**INTRODUCTION AND PURPOSE**

**OF CAC OF FAYETTE COUNTY**

**CORPORATE COMPLIANCE PROGRAM**

As employees of CAC of Fayette County, we are proud of our tradition of providing quality behavioral healthcare services to our clients, their families, and our community. We are committed to conducting our business with absolute integrity, honesty, in full compliance with agency policies and all state and federal standards, regulations, and laws. Compliance with these standards, regulations, and laws are very employee's responsibility.

These standards have been written in a way to be easily understood and adhered to by all CAC of Fayette County staff, including full-time, part-time, and contracted employees. Because of the complexity of some subjects in this manual, agency policies and other resources provide additional guidance. Employees are expected to read and be familiar with these related documents and policies.

In addition, although this manual covers a wide scope of topics, no one document can contain all possible situations that may arise during the workday, nor can it substitute for the internal sense of honesty and integrity we expect from each of our employees. Finally, employees are expected and encouraged to contact their supervisor or the Corporate Compliance Officer for further clarification or to receive answers to questions related to compliance issues.

Employees should note that this Corporate Compliance Plan is not intended to replace the Human Resources Policy Manual or the Policy and Procedure Manual, but serves as a collateral and supporting document to these policies, clarifying our compliance responsibilities.

**CAC OF FAYETTE COUNTY**

**CORPORATE COMPLIANCE PROGRAM**

The CAC of Fayette County Corporate Compliance Program includes the following:

* The Corporate Compliance Officer (CCO)
* Methods for employees to clarify compliance issues and report compliance problems
* Compliance Training
* Routine and unscheduled audits to reduce problems or potential problems
* Investigation and remediation procedures to address non-compliance
* Disciplinary mechanisms and actions for violations

All of these components are aimed at reducing and preventing illegal and non-compliant actions and behavior in the workplace. All employees are expected to comply with all federal, state, agency, and third party payor standards with focus on preventing fraud, abuse, and other illegal activities. Emphasis is on prevention through education, awareness, auditing, and reporting of problems for corrective responses. However, disciplinary action will be taken as appropriate to correct serious infractions and to discourage further non-compliance.

**THE CORPORATE COMPLIANCE OFFICER**

The Corporate Compliance Officer works with the Executive Director to ensure the CAC of Fayette County staff are kept informed of compliance issues and the availability of resources in order to help them adhere to agency policy and regulations. The Corporate Compliance Officer is only one of the many avenues for management and other employees to provide input into the development or revision of compliance training, policies, and practices.

**AREAS OF SPECIAL ATTENTION AND CONCERN**

***CONFIDENTIALITY***

We are dedicated to upholding the client's right to confidentiality of all information related to their treatment and service provision. We do not share any identifying client-related information unless we have written permission from the client or guardian or in cases of medical or psychiatric emergencies, or as permitted or required by law or regulation.

* See *Federal Confidentiality Guidelines and Regulations – 42 C.F.R. part 2*
* See *CAC OF FAYETTE COUNTY Policy Manual: Confidentiality*

***BILLING AND CODING***

We strive to document, code, and bill all services with the utmost accuracy. Coding and billing are based on appropriate and accurate documentation of treatment services delivered. The diagnosis and treatment procedures billed are based on accurate code assignment. We do not allow duplicate billing, up-coding, or unbundling of services.

CAC of Fayette County has procedures to periodically monitor and review coding and billing practices to ensure that claims are submitted only when appropriate documentation supports the claims billed. If a mistake does occur in billing and coding, we agree to promptly report these discrepancies and correct any errors.

***CAC of Fayette County Business Transactions***

All business transactions, including purchasing and contracting, are conducted in line with standard fair business practices and in accordance with state, federal and agency policy. Business contracts, purchases, or purchasing opportunities are developed and decided by fiscal and administrative procedures, not personal relationships, loyalty, or kickback practices. We do not participate in relationships that would create a conflict of interest with our responsibilities as employees of CAC of Fayette County.

