

Revised 1-21-2014

ALP COMPLIANCE PROGRAM

Policy and Procedures

I. WRITTEN STANDARDS OF CONDUCT

The WCA Home believes that the best method to ensure consistency and compliance is through these written policies and procedures. This Compliance Program and Manual applies to all employees and other persons associated with the provider's Medicaid services. This program contains policies and procedures designed to ensure compliance with all applicable State and Federal laws and regulations governing:

A. Code Of Conduct

The WCA Home has a policy of maintaining the highest level of professional and ethical standards in the conduct of its business. The WCA Home places the highest importance upon its reputation for honesty, integrity and high ethical standards.

These standards can only be achieved and sustained through the actions and conduct of all personnel of the WCA Home. Each and every employee, including management employees, executives, officers and the governing body, of the WCA Home is obligated to conduct himself/herself in a manner to ensure the maintenance of these standards. Such actions and conduct will be important factors in evaluating an employee's judgment and competence, and an important element in the evaluation of an employee. Employees who ignore or disregard the principles of this code will be subject to appropriate disciplinary actions.

Employees must be cognizant of all applicable federal and state laws and regulations that apply to and impact upon the WCA Home's provision of services, documentation, billing functions, as well as the day-to-day activities of the WCA Home and its employees and agents. This includes the requirements regarding confidentiality of personal health information. Each employee who is materially involved in any provision of service, documentation, coding or billing functions has an obligation to familiarize himself or herself with all such applicable laws and regulations, and employees must adhere at all times to the requirements thereof. Where any question or uncertainty regarding these requirements exists, it is incumbent upon, and the obligation of, each employee to seek guidance from a knowledgeable officer of the WCA Home, such as the Chief Compliance Officer.

The elements of the WCA Home's code of conduct are implemented through the compliance programs described herein (the Compliance Program). The purpose of the Compliance Program is to assist all WCA Home staff through the development and implementation of internal controls and procedures that promote adherence to statutes and regulations applicable to State and Federal health care programs.

This Compliance Program is intended to prevent both inadvertent and intentional noncompliance with applicable statutory, regulatory and other requirements; to promote the detection of noncompliance if it occurs; to discipline offenders when appropriate; and to educate the WCA Home staff on the importance of compliance and the WCA Home's compliance procedures.

This Compliance Program will be reviewed as needed, at least annually, and updated as needed to ensure that the WCA Home maintains the highest possible compliance procedures. The WCA Home recognizes the importance of and is committed to educating its employees on up-to-date compliance standards and procedures.

The standards of conduct set forth in this Compliance Program constitute The WCA Home's policy. Any questions or concerns relating to any compliance related matter should be immediately referred to the WCA Home's Chief Compliance Officer.

Consistent with the Compliance Program, the WCA Home bills only for services that are actually ordered, codes accurately, and documents medical necessity. It is the responsibility of every employee of the WCA Home to be familiar with this Compliance Program and to be sensitive to any situations that may violate it and their obligation to report such violations. Claims of ignorance, good intentions and bad advice are not acceptable as excuses for non-compliance. Those in supervisory positions have the additional responsibility to verify that supervised personnel understand and comply with the standards of professional and business conduct set forth in this Compliance Program.

B. Risk Areas

The following areas are potential risk areas for noncompliance. This list is not all-inclusive of all potential areas of noncompliance; however, employees and contractors should pay special attention to the following areas:

1. Billing for items or services not actually rendered
2. Billing for services authorized by a physician who has been excluded from the Medicaid program and/or whose state license is not current as evidenced on the NYS Board of Education website. **Check with DON for (LEIE)**
3. Duplicate billing
4. Billing for anything other than the RUGs category assigned by a PRI nurse for whom a current certification has been provided
5. Knowingly billing for services that the resident does not require
6. Knowingly billing for inadequate or substandard care
7. Billing for services provided by unqualified or unlicensed clinical personnel
8. Inaccurate or incomplete Adult Care Facility Financial Reports
9. Failure to promptly notify Medicaid of any known overpayment
10. Knowing failure to return overpayments made by Medicaid
11. Licensed Home Care Services Agencies ("LHCSA") incentive to actual or potential referral sources
 - a. Anti-kickback statute (42 U.S.C. 1320-a-76)
 - b. Stark physician referral law (42 USC 1395n)
 - c. Joint ventures between parties, one of whom can refer Medicaid business to the other

12. Insufficient documentation for services performed and reimbursement claimed
13. False dating of amendments to documentation
14. Falsified plans of care
15. Knowingly relying on untimely and/or forged physician certifications on Medical Evaluation
16. Discriminatory admission and discharge of residents
17. Failure to adhere to LHCSA and ALP licensing requirements

C. Claim Development And Submission Process

It shall be the policy of the WCA Home to:

- Prior to billing, provide for sufficient and timely documentation of all personal care services, including subcontracted services, to ensure that only accurate and properly documented services are billed.
- Emphasize that a claim should be submitted only when appropriate documentation is maintained, appropriately organized in legible form, and available for audit and review.
- Provide that the compensation for billing department personnel and billing consultants should not offer any financial incentive to submit claims regardless of whether they meet applicable coverage criteria for reimbursement or accurately represent the services rendered.
- Establish and maintain a process for pre and post submission review of claims to ensure that claims submitted for reimbursement accurately represent medically necessary services actually provided, supported by sufficient documentation, and in conformity with any applicable coverage criteria for reimbursement.

