

**BEHAVIORAL HEALTH
NYC IPA, LLC**

COMPLIANCE MANUAL

**REPORTING REQUIREMENTS,
CODE OF CONDUCT,
COMPLIANCE PROGRAM STRUCTURE &
GUIDELINES**

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INTRODUCTION

The Behavioral Health NYC IPA, LLC (the “IPA”) has designed and implemented a comprehensive Compliance Program that sets forth the standards of conduct that all “Personnel” (as defined below) are expected to follow during their employment or course of dealings with the IPA.

(A) **Compliance Program’s Code of Conduct.** The Code of Conduct sets forth the mission of the IPA and the general standards of conduct to which all persons employed by or associated with the IPA must adhere.

(B) **Compliance Program Structure and Guidelines.** The Compliance Program Structure and Guidelines set forth the structure of the Compliance Program and describes its day-to-day operation.

All Personnel are required to review and be familiar with the Code of Conduct and the Compliance Program Structure and Guidelines. Once you have reviewed these, you must sign and return the attached Acknowledgment of Receipt to the Compliance Officer.

(C) **Specific Compliance Policies and Procedures.** Certain compliance issues require further detail and instruction. To that end, the IPA has adopted specific Compliance Policies and Procedures covering certain areas. If Personnel have specific responsibilities that are addressed by a Compliance Policy and Procedure, they must ensure that they are familiar with the applicable policy and procedure. These documents are also available upon request to the Compliance Officer at any time or may be accessed on the IPA’s website and in the Compliance folder of the IPA’s Citrix Sharefile.

(D) **Training.** The IPA will provide all Personnel with mandatory compliance training regarding the Code of Conduct and the Compliance Program. Training will occur at orientation for new Personnel and periodically thereafter.

If you have any questions regarding the IPA’s Compliance Program, please refer to the Code of Conduct, the Compliance Program Structure and Guidelines, or speak with the IPA’s Compliance Officer for more detailed information.

The IPA is dedicated to maintaining the highest ethical standards in compliance with all applicable laws, rules and standards.

In short, we are committed to doing the right thing, and our Compliance Program is designed to assist us in effectively keeping to that commitment.

Note to Network Provider: As a provider within the IPA’s network, you are responsible for complying with the high level standards outlined herein. As an enrollee in the Medicare and Medicaid Programs, you also may have separate compliance program obligations that are not covered by the IPA’s Compliance Program. It is your responsibility to fulfill any separate compliance program obligation to which you may be subject.¹

¹ For example, the New York State Office of Medicaid Inspector General (“OMIG”) requires certain Medicaid providers to implement an effective compliance program that includes eight specific elements and addresses specific compliance risk areas. Providers subject to this requirement include, but are not limited to, those persons who provide care, services or supplies

Key Definitions

Unless otherwise defined in the Code of Conduct, the Structure and Guidelines and the Specific Policies and Procedures (collectively referred to as the “Compliance Manual”), the following key terms that are used in the Compliance Manual are defined as follows:

- (1) “**Compliance Officer**” means the individual designated by the IPA to maintain day-to-day responsibility of the Compliance Program.
- (2) “**Federal health care program**” means any plan or program that provides health benefits whether directly, through insurance or otherwise, which is funded directly, in whole or in part, by the United States Government, and includes certain State health care programs. Examples include, but are not limited to: Medicare, Medicaid, Veterans’ programs and the State Children’s Health Insurance Programs. The Federal Employees Health Benefits Program is not included in this definition.
- (3) “**Good faith participation in the Compliance Program**” includes, but is not limited to the following:
 - Reporting actual or potential compliance issues
 - Cooperating or participation in the investigation of compliance issues
 - Assisting with or participation in self-evaluations and audits
 - Assisting with or participation in remedial actions / resolution of compliance issues
 - Reporting to appropriate officials as provided in Sections 740 and 741 of the New York State Labor Law²
- (4) “**Governing Body**” means the IPA’s Board of Managers.
- (5) “**Personnel**” means all affected individuals, which includes, but is not limited to, the Governing Body, all network providers, employees, and other individuals or entities affiliated or associated with the IPA (including, but not limited to, all contractors, subcontractors, agents, and other persons who perform functions or services on behalf of the IPA or otherwise contribute to a network provider’s entitlement to payment under Federal health care programs).

under the Medical Assistance Program or persons who submit claims for care, services, or supplies for or on behalf of another person for which the Medical Assistance Program is or should be reasonably expected to be a substantial portion of their business operations (defined to include persons or entities that claims or orders, or has claimed or ordered, or should reasonably be expected to receive at least \$500,000 in any consecutive 12 month period from the Medicaid Program). Providers subject to this requirement must annually certify on OMIG’s website that they maintain an effective compliance program. For more information, see *NY Social Services Law § 363-d and 18 N.Y.C.R.R. Part 521*.

