



General Policy III-1: Corporate Compliance Program

Effective: 09/19/2023

A handwritten signature in dark ink, appearing to read "Karen Stone", is written over a horizontal line.

Karen Stone, Executive Director

As a Federally Qualified Health Center Look-Alike (FQHC LAL), TCFM is also committed to compliance with all requirements specified by the Health Resources and Services Administration (HRSA) and Section 330 of the Public Health Service (PHS) Act. Pursuant to NYS 18 CNCRR 521.3, Tri-County Family Medicine is committed not only to providing patients with high-quality and caring medical services but also to providing ethical services pursuant to ethical, business, and legal standards. These standards must apply to all "affected individuals", which is defined as, all persons who are affected by the required provider's risk areas including the required provider's employees, the organization's executive, and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers. In this regard, all employees must comply with all applicable legal rules and regulations, and avoid even the appearance of impropriety. It is the personal responsibility of all who are associated with TCFM to honor this commitment in accordance with the terms of the TCFM Standards of Conduct and related policies, procedures, and standards developed by TCFM in connection with the Corporate Compliance Program. TCFM incorporates Corporate Compliance as part of the Quality Assurance/Compliance Committee of the Board.

**TRI-COUNTY FAMILY MEDICINE PROGRAM, INC.
CORPORATE COMPLIANCE PROGRAM**

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I. PURPOSE OF COMPLIANCE PROGRAM

The TCFM Corporate Compliance Program (CCP) is intended to provide reasonable assurance that TCFM:

- Complies in all material respects with all federal, state and local laws and regulations that are applicable to its operations;
- Satisfies the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements;
- Detects and deters criminal conduct or other forms of misconduct by trustees, officers, employees, medical staff, agents and contractors that might expose TCFM to significant civil liability;
- Promotes internal monitoring and auditing and provides for, in appropriate circumstances, voluntary disclosure of violations of laws and regulations;
- Implements appropriate compliance and practice standards;
- Conducts appropriate training and education;
- Develops open lines of communication;
- Designates a Corporate Compliance Officer (CCO) and/or designee or contact;
- Establishes, monitors and enforces high professional and ethical standards;
- Responds appropriately to detected offenses by developing corrective and/or remedial action;
- Enforces disciplinary standards through well-publicized guidelines.

II. SCOPE OF COMPLIANCE PROGRAM

The provisions of the CCP apply to all medical, business, and legal activities performed by TCFM employees, medical staff, residents, agents, and contractors. The expectations for TCFM employees regarding compliance with the Program are as follows:

- Comply with the TCFM mission statement and the TCFM standards of conduct
- Familiarize themselves with the purpose of the CCP;
- Perform their jobs in a manner that demonstrates a commitment to compliance with all applicable laws and regulations
- Report known or suspected compliance issues to the CCO or his/her designee or the Corporate Compliance Hotline and participate in investigations to the point of resolution of alleged violations;
- Strive to prevent errors and violations and provide suggestions to reduce the likelihood of their occurrence.

III. TCFM COMPLIANCE PROGRAM ELEMENTS

The TCFM Board of Directors directs the development of and implementation of an effective compliance program which includes the following elements recommended in the Office of Inspector General's Compliance Program Guidelines for FQHCs and FQHC LALs (Section references are to relevant sections within this document);

1. Compliance Program Structure
2. Written Compliance Standards
3. Training And Education
4. Internal Monitoring And Auditing
5. Open Lines Of Communication
6. Responding To Detected Offenses And Developing Corrective Action
7. Enforcement Of Disciplinary Standards

The compliance program establishes a framework for legal and ethical compliance by TCFM and the members of the TCFM workforce community. The CCP is a living document and all members of the TCFM workforce are encouraged to suggest changes or additions to it. The CCP is not intended to set forth all of the substantive programs and practices of TCFM that are designed to achieve compliance. Certain functional areas within TCFM that are more likely to have issues involving compliance with applicable laws and regulations, such as 340B program functions, coding, and professional billing may develop specific compliance plans and/or policies that address issues pertinent to those areas. These area-specific compliance plans and policies will augment and further support this program.

IV. CORPORATE COMPLIANCE OFFICER & COMPLIANCE COMMITTEE CHARTER

TCFM has appointed a Compliance Officer who is responsible for the overall operation of the Compliance Program. The Corporate Compliance Officer (CCO) routinely reports to the TCFM organization's Executive. When a complaint or issue must be investigated and/or addressed, the CCO in coordination with the organization's Executive and/or Senior Management Team as appropriate will report issues to the Board Representative at the Quality Assurance/Compliance Committee of the Board and to the Board of Directors (BOD) as necessary.

A Compliance Committee works with the Compliance Officer to implement and maintain an effective Compliance Program. The Compliance Committee Charter addresses the Compliance Committee's purpose, authority and responsibilities, designation of a chairperson, composition, frequency of meetings, and the recordkeeping of meeting minutes.

See Appendix 1 Corporate Compliance Officer & Compliance Committee Charter

V. WRITTEN COMPLIANCE STANDARDS AND STANDARDS OF CONDUCT

TCFM has established written compliance standards, policies, and procedures to assist Individuals Affiliated with TCFM in recognizing compliance issues and to guide them to do the right thing. The policies and procedures direct the operations of TCFM's Compliance function. Copies of these items are available through the T-Drive and printed policy books that are maintained by each health center.

TCFM develops and/or revises and implements policies and procedures consistent with the requirements and standards established by the Board; federal, state, and local laws, rules, and regulations; relevant reviewing and accrediting organizations (such as the Bureau of Primary Health Care); and, as applicable, third-party payors. It is TCFM's policy to address identified areas of risk and to promote compliance by developing written policies and procedures that establish guiding principles or courses of action for Individuals Affiliated with TCFM .

To support the operation of TCFM's Compliance Program, policies and procedures are established to provide direction to affected individuals and address the following components of the Compliance Plan:

- Conflict of Interest
- Reporting and investigation of noncompliance
- Non-retaliation and non-intimidation
- False Claims Act and Whistleblower protections
- Compliance Program education and training
- Auditing and monitoring
- Billing errors and overpayments
- Kickbacks and business courtesies
- Discipline for noncompliance or failure to report
- Responding to governmental investigations

All affected individuals are expected to be familiar with and knowledgeable about the Compliance Program Policies and Procedures. The Policies can be accessed via the T-Drive and policy books.

Standards of Conduct

TCFM maintains strict adherence to the principle of conducting our business and its related services lawfully and ethically. See **GP III-2 Standards of Conduct/ Conflict of Interest Policy**.

The Standards of Conduct serve as a foundational document that describes the Organization's fundamental principles and values, and commitment to conduct its business in an ethical manner. The Standards of Conduct provide affected individuals with guidance on requirements for conduct related to their employment, contract, assignment, or association with TCFM.

When any person knows or reasonably suspects that the expectations in the Standards of Conduct and the Compliance Program have not been met, this must be reported to the immediate supervisor, a member of Management, the Compliance Officer, a member of the Compliance Committee, or the Chief Executive so that each situation may be appropriately dealt with. The Compliance Officer may be reached at 585-335-7355. The organization's Executive can be reached at 585-432-2301. Reports may be made in person; by phone, or by email.

VI. EDUCATION AND TRAINING

Education and training are critical elements of the Compliance Program. All employees are expected to be familiar with and knowledgeable about TCFM's Compliance Program and have a solid working knowledge of their responsibilities under the Compliance Program. Compliance Program Policies and Procedures and Standards of Conduct will be communicated to all affected individuals through required participation in training programs.

