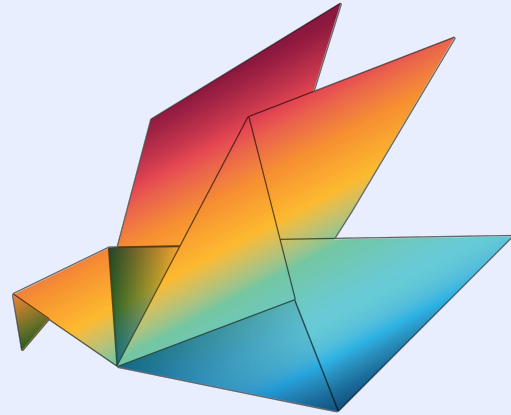

COMPLIANCE TRAINING

REACH MEDICAL



OVERVIEW

What is Compliance?

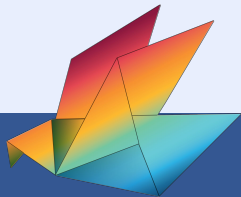
Federal & State Level Compliance

Elements of an Effective Compliance Plan

Conflict of Interest & Code of Ethics

Fraud Waste and Abuse

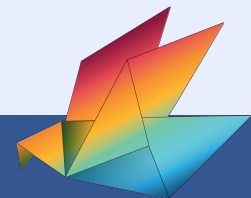
REACH Compliance Work Plan



Compliance is...

Formal organizational systems intended to prevent, detect, and respond to misconduct committed by employees and other agents.

REACH is enrolled in the New York State Medicaid Provider Program and as a condition of receiving payment under the Medicaid program, is required by the Office of the Medicaid Inspector General (OMIG) to have an effective compliance program that satisfies the requirements of SubPart 521-1.



Federal-Level Compliance:

Federal Office of Inspector General (OIG)

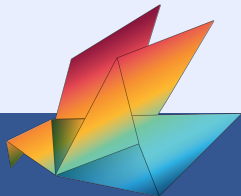
OIG has oversight for Medicare and Medicaid.

HIPAA and 42 CFR Part 2

Federal-level regulations that are part of an overall compliance program for healthcare providers.

Exclusion List

OIG has the authority to exclude individuals and entities from Federally funded health care programs for a variety of reasons, including a conviction for Medicare or Medicaid fraud. OIG maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals/Entities.



State-Level Compliance:

NYS Office of Medicaid Inspector General (OMIG)

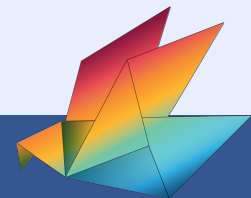
Oversight of all providers and entities who participate in the Medicaid program

Conflict of Interest Statements

Part of State-level compliance related to rules and regulations that govern NYS nonprofit organizations

OASAS- Article 32 Facility

REACH is an Article 32 facility under The Office of Alcoholism and Substance Abuse Services (OASAS) and is required to abide by their specific standards and regulations.

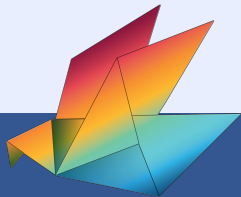


ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM

OMIG provides comprehensive guidance related to provider compliance programs, self-disclosure, and Medicaid managed care fraud, waste, and abuse prevention program regulations.

Elements of an Effective Plan:

1. Policy and Procedure
2. Compliance Officer and Committee
3. Compliance Program Training and Education
4. Lines of Communication
5. Disciplinary Standards
6. Auditing and Monitoring
7. Responding to Compliance Issues

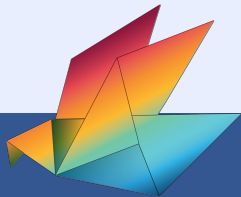


ELEMENT 1: POLICY & PROCEDURE

REACH Policies and Procedures are reviewed by the Board of Directors every 2 years to ensure the policies are available, accessible, and applicable to all affected individuals (staff, contractors, vendors, board members, etc.).

REACH is required by OMIG to have a policy of non-intimidation and non-retaliation for good faith participation in the compliance program.

All compliance related policies are reviewed annually.



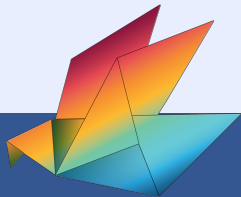
ELEMENT 2: COMPLIANCE OFFICER & COMMITTEE

Compliance Officer

- Reports directly to the CEO/CMO and Board of Directors
- Responds and Investigates Compliance Reports/Concerns
- Conducts Internal Audits and Risk assessments
- REACH Compliance Officer: Emily England (eengland@reachmed.org)

Compliance Committee

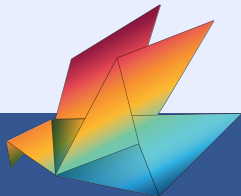
- Justine Waldman, MD. CEO/CMO, Samantha Stevenson- Director of Operations, Clarissa Riker- Comptroller, and Ginny DeCare- Human Resources Manager
- Meets Quarterly at Senior Management Meeting
- Investigates Compliance Reports/Concerns
- Determines Corrective Action and/or Procedural Changes if Necessary



ELEMENT 3: TRAINING & EDUCATION

REACH provides an effective compliance training and education program for its Compliance Officer and all affected individuals.

