

COUNTY OF ORANGE
DEPARTMENT OF HEALTH



Corporate Compliance Plan

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CORPORATE COMPLIANCE PLAN

I. Corporate Compliance Plan

It is the policy of the Orange County Department of Health (“Department”) that all of its business and other practices be conducted at all times in compliance with all applicable federal, state, and local laws and regulations, and payer requirements. The policies contained in this Corporate Compliance Plan document (“Plan”) serves as a guide to implement this policy of compliance with all applicable standards. It is applicable to all staff employed within the Department and all contractors, consultants, and agents associated with the services rendered by, through, or, on behalf of, the Department.

A. Commitment

The Department is committed to conducting its business affairs with integrity based on sound ethical and moral standards. The Department will hold our employees and contractors, consultants, and agents, if any, to these same standards.

The Department is committed to maintaining and measuring the effectiveness of its corporate compliance policies and standards through monitoring and auditing systems reasonably designed to detect noncompliance by its employees, contractors, consultants and agents. The Department requires the performance of regular, periodic compliance audits by internal and/or external auditors that have expertise in federal and state healthcare statutes, regulations, and healthcare program requirements.

B. Responsibility

All employees, contractors, consultants, and agents of the Department shall acknowledge that it is their responsibility to report any instances of suspected or known noncompliance to the Corporate Compliance Officer or their immediate supervisor. Reports may be made anonymously without fear of retaliation or retribution. Failure to report known noncompliance or making reports that are not in good faith will be grounds for disciplinary action, up to and including termination.

C. Policies and Procedures

The Department will communicate its corporate compliance standards and policies through required training initiatives to all employees, contractors, consultants, and agents.

The Department is committed to these efforts through distribution of this policy and the County's Code of Ethics.

D. Enforcement

This Plan will be consistently enforced in accordance with state and federal laws and, for County employees, the governing collective bargaining agreement through appropriate disciplinary mechanisms including, if appropriate, discipline for those individuals responsible for the failure to detect and/or report noncompliance.

E. Agency Response

Detected noncompliance, through any mechanism, including but not limited to corporate compliance auditing procedures and/or confidential reporting, will be responded to in an expedient manner. The Department is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to this Plan.

F. Whistleblower Provisions and Protections

The Department will not take any retaliatory action against an employee and/or contracted individual who discloses certain information about the Department's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that the Department is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes healthcare fraud under the law or that assert, in good faith, substandard quality of patient care.

G. Mission

The Department's mission is to provide quality healthcare services and information to the public. Services will be delivered consistent with applicable law, rules, regulations, policies, and procedures of the licensing authorities.

H. Expectations

The Department expects every employee and contracted practitioner who provides services to adhere to the highest ethical standards and to promote ethical behavior. Any employee whose behavior is found to violate ethical standards pursuant to the governing County collective bargaining unit agreement will be subject to disciplinary action. Any contracted party whose behavior is found to violate ethical standards will be subject to disciplinary actions including, but not limited to, contract termination.

I. Due Diligence

The Department will, at all times, exercise due diligence with regard to background and professional license investigations for all prospective employees and contracted

healthcare practitioners. The Department's Fiscal/Administrative Officers will coordinate new employee background investigations, and confirmation of licensing documentation prior to hiring healthcare practitioners.

Employees may not engage in any conduct that conflicts with the best interests of the Department or the County. Employees must comply with standards of the County's Code of Ethics.

Employees and contracted practitioners are expected to maintain complete, accurate, and contemporaneous records as required by law and/or the policies of the Department. The term "records" includes all documents, both written and electronic, relative to the provision of healthcare services provided by the Department or that provide support for the billing of such services. When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to the Corporate Compliance Officer or immediate supervisors.

II. The Role of the Corporate Compliance Officer

A. Corporate Compliance Officer

The Corporate Compliance Officer has direct lines of communication to the Commissioner, office of the County Attorney, and the County Executive.

