REVIEW

In Compliance

Welcome!

Independent Health

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Getting Started

Agenda

- Special Investigation Unit (Fraud, Waste, and Abuse)
- Enterprise Risk Office
- Compliance Department
- Seven Elements of an Effective Compliance Program
- Code of Conduct and Ethics
- Reporting Non-compliance
- Attestation Information

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Compliance Overall

Components:

Information Risk Office

- Information protection/information infrastructure (HIPAA)

Special Investigations Unit (SIU)

- Prevent, Detect, Correct and Report Fraud, Waste & Abuse of IH resources

Enterprise Risk Management

- Business and project decision protection

Business Continuity/Disaster Recovery

- Organizational Resiliency & Preparedness

Compliance Department

- Overall compliance program

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What is SIU?

FWA Training

Fraud Prevention Plan

Reporting

Cost and Frequency of FWA

Health care expenditures topped $3 trillion in 2019, and with the most conservative estimate of the amount of health care expenditures lost to fraud is 3%, which equates to over $90 billion annually.

Fraud has gained unprecedented importance in the current economic environment because of.

- **Technological advances**-New technologies have increased the number of employees accessing corporate systems-opening doors the theft and fraud.
- **Growing complexities of organizations**: Mergers and acquisitions new product expansions, and general complexity of business operations and processes have increased the opportunity for fraud.
- **Increasingly Transient Employees:** the transient nature of the current workforce produces gaps in controls increasing the risks for fraud.
- **Economic Downturn:** Slow economic times bring increased incidences of Fraud. Employee misconduct becomes a greater concern due to the pressure of operating in a business environment of severe cost reduction demands.

