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# Urban Health Plan, Inc. Compliance Plan



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## Summary

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2015

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Urban Health Plan (“UHP”) has a long history of responsible and ethical behavior. In keeping with this long tradition, UHP has a Compliance Program to make sure that it continues to provide the highest level of quality care while maintaining thorough professional standards. The Compliance Plan explains the compliance program, relevant laws, regulations and policies and procedures. The program applies to the Board, staff, vendors, and contractors. It is reviewed once a year and it is changed when laws change. We also have a work plan which is reviewed every year.

UHP stands by the seven basic elements of an effective compliance plan, as first described by the U.S. Sentencing Commission Guidelines:

- 1) Written policies and procedures
- 2) A designated compliance officer and a compliance committee
- 3) Effective training and education
- 4) Effective lines of communication
- 5) Standards enforced through well-publicized disciplinary guidelines
- 6) Auditing and monitoring
- 7) Responses to detected offenses and corrective action plans.

Through the Compliance Plan, UHP pledges that the Board, staff, vendors, contractors, independent contractors, volunteers and those associated with UHP, function in an ethical manner and in an environment where to the law is the only accepted standard.

The goal of the Compliance Plan is to ensure that Urban Health Plan, Inc adheres to all the laws and regulations and establishes systematic checks and

balances to detect and prevent any suspected compliance issues.



The Board of Directors is responsible for the oversight of the Compliance Plan for UHP.

The Compliance Officer has responsibility for the development, implementation, oversight and evaluation of all aspects of the compliance program. The Compliance Officer reports directly to the Chief Executive Officer and is authorized to investigate all instances of suspected illegal or unethical conduct.

The Compliance Committee works with the Compliance Officer in the management of the plan. The committee serves to support the Compliance Officer and to and make recommendations to the CEO and Board of Directors on matters relating to the Compliance Program.

UHP defines a wrongdoing as a violation of a city, state, and federal law or regulation, as well as its own individual Code of Conduct. UHP is committed to fighting fraud and abuse.

If any member of the Board, staff, independent contractors, volunteers and

those associated with UHP become aware of any occurrence of wrongdoing, fraud, waste or abuse, the matter should be referred to the Compliance Officer for review and investigation. This process can be started through the Unexpected Event Reporting System or the anonymous Ethics Hotline. The Compliance Officer can be reached at 718-589-2440, extension 4418.

The Ethics Hotline number is 1-800-826-6762.

Allegations of wrongdoing will be duly investigated and where applicable a corrective action plan will be developed and implemented.

### **Introduction:**

It is the policy of Urban Health Plan (UHP) to operate in accordance with the highest level of responsible and ethical behavior. UHP is committed to preventing, detecting, and correcting all unintentional or deliberate conduct that is inconsistent with this policy.

The UHP Compliance Plan begins at the Board level and is defined in the Code of Conduct. The Code of Conduct provides the structure for staff, contractors, vendors, volunteers and others to promote the prevention of, detection and resolution of conduct that does not conform to the organization's internal ethical and business practices standards as well as to city, state, and federal laws and regulations.

The laws and regulations governing the compliance plan are too many to list;

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however, the purpose of the plan is to ensure that all parties conduct business activities honestly and fairly. Any form of lying, cheating, or misrepresentation is prohibited.

Policies may address a number of issues including:

- 1) Fraud and abuse
- 2) Whistleblower protections
- 3) HIPAA privacy
- 4) Referral guidelines
- 5) Coding and documentation
- 6) Antidumping regulations
- 7) Misuse of funds and property
- 8) Conflicts of interest
- 9) Research compliance issues
- 10) Marketing
- 11) Business Associate Agreement
- 12) Security of health information
- 13) Labor laws
- 14) Medical records creation and retention

### **Compliance Program Structure and Operation**

#### **Authority:**

The Board of Directors is responsible for the oversight of the Compliance Plan for UHP. The implementation and evaluation of how the plan is put into effect at UHP is the responsibility of the Compliance Officer who reports to the Executive Director/CEO.

The Compliance Officer has primary authority and responsibility for the development, implementation, oversight and evaluation of all aspects of the Health Center's compliance program. The Compliance Officer is authorized to investigate all instances of suspected

illegal or unethical conduct to determine the necessary facts.