Compliance Program training will occur at onboarding for all new employees and contractors upon hire and annually thereafter. The training is made available to all affected individuals via the REACH website and Employee Intranet.



ELEMENT 4: LINES OF COMMUNICATION

All affected individuals are obligated to report suspected illegal or improper conduct.

The reporting procedures and non-retaliation policy are intended to encourage and enable individuals to raise serious concerns about the organization prior to seeking outside resolution.

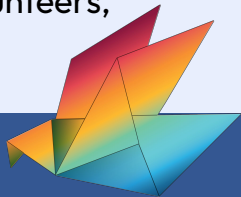
Confidential **Email**- Compliance@reachmed.org

Confidential Compliance Reporting **Google Form** located on the REACH staff Intranet page

Anonymous Reporting Drop Box Located in staff bathroom near front entrance

Mail Written Compliance Concern marked “Confidential” on the envelope, to: REACH Compliance Officer, REACH Medical, 1001 Seneca St., Ithaca NY 14820

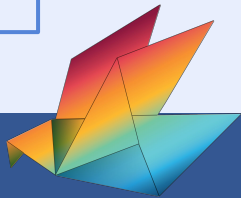
Website Based Compliance Information for use by REACH stakeholders including, but not limited to, Board, staff, volunteers, contractors, vendors and/or public at large



ELEMENT 4: LINES OF COMMUNICATION

REACH views errors and incidents as valuable opportunities for growth and improvement. We strongly encourage staff to report incidents openly, knowing that they will be met with compassion and a focus on learning rather than punishment.

By addressing incidents constructively, we aim to foster a culture of trust, continuous improvement, and positive change, ensuring the safety and well-being of everyone involved.



ELEMENT 5: DISCIPLINARY STANDARDS

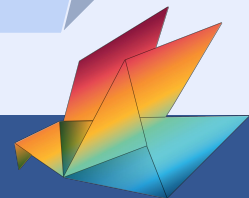
Disciplinary procedures are aimed at those who fail to report suspected compliance problems yet are aware of them, those participating in non-compliance behavior and/or staff, vendors, contractors and/or board members encouraging, directing, facilitating, or permitting either actively or passively non-compliant behavior.

Investigations resulting from the filing of a compliance complaint can result in the identification of areas of employee violations of REACH policies including but not limited to the REACH Code of Conduct and the REACH Handbook.

WHISTLEBLOWER POLICY (NON RETALIATION)

No person who in good faith reports a concern or violation shall suffer harassment, retaliation, or any adverse consequence.

The reporting procedures and non-retaliation policy are intended to encourage and enable persons to raise serious concerns about the organization prior to seeking outside resolution



ELEMENT 6: AUDITING & MONITORING

Identifying Compliance Risk Areas

Quality of Care, Financial, Reputational, Safety, Legal, etc. As well as prioritizing them into categories of high, medium, and low

Auditing and Monitoring Plan

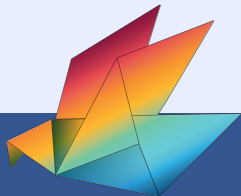
Internal audits and evaluations of potential or actual non-compliance as a result of self-evaluations and audits, credentialing of providers, mandatory reporting, and REACH's Continuous Quality Improvement (CQI) program

Annual Compliance Program Review

The REACH Compliance Program is reviewed, updated, and approved by the Board of Directors annually.

Monthly Exclusion List Check

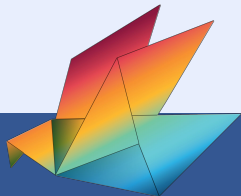
OIG maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals/Entities. REACH conducts monthly exclusion list checks for all employees, contractors, vendors, prescribing/ordering practitioners, and volunteers



ELEMENT 7: RESPONDING TO COMPLIANCE ISSUES

The Compliance Officer will provide a response if possible, to the complainant within three (3) business days if the complainant provides a contact phone number and/or email address. If the concern involves the Compliance Officer, the CEO/CMO should be contacted.

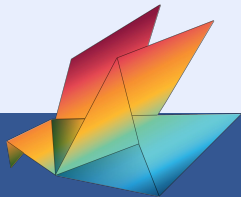
The Compliance Officer will collect relevant information, documentation, and other evidence. They will then conduct any necessary interviews and create a file on the confidential HIPAA-compliant Google Drive to store all pertinent information.



