E&G PROSTHETICS AND ORTHOTICS, LLC

MEDICAID COMPLIANCE PLAN

Effective December 30th , 2016

**E&G PROSTHETICS AND ORTHOTICS, LLC**

**MEDICAID COMPLIANCE PLAN**

1. **INTRODUCTION**

E&G Prosthetics and Orthotics, LLC (“E&G”) has adopted this Medicaid Compliance Plan (“Compliance Plan”) to achieve compliance with federal and state laws relating to Medicaid billing. This Compliance plan describes E&G’s procedures for detecting and preventing fraud and abuse in connection with the provision of services eligible for Medicaid and Medicaid claiming.

This Compliance Plan applies to all employees, contractors, vendors and agents of E&G involved in the provision or claiming of Medicaid eligible services (“Relevant Staff”). As is detailed within this Compliance Plan, it is the duty of all Relevant Staff to comply with the policies as applicable to their individual areas of employment or contracts.

**The Eight Elements of an Effective Compliance Plan**

As required by the New York State Office of the Medicaid Inspector General (“OMIG”), E&G’s Compliance Plan is compromised of the following core elements:

1. Written policies and procedures that describe compliance expectations
2. A designated compliance officer
3. Training and education of all affected employees and persons associated with the provider
4. Communication lines and processes for the reporting of compliance concerns
5. Enforcement and disciplinary policies and procedures to encourage good faith participation in the compliance plan
6. Monitoring and auditing systems to aid in the routine identification of compliance risk areas
7. A system for responding to, investigating, correcting and reporting compliance issues as they are raised
8. A policy of non-intimidation and non-retaliation against any person for good faith participation in the compliance plan.

The goal of the Compliance Plan is to ensure that eligible services for which E&G intends to submit claims for Medicaid reimbursement are properly documented and accurately billed. The Compliance Plan describes E&G’s procedures to detect and prevent fraud and abuse in connection with the Medicaid program. This Compliance Plan applies to Medicaid billings, Medicaid payments, medical necessity and quality of care, governance, mandatory reporting, credentialing and other risk areas that are identified by E&G.

The benefits to the Medicaid Compliance Plan include, but are not limited to, the following:

* Supports E&G’s strong commitment to honesty, responsibility and appropriate conduct.
* Develops a system to encourage employees to report potential problems that may be detrimental to E&G and the community at large.
* Develops procedures that allow for a thorough investigation of alleged misconduct.
* Develops procedures for promptly and effectively conducting internal monitoring and auditing which may prevent non-compliance.
* Through early detection and reporting, minimizes the risk to E&G and, thereby reduces E&G’s exposure to any civil damages or penalties, criminal sanctions or administrative remedies.

1. **WRITTEN POLICIES AND PROCEDURES**

The policies and directives contained in this Compliance Plan are not intended to prescribe a specific response to every conceivable situation, but are intended to assist staff and contract providers in recognizing issues and determining an appropriate response as specific situations arise. Whenver a staff person has a question about and an appropriate response in a given situation, he or she should consult his or her supervisor and/or administrator or contract manager.

**Medicaid Compliance Code of Conduct**

* E&G will submit claims for Medicaid only for services actually rendered and shall seek the amount to which it is entitled.
* E&G does not tolerate claiming practices that misrepresent the services actually rendered.
* Supporting documentation must be prepared and properly retained for all services rendered.
* E&G will submit claims for Medicaid only where the appropriate and required documentation has been prepared.
* An accurate and timely billing and documentation structure is critical to ensure that E&G staff can effectively implement and comply with required policies and procedures.
* Demonstrated lapses in the documentation and claiming systems infrastructure should be remedied in a timely manner at the program level. The Medicaid Compliance Officer must approval all proposed remedies.
* E&G staff and vendors are not to falsify documentation for any purposes, including Medicaid claiming.