² These laws are summarized in the Non-Retaliation, Non- Intimidation for Participation in the Compliance Program Policy (Appendix F-9).

COMPLIANCE PROGRAM - REPORTING REQUIREMENTS

All Personnel must abide by the Compliance Program and are required to report suspected misconduct or possible violations of the Compliance Program to the Compliance Officer. Personnel may also report issues via regular mail.

Personnel may report anonymously, if they so choose (by way of regular mail or otherwise).

The identity of Personnel reporting by way of regular mail will be kept confidential, whether requested or not, unless the matter is turned over to law enforcement.

Retaliation or intimidation in any form against an individual who in good faith reports possible unethical or illegal conduct is strictly prohibited. Acts of retaliation or intimidation should be immediately reported to the Compliance Officer or anonymously via regular mail and, if substantiated, the individuals responsible will be disciplined appropriately.

Name	Contact Information
<u>Compliance Officer</u> Chief Executive Officer	Ph: (516) 695 - 3307 Email: john.javis@bhncipa.com
<u>Anonymous Submission</u> Behavioral Health NYC IPA, LLC P.O. Box 642 Selden, NY 11784 Attn: Compliance Officer	

**BEHAVIORAL HEALTH
NYC IPA, LLC**

CODE OF CONDUCT

CODE OF CONDUCT

This Code of Conduct sets forth the mission and standards of conduct that all Personnel must adhere to and follow. If you have any questions or concerns about anything covered by the Code of Conduct or about any other matter relating to the Compliance Program, or if you wish to report a concern or problem, please contact the Compliance Officer.

CODE OF CONDUCT: MISSION AND VALUES

- o The IPA is a community-based behavioral health provider network, made up of ten behavioral health care agencies that joined together to provide comprehensive, rapid access to care in all five boroughs of New York City. Its goal is to provide rapid access to mental health and substance abuse services that are embedded in the community and delivered by culturally-competent and linguistically diverse clinicians.
- o IPA network providers must strive to provide high quality behavioral health services to patients without regard to age, race, color, sexual orientation, marital status, religion, sex, or national origin.
- o The IPA is committed to conducting our business in compliance with applicable laws, rules and regulations and in accordance with the highest ethical principles. The IPA expects the same from its Personnel. We do not and will not tolerate any form of unlawful or unethical behavior by anyone associated with the IPA. We will follow the letter and spirit of applicable laws, rules and regulations, conduct our business ethically and honestly, and act in a manner that enhances our standing in the community.

II. CODE OF CONDUCT: SCOPE OF APPLICATION TO PERSONNEL

- o The Compliance Program - and specifically this Code of Conduct - applies to all “Personnel” (as that term is defined on page 2 of this Compliance Manual).
- o All Personnel have a responsibility to help create and maintain a work environment in which compliance concerns may be openly raised, reviewed, discussed and addressed.

III. CODE OF CONDUCT: STANDARDS

■ General Standards

- o Personnel must be honest and lawful in all of their business dealings and avoid doing anything that could create even the appearance of impropriety.
- o Personnel must comply with the Code of Conduct; report any action they think may be possibly unlawful, inappropriate or in violation of the Code of Conduct or any compliance policy; cooperate with compliance inquiries and investigations; and work to correct any improper practices that are identified.
- o Acts of retaliation or intimidation for good faith reporting of any suspected violation of, or participation in, the Compliance Program will not be tolerated.

■ **Standards Related to Quality of Care**

- All network providers/professional staff will be properly licensed (and/or certified) and registered pursuant to applicable law. The IPA will take steps on a regular basis to monitor and ensure such compliance.
- In addition to the general credentialing process, the IPA will screen all Personnel to ensure that they are not included on: a) the United States Department of Health and Human Services' Office of Inspector General's List of Excluded Individuals/Entities; (b) the General Services Administration's System for Award Management ("SAM"); (c) the New York State Office of the Medicaid Inspector General's Medicaid Exclusion List; or (e) any other similar or successor list(s) of excluded or debarred individuals or entities.
- Network providers must have strict standards in place regarding quality of care, utilization review, and grievances. The IPA's Clinical Director will be responsible for overseeing quality of care issues. The IPA has established processes by which quality assurance reviews are conducted, issues are addressed, and corrective actions are implemented. In addition, the IPA has established protocols for reviewing complaints from third parties and addressing issues which may arise.

