

CATHOLIC CHARITIES Corporate Compliance Training

What you need to know about our
Corporate Compliance Program
(including Identity Protection Training)

Revised 9/1/23



Why you are being trained

- Catholic Charities is required to have a Corporate Compliance Program. It is a condition of payment for participation in the Medicaid Program.
- You have been requested to take this training because you are an “Affected Person” of Catholic Charities. This is defined as all persons affected by Catholic Charities’ risk areas. These include our employees, chief executives and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, governing body and corporate officers.



By the end of this training, you should know about:

1. Our risk areas and organizational experience
2. Our written compliance policies and procedures
3. The role of the Compliance Officer and Compliance Committee
4. How affected individuals can ask questions and report potential compliance related issues to the Compliance Officer and senior management, including the obligation to report suspected illegal or improper conduct
5. Being protected from intimidation and retaliation for good faith participation in the Compliance Program
6. Disciplinary standards related to the compliance program and prevention of fraud waste and abuse

Continued



7. How Catholic Charities responds to compliance issues and implements corrective action
8. Where to get information regarding the requirements related to the Medicaid Program including coding, billing requirements, best practices, claim development and the submission process
9. What red flags are related to fraud, waste, and identity theft and how to participate in the Identity Protection Program
10. Your responsibilities for the Corporate Compliance Program and the Identity Protection Program.

Catholic Charities' Commitment to Quality

REMEMBER: Our success with compliance reflects how we care and value our clients and their right to quality care.





Exclusion Checks

- On a monthly basis, our Agency performs exclusion checks on affected persons using the following internet websites:
 - <https://exclusions.oig.hhs.gov/> (the United States Department of Health and Human Services, Office of Inspector General's ["OIG"] List of Excluded Individuals/Entities);
 - <https://www.sam.gov/content/exclusions> (the General Service Administration's System for Award Management); and
 - <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions> (the New York State Medicaid Exclusions List, available on the New York State Office of the Medicaid Inspector General's ["OMIG"] website).

VENDORS

Exclusion checks are also done on Vendors monthly.

In addition, they are also required to comply with our Compliance Program if they are involved in any of our risk areas.



Risk Areas

Our risk areas include the following:

- Billings
- Payments
- Ordered Services
- Medical Necessity
- Quality of Care
- Governance
- Mandatory Reporting
- Credentialing
- Contractor, subcontractor, agent or independent contract oversight, and
- Other risk areas that are or should be known through our organizational experience.

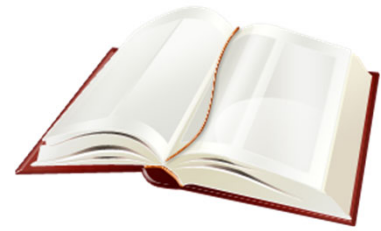


Organizational Experience means...



- “(i) knowledge, skill, practice and understanding in operating its compliance program;
- (ii) identification of any issues or risk areas in the course of its internal monitoring and auditing activities;
- (iii) experience, knowledge, skill, practice and understanding of its participation in the MA program and the results of any audits, investigations, or reviews it has been the subject of; or
- (iv) awareness of any issues it should have reasonably become aware of for its category or categories of service.”

We Have Written Policies and Procedures



That:

- (i) articulate our commitment and obligation to comply with all applicable federal and state standards.
- (ii) describe compliance expectations as embodied in standards of conduct. The standards of conduct describe our fundamental principles and values, and commitment to conduct its business in an ethical manner.
- (iii) describe the structure of the compliance program, including the responsibilities of all affected individuals in carrying out the functions of the compliance program.

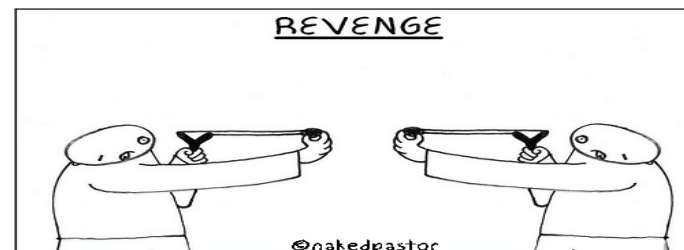
We Have Written Policies and Procedures (Continued)



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- (iv) provide guidance to affected individuals on dealing with potential compliance issues. Such as:
 - (a) assisting affected individuals in identifying potential compliance issues, questions and concerns, setting forth expectations for reporting compliance issues, and explaining how to report such issues, questions, and concerns to the compliance officer; and
 - (b) establishing 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.
- (v) identify the methods and procedures for communicating compliance issues to the appropriate compliance personnel.
- (vi) describe how potential compliance issues are investigated and resolved by the required provider and the procedures for documenting the investigation and the resolution or outcome.