1. **COMPLIANCE PLAN OVERSIGHT AND MANAGEMENT**

**Compliance Officer**

E&G has designated a Medicaid Compliance Officer who is directly responsible for overseeing the development, implementation and monitoring of E&G’s Medicaid Compliance Plan and ensuring appropriate handling of instances of suspected or known illegal or unethical conduct related to Medicaid claiming. Complaints to the Medicaid Compliance Officer can be made by telephone at (917) 832-6454 or via email at [bkeha1@hotmal.com](mailto:bkeha1@hotmal.com). Complaints may be made anonymously by calling the Compliance Hotline at (917) 832-6454 or via email at bkeha1@hotmail.com

Duties of the Medicaid Compliance Officer include, but are not limited to, the following:

* Overseeing and monitoring the development and implementation of the Medicaid Compliance Plan.
* Maintaining the effectiveness of the Medicaid Compliance Plan.
* Establishing methods such as conducting periodic reviews of E&G’s compliance with the current state and federal regulations, developing effective lines of communication on compliance issues and preparing written standards and procedures that reduce E&G’s exposure to fraud and abuse.
* Periodically revising the Medicaid Compliance Plan to reflect changes in the needs of the organization, the law or policies and procedures of the government.
* Developing, coordinating and implementing a training and education program that focuses on the components of the Medicaid Compliance Plan and seeking to ensure that all appropriate employees and management are knowledgeable of, and comply with, pertinent federal and state standards and that contractors, independent service providers, consultants and others who furnish health services to E&G’s patients and customers are aware of requirements of the Compliance Plan.
* Providing guidance to management, program personnel and appropriate departments relative to compliance matters.
* Developing procedures for checking the status of all Relevant Staff against applicable government exclusion lists.
* Conducting an annual assessment of the success and effectiveness of the Compliance Plan by reviewing internal and external audits, reviews, investigations, reports and the Compliance Officer’s personal experiences with the functioning of the Compliance Plan, and submit a summary of the assessment to the Chief Executive Officer.
* Assessing the success of the Compliance Plan by reviewing compliance-related activities and recommending any needed updates to the Compliance Plan.
* Consulting, as necessary, with the New York State Office of Medicaid Inspector General, investigative and auditing offices, and outside law enforcement agencies.
* Ensuring that Medicaid compliance is occurring throughout E&G.
* Recommending solutions to barriers that may exist in the successful implementation of compliance activities.
* Addressing issues regarding Medicaid claiming that impact E&G’s ability to maximize revenue and make recommendations on how to improve them.
* Assessing the impact of current and future Medicaid regulations on E&G’s day to day operations.
* Encouraging a culture of compliance throughout E&G.

1. **EDUCATION AND TRAINING**

E&G employees will be notified of the existence of this Compliance Plan and E&G will communicate with contractors and vendors who provide services that may be eligible for Medicaid reimbursement of the existence of this Compliance Plan as required by law. Updated information about the Compliance Plan and changes in law and ethical standards that may affect an employee’s or vendor’s responsibilities will also be communicated.

Additionally, the Medicaid Compliance Officer will conduct training in conjunction with the provided written materials. Proper education and training is a significant element of an effective compliance plan. It is the responsibility of all Relevant Staff to be familiar with the Compliance Plan.

**Communication of the Compliance Plan**

All current E&G employees and officials involved in the provision or claiming of Medicaid eligible services will be advised of the obligation to review the Compliance Plan ad act accordingly. As new employees enter the system, they will be trained and advised of the obligation to review a copy of the Compliance Plan and other policies and standards of conduct that may affect their position.

All contractors, vendors and agents who are involved in the provision or claiming of Medicaid eligible services will be advised that the Compliance Plan and any updates will be provided to such contractors, vendors and agents in hard-copy. Contracts with vendors will require the vendor to certify that they have shared this Compliance Plan with employees providing services to E&G and that they will make their staff available as necessary for training by E&G. Independent related service providers will be required to certify that they have read this Compliance Plan as part of the process to be included as a potential provider to E&G’s patients and customers.

**Education and Training**

The Medicaid Compliance Officer will provide periodic training and education to all current employees, service providers, appointees or associates, including executive and governing body members. As part of the orientation for new employees, they will receive compliance training and education. The Compliance Officer may develop, oversee and/or provide in-service training on an as needed basis in order to address identified risk areas or new developments. Such additional training, tailored to the roles and responsibilities of each group of individuals is provided on a program/division basis. E&G will routinely identify training topics, including hos arising out of internal and external audits and regulatory developments.

Records of training and education activities related to Medicaid compliance will be maintained under the direction of the Compliance Officer.

Failure of Relevant Staff to comply with training requirements or to attend scheduled training sessions may result in disciplinary actions.

