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# **CORPORATE COMPLIANCE PLAN**

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## Agency Overview

### **Our Mission**

The Mental Health Association of Nassau County, Inc. (MHANC) is a not-for-profit membership organization dedicated to improving mental health in our community through advocacy, education, program development and the delivery of direct services.

### **Our Philosophy**

MHANC believes mental health is as important as physical health, and that recovery is possible. Our services assist individuals facing chronic and serious mental illness and psychiatric disabilities, supporting them on their paths to building productive and meaningful lives.

It is the duty of MHANC to provide high quality care and services to those in need. Whether an individual has direct service responsibilities or an indirect impact on services, this commitment to serving the needs and best interests of those who come to us for services should guide all business decisions. No distinction will be made in admission, transfer, or discharge activities based on race, sex, religion, sexual orientation, age, disability, or national origin.

### **Our Vision**

Inspire Hope - Open Doors

### **Our Scope**

MHANC offers a multitude of services and programs to benefit adults, children and the community-at-large. In addition to our direct service programs, MHANC advocates for the needs of the mental health community. We fight discrimination laws and stigmatizing media messages; we promote adequate funding for services and we encourage consumers to speak for themselves on personal and policy issues.

### **Our Core Values**

- ***Respect***  
We choose to create and maintain a supportive and encouraging environment that values the dignity and individuality of each and every person we encounter.

- ***Teamwork***  
We choose to create and maintain open and honest communication, listening to all and having a sense of responsibility and flexibility as we work together.
- ***Care and Compassion***  
We choose to create and maintain an environment where we care about those we serve and are concerned with the wellbeing of others.
- ***Trust***  
We choose to create and maintain an environment where all are comfortable to explore opportunities for learning, learn and grow from mistakes as well as successes, voice opinions without fear and believe in the abilities of others.

## What Is Corporate Compliance?

There is a difference between corporate compliance, human resources, and programmatic adherence to contracts or funding requirements and agency standards. Corporate compliance, for the most part, refers to agency-wide compliance with Federal, State laws and regulations. Therefore, Corporate Compliance is having internal policies and procedures in place to prevent and detect violations of applicable laws, rules, regulations, and ethical standards by employees and individuals associated with MHANC. Simply put, Corporate Compliance pertains to agency-wide compliance with Federal, State laws and regulations.

## What Is MHANC's Compliance Program?

MHANC's Compliance Program is designed to promote MHANC's compliance with all Federal, State laws and regulations; government contracts and condition of participation in public programs; and MHANC policies and procedures. The primary goals of the Compliance Program are to:

- Prevent fraud, waste, abuse and other improper activity by creating a culture of compliance within MHANC.
- Detect misconduct early before it creates a risk of civil or criminal liability for MHANC.
- Respond swiftly to compliance issues through appropriate disciplinary and corrective action.

## Why This Plan Is Important

MHANC has established a Corporate Compliance Program (Compliance Program) tailored to the Agency's principal lines of business. We have always been and remain committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards.

At MHANC, we are pleased of the values that drive us. These values create a culture that cultivates the highest standards of ethics and personal integrity. We have always been and remain committed to our responsibility to conduct our affairs with integrity based on sound ethical and moral standards. Our Corporate Compliance Plan (Compliance Plan), Code of Conduct, and policies are critical to our success and apply to everyone.

Healthcare is the one of the most highly regulated industries. Therefore, MHANC has established this Compliance Plan which summarizes the Agency's ethical commitment via the Code of Conduct and policies in response to our legal and regulatory requirements. This Compliance Plan is designed to prevent, detect and resolve conduct that does not conform to Federal, State laws and Agency policies. It is important every MHANC professional understands and adheres to the principles and values that protect MHANC integrity and welfare.

MHANC defines professionals as all employees, executive management, supervisors, managers, consultants, interns, volunteers, contracted employees, business associates, members of the Board of Directors or anyone associated with the Agency that provide services on behalf of MHANC. MHANC professionals are expected to adhere to the Compliance Plan, the Code of Conduct, Agency policies, and promote an environment in which compliance and ethical business conduct are expected.

Everyone must:

- Read the Compliance Plan and understand how it applies.
- Conduct and maintain high standards of compliance and ethical behavior.
- Ask questions and report issues.
- Refer to the Compliance Plan, Code of Conduct, and policies and procedures in all situations.
- Complete mandatory annual training.
- Attest their commitment to the Compliance Plan and Code of conduct.
- Be truthful and avoid misrepresentation.

- Respect and protect the right and privacy of everyone, including co-workers, and consumers.
- Refuse to engage in or tolerate any fraud, abuse or waste of resources, and report such violation to management.
- Exhibit respect for co-workers, consumers and other contacts.

Second, MHANC is committed to providing quality services and to conducting its business lawfully and ethically. This plan assures recipients of our services that MHANC will comply with all Federal, State laws and regulations regarding recipient rights, including the right to participate in their care; the right to freedom of choice in decisions regarding services, their provision and anticipated cost; the right to receive full and accurate information

Finally, it is the policy of MHANC and the Compliance Program to detect and deter any fraud, waste, or abuse of funds or payment. It is also MHANC's policy to monitor, detect any illegal, unethical, or inappropriate actions.

Our Compliance Plan, Code of Conduct and policies provide an overall guidance. They do not address every situation and all laws and regulations. This Compliance Plan only provides guidance in making decisions that conform to the commonly accepted ethical and legal standards.

