

# Medical Answering Services, \_\_ Medicaid Compliance Program Overview

Dated  
December 1, 2012

Medical Answering Services, LLC (MAS) has implemented and maintains a Compliance Program with all required elements as outlined in Social Security Law Section 363-d and Part 521, entitled "Provider Compliance Programs," of Title 18 of the Codes, Rules, and Regulations of the State of New York.

MAS recognizes that the implementation and maintenance of our Compliance Program is required to be eligible to receive medical assistance payments for care, services, or supplies, or to be eligible to submit claims for care, services, or supplies to Medicaid. MAS further recognizes our requirement to maintain our Compliance Program due to receiving more than \$500,000 a year in payments from the Medicaid program and that activities for and payments from the Medicaid program represent a substantial portion of our business.

MAS has certified, using a form provided by the Office of the Medicaid Inspector General on its website, that a Compliance Program meeting the requirements of this Part is in place.

MAS' Compliance Program includes;

- (1) Written policies and procedures that describe compliance expectations as embodied in a Code of Conduct or Code of Ethics. These written policies and procedures can be found in MAS' Compliance Program found herein, as well as in our employee handbook and our employee compliance training materials of which a copy can be found herein;
- (2) Operational implementation of our Compliance Program. MAS provides guidance to our employees and others on dealing with potential compliance issues through our employee handbook, new employee orientation, annual compliance training, risk area assessment, new policy development and education, MAS' Code of Conduct, as well as our progressive Discipline Program focused on employees (1) failing to report suspected problems, (ii) participating in noncompliant behavior, or (iii) encouraging, directing, facilitating, or permitting either actively or passively noncompliant behavior. Such disciplinary policies are fairly and firmly enforced. Furthermore, MAS has identified how to communicate compliance issues to appropriate compliance personnel through our Trip Concern Process, Medicaid Enrollee - Transportation Vendor - Medical

Provider surveys, our Compliance Committee, as well as our anonymous and confidential non-compliance reporting methods and our Whistle-Blower policies. MAS' written policies and procedures further describe how potential compliance problems are investigated and resolved;

- (3) Designating Jennifer Delucia-Chimber as the MAS employee vested with responsibility for the day-to-day operation of the Compliance Program; Jennifer's duties are combined with other duties in the area of CQI. However, in the event that the Chief Executive Officer, the governing body decides, or it becomes evident through either internal or external compliance audits that her compliance responsibilities are not being satisfactorily carried out, all other duties will be reassigned. Jennifer reports directly to MAS' Chief Executive, Russell Maxwell and Chief Operating Officer, Wayne Freeman, both of whom make up the entire governing body. Furthermore, Russell Maxwell and Wayne Freeman both serve on the Compliance Committee;
- (4) Training and education of all affected employees and persons associated with MAS, including executives and governing body members, on compliance issues, expectations and the Compliance Program operation. MAS' training occurs periodically and is part of the orientation for a new employee, appointee, or associate, executive, and governing body member;
- (5) Communication lines to the responsible compliance position, as described in paragraph (2) above which are accessible to all employees, persons associated with MAS, executives, and governing body members, to allow compliance issues to be reported. MAS' communication lines include a method of anonymous and confidential good faith reporting of potential compliance issues as they are identified;
- (6) Disciplinary policies to encourage good faith participation in the Compliance Program by all affected individuals, including policies that articulate expectations of reporting compliance issues and assist in their resolution and outline sanctions for
  - i. Failing to report suspected problems;
  - ii. Participating in noncompliant behavior;
  - iii. Encouraging, directing, facilitating, or permitting either actively or passively noncompliant behavior; or
  - iv. Refusing to participate in an investigation.

Such disciplinary policies are fairly and firmly enforced.

- (7) A system for routine identification of compliance risk areas specific to MAS' provider type, for self-evaluation of such risk areas, including but not limited to, internal audits and, as appropriate, external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits, credentialing of providers and persons associated with providers, mandatory reporting, governance, and quality of care of medical assistance program beneficiaries;
- (8) A system for responding to compliance issues as they are raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits; correcting such problems promptly and thoroughly, and implementing procedures, policies,

and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to the Department or the Office of Medicaid Inspector General; and refunding overpayments;

- (9) A policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program, including but not limited to, reporting potential issues, investigating issues, self-evaluation, audits, and remedial actions, and reporting to appropriate officials as provided in Sections 740 and 741 of the Labor Law.

