2019 Corporate Compliance Training Manual for Providers

Oneida County Health Department (OCHD)

Updated July 2019

What is Corporate Compliance?

- Set of rules that govern how we go about our professional duties
- Rules that define acceptable and unacceptable relationships for those working in healthcare programs.
- Rules, policies for all clinical billing and claims processing, business and legal activities.

Purpose of Corporate Compliance

- Satisfies laws that requires that Medicaid providers develop, adopt and implement effective compliance program
- Prevents, detects and reports known or suspected fraud and abuse or other forms of misconduct
- Promotes self-auditing and self policing and provides for voluntary disclosure of violations of laws and regulations
- Establishes monitoring and enforces high professional and ethical standards

Additional Examples of Improper/Illegal Activities

- Accepting gifts such as lunch, sports fees, event tickets, or gifts from a contractor and then steering business in their direction or making decisions that favor a specific entity.
- Steering referrals or business to an entity which you or a family member have a financial interest.
- Directing staff to steer referrals to a particular entity.
- Working elsewhere on County time.
- Embezzling funds from accounts.
- Ordering or approving unnecessary services.
- Rigging the bid process to benefit a specific entity

Why Do I Need to be Concerned?

Understanding the rules is critical to avoiding imprudent or improper relationships that could:

1. Lead to substantial monetary penalties or fines.
2. Lead to exclusion from federal healthcare programs.
3. Incur prison time
4. Cause harm to professional licensure
5. Cause loss of employment.

Medicaid Fraud

What is Medicaid?

It is a program for New Yorkers to pay for medical care.

What is Medicaid Fraud?

Providing false information to claim medical reimbursements beyond the scope of payment for actual health care rendered.

Examples of Medicaid Fraud

- Approval of ineligible persons to receive Medicaid services.
- Billing for services not actually performed (known as phantom billing).
- Billing for a more expensive service than was actually performed (upcoding)
- Billing for several services that should be combined into one billing (multiple coverage & secondary payer fraud)
- Billing twice for the same medical service (duplicate billing)
- Giving or accepting something in return for medical services (kickback).
- Bribery
- Steering Referrals or causing others to do so.
- Providing or Ordering unnecessary service(s).

Understanding the False Claims Act (FCA)

What is the FCA?

The FCA imposes liability on any person who submits a claim to the federal government that he or she knows (or should know) is false.

Who is Liable Under the FCA?

The FCA applies to any person who does the following:

1. Knowingly presents the government with a false claim for payment or approval.
2. Knowingly makes a false statement to get a fraudulent claim paid by the government.
3. Conspires to defraud the government by getting a false or fraudulent claim paid
4. Knowingly makes a false record or statement to conceal, avoid, or decrease an obligation to pay the government
5. Causes a false claim to be submitted

Corporate Compliance Education

- All OCHD employees and members of the OCHD community of providers will be trained in the Corporate Compliance Policy and Code of Conduct (Oneida County Personnel Rules, Section P, Code of Ethics).
- OCHD requires annual corporate compliance training for all department staff and contracted providers.

Corporate Compliance Education

- OCHD will provide Corporate Compliance education materials to all members of the OCHD community of providers via the health department website at http://ocgov.net/health/CorporateCompliancePolicy

- Policy and procedure under review for 2019

- Requirement: Training with signed attestation letter is required before the close of each calendar year. Please submit assigned attestation to the Oneida County Health Department Corporate Compliance Officer.

CONCLUSION

- **Self monitor your own behavior to ensure your work activities are ethical and do not violate corporate compliance rules.**
- **NEVER – Submit a False Claim or cause others to submit a false claim.**
- **Conduct sufficient supervisory oversight to prevent, and detect, fraud or misconduct.**
- **If you know of someone who has submitted a false claim report it immediately to your supervisor if appropriate and the Corporate Compliance Officer.**
- **Report instances of improper activities.**

Corporate Compliance Officer

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