be done periodically to ensure such individuals and entities have not been excluded, convicted of a disqualifying criminal offense, or had their licensure or certification suspended, revoked or terminated since the initial screening.
- Home Health Aides. For home health aides and social work assistants, the Organization shall consult the State Registry of HHA and DOH in addition to the criminal background process.
- Physicians. For physicians and other healthcare practitioners, the Organization shall consult the National Practitioner Data Bank: <http://www.npdb.hpdb.com> and verify the physician's license.

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<sup>2</sup> All Personnel shall be screened to ensure they are not excluded individuals/entities and all Personnel providing direct care to individuals receiving services from the Organization shall undergo criminal background checks.

- Other Personnel. For all applicable employees, the Organization shall consult the Office of Inspector General's List of Excluded Individuals/Entities: <http://www.oig.hhs.gov/fraud/exclusions.asp>; [www.EPLS.gov](http://www.EPLS.gov); and [www.omig.state.ny.us/data/content/view/72/52/](http://www.omig.state.ny.us/data/content/view/72/52/)
- Employee, Director and Contractor Certifications. The Organization shall require all potential employees, members, and contractors to certify that they have not been convicted of an offense that would preclude employment, membership on the Cayuga County Board of Health or Cayuga County Legislature, or a contractual relationship with the Organization and that they have not been excluded from participation in any federal or state health care program. The Organization shall require all employees, members, or contractors to report to the Organization if, subsequent to their employment or commencement of Board or Legislature membership or a contractual relationship, they are convicted of an offense that would preclude their employment, membership, or contractual relationship with the Organization or that they have been excluded from participation in any federal or state health care program.

**H. Business Practices.**

- Improper and Illegal Means. The Organization will forego any business transaction or opportunity that can only be obtained by improper and illegal means, and will not make any unethical or illegal payments to anyone to induce the use of the Organization's services.

- Stark Law. The Organization shall comply with the Stark Physician self-referral law which prohibits a physician from making a referral for health services to any entity with which the physician or any members of his/her immediate family has a financial relationship.
- Business Records. Business records must be accurate and truthful, with no material omissions. The assets and liabilities of the Organization must be accounted for properly in compliance with all tax and financial reporting requirements.
- Purchasing. Purchasing decisions must be made with the purpose of obtaining the highest quality product or service for the Organization at the most reasonable price. No purchasing decision may be made based on considerations that Personnel, or their family member or friend, will benefit.
- Marketing and Referrals. All Personnel must refrain from improper or high pressure Individual solicitation or marketing. Personnel must be truthful in the representations they make in marketing the Organization's services, and never agree to offer anything of value in return for referrals.
- Relationships with Other Providers. Contracts, leases, and other financial relationships with hospitals, physicians, hospices, other medical providers and suppliers who have a referral relationship with the Organization will be based on the fair market value of the services or items being provided or exchanged, and not on the basis of the volume or value of referrals of

Medicare or Medicaid business between the parties. Free or discounted services or items will not be accepted or provided in return for referrals.

**I. Scope and Application of Standards to Personnel.**

- Responsibility of All Personnel. All Personnel are expected to be familiar with and comply with all federal and state laws, regulations, and rules that govern their job. Personnel are also expected to comply with this Compliance Plan (including the Code of Conduct) and Compliance Program and any applicable departmental and other compliance policies and procedures. Strict compliance with such standards is a condition of employment, and violation of any of these standards will result in discipline, up to and including termination.
- Department Heads, Supervisors and Managers. All department heads, supervisors and managers have the responsibility to help create and maintain a work environment in which ethical concerns can be raised and openly discussed. They are also responsible to ensure that the employees they supervise understand the importance of the Compliance Plan (including the Code of Conduct) and Compliance Program. The failure of department heads, supervisors and managers to so instruct their subordinates or to take reasonable measures to detect non-compliance by their subordinates will result in discipline, up to and including termination.
- Departmental Compliance Policies and Procedures. In addition to the Compliance Plan (including Code of Conduct) and Compliance Program, many of the departments have specific compliance policies and

procedures. These additional policies and procedures are an integral part of the Compliance Program and are designed to complement the standards set forth in this Plan.