Furthermore, the MAS Compliance Program is applicable to:

- (1) Billings;
- (2) Payments;
- (3) Medical necessity and quality of care;
- (4) Governance
- (5) Mandatory reporting;
- (6) Credentialing; and
- (7) Other risk areas that are or should be with due diligence MAS has identified or will identify from our quarterly internal compliance and risk assessment audits or from our bi-annual compliance and risk assessment external audits, identified in the annual work plans of the Office of Medicaid Inspector General and Office of Inspector General.

POLICY:	COMPLIANCE CODE OF CONDUCT	#C100
PURPOSE:	MAS employees shall abide by the following Compliance Code of Conduct to remain compliant with the requirements of the Medicaid program and to be utilized in evaluating employee performance.	
PROCEDURE:	<p>In assessing adherence to the Compliance Code of Conduct, the following shall be considered:</p> <p>MAS' commitment to compliance with all Medicaid requirements Including, but not limited to, Social Services Law 363-d and 18 NYCRR Part 521.</p>	

*"Non-compliance" includes but is not limited to, (1) accepting any gifts or gratuities from anyone MAS conducts business with; (ii) conducting Medicaid transportation management business with friends, relatives, or a member of the dwelling in which you reside; (iii) a violation or infraction of MAS' Compliance Code of Conduct; (iv) any violation or infraction of a Medicaid recipient's information, protected under HIPPA Privacy Rule (The Health Insurance Portability and Accountability Act of 1996); (v) any other activity by any MAS employee that is undertaken in the performance of the employee's official duties at MAS, whether or not that action is within the scope of his or her employment, and the violation of any state or federal law or regulation including but not limited to, Social Services Law 363-d and 18 NYCRR Part 521, or constitutes malfeasance, bribery, fraud, misuse of MAS property, or willful omission to perform his or her duties, or involves gross misconduct.*

#### 363-d. Provider Compliance Program.

1. The legislature finds that medical assistance providers may be able to detect and correct payment and billing mistakes and fraud if required to develop and implement compliance programs. It is the purpose of such programs to organize provider resources to resolve payment discrepancies and detect inaccurate billings, among other things, as quickly and efficiently as possible, and to impose systemic check and balances to prevent further recurrences. The legislature accordingly declares that it is in the public interest that providers within the medical assistance program implement compliance programs. The legislature also recognizes the wide variety of provider types in the medical assistance program and the need for compliance programs that reflect a provider's size, complexity, resources and culture. For a compliance program to be effective, it must be designed to be compatible with the provider's characteristics. At the same time, however, the legislature determines that there are key components that must be included in every compliance program and such components should be required if a provider is to be a medical assistance program participant. Accordingly, the provisions of this

section require providers to adopt effective compliance program elements, and make each provider responsible for implementing such a program appropriate to its characteristics.

2. Every provider of medical assistance program items and services that is subject to subdivision four of this section shall adopt and implement a compliance program. The office of Medicaid inspector general shall create and make available on its website guidelines, which may include a model compliance program, that reflect the requirements of this section. Such program shall at a minimum be applicable to billings to and payments from the medical assistance program but need not be confined to such matters. The compliance program required pursuant to this section may be a component of more comprehensive compliance activities by the medical assistance provider so long as the requirements of this section are met. A compliance program shall include the following elements:
  - a. Written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to employees and others on dealing with potential compliance issues, identify how to communicate compliance issues to appropriate compliance personnel and describe how potential compliance problems are investigated and resolved;
  - b. Designate an employee vested with responsibility for the day-to-day operation of the compliance program; such employee's duties may solely relate to compliance or may be combined with other duties so long as compliance responsibilities are satisfactorily carried out; such employee shall report directly to the entity's chief executive or other senior administrator and shall periodically report directly to the governing body on the activities of the compliance program;
  - c. Training and education of all affected employees and persons associated with the provider, including executives and governing body members, on compliance issues, expectations and the compliance program operation; such training shall occur periodically and shall be made a part of the orientation for a new employee, appointee or associate, executive and governing body member;
  - d. Communication lines to the responsible compliance position, as described in paragraph (b) of this subdivision, that are accessible to all employees, persons associated with the provider, executives and governing body members, to allow compliance issues to be reported; such communication lines shall include a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified;
  - e. Disciplinary policies to encourage good faith participation in the compliance program by all affected individuals, including policies that articulate expectations for reporting compliance issues and assist in their resolution and outline sanctions for: (1) failing to report suspected problems; (2) participating in non-compliant behavior; or (3) encouraging, directing,