1. **COMMUNICATION OF COMPLIANCE CONCERNS**

Employees are responsible for conducting their jobs in a manner that is ethical and complies with governing laws and regulations. E&G’s employees are in a position to know where policies and regulations are not being followed. Therefore, the effectiveness of the Compliance Plan depends on the willingness of employees at all levels of the organization to step forward, in good faith, with questions or concerns.

Employees are encouraged to seek supervisory assistance if they are unclear about their compliance obligations. If an employee has further concerns, the employee can obtain assistance from the Medicaid Compliance Officer. E&G employees, service providers, administrators, and senior leadership are encouraged to discuss any billing or compliance concerns with the Compliance Officer, either formally or informally. Formal and informal communication channels are intended to encourage an “open door” policy.

E&G will encourage employee questions and/or reports by:

* Taking each report seriously.
* Investigating each report, and where there is enough information, determining the extent of the problem and taking any necessary corrective action.
* Ensuring that employees who do report:
  + Do not suffer retaliation by their peers or supervisors for their good faith reports or questions; and
  + Have the choice of keeping their mane confidential in regard to a specific report for as long as E&G can reasonably do so.

**Reporting Medicaid Fraud and Abuse**

The prompt reporting of compliance concerns is critical to the success of the Compliance Plan. Employees have a duty to report actions or behaviors they believe violate this Compliance Plan or applicable laws or regulations. Any employee that fails to report misconduct or illegal behavior may be subject to disciplinary procedures, up to and including termination.

Examples of non-compliance may include:

* Claiming or verifying attendance for services that were not provided.
* Duplicate billing, which occurs when a contractor or an independent provider bills Medicaid while also submitting an invoice for payment to E&G.
* Claiming for services at a higher rate, when a lower rate service was actually provided (ex, billing for a one-to-one service session when in fact a group session was provided).
* Submitting claims where applicable provider requirements have not been satisfied.
* Certifying attendance for a complete session where a complete session was not provided.
* Evidence of intentional false or altered documents.

**How to Report Compliance Issues and Concerns**

All occurrences of possible fraud and abuse or other compliance issues to Medicaid must be reported. E&G encourages individuals to contact the Medicaid Compliance Officer either formally or informally.

Calls may also be made anonymously, although E&G encourages employees to provide their name and contact information to aid in the effective investigation of reports.

Every attempt will be made to preserve the confidentiality of reports of non-compliance. All employees must understand, however, that circumstances may arise in which it necessary or appropriate to disclose information. In such cases, disclosures will be on a “need to know” basis only.

Employees may report using one of the following options:

**Reporting to E&G’s Medicaid Compliance Officer:**

**Vasilios Kehagias**

Medicaid Compliance Officer

E&G Prosthetics and Orthotics, LLC

23-05 Astoria Blvd

Astoria, NY 11102

Phone: (917) 832-6454

Email: bkeha1@hotmail.com

**Reporting to the New York State Office of the Medicaid Inspector General (OMIG)**

Compliance Officer

New York State Department of Health

Office of General Counsel

90 Church Street, 4th Floor

New York, NY 10007

Phone: (212) 417-4393

Fax: (212) 417-4392

1. **RESPONSE AND PREVENTION**

The goal of our Compliance Program is to prevent and reduce the likelihood of improper conduct. E&G’s response to information concerning possible violations of law or the requirements of the Compliance Program is an essential component of its commitment to compliance. Upon receiving a report or other reasonable indication of suspected non-compliance, the Medicaid Compliance Officer will inform the Chief Executive Officer of such allegation. The Medicaid Compliance Officer in consultation with the Chief Executive Officer will arrange for an investigation to be conducted by the Compliance Officer. E&G’s legal counsel will assist as necessary. All E&G staff will be directed to cooperate fully with the Medicaid Compliance Officer.

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

* Complete a Compliance Report Intake Form.
* Notify the Chief Executive Officer.
* Ensure that the investigation is initiated as soon as reasonably possible. The investigation shall include, as applicable, but not limited to: (i) interviews of all persons who may have knowledge of the alleged conduct; (ii) identification and review of relevant documentation including, where applicable, Medicaid claims submitted, to determine the specific nature and scope of the violation and its frequency, duration and potential financial magnitude, (iii) interviews of persons who appear to play a role in the suspected activity or conduct; and (iv) preparation of a summary report that (a) defines the nature of the alleged misconduct, (b) summarizes the investigation process, and (c) identifies any person who is believed to have acted deliberately or with reckless disregard or intentional indifference of applicable laws.
* Ensure that the investigation is completed in a reasonable and timely fashion and that appropriate disciplinary or corrective action is taken.
* The results of the investigation will be reported to the Chief Executive Officer.
* Referrals for further action, including disciplinary action and/or review by a law enforcement agency may be made upon consultation with legal counsel.