### **Administration:**

The Compliance Plan is developed in consultation with the Compliance Committee. This is a standing committee whose membership is comprised of the leadership of the UHP's major departments including Billing, Clinical, Human Resources and IT. Members of the Committee include the CEO, CMO, the Chief of Staff, and the Director of HR, CTO and CFO. The Compliance Committee serves to support the Compliance Officer and to prepare reports and make recommendations to the CEO and Board of Directors on matters relating to the Compliance Program.

The Compliance Committee shall meet quarterly (at a minimum and more often should the need arise) and functions to

- a. to identify areas of risk through monitoring
- b. to identify risk through internal and external audits
- c. development of policies and procedures consistent with all applicable laws and regulations, including those imposed by private payer plans and
- d. assessment of practices to ensure that current strategies promote a process of identifying, responding to and evaluating the compliance program and plan.

In addition, the Compliance Committee will advise the Compliance Officer, and assist in the implementation of the Compliance Program.

The Compliance Committee will assist the Compliance Officer in recommending and monitoring internal systems and controls that seek to ensure compliance with the Health Center's standards of conduct and its written standards and policies and procedures.

The Committee will also analyze and, as needed, develop new methods for promoting compliance and identifying potential violations and for soliciting, evaluating and responding to complaints and reports of alleged non-compliance.

The Committee will periodically review the resources assigned to the Health Center's compliance efforts to assess their adequacy for maintaining the Compliance Program's ongoing effectiveness.

On an annual basis, the Board will receive

- 1) A report on the activities of the Compliance Office
- 2) Revisions to the Compliance Plan
- 3) Training and education

### **Written Policies and Procedures:**

Urban Health Plan has established a written set of policies and procedures to be followed by Board members, staff, independent contractors, vendors, volunteers and others who are professionally associated with UHP function.

The goal of the written policies and procedures is to create an environment where ethical expectations are clearly

articulated, conveniently accessible to all parties and part of an ongoing process of training and education.

Staff will be trained on the agency's compliance policy and procedures at new staff orientation and the annual orientation. In addition, specific staff and departments will engage in additional compliance training and education.

The Code of Conduct is given to all new employees during the new employee orientation. It embodies UHP's commitment to ethical, professional and legal standards and helps Board members, staff, vendors, independent contractors and volunteers make the right choices when confronted with difficult decisions. The Code of Conduct will enable UHP to sustain the trust of the patients/clients, their families, Board members, third party payers, government regulators vendors, the community and one another.

Board members, staff, independent contractors, volunteers and others are asked to read the Code of Conduct and if necessary, to contact the Compliance Officer to provide additional guidance, if necessary. Staff, contractors, vendors, and the Board may also contact the Compliance Officer for copies of the Code of Conduct and copies of other compliance documents. The Code of Conduct and the Compliance Plan will be accessible on the UHP website and via the intranet.

#### **UHP Code of Conduct:**

- 1) Act with integrity when working with patients/ clients, coworkers and members of our local

community and maintain an ethical and lawful environment

- 2) Provide the best quality services to our patients/clients while observing the highest standards of legal and ethical conduct
- 3) Exercise the utmost care in our day-to-day conduct, strive to follow the principles of UHP's mission, vision and value statement and Operating Credo and make every effort to follow the principles of UHP's compliance program.
- 4) Respect and be sensitive to the cultural values, religious beliefs and needs of the patients/clients, their family members, coworkers and visitors
- 5) Make certain that all communications and exchanges of information, both within UHP and external to the agency are truthful and correct
- 6) Discourage conflict of interest, the appearance of conflict of interest and always make timely disclosures of any actual or possible conflict of interest

In addition to the Code of Conduct and the compliance plan, additional written policies and procedures may be developed to provide more detail to existing compliance processes and procedures.

#### **Reporting and Protections**

It is the policy of UHP that Board, staff, independent contractors, vendors, volunteers and all those associated with UHP function are aware of their role and responsibility in preventing and reporting the incidence of wrongdoing, fraud, waste and abuse.

UHP defines a wrongdoing as a violation of a city, state, and federal law or regulation, as well as its own individual Code of Conduct.

### **Reporting Process**

If any member of the Board, staff, independent contractors, vendors, volunteers and those associated with UHP become aware of any occurrence of wrongdoing, fraud, waste or abuse, the matter should be referred to the Compliance Officer for review and investigation. This process can be started through the Unexpected Event Reporting System or the anonymous Ethics Hotline or by directly contacting the Compliance Officer. The Compliance Officer can be reached at 718-589-2440, extension 4418.