- facilitating or permitting non-compliant behavior; such disciplinary policies shall be fairly and firmly enforced;
- f. A system for routine identification of compliance risk areas specific to the provider type, for self-evaluation of such risk areas, including internal audits and as appropriate external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits;
  - g. A system for responding to compliance issues as they are raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits; correcting such problems promptly and thoroughly and implementing procedures, policies and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to the department or the office of Medicaid Inspector General; and refunding overpayments;
  - h. A policy of non-intimidation and non-retaliation for good faith participation in the compliance program, including but not limited to reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in sections seven hundred forty and seven hundred forty-one of the labor law.
3. Upon enrollment in the medical assistance program, a provider shall certify to the department that the provider satisfactorily meets the requirements of the section. Additionally, the commissioner of health and Medicaid inspector general shall have the authority to determine at any time if a provider has a compliance program that satisfactorily meets the requirements of this section.
- a. A compliance program that is accepted by the Federal Department of Health and Human Services Office of Inspector General and remains in compliance with the standards promulgated by such office shall be deemed in compliance with the provisions of this section.
  - b. In the event that the Commissioner of Health or the Medicaid Inspector General finds that the provider does not have a satisfactory program within ninety days after the effective date of the regulations issued pursuant to subdivision four of this section, the provider may be subject to any sanctions or penalties permitted by federal or state laws and regulations, including revocation of the provider's agreement to participate in the medical assistance program.
4. The Medicaid Inspector General, in consultation with the Department of Health, shall promulgate regulations establishing those providers that shall be subject to the provisions of this section including, but not limited to, those subject to the provisions of articles twenty-eight and thirty-six of the Public Health Law, Articles sixteen and thirty-one of the mental hygiene law, and other providers of care, services and supplies under the medical assistance program for which the medical assistance program is a substantial portion of their business operations.

MAS' Compliance Code of Conduct requires that all employees shall comply with Medicaid program requirements and with MAS' policies and procedures, specifically MAS policy #CP100, including the Corporate Integrity Agreement, Social Services Law 363-d and 18 NYCRR Part 521.

MAS' Compliance Code of Conduct requires that all employees shall report to the Compliance Officer or designee, any violation of the Medicaid program requirements, or any of MAS' Compliance policies and procedures.

MAS' Compliance Code of Conduct maintains consequences for MAS and its employees for failing to comply or report non-compliance with Medicaid program requirements and MAS' policies and procedures, up to and including termination.

MAS' Compliance Code of Conduct maintains that each employee shall fully cooperate with any internal or external investigation. Failure to comply will result in disciplinary action up to and including termination.

MAS' Compliance Code of Conduct allows employees to report non-compliance with Medicaid requirements or MAS' policies and procedures, without retaliation or retribution, maintaining anonymity and confidentiality, as appropriate.

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Each MAS employee shall certify in writing that they have received, read, and understood, and shall comply with MAS' Compliance Code of Conduct.

Current MAS employees shall make the aforementioned certification within 90 days of the effective date of the Corporate Integrity Agreement.

New MAS employees shall make the aforementioned certification within 30 days of their date of hire or 90 days of the effective date of the Corporate integrity Agreement, whichever is later.

"Transportation should take place within the common medical marketing area, which means the geographic area from which a community customarily obtains its medical care and services." (92 ADM-21 III B 5). Certain extenuating circumstances do exist around this administrative directive.

MAS shall "consider a number of factors when deciding whether or not to authorize reimbursement for a recipient's private transportation expenses. These factors include but are not limited to: 1. Frequency of medical appointments; 2. Distance to be traveled; 3. Continuity of medical care; 4. Medical condition of the recipient; 5. Weather conditions; 6. Availability of the recipient's usual mode of transportation; 7. Undue financial hardship to the

recipient if reimbursement is not authorized, and; 8. Any other circumstances which may affect the recipient's ability to access needed medical care and services." (92 ADM-2111I C).