Special Investigation Unit Structure

Dave Shute-VP
Claims & Recovery Operations

Sheila Caulfield
Director, Corporate Recoveries

Deborah Acanfora
Manager of SIU x7842

Investigators

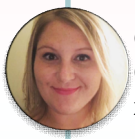
Support

Jennifer Fanning
Investigator
x3597

John Sikorski
Investigator
x3874

Brittany Overholt
Investigator
x4995

Nicole Ingrasci
Clinical Investigator
x3921



Gina Libassi
Clinical Investigator
x4928

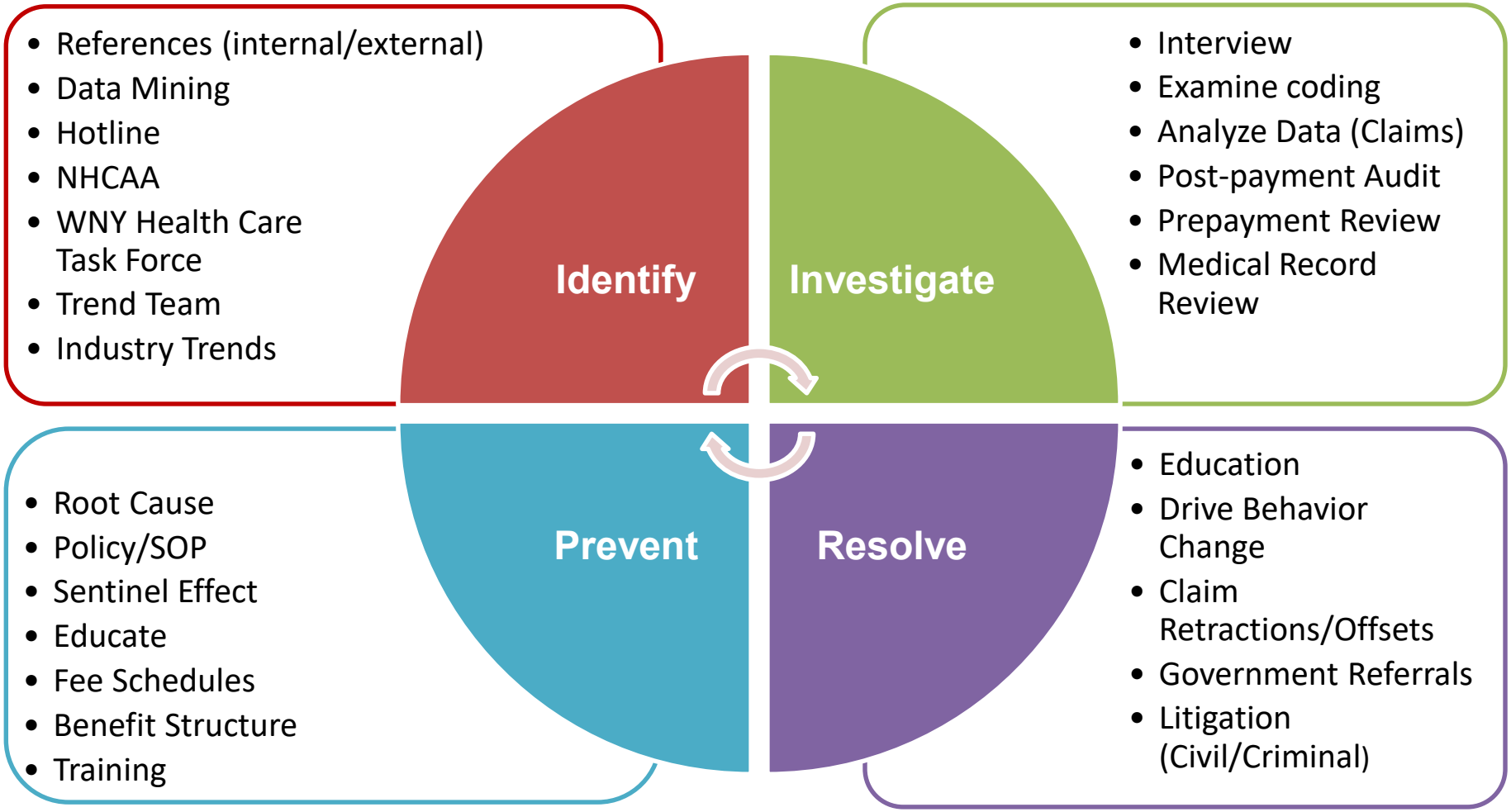
Lindsay Eaton
Clinical Investigator
x3616

Dawn Rudyk
Clinical Investigator
x4986

Andrea Gollhardt
SIU Specialist
x3752

Lauren Dickerson
SIU Coordinator
x3719

SIU: Prevent, Detect, Correct, Report



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SIU and FWA

Fraud:

Knowingly submitting false statements or making misrepresentations of fact to obtain health care payments for which no entitlement would otherwise exist.
Knowingly soliciting, paying, and/or accepting money to induce or reward referrals for items reimbursed by health care programs; or
Making prohibited referrals for certain designated health services