The most important thing that everyone can do is to keep their eyes and ears open. To do so, they must have a sufficient level of understanding of the Compliance Plan related policies to comply with the requirements therein during the performance of duties and be able to identify potential compliance issues as they arise. Should you observe a compliance concern, do not hesitate to escalate your concern. You can approach your Supervisor, the Compliance Officer, or call the Compliance Hotline.

MHANC is confident that individuals who represent the Agency are directed by its mission and a sense of what is right. Please use this Compliance Plan and other resources made available to help make the right decisions.

After reviewing the Compliance Plan, everyone is expected to understand the key elements and apply them to their day-to-day work activities.

## This Compliance Plan is Organized Along Some Key Elements

The Compliance Program is derived from a system of internal controls that monitor and audit systems, enforce standards, train and continually assess the Compliance Plan. The Compliance Plan is supported by the Agency's Continuous Quality Improvement Plan and addresses some key elements of the Compliance Program. The key elements are:

- Establishment of compliance policies and procedures to reduce wrongdoing.
- Assigning an individual to oversee the compliance program and the establishment of the Compliance Committee.
- Continuous compliance training and education.
- Establishment of procedures for effective compliance communication.
- Taking steps to ensure and achieve compliance through monitoring and auditing.
- Having a consistent enforcement process through a disciplinary mechanism.
- Conducting prompt investigation and proper response to non-compliance activities.
- Non-retaliation standards and procedures.

## Compliance Leadership

### **Compliance Officer**

MHANC has designated the position of Director of Quality Assurance and Compliance to serve as the Compliance Officer. The Compliance Officer is responsible for the Compliance Program and management of day-to-day compliance operations. The Compliance Officer reports directly to the Executive Director and makes regular reports to the Board of Directors.

One of the Compliance Officer responsibilities is assuring our organization has an effective compliance program. Now, this does not mean that the Compliance Officer is the only one responsible for compliance. Each individual associated with the Agency is responsible for compliance.

The Compliance Officer has an open-door policy. Please feel free to reach out to the Compliance Officer or the additional channels of communication referenced in this plan if you have suspicions of non-compliance.

Duties of Compliance Officer include but are not limited to:

- Oversee and monitor the implementation of the Compliance Program.
- Periodically review the program to ensure its effectiveness and that the Agency's needs, laws and regulations or governmental and third-party payors' requirements are met.
- Ensure that independent contractors and agents (consumer care, vendors' billing service, etc.) are aware of the requirements of the agency's Compliance Program.
- Independently investigate and act on matters related to compliance, including the flexibility to design and coordinate internal investigations and any resulting corrective action.

### **Compliance Committee**

The Compliance Committee is the key oversight body for the Compliance Program. The Compliance Committee meets quarterly, reviews compliance high-risk items, including internal and external audit results, corrective action plans, investigations of suspected fraud, waste or abuse, and ensures recent changes in Federal, State laws, and applicable regulations are communicated and addressed.

The Compliance Committee is comprised of the Executive Director, Chief Financial Officer, Director of Human Resources, Director of Care Coordination, Clinical Director,

Director of Budget and Contracts, Director of Community Living Program, a representative of the Board, Compliance Officer who will serve as Chairperson, and any other individual designated by the Executive Director or Compliance Officer with appropriate authority to make decisions affecting compliance. The Executive Director and Compliance Officer seek to appoint individuals to the Compliance Committee with varying backgrounds and experience to ensure that the Compliance Committee has the expertise to handle the full range of clinical, administrative, operational, and legal issues relevant to the Compliance Program. This also demonstrates "Tone at the Top" in support of the Agency's compliance program. "Tone at the Top" is essential because it shows we expect our leaders to take the lead in support of the Compliance Program. By setting that example, MHANC professionals are more likely to follow their lead.

## **Board of Directors**

The Board of Directors is the governing body of the Agency. The Board of Directors is responsible for the overall compliance health of the Agency. They receive quarterly reports on the operations of Compliance Program from the Compliance Officer.

## Code of Conduct

The purpose of MHANC's Compliance Program is to safeguard MHANC's services and to continue its tradition of strong moral, ethical and legal standards of conduct. The Code of Conduct has been adopted in order to guide the Agency and individuals' responsibilities as a provider in accordance with law, regulation, and best practices. MHANC is committed to engaging in ethical business practices and to adhering to all Federal, State laws and regulations, interpretations thereof and the Code of Conduct.

The Code of Conduct is not meant to cover all situations involving all MHANC professionals. Whether or not the situation or action is described specifically within this Code of Conduct or in other Agency policies, any potential conflicts or issues should be submitted to the Compliance Officer or a member of the Compliance Committee as soon as it is suspected.

Every MHANC professional is required to understand and comply fully with the Code of Conduct. Anyone violating any provision of this Code of Conduct or other MHANC policies will be subject to disciplinary action, up to and including termination of employment, business relationship, volunteer opportunity and/or discharge from the Board of Directors in accordance with the MHANC By-laws. All MHANC's representatives have duty to disclose any potential conflict of interests and/or potential ethical issues.

### ***As An Agency We Are Committed To The Following:***

- Train every employee on the Code of Conduct and policies and procedures relevant to their duties.
- Not to tolerate any act of retaliation or retribution against an MHANC professional who makes a "good faith" report of a potential violation of law, regulation, standard, policy, or this Code.
- Overpayments are reported and due diligence to prevent fraud, waste, and abuse of service dollar is performed.
- Discipline those who commit violations of any aspect of the Compliance Program, up to and including termination.
- Employees are encouraged in their responsibility to create a work environment in which ethical concerns can be raised and will be addressed.
- Properly credentialed individuals with experience are employed and provided the necessary supervision to perform their duties.