MAS' Compliance Code of Conduct requires that all employees shall comply with Medicaid program requirements and with MAS' policies and procedures, specifically MAS policy #CP100, including the Corporate Integrity Agreement, NYCRR Title 18 Section 505.10, 92 ADM-21, Social Security Section 363-d and Part 521, entitled "Provider Compliance Programs" NYCRR Title 18.

MAS' Compliance Code of Conduct requires that all employees shall report to the Compliance Office or designee, any violation of the Medicaid program requirements, or any of MAS' policies and procedures.

MAS' Compliance Code of Conduct maintains disciplinary policies for MAS and its employees for failing to comply or report non-compliance with Medicaid program requirements and MAS' policies and procedures, up to and including termination of employment.

Each MAS employee shall certify in writing that they have received, read, understood, and shall comply with MAS' Compliance Code of Conduct.

Current MAS employees shall make the aforementioned certification within 90 days of the effective date of the Corporate Integrity Agreement.

New MAS employees shall make the aforementioned certification within 30 days of their date of hire or 90 days from the effective date of the Corporate Integrity Agreement, whichever is later.

MAS' Compliance Code of Conduct shall be reviewed annually and as needed by the Compliance Officer and/or Compliance Committee to include changes in the Medicaid program requirements and determine if further revisions are appropriate.

Revisions of the Compliance Code of Conduct shall be distributed to all MAS employees 30 days after they are finalized.

Each MAS employee shall certify in writing that they have received, read, understood, and shall comply with MAS' revised Compliance Code of Conduct 30 days after distribution.

The Compliance Officer or designee shall retain all certifications.

Adherence to the MAS Compliance Code of Conduct is evaluated during employee performance reviews.



POLICY: COMPLIANCE PROGRAM #CP100

PURPOSE: MAS employees shall comply with the requirements of the Medicaid program and the policies and procedures of MAS' Compliance Program.

PROCEDURE: MAS shall designate a Compliance Officer who implements and coordinates compliance activities in adherence to Social Services Law 363-d and 18 NYCRR Part 521.

MAS shall retain an independent review organization or IRO which assists the Compliance Officer in implementing, coordinating, and overseeing the Compliance Program.

MAS shall maintain a toll-free compliance telephone line for employees to anonymously disclose any issues or questions as an employee has related to MAS' policies, procedures, Compliance Code of Conduct, and/or compliance with any aspect of the Medicaid program.

MAS shall post the toll-free telephone line on posters throughout each MAS office and email this information to MAS employees who work from home.

MAS' Compliance Officer or designee shall gather all relevant information, in the event a report is made, from the reporting individual.

MAS' Compliance Officer or designee shall make an initial inquiry into any and all reports of non-compliance made to determine if further review is necessary. If further review is founded, whereas a certain practice of MAS can be assessed as proper or improper, and/or an opportunity is presented for MAS to take corrective action, the Compliance Officer or designee shall conduct an internal review to ensure follow up and an action plan are instituted as necessary.

Examples of noncompliant behavior include, but are not limited to:

1. Accepting gratuities from a vendor of any kind including, but not limited to, free service;
2. Steering Medicaid transportation to a specific vendor for any reason;
3. Knowingly dismissing a vendor's action of providing a higher level of transport than is needed;
4. A peer, supervisor, or manager requesting you to perform a non-compliant function, even if you do not carry out request;

5. Sharing personal information of a recipient for personal benefit or with any non-MAS employee not involved in recipients' care, not in the hours of scheduled work hours.

MAS' Compliance Officer or designee shall maintain a complaint/concern log to include a record and summary of all complaints/concerns received, the status of internal reviews if applicable, and the corrective action plans instituted if necessary. The complaint log shall be available to OMIG upon request and included in the annual reporting to OMIG.

At the commission of the Compliance Committee, the Compliance Officer or designee shall perform internal audits two times within a twelvemonth period. Audits shall focus on recipient complaints/concerns, recorded or live call taking, interviews with MAS employees, supervisors, managers, and/or officers, reports of non-compliance, employee training activities, and employee background checks. Results of these audits will be reviewed with the Compliance Committee.

MAS' Compliance Program includes MAS' Compliance Code of Conduct as outlined in MAS policy #C100, specifically:

MAS' requirement that all employees shall report to the Compliance Officer or designee any violation of the Medicaid program requirements or any of MAS' policies and procedures.