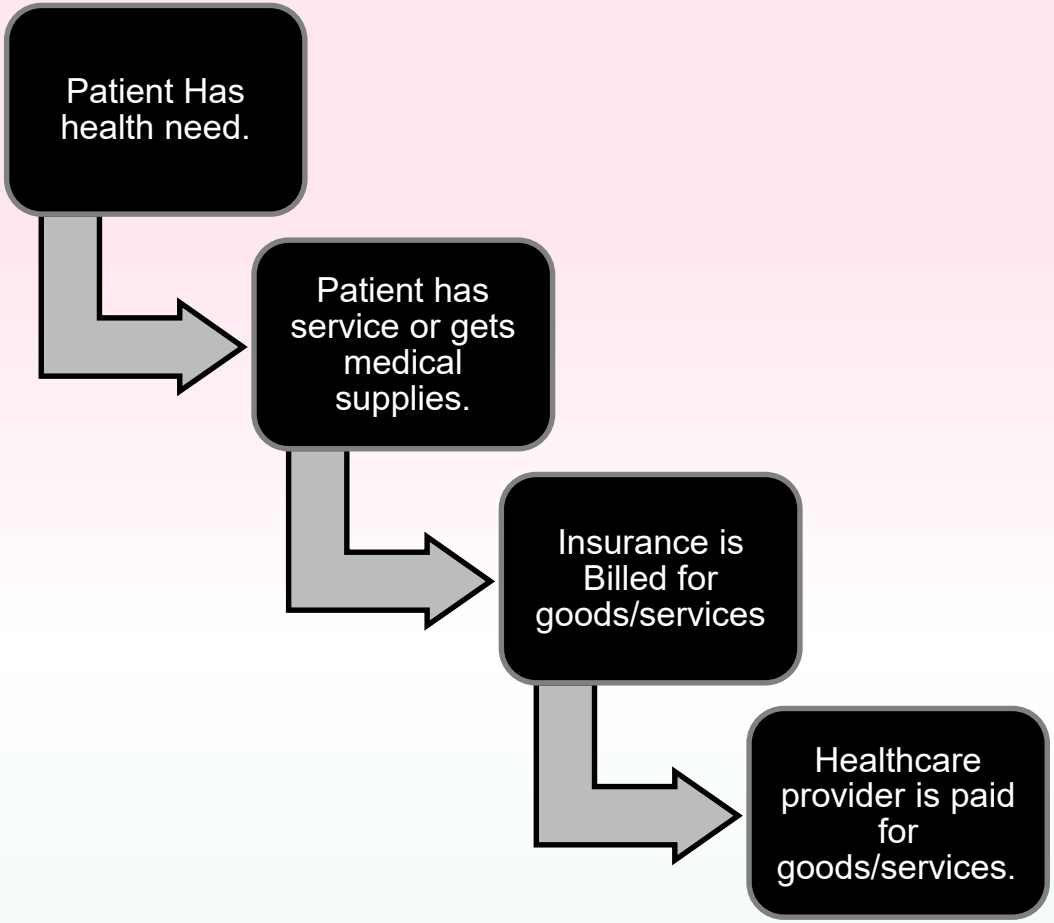
Waste:

Over-use (overutilization) of services or other provider, contractor, or member practices, that directly or indirectly, result in unnecessary costs to the healthcare system.

Abuse:

Any incident or practice of a provider, physician, or supplier which is inconsistent with accepted and sound medical, business, or fiscal practices and directly, or **indirectly results in services that fail to meet professionally-recognized standards of care, or in some cases, may be medically unnecessary.**
Abuse involves paying for items or services when there is no legal entitlement to that payment, and **the provider has not knowingly or intentionally misrepresented facts to obtain payment.**

SIU and FWA


Patient Has health need.
Patient has service or gets medical supplies.
Insurance is Billed for goods/services
Healthcare provider is paid for goods/services.

Real World Scenarios

- Knowingly billing for services not furnished or supplies not provided (including billing for appointments the patient failed to keep).
- Leaving a spouse on an insurance plan after the finalized date of divorce.
- Soliciting, offering or receiving a bribe/rebate from a referral (for medical services, or for enrollment in an insurance plan)
- Conducting excessive office visits or writing excessive prescriptions
- Unknowingly misusing codes on a claim, such as upcoding or unbundling codes.
- Altering medical records.
- Selling or marketing insurance without a license.
- Using another person's Insurance card to obtain services or prescriptions.
- Cold calling patients to sell medical equipment and pain creams.
- Paying marketing company for referrals to Substance Use Treatment centers.
- A company unrelated to IHA uses IHA logo in phishing email.

FWA Laws you should know

False Claims Act

Criminal Health Care Fraud Statute

Anti-Kickback Statute

Physician Self-Referral Law (Stark Law)

Whistleblowers and Whistleblower Protections

Recent Example: Operation Brace Yourself

Prevention: Your Role

It is the responsibility of every IH employee, contractor, and consultant to refer cases of suspected Fraud, waste and abuse to the SIU.

Remember: this is a requirement in the Code of Ethics.

- Failure to report FWA is subject to disciplinary action up to and including termination.
- The Non-Retaliation and non-intimidation standards apply to all reports made in good faith, without malicious intent, which do not violate the law.

Prevention

Check YOUR OWN Medical Information……members receive an Explanation of Benefits (EOB) form after medical services are rendered:

- Were you charged for any medical services or equipment that you did not get?
- Does the date of service and procedure billed look unfamiliar?
- Were you billed for the same thing twice?
- Were you billed or have you received any collection notices for medical services or equipment you did not receive?