Training Topics – General

All affected individuals shall participate in training on the topics identified below:

- TCFM's Compliance Plan;
- Standards of Conduct and other related written guidance;
- Federal False Claims Act;
- New York False Claims Act;
- Whistleblower Protections;
- Risk areas and organizational experience;
- The role and responsibilities of the Compliance Officer and the Compliance Committee;
- Communication channels (name of Compliance Officer, reporting mechanisms, anonymous reporting mechanism);
- TCFM's expectations for reporting known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and TCFM's policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns") and how the Organization responds to such reports including the investigation process and corrective actions;
- TCFM's disciplinary policy and standards;
- Prevention of fraud, waste, and abuse; and
- Non-retaliation and non-intimidation policy.

All employees will complete the Compliance Program training no less frequently than annually.

TCFM will maintain an annual training plan. The training plan will, at a minimum, outline the subjects or topics for compliance training and education, the timing and frequency of the

training, which affected individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated. The training plan will be reviewed by the Compliance Officer and Compliance Committee and updated as needed, but at minimum on an annual basis.

Topics – Targeted

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, such as documentation of services and coding and billing procedures. Managers shall assist the Compliance Officer in identifying areas that require specific training and education.

Orientation

As part of their orientation, each affected individual shall receive a written copy of the Compliance Plan and Standards of Conduct and be provided access to Compliance Program Policies and Procedures.

Attendance

All education and training relating to the Compliance Plan will be verified by attendance and a signed acknowledgment of receipt of the Compliance Plan and Standards of Conduct.

Attendance at compliance training sessions is mandatory and is a condition of continued employment/contract/appointment/assignment with the Organization.

VII. LINES OF CONFIDENTIAL COMMUNICATION

Direct Access to the Compliance Officer TCFM recognizes that an open line of communication between the CCO and TCFM workforce is critical to the success of the Program. In addition to using the Corporate Compliance Hotline, members of the TCFM community are strongly encouraged to report incidents of potential fraud or to seek clarification regarding legal or ethical concerns directly from the Corporate Compliance Department, which can be directly contacted by calling (585) 432-2335 or via email to compliancehotline@tcfmedicine.com

All affected individuals must report compliance concerns. Failure to report is deemed misconduct and a violation of this requirement.

Employees who, in good faith, report possible violations will not be subjected to retaliation or harassment as a result of their reports. Retribution related to reporting of compliance concerns is prohibited and anyone who engages in such prohibited activity will be subject to disciplinary action. All such communications will be kept as confidential as possible, but there may be times

when the reporting individual's identity may become known or may have to be revealed if governmental authorities become involved, in spite of the best efforts of TCFM.

When appropriate, the CCO will consult with the organization's Executive to seek advice from legal counsel to assist in the investigation of fraud and abuse reports concerning members of the TCFM workforce who may have participated in conduct that raises compliance concerns. The CCO is authorized to seek advice directly from counsel without consulting the organization's Executive if the organization's Executive is the subject of compliance concerns.

The Compliance Hotline is a key element of the TCFM Compliance Program. The Corporate Compliance Hotline can be accessed by calling (585) 335-7355. The Hotline is a confidential resource that can be used anonymously to allow all members of the TCFM workforce to voice concerns over any situation that may conflict with TCFM's commitment to excellence or to report misconduct that could give rise to legal liability if not corrected. A log is maintained of all Hotline calls, investigation results, and continued monitoring, if applicable. Reports of calls will be reviewed annually by the CCO to identify any significant trends or patterns.

VIII. REPORTING

If an affected individual witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Plan and/or Standards of Conduct, he or she should contact the Corporate Compliance Officer, immediate supervisor, a member of the Management Team, or a member of the Compliance Committee. A Corporate Compliance Hotline has been established at (585) 335-7355 for this purpose. The Hotline will put you in touch with our CCO who reports directly to the organization's Executive. Some examples of behavior that should be reported include the following:

- A serious breach of patient or employee confidentiality by a coworker;
- Accepting bribes or kickbacks from a vendor;
- Unethical or illegal activities by any co-worker;
- Violations of any state or federal statute, including, but not limited to, HIPAA; EMTALA, OSHA, or any state or federal regulations or laws;
- Theft or pilfering of any items owned or controlled by TCFM by employees or vendors;
- Significant impairment of a TCFM employee due to the influence of drugs or alcohol abuse;
- Any other violations of state or federal law or regulations relating to health care.

When calling the Hotline, please be sure to provide as much information as possible to enable the CCO to research the issue. They will begin a detailed investigation and provide the results of that directly to the organization's Executive. Calls can be made anonymously from an outside phone. However, if you want a response to your inquiry, you will need to provide your name and department. All Hotline calls will be kept confidential to the extent possible and still permit investigation.

Employees also are encouraged to seek guidance regarding the application or interpretation of this Standards of Conduct and are expected to cooperate fully in any investigation of potential violations. The statements set forth in this Standards of Conduct are intended as guidelines for employees. Routine questions of interpretation regarding the Code shall be directed to the employee's supervisor or to the CCO. If any employee believes the Code, or particularly the Compliance Plan, may have been violated, the employee promptly shall report the potential violation to the Corporate Compliance Officer or make use of the confidential HOTLINE at (585) 335-7355.

If you have access to email either at work or home, we have also established the following email address for Corporate Compliance issues as compliancehotline.tcfmedicine.com

*******Disclosure:** *If you decide to use email to report an issue, your identity will be known to the Corporate Compliance Officer through your email address******

Upon receipt of a question or concern, any supervisor, officer, or director 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 Chief Executive.

The Corporate Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the Affected Individual was seeking information concerning the Standards of Conduct or its application, the Corporate Compliance Officer or designee shall record the facts of the inquiry and the nature of the information sought and respond as appropriate.

Protections

Tri-County shall, as much as possible, protect the anonymity or identity of the Affected Individual who reports a compliance concern or raises a question about TCFM's Compliance Program and Standards of Conduct. Strict confidentiality regarding the reporting of compliance concerns will be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Federal, State, or local law enforcement, or disclosure is required during a legal proceeding.

IX. NON-RETALIATION & NON-INTIMIDATION

TCFM recognizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to federal and state requirements, as well as the organization's ethical and business policies. **Appendix 10 Retaliation and Non-Intimidation**

Tri-County will not take any retaliatory action against an Affected Individual who, in good faith, reports a compliance concern, as defined by this Plan or for good faith participation in the Compliance Program, including but not limited to:

- Reporting potential issues;
- Investigating issues;
- Self-evaluations;
- Audits;
- Remedial actions; and
- Reporting to appropriate officials as provided in sections 740 and 741 of the New York State Labor Law.

Any threat of retribution, retaliation, or intimidation against a person who acts in good faith pursuant to their responsibilities under the Compliance Plan is acting against TCFM's Compliance Policy. Discipline, up to and including termination of employment, contract, appointment, or assignment, will result if such retribution, retaliation or intimidation is proven.

Affected Individuals who believe they have been subject to retribution, retaliation and/or intimidation for reporting a compliance concern or for good faith participation in the Compliance Program shall report the actions to the Corporate Compliance Officer who shall conduct an investigation into the allegation in accordance with Element 7 of this Compliance Plan (Response to Compliance Issues).

Guidance

Any affected individual may seek guidance about the Compliance Plan or Standards of Conduct at any time by following the reporting mechanisms outlined above.

X. INVESTIGATIONS

The CCO has the authority to investigate all potential compliance issues and to direct others to do so and shall report the results to the organization's Executive, the Quality Assurance Committee of the Board, and the BOD.