Consequences for MAS and its employees for failing to comply or failing to report non-compliance with Medicaid program requirements and MAS' policies and procedures, up to and including termination.

MAS' disclosure program allowing employees to report non-compliance with Medicaid requirements or MAS' policies and procedures, without intimidation, retaliation, or retribution, maintaining anonymity and confidentiality, as appropriate. •

MAS' prior authorization request process. "Prior authorization will be granted by the prior authorization official only when payment for transportation expenses is essential in order for an eligible [Medicaid] recipient to obtain necessary medical care and services which may be paid for under the [Medicaid] program." (505.10(a)). "Requests for prior authorization may be made by the [Medicaid] recipient, his or her representative, or an ordering practitioner." (505.10(d)(2)). "The recipient, his or her representative, or ordering practitioner must make the request in the manner required by the prior authorization official." (505.10(d)(3)). As the prior authorization agent, MAS utilizes the

Verification of Transportation Abilities Form for this purpose. Emergency ambulance transportation is exempt from prior authorization.

MAS' commitment to not be involved in the billing process for transportation vendors who serve Medicaid recipients.

MAS' commitment not to enter into contracts with remuneration or receiving a percentage of the claim or payment from the Medicaid program.

MAS' procedure for assigning dispatches or trips to transportation vendors. MAS assigns transportation vendors at the Medicaid recipient's and/or medical provider's request. If the Medicaid recipient has no preference for which vendor to use, dispatches are assigned on a rotating basis (now vs. later rotation depending on trip date) or lowest cost policy of county being served.

MAS' commitment to dispatching the least expensive most appropriate mode of transportation that fits the Medicaid recipient's needs, in accordance with NYCRR Title 18 Section 505.10(e)(3).

MAS' commitment to enforcing a conflict of interest policy, where MAS employees disclose potential outside influences to MAS as their employer upon hire and as criteria of the employee performance evaluation in Human Resources.

Social Services Law 363-d and 18 NYCRR Part 521, which requires that Medicaid providers develop and implement compliance programs aimed at detecting fraud, waste, and abuse in the Medicaid program.

MAS performs satisfaction surveys of Medicaid recipients and Medicaid transportation vendors as outlined in MAS Policy #T101.

Included in this Compliance Program Policy is the role of the Compliance Committee, specifically to act as the governing body of all Compliance Program activities and assist the Compliance Officer as needed. In addition, the Committee monitors audits and investigations performed, addressing any identified risk areas or concerns. Committee members can include senior managers, i.e. MAS President, Chief Operating Officer, Director of Operations, Medicaid Manager, and the Compliance Officer chairs the Committee.

The Compliance Committee shall meet quarterly to review changes in the Medicaid program and subsequent changes to MAS' policies and procedures, recipient complaint/concern log(s), reports of non-compliance, employee

training activities, results of recipient and vendor satisfaction surveys, issues raised during employee background checks, internal audit findings, if applicable, concerns raised by said audits, and any other matters as deemed necessary to discuss by the Compliance Committee.

Each MAS employee shall certify in writing that they have received, read, understood and shall comply with MAS' Compliance Program.

Current MAS employees shall make the aforementioned certification with 90 days of the effective date of the Corporate Integrity Agreement.

New MAS employees shall make the aforementioned certification within 90 days of their date of hire.

The Compliance Program and its policies and procedures shall be reviewed annually or as needed by the Compliance Officer and/or Compliance Committee to include changes in the Medicaid program requirements.

Revisions of the Compliance Program and related policies shall be distributed to MAS employees 30 days after they are finalized.

MAS employees shall certify in writing that they have received, read, understood, and shall comply with MAS' revision of the Compliance Program and related policies, 30 days after distribution.

The Compliance Officer or designee shall retain all certifications.

Changes in the identity or responsibilities of the Compliance Officer or Compliance Committee members will be reported to OMIG in writing 15 days after said change.

POLICY: COMPLIANCE CODE OF CONDUCT #C100

PURPOSE: MAS employees shall abide by the following Compliance Code of Conduct to remain compliant with the requirements of the Medicaid program and to be utilized in evaluating employee performance.

PROCEDURE: In assessing adherence to the Compliance Code of Conduct, the following shall be considered:

MAS' commitment to compliance with all Medicaid requirements  
Including, but not limited to, Social Services Law 363-d and 18 NYCRR Part 521.