B. Job Duties

Responsibilities of the Corporate Compliance Officer include, but are not limited to:

1. Developing and implementing corporate compliance policies and procedures;
2. Overseeing and monitoring the implementation of the corporate compliance program;
3. Conducting and/or directing the Department internal audits to monitor effectiveness of corporate compliance standards;
4. Providing guidance to Department personnel regarding policies and procedures, applicable laws, rules and/or regulations;
5. Updating, periodically, this Plan as changes occur within the Department, and/or in the law, regulations and/or governmental and third party payers;
6. Overseeing efforts to communicate awareness of the contents of this Plan;
7. Coordinating, developing and participating in the educational and training program;
8. Assuring all contracted practitioners have acknowledged receipt of the requirements of this Plan;
9. Maintaining a reporting system to assure an expedient response to concerns, complaints and questions related to this Plan; and
10. Coordinating internal investigations and implementing corrective action where appropriate.

III. The Structure, Purpose, Function and Membership of the Corporate Compliance Committee

A. Reporting Structure and Purpose

Corporate Compliance Committee members are appointed by the Commissioner and participation within the committee structure is voluntary. Corporate compliance issues shall be reported to the Corporate Compliance Officer or immediate supervisors. The purpose of the Committee is to advise and assist the Corporate Compliance Officer with implementation of this Plan.

B. Function

The roles of the Corporate Compliance Committee include:

1. Analyzing the environment in which the Department does business;
2. Reviewing and assessing existing policies and procedures that address risk areas for possible incorporation into this Plan;
3. Developing standards, policies and procedures that address specific risk areas and encourage corporate compliance according to legal and ethical requirements;
4. Advising Department personnel relative to its corporate compliance matters;
5. Developing internal systems and controls to carry out corporate compliance standards and policies;
6. Discussing internal and external auditing results and developing an action plan to address potential non-compliant issues;
7. Implementing corrective and preventive action plans; and
8. Developing a process to evaluate and respond to complaints and problems.

C. Membership

Initially, the following named individuals (or their successors) shall serve on the Corporate Compliance Committee:

1. Corporate Compliance Officer – Christopher Ericson, Deputy Commissioner
2. Deputy Commissioner of Health – Kerry Gallagher
3. Director of Patient Services – Mary Marsh
4. Director of Intervention Services – Vacant
5. Fiscal/Administrative Officer – Gretchen Riordan
6. EI/Pre-K Fiscal – Lisa-Ann DeNisco

The Chairman of the Committee shall be the Corporate Compliance Officer.

IV. Delegation of Substantial Discretionary Authority Requirement

Any employee, prospective employee, or contracted practitioner who holds, or intends to hold, a position with substantial discretionary authority in or for the Department, is required to disclose any name changes, and any involvement in non-compliant activities, including but

not limited to healthcare related violations and crimes. The Department performs reasonable inquiries into the background of its employee applicants and contracted practitioners.

V. Education and Training Expectations

A. Expectations

Education and training are critical elements of this Plan. Every employee and contracted practitioner is expected to be familiar and knowledgeable about this Plan and have a solid working knowledge of his or their responsibilities under this Plan. A copy of this Plan will be distributed to all employees and independent contracted practitioners. All such persons will be required to acknowledge in writing the receipt of this Plan and the obligation to adhere to the policies and standards contained in it.

B. Training Topics – General

All personnel shall participate in training on the topics identified below to obtain a functional understanding of operational and reimbursement regulations and guidelines:

1. Government and private payer reimbursement principles;
2. History and background of corporate compliance;
3. Legal principles regarding corporate compliance;
4. General prohibitions on paying or receiving remuneration to induce referrals and the importance of quality healthcare;
5. Prohibitions against submitting a claim for services rendered when documentation of the service does not exist to the extent required;
6. Prohibitions against signing for the work of another employee;
7. Appropriate methods of alteration of medical records and prohibited alterations;
8. Proper documentation of services rendered; and
9. Duty to report misconduct.

C. Orientation

In addition to the above, targeted training will be provided to all managers and any other employees whose job responsibilities include activities related to compliance topics. The Committee shall assist the Corporate Compliance Officer in identifying areas that require specific training. The Corporate Compliance Officer and Division Directors are responsible for distribution of the terms of this Plan to all contract practitioners doing business with the Department.