The Ethics Hotline number is 1-800-826-6762. Allegations of wrongdoing will be duly investigated and where applicable a corrective action plan will be developed and implemented.



### **Available Legal Protections**

UHP is an accountable yet “blame free environment” and adheres to strict policy

against retaliation against employees that report a perceived or potential violation of the organization’s internal ethical and business practices standards as well as to city, state, and federal laws and regulations.

### **Billing and Coding Standards:**

Each employee, contractor, or vendor involved with providing or obtaining reimbursement for medical services, supplies, or equipment from or on behalf of UHP is responsible for submitting honest and accurate bills to Medicaid, Medicare, and other Federal and state health care programs, and for submitting honest and accurate invoices to UHP.

In addition to complying with UHP Code of Conduct, all employees, contractors and vendors are expected to comply with Federal and State laws and administrative remedies designed to prevent fraud, abuse, and waste in Federal and state health care programs.

UHP will make sure that billing is performed accurately; that all internal billing practices adhere to established policies and procedures and in accordance with applicable laws and statutes.

As such, UHP will Not refuse services to a patient/ client due to their inability to pay and will offer a sliding fee scale discount to those who qualify. A sliding fee is a cost to an individual determined by their income. People with very low income are asked to pay less for a service from

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Federally Qualified Health Centers (FQHCs) than those who have more income. The sliding fee scale is a set of requirements regarding fee schedules and discounts for the services an institution provides to ensure that the cost of services not covered by insurance are discounted based on a patient's ability to pay.

Therefore, UHP will comply with its policy and procedures

- 1) To determine the eligibility for a sliding fee schedule of payment that is based on family income and size.
- 2) Ensure that coding and billing performed by UHP staff is accurate and correct.
- 3) Work towards indentifying errors, report them to the appropriate supervisor and correct them in a timely and proper manner.
- 4) Promptly investigate over-payments and when appropriate initiate a refund to third party payers or patients
- 5) Observe strict compliance with Medicare and Medicaid laws and regulations and other guidelines as issued
- 6) Maintain appropriate documentation to support coding, billing and sliding fee scale discounts



### **Billing and Coding: Auditing and Monitoring**

Ongoing auditing and monitoring is an essential part of any effective compliance program. Auditing and monitoring activities shall be conducted on an ongoing basis under the direction of the Compliance Officer. These auditing and monitoring activities will be designed to address compliance with laws governing CPT, HCPCS, and ICD-9 (ICD 10 as of October 1, 2015) coding, claim development and submission, and reimbursement.

In addition, the auditing activities will focus on compliance with specific rules and policies that have been identified by Medicare, the OIG, or OMIG as high risk areas. Any overpayments discovered as a result of the auditing activities shall be promptly refunded to the applicable payer with appropriate documentation and an explanation of the reason for the refund.

As part of the monitoring process, the Compliance Coding Specialist will utilize techniques such as:

- 1) On-site visits and audits

- 2) Review of billing edit reports and discussions as to how such edits are resolved prior to billing an account.
- 3) Interviews with personnel involved in management, operations, coding, billing, patient care, and other relevant activities.
- 4) Trend analyses that seek to identify deviations.

## **LIABILITY FOR FALSE CLAIMS**

This section sets forth the standards that are applicable for reimbursement for medical services, supplies and equipment in order to comply with Urban Health Plan's Code of Conduct and Federal and state law.

### **A. Medically Necessary Services**

1. All services, equipment and supplies provided to patients will be reasonable and medically necessary, in accordance with the standard of care of the specialty.
2. Providers who provide the services will be properly credentialed and licensed and provide services within their scope of practice.

### **B. Completeness and Accuracy in Medical Records and Billing**

1. Providers will document the treatment performed in sufficient detail to accurately bill each treatment or procedure performed.
2. Provider numbers will be accurate and will only be used in an authorized manner.

3. Bills submitted for services performed shall describe the services in sufficient detail, be based on proper documentation in the chart, be accurate, be based on the authorized provider number, and be in compliance with Federal and State law, as well as the payer's contract and the stipulations set therein.

4. Billing and Coding staff will comply with CMS program instructions and policies, National and Local Coverage Determinations (NCDs and LCDs), and Carrier Bulletins.