### **III. Compliance Officer.**

**A. Authority and Duties.** Cayuga County has appointed a County Compliance Officer as well as an Associate Compliance Officer for the Health Department. The Health Department's Compliance Officer has been appointed to run the day-to-day operations of the Compliance Program and is responsible for receiving, investigating, and responding to all reports, complaints, and questions about compliance issues. The County's Compliance Officer is **Michele Anthony**, and the Health Department's Compliance Officer is **Kathleen Cuddy**.

The Compliance Officer shall, with assistance of the Associate Compliance Officer and other staff, as appropriate:

- Develop and implement policies, procedures, and practices designed to ensure compliance with the Compliance Program and applicable laws and regulations.
- Develop and coordinate educational and training programs and materials;
- Conduct and facilitate internal audits to evaluate compliance and assess internal controls;
- Investigate compliance inquiries and Hotline complaints and if appropriate develop corrective action plans, including self disclosure if appropriate;
- Ensure that the Human Resources Department is screening prospective Personnel in accordance with this Plan;

- Ensure that physicians, independent contractors, suppliers, and other agents who furnish medical, nursing, or other healthcare or personal care services to the Organization are aware of the Program's requirements;
- Disseminate information on the Organization's Compliance Program to independent contractors of the Organization;
- Work with the Associate Compliance Officers, Cayuga County Board of Health, Cayuga County Legislature, and the Cayuga County Board of Ethics<sup>3</sup> in reviewing and modifying this Plan, including the Code of Conduct, and the Compliance Program, to reflect the evolving nature of applicable laws and regulations and the priorities of the Organization;
- Assist management in review of the Organization's contracts for compliance with applicable laws and regulations and qualified status of contractors;
- Coordinate and oversee the: (1) compliance initiatives of the Organization's Departments; and (2) audits and investigations conducted by government agencies; and
- Maintain documentation of the following: internal and external audit and investigation results, logs of hotline calls and their resolution, corrective action plans, due diligence efforts with regard to business transactions, records of compliance training, and modification and distribution of policies and procedures.

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<sup>3</sup> Pursuant to Resolution number 216, passed on October 24, 2006, Cayuga County has adopted a County Board of Ethics to ensure the highest caliber of public administration and establish standards of conduct for County officers and employees.

The Compliance Officer's scope of authority and duties shall be determined by the Cayuga County's Board of Health and Cayuga County Legislature and modified from time to time as the Compliance Program is evaluated.

**B. Distributing Responsibility.** The successful implementation of the Compliance Program requires the distribution of compliance responsibilities throughout the Organization. The Compliance Officer shall develop a system that distributes the responsibilities described in this Plan and establishes accountability for performing such responsibilities.

Compliance issues are to be reported to the Associate Compliance Officer, who in turn will bring them to attention of the County's Compliance Officer. Depending on the findings, issues will be brought to the Director of Public Health ("Director"), Cayuga County Administrator, Compliance Committee, Board of Health, Cayuga County Legislature, and/or the County Ethics Board.

**C. Reporting.** The County Compliance Officer shall report to the Cayuga County Administrator, the Compliance Committee, the County Board of Health, and Cayuga County Legislature as appropriate, and at minimum, on an annual basis. The Associate Compliance Officer shall regularly report directly to the County Compliance Officer and the Compliance Committee on the activities of the Compliance Program.

**IV. Compliance Committee.**

**A. Appointment and Authority.** The Cayuga County Legislature shall appoint a Compliance Committee to advise the County's Compliance Officer and assist in the implementation of the Compliance Program. The Committee shall, at a

minimum, include the County Compliance Officer, Associate Compliance Officers<sup>4</sup>, and other members of senior management, including representatives from departments such as finance, human resources, clinical, information technology, and operations. The County Compliance Officer shall chair the Committee and the Committee shall support the County Compliance Officer in fulfilling his/her responsibilities. The Compliance Committee shall report to the Cayuga County Legislature, as appropriate, and at minimum, on an annual basis.