Be Attentive and Report

Directly to SIU

Email

SIU@independenthealth.com

Directly to any member of SIU via email

Siebel

Bucket “SIU”

Phone

Directly to any member of SIU via phone.

SIU Confidential FWA Hotline

1-800-665-1182

All reports made to SIU will be treated to protect confidentiality to the best extent possible.

Third Party Reporting

Compliance Hotline

Anonymous and Confidential

Phone:

1-877-229-4916

Online:

www.reportit.com

Username: IHA

Password: redshirt

IF you SEE something, SAY something!

Questions?

Enterprise Risk Management (ERM)

> **The biggest risk is not taking any risk... In a world that's changing really quickly, the only strategy that is guaranteed to fail, is not taking risks.**
>
> **– Mark Zuckerberg**

- Strives for a holistic view of risks at Independent Health
- Ideally risk awareness is simply woven into the fabric of the company, not a separate task
- Risk discussion is key
  - Think "what could go wrong?" but also "what could go right?"
  - Involve the right people in decision making
  - Eliminate blind spots
- Risk management is decentralized at Independent Health, **we are all responsible!**

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Enterprise Risk Management (ERM)

- ERM acts as an advisor/consultant to the business
- There is focus on value creation & value preservation in everyday business transactions
- Integrate risk best practices into business functions
- ERM can perform risk assessments, quantifications, monitoring & reporting
- Provide risk awareness & education (like today!)
- Ask challenging questions

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What type of risks are we talking about?

Think: *longevity of the company*

SINGLE PAYER

Think: *what's around the corner?*

DRONES

Think: *day-to-day, tactical*

VENDOR MANAGEMENT

Think: *specific effects of the pandemic*

WORK FROM ANYWHERE

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Enterprise Risk Management (ERM)

Keep me in mind!

Andrea Tomczyk

Risk Office

X 3601

Building Location: 150 Essjay

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Questions?

Compliance and You!

So….Why do we have a compliance program?

- It's good business practice.
- It's required by the following regulatory bodies who monitor our effectiveness in periodic external audits and examinations:
  - Centers for Medicare & Medicaid Services (CMS)
  - Office of Inspector General (OIG)
  - NYS Department of Health (DOH)
  - Federal Sentencing Guidelines
  - NYS Department of Financial Services (formerly the DOI)
  - Office of Medicaid Inspector General (OMIG)
- It increases awareness in an ever-changing regulatory environment
- It protects our brand and corporate reputation
- It allows us to live up to our customers' expectations
- **It helps prevent Fraud, Waste, and Abuse**
- It helps our organizational resiliency

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Seven Elements of an Effective Compliance Program

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Compliance and You!

So….Why are <u>You</u> here today?

2nd Element

Compliance is Everyone's Responsibility

As an Independent Health associate you should know:

- Who is in Compliance;
- Why Compliance is important;
- How to Report:
  - Suspected or actual non-compliance;
  - Receipt of Gifts; or
  - Potential Conflicts of Interest.
- Where to locate:
  - Corporate and Department Policies
  - The Code of Conduct

