

## **Policy and Procedure: *Corporate Compliance***

### **Topic: Standards of Conduct**

#### **Purpose:**

**Long Island Consultation Center** is committed to conducting its business ethically and in conformance with all Federal and State laws, regulations, interpretations thereof, and its Standards of Conduct. To support this commitment, **Long Island Consultation Center** will maintain and update as appropriate written Standards of Conduct to provide guidance on employee and organizational responsibilities related to compliance. The Standards of Conduct document serves as a foundational document that describes the Organization's fundamental principles, values, and commitment to conduct its business in an ethical manner.

For purposes of this Policy, the term "Affected Individuals" includes:

Staff at All levels

Fee-for-Service Staff

Contractors

Agent(s)

Subcontractor(s)

Independent Contractor(s)

Governing Body Member(s)

Executives and Corporate Officer(s)

This Standards of Conduct shall be made available in electronic format on the external web site as well as internally.

#### **Policy:**

It is the Policy of **Long Island Consultation Center** to develop, maintain, and update as appropriate written Standards of Conduct to provide Affected Individuals with guidance on requirements for conduct related to employment, contract, association, or appointment by **Long Island Consultation Center**.

#### **Regulatory Reference:**

Social Service Law 363-D  
18 NYCRR Part 521

#### **Procedures:**

1. The Compliance Officer is responsible for the development and periodic update of **Long Island Consultation Center's** Standards of Conduct.
2. The Standards of Conduct will be reviewed at least annually as part of the review of the Compliance Plan and Compliance Program Policies and Procedures.
3. The Compliance Committee and the Board of Directors will be responsible for oversight and final approval of the Standards of Conduct.
4. The Standards of Conduct will be written at a basic reading level, avoiding complex language and legal terminology.

5. The Standards of Conduct will communicate the expectation that all Affected Individuals will act in accordance with the Standards of Conduct, that they must refuse to participate in unethical or illegal conduct, and that they must report any unethical or illegal conduct to the Compliance Officer.
6. The Standards of Conduct will address specific areas of potential fraud or similar wrongdoing (e.g., claims development, submission processes, and coding).
7. The Standards of Conduct will address critical areas such as compliance with laws and regulations, key human resource practices, conflicts of interest, proprietary rights, confidentiality, recordkeeping, service provision, reimbursement practices, fair dealing, gifts and kickbacks, the Organization's risk areas, and its measures to prevent fraud, waste, and abuse.
8. The Standards of Conduct will communicate the responsibility of Affected Individuals to report suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program and **Long Island Consultation Center's** policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as "compliance concerns" for purposes of this Policy) directly to the Compliance Officer or other management personnel.
9. The Organization's confidential reporting and non-retaliation/non-intimidation policies will be referenced and included as part of the Standards of Conduct for the purpose of encouraging communication and the reporting of potential non-compliance.
10. The Standards of Conduct will provide written guidance on how Affected Individuals may report actual or suspected compliance concerns without fear of retribution, retaliation, or intimidation to the Compliance Officer through a confidential and/or anonymous mechanism that bypasses Management.
11. The Standards of Conduct will include a description of disciplinary mechanisms utilized by the Organization and the procedures for addressing disciplinary actions.
12. **Long Island Consultation Center's** Standards of Conduct and Compliance Plan will be provided to all Affected Individuals as defined by this Policy.
13. **Long Island Consultation Center's** Standards of Conduct and Compliance Plan will be posted on its website.
14. The Compliance Officer will ensure that all Affected Individuals, as defined by this Policy, are provided with a copy of the Compliance Plan and Standards of Conduct as part of their orientation to the Organization.
15. The Compliance Officer will ensure that each Board member is provided with a copy of the Compliance Plan and Standards of Conduct at the time of Board orientation.

16. All Affected Individuals will sign and date an Acknowledgement Form (attached to this Policy) that acknowledges: (a) receiving a copy of the Compliance Plan and Standards of Conduct, (b) reading and understanding the contents, and (c) agreeing to abide by the provisions of the documents.
17. The Compliance Officer will ensure that all Affected Individuals, as defined by this Policy, receive training annually related to the contents of the Standards of Conduct to help them understand how it applies to everyday situations. The Compliance Officer will ensure that records are maintained to document the receipt of training.
18. The Compliance Officer will include in their report to the Compliance Committee and Board of Directors the status of training, along with any recommendations for updating or improving the contents of the Standards of Conduct and/or training.
19. The Compliance Officer is responsible for investigations of possible violations of the Standards of Conduct and Compliance Program and ensuring that appropriate disciplinary action has been taken when necessary.