**B. Authority and Duties.** The scope of the Committee's authority and duties shall be determined by the Cayuga County Legislature and modified from time to time as the Compliance Program is evaluated. The Committee's primary duties are:

- Identification of specific risks areas,
- Assessing existing policies and procedures that address these risk areas and modifying them as needed,
- Working with departments to develop or modify standards of conduct, policies and procedures to promote compliance with legal and ethical requirements,
- Developing and evaluating appropriate strategies to promote compliance with the Compliance Program and detection of any potential violations,
- Evaluation and approval of all Compliance Program initiatives, processes and documentation, and
- Receiving, reviewing, and recommending appropriate responses to reports of actual or potential non-compliance with applicable laws, regulations,

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<sup>4</sup> Associate Compliance Officers from each of the following organizations shall be included on the Compliance

Code of Conduct, and policies and procedures in coordination with the Compliance Officer and with the assistance of counsel as necessary.

- C. **Meetings.** The Committee shall meet on at least a quarterly basis (or more often as necessary) to review the Compliance Program and activities.

V. **Compliance Training and Education.**

- A. **Applicability.** All affected Personnel shall participate in training and education on the Compliance Program, including the Code of Conduct. Training programs should include sessions summarizing fraud and abuse laws and federal health care program and private payor requirements.

- B. **Frequency.** Such training shall occur periodically and shall be made a part of the orientation for new employees as well as members of the Cayuga County Board of Health and Cayuga County Legislature. Such training is mandatory. Failure to participate may result in disciplinary action which may consist of a written warning up to and including possible termination subject to the due process, legal and contractual rights, if any, applicable to such individual.

- C. **Targeted Training.** In addition to general compliance training and education, face to face training and targeted compliance training that is tailored to particular individuals and departments and identified risk areas will be offered. Such training is mandatory.

- D. **Records of Training.** The Associate Compliance Officer or delegate shall ensure that records are maintained, including copies of training materials, the types of

training program offered, dates offered, and the individuals in attendance for a period of ten (10) years from the date of training.

- E. **Periodic Review of Training.** The County Compliance Officer and Compliance Committee shall periodically monitor, evaluate and assess the effectiveness of the Organization's training and education programs and shall revise such programs as necessary.
- F. **Distribution of Compliance Information.** In addition to periodic training and in-service programs, the Associate Compliance Officer will distribute any relevant new compliance information to affected Personnel. Such information may include fraud alerts, advisory opinions, newsletters, bulletins and email alerts.
- G. **Distribution and Certification of Plan.** This Compliance Plan will be made accessible to Personnel in whatever format is deemed appropriate, including posting on the Cayuga County Health Department website. Personnel will be required to examine the Compliance Plan and certify their examination within sixty (60) days of receipt of the Plan. New Personnel must certify their receipt of and examination of the Plan within sixty (60) days after their commencement date. Subsequent to the initial certification, each employee, and member shall annually repeat the procedure of examining the Plan and certifying that he or she has examined the contents thereof. The certifications will be distributed by, and returned to, the Associate Compliance Officer or his/her delegate.

**VI. Reporting Compliance Issues.**

**A. Required Reporting.** If any Personnel believe that fraud, waste, abuse or other improper conduct has occurred, **the individual is required to report such information internally.** Individuals who report such conduct in good faith shall not be retaliated against or intimidated for making such a report. The Organization shall maintain the confidentiality of reports to the extent feasible and permitted by law. An individual may report a concern to:

- His/her supervisor(s) if you are an employee;
- The Public Health Director, if you are an employee;
- His/her Associate Compliance Officer if you are an employee;
- His/her County Compliance Officer if you are an employee;
- Cayuga County Board of Health and/or Cayuga County Legislature if you are a member;
- The County's Compliance Voicemail Hotline. The dedicated voice mail Compliance Hotline number is **315-294-8015**. Callers may make anonymous reports to the Voicemail Hotline. The Compliance Fax Hotline is **315-253-1147**.
- In Writing. Complaints or reports may be made anonymously via written letter sent directly to the Compliance Officer. Home Health Agency employees may also place complaints in the "Hot File" located outside the Director of Patient Services Office in a sealed envelope labeled "Compliance Officer."

