



University of Florida, Pediatric Integrated Care System

Compliance Program

Policy: Ped-I-Care Program Integrity Plan **Number:** CD-0003

Programs: Title XIX and Title XXI

Effective Date: Title XIX January 24, 2008

Title XXI August 1, 2013

(Revisions are effective 45 days after AHCA approval for Title XIX and after CMS approval for Title XXI.)

Approved by:

Title	Name	Signature	Ped-I-Care Approved	CMS Approved	AHCA Approved
Compliance Officer	Mark Hudak, M.D.	<i>Mark J. Hudak M.D.</i>	1/30/2008, 9/2/2008, 8/30/2010, 9/24/2012, 9/6/2013, 9/25/2016	3/2/2011	3/2/2011
Revised	4/30/2008, 7/5/2010, 8/2/2010, 8/8/2011, 11/21/2012, 1/24/2013, 9/14/2015				

Responsible Parties: Compliance Officer, Management, and Compliance Committee

Purpose

Ped-I-Care’s Compliance Department maintains an effective monitoring and auditing Program. This Program continuously and proactively audits functions within the organization and of contracted providers to confirm adherence to standards written in Policies & Procedures and provider contracts as well as compliance with federal and state rules and regulations. The monitoring and auditing activities identify possible risks to the organization which may occur from non-compliance. Corrections are made if non-compliant activities are discovered and corrections implemented before the organization suffers significant loss. Monitoring and auditing practices are also used to measure the effectiveness of the Fraud and Abuse Training program in which the standards, policies, procedures, rules, and regulations are taught. Findings

are used to measure the program's own effectiveness and benchmark as such when applicable. Required activities within the State of Florida Office of Medicaid Program Integrity statutes and the CMS contracts are monitored and audited on a regular basis of no less than quarterly by each department responsible for the applicable requirements. Adverse findings and proposed corrective actions are reported to the Executive Director and Compliance Department. This allows the Compliance Program to continuously measure current levels of compliance as well as achieve higher levels of compliance as potential areas for risk are identified and corrected as the organization grows.

Policy

1. The Plan has written policies and procedures regarding its commitment to full and comprehensive compliance with its obligations under the Children's Medical Services (CMS) contract for Title XIX and Title XXI (CMS is contracted with the Agency for Health Care Administration [AHCA] for Title XIX), consistent with this Program, and with all applicable published State and Federal health care statutes, regulations, and contract terms and conditions, including the Medicaid managed care contracting rules and procedures set forth by AHCA and CMS.
2. The Compliance Program is maintained and updated regularly so as to ensure that the Plan and each of its officers, directors, employees, and contracted providers with responsibility for the AHCA and CMS contracts conduct themselves with the honesty and integrity required of a Government contractor and that the performance of such Government contract is in compliance with all applicable rules and regulations.
3. The Compliance Officer develops and enforces disciplinary standards throughout all functional areas of the plan, creates and maintains communications of such, and maintains activity records and reports accordingly.
4. Management supports and assists the Compliance Officer/Compliance Department in the effectiveness of standards in all aspects of the Program including enforcing discipline as required.
5. The Compliance Committee reviews activities and reports regarding compliance standards to ensure success as well as decrease potential risk and loss to the Plan.

Definitions

Please refer to latest version of CD-0014, the Policy and Procedure Definitions policy and procedure document, for all definitions.

Procedures

This Program Integrity Plan (the “Program”) is executed by Ped-I-Care for Title XIX and Ped-I-Care for Title XXI (the “Plan”) and is intended to guide the actions of the Plan, its employees, and contracted providers. The Plan, its employees, and contracted providers agree to undertake and abide by the provisions outlined below.

1. Preamble

- a. The Plan has agreed to implement this Program to demonstrate to the satisfaction of the State of Florida, Agency of Health Care Administration (AHCA), Centers for Medicare and Medicaid Services (CMMS), the Office of the Inspector General (OIG), and Children’s Medical Services (CMS) that the Plan can be trusted to deal fairly and honestly with AHCA with respect to the Medicaid Contract (the Contract) executed between the Plan, AHCA, and CMS for Title XIX and the CMS contract for Title XXI.
- b. The Plan agrees to comply with the rules, regulations, and procedures set forth by AHCA and CMS and all other applicable Federal and State requirements in carrying out obligations under the Title XIX and Title XXI contracts. Such rules, regulations, and procedures include, but are not limited to, those related to Medicaid managed care contracting, provider contracting, provider relations, member services, claims, and payments as set forth by CMS.

2. Appointment of Compliance Officer and Compliance Committee

a. Compliance Officer

- (1) The Plan has specifically designated an individual to serve as the Compliance Officer. This delegated individual may have other responsibilities within the Plan’s corporate structure; however, assumes full responsibility to fulfill the obligations under this Program.
- (2) The Compliance Officer has a senior position within the Plan and direct access to the Medical Director, Executive Director, and direct accountability to the Chair of the Department of Pediatrics who reports to the Dean of the College of Medicine.

b. Compliance Committee

- (1) The Compliance Officer chairs a Compliance Committee that is comprised of the Compliance Director, the Medical Director, the Executive Director, General Counsel, as well as a representative from Member Services, Quality Improvement, Financial Services, Network Management, and a representative from Children’s Medical Services (CMS). The Compliance Officer may appoint such other persons as the Committee deems necessary.
- (2) The Compliance Officer submits an annual report to the Chair of the Department of Pediatrics with respect to the issues and resolutions of the Compliance Committee.