* See *CAC of Fayette County Policy manual – Financial and Purchasing Policies*

***Medical and Clinical Necessity***

We are dedicated to providing our clients the highest quality services based on the least restrictive alternative and the medically and clinically appropriate level of care. We periodically review records to ensure that services provided meet appropriate medical and clinical necessity standards and that such services are appropriately documented, coded, and billed.

***DOCUMENTATION***

All staff are required to provide timely and accurate documentation of professional and collateral services provided to clients. The State of Ohio may conduct random and scheduled utilization management reviews to support the quality of documentation. The Performance Improvement Committee (PI) conducts reviews to monitor chart completeness, quality and standardization.

***CLIENT RIGHTS***

We are committed to upholding and supporting client rights through advocacy for, and education of, our clients and their guardians. All employees are responsible for reading and adhering to the Client Rights and Grievance Policy. We remain vigilant against discrimination and treat all clients with respect and dignity. Clients and their family members who have concerns about services or their treatment should be referred to our *Client Rights Officer*.

* See *CAC of Fayette County Policy Manual – Clients Rights and Grievance Policy*
* *See posted information regarding the Client Rights and Grievance Policies and the phone number of the local and state Client Rights Officers.*

***CLIENT CHOICE***

We are committed to providing clients a choice of healthcare services that is consistent with clinical and service needs. We abide by all regulations regarding our responsibility to offer and document client choice in deciding among behavioral healthcare providers. Choice will be based on, and guided by, best clinical and medical practices. Referral sources are expected to comply with all applicable federal rules and regulations pertaining to behavioral healthcare.

***USE OF AGENCY RESOURCES***

Agency resources, including computers, computer software, laptops, office supplies, faxes, and vehicles, are to be used for agency purposes only. Reasonable use of phones for personal local calls is allowed. Employees may not give family members or friend’s access to, or use of, agency resources or property. Unauthorized personal use of agency resources is prohibited and may constitute theft under certain circumstances.

***MEDICAID OR PROFESSIONAL EXCLUDED PARTIES***

Every effort is made to verify the existence and continuation of staff credentials and eligibility to provide Medicaid or other insurance billed services. Employees are responsible for keeping their personnel files up-to-date with copies of all credentials and to promptly report any changes or sanctions against them pertaining to their provider or eligibility status, license, or credentials.

Upon hire, employees are required to sign a document stating that they have not been excluded or sanctioned by Medicaid or other insurance providers. The Human Resources staff checks the status of medical and clinical applicants with the State of Ohio licensing entities prior to hire and does not knowingly hire any excluded individuals.

***ROUTINE AND TARGETED AUDITS***

As a matter of practice, the PI Committee conducts routine scheduled and random medical chart audits as a part of regular PI functions. Targeted audits are conducted as a part of compliance investigations and findings related to problematic documentation, as well as coding, billing, or outcome management reporting requirements.

CAC of Fayette County has a designated "Audit Response Team" to facilitate and ensure cooperation with external audits, investigations, licensure, or accreditation matters. Staff should immediately notify the Executive Director or the Corporate Compliance Officer when auditors or investigators contact or arrive at their site.

***DUAL RELATIONSHIPS***

It is CAC of Fayette County’s practice that employees of CAC of Fayette County do not engage in dual relationships with clients served by the agency. Dual relationships are not limited to clinical staff providing direct service, but include all staff. An agency relationship or outside relationship will be considered to be a dual relationship resulting in a conflict of interest when:

1. The employee has a role that involves access to information about or exertion of control over the provision of services, and
2. The employee and client are involved in a hierarchical, dependent, or influential relationship that is not part of the client's service plan.

In situations in which employees are unsure of whether a dual relationship exists, or are attempting to avoid the development of such a relationship, they must contact their supervisor for guidance and support.