- OIG's Compliance Hotline. Personnel may also contact the Office of Inspector General hotline at 1-800-447-8477 if he/she wishes.

While the Organization requires such individuals to report fraud, waste, abuse or other improper conduct to the Organization, certain laws provide that individuals may also bring their concerns to the government.

- B. Confidentiality.** Any individual who reports a compliance concern in good faith will have the right to do so anonymously if he/she requests anonymity. The information provided by the individual will be treated as confidential and privileged to the extent feasible and permitted by applicable laws. However, individuals who report compliance concerns are encouraged to identify themselves when making such reports so that an investigation can be conducted with a full factual background and without any delay.
- C. Non-Retaliation and Non-Intimidation.** Any individual who reports a compliance concern in good faith will be protected against retaliation and intimidation. In such an instance, retaliation is itself a violation of the Code of Conduct and unlawful, and will not be tolerated. However, if the individual who reports the compliance issue has participated in a violation of law, the Code of Conduct or an Organization policy, the Organization retains the right to take appropriate disciplinary or other action against him/her/it, including termination of employment or membership on the Board of Health and Cayuga County Legislature, or in the case of a contractor, termination of the applicable contract.

## **VII. Responding to Compliance Problems.**

- A. Investigation of Reports.** Upon receiving a credible report of suspected or actual fraud, waste, abuse or other improper conduct or upon the identification of a potential or actual compliance problem in the course of self-evaluation and audits, the Compliance Officer will investigate such report or problem through internal compliance processes, and involve outside counsel, auditors, or other experts to assist in an investigation, as appropriate and necessary. The Organization requires that all Personnel fully cooperate in any such investigations. The investigative file should contain documentation of the alleged violation, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and documents reviewed, the results of the investigation, and any disciplinary and/or corrective action plan.
- B. Corrective Action.** After appropriate investigation, if the Compliance Officer determines that there has been an occurrence(s) of fraud, waste, abuse, improper conduct or violation(s) of the Code of Conduct, Compliance Program, the Organization's policies and procedures, and any applicable laws or regulations, the Compliance Officer or his/her delegate shall institute corrective action. Any problems identified shall be corrected promptly and thoroughly, and procedures, policies, and systems shall be implemented as necessary to reduce the potential for reoccurrence. Such action may include: additional training for Personnel, modification or improvement of the business practices of the Organization; and modification or improvement of the Compliance Program itself to better ensure continuing compliance with applicable federal and state laws and regulations;

disclosure to appropriate government agencies and/or third party payors; and repayment of funds that were improperly paid.

C. **Disciplinary Action**. After appropriate investigation, if the Compliance Officer determines that there has been an occurrence(s) of fraud, waste, abuse, improper conduct or violation(s) of the Code of Conduct, Compliance Program, the Organization's policies and procedures, and any applicable laws or regulations, the Compliance Officer or his/her delegate shall impose sanctions against those individuals involved. Sanctions shall be imposed against any Personnel for: (1) failing to report suspected problems; (2) participating in non-compliant behavior; and (3) encouraging, directing, facilitating or permitting non-compliant behavior. Sanctions shall be imposed subject to the due process requirements of any applicable employment contracts, organizational bylaws, or contracts or agreements. Sanctions shall be fairly and consistently applied and enforced in accordance with any written standards of disciplinary action.

- Employee sanctions can range from an oral warning to, in the most extreme cases, termination.
- Board of Health or Legislative member sanctions can range from written admonition to, in the most extreme cases, removal from the Cayuga County Board of Health and Cayuga County Legislature, in accordance with applicable bylaws, laws and regulations.
- Contractor sanctions shall range from written admonition, financial penalties, and in the most extreme cases, termination of the contractor's relationship with the organization.

**VIII. Monitoring and Auditing.**

- A. **System for Identifying Risks.** The Compliance Officer and/or the Compliance Committee shall develop a system for routine identification and evaluation of compliance risk areas. Such a monitoring and auditing system shall include the performance of regular, periodic compliance audits by internal or external auditors and department heads or designated personnel. Such audits will include reviews of the business and billing practices of the Organization and include measures to identify, anticipate, and respond to quality of care risk areas. In addition, such System shall include a periodic review of the Compliance Program to determine whether the elements of the Program have been satisfied and the effectiveness of the Program.

Cayuga County shall have an annual financial audit conducted by its Certified Public Accountants to examine on a test basis, evidence supporting the proper handling and reporting of amounts and disclosures relating to the financial activity of the Organization. Cayuga County Health Department shall also conduct reviews of business and contractual agreements and relationships as well as billing practices to reasonably ensure that all activities are in compliance with its Code of Conduct, standards, and procedures. Cayuga County Health Department shall also maintain a disclosure listing of all individuals associated with the Cayuga County Health Department who have identified outside party interests that represent potential conflicts of interest.

The Compliance Officer and/or Committee shall establish and implement standard operating procedures for conducting internal reviews. These procedures

shall establish specific schedules for the frequency of each type of review activity and the percentage of records and/or claims reviewed for each audit. Sampling shall be conducted in a manner consistent with generally accepted statistical standards. The results of such reviews shall be documented on a standardized form and retained for a minimum of ten (10) years.

- B. Corrective Action Plans.** The Compliance Officer and/or Committee shall receive and review the results of such reviews, develop a corrective action plan to remedy any deficiencies identified in the results, and provide the corrective action plan to those individuals who will be charged with the responsibility of implementing it. If periodic review and monitoring activities identify substantial deviation from acceptable norms, the Compliance Officer, Committee, Cayuga County Board of Health, and Cayuga County Legislature shall take prompt steps to address such deviations. Where additional investigation of such deviations is appropriate, the Compliance Officer and/or Director, in consultation with the Committee, shall retain the services of such independent advisors as shall be necessary to address such deviations.
- C. Documentation of Agency Consultations.** All Personnel, in their efforts to comply with a particular law or regulation who request advice from an employee of a federal, state, or local government agency, or a fiscal intermediary, carrier, or third party payor, such person, with advice from legal counsel as appropriate, should document the consultation in writing. Documentation should include the name and title of the party consulted, the date and time of the consultation, the subject matter of the consultation, and the advice received. Copies of

consultations involving substantial issues related to reimbursement or regulatory standards should be provided to the Compliance Officer for retention. Written documentation of agency guidance is critical to demonstrating the good faith reliance and due diligence of the organization and its Personnel requesting such advice. Good faith reliance on agency or payor advice will assist in avoiding or mitigating fines and other penalties.

**D. Government Inquiries.** If contacted by a government official, all Personnel are required to obtain the official's identification and immediately inform his/her supervisor and the Compliance Officer of the contact. While Personnel may voluntarily speak with such officials, Personnel are strongly encouraged that before they speak to such officials, they first contact their supervisor and the Compliance Officer. Their supervisor and/or the Compliance Officer will attempt to obtain additional information from the government official which will be useful to the Organization in deciding how to respond to the official's request.

In no event, however, may any Personnel respond to a request to disclose the Organization's documents without first speaking with their supervisor and/or Compliance Officer and receiving his/her/their approval to release documents. If appropriate, the supervisor and/or Compliance Officer shall seek advice from legal counsel prior to the release of any documents to the government. If it is appropriate to give a response to a request for information, the response given must be accurate and complete.