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

- The IPA's network providers must follow all Federal and State regulations and third-party payer rules governing billing, coding and documentation. Network providers must be committed to preparing accurate claims, consistent with such requirements. All documentation, coding and billing for services must be accurate and truthful.
- Personnel may never misrepresent charges or services to or on behalf of the government, a patient or payer. False statements, intentional omissions or deliberate and reckless misstatements to government agencies or other payers will expose the Personnel to disciplinary action. Personnel will not knowingly engage in any form of up-coding of any service in violation of any law, rule, or regulation. Personnel involved in such activities are subject to 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 behavioral health services that are consistent with accepted standards of behavioral health care should 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.
- In its billing practices, IPA network providers must comply with all Federal and State laws relating to matters including, but not limited to: waiving coinsurance amounts; providing professional courtesy to providers or their families; obtaining Advance Beneficiary Notices from Medicare patients for non-covered services; and gathering insurance information

from patients. IPA network providers must also comply with the billing rules and requirements of all of its payers, including government payers and commercial payers.

- o Should an IPA network provider engage an outside company to perform the billing function, the network provider remains responsible for the accuracy of all claims submitted to private and government payers. The network provider must ensure that the billing company has implemented its own Compliance Program and, among other things, performs regular audits of claims submitted on the member's behalf. If any claims submitted are found to have been improper, the network provider must work with the billing company to resolve the issue(s) and refund any overpayments received or take other corrective action, as necessary and appropriate.
- o The IPA's network providers must comply with all Federal and State rules relating to the retention of billing and medical records.
- o The IPA's network providers must not knowingly retain any payments that they are not entitled to keep and must promptly report, return and explain any overpayments identified in accordance with applicable law and contractual requirements.

■ **Standards Relating to Business Practices**

- o The IPA will forgo 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.
- o No Personnel will engage, either directly or indirectly, in any corrupt business practice intended to influence the manner in which the IPA or a network provider performs its services, or otherwise engages in its business practices.
- o All business records must be accurate, truthful and complete, with no material omissions.

■ **Patient Referrals/Marketing Activities**

- o In general, Federal and State anti-kickback laws prohibit payment to any individual or entity on the basis of the value or volume of referral of patients. 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 providers or other appropriate licensed practitioners. The IPA does not and its network providers must not pay providers, or anyone else, either directly or indirectly, for patient referrals.
- o All marketing activities and advertising by Personnel must be truthful and not misleading, must be supported by evidence to substantiate any claims made and must otherwise be in accordance with applicable law. In this regard, our best "advertisement" is the quality of our services. Personnel should not disparage the service or business of a competitor through the use of false or misleading representations. Network providers may not advertise or utilize personal marketing materials disclosing its relationship or participation status with the IPA without prior written approval from the IPA.

- o Personnel may not offer, pay, solicit or receive any gifts or benefits to or from any person or entity that would compromise the IPA's integrity (or even create an appearance that compromises the IPA's integrity), or under circumstances where the gift or benefit is offered, paid, solicited or received with a purpose of inducing or rewarding business between the parties. The guiding principle is simple: Personnel may not be involved with gifts or benefits that are undertaken to influence any business decision. Cash or cash equivalents may not be given or accepted under any circumstances.

- **Mandatory Reporting**

- o As part of its commitment to providing high quality care and services, the IPA complies with all applicable Federal and State mandatory reporting laws, rules and regulations. Network providers are also required to cooperate with the IPA in complying with such reporting requirements.
- o The IPA will ensure that it complies with annual certification requirements that may apply to its Compliance Program in accordance with New York Social Services Law and the Federal Deficit Reduction Act of 2005. Network providers that may be subject to these requirements must ensure that they fulfill their own obligations and certify their compliance, as appropriate.
- o IPA network providers must ensure that all identified overpayments are timely reported, explained and returned in accordance with applicable law and contractual requirements. Network provider should not retain any funds which are received as a result of overpayments and must report, return and explain any overpayments from Federal health care programs within 60 days from the date the overpayment was identified (or within such time as is otherwise required by law or contract). Any monies improperly collected must be promptly refunded to the Medicare Administrative Contractor, the Department of Health, the Office of Mental Health, the Office of Addiction Services and Supports, the Office of the Medicaid Inspector General or other payer/agency, as applicable.
- o Moreover, in certain circumstances (e.g., after an internal investigation confirms possible fraud, waste, abuse or inappropriate claims), and with the advice and assistance of legal counsel, as necessary and appropriate, the IPA and/or network providers will avail themselves of the appropriate self-disclosure process and report, as necessary and appropriate, to the New York State Department of Health, Office of Mental Health, Office of Addiction Services and Supports, Office of the Medicaid Inspector General, the U.S. Department of Health and Human Services, Office of Inspector General, or other appropriate governmental agency.