The CCO or his/her designee will:

- Promptly initiate an investigation of a potential compliance issue to make a determination as to whether a violation has occurred. The CCO will either personally conduct the investigation or refer the complaint to a more appropriate area within TCFM or outside, such as internal or outside legal counsel, auditors, or health care consultants with needed expertise. The CCO may request assistance in the investigation from the person or persons who filed a complaint, other personnel, or external sources, as appropriate;

- Request legal counsel to participate in the investigation and provide legal advice in any such matter, as appropriate. In any investigation involving legal counsel, the fact-gathering is to be conducted under the counsel's direction and control. All members of TCFM are obligated to cooperate with counsel.
- Prepare a report of each investigation in conjunction with legal counsel which will include documentation of the issue and, as appropriate, a description of the investigation process, copies of interview notes and key documents, a log of the witnesses interviewed, and the documents reviewed, the results of the investigation, any disciplinary action and the corrective action implemented to prevent recurrence. Reports of each investigation and the status of the corrective action will be presented to the organization's Executive, the Quality Assurance Committee of the Board, and the BOD.
- Work with relevant areas within TCFM to ensure the return of discovered overpayments to the relevant government programs, utilizing all applicable self-disclosure protocols.

XI. RESPONSE TO COMPLIANCE ISSUES

Violation Detection

TCFM maintains a formal confidential and anonymous compliance reporting process to encourage the reporting of any compliance concerns. Affected Individuals must promptly report any compliance concerns to the Corporate Compliance Officer, the immediate supervisor, a member of Management, or a member of the Compliance Committee. Service recipients, vendors, and any party conducting business with TCFM may report compliance concerns to the Corporate Compliance Officer through the confidential or anonymous reporting process.

As part of its Compliance Program, TCFM will ensure that all reports of compliance concerns are immediately and objectively investigated and resolved promptly. Such investigations may be conducted by the Corporate Compliance Officer, members of the Compliance Committee, other employees, or external parties as indicated or recommended by the Corporate Compliance Officer, the Chief Executive, or legal counsel.

The Corporate Compliance Officer will take immediate measures to secure relevant evidence or documentation and will ensure the confidentiality of any information obtained from a report, interview, or through an investigation unless otherwise required by law.

Unless a potential conflict of interest exists, the Corporate Compliance Officer will inform the Chief Executive of any pending investigations. The Corporate Compliance Officer or Chief Executive will arrange to retain legal counsel, as deemed appropriate.

Reporting

The results of the investigation and remedial actions will be communicated confidentially to the Chief Executive, members of the Board of Directors, and other employees based on a need-to-know basis. The Corporate Compliance Officer shall report to the Compliance Committee regarding each investigation conducted unless conducted under attorney privilege.

At the conclusion of an investigation involving legal counsel, they shall issue a report to the Corporate Compliance Officer, Chief Executive, and Compliance Committee summarizing their 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 legal counsel in attendance. Any additional action will be on the advice of counsel.

Rectification

If the Corporate Compliance Officer, in consultation with legal counsel, identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Corporate Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule, or regulation.

If the Organization identifies that an overpayment was received from any third-party payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified with the advice and assistance of counsel.

It is the Organization's policy to not retain any funds received from overpayments. Overpayments will be reported and refunded to Medicaid and Medicare in accordance with the appropriate self-disclosure protocols and any required time frames.

In instances where it appears that an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

Corrective Action Plans

When a compliance issue that has been identified requires remedial action, the appropriate TCFM department or administrative personnel responsible for the activity should develop a corrective action plan that specifies the tasks to be completed, completion dates, and responsible parties. In developing such a plan, the responsible personnel will obtain advice and guidance from the CCO and the organization's Executive, legal counsel, and other appropriate personnel, as necessary. Each corrective action plan must be approved by the CCO or his/her designee prior to implementation. The CCO has the obligation to report directly to the organization's Executive, Quality Assurance/Compliance Committee of the Board, and the BOD on (i) all compliance issues noted for which corrective actions have not been implemented; (ii) corrective action plans that have not met his/her approval from an adequacy or timing standpoint; or (iii) corrective action plans that are not subsequently implemented in accordance with the approved plan in terms of substance or timing.

A corrective action plan should ensure that the specific issue is addressed and that similar problems will not occur in other areas or departments, to the extent possible. Corrective action plans may require that compliance issues be handled in a designated way, that relevant training takes place, that restrictions be imposed on particular employees, or that the matter be disclosed externally to the appropriate authorities pursuant to applicable state or federal law. Sanctions or discipline, in accordance with the standard disciplinary policies and procedures of TCFM, may also be recommended. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance or competence concerns, the corrective action plan should identify actions that will be taken to prevent such individuals from exercising discretion in that area.

Recordkeeping

Regardless of whether a report is made to a governmental agency, the Corporate Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. The Corporate Compliance Officer will organize the information so that the Organization can determine if an infraction occurred. The Corporate Compliance Officer will securely maintain all notes of the interviews, all evidence, and review of documents as part of the investigation file. This record will be considered confidential and not released without the approval of the Chief Executive or legal counsel.

XII. DISCIPLINE AND ENFORCEMENT OF COMPLIANCE STANDARDS

Disciplinary Action – General

Affected Individuals who fail to comply with TCFM's Compliance Program and Standards of Conduct, or who, upon investigation, are found to have committed illegal or unethical acts or violations of applicable Federal and State laws and regulations, the Compliance Program, the Standards of Conduct, or the Organization's policies and procedures, will be subject to appropriate disciplinary action, up to and including termination of employment, contract, assignment, or appointment with the Organization.

When the determination is made that a compliance violation occurred involving a contractor or vendor, the Corporate Compliance Officer will notify the Chief Executive and work collaboratively to determine and execute the appropriate corrective action.

The Organization will apply progressive discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal counseling or warning; (b) counseling with a written warning; (c) retraining; (d) reassignment or demotion; (e) suspension without pay; and (f) termination of employment, contract, assignment, or appointment. The Organization will consider intentional or reckless behavior as being subject to more significant discipline.

The following actions will result in more significant disciplinary action:

- Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures;
- Failure to comply with the Organization's policies governing the prevention, detection, or reporting of fraud and abuse;
- Falsification of records;
- Submitting or causing to submit a false claim;
- Failure to report a violation by a peer or subordinate;
- Failure to cooperate in an investigation; and
- Retaliation/intimidation against an individual for reporting a possible violation or participating in an investigation.

Any discipline will be appropriately documented in the affected individual's file, along with a written statement of reason(s) for imposing such discipline. Such documentation will be considered during an employee's regular and promotional evaluations.

The Corporate Compliance Officer will maintain a written record of all disciplinary actions taken against Affected Individuals related to non-compliance and violations, including verbal warnings, and will reference these records when necessary to ensure consistency in the application of disciplinary measures. The Corporate Compliance Officer will provide a report on disciplinary actions taken to the Compliance Committee and the Board of Directors.

Disciplinary Action – Supervisory

Managers and supervisors will be disciplined for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and procedures and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided the Organization with the opportunity to correct them.

XIII. AUDITING AND MONITORING

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of TCFM's Compliance Program. An ongoing auditing and monitoring system, implemented by the

Corporate Compliance Officer and in consultation with the Compliance Committee, is an integral component of TCFM's auditing and monitoring systems.

On an annual basis, the Corporate Compliance Officer, in conjunction with the Chief Executive, Senior Management, and Compliance Committee, will develop an audit plan based on an organizational risk assessment.

This ongoing auditing and monitoring will evaluate at minimum, the following risk areas:

- Billings;
- Payments;
- Ordered services;
- Medical necessity;
- Quality of care;
- Governance;
- Mandatory reporting;
- Credentialing;
- Contractor, subcontractor, agent, or independent contract oversight;
- Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions;
- Review of documentation and billing relating to claims made to Federal, State, and third-party payers for reimbursement;
- Compliance training and education;
- Effectiveness of the Compliance Program: and
- Other risk areas that are or should reasonably be identified by the Organization through its organizational experience

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

Results of all auditing and monitoring activities will be reported to the Compliance Committee and Board of Directors.