*"Non-compliance" includes but is not limited to, (i) accepting any gifts or gratuities from anyone MAS conducts business with; (ii) conducting Medicaid transportation management business with friends, relatives, or a member of the dwelling in which you reside; (iii) a violation or infraction of MAS' Compliance Code of Conduct; (iv) any violation or infraction of a Medicaid recipient's information, protected under H1PPA Privacy Rule (The Health Insurance Portability and Accountability Act of 1996); (v) any other activity by any MAS employee that is undertaken in the performance of the employee's official duties at MAS, whether or not that action is within the scope of his or her employment, and the violation of any state or federal law or regulation including but not limited to, Social Services Law 363-d and 18 NYCRR Part 521, or constitutes malfeasance, bribery, fraud, misuse of MAS property, or willful omission to perform his or her duties, or involves gross misconduct.*

363-d. Provider Compliance Program.

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  - a. Written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to employees and others on dealing with potential compliance issues, identify how to communicate compliance issues to appropriate compliance personnel and describe how potential compliance problems are investigated and resolved;
  - b. Designate an employee vested with responsibility for the day-to-day operation of the compliance program; such employee's duties may solely relate to compliance or may be combined with other duties so long as compliance responsibilities are satisfactorily carried out; such employee shall report directly to the entity's chief executive or other senior administrator and shall periodically report directly to the governing body on the activities of the compliance program;
  - c. Training and education of all affected employees and persons associated with the provider, including executives and governing body members, on compliance issues, expectations and the compliance program operation; such training shall occur periodically and shall be made a part of the orientation for a new employee, appointee or associate, executive and governing body member;
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- f. A system for routine identification of compliance risk areas specific to the provider type, for self-evaluation of such risk areas, including internal audits and as appropriate external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits;
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- 3. Upon enrollment in the medical assistance program, a provider shall certify to the department that the provider satisfactorily meets the requirements of the section. Additionally, the commissioner of health and Medicaid inspector general shall have the authority to determine at any time if a provider has a compliance program that satisfactorily meets the requirements of this section.
  - a. A compliance program that is accepted by the Federal Department of Health and Human Services Office of Inspector General and remains in compliance with the standards promulgated by such office shall be deemed in compliance with the provisions of this section.
  - b. In the event that the Commissioner of Health or the Medicaid Inspector General finds that the provider does not have a satisfactory program within ninety days after the effective date of the regulations issued pursuant to subdivision four of this section, the provider may be subject to any sanctions or penalties permitted by federal or state laws and regulations, including revocation of the provider's agreement to participate in the medical assistance program.
- 4. The Medicaid Inspector General, in consultation with the Department of Health, shall promulgate regulations establishing those providers that shall be subject to the provisions of this section including, but not limited to, those subject to the provisions of articles twenty-eight and thirty-six of the Public Health Law, Articles sixteen and thirty-one of the mental hygiene law, and other providers of care, services and supplies under the medical assistance program for which the medical assistance program is a substantial portion of their business operations.

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"Transportation should take place within the common medical marketing area, which means the geographic area from which a community customarily obtains its medical care and services." (92 ADM-21111B 5). Certain extenuating circumstances do exist around this administrative directive.

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recipient if reimbursement is not authorized, and; 8. Any other circumstances which may affect the recipient's ability to access needed medical care and services." (92 ADM-21111C).

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The Compliance Officer or designee shall retain all certifications.

Adherence to the MAS Compliance Code of Conduct is evaluated during employee performance reviews.

POLICY: NON-INTIMIDATION AND NON-RETALIATION FOR THOSE WHO IN GOOD FAITH PARTICIPATE IN THE COMPLIANCE PROGRAM AND WHISTLE-BLOWER POLICY

PURPOSE: Medical Answering Services, LLC (MAS) maintains a non-retaliation, non-retribution, non-intimidation policy toward MAS employees, Medicaid recipients, Medicaid transportation providers or Medicaid medical providers who make reports of non-compliance or any other complaint about MAS.

PROCEDURE: Medical Answering Services, LLC has established a procedure by which employees can report to the company allegations of known or suspected non-compliance (as hereinafter defined). MAS maintains that making reports of non-compliance is every employee's responsibility.