In anticipation of claims being made to Medicaid, services should be evaluated for appropriateness and must be consistent with the plan of care.

1. Authorized Services: Claims should only be submitted for services that the WCA Home has documentation of authorization by the physician or other appropriately licensed individual.
2. Plan of Care: The WCA Home must take all responsible steps to ensure that the plan of care is developed in accordance with the services authorized by a physician.
 - a. The plan of care must be dated, and signed by the LHCSA nurse
 - b. The plan of care must be periodically reviewed by the LHCSA nurse
 - c. Should the LHCSA nurse determine that the physician's orders are inconsistent with the resident's needs; the LCHSA nurse shall notify the ordering physician.

D. Annual Adult Care Facility Financial Report

Annual Adult Care Facility Financial reports are submitted by the WCA Home to the New York State Department of Health. The WCA Home's policies should ensure that it supplies complete and accurate data for such reports.

E. Anti-Kickback and Self-Referral Concerns

The WCA Home has appropriate policies and procedures for compliance with Federal and State anti-kickback statutes, as well as the Stark physician self-referral law. These policies provide that:

1. All of the WCA Home's contracts and arrangements with actual or potential referral services are reviewed by counsel and comply with applicable statutes and regulations;
2. The WCA Home does not submit or cause to be submitted to Federal health care programs claims for patients who were referred to the WCA Home pursuant to contracts or financial arrangements that violate the anti-kickback statute, Stark physician self-referral law or similar Federal or State statutes and regulations; and
3. The WCA Home does not offer or provide gifts, free services, or other incentives to patients, relatives of patients, physicians, hospitals, contractors, assisted living facilities, or other potential referral source for the purpose of inducing referrals.

F. Retention of Records

The WCA Home will retain all records related to residents and resident billing for three years after the death or discharge of the resident, but in no event any less than six years from the date of creation.

G. Compliance as an Element of a Performance Plan

This Compliance Program requires that adherence to the plan shall be a factor in evaluating employee performance. The Compliance Program also serves as a resource and training guide for staff and governs conduct of daily operations. As such, in addition to specific policies and procedures, the Compliance Program also contains the following relevant guidance and instruction regarding key compliance issues:

- OMIG Special Fraud Alerts;
- OMIG Advisory Opinions;

Relevant State and Federal Laws and Regulations.

The Chief Compliance Officer will review and update this Program as needed, but no less than annually.

II. DESIGNATION OF A CHIEF COMPLIANCE OFFICER

A. Chief Compliance Officer

The WCA Home will, at all times, have a Chief Compliance Officer ("CCO") who reports to the Chief Executive Officer and provides reports to the Governing Authority.

The CCO is Terry Kuhn

Terry Kuhn can be reached directly by telephone (**716-672-7961**), e-mail (**complianceofficer@netsync.net**), or in person at her office.

The WCA Home's CCO will have the following responsibilities:

- The oversight, monitoring and implementation of the Compliance Program;
- Holding and chairing regular meetings with staff regarding the WCA Home's compliance efforts, expectations and results;
- Providing regular (quarterly) reports to the WCA Home's Governing Authority regarding the WCA Home's compliance efforts and strategies to improve the Compliance Program;
- Regularly revising the Compliance Program to improve The WCA Home's compliance efforts and respond to changes in laws, regulations and payor health plans;
- Ensuring that all the WCA Home's staff have read and understood this Compliance Program, and obtained a signed acknowledgment of such;
- Developing, coordinating and participating in compliance education and training programs and ensuring that staff are properly educated and trained concerning compliance;
- Developing corrective compliance action plans and communicating said plans directly to the WCA Home's CEO;
- Maintaining a reference source related to compliance process and assuring that all staff periodically review said material;

- Regularly checking the anonymous "drop" box located outside the Med Room for reports of problems, noncompliance and suggestions to improve the Compliance Program;
- Conducting an annual review of the WCA Home's compliance efforts and providing the review to the CEO and the Governing Authority.
- Ensuring that the HHS-OIG's List of Excluded Individuals and Entities (<http://exclusions.oig.hhs.gov/>), the General Services Administration's List of Parties Debarred from Federal Programs (<https://www.epls.gov/>), and the OMIG website (<http://www.omig.state.ny.us/data/content/view/72/52/>), have been checked with respect to all employees and independent contractors.