- Qualified individuals are hired without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, military status, or disability.
- All prospective employees are routinely screened to ensure they have not been sanctioned by any regulatory agency and are eligible to perform their designated responsibilities in accordance with law, regulation, and industry practices.
- The privacy of our employees is respected and salary, benefits, payroll, personnel files, and information on disciplinary matters are treated as confidential information.
- Discrimination and unlawful harassment of any kind are not tolerated.
- Accurate and complete claims are submitted for all services provided and appropriate documentation to support these claims is maintained.
- Services are billed according to medical necessity guidelines, and regulatory and legal requirements. We act responsibly in the event of potential overpayments, fraud, or false claims are identified.
- Staff responsible for coding and billing functions are trained and continually educated in effort to ensure compliance with current law or regulation.
- We establish and build upon internal controls to ensure the accuracy of financial statements and all other records and reports.

***All MHANC Employees Are Expected To Perform The Following:***

- Report compliance issues to the Compliance Officer.
- Inform management of their whereabouts, to document or record all services or transactions accurately; and to be honest and forthcoming with the Agency, regulatory agencies and internal/external auditors.
- Comply with the Agency's policies and procedures, accounting rules and internal controls.
- Be honest when working for the Agency, with the people being served, providers, supplier and all other with whom the Agency does business with.

- Comply with the Compliance Plan, including the Code of Conduct and to understand and follow all the rules and regulations that govern your job.
- Be fully committed to MHANC during working hours. An employee is prohibited from taking on any other outside job or work assignments during their working hours for MHANC.
- Report any actual or potential violations of the law, the Code of Conduct or MHANC policies and procedures via the prescribed methods. All reports will be kept confidential to the extent practicable.
- Submit timely, accurate, complete, and truthful records of their work, including any written documentation needed to support the services provided.
- Treat fellow employees and recipients of MHANC services with respect, dignity, patience and kindness and to never discriminate against or harass anyone on the basis of race, religion, sex, age, national origin, sexual orientation or affectation, or disability.
- Maintain confidentiality of recipient information and MHANC business operations. This responsibility extends beyond employment with MHANC.
- Refrain from giving or accepting any form of gift or gratuity that might influence, or appear to influence, another person's judgment in the performance of his or her job duties.
- Avoid offering or receiving anything of value that induce another person to purchase an item or service from MHANC; refer a person to MHANC; or market MHANC's products or services.
- Refrain from contributing or donating MHANC's funds, products, services or other resources to any political party or candidate.
- Abstain from making misrepresentation dishonest statements, or statements intended to mislead or misinform individuals about the quality of MHANC's services or those of a competitor.

- Refrain from using MHANC property or services for personal gain or benefit; removing or disposing of MHANC materials, supplies or equipment without proper authority.
- Respect the privacy of fellow employees and treat information on salary, benefits, payroll, personnel files, and disciplinary matters confidentially.
- Comply with Federal, State laws and regulations regarding government contracts and programs in which MHANC participates.
- Tell the truth and cooperate with any investigation of a potential compliance or other legal matter, whether investigated by MHANC representatives or government authorities.
- Act in a professional manner that includes behavior that advances every consumer's course of treatment and establishes appropriate boundaries in the employee-consumer relationship.
- Not to accept purchased gifts from consumers, former consumers and/or their family members.
- Set the tone and maintain a work environment that encourages ethical and responsible behavior and to establish an environment in which subordinates feel comfortable addressing compliance issues without fear of reprisal when serving in a supervisory role.
- Discuss the Compliance Program, including the Code of Conduct, regularly and to encourage questions from fellow employees when serving in a supervisory role.

## ***Consumer Bill of Rights***

The Consumer Bill of Rights provides the minimum guidelines for ensuring that an individual's right to be treated with dignity and respect within our healthcare system.

Below are some examples of a breach of the Consumer Bill of Rights:

- Providing differential care due to race, religion, national origin, sexual orientation, etc.

- Disclosing information containing in the consumer's medical record without proper authorization.
- Denying a consumer the right to their medical records.
- Preventing a consumer from voicing a complaint about services.

Employees are expected to familiarize themselves with the Consumer Bill of Rights and should seek guidance if they are uncertain about how to make sure that consumers' rights are upheld in the provision of services.

## Conflict of Interest

A Conflict of interest is a situation in which a MHANC professional has or might have competing professional and personal interests. Such interests can make it difficult to fulfill duties impartially even if there is no evidence of improper actions, a conflict of interest can create an appearance of impropriety that can undermine confidence in the ability of that person to act properly in his/her position.

The purpose of this section is to ensure that MHANC's operations and the use and dispositions of assets are made solely in terms of benefits to MHANC and are not influenced by any private or for-profit or other personal benefit to the individuals affiliated with MHANC who takes part in decision. A conflict of interest exists when the interests or concerns of a MHANC professional or any member of his/her immediate family, or party, group, or organization in which the individual is actively involved, may be seen as competing with the interests of MHANC. A conflict of interest may arise whenever a MHANC professional or a member of his/her immediate family (1) has an existing relationship which could impair the exercise of independent judgement on behalf of MHANC or (2) may receive material/financial benefit from information learned during the course of employment, or business relationship with MHANC.

MHANC professionals must not only avoid situations which give rise or could give rise to a conflict of interest, but must also avoid those situations which create the appearance of a conflict of interest.

All representatives of MHANC have the duty to disclose any potential conflict of interests and/or potential ethical issues.