ELEMENT 7: RESPONDING TO COMPLIANCE ISSUES

The staff-level Compliance Committee will review incidents, policies, risk-related assessments, and compliance audits as part of the process of reporting. The staff-level committee's work is then reviewed by the Board Governance Committee.

If appropriate, results of investigations may result in changes to policies and procedures, standard operating procedures, and/or the staff and affiliate handbook. At times, if deemed appropriate, after the investigation has occurred, a debriefing with staff and affiliates may occur and will be convened by a supervisor. All confidential information will not be discussed at debriefings.



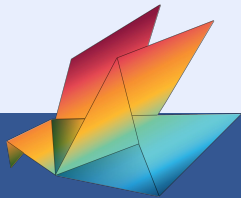
CONFLICT OF INTEREST

All REACH employees, board members, contractors, vendor, peers, and/or paid or unpaid interns are obligated to avoid and also disclose ethical, legal, financial, or other conflicts of interest involving REACH, and are responsible for removing themselves from a position of decision-making authority or related situation with respect to any real, perceived and/or potential conflict situation involving the REACH organization.

Examples of potential conflict of interest:

- The individual is employed in a position supervised by an immediate family member.
- The individuals or a member of the individuals family may receive a financial or other significant benefit as a result of the individual's position at REACH.
- The individual has the opportunity to influence the corporation's business, administrative, or other material decisions in a manner that leads to personal gain or advantage.

Conflict of Interest Disclosure Forms are required for REACH employees and board members annually.



CODE OF ETHICS

The REACH Code of Ethics provides a framework for the professional conduct of its employees, officers, Board Members and volunteers. The ethical guidelines are established through the governing body and through each clinical discipline.

A copy of the Code of Ethics will be provided to each new member of the REACH organization upon the commencement of that person's duties and then reviewed annually thereafter.



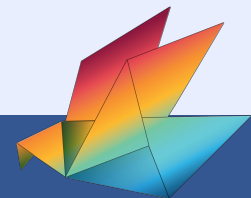
II. CODE OF ETHICS

Statement of Purpose

Members of the REACH organization including members of the Board of Directors (Board), its committees, REACH staff / contractors, consultants, vendors, volunteers and interns to the Organization are necessarily knowledgeable and active in the provision of health care services including but not limited to primary care, behavioral health care, Medication Assisted Treatment in the underserved regions of central and the southern-tier of New York. It is essential to the conduct of the business of the REACH that it maintains high standards of integrity and impartiality in its decision-making processes, and that these processes be free from actual conflicts of interest, and any appearances of conflict. No member of the REACH Board, its committees, REACH staff / contractors, consultants, vendors, volunteers and interns (herein referred to as "such persons") should have any direct or indirect interest, financial or otherwise, or engage in any business or transaction, or incur any obligation of any nature that conflicts with the proper discharge of that person's duties related to the REACH organization.

General Principles

- 1) This Code of Ethics and Conduct (the "Code") will apply to all members of the REACH organization. Each such person shall be responsible for knowing the contents of this Code. The Chief Executive Officer / Chief Medical Officer and/or Chair of the Board or their designee(s) will call the Code to the attention of all such persons each year. A copy of the Code will be provided to each new member of the REACH organization described herein as such persons to the organization upon the commencement of that person's duties.
- 2) No such person may accept employment or engage in any business or professional activity which would impair that person's independence of judgment in the exercise of his or her official duties.

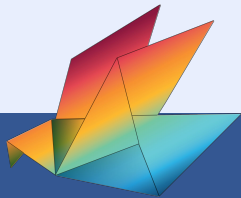


FRAUD WASTE & ABUSE

Medicaid Inspector General's (OMIG) mission is to enhance the integrity of the NYS Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program.

Examples of provider fraud include:

- Billing for Medicaid services that were not provided
- Billing for unnecessary services
- Selling prescriptions
- Intentionally billing for a more expensive treatment than was provided
- Giving money or gifts to patients in return for agreeing to get medical care
- Accepting kickbacks for patient referrals



FRAUD WASTE & ABUSE

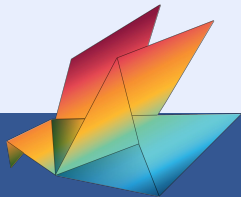
Self-Disclosure

Providers can report and investigate matters that involve possible fraud, waste, abuse or inappropriate payment of funds that they identify through self-review, compliance programs, or internal controls that affect the state's Medicaid program.

All self-identified inappropriate Medicaid payments received should be self-disclosed.