III. TRAINING AND EDUCATION

The WCA Home's compliance training has two essential objectives: (1) training all staff to perform their jobs in accordance with this Compliance Program, and (2) advising all staff regarding adherence to proper compliance practices are a condition of continued employment.

New staff will receive compliance training within 60 days of their start date. Thereafter, staff will receive refresher training and updates on an annual basis or more frequently as appropriate.

The WCA Home will utilize appropriate training methods to include distribution of written compliance material, in-house training and outside seminars.

Specific elements of compliance training and coding and billing training are described below.

A. Compliance Training

The WCA Home will provide compliance training to all employees and members of the governing authority. This training will be provided under the direction of the Chief Compliance Officer. All new personnel will receive training regarding the Compliance Program as part of the orientation process. Ongoing training will also be provided with respect to changes in the Compliance Program and new legal and/or regulatory requirements. Training will also focus on targeted risk areas as identified by the WCA Home. This training will emphasize the importance of compliance practices, which are essential to the operation of the WCA Home. All employees will be educated as to their role in the Compliance Program and the consequences of noncompliance. All compliance training will be documented.

B. The WCA Home's staff, the Governing Board and the Home Care Quality Assurance Team will receive training which includes:

1. Government payor reimbursement principles;
2. General prohibitions on paying or receiving remuneration to induce referrals;
3. Improper alterations of clinical records;
4. Providing personal care services with proper authorization;
5. Providing documentation of services rendered;
6. Resident rights and education
7. Duty to report misconduct
8. Whistle Blower Policy

IV. EFFECTIVE LINES OF COMMUNICATION

Open lines of communication are essential to the proper implementation of the Compliance Program. All employees and other persons associated with the provider's Medicaid services are covered by this program and are urged to discuss compliance-related matters with their supervisors and the CCO. In addition, all staff are advised that:

- They must report conduct, which a reasonable person would in good faith, believe to be fraudulent or erroneous.
- They must report conduct they believe to be fraudulent or erroneous through any of the following means:
- Anonymously through the WCA Home's "drop" box **located on hallway wall by Medication office**
- Telephone the CCO: **716-672-7961**
- E-mail CCO: **Complianceofficer@netsync.net**
- Report any questionable activity to a supervisor or to the CCO.

- To knowingly fail or refuse to report fraudulent or erroneous conduct is a violation of the Compliance Program and can result in disciplinary action.

All compliance-related questions and/or noncompliance concerns will be promptly addressed by the CCO.

Whistle Blower

A whistleblower as defined by this policy is an employee of the WCA Home who reports an activity that he/she considers being illegal or dishonest to one or more of the parties specified in this policy. The whistleblower is not responsible for investigating the activity or for determining fault or corrective measures; appropriate management officials are charged with these responsibilities.

Examples of illegal or dishonest activities are violations of federal, state or local laws; billing for services not performed or for goods not delivered, and other fraudulent financial reporting.

If an employee has knowledge of or a concern of illegal or dishonest fraudulent activity, the employee is to contact his/her immediate supervisor or the Administrator. The employee must exercise sound judgment to avoid baseless allegations. An employee who intentionally files a false report of wrongdoing will be subject to discipline up to and including termination.

Whistleblower protections are provided in two important areas—confidentiality and against retaliation. Insofar, as possible, the confidentiality of the whistleblower will be maintained.

However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law and to provide accused individuals their legal rights of defense. The WCA Home will not retaliate against a whistleblower. This includes, but is not limited to, protection from retaliation in the form of adverse employment actions such as termination, compensation decreases, or poor work assignments and threats of physical harm. Any whistleblower that believes he/she is being retaliated against must contact the Administrator immediately. The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing that is alleged and investigated.

All reports of illegal and dishonest activities will be promptly submitted to the Administrator, who is responsible for investigating and coordinating corrective action.

Employee with questions regarding this policy should contact the Administrator.

The CCO and or Administrator will be responsible for investigating and resolving all reports of fraudulent or erroneous conduct, including appropriate corrective action. The confidentiality of all individuals who report fraudulent or erroneous conduct will be maintained by the WCA Home where possible.

There will be no retribution, intimidation, or retaliation for reporting conduct, which a reasonable person, acting in good faith, would believe to be fraudulent or erroneous, regardless of whether the conduct ultimately proves to be fraudulent or erroneous.

V. AUDITING AND MONITORING

The WCA Home regularly evaluates the effectiveness of its Compliance Program through a monitoring and audit process. The Chief Compliance Officer will be responsible for this ongoing analysis. The key elements of the monitoring and evaluation process are as follows:

A. COMPLIANCE AUDIT

The WCA Home will regularly evaluate the Compliance Program to determine whether its policies and procedures are effective, current and complete. Whenever the policies and procedures are found to be ineffective or outdated, they will be revised as appropriate (e.g., updates of rate codes, prior approval, ICD-9 codes, provider codes, changes in applicable laws and regulations). External audits will be performed when required by law or when deemed necessary by the CCO.