### **C. Impermissible Billing Practices**

The following practices are not permitted:

1) Billing for services that were not performed at all or not performed as described

2) Submitting claims for medical equipment, supplies, or services that were not necessary

Double billing

4) "Upcoding" or assigning a code that secures a higher reimbursement, rather than the code that matches the services performed

5) Unbundling or billing the parts of a global fee separately

6) Knowingly misusing provider numbers in an inappropriate manner

7) Failing to use coding modifiers accurately or appropriately



8) Preparing or submitting false cost reports

9) Billing for services performed by an unlicensed provider or one who has been excluded from a Federal health care program

Employees will advise the Compliance Officer of any incorrectly submitted or paid claims. The Compliance Officer or the designee will direct advisement to the fiscal intermediary or any other appropriate government fiscal agents in accordance with current regulation or program instructions. If appropriate, prompt reimbursement in the amount of the said claim paid by the government payer and / or any applicable deductibles or copayments as will be made as appropriate.

#### **D. Compliance with Federal Law**

1. All UHP employees, vendors, volunteers, contractors and board members will comply with Federal state law and regulations concerning fraud and abuse in federal health care programs, especially the Federal and State False Claims Act and administrative remedies associated with their enforcement.

2. No UHP employee and/or contractor is permitted to give or accept cash, gifts, favors, payment, services, entertainment, tips or any other items of value from anyone in exchange for the referral of

Medicaid, Medicare or other government health care program business to UHP.

3. No UHP employee is permitted to give or accept cash, gifts, favors, payment, services, entertainment, tips or any other items of value from anyone that could in any way, influence or appear to influence business decisions in favor of any person or organization with whom or with which UHP has, or is likely to have business dealings.

4. UHP will not waive the collection of co-payment obligations to insurers unless it establishes that the patient meets UHP's sliding fee scale requirements. UHP maintains a record of the patient's financial need.

5. Patient referral to and by UHP to promote the best interest of the patient and to comply with anti-kick back and patient self-referral laws.

6. Appropriate methods for recruiting physicians to UHP.

7. The protection of confidential and other sensitive health information

8. Conflicts of interest and best strategies to avoid and identify potential conflicts

9. Compliance standards to govern UHP relationship with independent contractors, vendors and other agents.

#### **E. Government Reporting**

1. All reports required to be submitted to State or Federal health care programs

must be accurate. No Health Center board member, officer, or employee shall attest to the accuracy of a submitted report unless he or she has been able to satisfy that the data submitted or the representation made is accurate.

2. If UHP determines a government program, third party payer, or patient has overpaid it, it will promptly refund the payment to the proper party.

3. All cost report data, schedules and work sheets must be accurate, and complete. UHP will only report properly allowable costs that were actually and reasonably incurred by UHP.

4. No UHP employee or contractor will attempt to influence the actions or decisions made by government bodies, officials, employees, or contractors.

5. UHP will cooperate and be truthful in responding to government inquiries, requests for information and investigations, including audits, surveys, and certification reviews.

### **Training and Education**

UHP recognizes that the laws, regulations and policies are sometimes complex and difficult to understand; however, non-compliance can result in legal and civil penalties.

The best practice is to therefore educate and train all appropriate parties on the policies and procedures related to compliance. UHP trains all Board members, staff, independent contractors,

vendors and volunteers on an ongoing basis.

UHP Board members, staff, independent contractors, vendors and volunteers are provided with educational materials such as newsletters, educational materials, videos, off and on site training opportunities and professional publications to stay current on the law and to emphasize UHPs commitment to compliance. Once hired, each employee attends the new employee orientation.

During training of staff, board members, or executive staff, the lines of communication are explained so that compliance issues can be reported. The Compliance Officer will use various communication methods, including electronic and telephonic means to ensure timely communication of the elements of this compliance plan.

The communication process is available 24 hours a day. The intent of publicizing the methods to communicate a compliance issue is intended to ensure convenience for the employees and contractors, vendors and others to enable an immediate response to a possible issue or questions.

The Compliance Officer conducts a Compliance Training Presentation for all new employees and provides each employee with a copy of the Urban Health Plan Code of Conduct. The new staff orientation is the first introduction to the organization's compliance program and although the material is covered in the presentation, all staff is asked to refer to the Code of Conduct for further detail and

to use as the source for information and use, if necessary. Among the core concepts that are covered in the presentation is the organization's commitment to an open door policy. All staff are provided with contact information.