## **CODE OF CONDUCT: STANDARDS**

### **General Standards:**

- You must be honest and lawful in all of your business dealings and avoid doing anything that could create even the appearance of impropriety.
- You must: comply with the Code of Conduct; refuse to participate in any action you think may be possibly unethical, illegal or in violation of the Code of Conduct, a Compliance Policy and Procedure or the Compliance Program; report compliance issues and any unethical or illegal conduct to the Compliance Officer; cooperate with compliance inquiries and investigations; and work to correct any improper practices that are identified. XXXX expects and requires your good faith participation in the Compliance Program.
- Acts of retaliation or intimidation for good faith reporting of any suspected violation of, or for other good faith participation in, the Compliance Program will not be tolerated and are themselves a violation of the Compliance Program. For ***more information***, see the Non-Retaliation, Non-Intimidation Policy.

### **Standards Related to Quality of Care/Credentialing/Medical Necessity**

- Staff are required to protect and promote the rights of all patients, including but not limited to, the right to participate in all decisions about their own care and treatment.
- All staff must ensure that patient care conforms to acceptable clinical and safety standards.

- All professional staff associated with LICC will be properly licensed, certified and/or registered as required by applicable laws, rules and regulations. LICC will take steps on a regular basis to monitor and ensure such compliance.
- In addition to the general credentialing process, LICC will confirm the identity and determine the exclusion status of all Affected Individuals. In doing so, we will review the following State and Federal databases at least every thirty (30) days: (a) the OMIG Exclusion List; (b) the U.S Department of Health and Human Services Office of Inspector General's (the "OIG") List of Excluded Individuals and Entities (c) the General Services Administration's System for Award Management. Our Contractors are also required to comply with these requirements. The results of such checks will be promptly shared with the Compliance Officer and other appropriate compliance personnel.
- The Directors will be responsible for overseeing quality of care issues. In consultation with quality improvement personnel, the Compliance Officer (or his or her designee(s)) will ensure that quality assurance reviews are conducted, issues are addressed, and corrective actions are implemented.
- LICC will only submit claims for payment to payers for services that are medically necessary or that otherwise constitute a covered service and are consistent with the payer's applicable policies and requirements.

## **Standards Related to Coding, Billing and Documenting Services**

- LICC will comply with the coding, billing, documentation and submission rules and requirements of all of its payers, including government payers such as Medicare and Medicaid, and commercial payers, as well as all applicable Federal and State laws, rules and regulations governing the coding, billing, documentation and submission of claims. ***For more information, see the Billing Policies.***
- LICC is committed to preparing accurate claims, consistent with such requirements. All coding, billing and documentation of services must be accurate and truthful.
- Specifically, among other rules, we follow 18 NYCRR § 521-1.3(d):
- **Risk areas**. The compliance program shall apply to the required provider's risk areas, which are those areas of operation affected by the compliance program and shall apply to: (1) billings; (2) payments; (3) ordered services; (4) medical necessity; (5) quality of care; (6) governance; (7) mandatory reporting; (8) credentialing; (9) contractor, subcontractor, agent or independent contract oversight; (10) other risk areas that are or should reasonably be identified by the provider through its organizational experience.
- Staff may never misrepresent charges or services to or on behalf of the government, a patient or a payer. False statements, intentional omissions or deliberate and reckless misstatements to government agencies, payers or others will expose those involved to disciplinary action. One example is that no Affected Individual will knowingly engage in any form of upcoding of any service in violation of any law, rule, regulation or requirement. Among other things, any Affected Individual involved in such activities is subject to potential termination of employment or contract, and potential criminal and civil liability.