### **1. General Business Rules**

- Every employee and member of the Board of Directors is obliged to avoid actions that could be perceived or interpreted to be in conflict with MHANC's interest.
- Those affiliated with MHANC must avoid situations in which their personal interest could conflict or appear to conflict with their responsibilities, obligations or duties to MHANC. In addition, professionals must avoid situations that present opportunities for personal gain apart from the normal compensation provided through employment or other affiliation with MHANC.
- Full disclosure of all personal and business relationships with organizations that do business with MHANC and to refrain from participation in decisions

affecting transactions between MHANC and those organizations is essential. Such relationships do not necessarily restrict transactions as long as the relationship is clearly identified, disclosed and those involved Officers or Directors refrain from making fiscal decisions. "Involved in an MHANC business transaction" is defined as initiating, making the principle recommendations for, or approving a purchase or contract; recommending or selecting a vendor or contractor; drafting or negotiating the terms of such transaction; or authorizing or making payments from MHANC accounts. That language is intended to include not only transaction for MHANC's procurement of goods and services, but also for the sale or disposition of MHANC property, and the provision of services or space by or to MHANC.

## **2. Officers and Directors**

- Any Officer or Director who may be involved in any MHANC business transaction in which there is a possible conflict of interest will promptly notify the Compliance Officer.
- The Officer or Director must refrain from voting on any such transaction, participating in deliberations concerning it, or using personal influence in any way in the matter.
- The presence of such Officer or Director may not be counted in determining the quorum for any vote with respect to the MHANC business transaction in which he or she has a possible conflict of interest.
- The Executive Director, after receiving information about a possible conflict of interest via the Compliance Officer, will take such action as is necessary to assure the transaction is completed in the best interest of MHANC without the substantive involvement of the person who has the possible conflict of interest.
- A written record of any report of possible conflict of interest and of any adjustments made to avoid possible conflicts of interest will be maintained with the Board minutes and via the Compliance Committee.

## **3. Use of Corporate Funds and Assets**

- MHANC professionals may not use assets of the organization for their own personal benefit or gain.

- All property and business of the organization shall be used in a manner designed to further MHANC's interest rather than the personal interest of an individual.
- All professionals are prohibited from the unauthorized use or taking of MHANC equipment, supplies, software, data, intellectual property, materials or services.

#### **4. Outside Financial Interests**

The following types of activities by individuals affiliated with or employed by MHANC's household members of such individuals, or a member of the individual's family may cause a conflict of interest:

- Disclosure or use of confidential, special or inside information of or about MHANC, particularly for personal profit or advantage of the individual or a household member or family member or other.
- When an individual affiliated with MHANC has an interest in an organization which is in competition with a firm seeking to do business with MHANC and the individual's position gives him or her access to proprietary or other privileged information, which could benefit the firm in which he or she has an interest, this must be reported.
- When a family member of an Officer or Director is employed by MHANC or by a corporation or organization that does business or proposes to do business with MHANC or when a family member of an Officer or Director is receiving or will receive services from MHANC in an existing or new program.

#### **5. Outside Activities and Interests**

- Individuals must avoid outside employment or activities that may have a negative impact upon their job performance with MHANC, or that conflict with their obligations, and responsibilities to MHANC.
- Individuals, with the permission of the Executive Director, may participate as faculty and speakers at educational programs and functions at the request of MHANC.

- Salaried employees are prohibited from accepting honoraria for activities occurring within their general work schedule.
- All honoraria must be reported to the Compliance Officer and the Executive Director. MHANC retains the right to determine the appropriateness of a staff member accepting an honorarium.
- Employees must notify the Executive Director prior to serving as a member of the Board of Directors/Trustees of any organization whose interests may conflict with those of MHANC. Should a conflict of interest arise, the employee is expected to excuse him/herself from discussion and action.
- Employees who are asked, or who seek to serve on the Board of Directors/Trustees of any organization whose interest would not impact MHANC (i.e.: civic, charitable, or fraternal) are not required to obtain such prior approval.
- Employees may not share financial, business or policy information about MHANC without the written permission of MHANC.
- A vendor or any landlord may not be employed if it compromises the Agency's ability to negotiate fees, rents, etc.
- A staff member must not derive any financial benefit due to their affiliation with MHANC (i.e.: having a private practice consisting of one or more MHANC consumers).

## 6. Gifts/Entertainment

To avoid both the reality and the appearance of improper relations with past, current, potential or future vendors, suppliers, contractors, or providers, the following guidelines apply to receipt and provision of gifts and entertainment:

- MHANC, as an agency, reserves the right to accept invitations to social events and gifts that are unsolicited, infrequent and of nominal and reasonable value so long as such invitations or gifts do not include payment for travel costs or overnight lodging. All gifts must be reported to the Compliance Officer. Questions concerning the acceptability of a gift or invitation should be addressed to the Compliance Officer.
- MHANC employees may not accept any courtesies, meals or entertainment

if offered in exchange for any type of favorable treatment or advantage. Further, if the invitation has the appearance of being offered in exchange for favorable treatment, it must also be rejected.

- No gifts, entertainment, meals or anything may be provided or offered by a MHANC employee to any government employee or contractor, except for reasonable refreshments or meals in connection with a business meeting.
- MHANC and its employees may not give gifts to consumers or referral sources. MHANC may not give a referral source, consumer, consumer family member, or supervisor cash or a cash equivalent.
- MHANC employees may not make gifts valued above \$25 to fellow employees, whether supervisor, subordinate or colleague.