Policy of Non-Intimidation and Non-Retaliation



- (vii) “include a policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including, but not limited to:
- (a) reporting potential compliance issues to appropriate personnel;
 - (b) participating in investigation of potential compliance issues;
 - (c) self-evaluations;
 - (d) audits;
 - (e) remedial actions;
 - (f) reporting instances of intimidation or retaliation; and
 - (g) reporting potential fraud, waste or abuse to the appropriate State or Federal entities.”

No Retaliation –Whistleblower Policy



- The Compliance Program prohibits intimidation and retaliation in any form against any personnel who in good faith reports possible unethical or illegal conduct.
- Anyone found to participate in retaliation will be subject to discipline up to and including termination.



Policy and Procedure: “Compliance with Applicable Federal and State False Claims Acts:

- Contains an overview of laws regarding False Claims and Whistleblower Protections.



- Both the Federal and State Governments make it a crime to provide false information to the government. Both the Agency and the employees may be held responsible.
- The Agency only permits complete truthfulness and transparency when dealing with governmental agencies.
- The Policy may be found on the Helping Hand website under compliance.





No Retaliation Ever!!!



- Beware! Even subtle changes in behavior can be perceived as retaliation.
- Individuals can be held personally liable and subject to fines and criminal penalties including prison.
- We need to take action to ensure that necessary changes are made.
- Do not investigate on your own.
- Those who bring issues to management's attention should be praised.

Enforcing Standards through Well-Publicized Disciplinary Standards



Individuals who committed substantiated violations of the Code of Conduct or non-compliance with relevant laws, regulations, and Agency policies will be subject to discipline, up to and including termination.

Compliance Officer's Primary Responsibilities:



- (i) overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness;
- (ii) drafting, implementing, and updating a compliance work plan no less frequently than annually or, as necessary, to conform to changes to Federal and State laws, rules, regulations, policies and standards. The work plan shall outline the required provider's proposed strategy for meeting the requirements of this section for the coming year,
- (iii) reviewing and revising the compliance program, the written policies and procedures and standards of conduct, to incorporate changes based on the required provider's organizational experience and promptly incorporate changes to Federal and State laws, rules, regulations, policies and standards;

Compliance Officer's Primary Responsibilities (con't)

- (iv) reporting directly, at least quarterly, to our governing body, chief executive, and compliance committee on the progress of adopting, implementing, and maintaining the compliance program;
- (v) assisting in establishing methods to improve the required provider's efficiency, quality of services, and reducing the required provider's vulnerability to fraud, waste and abuse;
- (vi) investigating and independently acting on matters related to the compliance program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors and the State; and

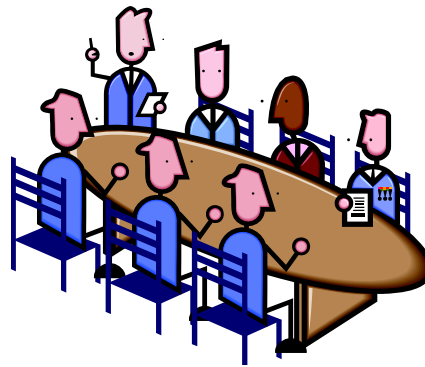


Compliance Officer's Primary Responsibilities (con't)