B. KEY ELEMENTS

The WCA Home's review process by the compliance officer (or other reviewers) shall include:

1. Visits and interviews of residents;
2. Analysis of service and census records;
3. Testing of billing staff regarding reimbursement coverage criteria and official coding guidelines;
4. Assessment of existing relationships with physicians, hospitals and other potential referral sources;
5. Examination of the WCA Home's complaint logs;
6. Reviewing the personnel records of individuals with past compliance reprimands and monitoring their current compliance performance;
7. Interviews with personnel involved in management, operations, claims development and submission, patient care, and other related activities;
8. Reviews of clinical documentation, financial records, and other source documents that support claims for reimbursement and Medicaid cost reports;
9. Validation of credentials of physicians who authorize services provided by the WCA Home; and Review of resident care plans and supporting materials and documentation.

VI. ENFORCING STANDARDS THROUGH DISCIPLINARY PROCESS

A. Disciplinary Policy and Actions

All employees and other persons associated with the provider's Medicaid services are responsible for compliance-related violations will be subject to the provider's disciplinary process. Thus, all covered persons who fail to report suspected problems, participate in non-compliant behavior or encourage, direct, facilitate or permit, either actively or passively, non-compliant behavior, will be subject to disciplinary policies. Such policies will be fairly enforced. Discipline may include the following:

- Warnings (oral)
- Reprimands (written)
- Probation
- Demotion
- Temporary suspension
- Discharge from employment
- Referral for appropriate sanctioning by regulatory agencies and/or criminal prosecution
- Termination of contract, for cause, for any person associated with the provider's Medicaid services by the terms of a contract or other agreement.

B. New Employee Policy

1. For all new employees with discretionary authority to make compliance decisions or with compliance oversight, the WCA Home will conduct a reasonable and prudent review of the information obtained during the application process including a reference check as part of evaluating candidates for employment by the WCA Home.
2. Employment applications will require the applicant to disclose any prior criminal conviction and the WCA Home will not employ those for whom a recent conviction of a criminal offense related to health care or a dependant population is uncovered through the application process.
3. The WCA Home will prohibit the employment of individuals that are ineligible for participation in federal health programs.

VII. RESPONDING TO DETECTED OFFENSES AND DEVELOPING CORRECTIVE ACTION PLAN.

For each instance in which the CCO becomes aware of noncompliance, the CCO will conduct an investigation, and document his or her findings as to the following:

- Whether, in fact, there is noncompliance;
- What parties are responsible for such noncompliance;
- What corrective action plan is appropriate? A corrective action plan may include re-training, disciplinary actions, the formulation of procedures to prevent future noncompliance and other actions to improve the Compliance Program; and
- After consultation with legal counsel, whether a particular violation is reportable under applicable State or Federal law.
- Violations and fraudulent findings (**Risk Areas, see page 2**) will be reported to OMIG by Administrator and CCO immediately.

SELF DISCLOSURE EFFORTS

WCA Home is required to promptly self-identify and disclose to OMIG any overpayments and repay them. The federal Affordable Care Act also requires providers to identify, self-disclose, explain, and repay overpayments within 60 calendar days of identification of the overpayment regardless of the financial threshold of participation in the Medicaid program. OMIG has a self disclosure protocol that enables providers to make disclosures directly to OMIG. Through this process, providers who identify that they received reimbursement to which they were not entitled, whether caused by mistake, fraud, or accident, must disclose the parameters of the problem and its potential Medicaid financial impact.

DISCOVERY OF OVERPAYMENT

Notify OMIG, Go back to ePACES claim filing program, via eMedNY.
Void/change or edit claim and refile. Medicaid will determine any necessary payment adjustments.

VIII. ADOPTION BY GOVERNING AUTHORITY

This Compliance Program has been adopted by the Governing Authority as of the 17th day of October, 2011.

ACKNOWLEDGEMENT FORM

I, _____, hereby acknowledge that I have received a copy of the WCA Home Compliance Program. I have reviewed and understand the Compliance Program. If at any point I have questions regarding my obligations under the Compliance Program, I shall obtain clarification from the Chief Compliance Officer. If I suspect or am aware of any conduct that may be fraudulent or erroneous, I understand that I am obligated to report this conduct to the Chief Compliance Officer. I understand that I will not suffer any retribution, intimidation, or retaliation for reporting such conduct. I further understand that I may be disciplined if I do not report conduct which I suspect or know is fraudulent or erroneous.

Signed: _____ Title: _____

Date: _____