The new employee signs an Acceptance of the Compliance Program and Code of Conduct Form verifying that training was provided. Employees also sign a Conflict of Interest Form. This form is maintained in the Human Resources files and within the office of the Compliance Officer.

### **Continuing Compliance Education**

A. Each established employee must attend an annual orientation, which includes a presentation and a review of the Code of Conduct Manual to assure updates and revisions are included.

#### **Board Training:**

The Compliance Officer provides annual compliance program training to the Board of Directors. The Compliance Officer reviews the Compliance Training presentation and the Code of Conduct Manual annually to assure updates and revisions are included. Upon review, recommendations for revisions or updates will be given to the CEO.

- A. Required training will include, but not limited to the following:
- a. Discussion and review of the UHP compliance program
  - b. Federal False Claims Act (31 USC 3729-3733)
  - c. Whistleblower Protection
  - d. State False Claims Act

- e. Anti Kickback statute
- f. Physician Self-referral statute
- g. To be determined and based on the promulgation of new state and federal laws that address compliance
- h. During training of staff, board members, or executive staff, the lines of communication are explained so that compliance issues can be reported.

Attendance at all trainings is to be documented and filed in the Human Resource Department and the Office of the Compliance Officer.

### **Training and Education Assessment and Planning**

The Compliance Officer will conduct periodic assessments of the compliance training and education process to ensure that it is current and addresses the needs of the staff.

This assessment can include quarterly meetings with the Chief Learning and Talent Officer and the staff of the Learning Center to review and discuss the current training methods in the field of compliance. The assessment process can include the review of training videos, materials and webinars on legal and regulatory changes.



### **Coding and Billing Training**

Specific training of appropriate staff will be conducted to ensure that coding and billing procedures comply with applicable laws and regulations. Training and education will be provided to staff, on an as needed basis, and in coordination with appropriate department heads.

### **HIPAA Training and Education**

Privacy and respect for privacy is a core element of the UHP Compliance Plan. According to the UHP Code of Conduct, board members, staff, independent contractors, vendors and volunteers must safeguard the confidentiality of patient/client information in strict accordance with existing laws, ethical standards, and thus all will,

- 1) Respect and defer to the privacy of the patient/client and fellow staff and will avoid any unnecessary release or access to private information
- 2) Not access a patient/client's information or records without appropriate justification or authorization
- 3) Strictly adhere to the special confidentiality rule that apply to patients/clients in mental health,

- substance abuse treatment or the HIV/AIDS programs,
- 4) Not make inappropriate modifications to information or destroy information except as authorized
- 5) Protect and secure document, including patient/client information. Containing sensitive or confidential data
- 6) Disclose information only in accordance with UHP policies and procedures as well as with applicable Federal, State or City laws, rules and regulations

### **Clear Lines of Communication**

UHP understands the importance of creating an environment where staff and all persons associated with the provider, executives and governing body members understand the lines of communication and how to report and address compliance-related concerns. UHP is interested in establishing and maintaining an organizational culture where staff members are willing and comfortable raising compliance issues and questions. For UHP to have a successful Compliance Program, all staff, Board, vendors, contractors and volunteers must work together willingly and actively.

Reporting of suspected or actual compliance violations is an essential element of an appropriate compliance plan and program. UHP maintains a process to report compliance issues while protecting the anonymity of the reporting staff person. In addition, UHP maintains an accountable yet blame free environment where no individual is

disciplined or retaliated against for making a report in good faith.

UHP encourages the reporting of concerns and issues and therefore each employee, executive and board member will be trained regarding the lines of communication in order to ensure compliance concerns are reported to the compliance officer and that all parties report without fear of retaliation.



UHP also utilizes the Unexpected Reporting System to ensure and facilitate performance improvement, by allowing all staff members and others associated with the agency to report problems, concerns or questions anonymously or confidentially.

The existence of a toll free line that is operated by a third party vendor provides anonymity to our compliance program. The call is logged by the vendor and then forwarded to the Compliance Officer, who then records the complaint on the Compliance log and conducts a due diligence investigation and resolution of the issue.