## 7. Political Activities

- MHANC funds and/or resources are not to be used to contribute to political campaigns or for gifts or payments to any political party or any of their affiliated organizations.
- Organizational resources include financial and non-financial donations, such as using work time and telephones to solicit for a political party or candidate, or the loaning of MHANC property for use in a political campaign is not allowed.
- MHANC employees who participate individually in the political process must be sure not to give the impression they speak on behalf of MHANC.
- MHANC reserves the right to request or identify employees who will make personal contact with government officials or to write a letter to present our position on specific issues. Employees making these communications on behalf of MHANC should seek guidance from the Compliance Officer to ensure regulatory constraints are observed.
- No staff member is permitted directly or indirectly to coerce or advise other staff or consumers to pay, lend or contribute to a party, committee, organization, agency or person, for political purpose.

## 8. Use of Agency Vendors and Business Contacts

- If a staff member wishes to contract with or purchase from an agency vendor, he or she must do so without any compromise to MHANC.
- Staff is not to assume that they will receive a discount on services or commodities from an agency vendor.
- If a staff member has a legitimate complaint against an agency vendor, he or she must handle that complaint on his or her own.
- MHANC cannot negotiate a disagreement with a vendor that a staff member uses for his or her own personal use nor can MHANC negotiate a discount on services for an employee's personal use.
- In general, any relationship that exists where vendors or business associates that are family members and/or friends of current employees and are referred to the agency for work purposes outside of a position at the agency should be reported on or before the time of an agreement. The relationship will be evaluated to assure that any financial interests are not misconstrued.

## Privacy & Confidentiality

Privacy rules are established by the federal agency, the Office of Civil Rights (OCR of the HHS). OCR enforces Health Insurance Portability and Accountability Act (HIPAA). It is imperative that as an Agency we have processes in place to monitor privacy to comply with HIPAA and other regulations.

MHANC has practices in place to ensure that protected health information is released, disclosed, or accessed by only those relevant employees' job-related function or where the continuance of care is relevant. All disclosures of health information are recorded in a log and filed as per current regulations and requirements. This information can be requested by any consumer in writing and can be accessed within the allotted time frames. This information is kept according to the Agency's Record Retention and Destruction Policy and Procedures. No information will be disclosed to any entity or those not directly involved in the healthcare operations, as allowable by Federal and State law, unless the specific allowable exceptions are present.

Every individual who represents MHANC is obligated to keep consumer information and employee information both secure and protected. This includes part time, full time, relief/per diem employees as well as vendors and business associates and their associated contractual agents. These protections include securing of computers and all data-based applications, files, and not discussing information in public. MHANC maintains a secure database of information, via a nationally adopted computer program which stores protected health information and identifiable information in a manner in accordance with requirements.

Policies are in place restricting access to consumer charts and information both in hardcopy format and computer based. All chart cabinets within any area are locked and only unlocked when in use to access charts by appropriate staff members.

Secure passwords which are not shared with those in the agency are used to access information within computer programs and emails. Restrictions on the personnel within the organization who have access to these passwords are very minimal and the responsibility rests within the Executive Director and Compliance Officer only. Secure passwords are used for both the encrypted email system as well as the computer database programs.

Agency staff are not to transmit protected health information over the Internet (including email) and other unsecured networks unless using a secure encryption procedure. A current system which meets the requirements of proper encryption does exist and external emails are generated with a privacy message attached.

Transmission of protected health information is permitted by fax if the agency staff member sending the information ensures that the intended recipient is available to receive the fax as it arrives, or confirms that there is a dedicated fax machine that is monitored for transmission of this protected information. Fax cover sheets that include standard confidentiality notices are available by all staff when needed.

Each consumer is provided with an agency specific Notice of Privacy Practices upon enrollment and when the Notice of Privacy Practices is updated for any reason. Notice of Privacy Practices are given to the consumer and a signed acknowledgement is both kept on file and provided as a copy to the consumer or personal representative. Notice of Privacy Practices are also posted within the office areas of the agency as well as posted within the residences.

MHANC will handle all authorizations according to the provisions provided for in the Notice of Privacy Practices and all authorizations will be completed according to the additional standards of both Federal and State Law.

If need be, a system is in place to address the needs of individuals who may need language interpretation or transcription services. An official language interpretation service is available to the agency at any time. Official transcription and forms in other languages besides English will be dealt with on an individual need; however, every attempt will be made to provide this information in the language and text of comprehension. Special consideration will be given to those individuals who may have difficult reading abilities including providing for information to be read in front of family members and other care takers.

## **Health Information Technology for Economic and Clinical Health Act (HITECH)**

The federal government implemented the HITECH Act as part of the American Recovery and Reinvestment Act in 2009 to provide the adoption of meaningful use of health information technology.

HITECH addresses privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strengthen the civil and criminal enforcement of the HIPAA rules.

MHANC's security systems are in place to safeguard the electronic Protected Health Information (ePHI) of individuals. MHANC also has protocols in place to promptly notify affected individuals of breaches as well as the federal government.

## Training & Education

MHANC recognizes that education and training are critical elements of the Compliance Program. Training and education provide MHANC professionals with an understanding of the Agency's Compliance Program, legal requirements, and written policies and procedures. Each MHANC employee, board member, volunteer, intern, contractor or agent is expected to be familiar with and knowledgeable about the Agency's Compliance Plan, Code of Conduct and regulatory guidelines and have working knowledge of his/her responsibilities under them. Compliance policies and standards will be communicated to all MHANC employees, volunteers, interns, contractors, board members or agents.