- Billing codes - including CPT, HCPCS and ICD diagnostic codes - should never be selected on the basis of whether the given code guarantees or enhances payment. Rather, only those codes that correspond to the actual service rendered and documented should be selected.
- Only those services that are consistent with accepted standards of care may be billed. In this regard, billing and coding must always be based on adequate documentation of the justification for the service provided and for the bill submitted, and this documentation must comply with all applicable requirements.
- We also comply with all associated and applicable Federal and State laws, rules and regulations that relate to the coding, billing and documentation of services including, but not limited to those concerning: the ordering of services; waiving coinsurance or other patient financial responsibility amounts; providing professional courtesy to physicians or their families; obtaining Advance Beneficiary Notices from Medicare patients for non-covered services; and gathering insurance information from patients.
- In accordance with **Federal and New York State law**,<sup>1</sup> the Agency provides to all Affected Individuals a detailed description of: (i) the Federal False Claims Act (see False Claims Act section of the LICC Compliance Policy); (ii) the Federal Program Fraud Civil Remedies Act (see <https://www.ecfr.gov/current/title-41/subtitle-C/chapter-105/part-105-70> ); (iii) State civil and criminal laws pertaining to false claims (see False Claims Act Section of the LICC Compliance Policy); and (iv) the whistleblower protections afforded under such laws. LICC also provides Affected Individuals with detailed provisions regarding our policies and procedures for detecting and preventing fraud, waste, and abuse.

## Standards Relating to Business Practices

- All business records must be accurate, truthful and complete, with no material omissions.
- LICC will forego any business transaction or opportunity that can only be obtained by improper or illegal means, and will not make any unethical or illegal payments to induce or reward the use of our services.
- No Affected Individuals will engage, either directly or indirectly, in any corrupt business practices intended to influence the manner in which the Agency performs services, or otherwise engages in business practices.

## Patient Referrals/Marketing Activities

- In general, Federal and State anti-kickback laws prohibit offering, paying, soliciting or receiving any remuneration to induce or reward referrals of items or services that are reimbursed by a Federal health care program (including, but not limited to, Medicare and Medicaid). This includes the giving of any form of

remuneration, including virtually anything of value, in return for a referral. The decision to refer patients is a separate and independent clinical decision made by physicians or other appropriate licensed practitioners. In certain situations, there may be exceptions and/or “safe harbors” to the anti-kickback laws. LICC does not offer, pay, solicit or receive remuneration to or from physicians, or anyone else, either directly or indirectly, for patient referrals, in violation of applicable laws, rules and/or regulations. **Please see the Anti-Kickback Policy within the LICC Compliance Manual.**

- All marketing activities and advertising by Affected Individuals must be truthful and not misleading, must be supported by evidence to substantiate any claims made and must otherwise be in accordance with applicable laws, rules and regulations. In this regard, our best “advertisement” is the quality of the services we provide. You should never disparage the service or business of a competitor through the use of false or misleading representations.
- You may not offer, pay, solicit or receive any gifts or benefits to or from any person or entity that would compromise the Agency’s integrity (or even create an appearance that the Agency’s integrity is compromised), or under circumstances where the gift or benefit is offered, paid, solicited or received with a purpose of inducing or rewarding referrals or other business between the parties, in violation of applicable laws, rules, regulations or requirements. The guiding principle is simple: Affected Individuals may not be involved with gifts or benefits that are undertaken to influence any business decision in a manner that violates the law. Cash or cash equivalents may not be given or accepted under any circumstances.

## **Mandatory and Other Reporting**

- As part of its commitment to providing high quality care and services, the Agency complies with all applicable Federal and State mandatory reporting laws, rules and regulations. To this end, the Agency will ensure that all incidents and events that are required to be reported are reported in a timely manner, and will monitor compliance with such requirements. This includes required reporting to appropriate government agencies or parties.
- LICC will also ensure its compliance with the requirement that, upon enrollment and annually thereafter, it certifies that it has met the requirements of New York Social Services Law (*i.e.*, N.Y. Social Services Law § 363-d and 18 NYCRR Subpart 521-1). Further, the Agency will provide a copy of the certification required by 18 NYCRR § 521-1.3 to each Medicaid Managed Care Organization (including managed care providers and managed long term care plans) (collectively, “MMCO”) for which it is a participating provider upon signing the participating provider agreement with the MMCO, and annually thereafter. As applicable, the Agency will also comply with other State and Federal certification requirements that are or may become applicable to it.