Employees can also discuss compliance issues and concerns with their immediate supervisor, senior manager, the Human

Resources Department, the Compliance Officer, or the Unexpected Event form, which is available to all employees.

During orientation and training (annual and staff development) of staff, board members, or executive staff, the lines of communication are explained so that compliance issues can be reported.

The Compliance Officer is available to explain and discuss the lines of communication and various methods to report concerns which include:

- Completion of an unexpected events (occurrence) reporting form (either with identification of reporter or anonymously)
- Call to the Compliance Officer's direct line
- Open Door Policy: The employee may walk in to see the Compliance Officer at any time or make an appointment
- Hotline: employees are provided with the number to UHP's anonymous compliance hotline. (1-800-826-6762)

Lines of Communication are reviewed as part of the annual work plan and where necessary, the Compliance policies and procedures will be updated to be consistent with applicable state and federal laws and professional practices.

### **Restricted , terminated or excluded individuals or entities**

UHP is committed to assuring the systematic screening of employees, prospective employees, and contractors, both individuals and entities, to

determine if they are excluded or terminated from participation in Medicare or Medicaid. Pursuant to this obligation, UHP has implemented a process for checking the OMIG Restricted, Terminated or Excluded list every thirty days. In the event that a prospective employee, employee, vendor or contractor appears on the list, the Compliance Officer promptly informs the President/CEO.

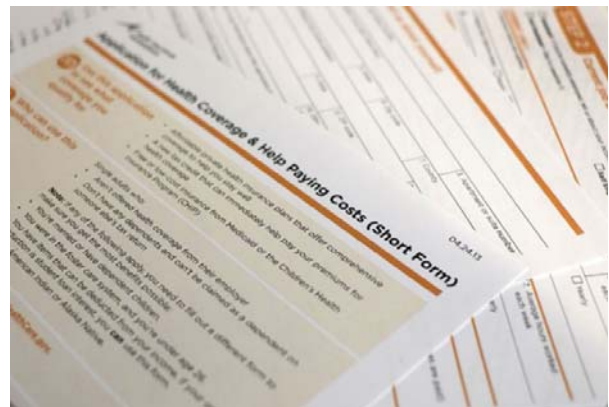
### **Certificate of Need Applications**

To assure that all New York State Department of Health rules and regulations are adhered to as it relates to the Urban Health Plan's submission, tracking, and monitoring of Certificate of Need (CON) applications.

1. It shall be the President and Chief Executive Officer's responsibility to report to the Compliance Committee on a quarterly basis or more often, as dictated by the scheduling of the Compliance Committee meetings, on all activity related to Urban Health Plan's CON applications.
2. Upon the submission of a CON application, the Compliance Committee shall be notified and kept abreast of all correspondence between the NYSDOH and Urban Health Plan. This shall include, but not be limited to, a review of provisions concerning project costs, review of the need for additional information as may be requested by the NYSDOH, any

review of modifications and amendments to an approved application that can be submitted including an increase in costs and changes in financing and the approval process for the same, review of when approval to start construction has been requested, and monitoring the issuance of approval to begin operations.

3. Any and all issues regarding CON applications at Urban Health Plan shall be the responsibility of the President and Chief Executive Officer or his/her designee.



### **Enforcement of Standards through well-publicized Disciplinary Guidelines**

Another core element of the UHP Compliance Plan is the use of appropriate disciplinary action in the event of non-compliance or a failure to detect and/report non-compliance. The disciplinary standards and process for cases of non-compliance are based on the existing progressive discipline policies and procedures. Enforcement policies related to the staff, Board, contractors

and vendors are available for immediate implementation should they become necessary. Such discipline will be applied in a uniform and consistent manner, equally to all and may include discipline for the following:

- a. Failure to perform an obligation or duty required of an employee relating to compliance with the UHP compliance program or applicable laws and regulations
- b. Failure of supervisory or management personnel to detect non-compliance with applicable laws and regulations and the Compliance Program where reasonable diligence on the part of the manager or supervisor would have lead to the discovery of any violations or problems

The Compliance Officer is responsible for ensuring that all reports of non-compliance are investigated. The Compliance Officer will document the investigation proceedings and where appropriate, that disciplinary actions are taken by management and administrative personnel in accordance to the Progressive Discipline policy and procedures of Urban Health Plan.

