



**Policy # & Policy Title:** LR.03.002 Compliance Program

**Effective Date:** 02/06/2018

**Policy:**

An effective Compliance Program can help mitigate legal and regulatory risks associated with healthcare operations. With oversight from the Thompson Health Board of Directors, Thompson Health management is charged with the responsibility of establishing and maintaining an effective Compliance Program, applicable to the F.F. Thompson Hospital, M.M. Ewing Continuing Care Center and all hospital outpatient departments. Management must also ensure that appropriate information as to compliance with all applicable laws and regulations will come to the attention of the Board in a timely manner as a matter of ordinary operations. Full details on how the Compliance Program at Thompson Health is structured are set forth in the Thompson Health Compliance Plan, as periodically reviewed and approved by the Board of Directors.

**Procedure:**

1. Thompson Health will maintain a Corporate Compliance Office, as part of the Legal & Regulatory Affairs Department to operate and manage an effective Compliance Program.
2. A Chief Compliance Officer (CCO) will manage the day-to-day operations of the Compliance Program.
3. Thompson Health will ensure that the Compliance Program includes the following elements:
  - a. Standards of Conduct and Policies and Procedures
  - b. Compliance Officer and Committee
  - c. Education and Training
  - d. Monitoring and Auditing
  - e. Reporting and Investigation
  - f. Enforcement and Discipline
  - g. Response and Prevention
  - h. Non-retaliation of Those who Report Compliance Concerns
4. The Compliance Program shall be applicable to:
  - a. Billings
  - b. Payments
  - c. Medical necessity and quality of care
  - d. Governance
  - e. Mandatory reporting
  - f. Credentialing

- g. Other risk areas that are or should with due diligence be identified by Thompson Health.
5. The CCO will report the Compliance Program activities and potential institutional risk areas to the Thompson Health executive leadership periodically and to the Board at least once per year.
6. Thompson Health's Corporate Compliance Committee will meet no less than once per month with the exception of one month in the summer.

### **Auditing and Monitoring**

An important component of the Compliance Program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified risk areas. The CCO will work with the Thompson Health Compliance Committee to develop an annual auditing and monitoring work plan to address identified risk areas related to compliance with laws and regulations, as well as organizational policies, procedures and the Thompson Health Code of Ethics and Compliance Code of Conduct ("Code of Conduct").

Ongoing auditing and monitoring efforts will address the areas noted above, with particular focus on:

1. All billing for services rendered to ensure accurate coding and sufficient chart documentation to substantiate the claims submitted for reimbursement.
2. Compliance with laws, regulations, policies, procedures, and the Code of Conduct relating to referral arrangements, coding, claim submission, and reimbursement.
3. Compliance with specific rules and policies that have been the focus of particular attention by third party payers, regulatory agencies, or identified in Special Fraud Alerts or resolutions/settlements at other institutions.
4. Areas of concern identified by any internal processes, including hotline reporting; internal or external auditing; or as identified by regulatory agencies to Thompson Health or in disclosures by Thompson Health to such agencies.

Errors or overpayments discovered as a result of the auditing or monitoring will be disclosed to Thompson Health management and legal counsel and management will ensure prompt return of any overpayment, with appropriate documentation and a thorough explanation of the reason for the refund.

When monitoring discloses program deficiencies, appropriate immediate corrective action measures will be implemented.

Ongoing auditing and monitoring efforts will include collaboration with management responsible for operations (e.g., coding, claim development and submission, patient care, and other related activities) and reviews of medical and financial records and other source documents as deemed necessary in order to ensure accuracy of claims.

### **Billing and Coding Compliance**

Thompson Health promotes full compliance with all relevant billing, coding and claim reimbursement requirements by expecting all personnel involved in billing and claims submission to maintain high ethical standards and a strong knowledge of all laws and regulations related to the billing function.