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Compliance Department

Who We Are…

1st Element

Risk & Compliance Committee of the Board of Directors
Patricia Smith

President & CEO
Dr. Michael Cropp

EVP & General Counsel
John Mineo

Chief Compliance Officer
Nicole Britton

Medicare Compliance Manager
Rachelle Roberts

Program Manager, Corporate and Affiliate Compliance
Carolyn Kosinski

Program Manager, Regulatory Compliance
Aaron Bakewell

Compliance Specialist
Toni Zappia

Compliance Monitoring Specialist
Allison Wiegand

Administrative Assistants
Darlene Craig

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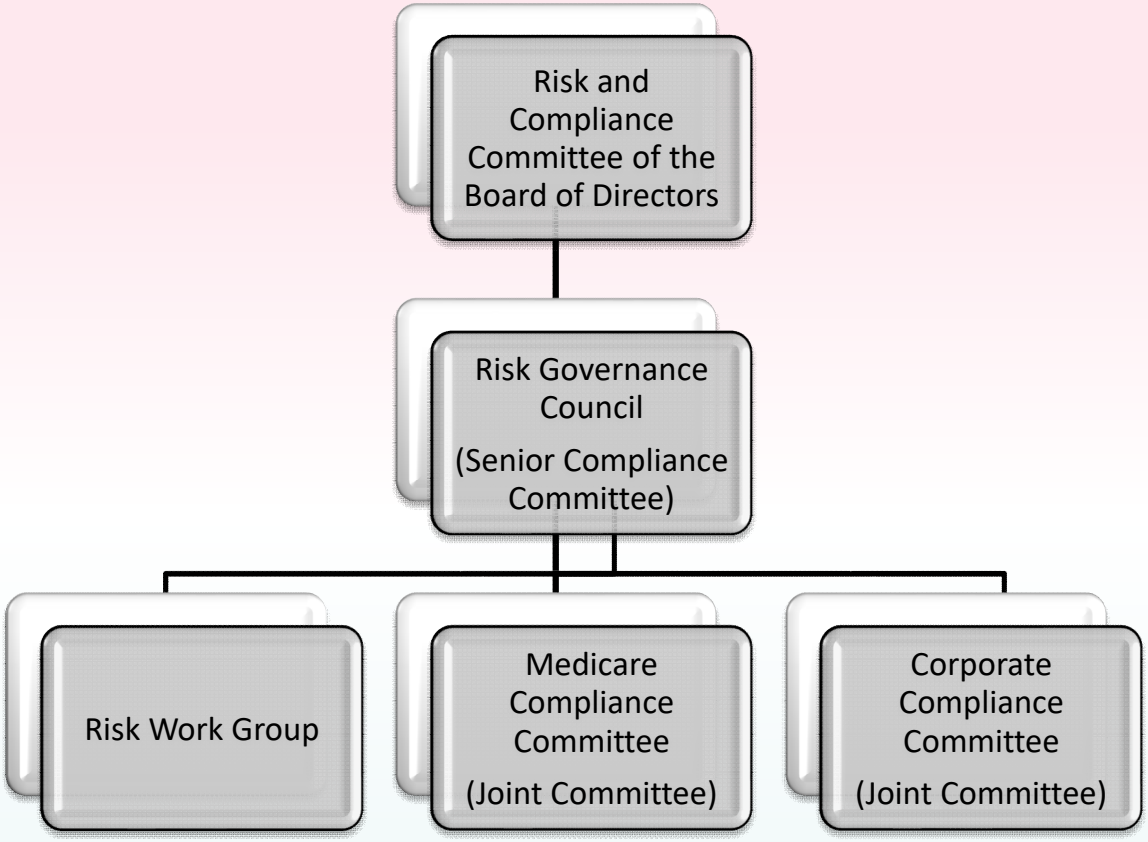
Compliance Committee

Who Oversees Compliance…

1st & 4th Element



Compliance Department Responsibilities

What We Do For You…

- Oversee Corporate and Government Compliance Programs, evaluate compliance/regulatory issues within the organization and ensure associate engagement with Independent Health's Code of Conduct and Ethics.

- Assure compliance with federal and state regulations including:
  - Health Insurance Portability and Accountability Act (HIPAA);
  - Affordable Care Act;
  - Medicaid/Medicare;
  - False Claims Act, Anti Kickback Statute, Stark Law;
  - Department of Financial Services/Department of Health (DOH);
  - Office of Inspector General (OIG) regulations;
  - Office of Medicaid Inspector General (OMIG) regulations.

- Perform periodic compliance risk assessments, audits and training.
  - Compliance risk assessments are key in developing an effective strategy for monitoring, auditing and oversight of regulatory requirements. See the *Compliance Program Risk Assessment Policy (A20140128001)* for more information on how compliance risk areas are identified (external/internal audit, self-evaluation) and how evaluated / scored.

- Respond and investigate concerns received via the Compliance Hotline.

- Manage and organize audits conducted by state and federal regulatory agencies.

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Compliance and You!

What You Do For Us…

See something….Say Something!

Did You Know Reporting…..

- Is a **requirement** under the Code of Conduct and Ethics?
- May be made verbally, in writing, or through ReportIt?

Once a Report is Received…..