Monitoring techniques that will be used by the Corporate Compliance Department are listed, but are not limited to the following:

- Monthly reviews of the Corporate Compliance Calendar by the compliance subcommittee
- Ongoing monitoring of all employees, contractors, volunteers, students, vendors, Directors and residents will be completed to ensure there is no exclusion from participation in federally sponsored healthcare programs, such as Medicare and Medicaid. TCFM will monitor the electronic database called the Death Master File

(DMF) sometimes referred to as the Social Security Death Index (SSDI) for individuals to identify and prevent identity fraud. See **GP III-7 Exclusion and Debarment Screening**

- Benchmarking which provides operational snapshots from a compliance perspective that identify the need for further assessment, study, or investigation.
- Periodic reviews in the areas of CCP dissemination, communication of TCFM's compliance standard and Standards of Conduct, the Corporate Compliance Hotline, and adequacy of compliance training and education to ensure that the Program's compliance elements have been satisfied. The review process will be conducted through on-site interviews and surveys of key management in operations, medical records, coding, billing, and patient care.
- Refund Over Payments and Provider Overpayment Reporting, the billing department will review account credit balances monthly and refund overpayments > \$3.00 to either the guarantor of an account or to the insurance company in accordance with both contract mandates and/or patient/insurance request (s). Any written or verbal request will be acted on and result in a refund check being generated to the appropriate party after a thorough investigation. See **Appendix 3 Overpayment and Reporting**.
- Annual attestation to DRA and SSL certification during Medicaid annual renewal.
- Ongoing monitoring of voided/adjusted claims through the monthly compliance committee meeting
- Quarterly review of credit card purchases. See **Appendix 4 Credit Card Review**
- Coding Compliance: TCFM complies with state and federal laws and regulations pertaining to billing, coding, and reimbursement. A coding compliance plan has been implemented to effectively articulate and demonstrate the organization's commitment to legal and ethical conduct. Compliance is a function of daily operations. TCFM conducts regular audits to identify and resolve any coding trends or billing errors. A coding compliance program has been implemented to effectively articulate and demonstrate the organization's commitment to legal and ethical conduct. Compliance is a function of daily operations. TCFM conducts regular audits to identify and resolve any coding or billing errors. See **Appendix 5 Coding Plan**
- Medical peer reviews; TCFM medical peer review is a confidential, structured, ongoing process conducted with objectivity and without bias to maintain established standards or care, quality, and consistency between providers. See **Appendix 6 Peer Review**
- Medical staff credentialing; TCFM will access the credentials of all providers prior to placement into any practice location and re-credential providers every two years. All applicable information requested in the application is necessary to complete the credentialing process. The following information is based on standards for credentialing established by the National Committee for Quality Assurance (NCQA) and Health Resources and Services Administration's (HRSA) FQHC compliance manual.
- Sliding Fee Scale: As an FQHC-LAL, TCFM provides care to patients regardless of their ability to pay. TCFM uses a Sliding Fee Discount Scale (SFDS) based on the Federal poverty guidelines. Each year when the Federal poverty guidelines are published, TCFM updates the sliding scale for its Board of Directors to approve. When the annual sliding fee scale is approved by the board, qualified patient sliding fee agreements will be updated and the patient will be notified.

Compliance Plan Integrity

Additional steps to ensure the integrity of the Compliance Plan will include:

- 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 the Organization and/or administering a Federally or State-funded program or county-funded program with which the Organization participates.
- Establishment of a process detailing ongoing notification by the Corporate Compliance Officer to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.

XIV. CONFLICT OF INTEREST

To protect the interests of Tri-County Family Medicine when entering into a transaction or arrangement that might benefit the private interests of a board member or office, TCFM serves to protect the interests of the Corporation if the Directors or Management are entering into transactions or arrangements that directly or indirectly conflict with the interests of Tri-County Family Medicine. See **GP III-2 Standards of Conduct/ Conflict of Interest Policy**

XV. RECORD RETENTION

TCFM is committed to complying with the record and documentation requirements under federal or state law and to the maintenance and retention of records and documentation necessary to confirm the effectiveness of TCFM's Compliance Program. Such Documentation includes but is not limited to a Compliance Hotline Log, minutes of Compliance Committee meetings, educational presentation logs, handouts and attendance sheets, and documentation of auditing and monitoring efforts.

TCFM shall document and retain records for all requests for information regarding payment policy from any government agencies-regulatory bodies or third-party payers and all written or oral responses received. Such records are critical as TCFM will rely on such responses to guide them in future decisions, actions or claim reimbursement requests or appeals, while further understanding TCFM's commitment to compliance with the law.

XVI. OTHERS ELEMENTS OF THE COMPLIANCE PLAN

- **Anti-Kickback:** The Corporation recognizes that as a recipient and subrecipient of federal funds, it is subject to the strictures of the Medicare and Medicaid anti-kick back statute (42 U.S.C §1302-7b(b)) and shall be cognizant of the risk of criminal and administrative liability under such statutes, specifically under 42 U.S.C § 1320 7b(b) which states in part that whoever knowingly and willfully solicits or receives (or offers or pays) any remuneration (including kickback, bribe or rebate) directly or indirectly, overtly or covertly in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR in return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item for which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both. No employees will offer or agree to receive a kickback to an entity or person to induce any customer to purchase services or refer patients to us.
- **Confidentiality:** We strictly safeguard all confidential information with which we are entrusted and must never discuss, transmit, send, receive, or discard such information outside of the normal, necessary, and procedural course of our business. In particular, all employees/agents must protect the confidentiality of all patient records and information contained in such records.
- **Confidential Business Information:** It is understood the Corporation is private, not-for-profit, and as such, all of its governance, administrative, fiscal, management information systems, health information systems, and clinical affairs are confidential and private. It is understood that the directors pledge individually and as a group to honor the code of confidentiality as it relates to all Corporate documents and verbal conversations, discussions, meetings, decisions, and plans. It is further understood that defiance of privacy and confidentiality are immediate grounds for permanent dismissal from the Board of Directors. Confidential information acquired by employees about the business of TCFM must be held in confidence and may not be used as a basis for personal gain by the employee, their families, or others.
- **Patient Rights:** All employees must comply with all standards, rules and regulations set forth in the Organization's Patient's Bill of Rights. We support patients and/or their surrogates' right to make autonomous decisions regarding their treatment and goals.
- **Quality of Services:** TCFM will provide quality services/standards consistent with available resources, stakeholder preferences, and needs, and work to ensure the existence of a resource allocation process that considers the client's needs, and those of other stakeholders.

- **Scope of Care and/or Services:** TFCM will be consistent with that allowed by federal and state licenses, certifications, rules, regulations, bylaws, job descriptions, and/or policies including but not limited to HRSA.
- **Planning:** TCFM will ensure that all people have reasonable access to healthcare and social services, and consider the short-term and long-term impact of management decisions on both the community, its healthcare needs, and society.
- **Marketing Activities:** All activities will fairly and accurately represent and market our capabilities to the public. TCFM employees will offer factual information or documented evidence to the general public and will not distort, exaggerate, or misrepresent the truth, make false claims, engage in comparative advertising, or attack or disparage another provider, whether verbally or in print.
- **Antitrust:** Antitrust laws are designed to ensure that competition exists to preserve the free enterprise system, and to prohibit competitors from entering into agreements to fix prices or to reduce price competition. Employees should not provide business information to a competitor *unless* the information is necessary to consummate a bona fide customer/supplier relationship.
- **Billing and Reimbursement:** TCFM will ensure that our billing and reimbursement practices comply with all federal and state laws, regulations, and guidelines, including but not limited to, all bills will be accurate and reflect current payment methodologies and we will answer all questions about bills and related policies and practices. In addition, we will not submit a claim containing information known to be false; bill for incomplete charts; or file inaccurate timecards.
- **Waiver of Coinsurance:** It is illegal to re-compensate a patient (defined as a waiver of coinsurance and deductible amounts) to induce that patient to have a service for which payment may be made under Medicare, Medicaid, and/or specific plan agreements for any insurance, including managed care plans. A waiver is appropriate only if the patient has a documented financial need and that need is documented in an appropriate record. All patients will be billed for the coinsurance or deductible; the coinsurance will then be written off to bad debt only if the normal procedures have failed to result in the collection of the monies. Exceptions may be made for risk management purposes.
- **Accurate Records and Accounts:** All TCFM transactions must be properly authorized and recorded in accordance with generally accepted accounting principles and policies. No false, incomplete, or unrecorded corporate entries shall be made.
- **Corporate Resources:** Employees may not contribute or donate TCFM funds, products, services, or other resources to any political cause, issue, party, or candidate. TCFM will safeguard and accurately record all assets.

