



CORPORATE COMPLIANCE EDUCATION

Fall 2016

COMPLIANCE: “THE RIGHT THING TO DO” AND MANDATED BY NYS LAW



Our Compliance Program includes 8 elements as required by NYS Social Services law 363-d.

1. Written Policies and Procedures that Promote Compliance
2. Designate Corporate Compliance Officer and Compliance Committee
3. Training and Education Programs on Compliance
4. Effective Lines of Communication
5. Disciplinary Policies to Encourage Good Faith Participation in the Compliance Program
6. System for Routine Identification of Compliance Risks
7. A system for responding to compliance issues
8. Maintain a Policy of non-intimidation and Non-retaliation

COMPLIANCE TRAINING AND THE CODE OF CONDUCT



Compliance Training , inclusive of the Code of Conduct, has been made available to all Alliance Participants and they are expected to comply with both the spirit and the letter of the Code.

By signing a participation agreement with Alliance a Participant represents and warrants that it has an effective compliance program in place as required by the NYS Social Services law and regulations, and upon request, will provide Alliance with a copy of its annual compliance certification.

Additionally, Alliance Board and Committee members must sign an annual attestation that they have received Compliance Training and a copy of the Code of Conduct.

Disciplinary policies exist for failing to comply with the Code. Discipline may include termination of your relationship with the Alliance.

WAYS TO REPORT CONCERNS

- Call the hotline: 1-855-375-6527
- Website: <https://allianceforbetterhealthcare.ethicspoint.com>
- Talk to the Compliance Officer directly: 518-701-2273
- Calls and web submissions can be placed anonymously.

Policy of Non-Intimidation and Non-Retaliation

- The Alliance will make every effort to detect and prevent fraud, waste and abuse.
 - The False Claims Act prohibits discrimination by the Alliance against a person for taking lawful actions under the False Claims Act.
 - The Alliance has a Whistleblower policy.
 - Our policy is intended to encourage employees and business partners to raise concerns within the organization for investigation and appropriate action.
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CONFIDENTIALITY OF PATIENT INFORMATION

- Alliance has a duty to maintain the confidentiality of patients' protected health information.
 - Alliance must follow the HIPAA Privacy and Security regulations as they apply to Business Associates.
 - Alliance has engaged a privacy officer to oversee patient confidentiality safeguards.
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OVERPAYMENTS

Payments made under the provisions of the DSRIP program are not fee-for-service payments as is generally understood.

- Under the DSRIP program, OMIG considers “overpayments” to include payments that are issued based upon data that DOH and the Independent Assessor subsequently determine to be incorrect or falsified, regardless of the reason.
 - Compliance issues would be raised by Alliance or an Alliance Participant making, or causing to be made any false, fictitious or fraudulent statement or misrepresentation of material fact.
 - As an appropriate safeguard, Alliance, and in turn Alliance Participants, must meet DOH minimum standards of documentation to support a status of completing a project requirement.
 - Gap-to-goal performance on outcome measures is measured by DOH.



MISUSE of DSRIP Funds

- **OMIG considers “misuse” to include the use of DSRIP funds for purposes other than those described in Alliance’s approved detailed implementation plan, or as committed to in any performance report.**
- **Using DSRIP funds to make payment for activities already paid in whole or part by Medicaid or Medicare is prohibited.**
 - While Alliance cannot be responsible for how Participants use their respective DSRIP funds, we have instituted process safeguards that constitute a reasonable means of determining that Participants are using DSRIP funds in a way that is consistent with Alliance’s DOH approved detailed implementation plan.
 - Alliance’s approved methodology for the distribution of Project funds for DY1 and 2 authorizes DSRIP payments based on Participants meeting specific project requirements including patient and provider engagement commitments, subject to performance adjustments that flows from DOH’s scoring of Alliance performance and the calculation of DOH payments to be made to Alliance.
 - Alliance’s approved methodology for the distribution of Loss of Revenue funds for DY1 and 2 examined the delta between Measurement Year 1 results and the Measurement Year 2 targets to estimate volume reductions required to meet those measure specific targets. Applying estimated costs for the relevant targets (ED and Inpatient Utilization) to these volumes resulted in an amount of available Loss or Revenue funds which were then allocated based on historical data to the individual hospitals.
 - Alliance is currently developing a methodology for the distribution of Incentive funds linked to gap-to-goal performance on outcome measures.