Examples to be self-disclosed:

- Actual, potential or credible allegations of fraudulent behavior by employees or others
- Discovery of an employee on the Excluded Provider list
- Documentation errors that resulted in overpayments
- Overpayments that resulted from software or billing systems updates
- Systemic billing or claiming issues



INCIDENT REPORTS

REACH Incident Report Form

Timely incident reporting is vital in identifying and analyzing unexpected or undesirable outcomes in providing safe care and identifying trends that could lead to or otherwise contribute to adverse outcomes.

The purpose is to understand the causes for each event, and on changing the organization's systems and processes to reduce the probability or risk of such an event in the future

REACH employees are expected to follow mandated guidelines for reporting incidents.

INCIDENT REPORTS

Types of Incidents for Reporting:

- Staff behavior that is perceived as unprofessional or inappropriate
- Process variations with significant chance of a serious adverse outcome
- Events with significantly negative impact or potential negative impact on patient care
- Breaches in medical care and administrative procedures
- Adverse reactions to medications administration and/or medication errors
- Events subject to litigation, or actual litigation
- Mandated reporting in instances of suspected patient abuse and/or neglect

INCIDENT REPORT PROCESS

1. **CONFIDENTIAL** incident report Google Form
**Anonymous form available on Intranet*
2. Form reviewed by Compliance Officer and then shared with members of REACH management as appropriate
3. Investigation begins and the QA/Compliance Committee serves as the Incident Review Committee
4. Committee reviews the incidents, determine the facts, patterns and common causes of incident. They will make recommendations, summarize incidents and recommendations made at meetings, and take action to follow up on recommendations made.

*Incidents involving QA and Compliance Committee members will follow standard procedure, except any/all committee member(s) directly involved in an incident and/or related events may not participate in the investigation.

INCIDENT REPORT PROCESS

Policies and procedures, clinical guidelines, and/or standard operating procedures are reviewed to determine if they were a contributing factor in the event. If so, recommendations for policy or procedure revision(s) are made to the appropriate department director(s) and/or committee.

Under no circumstances are copies of the incident report to be distributed. They will remain as confidential as possible

Both the supervisor and employee will be asked to review and sign off on the final report with the approval of the CQI and/or Compliance Committee.

REACH COMPLIANCE WORK PLAN

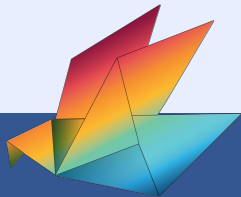
The Annual Compliance Work Plan is Intended to:

- Prioritize and manage identified risk areas based on trends, emerging threats (e.g., pandemic)
- Identify and respond to Incident(s) and related patterns
- Include new/updated regulations (OASAS Article 32) and/or new grants requirements.

The REACH Compliance Work Plan is revised / approved by the REACH Board annually.

[REACH COMPLIANCE PROGRAM](#)

[REACH COMPLIANCE WORK PLAN 2023](#)



MANDATORY EXIT SURVEY

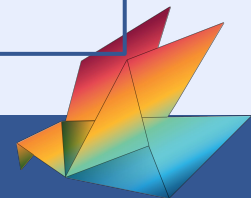
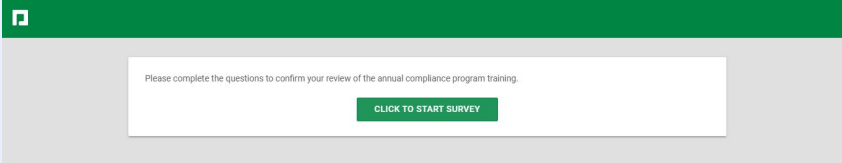
REACH STAFF:

PLEASE COMPLETE THE MANDATORY **EXIT SURVEY ASSIGNED ON PAYCOM** TO RECEIVE CREDIT FOR COMPLETING THIS TRAINING.

REACH CONTRACTORS, BOARD OF DIRECTORS, AFFILIATES, ETC.:

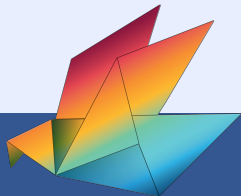
PLEASE COMPLETE THE MANDATORY **EXIT SURVEY (Google Form) LINK BELOW** TO RECEIVE CREDIT FOR COMPLETING THIS TRAINING.

[CLICK FOR LINK TO GOOGLE FORM](#)



THANK YOU!

Please direct any questions or concerns to Emily England
eeotland@reachmed.org OR (607) 759-1143



Resources

- <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
- <https://omig.ny.gov/provider-resources/self-disclosure>
- [REACH Medical Compliance Officer Training 09272022](#)
- <https://omig.ny.gov/medicaid-fraud/about-medicaid-fraud-waste-and-abuse>
- <https://omig.ny.gov/compliance/compliance>