In the event the investigation identifies inappropriate Medicaid billing practices, E&G will:

* Immediately cease the offending practice and all billing potentially affected by the offending practice.
* If applicable, calculate and repay any duplicate or improper payments.
* When appropriate, handle any overpayments through the administrative billing process by informing the billing staff and making appropriate adjustments.
* Undertake appropriate training and education to prevent a recurrence of the misconduct.
* Conduct a review of applicable procedures to determine whether new or revised policies and procedures are needed to minimize future risk of noncompliance.
* Conduct, as appropriate, follow up monitoring to ensure effective resolution of the offending practice.

At least annually the Medicaid Compliance Officer will provide a report to the Chief Executive Officer of E&G which will include all investigations and their status. The Medicaid Compliance Officer will also provide the audit findings from any review that have taken place throughout the year, as well as corrective actions that have been implemented.

1. **ENFORCEMENT AND DISCIPLINE**

If, through investigation, monitoring and/or auditing, it is determined that fraud or abuse has occurred, or that a staff person or program is violating policies and procedures set forth in the Compliance Plan, there may need to be disciplinary action.

**Discipline and Corrective Actions**

In order to make the Compliance Plan effective, the Compliance Officer, with the approval of the Chief Executive Offer, will have authority to impose corrective action upon a finding of misconduct by an employee, contractor, independent provider or agent in accordance with the provisions of New York Law.

Plans of correction and discipline will depend on the nature, frequency and severity of the non-compliance and may include, but not limited to:

* A requirement to undergo training.
* A period of required supervision or approval of documentation before bills can be issued.
* Expanded auditing, internal or external, for some period of time until compliance improves.
* In sufficiently egregious cases, discipline or termination where applicable.

E&G may also make a referral to the Office of the Medicaid Inspector General or to the external enforcement agency.

**Policy on Non-Intimidation or Retaliation**

To the extent possible, all employee reports will be handled in a manner that protects the confidentiality of the reporter if requested. However, there may be circumstances in which confidentiality cannot be maintained. Some examples of this include situations where the problem is known to only a very few people or where the funding source must be involved. In all cases, however, E&G is determined that the reporting employee will not suffer from retaliation for his/her good faith actions.

It is the responsibility of the Medicaid Compliance Officer to ensure that those reporting in good faith do not suffer adverse employment action, retaliation or intimidation. Employees who believe that they have been retaliated against because they have reported a possible instance of misconduct of fraud should contact the Medicaid Compliance Officer. The Compliance Officer will investigate all good faith complaints of retaliation or direct them to the appropriate entity for investigation and/or follow up.

**Policy on Screening for Excluded Individuals and Entities**

E&G is committed to maintaining high quality care and service as well as integrity in its financial and business operations. Therefore, E&G will conduct appropriate screening of key providers, employees, officials, contracts, vendors and agents (“Screened Persons”) to ensure that they have not been sanctioned by federal or state law enforcement or a regulatory or licensing agency. It is the policy of E&G to ensure that no Medicaid reimbursement is sought for services furnished by an individual or entity excluded from participation in federally sponsored health care programs such as Medicare or Medicaid (“Ineligible Person”).

E&G will conduct exclusion checks to verify that Screened Persons have not been excluded from federal healthcare programs. An exclusion check is a search of the following databases (“Exclusion Lists”) to determine whether the individual or entity’s name appears on any list:

* General Services Administration (GSA), list of parties excluded from federal programs. The URL is <https://www.epls.gov>.
* Department of Health and Human Services Office of the Inspector General (HHS OIG) cumulative sanction report. The URL is <http://exclusions.oig.hhs.gov/search.html>.
* New York State Office of the Medicaid Inspector General (NYSOMIG) list of restricted, terminated or excluded individuals or entities. The URL is <http://www.omig.ny.gov/data/contect/view/72/52/>.