- **Contract Negotiations:** TCFM has a duty to disclose current, accurate, and complete cost and pricing data where such data are required under appropriate federal or state law or regulation.
- **Business Relationships:** Federal laws generally prohibit offering gifts to government program beneficiaries to induce utilization of items or services payable by government programs (e.g., Medicare or Medicaid). The Office of Inspector General does permit inexpensive gifts to program beneficiaries so long as (1) they are not cash or cash equivalents, and (2) they have a retail value of no more than \$10 individually and \$50 in the annual aggregate per patient. No TCFM employee will seek to gain an improper advantage from or to any referral source or purchase/vendor by offering a business or professional courtesies. Never accept anything of value, as noted above, if the gratuity is offered or appears to be offered in exchange for any type of favorable treatment or advantage.
- **Medicare Regulations:** TCFM will maintain its eligibility to participate in Medicare by ensuring continued compliance with all FQHC requirements specified in Medicare regulations (42 CFR Part 405 Subpart X, and 42 CFR Part 491)
- **NYS Regulations:** TCFM will follow the NYS Hospitals and Diagnostic and Treatment Centers in NYS as well as adherence to NYS Office of Medicaid Inspector General

Each employee/agent is expected to report any suspected violations of the CODE OF ETHICAL CONDUCT policy, whether criminal or civil, to the Corporate Compliance Officer, which can be done anonymously on the confidential hotline - (585) 335-7355

XVII. DEFINITIONS

Standards of Conduct The TCFM Standards of Conduct are an internally developed set of principles that guide how we do business. Our values of appropriate conduct in business provide a set of ethical guidelines that outline how we strive to 'do the right thing' for its own sake in addition to strict compliance with laws and regulations.

False Claims The False Claims Act (FCA) includes both civil and criminal provisions used in the enforcement of the law, which makes it an offense for any person/entity to present a false claim to the United States government. The elements necessary to establish a civil FCA violation are

- (1) presentation of a claim
- (2) to the United States government or any program funded by the government
- (3) with actual knowledge that the claim is false/fraudulent or with reckless disregard or deliberate ignorance of the truth or falsity of the claim.

Medicare and Medicaid Anti-kickback Statutes Make it a crime for a person (i.e. a physician) to knowingly and willfully solicit or accept payment (or other remuneration) for referring a patient

to another person/entity for the furnishing of any item or service for which payment may be made (in whole or in part) by the Medicare or Medicaid programs. The statute also makes it a crime to knowingly and willfully offer or pay remuneration to "induce" such a referral. An "inducement" is any act intended "to exercise influence over the reason or judgment of another in an effort to cause the referral or program-related business."

Health Insurance Portability & Accountability Act (HIPAA) Also known as Administrative Simplification, HIPAA details and provides for the enforcement of patient's privacy rights and standards for the electronic transmission of healthcare data. The legislation is subdivided into four categories: Transaction standards for the transmission of claims, enrollment, eligibility, premium payments, claim status, referrals, and the coordination of benefits. Code set standards for diagnosis codes, medical procedure codes, national drug codes, and dental procedure codes. Privacy standards that require all individually identifiable health information be kept private and not disclosed without the patient's permission. Security standards that require processes to be implemented to ensure data integrity, confidentiality, and availability. Transaction and privacy standards were made final and full compliance was required by October 2002 & April 2003 respectively. Penalties for wrongful disclosure of individually identifiable health information can range up to \$1,500,000 and 10 years in prison. Compliance with these standards requires an ongoing review of operational policies and procedures throughout the organization. Everyone at all levels needs to be familiar with the impact of these standards on their daily activities.

Stark I, II & III Prohibits physicians from referring Medicare and Medicaid patients to a hospital or other entity for the provision of "designated health services" if the physician or immediate family member has a financial relationship with that entity unless an exception exists. Financial relationships are defined as both ownership/investment interests and compensation relationships. Designated health services include physical, occupational, and speech therapy, clinical laboratory services, radiology services (including MRI, CAT scans, and ultrasound services), radiation therapy, durable medical equipment, orthotics and prosthetic devices, home health services, Parenteral and enteral nutrients and supplies, outpatient prescription drugs, and inpatient and outpatient hospital services.

Tax Exempt Standards All 501(c)(3) non-profit organizations may not pay more than "reasonable" compensation to a private individual or entity from which it purchases services or items. Likewise, it may not provide items or services for less than fair market value. If these rules are violated, ProMedica could lose its tax-exempt status, and/or the IRS may impose a monetary penalty on the persons responsible.

Fraud is defined as an intentionally false representation or concealment of a material fact intended to induce another to act in a particular way, resulting in his or her injury. In healthcare, this can take the form of a pattern of false claims (see FCA section above) or a financial fraud that is not unique to healthcare such as embezzlement.

The Fair and Accurate Credit Transaction Act of 2003 (FACTA) The purpose of this law as it applies to healthcare is to detect, prevent, and mitigate identity theft in connection with the opening of a covered account or an existing covered account. TCFM strives to prevent the intentional or inadvertent misuse of patient names, identities, and medical records; to report criminal activity relating to identity theft and theft of services to appropriate authorities; and to take steps to correct and/or prevent further harm to any person whose name or other identifying information is used unlawfully or inappropriately.

XVIII. APPENDIX

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APPENDIX 1 CORPORATE COMPLIANCE OFFICER & COMPLIANCE COMMITTEE CHARTER

Roles and Responsibilities

The Role of the Corporate Compliance Officer

The Organization's Executive designates the Corporate Compliance Officer.

The Corporate Compliance Officer has principal authority and responsibility for the Compliance Program development, implementation, oversight, monitoring, and evaluation of all aspects of TCFM's Compliance Program.

Authority

The Corporate Compliance Officer has principal authority and responsibility for the development, implementation, oversight, and evaluation of all aspects of Tri-County's Compliance Program.

The Corporate Compliance Officer is authorized to investigate all instances of suspected illegal or unethical conduct. The Corporate Compliance Officer has the authority to review all documents and other information relevant to compliance activities, including but not limited to work product and records concerning Tri-County's acceptance of grant funding from federal and state governments and agencies; reimbursement from federal, state, and private payers; and documentation related to Tri-County's compliance with federal, state or agency requirements.

The Corporate Compliance Officer is vested with full authority to stop work on a project that is believed to be problematic until the compliance issue in question has been resolved. The Corporate Compliance Officer may, upon obtaining appropriate authorization, and consistent with TCFM's budget constraints, seek the advice of qualified legal counsel and/or hire outside investigators and/or consultants. If a matter involves TCFM's Executive, the Corporate Compliance Officer may report independently to the Board of Directors and to qualified legal counsel to make reports and recommendations on compliance matters.

Reporting Relationship

The Corporate Compliance Officer has direct lines of communication with the Chief Executive, the Board of Directors, the Compliance Committee, and the Organization's legal counsel.