As part of their orientation, each Department employee and each contracted practitioner shall receive a written copy of this Plan and such other policies, procedures, and mandated standards of conduct as outlined in the County's Code of Ethics and applicable laws, rules, and regulations as shall be determined by the Committee from time to time.

D. Attendance

All education and training relating to this Plan will be verified by attendance and a signed acknowledgement of receipt of this Plan and standards. Attendance at corporate compliance training sessions is mandatory and is a condition of ongoing employment.

VI. Effective Confidential Communication

A. Expectations

Open lines of communication between the Corporate Compliance Officer and every employee, contracted practitioner, and individual subject to this Plan is essential to the success of our corporate compliance program. All employees or contracted practitioners shall report any wrong-doing or suspected wrong-doing according to the procedure listed below. No employee or contacted practitioner shall participate in any wrongful course of action and shall further report wrong-doing.

B. Reporting Procedure

If an employee or contracted practitioner, witnesses, learns of, or is asked to participate in potential non-compliant activities, in violation of this Plan, he or she should contact the Corporate Compliance Officer (in person at Orange County Department of Health, 124 Main Street, Goshen, New York 10924-2410 or via telephone at 845-291-2332) or his or her immediate supervisor. Anonymous reports may be mailed in a sealed envelope marked "CONFIDENTIAL" to Corporate Compliance Officer, Orange County Department of Health, 124 Main Street, Goshen, New York 10924-2410. Upon receipt of a question or concern, supervisors shall document the issue at hand and report to the Corporate Compliance Officer. Any questions or concerns relating to potential non-compliance by the Corporate Compliance Officer should be reported immediately to the Commissioner.

The Corporate Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee or contracted practitioner or complainant wants information, the Corporate Compliance Officer or designee shall record the facts of the complaint; the nature of the information sought and responds as appropriate. The Department shall, as much as is possible and permissible by law, protect the identity of the employee, or contracted practitioner who reports any complaint or question.

C. Protections

The identity of reporters will be safeguarded to the fullest extent possible and will be protected against retribution. Report of any suspected violation of this Plan by following the above procedure shall not result in any retribution. Any threat of reprisal against a person who acts in good faith pursuant to his or her responsibilities under this policy is acting against this policy and is subject to discipline, up to and including termination of employment, or for contract practitioners, termination of contract.

D. Guidance

Any individual may seek guidance with respect to this Plan or the County's Code of Ethics at any time by following the reporting mechanisms outlined above.

VII. Enforcement of Corporate Compliance Standards

A. Background Investigations

For all employees (or prospective employees) and contractors of the County who have authority to make decisions that may involve corporate compliance issues, the Department will conduct a reasonable and prudent background investigation, including a reference check, as part of every employment application.

Contractors and agents of the County 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 as determined by the Department.

The following organizations shall be queried to perform these background checks:

The General Services Administration (GSA) list of parties excluded from federal programs:

<http://epls.gov/epls/servlet/EPLSSSearchMain/2>

The United States Department of Health and Human Services Office of the Inspector General cumulative sanction report¹:

<http://exclusions.oig.hhs.gov/search.html>

The New York State Medicaid Fraud Database

<http://www.health.state.ny.us/nysdoh/medicaid/dqprvpg.htm>

The licensure and disciplinary record of the New York State Office of Professional Medical Conduct (Physicians, Physician Assistants):

<http://www.health.state.ny.us/nysdoh/opmc/main.htm>

The New York State Department of Education (other license professionals)

<http://www.op.nysed.gov/rasearch.htm#name>

New York State Office of the Medicaid Inspector General (OMIG) website:

www.omig.state.ny.us

¹ The complete listing; NOT the thirty (30) day "short list" search.

Applicants, employees, and others acting on behalf of the County are required to disclose any name changes and any involvement in non-compliant activities, including healthcare related crimes.

