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COMPLIANCE AND HIPAA HANDBOOK



Corporate Compliance....

What does it all mean?

## **COMPLIANCE PRACTICES**

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## **SSCG and EPIC LI's Code of Conduct Standards**

### **Code of Conduct No. 1**

Employees, Agents, Board of Directors and Contractor's shall comply with all applicable laws and regulations that govern its business.

### **Code of Conduct No. 2**

Employees, Agents and Contractor's shall function ethically and honestly with the people we serve as well as those with whom the Agency conducts business.

### **Code of Conduct No. 3**

Employees and Contractors are expected to document all services and transactions accurately and be honest and forthcoming with the agency, regulatory agencies, internal and external auditors.

### **Code of Conduct No. 4**

Employees, Agents, Board of Directors and Contractors shall avoid conflicts of interest and/or the appearance of impropriety.

### **Code of Conduct No. 5**

Employees, Agents, Board of Directors and Contractors shall respect each other as people as well as professionals.

## **SECTION 1:**

### **Compliance at EPIC LI and South Shore Child Guidance**

EPIC LI and South Shore Child Guidance are committed to conducting business in an ethical manner and in compliance with Federal, State, Local Laws and Regulations. This handbook has been designed as a tool for all employees of EPIC LI, SSCG, Vendors, Independent Contractors, and Board Members and it is required for everyone to read. This handbook provides our standards of compliance, explains why we have such a program, and provides the consequences of non-compliance by any of these parties.

## **SECTION 2:**

### **What is Compliance?**

Compliance in its simplest terms means following rules, regulations and laws that apply to our operations as an agency that serves people with Clinical Care outpatient mental health and substance abuse services by providing high quality and confidential care. These services are billed through the Government and/or other payers for those services.

Board of Directors affirms that we comply with all applicable Federal, State, and Local laws and regulations. Additionally, it is our responsibility to conduct business with honesty, transparency and integrity.

To ensure that the rules, regulations and laws are followed, EPIC LI and SSCG has devised a program that aligns with Federal and State guidelines to prevent, detect, and respond to non-compliance with applicable

rules and regulations. This is what is meant by a **CORPORATE COMPLIANCE PROGRAM.**

**SECTION 3:**

**Who Sets and Enforces the Rules?**

EPIC LI and SSCG are governed by laws and regulations enforced by many agents of the Federal, State and Local governments. Some laws and regulations apply to all of our programs (labor laws), some are specific to particular programs (Residential, Day, Clinics and etc) and many, such as Medicaid regulations, affect a number of the agencies programs.

There are numerous authorized entities who can review our compliance program:

**STATE:**

- (1) Office of Medicaid Inspector General (OMIG);
- (2) Office of Mental Health (OMH);
- (3) Office of Alcoholism and Substance Abuse Services (OASAS);
- (4) Office of People with Development Disabilities (OPWDD);
- (5) Department of Health (DOH);
- (6) Office of Civil Rights (OCR); and
- (7) Attorney General

**FEDERAL:**

- (1) Office of the Inspector General of the Department of Health and Human Services;
- (2) Center for Medicaid/Medicare Services;
- (3) US Attorney's Office;
- (4) Federal Bureau of Investigation (FBI)

## **SECTION 4:**

### **What is my Responsibility as a Staff Member?**

Responsibilities include but are not limited to:

- (1) Strive to deliver quality services
- (2) Engage in ethical and honest business practices and relationship
- (3) Ensure documentation is accurate
- (4) Comply with HIPAA
- (5) Report any non-compliance to your Supervisor and Compliance Officer

## **SECTION 5:**

### **What are the Consequences of Non-Compliance?**

EPIC LI and SSCG are clear about the consequences of non-compliance by its staff and independent contractors.

**Failure to comply will result in disciplinary action, up to and including termination of employment.**

Depending on the severity of the non-compliance, criminal prosecution is a possibility.

Non-compliance can result in very serious consequences for both the Agency and people we serve. Some examples are:

- (1) Loss of services to participants
- (2) Loss of staff jobs
- (3) Damage to agency reputation
- (4) Tremendous fines and penalties/loss of funding

## **SECTION 6:**

### **What should I do if I am Aware of Violations?**

EPIC LI and SSCG are extremely sensitive to issues of compliance. We genuinely want to address any issues or concerns you may have. If you are aware of a violation, or anything you may suspect to be a violation, you should do the following:

- (1) Notify your Supervisor/Manager immediately and**
- (2) Contact the Compliance Officer, Christine Hutton at (516) 739-7733 ext 410 or the Compliance Hotline at (516) 667-2650. If calling from the main office, call ext. 454**

\*\*\* REMEMBER: There will be no retaliation against you for any issues brought forward in good faith. All reports can be made anonymously. \*\*\*

## **SECTION 7:**

### **What are the Major Laws that Govern Us?**

While there are many Federal, State, and Local laws that affect us, one of the major laws is the Federal False Claims Act (FCA) which forms the bases for much of the legal system governing Medicaid and Medicare claims.