- **Standards Relating to Confidentiality and Security**

- o In compliance with Federal and State privacy laws, all Personnel will keep patient information confidential and secure.
- o The IPA has also implemented and maintains a HIPAA Compliance Program that addresses privacy and security. Personnel must adhere to the standards of the HIPAA

Compliance Program. Network providers must establish their own HIPAA compliance programs.

- o Confidential information acquired by Personnel about the business of the IPA must also be held in confidence and not used for personal gain, either directly or indirectly.

■ **Government Inquiries**

- o Personnel may speak voluntarily with government agents, and the IPA will not attempt to obstruct such communication. It is recommended, however, that Personnel contact the Chief Executive Officer before speaking with any government agents.
- o Personnel must receive authorization from the Chief Executive Officer before responding to any request to disclose the IPA's documents to any outside party.
- o It is the IPA's policy to comply with the law and cooperate with legitimate governmental investigations or inquiries. All responses to requests for information must be accurate and complete. Any action by Personnel to destroy, alter, or change any the IPA records in response to a request for such records is strictly prohibited and shall subject the individual to immediate termination of employment or contract and possible criminal prosecution.

**BEHAVIORAL HEALTH
NYC IPA, LLC**

**COMPLIANCE PROGRAM
STRUCTURE AND
GUIDELINES**

COMPLIANCE PROGRAM STRUCTURE AND GUIDELINES

The following eight elements comprise the Compliance Program's Structure and Guidelines. Each element governs a different and important aspect of the Compliance Program.

■ **Element 1: Written Policies and Procedures**

- **Formal Policies.** The Code of Conduct, the Compliance Program Structure and Guidelines, and related compliance policies have all been formalized in writing and adopted by the IPA. The Compliance Officer will at least annually (or more frequently as necessary) review all Compliance Program documents and make any necessary changes.

■ **Element 2: Designation of Compliance Officer**

- **Duties of the Compliance Officer.** The Compliance Officer maintains day-to-day responsibility for the Compliance Program. Among other things, the Compliance Officer is responsible for: (i) receiving and responding to all reports, complaints, and questions about compliance issues; (ii) investigating instances of potential legal and ethical violations (and violations of the Code of Conduct); and (iii) taking appropriate corrective action in response to such matters. The Compliance Officer reports directly to the governing body.

The Compliance Officer will create and implement the Annual Compliance Program Work Plan, which describes the annual reviews and compliance goals for the year.

- **For more information, see:** The Compliance Monitoring, Risk Assessment and Training Policy.

■ **Element 3: Training and Education**

- The Compliance Officer will ensure that all Personnel receive compliance training, and will develop a schedule of periodic training on compliance issues, as necessary, for new and existing Personnel. Such training will include:

- (1) Training for all new Personnel as part of their orientation.
- (2) An annual review for all Personnel of the requirements of the Compliance Program, including any changes which have been adopted.
- (3) Targeted training for specific Personnel, as necessary.

- **For more information, see:** The Compliance Monitoring, Risk Assessment and Training Policy.

■ **Element 4: Communication Lines to the Compliance Officer**

- **Reporting and Confidentiality.** All Personnel are required to report suspected misconduct, possible violations of Federal or State laws or regulations, or possible violations of the Compliance Program to the Compliance Officer. Personnel may report anonymously, if they so choose (by way of anonymously reporting via regular mail or otherwise). The identity of any Personnel reporting in good faith by way of anonymous

regular mail will be kept confidential, whether requested or not, unless the matter is turned over to law enforcement.

- o **Informing the Compliance Officer.** Upon receiving information regarding a possible violation, the individual informed (if other than the Compliance Officer) shall immediately inform the Compliance Officer so that he or she may address the issue.

- **Element 5: Disciplinary Policies to Encourage Good Faith Participation in the Compliance Program**

- o **Discipline.** All Personnel will be subject to disciplinary action if they fail to comply with any laws, regulations, or any aspect of the Compliance Program. This includes disciplinary actions for:

- (1) failure to report suspected problems;
- (2) participating in non-compliant behavior;
- (3) encouraging, directing, facilitating, or permitting non-compliant behavior;
- (4) refusal to cooperate in the investigation of a potential violation;
- (5) refusal to assist in the resolution of compliance issues; or
- (6) retaliation against, or intimidation of, an individual for reporting a compliance violation or otherwise participating in the Compliance Program in good faith.