"Non-compliance" includes, but is not limited to, (i) *accepting any gifts or gratuities from anyone MAS conducts business with; (ii) conducting Medicaid transportation management business with friends, relatives, or a member of the dwelling in which you reside; (iii) a violation or infraction of MAS' Compliance Code of Conduct; (iv) any violation or infraction of a Medicaid recipient's information, protected under HIPPA Privacy Rule (The Health Insurance Portability and Accountability Act of 1996); (v) any other activity by any MAS employee that is undertaken in the performance of the employee's official duties at MAS, whether or not that action is within the scope of his or her employment, and the violation of any state or federal law or regulation including but not limited to, Social Services Law 363-d and 18 NYCRR Part 521, or constitutes malfeasance, bribery, fraud, misuse of MAS property, or willful omission to perform his or her duties, or involves gross misconduct.*

Any MAS employee who in good faith reports incidents described above will be protected from threats of retaliation, retribution, intimidation, or other types of discrimination including compensation or terms and conditions of employment that are directly related to the disclosure of the report. In addition, no employee may be adversely affected because the employee refused to carry out a directive which, in fact, constitutes a violation of Social Services Law 363-d, 18 NYCRR Part 521 or MAS' Compliance Code.

MAS employees are encouraged to use the guidance provided by this policy for reporting suspected Activities of Non-compliance in accordance with the following:

1. Reporting Requirement: All officers, directors, managers, supervisors and employees are required to report information concerning non-compliance. Such reports may be submitted in a confidential and anonymous manner. Reports should be factual rather than speculative or conclusory, and should contain specific information for proper assessment of nature, extent and urgency of the issues raised in the report.

Reporting employees should refrain from (i) obtaining evidence for which they do not have a right of access and (ii) conducting their own investigative activities.

It is MAS' policy that no employee shall be subject to disciplinary or retaliatory action by MAS or any of its employees as a result of the employee submitting a report hereunder. However, employees who submit reports of non-compliance without a reasonable belief in the truth and accuracy of such information will not be protected by the above policy statement and may be subject to disciplinary action.

2. MAS' Compliance Officer: The appointed Compliance Officer is responsible for administering MRS' Whistle-Blower Policy. The Compliance Officer reports directly to the MAS' Chief Executive Officer, and is obligated to communicate matters arising from this Policy to MAS' Board of Directors, MAS' IRO and designated Compliance Committee. The Compliance Officer's responsibilities under this Policy include:

Administering, implementing and overseeing ongoing compliance under the Policy.

Establishing, amending where necessary, and administering procedures to assure that such reports of non-compliance will be collected, reviewed promptly, resolved, addressed in an appropriate manner, and retained.

Making himself or herself available to discuss with any employee any concerns raised or reports submitted.

Establishing and administering practices that enable any employee to report non-compliance in an anonymous, confidential manner safeguarding said reporting employee from non-retaliation, non-retribution and non-intimidation.

Ensuring that any founded report of non-compliance is prepared and disclosed to the New York State Office of Medicaid Inspector General, Bureau of Compliance.

3. Procedure for Reporting Non-compliant Activities: Any MAS employee can report suspected non-compliance confidentially and anonymously by calling MAS' anonymous toll free phone number, 1-877-639-1777. This number is managed and maintained by an independent company to confirm complete confidentiality and anonymity. Any MAS employee can submit, confidentially and anonymously, a written report of suspected non-compliance and submit said concern in a locked box located at the visitor's entrance of Medical Answering Services, 375 West Onondaga Street, Syracuse, New York 13202. Any MAS employee can, confidentially and anonymously report, in writing, suspected non-compliance to the Compliance Officer, to be delivered in person or by another MAS employee or by the United States Postal Service. Any MAS employee can, confidentially and anonymously, deliver suspected non-compliance via electronic

communication to include MAS internal mail, MAS' website, the Compliance Officer's designated Medical Answering Services e-mail address, in office land line or cellular telephone.

Compliance Officer: Jennifer Delucia-Chimber

Office Phone Number: 315-299-2754

Cellular Phone: 315-263-4350

MAS Email Address: [idelucia@medanswering.com](mailto:idelucia@medanswering.com)

Any MAS employee can call the Office of the Medicaid Inspector General to report suspected non-compliance, confidentially and anonymously. 1-800-873-7283