Alliance for Better Health Care, LLC CODE OF CONDUCT

Introduction

Alliance for Better Health Care, LLC (AFBHC) is committed to conducting its activities in compliance with all federal, state and local laws and regulations and with the highest professional and ethical standards. This includes a commitment to promoting evidence-based medicine; effective patient engagement; and cost-effective, high quality, patient-centered care. All AFBHC members, managers, employees, agents, contractors, members of AFBHC committees, participating providers, and suppliers (hereinafter referred to as "Covered Persons") play an integral role in helping achieve these goals. This Code of Conduct has been adopted by the AFBHC Board of Managers in support of the AFBHC's Compliance Plan. The Code of Conduct describes standards by which all Covered Persons are expected to conduct themselves when working for or on behalf of AFBHC. Covered Persons are required to adhere to both the spirit and letter of the Code of Conduct. In addition to the Code of Conduct, Covered Persons are expected to follow all policies and procedures affecting their activities in AFBHC. Covered Persons remain subject to the requirements of their own organization's compliance programs, in addition to the requirements of AFBHC's Compliance Plan and this Code of Conduct.

Standards of Conduct

Honest and Lawful Conduct: AFBHC and Covered Persons will abide by all applicable laws and regulations including requirements of Covered Persons in the Delivery System Reform Improvement Program ("DSRIP"). All Covered Persons must maintain a high level of integrity and honesty in their conduct relating to the operations and performance of the AFBHC and will be held accountable for behaviors and actions inconsistent with this Code of Conduct.

Quality of Care: AFBHC shall ensure that all patients are treated with respect and dignity, and provided care that is both necessary and appropriate. AFBHC is committed to ensuring high quality health care to patients and to delivering health care services in an ethical, professional and effective manner. AFBHC and Covered Persons are committed to delivering people-centered, high quality health care services with compassion, dignity and respect for each individual.

No Reduction in Medically Necessary Services: AFBHC and Covered Persons are committed to improving health, enhancing quality of care, and lowering the costs of health care services. AFBHC and Covered Persons will not deny, reduce or limit the provision of medically necessary services to any patient.

No Discrimination: AFBHC prohibits any form of discrimination in the provision of services, marketing, or enrollment practices. AFBHC and Covered Persons will not deny, limit, or condition services to patients on the basis of race, color, religion, gender, sexual orientation, marital status, national origin, citizenship, age, disability, or any other characteristic protected by law or any factor that is related to health status, such as nature and extent of medical condition, medical history, or genetic information. AFBHC prohibits any practice that would reasonably be expected to have the effect of denying or discouraging the provision of medically necessary services to eligible individuals.

Quality Data, Certifications and Other Information Reporting: Under DSRIP, AFBHC must periodically submit quality data, certifications and other information to the New York State Department of Health ("DOH"). All Covered Persons will cooperate in the gathering, recording, and submitting of such data and information in a timely, accurate and complete manner in accordance with all DSRIP and other regulatory requirements. All certifications and other reports submitted to government agencies will be made by an individual with authority to legally bind AFBHC and will be filed timely, accurately and in accordance with applicable requirements.

Distribution and Use of DSRIP funds: All distributions of DSRIP funds will be made in accordance with methodologies approved by the AFBHC Owners (the 5 Members). Distributions of DSRIP funds will be reasonably related to the purpose of the DSRIP program as determined by the AFBHC Members. No distributions will be based on the value or volume of referrals between participating AFBHC participating providers.