3. Training and Education

- a. The Plan, through the Compliance Officer/Compliance Department, regularly disseminates information to employees and providers designated to ensure that those individuals who have responsibilities under the Title XIX and Title XXI contracts are aware of the applicable health care fraud and abuse statutes, regulations, and Code with which they are expected to comply.
- b. Ped-I-Care provides access to fraud and abuse training to all employees and providers regarding the requirements of the contracts with the State of Florida.
 - (1) Initial fraud and abuse training is completed within thirty (30) calendar days of hiring a new employee.
 - (2) Plan employees complete fraud and abuse training annually.
 - (3) Completion of Ped-I-Care's online training by providers is not mandatory but is recommended and may be utilized as a resource for practices to train providers and staff. The provider liaisons assist providers with locating the online fraud and abuse training.
- c. The Compliance Department conducts ongoing fraud and abuse training, as deemed necessary, in order to ensure compliance with program standards and the Title XIX and Title XXI contracts.
- d. In the event that claims edits and/or chart audits indicate problems or aberrations with a provider's billing process, Compliance Auditors and/or the Claims Department conducts training sessions for the provider and/or his/her staff.

4. Excluded, Sanctioned, Debarred, or Convicted Persons or Entities

- a. It is the policy of the Plan to not knowingly employ, with or without pay, for the purpose of fulfilling its obligations under the Title XIX and Title XXI contracts, any individual charged with a criminal offense involving Government business, listed by a federal agency as disbarred, proposed for disbarment or suspended; or otherwise excluded from participation in federally funded or sponsored programs.
- b. Search results are kept in the electronic contract file that is maintained by the Contracting Department. Prior to contracting with providers, the Contracting Department checks the following to ensure ineligible providers are not included in the provider network:
 - (1) The System for Award Management (SAM) [formerly Excluded Parties List System (EPLS)] website at <https://www.sam.gov/portal/public/SAM/>;
 - (2) The Office of the Inspector General's Exclusions List (LEIE) website at http://www.oig.hhs.gov/fraud/exclusions/exclusions_list.asp;

- (3) AHCA's listing of suspended and terminated providers at AHCA's website (http://apps.ahca.myflorida.com/dm_web);
 - (4) Medicaid ineligible lists sent by AHCA; and
 - (5) Other sources as required.
- c. If a provider is found on any of the sources as ineligible the provider will not become a contracted provider.
 - d. In addition to the disclosure required under 42 CFR 455.106, Ped-I-Care Contracting Department also discloses to CMS who reports to DHHS OIG with a copy to MPI for Title XIX within ten (10) business days after discovery, the identity of any person described in 42 CFR 1002.3 and 42 CFR 1001.1001(a)(1), and to the extent not already disclosed, to additionally disclose any person who has ownership or control interest in a Ped-I-Care network provider, or subcontractor, or is an agent or managing employee of a Ped-I-Care network provider or subcontractor, and meets at least one of the following requirements:
 - (1) Has been convicted of a crime as identified in s. 1128 of the Social Security Act and/or conviction of a crime related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs;
 - (2) Has been denied initial entry into the Ped-I-Care's network for program integrity-related reasons; or
 - (3) Is a provider against whom Ped-I-Care has taken any action to limit the ability of the provider to participate in the Ped-I-Care's provider network, regardless of what such an action is called. This includes, but is not limited to, suspension actions, settlement agreements, and situations where an individual or entity voluntarily withdraws from the program or Ped-I-Care provider network to avoid a formal sanction.
 - e. CMS CO Provider Management (Credentialing) Unit submits the written notification referenced above to the DHHS OIG as instructed by AHCA, and Ped-I-Care's Compliance Department. Document information examples include, but are not limited to, court records such as indictments, plea agreements, judgments, and conviction/sentencing documents.
 - f. Ped-I-Care, through the University of Florida Human Resources Department, makes reasonable inquiry into the background information of new employees, including at least a review of the LEIE list at http://www.oig.hhs.gov/fraud/exclusions/exclusions_list.asp.

- g. The Debarment/Exclusions List is reviewed monthly to assure Ped-I-Care does not continue to employ or contract with a debarred/sanctioned employee or provider.
 - (1) The Compliance Program Assistant is responsible for comparing the provider network to the LEIE and EPLS databases on a monthly basis.
 - (2) The monthly comparisons results are saved on the server in the Compliance Program folder.
 - (3) A summary of the results is sent to the Compliance Officer and Compliance Director.
- h. If it is determined that an employee or contracted provider of Ped-I-Care has been suspended or disbarred, such individual shall be removed from any aspect of business pertaining to the Contract, up to and including termination, if applicable.
 - (1) When a provider match is confirmed, the information is forwarded to the Ped-I-Care Contracting Department. When an employee match is confirmed, the information is forwarded to UF's Human Resources (HR) department.
 - (2) The appropriate action will be determined by the appropriate legal or HR department.
 - (3) Ped-I-Care's Contracting Department notifies CMS and Ped-I-Care's Compliance Department of any actions taken with providers.
 - (4) Ped-I-Care's Human Resources representative notifies CMS and Ped-I-Care's Compliance Department of any provider matches and actions taken with Ped-I-Care employees.