- Investigations are managed by Independent Health Departments of:
  - Compliance;
  - Special Investigations Unit (SIU);
  - Human Resources; and/or
  - Information Risk Office.

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Compliance and You!

How You Can Reach Us…

3rd Element

- Reports can be made directly to:
  - Any Manager / Supervisor;
  - Any Compliance Representative; and/or
  - The Chief Compliance Officer (x4874)
- Compliance Mailbox:
  - compliance@independenthealth.com
- Internal Compliance Phone:
  - 716-504-3233 or x3233
- 24/7 Third-Party Anonymous & Confidential Compliance Helpline
  - Phone: 1-877-229-4916
  - Online: https://reportit.com (Username: IHA / Password: redshirt

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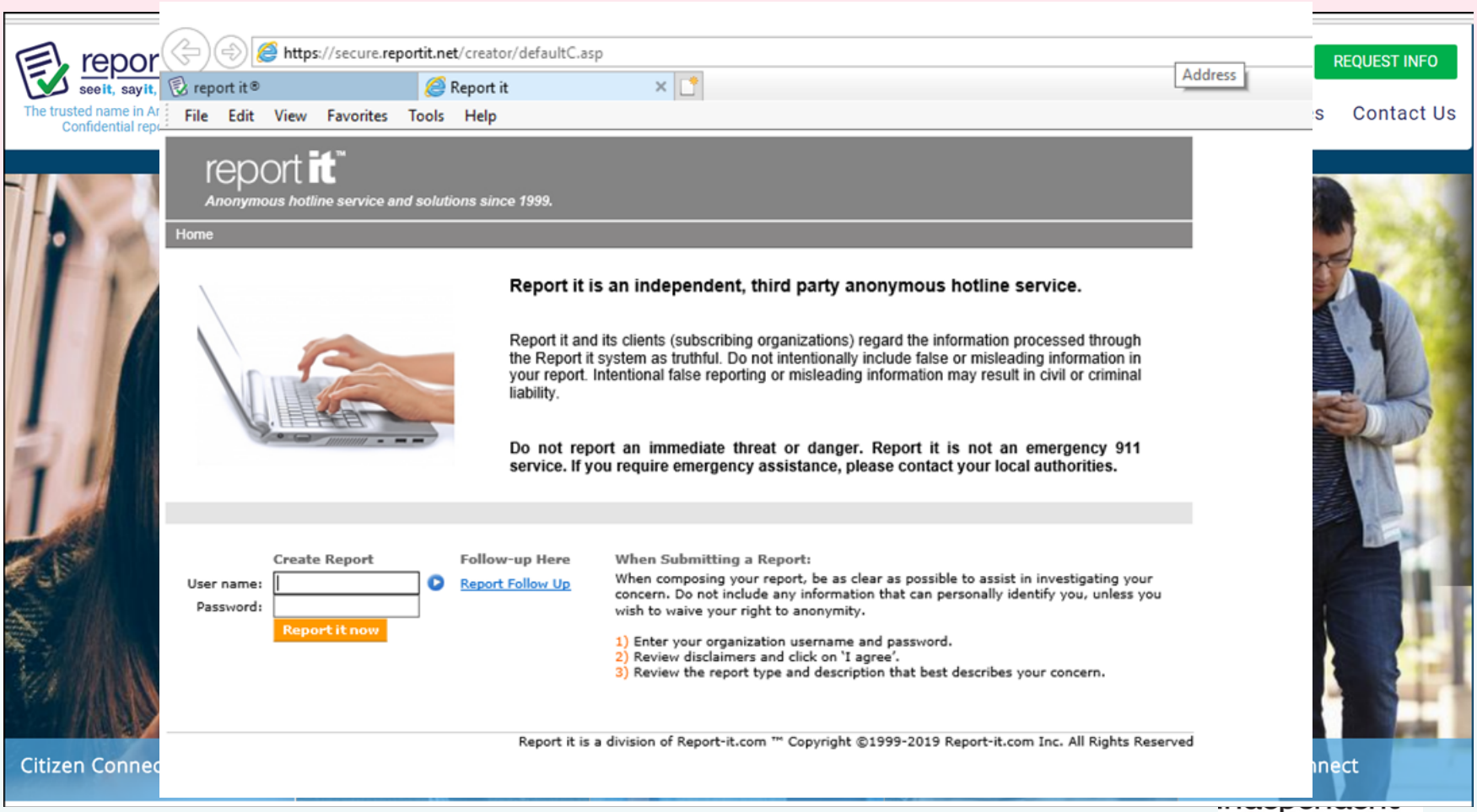
- **Username: IHA**
- **Password: redshirt**

Phone: 1-877-229-4916

URL:https://reportit.com/



Compliance and You!