Duties and Responsibilities

- Overseeing and monitoring the adoption, implementation, and maintenance of the Compliance Program;
- Developing and implementing Compliance Program policies and procedures and Standards of Conduct;

- Reviewing and revising, periodically, the Standards of Conduct, the Compliance Program, and policies and procedures as changes occur within TCFM, and/or in the law, regulations, or governmental and third-party payers.
 - Evaluating the effectiveness of the Compliance Program, policies and procedures, and Standards of Conduct.
 - Developing, implementing, and monitoring the annual Compliance Work Plan.
 - Reporting, no less frequently than quarterly, to the Board of Directors, Chief Executive, and Compliance Committee on the progress of implementation of the Compliance Program.
 - Assisting the Chief Executive, Senior Leadership, Management, and the Compliance Committee in establishing methods to improve TCFM's quality of service and to reduce vulnerability to fraud, abuse, and waste.
 - 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 affected individuals, consistent with roles and any associated risk areas, are knowledgeable of, and comply with, pertinent Federal and State standards and TCFM's Standards of Conduct.
 - Ensuring that excluded individuals and entities are not employed or retained by the Organization.
 - Directing internal audits established to monitor the effectiveness of compliance standards and the Compliance Program.
 - Independently investigating and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action with all departments, providers, and sub-providers, agents, and, if appropriate, independent contractors.
 - Coordinating internal investigations and implementing corrective action(s).
 - Developing policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation.
 - Guiding Management, medical/clinical program personnel, and individual departments regarding policies and procedures and governmental laws, rules, and regulations.
 - Maintaining a reporting system, including an anonymous means to report, and responding to concerns, complaints, and questions related to the Compliance Program.
 - Overseeing efforts to communicate awareness of the existence and contents of the Compliance Program.
 - Ensuring that independent contractors and contractors (recipient service provision, vendors, billing services, etc.) are aware of the requirements of TCFM's Compliance Program.
 - Acting as a resourceful leader regarding regulatory compliance issues. Actively seeking up-to-date material and releases regarding regulatory compliance issues.
 - Continuing the momentum of the Compliance Program and the accomplishment of its objectives.

The Structure, Duties, and Role of the Compliance Committee - Compliance Committee Charter

The Compliance Committee is appointed by the Chief Executive to advise and assist the Corporate Compliance Officer with the implementation of the Compliance Program. The Compliance Committee reports directly to the Chief Executive and Board of Directors.

Duties and Responsibilities

The Board Compliance Committee will work with TCFM's Corporate Compliance Officer and organization's executive, as appropriate, in coordinating and overseeing the development and implementation of TCFM's Compliance Program in a manner consistent with the recommendations of the Department of Health and Human Services, Office of Inspector General ("OIG"), as published in its Compliance Program Guidance for Individual and Small Group Physician Practices¹, including:

- A. Identifying Areas of Risk.** The Board Compliance Committee will be informed, through education and training, about the federal and state statutory, regulatory, and policy requirements applicable to TCFM's activities as a basis for reviewing the risks identified by the Corporate Compliance Officer and making recommendations for actions to be taken by the full Board of Directors, as may be appropriate.
- B. Oversight of Compliance Program Activities.** The Board Compliance Committee will receive information, as appropriate, from the Corporate Compliance Officer on activities of the Compliance Program, including but not limited to, education and training, employee reporting mechanisms, and disciplinary guidelines.
- C. Policies and Procedures.** The Board Compliance Committee will work with the Corporate Compliance Officer to review and obtain Board approval of TCFM's Corporate Compliance Plan, Standards of Conduct and policies and procedures that address areas of risk and that promote compliance with TCFM's Compliance Program, laws, and regulations (including, as applicable, but not limited to, the laws authorizing and implementing Medicaid, Medicare, and other federal and state healthcare programs, Section 6032 of the Deficit Reduction Act of 2005, the requirements under Section 330 of the Public Health Service Act, and the requirements outlined in the Health Resources and Services Administration's Compliance Manual) and with TCFM's contractual requirements.
- D. Monitoring, Audits, and Investigations.** The Board Compliance Committee will review significant findings and trends identified through internal and external audits and investigations, as presented by the Corporate Compliance Officer or appropriate member of senior management. The purpose of the reports will be to identify potential risk areas to ensure appropriate oversight and inform Board decisions about resource allocation.
- E. Evaluation of Effectiveness.** The Board Compliance Committee will evaluate the effectiveness of the Compliance Program as well as the extent to which the tasks in the Annual Compliance Program Work Plan have been completed.

¹ Compliance Program Guidance for Individual and Small Group Physician Practices, 65 Fed. Reg. 59434 (Oct. 5, 2000).

- F. Resources.** The Board Compliance Committee will periodically review the resources assigned to TCFM's Compliance Program to ensure that such resources are adequate for maintaining an effective Compliance Program and will make recommendations for changes in the budgeting of resources to the full Board of Directors.

Compliance Committee Meetings and Procedures

The Board Compliance Committee shall hold regular meetings monthly. The Board Compliance Committee may meet more frequently if requested by either the Chair of the Board, Chair of the Board Compliance Committee, organization's executive, or Corporate Compliance Officer.

The Board Compliance Committee shall be subject to the same requirements regarding quorum, attendance, and voting as other committees of the Board.

The Compliance Committee shall maintain written minutes or other records of its meetings and activities. Minutes of each meeting of the Compliance Committee shall be distributed to each member of the Committee and filed electronically. Minutes and other records of Committee activity will be maintained by the Corporate Compliance Officer.

The Corporate Compliance Officer shall report to the Chief Executive and Board following meetings of the Compliance Committee, and as otherwise requested by the President of the Board.

Membership

The Board Compliance Committee shall consist of the following members.

Name:	Title:
Laurie Wright	340B and Special Projects Coordinator, Chairperson
Karen Stone	Executive Director
Nicholas Apostoleris	Chief Strategy and Innovation Officer
Kaitlyn Chan	Administrative and Compliance Manager
Brenda Pruden	Senior Director of Care Management Services
Gregory Cleeves	Director of Finance
Theresa Holmes	Director of Human Resources
Margaret Balcom	Payroll and Benefits Administrator

Amber Leonard	Associate Director of Billing, Quality, and Health Information
Amanda Stone	Clinical Administrative Superuser
Karrie Prinzi	Nursing Supervisor
Megan Stokesberry	Associate Director of Clinical Operation
Laura Monterone	Senior Office Manager
Sheila Vandermallie	Senior Office Manager
Laurie Kays	Billing Specialist and Data Analyst

APPENDIX 2 OVERPAYMENT AND REPORTING

The Office of the Medicaid Inspector General (OMIG) Provider Overpayment Reporting Terminal (OMIG Portal) streamlines the reporting of overpayments, repayment, and tracking of provider-identified Medicaid overpayments. Examples of issues appropriate for reporting include but are not limited to:

- Routine errors
- Overpayments resulting from incorrect reporting of third-party payments, e.g., balance billing
- Medicare coinsurance reporting with no reported Medicare paid amount
- Overpayments resulting from billing incorrect ICD-9 assignment
- Systemic Errors
- Inability to reprocess adjustment(s) through the MMIS (eMedNY)

Overpayment Reporting Should Occur when the following conditions are met:

- Overpayment is NOT included in another separate review or an audit being conducted by OMIG, vendors or OIG
- Overpayment is NOT related to a broader state-initiated rate adjustment, cost settlement, or other broader payment adjustment mechanisms. (These include retroactive rate adjustment, charity care, cost reporting, etc.)

Reporting Options:

OMIG/HMS Provider Portal (<http://ecenter.hmsy.com/shr/Controller>) - Ideal for ongoing, routine self-reporting. To reduce data entry requirements, OMIG and HMS have developed a module in the Provider Portal to accept batch uploads. Please contact HMS at 518-724-7820 for questions regarding registration or the self-reporting process.