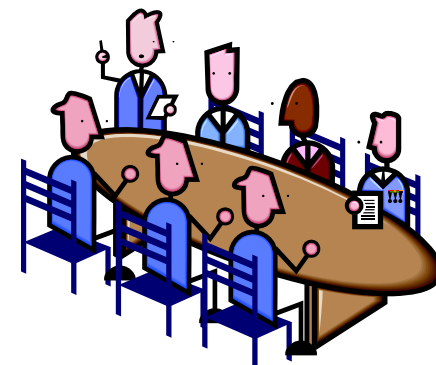
- vii. The compliance officer reports directly and is accountable to the Chief Executive Officer (and Chief Financial Officer on a day to day basis as designated by the CEO). The Compliance Officer has access to the governing body.
- viii. The compliance officer may be assigned other duties, provided that such other duties do not hinder the compliance officer in carrying out their primary responsibilities.
- ix. Our Agency ensures that the compliance officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the compliance program based on our risk areas and organizational experience.
- x. Our Agency ensures that the compliance officer (and appropriate compliance personnel) have access to all records, documents, information, facilities and affected individuals that are relevant to carrying out their compliance program responsibilities.

Compliance Committee



- The compliance committee is responsible for coordinating with the compliance officer to ensure that the required provider is conducting its business in an ethical and responsible manner, consistent with its compliance program.
- Their duties, responsibilities, membership, designation of a chair and frequency of meetings are outlined in a compliance committee charter.

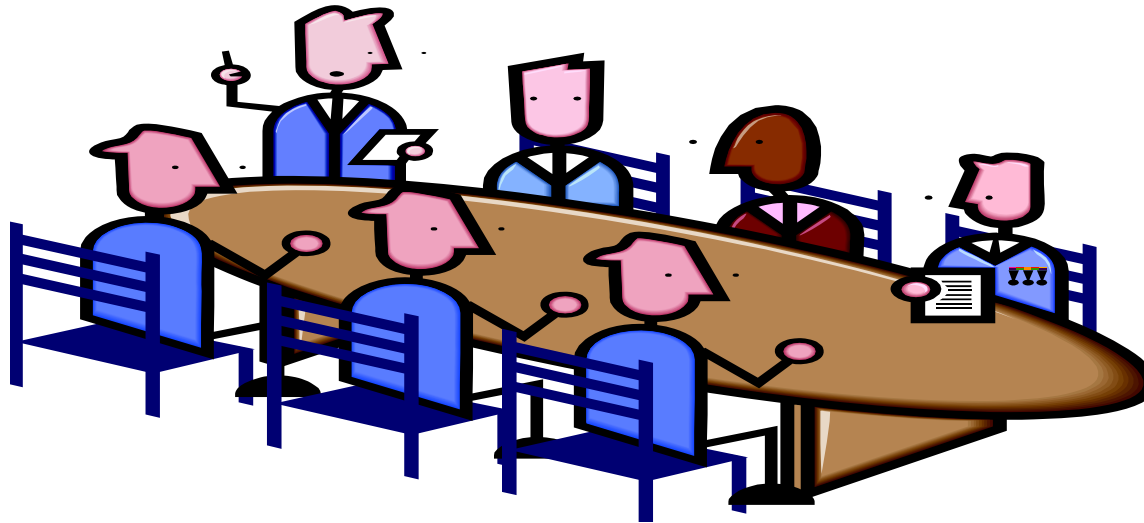
Responsibilities of Compliance Committee



1. “The compliance committee’s responsibilities shall include:
 - (i) coordinating with the compliance officer to ensure that the written policies and procedures, and standards of conduct are current, accurate and complete, and that the training topics required are timely completed;
 - (ii) coordinating with the compliance officer to ensure communication and cooperation by affected individuals on compliance related issues, internal or external audits, or any other function or activity;
 - (iii) advocating for the allocation of sufficient funding, resources and staff for the compliance officer to fully perform their responsibilities;
 - (iv) ensuring that the required provider has effective systems and processes in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues; and
 - (v) advocating for adoption and implementation of required modifications to the compliance program.

Compliance Committee

- (2) Membership in the committee shall, at a minimum, be comprised of senior managers. The compliance committee shall meet no less frequently than quarterly and shall, no less frequently than annually, review and update the compliance committee charter.
- (3) The compliance committee shall report directly and be accountable to the required provider's chief executive and governing body."