The Compliance Officer is responsible for developing and implementing procedures to ensure compliance education training for all employees, board members, volunteers, interns, contractors and agents. At a minimum, MHANC professionals are trained on the following aspects of the compliance plan/program: Code of Conduct, False Claims Act, Deficit Reduction Act, Non-retaliation Policy, and organizational expectations for reporting non-compliance issues and concerns.

Individuals must attend compliance training within 30 days of the start of employment or election to the Board of Directors. All employees must also attend an annual refresher compliance training. This mandatory training will provide an overview of the Compliance Program and Code of Conduct, including the complaint and reporting process, conflict of interest, whistleblower policy, HIPAA Privacy and Security as well as MHANC's commitment to integrity and compliance with applicable laws and regulations. Also, within 30 days of the start of employment or election to the Board of Directors as well as annually, individuals are mandated to attend Sexual Harassment, Discrimination, and Diversity trainings. All trainings are conducted in person or online.

Failure to comply with training requirements or to attend scheduled training sessions may result in disciplinary action against the employee and termination or non-renewal of contracts.

## Good Faith Reporting

MHANC 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. To promote this culture, MHANC established a compliance reporting process and a strict non-retaliation policy to protect employees and others who report problems and concerns in good faith from retaliation. Any form of retaliation or retribution can undermine the compliance resolution process and result in failure of communication within the organization.

MHANC maintains an "open door" environment where employees at any level is encouraged to seek the advice, consultation, and direction from management. Employees can share their questions, concerns, suggestions, or complaints with someone who can address them properly, effectively, and in a timely manner. The "open-door policy" will be maintained at all levels of management to encourage MHANC employees, interns, volunteers, contractors, board members and other agents to report problems and concerns.

Employees, contractors, vendors, and other persons associated with MHANC are obligated to report any known non-compliance or suspected non-compliance.

MHANC offers an "open door" approach for all compliance related issues.

- Employees should first go to their managers to report a compliance concern.
- Speak to the Compliance Officer: 516.489. 2322 ext. 1234
- Send an e-mail to the Compliance Officer [compliance@mhanc.org](mailto:compliance@mhanc.org)
- Send mail to:

Mental Health Association of Nassau County  
16 Main Street  
Hempstead, NY 11550  
Attn: Compliance Department

- Call the Anonymous Compliance & Ethics Hotline: **1.877.813.8406**

All employees, contractors, board members, agents, volunteers, committee members and vendors shall acknowledge that it is their responsibility to report any suspected instances of suspected or known non-compliance. Any MHANC professional cannot

exempt themselves from the consequences of their own misconduct by reporting the issue.

Failure to report known non-compliance or intentionally making reports which are false with malicious intent and lacking in good faith will be considered grounds for disciplinary action, up to and including termination. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.

Reporters will be contacted to acknowledge receipt of the reported violation or suspected violation within five (5) business working days for most issues and within 24 hours for alleged criminal violations. All reports will be promptly investigated and appropriated corrective action will be taken if warranted by the investigation.

## Investigation

### *Internal Investigations*

MHANC is committed to fostering a culture of compliance through detecting, correcting, preventing and resolution of non-compliance behaviors. Through the process of our compliance reporting structure and the articulation of compliance-related roles and responsibilities at every level of the agency's operations, detection and correction of problems is expedited. This is accomplished, in part, by establishing communication for employees, volunteers, contractors and vendors of MHANC, to report problems and concerns. Employees, volunteers, contractors and agents of MHANC are encouraged to report issues via the traditional chain of command, Compliance Hotline or directly to the Compliance Officer. Therefore, the Compliance Officer is responsible for responding to compliance issues that are raised throughout the various means of communication.

MHANC will respond to reports or reasonable indications of suspected non-compliance by commencing a prompt and thorough investigation of the allegations to determine whether a violation has occurred. The Compliance Officer is responsible for resolving compliance related issues. All reports of fraud, waste, abuse, or other improper conduct will be promptly reviewed and evaluated by the Compliance Officer; however, MHANC employees, volunteers, contractors and agents should not be discouraged from using any specific means of communication. MHANC Employees, volunteers, contractors and agents who report non-compliance related issues or concerns to the Compliance Officer or the Compliance hotline will be delegated to the appropriate department or individual.

All compliance related investigations will be reviewed by the Compliance Committee. Once a compliance investigation has been completed, the reporting self-identified person will be given a brief summary of whether the allegations were substantiated and corrective action taken to the extent possible.

All employees are expected to cooperate in the investigation of an alleged violation.

### *Government Audits and Investigations*

Individuals associated with MHANC are expected to cooperate in all audits and investigations. All subpoenas and other governmental requests for documents should be forwarded to the Compliance Officer and Executive Director. Individuals are prohibited from destroying, improperly modifying, or otherwise making inaccessible any documents that they know or believe may be the subject of pending subpoena or document request. Individuals must not direct or encourage others to take such action. Any individual

receiving a request from an investigator to provide an interview, must immediately contact his or her supervisor, who will then inform the Compliance Officer and Executive Director.

## Corrective Action

For the Compliance Program to be effective, steps must be taken to correct any occurrences of non-compliance. Following a completion of an investigation, corrective action is taken promptly. If an investigation reveals a violation of the Compliance Plan, a Corrective Action Plan (CAP) is generated. As CAPs are issued when non-compliance is identified. CAPs should be taken seriously and focused on until remediation occurs. CAPs are reported to the Compliance Committee.

