Professional Pediatric Home Care
Compliance Program

POLICY

The Agency has a Compliance Program that provides both general and specific guidance as to various internal anti-fraud and abuse controls.

PURPOSE

The Compliance Program identifies and discusses numerous compliance risk areas particularly susceptible fraud, waste and abuse.

- To advance the prevention of fraud, abuse and waste in health care while simultaneously furthering the fundamental mission of the agency to provide quality care, treatment and services to patients.
- To establish a culture that promotes the prevention, detection and resolution of potential violations of laws, regulations and standards, and company policies and procedures.
- To identify and discuss potential compliance risk areas susceptible to fraud and abuse.
- To increase the likelihood of preventing, or at least identifying unlawful and unethical behavior.
- This document is a description of the agency’s Compliance Program that reflects not only policies and procedures, program activities, but also the commitment of senior management and the support of all employees, vendors and agents to make the program effective.
- The agency recognizes that although an effective compliance program may not entirely eliminate fraud, waste, and abuse, it significantly reduces the risk of unlawful, unethical, or otherwise improper conduct. The agency supports the program with financial and staffing resources, to the successful implementation of an effective Compliance Program that addresses the following elements:

  - Establishment of compliance standards and procedures.
    o Development and distribution of written standards of conduct.
    o Policies and procedures that promote compliance and address areas of potential fraud, waste and abuse.

  - Oversight of the compliance program by high-level personnel.
    o Designation of a compliance officer who reports directly to the Administrator and Governing Body of the organization
    o Establishment of other appropriate systems/processes such as a compliance committee.
    o Prompt responses to detected violations/offenses through corrective action plans.

  - No discretionary authority given to individuals either known to engage in or suspected of engaging in criminal action.
    o Policies addressing the non-employment or retention of sanctioned individuals.

  - Effective communication of the compliance standards and procedures to all employees and/or agents of the organization.
    o Development of regular, effective education and training programs.
• Monitoring, auditing and reporting systems which encourage the reporting of criminal conduct without retaliatory consequences.
  - Implementation of a system/process such as a hotline to report and respond to allegations of improper/illegal activities.
  - Adoption of policies to protect the anonymity of reporters and protect them from retaliation/retribution.
  - Use of audits and other evaluative techniques to monitor compliance and reduce risk in identified problem areas.

• Establishing and disseminating Agency disciplinary guidelines for failing to comply with the organization’s standards and procedures, and applicable statutes and regulations.
  - Use of appropriate and consistent discipline of employees and/or agents who have violated internal compliance standards, applicable statutes, regulations, or federal health care program requirements will not be tolerated.

• Appropriate response to a known violation of the compliance standards, applicable statutes, regulations, or federal health care program requirements, and development of corrective action plans to prevent and detect future violations.

REFERENCE

Health Facilities and Emergency Medical Services Division, 6 CCR 1011-1, Standards for Hospitals and Health Facilities, Chapter XXVI – Home Care Agencies

http://www.cms.gov/FraudAbuseforProfs/

POLICY/PROCEDURE

• The agency’s Compliance Program is dynamic evolving process that reflects the company’s commitment to the highest standards of corporate conduct.
• The development, implementation and distribution of written policies and procedures and standards of conduct that are in compliance with applicable laws, regulations and federal health care program requirements is an integral part of the Agency’s Compliance Program.
• Agency staff and management personnel receive compliance training during orientation and at least annually, or more frequently if there are changes in applicable statutes, regulations, or federal health care program requirements.
• The Compliance Program is reviewed at least annually and more often if necessary to ensure that Agency risks are addressed appropriately and effectively.
• Copies of the Compliance Program are available to patients, referral sources and/or the general public upon request.

Written Standards

• The Code of Ethics articulates the fundamental principles, values, standards and ethical principles that guide the company’s daily operations and provide a framework for action.
- The Code of Ethics is very clear that management and staff are expected to behave in compliance with applicable laws, regulations, standards and company policy.
- Upon hire, reference checks include verification of employment history and education.
- Criminal background investigations, and national sex registry investigations as appropriate, are conducted that search for any felony or misdemeanor on both a county and federal level.
- If deemed appropriate to the position, checks are also conducted of professional certifications and licenses and motor vehicle records.