Self-disclosure limitations:

The OMIG Self-Disclosure Program is designed to report and recover overpayments due back to the Medicaid or Medicare programs. Depending on the nature of the issue, the OMIG's staff may refer the matter through established audit or investigation processes or to other state agencies.

Underpayments detected in the process or otherwise are not to be offset in the self-disclosure process. Underpayments must be re-billed to eMedNY and claims are subject to system edits and verifications. Time-barred claims are pended and reviewed by the Office of Health Insurance Programs (OHIP) for disposition and consideration for payment

Employees are expected to bring these types of issues or concerns to their immediate supervisor. The supervisor should then evaluate the situation and address it. If an employee feels their concerns are not properly resolved or if the problem involves their supervisor, employees must contact the next level of management or the Corporate Compliance Hotline.

APPENDIX 3 CREDIT CARD REVIEW NEED

BOARD REVIEW OF CREDIT CARD EXPENSES The use of credit cards for purchases is common and is often necessary. The controls over these cards, however, are different from the normal expenditure policy, because approvals and documentation frequently occur after the purchases are made. A process is required to develop a formal review of the Corporate Credit Cards to require a board member to review all corporate credit card purchases on a quarterly basis.

The purpose of Credit Cards is to create a system for making urgent purchases where it may be necessary to purchase outside of the TCFM's Purchasing Procedure.

- Only the organization's Executive and the Chief Strategy and Innovation Officer are authorized to make credit card purchases. The organization's Executive will designate spending limits and allowable transactions.
- If issued, each credit card is the direct responsibility of the person to whom the card was issued.
- All purchases will be pre-approved by the organization's Executive or Chief Strategy and Innovation Officer.
- The corporate card may not be used for personal purposes under any circumstances.
- The cardholder is responsible for submitting all original receipts and other documentation necessary for the payment of corporate credit card bills.
- Receipts for credit card usage must be turned in to the finance department.
- The finance team reconciles receipts against credit card statements monthly and has the credit card holder attest the credit card charge was for a business purpose.
- Designated staff may use the organization's Executive's credit card for travel and other Tri-County Family Medicine purchases. The authorized staff will be responsible for providing the documentation of receipts for such purchases to the Finance Department for use in reconciling the monthly statements.
- Credit card statements are reviewed by the Board Treasurer or representative of the board on a quarterly basis, at a minimum.

APPENDIX 4 CODING PLAN

A Certified Coder ensures accurate billing and coding practices and identifies areas in need of improvement.

Auditing and monitoring are conducted to speed up and optimize proper payment of claims; minimize billing and coding mistakes; reduce the potential for external audits; detect inaccuracies in billing and coding procedures; and identify deficiencies in medical record documentation.

The Certified Coder audits provider coding annually and as needed based on the results of each audit. The coding audit includes an analysis of the utilization of Evaluation and Management (E/M) codes. The data is compared to payer-specific or industry standards for the specialty of Family Practice. Potential risk areas are identified based on the results of the comparison.

Risk Adjustment and Hierarchical Condition Categories (HCC) are also audited and calculated monthly under each provider. Results are reported to the Quality Assurance (QA) Committee and to TCFM Leadership on a quarterly basis. This is completed by a Certified Risk Adjustment Coder (CRC) to ensure accurate reporting of conditions that are required to be assessed annually by the Centers for Medicare and Medicaid Services (CMS). Risk Adjustment audits identify documentation gaps and ensure requirements for quality reporting initiatives are completed.

On an annual basis, the Office of Inspector General (OIG) Work Plan is analyzed to identify additional risk areas. ICD-10-CM and CPT coding books and computerized coding systems are used to ensure guidelines are followed. All of these are updated yearly based on HCFA (Health Care Finance Administration), CMS (Centers for Medicare and Medicaid Services), HHS (Health and Human Services), and AMA (American Medical Association) coding changes and updates.

Employees are encouraged to communicate any concerns related to the integrity of the billing and coding processes. TCFM provides the means for employees to voice their concerns anonymously. Retaliation against employees who communicate concerns is prohibited.

Internal auditing and monitoring is completed using ICD-10-CM Official Guidelines for Coding and Reporting, published and updated as necessary by CMS. All coders are responsible for following the set guidelines and for meeting coding education requirements.

AUDITING FOR CODING COMPLIANCE

Audits will be conducted annually to ensure the accuracy of clinical documentation, and coding assignment. Audits are designed to provide a reliable assessment of current coding practice and should encompass both diagnosis and procedure services. The Certified Coder is responsible for designing and conducting these audits.

On average fifty (50) randomly selected records per provider will be reviewed. All records in which coding revisions result in a lower or higher office visit level assignment or procedure code changes that are identified will be correctly billed, and noted in the billing notes in the patient's account in the EMR.

Audits monitor compliance with accurate documentation, coding compliance policies, coding guidelines, and all applicable Federal and State laws. New providers are audited monthly until trends indicate compliance with guidelines. All audit results are shared with individual providers

and additional training or education sessions are recommended/offered when warranted. Follow-up reviews are conducted based on a calculated error rate. If significant problems that potentially violate fraud and abuse laws are identified, a focused audit is conducted.

Error Rate	Schedule for Follow-up Audits
<5%	Annually
>5%	Semi-annually

Documentation reviewed to track key indicators and trends of the coding practices. Such indicators may include potentially problematic diagnoses and inaccurate procedures. Identification of any discrepancies or trends will trigger the need for a comprehensive audit. The Lead Certified Coder in conjunction with TCFM Leadership will develop Alerts and education mechanisms to help providers document accurately.

To support an HCC (Hierarchical Condition Category) code, clinical documentation in the patient's health record must support the presence of the condition and indicate the qualified provider's assessment and/or plan for the management of the condition. TCFM uses the "MEAT" approach: **M**onitoring, **E**valuation, **A**ssessment, and **T**reatment form of documentation.

Maintain current updates regarding documentation, coding, and procedures.

- How providers make a specific code selection.
- Educate the understanding of accurate coding vs "upcoding."
- Coding assistance available.
- One-on-one support and training.
- The Certified Medical Office Coder reviews documentation and coding to inform other coding staff if appropriate.

Review a sample of coded material and verify that:

- Coding is standardized throughout the organization.
- Codes are supported by medical necessity and the appropriate documentation is present to support a code
- All procedures, tests, and services have an appropriate order.
- The code applied is the most appropriate code.
- Billing has occurred for appropriately coded material and no billing has occurred for inappropriately coded material.
- Corrective action has been taken and documented when inappropriate coding has occurred.
- Review plan for ongoing monitoring of the coding process.
- The determined acceptable percentage for these audits is **95%** for each provider.

The education and training materials are demonstrated each for the providers and will be housed in the Corporate Compliance Book by year. This documentation will state what criterion

was demonstrated to the providers and necessary staff who attended the compliance education and training.

Compliance education and training material will verify:

- Organizational commitment to comply with all laws, regulations, and guidelines of Federal and State programs.
- Coverage for the coding compliance policies.
- Reinforces the fact that strict compliance with the law and coding policies is a condition of ethics and integrity for the organization.

A summary audit report will be issued for E/M level coding at the end of each compliance audit, which will be submitted to the Corporate Compliance Committee. There will also be a summary of the HCC gaps closed by the provider issued quarterly to the Quality Improvement Committee and Administration. The audit reports will identify areas where corrective actions may be needed. Follow-up audits to monitor that corrective actions stipulated by the committee have been implemented and are functioning as intended.

APPENDIX 5 PEER REVIEW

TCFM peer review is a confidential, structured, ongoing process conducted with objectivity and without bias to maintain established standards of care and consistency between providers.

The peer review process is an opportunity for improvements in patient care and prevention of adverse patient outcomes.