***PROTECTION AGAINST DISCRIMINATION***

We do not discriminate or tolerate discrimination against clients or applicants for employment based on age, gender, race, national origin, sexual preference, religion, or inability to pay for services. If clients feel they have experienced discrimination in the provision of services, staff are required to refer them to the agency's Client Rights Officer and/or the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and/or CARF International. If potential employees feel that they have been discriminated against, they should contact the Executive Director who is vested with the responsibility for overseeing adherence to the Equal Employment Opportunity (EEO) policies.

* See *Human Resources Manual – Assurance of Non-Discrimination/Fair Employment Policy*

***ORGANIZATIONAL ETHICS STATEMENT***

This agency has adopted a formal *Organizational Ethics Statement*. All employees are expected to be familiar with, and adhere to, this Organizational Ethics Statement and other standard codes related to their professional discipline. In addition, CAC of Fayette County leadership team address matters related to ethical issues and to provide consultation and ethics training.

***STAFF COMPLIANCE RESPONSIBILITIES
AND REPORTING MECHANISMS***

Employees are required to read and adhere to the CAC of Fayette County Corporate Compliance Plan as outlined in the Policy and Procedures manual. If, at any time, employees have questions or concerns about compliance or encounter a situation that they suspect may violate provisions in this Corporate Compliance Plan, those employees have the responsibility to report this to the Corporate Compliance Officer either directly or through their supervisor. Supervisors must report all concerns or issues to the Corporate Compliance Officer.

Employees and their supervisors have a variety of methods to report actual or suspected violations of standards. These methods include phone, e-mail, letter, or in person. Employees may report anonymously.

Upon leaving the agency, an employee will be given an opportunity to report any actual or suspected compliance violations. The employee will also be asked to sign an exit form stating that they have reported any and all compliance problems of which they are aware.

***NON-RETALIATION POLICY***

***AND "GOOD FAITH" REPORTING***

No retaliatory action will be taken against an employee for reporting in "good faith" any compliance concerns. "Good faith" requires that the employee report information, as they understand it to be true, without fabrication. Employees who report their own behavior as non-compliant are not exempt from disciplinary actions if called for by regulation, law, or policy. However, self-reporting of violations is seen as positive and may result in a lessening of consequences for the employee.

CAC of Fayette County is committed to protecting employees from retaliation regarding the reporting of suspected violations of the Corporate Compliance Plan and law. If an employee feels that they have suffered retaliation, they should report this to the Corporate Compliance Officer and/or Executive Director.

***RESPONSE TO FRAUDULENT REPORTING***

CAC of Fayette County is dedicated to protecting employees from fraudulent or intentionally inaccurate reporting. Deliberately making false or misleading reports or accusations against other employees is a serious offense and may lead to disciplinary action up to and including termination of employment.

***INVESTIGATIONS AND RESPONSE***

The Corporate Compliance Officer investigates all reports of suspected or actual compliance violations. All information is kept confidential and shared only on a need-to-know basis. Results of investigations are documented in a report shared with the Executive Director. Recommendations are included in this report and are based on best practices, agency policy, related standards or law, and suggestions by the Executive Director.

Every reasonable measure will be taken to maintain the confidentiality of the reporter and those involved in the investigation. However, the agency cannot control whether or not the reporter or those involved in the investigation break their own confidentiality. Therefore, as part of the investigation, employees are asked not to discuss issues under investigation and to not participate in speculation regarding the investigation.

***DISCIPLINARY ENFORCEMENT OF CODE OF STANDARDS***

When an employee violates standards or regulations, measures are taken to correct the situation and discourage further occurrences. All employees will be treated in a fair manner and will receive progressive disciplinary action when appropriate. The degree of discipline depends on the severity of the offense and circumstances under which it occurred.

All violations of CAC of Fayette County policies and procedures will be investigated thoroughly before any discipline is imposed. If an employee has any questions about disciplinary action, the supervisor imposing the disciplinary action should be contacted for clarification. If not satisfied, the employee may appeal such action through the agency's grievance procedures.