How to ask questions and report compliance related issues



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As an Affected Person, you have an obligation to report suspected illegal or improper conduct and are protected from intimidation and retaliation for good faith participation in the compliance program;

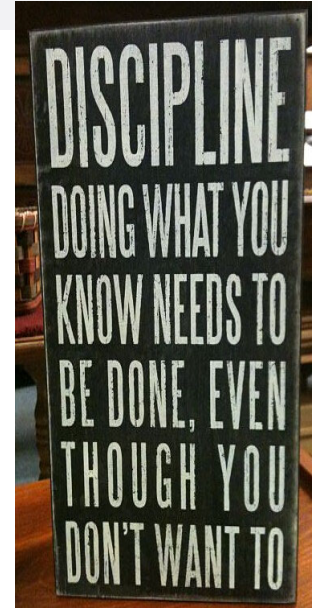
If you have questions or wish to make a report, please contact your supervisor or the Compliance Officer, Julia Bruno. She may be reached at 516-733-7093 or via email, Bruno.Julia@catholiccharities.cc .

For Anonymous Reporting: Call our dedicated voice-mail, “Compliance Helpline” (516-733-7029), or

By filing Compliance Reporting Forms which may be obtained on the Helping Hand website.

PLEASE NOTE: Catholic Charities does not tolerate intimidation or retaliation against anyone making a good faith report of a compliance issue.

Disciplinary Standards Related to the Compliance Program and the Prevention of Fraud Waste and Abuse



Our Agency has established disciplinary standards and procedures for the enforcement of such standards to address potential violations and encourage good faith participation in the compliance program by all affected individuals. In developing and enforcing its disciplinary standards, the required provider shall meet the following requirements:

- (1) These standards have been published and made available to all affected individuals through Helping Hands or our website, and
- (2) The disciplinary standards are enforced fairly and consistently, and the same disciplinary action is applied to all levels of personnel.

Per 521-1.4(f)

How the Required Provider Responds to Compliance Issues and Implements Corrective Action Plans



Our Agency has established and implemented procedures and systems for promptly:

- responding to compliance issues as they are raised,
- investigating potential compliance problems as identified in the course of the internal auditing and monitoring conducted,
- correcting such problems promptly and thoroughly to reduce the potential for recurrence, and
- ensuring ongoing compliance with State and Federal laws, rules and regulations, and requirements of the MA program.



Investigation Procedures

In developing our system for responding to compliance program issues, we have included the following procedures:

- (1) Upon the detection of potential compliance risks and compliance issues, whether through reports received, or as a result of the auditing and monitoring conducted, the Agency shall take prompt action to investigate the conduct in question and determine what, if any, corrective action is required, and likewise promptly implement such corrective action.
- (2) The Agency shall document its investigation of the compliance issue which shall include any alleged violations, a description of the investigative process, copies of interview notes and other documents essential for demonstrating that the required provider completed a thorough investigation of the issue. Where appropriate, the Agency may retain outside experts, auditors, or counsel to assist with the investigation.



Investigation Procedures

- (3) The Agency shall document any disciplinary action taken and the corrective action implemented.
- (4) If the Agency identifies credible evidence or credibly believes that a State or Federal law, rule or regulation has been violated, the required provider shall promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule or regulation. The compliance officer must receive copies of any reports submitted to governmental entities.

Responding to Detected Offenses and Developing Corrective Action Initiatives

- Violations related to fraud, waste, abuse, financial matters, HIPAA and identity protection must be reported to the Acting Compliance Officer.
- All other matters must be reported to Human Resources.





Investigations



Either Human Resources or the Acting Compliance Officer will oversee the investigation and develop a plan of corrective action in conjunction with management.

We must never allow a detected offense
to go uncorrected.

Medicaid and Billing Procedures



FOR:

- Requirements specific to the MA program and your program's category or categories of service;
- Coding and billing requirements and best practices, if applicable; and,
- Claims development and the submission process, if applicable.

If your program bills Medicaid and Medicare, there are specific requirements for your program. Please consult with your supervisor for details.

Billing, Coding, and Providing Services



- Billing is considered a high risk for the Agency because of the potential consequences if it is not done right. We want to prevent receiving improper payments, or in other words, receiving money for which we are not legally entitled.
- Billing and coding must be done 100% correctly. There is no room for error.
- That means that there must be checks and balances in place to assure that the Billing Department will only bill for services that have all the requirements for billing in place. This includes a service rendered in accordance with Federal and State regulations with supporting documentation in the form of assessments, treatment plans, progress notes, etc.
- Suspend billing if for any reason it does not comply with the program and billing requirements.