Peer review differs from other quality improvement processes in that it evaluates the strengths and weaknesses of an individual provider's performance, rather than the quality of care rendered by the practice.

GOALS

- To continually improve the quality of patient care and patient safety.
- To supplement provider credentialing, privileging, and performance which includes but is not limited to Quality Measures, Patient Outcomes, and Patient Surveys.
- To provide a non-punitive, educational review process to evaluate care delivered and actions taken by a provider.
- To identify, track, and resolve inappropriate clinical performance in their early stages.
- Timely feedback to the provider to include peer review scoring, description and required corrective action, if necessary.

PEER REVIEW PROCESS

TCFM completes an annual medical record "chart" audit. TCFM utilizes the Peer Review Process to ensure standards of care are being met by individual providers.

Provider Peer Reviews are conducted on an annual basis ensuring quality care is being provided. Peer review may be achieved through three separate processes:

- Individual Peer Review – the individual random review of each provider's patient's medical records.
- Problem Focused Peer Review – review of medical records for specific case selection.
- Topic Focused Peer Review – review of medical records for identification of specific focus topics.

Individual Peer Reviews will be conducted annually on all TCFM providers. Problem-Focused and Topic-Focused Peer Review will be conducted as determined necessary by the organization's Executive, Medical Director, and/or Corporate Compliance Officer by way of the Quality Assurance Committee.

INDIVIDUAL PEER REVIEW

Individual peer review will be conducted in conjunction with the Quality Improvement Plan topic areas when appropriate [Refer to Topic Focused Peer Review Section below]. When individual peer review is conducted in conjunction with a QI topic area the audit tool will be designed to focus on specific standards of care pertinent to the particular topic area. When a Topic Focus Review is not in process during the bi-annual timeframe, the individual peer review will be conducted using the general audit tool.

Peer Review may be conducted by any member of the medical staff within the same discipline of care whenever possible. However, providers may not review their own charts.

New clinicians will have a total of 20 charts reviewed, quarterly, for the first 2 years of employment. The Medical Director may determine when the number of chart reviews may be reduced.

Established providers will have a total of 5 charts reviewed on a quarterly basis. Clinicians under special review will have an increased number of charts reviewed on an annual basis as determined by the Medical Director.

Nurse Practitioners will have a total of 5 charts reviewed on a quarterly basis.

Charts to be reviewed will be selected at random by an Administrative delegate.

A TCFM Provider Peer Review audit tool (General or Topic Specific) will be completed for each patient chart reviewed.

Once peer review is complete, the Administrative delegate will appropriately log the completed review tools. A summary of the review will be shared with the clinician as well as reviewed with the organization's Executive, Medical Director, and Corporate Compliance Officer. The summary will provide documented monitoring for identifying trends, providing recommendations for corrective action to be made if needed, and positive reinforcement, if earned.

If any patient care issues are identified a further review may lead to a *Problem Focused Review* of specific records, or to a discussion and development of a plan to resolve the peer review issue.

In the event that a significant finding is identified that requires further review and/or action the provider(s) will have an opportunity to review his/her findings and submit a subsequent response in writing within a specified time frame.

The provider's written response will be reviewed by the organization's Executive, Medical Director, and Corporate Compliance Officer in collaboration by way of the Quality Assurance Committee with a conclusion being reached regarding the care provided and peer review findings. If the involved provider does not return a written response within the specified time frame, the Quality Assurance Committee will move forward with reviewing the case and a conclusion will be made without the benefit of the provider's response. After a conclusion has been reached the rationale for all conclusions will be noted as well as any actions taken in the peer review documentation.

PROBLEM FOCUSED PEER REVIEW (Sentinel/Adverse Event)

When an individual provider has a specific patient care issue selected for peer review discussion, the provider involved will be notified at least 3 days in advance of the meeting so they may review the case. The case is discussed in a professional, non-adversarial manner. Focus topics may be performed individually or as a group of providers as determined by the organization's Executive, Medical Director, and/or Corporate Compliance Officer.

Educational opportunities, policy revision, or other applicable improvements are identified. If the provider is not in agreement with the findings and/or conclusions a formal appeal may be requested in writing within 14 days of the Quality Assurance Committee's determination. The appeal request should document the grounds for the appeal, (i.e., failure to adhere to the peer review process or unfair application of actions as a result of the review). The appeal will be heard by the organization's Executive, Medical Director, and Corporate Compliance Officer by way of the Quality Assurance Committee. The provider must be present to discuss his/her concerns and the basis for appeal.

TOPIC FOCUSED PEER REVIEW

In collaboration with the annual Quality Improvement Plan a Topic Focused Peer review may be a substitute for the bi-annual Individual Peer Review requirement, if appropriate.

A list of provider patients meeting the specific criterion for the topic focus area will be reviewed. Topic Focused examples may include but are not limited to:

- Patients identified as smokers within the past year were provided smoking cessation education and appropriate referrals.
- Patients identified as obese have documentation in the progress note of diet and exercise instructions or education in the past year.
- Cancer screenings appropriate for the age and TCFM Health Maintenance Guidelines are documented in the chart, or documented as offered and discussed/referred.

EXTERNAL PEER REVIEW PROCESS

Circumstances that may require external peer review:

- When there is no one on the medical staff with expertise in the subject under review.
- If determined that there is not a comparable internal provider (related to the scope of service under review) or there is potential interference with the unbiased setting needed for true peer review
- When there are conflicting recommendations from the Quality Assurance Committee members or there is no strong consensus for a particular recommendation or action(s).
- Approval by the organization's Executive is required for external peer review that involves a review of a provider's performance due to the above circumstances. The organization's Executive will communicate approved external reviews with the Board of Directors, keep them apprised of progress, and review findings.
- A provider under review may obtain an external peer review at his/her own expense.

APPENDIX 6 NON-RETALIATION AND NON-INTIMIDATION

Tri-County Family Medicine Program, Inc. in accordance with the False Claims Act and Whistleblowers provision has established a compliance program that promotes prevention, detection, and resolution of conduct that does not conform to federal, state, and private healthcare payer requirements or Tri-County's ethical and business policies. Tri-County Family Medicine has established a problem-resolution process and a strict non-retaliation policy to protect employees who report problems and concerns in good faith from retaliation. Any form of retaliation or retribution can undermine the resolution process and result in a failure of communication in the organization.

To promote this culture, TCFM has established a compliance reporting process to protect against intimidation and retaliation of employees and others who in good faith report problems and concerns, participate in the investigation and resolution of an actual or perceived problem, or in self-evaluations, audits, and remedial actions, or who report to the appropriate officials. Any form of intimidation, retaliation, or retribution can undermine the compliance resolution process and result. Evidence of retaliation or intimidation is subject to disciplinary actions up to and including termination. Concerns about possible retaliation or harassment should be reported to the CCO or his/her designee.

- All employees have a duty and responsibility for reporting perceived misconduct, including actual or potential violations of laws, regulations, policies, procedures, or Tri-County's standards/standards of conduct.
- An "open-door policy" will be maintained at all levels of Administration to encourage employees to report problems and concerns.
- Employees are encouraged to utilize the employee hotline. For their protection against retaliation, callers may remain anonymous or may seek confidentiality.
- Any form of retaliation against any employee who reports a perceived problem or concern in good faith is strictly prohibited.
- Any employee who commits or condones any form of retaliation will be subject to discipline up to and or including termination.
- Employees cannot exempt themselves from the consequences of their own misconduct by reporting the issue, self-reporting may be taken into account in determining the appropriate course of action.

Management must take appropriate measures to ensure that all levels of Administration support this policy and encourage the reporting of problems and concerns. At a minimum, the following actions should be taken and become an ongoing aspect of the management process:

- Meet with employees and discuss the main points within this policy;
- Provide all employees with a copy of this policy; and
- Post a copy of this policy on the Tri-County Intranet page.