***REQUIRED COMPLIANCE-RELATED TRAINING***

In conjunction with the reading of this Manual, employees are required to attend:

* A brief overview of compliance as part of the agency orientation.
* Compliance Training scheduled within the first six months of hire.
* Topic training related to the employee's specific position, i.e., Medicaid, HIPAA, documentation, medical necessity, billing/coding, etc.

After employees complete compliance training, they will be asked to sign a statement signifying training attendance and their agreement to abide by the Corporate Compliance Program and related compliance laws and regulations.

Information on compliance is posted on communication boards and updated regularly. Employees are encouraged to stop by and make copies of information that is pertinent to them or their staff. Compliance information will also be included in the agency newsletter on a regular basis. In addition, the Corporate Compliance Officer's phone number is posted at all sites.

***APPENDIX***

**DEFINITIONS**

**Abuse:** The government defines "abuse" as incidents or practices that are not considered fraudulent normally, but are not appropriate given the accepted medical, professional, or fiscal practices of the practice or industry.

**Civil False Claims Act:** This civil statute prohibits a person from knowingly presenting or causing to be presented to the federal government a false claim for approval or payment. This government does not have to prove specific intent. The government must prove that the provider acted with intentional ignorance of the truth, reckless disregard of the truth, or that their conduct established a pattern of "in-artful coding."

**Department of Justice:** The DOJ is a federal agency that employs lawyers who have civil and criminal authority to prosecute providers who commit fraud against Medicare and other federal healthcare programs.

**False Statement Related to Healthcare:** This criminal statute prohibits falsifying or concealing a material fact, making any materially false statement, or using any materially false writing or document in connection with the delivery or payment for healthcare benefits or services.

**Federal Anti-Kickback Statute:** This statute prohibits the exchange of anything of value for supplying referrals or the purchase and/or lease of goods or services. It applies to Medicaid, Medicare, and other federal health programs.

**Fraud:** The government defines "fraud" as intentional deception or misrepresentation that an individual knows to be false, does not believe to be true, or commits knowing that the deception could result in some unauthorized benefit to himself or another person. Fraud most often seen can be in the form of:

* Duplicate billing or billing of uncovered services as covered services
* Billing for services not provided
* Routinely waiving co-pays or deductibles
* Accepting "kickbacks" for referrals
* Misrepresenting the identity of the client
* Incorrect reporting of procedures or diagnoses to maximize payments

**Health Care Financing Administration (HCFA):** HCFA is a federal agency that administers the Medicaid and Medicare programs. HCFA contracts out with Carriers for Medicare Part B claims and Fiscal Intermediaries for Medicare Part A claims, to pay and review provider claims. These Carriers and Intermediaries identify suspected fraud based on statistical review and sampling. They refer intentionally fraudulent practices for further action to the OIG. This Act formalized the partnership between HCFA, OIG, FBI, and DOJ to fight and investigate healthcare fraud.

**Healthcare Fraud:** The criminal statute prohibits the knowing or willful execution or attempt of a scheme to defraud any federal or other healthcare benefits program. Penalties can include fines, imprisonment, or both.

**Obstruction of Criminal Investigations of Healthcare Offenses:** This criminal statute prohibits prevention, misleading, delaying, obstructing or attempt to do so, the communication of records relating to a federal healthcare offense to a criminal investigator.

**Office of Inspector General (OIG):** The OIG is an office within the U.S. Department of Health and Human Services. This office investigates suspected fraud and performs reviews, audits, and inspections of Medicaid and Medicare providers. The OIG has access to data and records collected or maintained by Medicare Carriers and Intermediaries and HCFA. It may impose civil penalties, sanction or exclude providers, or refer cases to the Department of Justice for civil or criminal action.

***DISCLAIMER***

***This manual is not a legal document and does not assume to provide legal advice on any area contained within. It serves merely as a Corporate Compliance Plan for CAC of Fayette County and as guidance to staff on compliance issues. For further guidance, references that identify policies and regulations are noted in applicable sections throughout the document.***