In those cases where a non-compliance situation can result in litigation or some other possible legal action, the Compliance Officer should refer the issue to the agency legal counsel.

Strict adherence to the UHP Compliance Plan, program, Code of Conduct, laws and regulations is a condition of employment.

UHP is committed to the provision of quality care and services as well as ethical financial and business operations. UHP conducts appropriate screening of employees, medical professionals, vendors and contractors to ensure that they have not been sanctioned by the state or the federal regulatory or licensing agency. Urban Health Plan will take appropriate action on staff, contractors and vendors if the screening presents a problem.

#### **Responding to Detected Offenses and Developing Appropriate Corrective Action Plans**

UHP strives for excellence in its delivery of services and in creating an environment that complies with all applicable laws, regulations and our Code of Conduct. Creating a plan, program and awareness of compliance are all integrated parts aimed at achieving one hundred percent compliance.

It is the duty and obligation of the Compliance Officer to investigate, review and address any information or allegation that a Board member, officer, employee, consultant or vendor is engaging in activity that may be contrary to applicable Federal or State law or the requirements of the UHP compliance program.

### **Corrective Action Plans**

When a compliance issue has been identified through routine monitoring, report by an employee or contractor/vendor, the Compliance Officer will ensure that the issue is reported to the supervisor with responsibility for the service area, employee or contractor/vendor. The Compliance Officer will work with the supervisor to develop a corrective action plan and guidance may be sought from the Compliance committee, the CEO and the legal counsel.

Corrective action plans are designed to ensure correction of the specific issue but also, when appropriate, preventive measures to ensure that the issue does not recur within the UHP system. In accordance with our policies and practices, corrective action may require additional training and education, reassignment of duties or functions, personnel action, terminating a contractual relationship, repayment, or disclosure to the appropriate external oversight body of the risk issue and the action taken.

If the action of non-compliance was willful, that finding will be duly reported to the CEO and the Compliance Committee. In accordance with the UHP policies and procedures, willful non-compliance will be addressed with appropriate disciplinary action and termination of employment or contractual relationship with UHP.

### **PROCEDURE**

#### **A. Compliance Investigation Goals**

The purpose of an investigation is to:

- a. identify situations in which applicable Federal or State laws, including the laws, regulations and standards of the Medicare and Medicaid programs, or the requirements of the Urban Health Plan's compliance program may not have been followed,
- b. identify individuals who may have knowingly or inadvertently violated the law or the Urban Health Plan's compliance programs requirements,
- c. facilitate the correction of any violations or misconduct,
- d. implement procedures necessary to ensure future compliance, and
- e. protect Urban Health Plan's assets.

#### **B. Control of Investigations.**

All reports of alleged non-compliance must be forwarded to the Urban Health Plan's Compliance Officer. When conduct is reported that is determined to be inconsistent with the UHP Compliance program, the Compliance Officer will determine whether there is reasonable cause to believe that a risk issue may exist.

If the involvement of legal counsel is warranted, the Compliance Officer will be responsible for requesting that legal counsel (1) initiate an investigation of the conduct in question, (2) prepare a report of findings to the President/CEO and/or Compliance Officer and (3) recommend



the appropriate actions to be taken by the Compliance Officer/Contact.

### **C. Compliance Complaints Index**

UHP employs a systematic process to document and track compliance concerns. The process ensures that all compliance concerns, including, but not limited, to letters, emails, in-person meetings, complaints, and Help Line calls and other referrals are documented. The index is maintained by Compliance Officer and facilitates the investigation and resolution of compliance matters.

### **D. Investigative Process**

The Office of the Compliance Officer is held to the highest level of ethical integrity and ensures that all investigations are free from any potential or actual conflict of interest.

Upon receipt of information concerning alleged misconduct, the Compliance Officer will, take the following actions:

1. The name of the employee who made the report, the date of the report, and a detailed narrative of the employee's concern. Anonymity of the individual who made the report (if requested) and confidentiality will be maintained.
2. Notify the President/CEO and, if applicable, the Compliance Committee of the nature of the alleged improper conducts and, if the involvement of legal counsel is warranted, inform legal counsel as well.

3. Ensure that the investigation is initiated as soon as reasonably possible but in any event not more than (five) business days following receipt of the information.