Possible corrective actions may include, but not limited to, modifying existing policies and procedures, additional training, refunds of any overpayment received, employee disciplinary action up to and including termination, termination of contracts, and reporting to federal or state authorities. All corrective actions will be documented and include progress reports with respect to each error identified and maintained in the Compliance Department.

It is the responsibility of the department head to ensure corrective actions are carried out and report back to the Compliance Officer when the corrective action plan is completed. Corrective action plans are presented to the Compliance Committee and the Board of Directors.

## Monitoring & Auditing

MHANC recognizes the need for internal controls. MHANC is committed to fostering a culture of compliance through detecting, correcting and preventing non-compliance behaviors. An important component of the compliance program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas.

The Compliance Department monitors and audits the Agency, including finance, information technology and regulatory/compliance, and to review departmental processes to ensure compliance with Federal and State laws as well as the Compliance Plan.

MHANC will conduct ongoing auditing and monitoring of identified risk areas related to compliance including but not limited to billing, fiscal management, human resources, clinical operations and service provision.

The Chief Financial Officer and the Compliance Officer ensure ongoing auditing and monitoring is properly conducted, documented and reported.

Program Management will immediately notify the Executive Director and the Compliance Officer of visits, audits, investigation, or surveys by any regulatory agency or authority. Written results of any visits, audits, investigations, or surveys will be forwarded to the Executive Director and the Compliance Officer upon receipt by any agency personnel.

### **Self-Assessment**

The Compliance Officer is responsible to ensure the certifying of the effectiveness of the Compliance Program. In order to do this, annual assessment of the compliance program is necessary. The self-assessment will include at a minimum a review of all of the seven required elements of a compliance program as implemented at MHANC. This evaluation of the entire Compliance Program will be done at a minimum annually, and the assessment will be communicated to the Compliance Committee and Board of Directors for review and approval.

### **Risk Assessment**

MHANC recognizes that all agencies, regardless of the comprehensiveness and effectiveness of their compliance programs, have areas of heightened risk based on the specific program-related activities in which it engages. It is therefore necessary to identify MHANC highest risk compliance areas in order to ensure sufficient efforts and resources are being put into mitigating this risk to the extent possible. Towards this end, the Compliance Officer will be responsible to ensure the completion of annual risk

assessments in collaboration with departmental staff and management to identify the areas within the Agency's programs and operations that deserve special attention.

## **Exclusions Database Check**

Federal law prohibits government reimbursement to individuals or entities that are excluded or ineligible to participate in federally funded healthcare programs. Violation of this law may result in substantial fines for the Agency. MHANC does not knowingly arrange, contract with or bill for services rendered or arranged for or by an individual or entity that is excluded or ineligible to participate in a federally funded health care program. New hire must clear OMIG check prior to the first day of employment. Our employment offers are based on new hires successfully completing our background check process which includes an OMIG check.

## **Record Retention**

Billing laws, our funders, federal and state regulations provide guidelines for record keeping and management. MHANC employees has the responsibility for the accuracy and integrity of the Agency's documents and records to comply with regulatory and legal expectations as well as to ensure records are available when requested.

Employees should always document information they know or believe to be accurate. Documentation should be dated with the date that it was created/completed.

If employees are asked to falsify records, they should bring this to the attention of their supervisor, Human Resources or the Compliance Officer. Employees should never be prevented from making a good faith report and will not be retaliated against for such conduct.

## Reimbursement Practices and Billing Errors

MHANC is committed to accurate and integrity in all its billing, coding and other reimbursement operations. To reinforce this commitment, the Chief Financial Officer is responsible for general day-to-day oversight of its billing, coding and other reimbursement operations in accordance with this policy.

When an improper payment - intentional or unintentional - is identified during the course of an ongoing review or investigation, the Executive Director and the Compliance Officer are to be notified. The Compliance Officer, in collaboration with the Finance department and other managers, will make a determination of whether the overpayment can be rectified through administrative billing procedures (i.e., voids and reverse-billing) or if a complete self-disclosure is necessary.

The Chief Financial Officer is responsible for responding in a timely manner to all problems, concerns or questions related to reimbursement practices. The Compliance Officer is responsible for ensuring the appropriate remedial actions are taken for any irregularities uncovered.

The Compliance Officer is responsible for the investigation of any billing errors or irregularities. Appropriate steps will be taken to prevent recurrence.

Any overpayment received as a result of such billing error will be promptly repaid to the appropriate payer, with interest, if appropriate.

A report of irregularities, the results of investigations and the remedial actions will be recorded and reported to the Compliance Committee on a quarterly bases and at least annually to the Board of Directors.

A prompt refund will be made if any overpayment has occurred including those determined by the Compliance Department. Additionally, any required disclosures will be made by the Compliance Officer, in collaboration with others. Corrective actions taken by the departments will be followed up by the Compliance Officer to ensure that they are adequate. If the Compliance Officer identifies the need for repayment as a result of over-billing, or if another department identifies other significant incorrect receipt of revenue, the Compliance Officer will be notified and will receive a copy of the accounting documentation supporting the repayment.

Please note the appropriate billing of our services is not solely an issue for the Finance Department. Ensuring the accuracy of the claims submitted for the services we provide begins with the moment a consumer is enrolled in our program and is dependent on

each step of the consumer's experience through the process, including documentation of care and billing. We can provide the best quality of care, but if we do not properly document that care in a manner that supports our charges or we routinely submit claims in error, that can lead to significant fines and penalties that could negatively impact our ability to receive reimbursement and provide those services in the future.

## Disciplinary Guidelines

MHANC is assured that its employees, volunteers, interns, contractors, board members and agents which are directed by the Agency's mission have a sense of what is right and will use this Compliance Plan as well as other resources as guidelines to make the right decisions.