5. Internal and External Reporting Mechanisms and Disciplinary Guidelines

- a. Compliance Hotline
 - (1) The Plan has a toll-free hotline available for providers, employees, plan members, and others to report suspected misconduct directly to Ped-I-Care's Compliance Department. This "hotline" is a separate and distinct line from the line to report an appeal or grievance by a member. The hotline number is 1-866-787-4557.
 - (2) The hotline number is prominently posted and visible for all Plan employees and providers. The hotline is disseminated to Plan members upon enrollment and periodically through member newsletters.
 - (3) The Compliance Department maintains a log of all calls received, and forwards any and all information regarding Ped-I-Care potential fraud and abuse complaints to the Compliance Officer.

- i. The Compliance Director and/or Compliance Auditor conducts a preliminary review, and if necessary, an internal investigation of any allegations of misconduct received through the hotline.
 - ii. The preliminary initiation and information of the investigation is then given to the Compliance Officer.
 - iii. If the Compliance Officer has reason to believe that such misconduct may constitute a material violation of criminal or civil law relating to government contracts, or a material breach of obligations under this program, the Compliance Officer completes the investigation and submit a final report to the Children's Medical Services Contract Manager who, if the issue is Title XIX related, will notify the Bureau of Medicaid Program Integrity (MPI) immediately. The Compliance Officer will also notify the Compliance Committee and Chair of the Department of Pediatrics who will notify the Dean of the College of Medicine.
- b. Other Identified Misconduct
- (1) The Compliance Officer and/or his/her designee also actively identifies alleged misconduct identified by means other than the Compliance Hotline.
 - (2) The Compliance Director/Compliance Auditor maintains a log of all allegations received, conducts a preliminary review, and if necessary, an internal investigation of any allegations of misconduct received.
 - (3) If the Compliance Officer has reason to believe that such misconduct may constitute a material breach or violation of criminal or civil law relating to government contracts, or a material breach of obligations under this Program, the Plan reports the preliminary initiation of the investigation to CMS. The Compliance Officer completes the investigation and submit a final report to the Children's Medical Services Contract Manager who will notify the Bureau of Medicaid Program Integrity (MPI) immediately if the concern is Title XIX related. The Compliance Officer will also notify the Compliance Committee and Chair of the Department of Pediatrics who will notify the Dean of the College of Medicine.

6. Discipline

a. Purpose

- (1) The Plan recognizes there is the potential for significant risks due to the plan's failure to comply with regulatory standards. In an effort to decrease these potential losses, the Plan effectively utilizes the Compliance Program. This effort includes all departmental areas within the organization, all personnel (regardless of status or position), as well as all applicable associates of the organization.
- (2) Individual adherence and accountability is considered a critical must.

- (3) Regulatory standards are established through policies and procedures, compliance of such measured through continuous monitoring, and disciplining violators will be demonstrative of the organization's commitment to the Compliance Program.

b. Develop & Implement

- (1) All areas of employing and contracting are considered in individual backgrounds that have a known tendency toward compliance misconduct. An attempt is made to identify potential persons of risk upon hiring and/or contracting through background searches, research of the OIG's List of Excluded Individuals and Entities (LEIE) and Excluded Parties List System (EPLS), other sources as required, and criminal record checks. Communications through training, policies, and procedures are established with pertinent individuals to make clear and concise the expectations of compliance with standards.
- (2) Contracted providers must electronically sign the following attestation as part of the CMS approval process:

ATTESTATION

I fully understand that any significant misstatement or omission from this application constitutes cause for denial of approval or cause for summary termination from participating as a physician provider in the Children's Medical Services. All information submitted by me in this application is true to the best of my knowledge and belief.

I have read the Children's Medical Services Physician's Handbook and hereby voluntarily agree to provide services to CMS patients in accordance with the standards presented within that document.

I hereby apply to participate in CMS and authorize CMS, through its agents and employees, to contact any and all agencies, institutions, and persons listed herein for the purpose of obtaining background data, information, and records relevant to my application. I further authorize, and agree to hold harmless, all agencies, institutions, and person(s) listed herein to release to CMS, upon request, background data, information, and records relevant to my application, including records that might be otherwise confidential or exempt from the public records law of the State of Florida. Confidential or exempt records released to CMS pursuant to this authorization shall otherwise retain their confidential or exempt status. A copy of this authorization to release information shall be deemed as valid as the original. I authorize the electronic signature on this document.

- (3) Disciplinary actions for non-compliance are also outlined in the same process. An internal reporting mechanism has been established for the reporting of potential

compliance failures. