



Adirondack Health Institute

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POLICY AND PROCEDURE

Department: Compliance

Title: Corporate Compliance Plan

Effective Date: 2/2014

Annual Review Date: 9/2019

Date Revised: 9/2018

Introduction

Adirondack Health Institute (AHI) strives to maintain its reputation for conducting all fiscal and operational activities in accordance with the highest level of business and community ethics. AHI's mission is to promote, sponsor, and coordinate initiatives and programs that improve health care quality, access, and service delivery while ensuring compliance with applicable federal, state, and local laws, regulations, and guidelines.

This Corporate Compliance Plan is designed to prevent, detect and respond to accidental and intentional noncompliance with applicable laws and regulations throughout the organization.

Definitions

Workforce member: Employees, board members, volunteers, interns, independent contractors, vendors, agents and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.

Code of Conduct

Adirondack Health Institute, its Board of Directors and staff are committed to core values which include justice, service, stewardship, dignity, charity, excellence, and integrity. For these reasons, AHI conducts all of its business and other practices honestly and ethically and in compliance with all applicable federal, state, and local laws and regulations as well as all payer or other applicable requirements.

AHI has created a Corporate Compliance Plan to prevent, detect and respond to the occurrence of unethical or illegal behavior in the workplace. This Plan applies to all workforce members of AHI and AHI PPS Partner organizations.

Suspected violations of the Corporate Compliance Plan should be reported to the Chief Compliance Officer at **(518) 480-0111 ext. 109**, via email at ahicomplianceteam@ahihealth.org or by submitting a Compliance Report Form.



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Chief Compliance Officer

The Role of the Chief Compliance Officer

- A.** The CEO, in consultation with the Chair of the Audit and Compliance Committee, will have the responsibility of hiring and/or terminating the Chief Compliance Officer.

The Chief Compliance Officer reports directly to the CEO and the Audit and Compliance Committee and has the responsibility to administer and manage all tasks related to establishing, monitoring and updating the corporate compliance program. There will be at least quarterly reporting/communication to the CEO, Senior Management Team, Audit and Compliance Committee, Board of Directors and, when necessary legal counsel. AHI Chief Compliance Officer is Jeff Hiscox.

B. Job Duties

The Chief Compliance Officer's responsibilities include, but are not limited to:

1. Developing and implementing corporate compliance policies and procedures;
2. Supervising the implementation and maintenance of the corporate compliance plan;
3. Conducting and/or providing oversight of internal audits to monitor the effectiveness of the corporate compliance plan;
4. Coordinating, developing, and participating in an educational and training program on the basic principles of corporate compliance and ethical business practices;
5. Providing guidance to AHI and related personnel regarding policies and procedures, applicable laws, rules, and/or regulations;
6. Ensuring that AHI's independent contractors have acknowledged receipt of the requirements of this plan and understand that they are bound to comply with the plan;
7. Maintaining a reporting system for anonymously reporting noncompliance issues and/or receiving assistance regarding possible violations;
8. Investigating any reports or allegations of potentially unethical or improper business practices;
9. Monitoring corrective action and/or compliance following an investigation;
10. Forwarding recommendations to the Audit and Compliance Committee regarding standards and criteria relevant to compliance issues;
11. Preparing and forwarding compliance reports on a quarterly basis;
12. Submitting an annual summary and evaluation report to AHI's CEO, Senior Management Team, Audit and Compliance Committee and Board of Directors that identifies any risk areas within AHI;
13. Reviewing the corporate compliance plan on an annual basis and recommending updates, modifications, or revisions to the Audit and Compliance Committee based on changes in law, standards, and/or procedures of governmental or other payers.
14. Report any compliance issues identified in connection to distribution and use of DSRIP funds to DOH.



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General Conduct

All AHI workforce members will act in accordance with the highest level of professional and ethical standards in relation to AHI's operations, documentation, coding, billing, and day-to-day activities with an eye toward preventing fraud, waste, and abuse.

Copies of the corporate compliance plan, related policies and procedures are available in the organizational intranet policy and procedure folder, as well as on the DSRIP policy and procedure webpage. Upon acceptance of a position at AHI, newly hired personnel receive corporate compliance training pertinent to the organization as a whole and specific to the department within which they have been assigned to work. Additionally, all other AHI workforce members will receive corporate compliance training pertinent to the organization as a whole and relevant to their specific role(s) with AHI. All workforce members will adhere to the confidentiality regulations set forth in HIPAA and Title 42 of the Code of Federal Regulations; the conflict of interest, code of conduct and whistleblower policies approved by the AHI Board of Directors.

False Claims Act (31 USC sec 3729-3733)

The False Claims Act (nicknamed the "Lincoln Law") dates back to the civil war which was marked by fraud at all levels, federal, state and confederacy. The False Claims Act (FCA) imposes civil liabilities on organizations and individuals that make false claims for payment to the government. It is used today to authorize federal prosecutors to file a civil action against any person or entity that knowingly files a false claim with a federal health care program, including Medicare or Medicaid programs. The FCA applies to hospitals, providers, beneficiaries, and health plans doing business with the federal government as well as billing companies, contractors, and other persons or entities connected with the submission of claims to the government. The FCA is set forth in Title 31 of United States Code, beginning with section 3729.

The government can use the FCA against both organizations and individual practitioners and employees who commit billing fraud. It applies to any person who does the following:

1. Knowingly presents or causes to be presented, a false or fraudulent claim for payment or approval to an officer or employee of the United States government;
2. Knowingly makes, uses or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the government;
3. Conspires to defraud the government by getting a false or fraudulent claim allowed or paid; or
4. Knowingly makes, uses or causes to be made or used, a false record or statement or conceals, avoids, or decreases an obligation to pay or transmit property to the government.

Anyone who violates the FCA is liable for civil penalty of not less than \$10,781 and not more than \$21,563 per claim, plus three times the amount of the damages the government sustains. The government may also



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exclude violators from participating in Medicare, Medicaid and other government programs. Intentional submission of a false claim is subject to federal criminal enforcement and may also be liable to the United States government for the costs of civil action brought to recover any penalties or damages. The government relies heavily on the federal and state FCA to prosecute billing fraud. The FCA authorizes what is known as *qui tam* actions and awards to *qui tam* plaintiffs. The FCA's *qui tam* provisions permit private persons to: (1) sue, on behalf of the government, persons or entities who knowingly have presented the government with false or fraudulent claims; and (2) share in any proceeds ultimately recovered as a result of the suit.

The FCA includes provisions to discourage employers from retaliating against employees for initiating *qui tam* lawsuits. Any employee who is terminated, demoted, suspended or in any way discriminated against because of acts in support of an action under the FCA has a right to sue the employer for reinstatement, back pay and other damages.

In addition to the federal FCA and Social Security legislation (1902(a)(68)(A)), New York has its own False Claims Act, set forth in Section 145-b of the New York Social Services Law. The New York False Claims Act is triggered by claims for payment submitted to the state and its agencies. The New York False Claims Act is very similar to the FCA in terms of the types of acts that give rise to liability.

The Office of Inspector General's self-disclosure protocol allows providers to conduct their own investigations, take appropriate corrective measures, calculate damages and submit the findings that involve more serious problems than just simple errors to the agency.

AHI and each of its workforce members will fully comply with the False Claims Act, whistle blower statutes, and all reporting procedures. Any AHI workforce member found to be in violation of the False Claims Act will face sanctions up-to termination of employment, affiliation, or contract with AHI, in accordance with general AHI disciplinary policies.

Reporting Fraud, Waste, and Abuse

Workforce members who are aware of any violations of the code of conduct, false claims, or of any other inaccurate practices are expected to report their concerns to the Chief Compliance Officer. Anyone who makes a good faith report to their immediate supervisor or the Chief Compliance Officer, of a potential corporate compliance violation is specifically protected from retaliation.

Reports can be made in person, by email [ahicomplianceteam@ahihealth.org], by online report form, by postal mail or phone call. Written reports may be made by completing a Corporate Compliance Report Form and mailing it to: AHI Compliance Officer, 101 Ridge Street, Glens Falls, NY 12801.

Compliance report forms may be completed anonymously and training on location of forms will be provided to all employees, executives, interns, volunteers, and governing body members during compliance training. Additionally, forms will be provided to contractors and agents of AHI and will be made available on AHI's website.



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The confidentiality of the person making the report will be protected to the fullest extent possible. AHI prohibits retaliation or threats of reprisal against any person who reports a possible corporate compliance violation. If retaliation occurs, it should be reported immediately to the Chief Compliance Officer, the CEO, or the Board of Directors.