Retaliation and Intimidation are Strictly Prohibited!

- It is Corporate's policy (Non-retaliation and Non-intimidation Whistleblower Policy) that any Individuals
  - Making good faith reporting of potential or actual wrong-doing, misconduct, fraud, waste, abuse or other issues/concerns, and/or
  - Participating in good faith in the compliance program through investigating issues, self-evaluations, audits, remedial actions are **protected against retaliation and intimidation.**

- Monitoring for compliance with this policy occurs and any retaliation against a reporter / participant or intimidation intended to prevent someone from making a report or participating will be **subject to disciplinary action**.
- All concerns about possible retaliation, intimidation or harassment should be immediately reported to the Compliance Department, Legal Department or Human Resources.

***WE** have anonymity and/or confidentiality to the best extent possible.*

Citation: Sections 740 and 741 of New York State Labor Law

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Compliance and You!

Our Responsibility To You…

5th & 6th Element

- **Respond Promptly to All Compliance Concerns Raised**
  - Via Report, Self-evaluation, and/or Audit.

- **Take Corrective Action**
  - To identify what occurred,
  - Quantify the risks,
  - Understand the root cause of a problem, and
  - Develop a plan to fix the issue, become compliant and prevent reoccurrence.

See the Non-Compliant Issue Reporting and Corrective Action Policy (A20131011088) for additional information.

- **Enforcing Standards Through Well-Publicized Disciplinary Guidelines**
  - Compliance ensures there is a standard procedure for recommending corrective action (retraining/coaching, disciplinary) and enforcement actions as a result of non-compliance.

See the Corrective Action/Progressive Discipline Policy (A040628200) and Compliance, Privacy and Security Event Scoring Policy (A20140303001) for additional information.

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Compliance and You!

So….How do You know what to do?

7th Element

- **InsideIH**
  - Independent Health Policy Library
  - Conflict of Interest & Gift Reporting Forms
- **Code of Conduct & Ethics**
  - Demonstrates how we address everyday activities and unexpected situations and outlines expected practices and conduct.
  - Addresses our compliance program and regulatory requirements, which all associates are expected to meet in their roles.
  - Aligns to our core values: passionate, caring, trustworthy, respectful, collaborative, and accountable; which all associates are expected to uphold.
  - Shows our commitment to a culture of ethical conduct.
  - Ensures the best possible experience for our members, providers, business partners, and associates.
- **Associate Handbook**

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Medicaid Information

Refunding and Overpayments

- If a person receives funds under Title XIX of Medicaid *which they are not entitled to,* this is called an **"overpayment"**
- *Keeping* an overpayment *more than 60 days after* it is identified could be a violation of the **False Claims Act**
- If an overpayment is identified, it **must** be reported and repaid to New York State
- To report a suspected or identified overpayment:
  - Follow the Reporting and Returning Overpayment Policy (A20150512027) in the Policy Library.

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Medicaid Information

Report Medicaid Compliance Issues

If compliance issues are discovered that need to be reported, contact:

- Office of the Medicaid Inspector General (OMIG)
- New York State Department of Health (DOH)
- IH SIU and Compliance Departments
- State Product Operations

- Suspected Fraud: Report to BMFA@OMIG.NY.GOV
- Other Medicaid Issues: Report to representatives of the DOH

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Attestation….

- You must complete an attestation which:
  - Affirms your receipt and review of the Code of Conduct and Ethics,
  - Confirms your willingness to adhere to Independent Health's expectations for participating in the compliance program,
  - Serves as proof of completion of training.
- Workday Task in your Inbox

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Questions?

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Thank You!

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