Leadership and Structure

- There is a designated Compliance Officer charged with oversight of the Compliance Program, who along with the Agency’s leadership regularly monitors the program to ensure appropriate responsiveness to the company’s compliance risks.
- The Compliance Officer has the authority to review all documents and other information that are relevant to compliance activities, including, but not limited to, patient and billing records, contracts and any other obligations that may contain referral and payment provisions that could violate the anti-kickback statute, as well as the Stark physician self-referral prohibition and/or any other legal or regulatory requirements.
- The Agency’s Professional Advisory Committee functions as the Compliance Committee, and advises the Compliance Officer and assists in the implementation of the program. The Office of the Inspector General (OIG) recognizes that a home health agency may tailor the structure of the Compliance Committee in consideration of the size and design of the home health agency while endeavoring to address and accomplish the responsibilities of the Compliance Officer and Compliance Committee. As the Agency grows, the Compliance Committee shall include individuals with varying responsibilities in the organization, such as operations, finance, audit, human resources, and clinical management, as well as employees and managers in key operating positions. These individuals should have significant professional experience working with billing, clinical record, and documentation and auditing principles.
- The Compliance Officer is responsible for ensuring that a culture of compliance is sustained throughout the company, for providing strategic guidance for oversight of the processes, training, and implementation strategies to ensure compliance with applicable laws and regulations, and company policies.
- The Compliance Officer’s primary responsibilities include:
  o Overseeing and monitoring the implementation of the compliance program;
  o Reporting at least quarterly or more often if necessary to the Agency’s Board of Directors about the implementation of the program, and assisting in establishing methods to improve the Agency’s efficiency and quality of care, treatment and services, and to reduce the Agency’s vulnerability to fraud, abuse, and waste;
  o Periodically revising the program in light of changes in the Agency’s needs, and in applicable laws, regulations, and policies and procedures of government and private payer health plans;
  o Reviewing employee personnel files to ensure that they have received, read, and understood the standards of conduct;
  o Developing, coordinating, and participating in a multifaceted educational and training program that focuses on the elements of the compliance program, and seeks to ensure that all relevant employees and management are knowledgeable of, and comply with, pertinent federal and state standards;
Ensuring that independent contractors and agents who provide health care services to the patients of the agency or provide billing services to the Agency, are aware of the Agency’s compliance program requirements, including but not limited to: coverage issues, billing and marketing.

Ensuring that the National Practitioner Bank and Cumulative Sanction Report have been checked with respect to all employees, referring physicians, and independent contractors (as appropriate).

Coordinating compliance review and monitoring activities of the Agency’s financial management;

Independently investigating and acting on matters related to compliance, and any resulting corrective actions relative to all departments, subcontracted providers and health care professionals, and any other agents if appropriate;

Monitoring the OIG web site to ensure compliance with all applicable laws, regulations and OIG recommendations; and,

Continuing to monitor and evaluate the momentum of the compliance program and whether or not the goals and objectives of the program are being met.

The agency conducts ongoing assessments/internal audits of the Compliance Program to monitor identified potential risk areas and to identify new and emerging areas of risk and to develop processes and/or systems to address those areas.

Education and Training

The agency is committed to taking all necessary and appropriate steps to communicate agency standards and procedures to all personnel and business associates.

Agency’s employees are educated and trained about their legal and ethical obligations in order to be in compliance with company policy and applicable laws, regulations, and standards.

Education and training is provided during orientation, at least annually, and more often if necessary.

The content of all training is evaluated on a regular basis to ensure that the content and the training are effective. The training is updated as necessary to reflect current laws, regulations and standards.

Internal Communications

Within the agency is a commitment to a culture of open communication between employees and management. To that end, the company has adopted open-door policies, as well as confidentiality and non-retaliation policies. Procedures have been established to report incidents/issues anonymously.

Employees are encouraged to bring workplace issues of any type to the attention of management/the Compliance Officer without fear of retaliation or recrimination.