1. All persons involved in any aspect of the Thompson Health billing and claims reimbursement activities will be held to a high standard with respect to knowing and complying to the requirements, rules and regulations pertaining to claims submission and reimbursement under the Medicare and Medicaid programs.
2. Thompson Health should bill only for items provided and services actually rendered.
3. Thompson Health should bill only for medically necessary items and services.
4. Claims should be submitted only when the correct billing code has been assigned to the item or service.
5. Claims should be submitted under the name and billing number of the appropriate clinical provider.
6. Thompson Health will not routinely waive co-payments or deductibles.
7. Thompson Health will ensure that all claims have been properly bundled and that global billing codes are properly assigned, when appropriate.
8. Thompson Health will ensure that no duplicate billing occurs.
9. Thompson Health will identify and refund credit balances in a timely and appropriate manner.
10. Any overpayment received as a result of an identified billing error will be promptly repaid to the appropriate third party payer.

### **Associate Obligations**

Associates are obligated to report compliance concerns of any kind to the Chief Compliance Officer (CCO). The CCO may be reached directly at (585) 396-6714, or through the Confidential Corporate Compliance Hotline at (585) 396-6234. Associates may also speak with their Supervisors about any compliance related questions or concerns.

Examples of non-compliance include, but are not limited to:

- Improper or incomplete documentation
- Billing for services not rendered
- Inaccurate coding
- Kick-backs/conflicts of interest

Associates should monitor their work area for non-compliance on a daily basis.

- Make sure clinical activities are documented accurately
- Make sure required forms are filled out completely
- Make sure data is entered correctly into the electronic system or on manual records
- Make sure there is documentation that clinical services have been ordered by a physician, nurse practitioner or physician assistant

Associates should also:

- Promptly report all concerns of non-compliant behavior
- Participate in good faith in investigations
- Be truthful with investigators
- Preserve documentation or records relevant to ongoing investigations

Associates should always act in accordance with Thompson Health's Code of Conduct. Failure to adhere to the code will result in disciplinary action, up to and including termination.

### **Responsibilities of Management**

Department management teams have an affirmative duty to continually monitor and address compliance concerns specific to their areas of responsibility. A critical aspect of compliance is the organization's ability to detect and correct problems at their source through the active involvement of individual managers. Department management responsibilities include:

1. Promoting and supporting compliance with all applicable laws, regulations, policies, procedures, and the Code of Conduct.
2. Identifying compliance risk areas within their own area of responsibility.
3. Supporting the resolution of identified compliance issues within their area of responsibility and for reporting compliance issues and problems to the CCO.
4. Assist the CCO, as deemed necessary, in compliance auditing and monitoring, including the implementation of any necessary changes or remedial action based on findings from auditing and monitoring activities.
5. Maintain an open-door policy that provides employees with ample opportunity to raise issues and concerns and encourage staff to come forward with compliance issues and concerns.
6. Follow, support and enforce Thompson Health's non-retaliation policy.
7. Report to the CCO issues or concerns reported by associates where appropriate and implement necessary corrective or remedial actions.
8. Ensure contracts with vendors include termination provisions for governmental exclusion of key personnel of vendor or failure to adhere to Thompson Health compliance requirements.

### **Investigative Process**

The CCO, and/or his/her designee (which may be outside counsel), will investigate every report of non-compliance (and retaliation), whether reported through the hotline or otherwise. Investigations will be done promptly and will consist of interviewing personnel, examining records, and consulting with legal counsel as necessary. All associates must cooperate with those investigating such matters and non-cooperation may result in disciplinary action.

The CCO and/or designee have full authority to interview any associate and review any document (subject to state and federal laws on patient confidentiality) he or she deems necessary to complete the investigation.

A written record of each investigation will be created and maintained by the CCO. The CCO will make every effort to preserve the confidentiality of such records and will make any necessary disclosures on a “need to know” basis only.

The CCO will report the results of each investigation considered significant to the Executive Team. The CCO will recommend a course of discipline and/or action plan, as necessary. Feedback will be provided to reporting individual(s) as necessary and appropriate.

**References:**

**Committee Review:** Thompson Health Compliance Committee

**Joint Commission:** N/A

**NYSDOH:** N/A

**Other References:** Social Services Law § 363-d; Deficit Reduction Act of 2005 42 U.S.C. § 1396a(a)(68); 18 NYCRR Part 521

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**Approved By:** Lalena Symonds (Legal & Compliance Admin), Michael Stapleton (President Ceo Ffths)