Gifts to Beneficiaries: Covered Persons are prohibited from offering or providing gifts or remuneration to Medicaid beneficiaries, either individually or on behalf of AFBHC, as inducements for remaining in AFBHC or with a particular provider within AFBHC. Limited in-kind items or services may be provided by AFBHC to Medicaid beneficiaries for free or below fair market value provided they are either 1) preventative care in nature; or 2) advance the clinical goals of the Medicaid beneficiary. Limited in-kind items or services will not be provided directly by physicians or practices to Medicaid beneficiaries except as part of a program approved by the AFBHC Members.

Eligibility to Participate in Federal and State Health Care Programs: AFBHC and Covered Persons will not knowingly hire, employ, contract, or do business with any individual or entity excluded, debarred, or otherwise ineligible to participate in federal or state health care programs such as Medicare and Medicaid, or whose officers, directors or employees are excluded from participating in federal or state health care programs. Covered Persons are responsible for taking all necessary steps to ensure employees involved in providing goods or services to AFBHC, directly or indirectly, remain eligible to participate in federal and state health care programs.

Documentation, Coding and Billing: All Covered Persons will adhere to federal and state laws and regulations governing billing, coding and documentation requirements for medical services billed to Medicare, Medicaid and other payers. All billing, coding and documentation must be accurate and truthful. Only medically necessary services that are consistent with accepted standards of medical care may be billed. Billing and coding is to be based on adequate documentation of the medical justification for the service provided and for the claim submitted, and medical documentation must comply with applicable payer requirements. Only codes that correspond to the service rendered and documented are to be used.

Mandatory Reporting: AFBHC will ensure that all incidents that are required to be reported under applicable federal and state mandatory reporting laws, rules and regulations are reported timely. This includes, but is not limited to, the reporting of probable violations of law to an appropriate law enforcement agency and the disclosure and repayment of identified overpayments from Medicare, Medicaid or other third-party payers as required by law.

Accuracy and Integrity of Records: AFBHC and Covered Persons shall maintain accurate and complete records relating to all business activities, claim submissions, arrangements or transactions relating to the operations of AFBHC and the DSRIP.

Privacy and Security of Patient Information: Federal and state laws require AFBHC and Covered Persons to maintain the privacy and security of patient health information ("PHI") in all forms – paper, electronic records, films and images, and verbal discussions. All Covered Persons will keep PHI confidential, except when disclosure is authorized by the patient or permitted by law. Personnel:

- Will not access or use PHI except as necessary to perform their jobs;
- Will access, use and disclose only the minimum amount of PHI necessary to perform their jobs;
- Will not discuss PHI with others who do not have a job-related need to know such information, including co-workers, family and friends;
- Will not leave PHI unattended, unsecured or otherwise available to the public;
- Will not store PHI on laptops, tablets, storage media or other portable devices unless authorized and approved for use by AFBHC or their employer organization;
- Immediately notify their supervisor or their organization's Privacy Official if PHI has been lost, stolen or accessed inappropriately;

Cooperation with AFBHC Compliance Program: All Covered Persons will cooperate with and support AFBHC's Compliance Program through adherence to the standards described herein and participation in activities such as:

- Periodic internal audits, including allowing AFBHC staff or agents to conduct audits of Covered Persons' medical records documentation, quality data collection, and claims submission, as applicable to the Covered Persons participation in DSRIP;
- Compliance and other training of Covered Persons as required by CMS and/or DOH regulations, including distribution of compliance communication and training materials such as this Code of Conduct;
- Implementation of procedures to ensure the accurate collection, submission or transmission of quality data required by participation in the DSRIP; and
- Responding to compliance audits, investigations, reviews and inquiries, and implementation of corrective actions, as needed.

Compliance with Fraud and Abuse Laws: Federal and state laws prohibit the exchange of anything of value in order to induce or reward patient referrals for business payable by a federal or state health care program. In accordance with these laws, AFBHC and Covered Persons will not offer, solicit, pay or receive anything of value, directly or indirectly, for referring a patient or furnishing or arranging for a good or service payable by a federal, state or other third-party payer. All referral decisions will be based solely on the health care needs of AFBHC patients.