Employees are encouraged to first discuss workplace issues with their immediate supervisors. If the matter is not successfully resolved, an employee may pursue the matter with the next level of management or the Compliance Officer.

Responding to Violations
• Although a compliance program decreases the likelihood of unlawful and unethical behavior, DHHR-OIG recognizes that even an effective Compliance Program cannot prevent all violations. In the event that the company becomes aware of violations of law or company policy, the issues will be promptly investigated, disciplinary action shall be taken if appropriate, and plans of correction will be implemented, if necessary, to prevent future violations.

• The Agency will not conduct business with persons or organizations that have been excluded, debarred, suspended or otherwise ineligible to participate in Federal healthcare programs.

• If an Agency employee violates the law or regulations and/or company policy, the Agency has implemented a disciplinary process that outlines the potential consequences up to and including termination that addresses these violations.

• The Agency also assesses whether identified violations may be due in part, to the structure of company policies, procedures, processes and/or systems, and if so, develops appropriate corrective plans of action to decrease the possibility of violations occurring in the future.

• If credible evidence is discovered of misconduct from any source and after reasonable inquiry the Agency has determined there is credible evidence the misconduct has possibly violated any criminal, civil, or administrative law, the Agency shall report the existence of such misconduct to the appropriate federal and state authorities and regulatory bodies within a reasonable period of time, but no more than sixty (60) days after the determination.

Auditing and Monitoring

• Audits conducted at regular intervals address, but are not limited to, the Agency’s compliance with anti-kickback laws, claim processing, cost reporting, marketing, the Medicare Conditions of Participation, as well any areas that have been identified by OIG, any federal or state entity, or internally by the Agency itself.

• Internal audits of the Agency’s processes and systems and adherence to the Compliance Program’s elements are conducted at regular intervals and at least during the company annual evaluation. Reports of the audits are submitted to the Board of Directors and Professional Advisory Committee, and analyzed to determine the necessity for improvements to be made, and if so, plans of correction are developed and implemented to improve the Agency’s operations. Internal audits are an integral part of the organization’s Performance Improvement program.

COMPLIANCE PROGRAM EDUCATION

• Agency provides Corporate Compliance Program education to all employees during orientation, annually, and more often if necessary as indicated by changes in applicable laws, regulations, standards or guidelines or as required due to the sensitivity of the work.

• The Compliance Officer is responsible for:
  o Assuring that the information provided during any Compliance Program training, and information disseminated to employees and any agents of the Agency, is accurate, current and reflects applicable laws, regulations, and standards; and
  o Ensuring appropriate documentation of any compliance training

• All employees shall receive formal training in at least the following:
o Organization Policies and Procedures;
o Ethics, including the Agency’s Code of Ethics; and,
o Procedures for notifying senior management of problems and concerns

- Targeted training is provided to corporate officers, managers, clinicians and other employees whose actions impact the claims submission process to the government and other third party payors.
- The contents of the Compliance Program training shall include, but is not limited to:
  o Federal, state and private payer reimbursement rules, regulations and guidelines
  o Organization Policies and Procedures
  o Stark Laws
  o Anti-kickback Laws
  o Fraud and Abuse Laws
  o Prohibitions related to inducing referrals
  o Appropriate admission and discharge of patients
  o Claims development and submission process:
    - Confirming and prioritizing diagnoses
    - Accurate and appropriate coding principles
    - Physician signatures
    - Visit verification
    - Equipment/supplies verification
  o Documentation requirements for services rendered and items provided
  o Altering medical records
  o Misrepresenting services and/or items provided
  o Reporting misconduct/potential violations
  o Cost Reports
  o Waiver of Co-payments/Accepting Assignment
  o Marketing Practices
  o Standards of Practice
  o Scope of Practice

- A variety of teaching methods may be used to present the information in a manner that is understandable to the employees.
Attestation Statement: I have read the Compliance Program set forth and agree
to comply fully with its terms and conditions at all times during my service as an
employee or Governing Body/Professional Advisory Committee member.

Printed Name: ____________________________________________________

☐ By checking this box, I am certifying this as my electronic signature typed below.

Signature: __________________________________________________________

Date: __________________________