- LICC will ensure that all identified overpayments are timely reported, returned and explained in accordance with applicable laws, rules, regulations and requirements. For example, it is our policy to exercise reasonable diligence in identifying overpayments, not to knowingly retain any funds which are received as a result of overpayments and to report, return and explain any overpayments received from Federal health care programs (including, for example, but not limited to, Medicare and Medicaid) within 60 days from the date the overpayment is identified (or within such time as is otherwise required by law or contract). Any such monies that are improperly collected will be refunded, in accordance with applicable laws, rules, regulations and requirements, to the appropriate party at the correct address.
- Moreover, in appropriate circumstances (e.g., after an internal investigation confirms possible fraud, waste, abuse or inappropriate claims), the Agency will utilize the appropriate self-disclosure process and report, as necessary and appropriate, to the OMIG, OIG, the Centers for Medicare and Medicaid Services, or other appropriate payer/agency. In such circumstances, the Agency may consult with legal counsel or other experts, as needed.

## **Standards Relating to Confidentiality and Security**

- In compliance with Federal and State privacy laws, all Affected Individuals will keep patient information confidential and secure.
- LICC has also implemented and maintains a HIPAA Compliance Program that addresses privacy and security. All Affected Individuals must adhere to the standards of the HIPAA Compliance Program.
- Confidential information acquired by Affected Individuals about the business of the Agency must also be held in confidence and not used for personal gain, either directly or indirectly, or in any manner that violates applicable laws, rules, regulations or requirements.

## **Government Inquiries**

- It is LICC's policy to comply with applicable laws, rules, regulations and requirements, and to cooperate with legitimate government investigations or inquiries. All responses to requests for information must be accurate and complete, and must not omit any material information. Any action by Affected Individuals to destroy, alter, or change any of the Agency's records in response to a request for such records is strictly prohibited and will subject them to immediate termination of employment or contract and possible criminal prosecution, among other things.
- LICC staff may speak voluntarily with government agents, and the Agency will not attempt to obstruct such communication. It is recommended, however, that you contact the Compliance Officer before speaking with any government agents.



- LICC staff must receive authorization from the Compliance Officer before responding to any request to disclose the Agency's documents to any outside party.
- It is LICC's policy to comply with applicable laws, rules, regulations and requirements, and to cooperate with legitimate government investigations or inquiries. All responses to requests for information must be accurate and complete, and must not omit any material information. Any action by Affected Individuals to destroy, alter, or change any of the Agency's records in response to a request for such records is strictly prohibited and will subject them to immediate termination of employment or contract and possible criminal prosecution, among other things.
- It is LICC's policy to comply with all lawful directives of the DOH, OMIG or other appropriate government agencies with respect to the adoption, implementation and maintenance of our Compliance Programs pursuant to applicable laws, rules and regulations, including, but not necessarily limited to, 18 NYCRR Subpart 521-1.

## **Standards Relating to Record Retention and Access to Records**

- LICC will comply with all applicable laws, rules, regulations and requirements relating to the retention of billing and medical records including but not limited to HIPAA HITEC and Sarbanes Oxley.
- LICC will make available to the New York State Department of Health ("DOH"), the OMIG and the MFCU, upon request, all records demonstrating that we have adopted, implemented and operate an effective compliance program and have satisfied the requirements of 18 NYCRR Subpart 521. Such records will be retained by the Agency for a period not less than six (6) years from the date the program was implemented, or any amendments thereto were made, in accordance with 18 NYCRR § 521-1.3(b), or for such longer period of time as may be required by applicable laws, rules, regulations or contractual requirement.
- In order to help ensure the effectiveness of the Compliance Program, the Compliance Officer and appropriate compliance personnel will have access to all records, documents, information, facilities and Affected Individuals that are relevant to carrying out their Compliance Program responsibilities.

## **Sanction Statement:**

Non-compliance with this policy may result in disciplinary action, up to and including termination.

## **Compliance Statement:**

As part of its ongoing auditing and monitoring process in its Compliance Program, **Long Island Consultation Center** will review this policy based on changes in the law or regulations, as **Long Island Consultation Center's** practices change, and, at minimum, on an annual basis. Additionally, this policy will be tested for effectiveness on an annual basis or more frequently as identified in accordance with **Long Island Consultation Center's** Compliance Program.

Testing will include but is not limited to ensuring that the policy is appropriately followed; the policy is effective; the policy has been disseminated to all Affected Individuals, as well as notified of any updates or changes.

Tracking of the criteria above and results of this testing will be completed by the Compliance Officer, or designee. Additionally, results will be reported to the Compliance Committee and Governing Body on a regular basis.

### **Record Retention Statement:**

**Long Island Consultation Center** will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.