Commit to be Careful!



- The only obstacle to billing correctly is for the provider and the checker to be careless in the duties.
- Please commit to do your work carefully.

Auditing and Monitoring

- We must insure that we are compliant by continually doing self-audits and monitoring. Do you check your own work?
- This includes a system to routinely identify compliance risk areas.





Catholic Charities' Is Committed to:



Good Stewardship: Our success with compliance also protects the Agency against fraud, waste, and abuse.

**To successfully combat
fraud, waste, and abuse,
We need you to participate!**



What is Fraud?

According to Black's Law Dictionary:

All various “means which human ingenuity can devise and which are resorted to by one individual to get advantage over another by false suggestions or suppression of the truth, and includes all surprise, trick, cunning, or dissembling, and any unfair way by which another is cheated.”

Elements of Fraud



To constitute fraud, a situation must have the following four elements:

- A material false statement is made.
- The statement is made knowing that it is false.
- The victim believes it.
- Damages result to the victim as a result.

(Taken and rephrased from notes of "Designated Risk Manager Information Forum" presented by the Diocese of Rockville Centre on February 9-10, 2000)

Signs Indicating Possibility of Fraud Related to Internal Controls



- Failure to follow internal controls
- Weak internal controls
- Circumventing of control procedures
- Bending or breaking of rules
- Policies and procedures not followed
- Overriding internal controls
- Resistance during internal audits
- Attempting to control the direction of an internal audit

Signs Indicating Possibility of Fraud Related to Internal Controls



**In fraud situations,
there is always an excuse given
for not following the rules!**

Signs Indicating Possibility of Fraud Related to Work Habits



1. Bad Attitude
2. Never able to complete job requirements (always has an excuse)
3. Fails to communicate with supervisor and counts on supervisor not supervising
4. Hiring of friends and relatives
5. Failure to document fully
6. Lies
7. Never takes a vacation
8. Complains about work

Signs Indicating Possibility of Fraud Related to Work Habits



9. Works overtime regularly
10. Not making timely bank deposits
11. Hiding or destruction of possible evidence
12. Missing documents
13. Handwritten/PC generated receipts
14. Rewriting of records
15. Forged signatures that do not match

Signs of Fraudulent Purchases

- Purchases unnecessary items
- Authorizes or encourages non-competitive awards to particular vendors
- Manipulates bidding process
- Unnecessary middleman
- High prices
- High volume purchases
- Low quality of service or product
- Favors particular vendors
- Excusing non-performance of vendor
- Accepts gifts from vendors



Identity Theft:

Another Form of Fraud

- As part of the Corporate Compliance Program, we are also trying to protect the identities of both our service recipients and our employees.
- **"Red flag"** means a pattern, practice, or specific activity that indicates the possible existence of identity theft. The policy entitled, "Identity Theft Prevention Program" contains a list of potential identity theft red flags.



To Prevent Identity Theft, Use Patient Identification Procedures



- Obtain identifying information from client or client's personal representative, including name, date of birth, address, and other identification number.
- Inspect Driver's License, passport or other government-issued photo ID of client or client's personal representative. If proof of current address is not provided, request phone bill, utility bill or other evidence of current address.

Additional Patient Identification Procedures



- Make a photocopy of patient's current health insurance, Medicare, or Medicaid card (where applicable).
- Use all other procedures necessary to verify the identity of a person opening a covered account.
- Monitor transactions made in connection with the covered account, including, but not limited to, verifying validity of change of address requests and notifications of new insurance coverage.

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Administration of the Identity Protection Program

- Julia Bruno, Acting Compliance Officer, is responsible for overseeing and implementing this Program and reports annually to the Board of Directors on the Agency's compliance with the Rule.
- Program Directors: Please inform the Acting Compliance Officer of all business associates or vendors doing business with Agency accounts so that they may implement policies and procedures to identify, prevent and mitigate identity theft.

What is Waste?



- Expenditures, consumption, mismanagement, use or squandering of resources made in a careless or thoughtless manner
- Inefficient or ineffective practices
- Systems of controls causing unnecessary costs

What is Abuse?