The investigation shall include, as applicable, but need not to be limited to:

- a. Interviews of all persons who may have knowledge of the alleged conduct and a review of the applicable laws, regulations and standards to determine whether or not a violation has occurred.
- b. Identification and review of relevant documentation, to determine the specific nature and scope of the violation and its frequency, duration and potential financial magnitude.
- c. Interviews of persons who appear to play a role in the suspected activity or conduct. The purpose of the interviews is to determine the facts that surround the conduct, and may include, but shall not be limited to:
  - I. The person's understanding of the applicable laws, rules and standards
  - ii. Identification of relevant supervisors or managers;
  - iii. Review of the training that the person received;
  - iv. The extent to which the person may have acted knowingly or with reckless disregard or intentional indifference of applicable laws;

d. Preparation of a summary report

- (1) defines the nature of alleged misconduct,
- (2) summarizes the investigation process,
- (3) identifies any person who is believed to have acted deliberately or with reckless disregard or intentional indifference of applicable laws,
- (4) assesses the nature and extent of potential civil or criminal liability, and
- (5) where applicable, estimates the extent of any resulting overpayment by the government.

4. For all investigations in which the Urban Health Plan's legal counsel is not involved, ensure that significant developments are promptly reported to the Compliance Officer so that a determination can be made as to whether the Urban Health Plan's legal counsel should be contacted.

5. Establish a due date for the summary report or otherwise ensure that the investigation is completed in a reasonable and timely fashion and that the appropriate disciplinary or corrective action is taken, if warranted.

## **2. ORGANIZATIONAL RESPONSE**

When the disciplinary process is utilized, UHP is committed to ensuring that there is a uniform practice for enforcement and discipline for individuals at all levels of the organization who fails to comply with

any federal or state law, regulation, guideline or policy. All individuals regardless of their position, who fail to comply, will receive disciplinary action consistent with and appropriate to the specific circumstance involved.

In the event, that the investigation identifies employee misconduct or suspected criminal activity, the following steps will be taken:

- 1. Urban Health Plan will, as quickly as possible, cease the offending practice. If the conduct involves the improper submission of claims for payment, Urban Health Plan will immediately cease all billing potentially affected by the offending practice.
- 2. Urban Health Plan will consult with legal counsel to determine whether voluntary reporting of the identified misconduct to the appropriate governmental authority is warranted.
- 3. If applicable and after review and due consideration of the facts, Urban Health Plan will calculate and repay any duplicate or improper payments made by a Federal or State government program as a result of the misconduct.
- 4. Initiate appropriate disciplinary action, which may include, but is not limited to, reprimand, demotion, suspension and/or termination. If the investigation uncovers what appears to be criminal conduct on the part of an employee, appropriate disciplinary action against the employee who authorized, engaged in or otherwise

participated in the offending practice will include, at a minimum, the removal of the person from any position of oversight and may include, in addition, suspension, demotion, and termination.

5. Promptly undertake appropriate training and education to prevent a recurrence of the misconduct.

6. Conduct a review of applicable Urban Health Plan policies and procedures to determine whether revision and/ or development of new policies and/or procedures are needed to minimize future risk of noncompliance.

7. Conduct, as appropriate, follow-up monitoring and auditing to ensure effective resolution of the offending practice.

### **Identification of Compliance Risk Areas**

UHP recognizes the importance of internal control systems to safeguard against weaknesses in the operational structure of the health center.

The Compliance Officer will under the guidance of the CEO, and with the assistance of key staff and the Compliance Committee conduct an annual risk assessment of key target areas including, but not limited to billing, Human Resources, Finance and IT to ensure that these key areas are in compliance with the applicable laws and regulations and the agency Code of Conduct.

In conducting the risk assessment, it will be necessary to consider those areas noted by such entities as OMG and the OMIG; areas of recent Medicaid and Medicare activity and reports, as well as areas of internal concern to the health center.

The results of the risk assessments will be discussed at the Compliance Committee meeting.

Upon completion and reporting of the risk assessment, the identified risk areas will be included as follow-up items in a yearly compliance work plan. The work plan will identify the current practice and policy, continued review and auditing of the risk area, identification of best practices relevant to the risk area, development and implementation of a corrective action plan to address deficiency and monitoring and data collection pursuant to the implementation of the corrective policy and procedure.

The Compliance Officer or a designee will ensure that all relevant publications issued by the government or third party payers regarding compliance rules and protocols are reviewed and appropriately implemented.