E&G will also conduct screening reviews of all applicants recommended for hire as part of the pre-employment screening process in order to determine whether they are an Ineligible Person. Contracts with related service contractors will contain a certification that the entity has performed its own exclusion screening against the Exclusion Lists and neither the entity, nor any individuals are Ineligible Person. Such certification must include a requirement that the entity or individual will notify E&G of any change in the exclusion or ineligibility of any Screens Persons.

Additionally, as required by the New York State Office of the Medicaid Inspector General, E&G shall, on a monthly basis, review the updated List of Excluded individuals on the three Exclusion Lists and compare it to the current list of active service providers in order to verify that all existing employees have not been excluded from federal programs since the last review.

The Medicaid Compliance Officer will be notified of any matches found during any of the above screening processes and will conduct additional verifications as necessary.

If E&G has actual notice that Screen Persons is an Ineligible Person or is proposed for exclusion during his, her or its employment or contract term, E&G shall take all appropriate actions to ensure that the responsibilities of the Screen Persons have not and shall not adversely affect the quality of care rendered to any beneficiary, or the accuracy of any claims submitted retrospectively or prospectively to any Federally funded health care program. This may include suspension, termination, and termination of the contract, reporting, disclosure or other actions necessary to ensure compliance with exclusion mandates.

E&G requires all Screened Persons to disclose immediately to his or her supervisor, Medicaid Compliance Officer, or other individual as designated in the relevant contract, any department, exclusion, suspension, or other even that makes that person or entity an Ineligible Person. All Screen Persons shall disclose if he/she/it has an Ineligible Person at the time of the initial hiring, credentialing, or contracting process, or any point in the future. Failure to do so many result in disciplinary action or contract termination.

The Compliance Officer will maintain the results of all exclusion screenings any associated documents.

1. **MONITORING AND AUDITING**

As part of our effort to implement an effective Compliance Plan, E&G will periodically conduct routine self-audits and/or reviews of its operations including its claiming practices and its written standards, policies and procedures to ascertain problems and weaknesses in its operations and to measure the effectiveness of its Compliance Plan. The periodic audit/reviews will be designed to assess whether E&G’s claims are supported by accurate documentation conforming to the requirements of the Medicaid claiming guidelines and whether information in the data systems upon which E&G relies is valid and controls are working as intended.

Additional audits/reviews may be conducted depending on reports of fraud, waste, or abuse or identification of risk areas as determined through regular monitoring activities. Compliance monitoring and review techniques may include but are not limited to:

* On-site visits.
* Personnel interviews to assist in determining the effectiveness of the Compliance Plan.
* General questionnaires submitted to relevant personnel.
* Reviews of provider records that support claims for reimbursement.
* Review of written materials and documentations prepared by E&G.

**Audit/Review Findings**

The following will be the process for reporting audit findings:

* The Compliance Officer will provide a report of its audit/review findings to the Chief Executive Officer.
* If applicable, E&G will calculate and repay any duplicate or improper payments made as a result of the noncompliance.
* The Compliance Officer will detail the steps that should be taken to prevent similar non-compliant activity from occurring in the future.

Follow-up monitoring will be conducted as appropriate to ensure effective resolution of noncompliance findings.

1. **RECORD RETENTION**

The Compliance Officer will receive and generate both hard copy and electronic records and information. All records related to a specific incident should be retained in accordance with State Record Retention requirements, or as otherwise required by state of federal law or pursuant to contract. Records relating to the Compliance Plan including evidence of training, meeting minutes, implementation and modification of the Compliance Plan, memoranda, and reports will be retained as required by State Record Retention requirements or as otherwise required by law or regulation.

1. **NOTICE TO COMPLIANCE OFFICER**

E&G shall notify the Compliance Officer of any visits, audits, litigation, investigations or surveys by any federal or state agency or authority of which E&G becomes aware and which impacts the Compliance Plan.

1. **PLAN REVISIONS AND UPDATES**

The Compliance Plan is an evolving program responding to changes in federal and state laws and regulations, external audits, billing, coding and documentation rules and best practices. This Compliance Plan document represents the current state of the Compliance Plan. Accordingly, the Compliance Plan will be reviewed, amended and supplemented as required but not less than annually. All changes to the Compliance Plan shall be reviewed and approved by the Chief Executive Officer.