- “Practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost or reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards of care.”

(From website of Blue Cross Blue Shield Blue Care Network of Michigan)

- Examples:
 - Providing services that are medically unnecessary
 - Billing Medicare for services that they should not pay
 - Billing for more than services or supplies provided

What is Abuse? (Cont'd)



- “Intentional destruction, diversion, manipulation, misappropriation, maltreatment, or misuse of Agency resources. Extravagant or excessive use as to abuse one’s position or authority. Abuse can occur in financial or non-financial settings.”

(Taken from the City of San Diego Office of the City Auditor’s website: www.sandiego.gov/auditor/hotlineconst.shtml)

What to do if you Find Something?

Please contact your supervisor and the Acting Compliance Officer as soon as there is even a suspicion that something may be wrong.

Do not investigate on your own.



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OUR CODE OF CONDUCT

Promotes:

- **Honesty and lawful conduct** by all personnel and independent contractors
- **Cooperation with Compliance Program** required of all programs and personnel
- **No retaliation or intimidation** permitted against anyone who reports any issue in good faith
- **Questions and Concerns** to be raised with one's supervisor or the compliance officer

Code of Conduct is the Key to



The Code of Conduct is the key
to a successful compliance program
because it clearly articulates
Catholic Charities' commitment
to ethical behavior.
It helps define our culture.

**For more detailed information
on the Code of Conduct and the
guidelines,
please consult the Corporate
Compliance Manual on our
websites.**





Six Simple Guidelines

1. Perform your duties in a professional, courteous manner towards co-workers, service recipients, and others who deal with the Agency.
2. Create a safe and secure work environment.
3. Be a good custodian of Agency Property.
4. Maintain service recipient privacy and confidentiality.
5. Maintain Agency privacy and confidentiality.
6. Support open and prompt communication.

Business Practices



- Business practices cover business transactions, business records, cost reports, purchasing, competitive bidding, conflicts of interests, payments, gifts and hospitality.
- Follow Agency policies related to these topics.
- Do not throw away, alter or backdate records.
- Disposal of records must be in accordance with the Record Retention Policy.

Compliance Standards: Referrals

- No form of payment may be used to either obtain or give referrals.



- Payment can mean cash, services, or anything of value that is used as an inducement for the referral.

Compliance Standards

Confidentiality for client and business information



- Employees must follow Health Insurance Portability and Accountability Act (“HIPAA”) and other confidentiality laws.
- Agency confidential information must not be used for personal benefit.



Designation of Compliance Officer and Compliance Committee

- The Acting Compliance Officer is Julia Bruno (516-733-7093). She is also the Internal Auditor and HIPAA Privacy Officer.
- She oversees the day to day operations of the Compliance Program including the Helpline and addresses individual concerns.
- **Anonymous reporting may be done through our hotline: 516-733-7029.**

Compliance Manual

Every employee must:



- Acknowledge receipt of Compliance Manual.
- Be trained upon hire and annually thereafter.
- Read the Manual and agree to conduct oneself “in conformity with all of its requirements, to adhere to the spirit and letter of the Code of Conduct, and to cooperate with management in carrying out the objectives of the compliance program.”
- Agree to report any conduct by any Agency personnel that may constitute a violation of any law, rule, or regulation applicable to the Agency and its business or medical practices.

Employees: To Obtain Copies of the Compliance Manual and Policy and Procedures:

- Go to the Helping Hand or Action Center website
- Click on Corporate Compliance
- Find documents and read/print
- To fulfill your obligation for yearly training, go to the Action Center and certify your completion of training.





REMEMBER:
**Who is responsible
for compliance?**

Who is Responsible for Compliance?



Everyone!!!



THANK YOU



for

your continuing efforts in providing and supporting
high quality care to our service recipients while preventing
and detecting fraud, waste and abuse!

If you have any questions regarding this training and/or
compliance, please contact your supervisor
or the Acting Compliance Officer,
Julia Bruno, at 516-733-7093

**Congratulations
on being part of the
solution!**



Employees: To receive credit for this Corporate Compliance training, please complete the “Catholic Charities Certification of Corporate Compliance Training And Acknowledgement Of Corporate Compliance Manual” found on the Action Center website. Thank you!