Investigation and Enforcement

When a complaint about non-compliance is made, or where concerns about compliance are discovered through audit, self-monitoring, or other means, the complaint or concerns will be thoroughly investigated. Routine identification of compliance risk areas, including but not limited to, the distribution and use of DSRIP funds will also be monitored and audited as necessary. In the event of malfeasance, disciplinary action up to and including termination will be taken. Investigations may include:

- a full review of data to substantiate the report
- interviews of staff, clients, contractors, or others
- a review of inappropriate payments to determine the amount involved, impact of patterns/trends, period of non-compliance, and the circumstances leading to the problem

The Chief Compliance Officer will develop and initiate a corrective action plan with ongoing follow-up to ensure corrective action has been taken and will prepare a report regarding any formal investigations conducted, the findings of the investigation, and the actions taken to address any compliance violations. The report will be given to AHI's CEO, Audit and Compliance Committee and Board of Directors. Records reporting real or potential noncompliance issues will be maintained in a locked file cabinet. All copies of reports disseminated for review will be collected and disposed of in a confidential manner. All documentation related to corporate compliance issues as outlined in this plan will be retained for a period of seven years (or as required by state and federal mandates).

Education and Training

All AHI employees, board members, volunteers, and interns will be trained, upon onboarding with AHI and at the annual staff and/or board in-service trainings, to ensure that they are knowledgeable about the corporate compliance plan, their responsibilities under the plan, and how to report violations under the plan. Training attendance logs will be maintained by the Chief Compliance Officer. Individual staff training sheets will be signed by personnel acknowledging training.

All other workforce members and AHI's PPS Partner organizations will be trained on AHI's compliance plan via materials provided to them by AHI Compliance Department and training will be deemed valid after return receipt of signed Attestations.

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Disciplinary Action

AHI expects that all workforce members will comply with the compliance plan, including the requirements of reporting and assisting in the resolution of all compliance issues. Failure to comply with any aspect of the compliance plan will result in disciplinary action up-to and including termination of employment, affiliation, or contract with AHI, in accordance with general AHI disciplinary policies.

Auditing and Billing Compliance Monitoring

AHI will establish accurate and effective internal controls to ensure compliance with relevant standards. The purpose of the ongoing auditing process is to identify actual or potential issues in a timely manner so that systemic checks and balances can be imposed quickly to prevent future recurrences.

Self-Disclosure

AHI will ensure that any significant errors discovered during self-auditing that have resulted in overpayments will be reported to the New York State Office of Medicaid Inspector General. AHI will engage in a good faith effort to ensure prompt resolution and repayment.

AHI PPS Partner Organizations Monitoring and Reporting Obligations

AHI expects that all PPS Partners will comply with the compliance plan, including the requirements of monitoring, auditing, self-disclosure, and reporting and in assisting in the resolution of all compliance issues involving DSRIP funds. Any PPS Partner suspecting fraud, waste, or abuse of DSRIP funds is expected to report compliance issues at the earliest possible opportunity to AHI’s Chief Compliance Officer via any method outlined in this plan. Failure to comply with any aspect of the compliance plan will result in disciplinary action up-to and including termination of contract with AHI, in accordance with general AHI disciplinary policies. Anyone who makes a good faith report to AHI’s Chief Compliance Officer, of a potential corporate compliance violation is specifically protected from retaliation.

In an effort to assure that all potential compliance issues are reported, AHI requires all PPS Partners to also have an anti-intimidation and anti-retaliation policy in place to protect any workforce member of its organization who makes a good faith report to AHI.

Excluded Providers and Credentialing

AHI will exclude from its service provision those providers the OMIG lists as “excluded” from Medicaid reimbursement during the period of exclusion, and it will exclude service providers who are not properly licensed. Contractors and agents of AHI shall perform the same investigations on their applicants, employees, contractors, vendors, and referral sources prior to that individual’s or entity’s hire, contract, or use and periodically thereafter.



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Conclusion

AHI seeks to maintain the highest ethical standards in all of its activities. As such, it expects its workforce members and PPS Partner organizations to comply with its Corporate Compliance Plan at all times. The Compliance Department will verify compliance to this plan through various methods, including but not limited to, periodic walk-throughs, business tool reports, internal and external audits, and any other necessary means of investigation.

Contact Person: Corporate Compliance and Privacy/Security Specialist

Responsible Person: Chief Operating and Compliance Officer

Approved by: Chief Executive Officer