A violation of MHANC standards can result in disciplinary action, up to and including discharge from employment or contract termination. Disciplinary action taken by the Agency to uphold this Compliance Plan will be imposed fairly and consistently.

Individuals may be subject to disciplinary action for:

- Failure to perform obligation or duty required relating to compliance with this manual or applicable laws or regulations.
- Promoting, permitting or facilitating conduct that is contrary to MHANC policies, applicable laws or regulations, or payor requirements.
- Failure of supervisor or management to enforce compliance-related requirements, or detect non-compliance with applicable policies and legal requirements and the Compliance Program where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any violations, or implement appropriate corrective actions.

Employees who have failed to comply with the Compliance Plan, Code of Conduct and related policies will be subject to discipline, up to and including termination. All reasons for disciplinary action taken against its employees for violations of the Compliance Plan, Code of Conduct and related policies are documented. The determination of the appropriate discipline shall be made in accordance with MHANC policy.

All disciplinary actions taken because of employee non-compliance are reviewed by Human Resources, and the Compliance Committee. Efforts are made to ensure consistency in discipline regardless of level of management. Records of all compliance related disciplinary actions will be maintained for a minimum of ten years.

## Key Laws and Regulations

### **Fraud, Waste, Abuse**

*Fraud* is false representation of fact, making false statements, or by concealment of information. *Waste* is unnecessary costs as a result of improper management, practices, or controls. *Abuse* is excessive or improper use of government resources.

### **False Claims Act**

*The False Claims Act*, 31 U.S Code § 3729, is a federal law designed to prevent and detect fraud waste and abuse in federal healthcare programs, including Medicare and Medicaid. The False Claims Act imposes liability on any person who submits a claim to the federal government that s/he knows (or should know) is false. The False Claims Act also imposes liability on an individual who knowingly submit a false record in order to obtain payment from the government. It is also a crime to falsify records that result in the submission of a false claim to Medicaid or Medicare. Conspiring to defraud the government by getting a false claim paid is also considered a crime under this act. Just as it is a crime to submit a false claim, it is also a crime to falsify records, submit false reports or conceal information to avoid paying an obligation to the government.

The federal False Claims Act allows individuals to bring "whistleblower" lawsuits on behalf of the government. The suits can be against an individual or groups who defrauds the government through contracts, programs or agencies.

### **Deficit Reduction Act**

The *Deficit Reduction Act* is federal legislation that places more emphasis on fraud detection and protection. This is expected to encourage individual stated to enact "qui tam" or Whistleblower provisions for persons to report fraud and abuse. The law requires protection to be provided to Whistleblowers to prevent retaliation for reporting fraud.

### **Anti-Kickback Statute**

The federal *Anti-kickback Statute* makes it illegal for any person (individual or entity) to knowingly and willfully solicit or accept money or other forms of payment in return for generating Medicare, Medicaid or other federal health care program business. Likewise, a person cannot offer money, or pay anything of value to induce referrals of federal health care program business.

### Whistleblower “QUI TAM” Provision

A whistleblower is defined as an employee, payor, vendor, business associate, volunteer, or member of the Board of Directors of MHANC who reports an activity that he/she considers in their sound judgment to be unethical, illegal or dishonest. The whistleblower is responsible for acting in "Good Faith" and consistent with the guidelines set forth in the MHANC Compliance Program.

The confidentiality of the whistleblower and the circumstances that he/she has reported will be maintained to the best of the agency's ability. In specific cases, the confidentiality may need to be revealed only for legal purposes and by investigation by outside regulatory agencies.

Any form of retaliation against a MHANC employee, volunteer or contractor who reports a perceived problem or concern in good faith is strictly prohibited. Any MHANC employee, volunteer or contractor who commits or condones any form of retaliation will be subject to discipline up to and including termination.

The right of a whistleblower from protection against retaliation does not include immunity for any personal wrongdoing that is alleged, investigated, and concluded. However, the fact that he/she reported the incident will be given consideration by MHANC in any resultant disciplinary action or follow up.

Please note that any employee who intentionally files a false report of wrongdoing will be subjected to appropriate discipline, and if it is determined that such a false report was done with willful and malicious intent to harm another, disciplinary action including termination will be considered.

Employees with any questions regarding Whistleblower Protection should contact the Compliance Officer.

## Credentialing/Recredentialing

Credentialing and recredentialing records are subject to federal and state audit. Therefore, MHANC seeks to ensure the competency and qualifications of the service delivery in the provision of specialty services and programs. To achieve that goal, it is the policy of MHANC that specific credentialing and recredentialing activities will occur and be documented to ensure that employees, contractors, etc. are operating within assigned roles and scope of authority in service delivery.

In accordance with statutory and funding requirements, MHANC is responsible to assure that providers within the agency are appropriately qualified and competent to provide covered and authorized services. All professionals who provide clinical services within MHANC must be properly credentialed and recredentialed.

All credentialing and recredentialing documentation must be retained in the personnel file of each credentialed individual and include:

- Initial credentialing and all subsequent recredentialing certifications; and
- Any other pertinent information used in determining whether or not the individual met credentialing and recredentialing standards.

Records will be retained in accordance with MHANC Document and Data Retention and Destruction Policy.

MHANC employees and/or individuals associated with the agency must report suspected fraud, abuse, and licensing violations to MHANC as soon as it is suspected.

The Compliance Officer, will periodically monitor the credentialing and recredentialing activities of the agency to ensure compliance.