Such disciplinary actions shall be fairly and firmly enforced. The types of discipline imposed will be commensurate with the severity of the violation, ranging from verbal or written warnings to termination of employment or contract, if appropriate.

- o **For more information, see:** The Protocols for Investigations and Implementing Corrective Action, Including Discipline; and the Compliance Monitoring, Risk Assessment and Training Policy.

- **Element 6: Identification of Compliance Risk Areas and Non-Compliance**

- o **Tracking New Developments.** The Compliance Officer will ensure that all relevant publications issued by government or third-party payers regarding compliance rules or protocols relevant to the IPA are reviewed and appropriately implemented. Through this process, compliance risk areas specific to the IPA will be identified and incorporated into the Annual Work Plan, or a focused audit, as appropriate. In addition, the Compliance Officer, or his or her designee, will monitor the daily mail for anonymous submissions and any other reports of compliance issues or violations that might be raised. As appropriate, the Compliance Officer will raise issues with the governing body.
- o **Compliance Assurance Reviews.** The IPA has a process for the routine identification and assessment of compliance risk areas. This process involves the use of periodic reviews, audits, and other practices. As part of that process, and in an effort to detect and prevent fraud, waste and abuse, the Compliance Officer, or his or her designee, will periodically

monitor and/or conduct specific reviews of the following risk areas: business practices; coding, billing and documentation practices; issues relating to quality of care and medical necessity of services; the credentialing process; compliance with mandatory reporting requirements; governance; and other potential compliance risk areas that may arise from complaints, risk assessments, and as identified by specific compliance protocols and elsewhere.

- o **Risk Assessment and Annual Work Plan.** The Compliance Officer will formulate an annual Compliance Work Plan based on developments arising from internal reviews and issues and external areas of compliance concern. The Work Plan will be approved by the governing body.
- o **For more information, see:** The Compliance Monitoring, Risk Assessment and Training Policy; and the Protocols for Investigations and Implementing Corrective Action, Including Discipline.

■ **Element 7: A System for Responding to Compliance Issues**

- o **Investigations.** All compliance issues, however raised (*i.e.*, whether reported or discovered through audits/self-evaluations), must be brought to the attention of the Compliance Officer. The Compliance Officer will oversee or conduct an inquiry into the issue, using outside counsel or consultants as necessary. All Personnel are required to cooperate in such investigations.
- o **Corrective Action and Responses to Suspected Violations.** All Personnel are also required to assist in the resolution of compliance issues. Corrective action will be implemented promptly and thoroughly and may include: conducting training and re-education; revising or creating appropriate forms; modifying or creating new policies and procedures; conducting internal reviews, audits or follow-up audits; imposing discipline (up to and including termination of employment or contract), as appropriate; and making voluntary disclosures and/or refunds to appropriate payers (e.g., NY DOH/OMH/OASAS/OMIG, US DHHS/OIG, etc.).
- o **For more information, see:** The Compliance Monitoring, Risk Assessment and Training Policy; and the Protocols for Investigations and Implementing Corrective Action, Including Discipline.

■ **Element 8: Policy of Non-Intimidation and Non-Retaliation.**

- o **Intimidation and Retaliation Are Prohibited.** All Personnel are expected to participate in and comply with this Compliance Program, including the reporting of any violation or compliance issue. **Retaliation or intimidation in any form against an individual who in good faith reports possible unethical or illegal conduct or otherwise participates in the Compliance Program is strictly prohibited and is itself a serious violation of the Code of Conduct.** Acts of retaliation or intimidation should be immediately reported to the Compliance Officer and, if substantiated, will be disciplined appropriately.
- o **For more information, see:** The Non-retaliation, Non-intimidation for Participation in the Compliance Program Policy; and the Protocols for Investigations and Implementing Corrective Action, Including Discipline.

ACKNOWLEDGEMENT

I acknowledge that I have received and reviewed the IPA's Compliance Manual, containing the Compliance Program Reporting Requirements, Code of Conduct and Compliance Program Structure and Guidelines.

I affirm the following:

- (1) I will follow the standards and procedures set forth in the Compliance Manual (and its related policies and procedures) and will ask questions if I do not understand my responsibilities under the Compliance Program.
- (2) If I become aware of any possible violations of the Compliance Program, or if I have concerns or questions about the appropriateness of any practices at the IPA, I will report such issues to the Compliance Officer or report anonymously via regular mail.
- (3) I understand that I may be subject to discipline (or other corrective action) if I violate the standards and requirements set forth in the Compliance Manual or any of the IPA's compliance related policies and procedures.

Name (Printed)

Signature

Date