This law, extensively revised in 1994 to deal with the healthcare industry, specifically prohibits:

- (1) Billing for services not provided**
- (2) Billing for more services than those provided**
- (3) Filing false reports/falsifying documentation**
- (4) Retaining overpayments**



- (5) Failing to provide accurate or necessary services
- (6) Providing unnecessary services

Penalties under the false claims act are severe. They can be up to three (3) times the original claim, plus up to \$22,000 per claim (a claim is defined as billing for one person for one event). Administrative sanctions of up to \$5,000 and additional fines of twice the amount of the FCA under the program Fraud Civil Remedies Act of 1985.

## **SECTION 8:**

### **What is Medicaid Exclusion Screening?**

The Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) mandate employers to know the exclusion status of their employees and contractors during their entire lifecycle with the company. A candidate is screened prior to beginning employment with EPIC LI and SSCG and every month after hire.

OIG's List of Excluded Individuals/Entities (LEIE) provides information to the healthcare industry, patients, and the public regarding individuals and entities currently excluded from participation in Medicare, Medicaid, and all other Federal health care programs. Individual and entities who have been reinstated are removed from the LEIE.

If the Agency employs an excluded candidate or employee to provide services that are reimbursed by Federal health care program, funds will be required to pay back 100%.

## **SECTION 9:**

### **Conflict of Interest**

Employees are expected to act at all times in the Agency's best interest and to exercise sound judgment unclouded by personal interest. If you involved in an outside activity or have a financial or other personal interest that might interfere with your objectivity in performing company duties and responsibilities, you may have a conflict of interest.

The most common conflict of interest situations are as follows:

- (1) Use of Company Information for Private Gain
- (2) Friend and Family Stock
- (3) Outside Activities – non-profit and civic organizations
- (4) Employment Outside Corporation – Moonlighting
- (5) Service on a Board of Directors
- (6) Technical Advisory Boards
- (7) Family and Romantic Relationships
- (8) Spouses, Domestic Partners, Immediate Family Member or Relatives as Suppliers, Vendors, and other Business Partners
- (9) Kickbacks and Rebates by Suppliers or Vendors
- (10) Gifts from Vendors, Suppliers or Customers
- (11) Payments

Please note that the above is not an exhaustive list of examples. There are many other situations that may also create a potential for a conflict of interest or the appearance of Conflict of Interest. Board of Directors, Independent Contractors, Vendors, Administrators and Employees are required to complete a Conflict of Interest Form annually to disclose any potential or the appearance of Conflict of Interest.

## **SECTION 10:**

### **HIPAA, PHI and Privacy Regarding Persons We Serve**

In the course of performing your duties, you may be exposed to confidential information regarding the Agency, the individuals served by the Agency, or its employees. Confidential information includes, but is not limited to, employee and individuals served social security numbers, addresses, phone numbers, names of family members, medical history, as well as the identity of the individuals with developmental disabilities served at EPIC, their treatments and treatment plans or other information regarding the Agency's operations.

Materials containing confidential information (documents, files, records, computer files, or similar material) may not be removed from the Agency's premises without permission from Administration.

Additionally, the confidential information you come into contact with throughout the course of performing your job may not be accessed if unauthorized or unnecessary to perform your duties. Furthermore, confidential information required to perform your job may not be disclosed to anyone, except where required for business purposes and authorized by law. All personnel are expected to limit their access to information to the minimum amount of information necessary to perform their duties for the Agency.

Staff is required to know and follow the rules around privacy as spelled out in in HIPAA (Health Insurance Portability and Accountability Act) one of the major federal laws governing this area.

Any questions concerning this policy should be addressed to the Privacy Officer, Christine Hutton, (516) 739-7733 extension 410.

## **COMPLIANCE HOTLINE**

Any questions regarding these policies should be directed to:

Christine Hutton  
Corporate Compliance Officer/Privacy Officer

1500 Hempstead Turnpike  
East Meadow, NY 11554  
**(516) 739-7733 Ext. 410**

Corporate Compliance Hotline

(516) 667-2650 or if calling from the main office, ext 454