Conflicts of Interest: A conflict of interest exists whenever an individual's outside personal or financial interests influence, or appears to influence, decisions made involving AFBHC. Covered Persons are expected to exercise good judgment, maintain objective business relationships with external parties conducting business with AFBHC, and avoid conflicts of interest. AFBHC decisions are to be made fairly and objectively, without favor or preference based on personal considerations. Covered Persons may not use their positions or knowledge gained through their relationship with AFBHC for personal advantage. Personnel may occasionally find their duties to AFBHC in conflict, or may appear to be in conflict, with other relationships and responsibilities. Such matters should be disclosed to the individual's supervisor, a higher-level manager or AFBHC's Compliance Officer to ensure appropriate actions are taken to manage any conflicts of interest.

Reporting Requirement: AFBHC promotes an environment that encourages all Covered Persons to seek answers to questions and report issues and concerns. Covered Persons are expected to report, in good faith, any actual or suspected fraud, waste, and abuse, violations of law, regulation, professional standards or AFBHC policies. Covered Persons may choose one or more of the following methods for reporting:

- Participant Organization Management: Covered Persons are encouraged, but not required, to report compliance matters directly to their direct supervisor, to other management of their organization, or to their own organization's compliance officer;
- AFBHC Compliance Official: Covered Persons may at any time report compliance matters directly to AFBHC's Compliance Officer as follows:
 - Tom McCarroll, Compliance Officer
 - c/o Alliance for Better Health Care, 14 Columbia Circle Drive, Albany, NY 12203
 - (518) 701-2273 or thomas.mccarroll@allianceforbetterhealthcare.com
- Compliance Hotline: AFBHC has established a Compliance Hotline that is available to all Covered Persons to confidentially report any issues or concerns or to seek advice or clarification on compliance and other issues. You have the option to remain anonymous when reporting if you so choose. The Compliance Hotline is available 24 hours a day, 365 days a year and is supported by an outside organization. You may file a report via telephone at (855)375-6527 or online at <https://allianceforbetterhealthcare.ethicspoint.com>.

No Retaliation: AFBHC prohibits retaliation, in any form, against any individual reporting issues and concerns in good faith. Retaliation is subject to discipline up to, and including, termination of employment, or termination of participation in or business relationships with AFBHC. AFBHC will attempt to maintain, within limits of the law, the confidentiality and identity of individuals reporting issues and concerns.

Investigation of Alleged Fraud, Waste and Abuse: AFBHC will promptly investigate any reports of alleged violations of law, regulations or policies related to AFBHC activities. Covered Persons are expected to fully cooperate in such investigations and, where appropriate, in taking corrective actions in response to matters identified, as needed. The Federal False Claims Act and similar state laws make it a crime to present a false claim to the government for payment. These laws also protect "whistleblowers" (people who report noncompliance or fraud, or who assist in investigations) from retaliation. AFBHC strictly prohibits retaliation or reprisal against individuals exercising their rights under the Federal False Claims Act or similar state laws.

Discipline: Each affected individual is required to promptly report any violations of this Code of Conduct to the Corporate Compliance Officer. All affected individuals are expected to assist in the resolution of any identified compliance issues. Any participation in, encouraging, directing, facilitating, or permitting non-compliant behavior, failure to report a concern or assist in an investigation may be deemed misconduct, a violation of this code, and subject to disciplinary actions. Discipline may include termination of the covered persons' relationship with AFBHC.

Covered Persons Compliance Program Obligations: The New York State Social Services Law Section 363-d mandated the establishment of compliance programs for many health care providers enrolled in the NYS Medicaid program. Covered Persons are also subject to the requirements of their own organization's compliance programs, in addition those of AFBHC's Compliance Program, including any periodic reporting or certification requirements that may be applicable.