**IX. Compliance Contacts and Numbers.** Any Personnel may contact his/her supervisor(s), the Associate Compliance Officer, the County Compliance Officer or the County's

Compliance Hotline with any compliance question or concern. The contact information is as follows:

- The Associate Compliance Officer. The Organization's Associate Compliance Officer is **Kathleen Cuddy** who can be reached at **315-253-1447**.
- The County Compliance Officer. The Organization's Compliance Officer is **Michele Anthony** who can be reached at **315-253-3308**.
- The County's Compliance Voicemail Hotline. The dedicated voice mail Compliance Hotline number is **315-294-8015**. Callers may make anonymous reports to the Voicemail Hotline. The Compliance Fax Hotline is **315-253-1147**.
- OIG's Compliance Hotline. Employees/contractors may also contact the Office of Inspector General hotline at 1-800-447-8477 if he/she wishes.

**X. Laws Regarding the Prevention of Fraud, Waste and Abuse.**

**A. Federal Laws.**

Federal False Claims Act. Any person who submits a claim to the federal government that he/she knows (or should know) is false is subject to civil penalties of \$5,500-\$11,000 per false claim and treble damages. Individuals may be entitled to bring an action under this Act and share in a percentage of any recovery. However, if the action has no merit and/or is for the purpose of harassing the Cayuga County Health Department, the individual may have to pay the Cayuga County Health Department for its legal fees and costs.

Administrative Remedies for False Claims and Statements. If a person submits a claim that the person knows is false or contains false information or omits material information, such

person may be subject to a \$5,000 penalty per claim and double damages. Individuals are not entitled to share in any recovery.

Federal Anti-Kickback Law: Individuals/entities may not knowingly offer, pay, solicit, or receive remuneration in exchange for referring, furnishing, purchasing, leasing or ordering a service or item paid for by Medicare, Medicaid, or other federal health care program. Criminal or civil penalties include repayment of damages, fines, imprisonment, and exclusion from participation in federal programs.

**B. State Laws.**

New York has laws that are similar to the federal laws listed above. These include the New York False Claims Act, False Statements Law, Anti-Kickback Law, Self Referral Prohibition Law, Health Care and Insurance Fraud Penal Law. Individuals may be entitled to bring an action under the False Claims Act, and share in a percentage of any recovery. However, if the action has no merit and/or is for the purpose of harassing the Cayuga County Health Department, the individual may have to pay the Cayuga County Health Department for its legal fees and costs.

**C. Whistleblower Protections.**

Federal Whistleblower Protection: An employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against because of his/her lawful acts conducted in furtherance of a False Claims Act action may bring an action against the employer. However, if the employee's action has no basis in law or fact or is primarily for harassment, the employee may have to pay the employer its fees and costs.

New York State Whistleblower Protection: Employees who, in good faith, report a false claim are protected against discharge, demotion, suspension, threats, harassment, and other

discrimination by their employer. Remedies include reinstatement, two times back pay plus interest, and litigation costs and attorneys' fees.

*\*These are summaries of very complex laws. The Corporate Compliance Officer can provide you with more information about these laws, or their application to any situation you may encounter. These laws all serve the important function of protecting the Federal and State health care programs from fraud, waste, and abuse and allow those funds to protect the beneficiaries of these programs. The Cayuga County Health Department supports the goals of these laws and requires all employees, contractors and agents to comply with these laws as part of our mission of providing services to individuals.*

## **XI. PROGRAM EVALUATION**

The Corporate Compliance Officer will oversee an annual review of the Corporate Compliance Program. The Corporate Compliance Officer will randomly survey staff as to their knowledge and understanding of the Program. The Corporate Compliance Officer will make a report to the Cayuga County Board of Health and Cayuga County Legislature at least annually on the activities and the effectiveness of the Program. In addition, the Corporate Compliance Officer shall examine any certifications of compliance required by law to be filed with government regulatory agencies. To the extent that completion and filing of such certifications are necessary and appropriate, the Compliance Officer shall be responsible for their completion and filing with the applicable government regulatory agency.

## **XII. SUMMARY**

The Cayuga County Health Department is proud of its reputation for consistently practicing the values of professionalism, quality, personal service, and trust. As a values-driven organization, the Cayuga County Health Department is committed to complying with all applicable laws and regulations.

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