B. Disciplinary Action - General

Employees who fail to comply with this Plan and its standards, or who have engaged in conduct that has the potential of impairing the Department's status as a reliable, honest, and trustworthy service provider will be subject to disciplinary action, as permitted by New York State Law and the collective bargaining agreement. Any discipline will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The Corporate Compliance Officer shall maintain a record of all disciplinary actions involving this Plan and report at least quarterly to the Commissioner regarding such actions.

C. Performance Evaluation - Supervisory

This Plan requires that the promotion of, and adherence to the elements of corporate compliance be a factor in evaluating the performance of the Department's employees and contracted practitioners. Such persons will be periodically trained in new compliance policies and procedures. In addition, Division Directors shall:

1. Discuss with all supervised employees the corporate compliance policies and legal requirements applicable to their function;
2. Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment; and
3. Disclose to all supervised personnel that the Department will take disciplinary action, up to and including termination or revocation of privileges for violation of these policies and requirements.

D. Disciplinary Action - Supervisory

Division Directors will be subject to discipline for failure to adequately instruct their subordinates, or for failing to detect noncompliance with applicable policies and legal requirements, where reasonable diligence on the part of the Division Director would have led to the earlier discovery of any problems or violations and would have provided the Department with the opportunity to correct them.

VIII. Auditing and Monitoring of Corporate Compliance Activities

A. Internal Audits

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of this Plan. An ongoing auditing and monitoring system, implemented by the Corporate Compliance Officer, in consultation with the Corporate Compliance Committee, is an integral component of our auditing and monitoring systems. This ongoing evaluation shall include the following:

1. Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions;
2. Corporate compliance audits of corporate compliance policies and standards; and
3. Review of documentation and billing relating to claims made to federal, state, and private payers for reimbursement, performed internally or by an external consultant as determined by the Corporate Compliance Officer and Corporate Compliance Committee.

The audits and reviews will examine the Department's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and contracted practitioners), and consumer record documentation reviews.

B. Plan Integrity

Additional steps to ensure the integrity of this Plan shall include:

1. Annual review with the County Attorney or his designee of all records of communications and reports by all employees or contractors kept in accordance with this Plan.
2. The Corporate Compliance Officer will be notified immediately in the event of any visits, audits, investigations or surveys by any federal or state agency or authority, and shall immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing and/or administering a federally or state-funded program or County-funded program with which Department participates.
3. Establishment of a process detailing ongoing notification by the Corporate Compliance Officer to all appropriate Department personnel of any changes in laws, regulations or policies as well as appropriate training to assure continuous compliance with this Plan.

IX. Detection and Response.

A. Violation Detection

The Corporate Compliance Committee shall determine whether there is any basis to suspect that a violation of this Plan has occurred.

If it is determined that a violation *may have* occurred, the matter shall be referred to the County Attorney's Office, which, with the assistance of the Corporate Compliance Officer, shall conduct a more detailed investigation. This investigation may include, but is not limited to, the following:

1. Interviews with individuals having knowledge of the facts alleged;
2. A review of documents; and
3. Legal research and contact with governmental agencies for the purpose of clarification.

If advice is sought from a governmental agency, the request and any written or oral response shall be fully documented.

B. Reporting

At the conclusion of an investigation, the Corporate Compliance Officer shall issue a report to the Corporate Compliance Committee summarizing his or her findings, conclusions, and recommendations and will render an opinion as to whether a violation of the law has occurred.

The report will be reviewed with the County Attorney or his designee. Any additional action will be on the advice of the County Attorney.

C. Rectification

If the Department identifies that an overpayment was received from any third party payer, the appropriate regulatory and/or enforcement authority shall be appropriately notified with the advice and assistance of the County Attorney. It is our policy to not retain any funds which are received as a result of overpayments. In instances where it appears an affirmative fraud may have occurred, identified funds will be voided and returned upon consultation and approval by involved regulatory and/or prosecutorial authorities and the County Attorney's Office will be immediately notified.

D. Record Keeping

Regardless of whether a complaint is reported to a governmental agency, the Corporate Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the County Attorney and the Corporate Compliance Officer or otherwise mandated by law.

Adopted: January, 2009

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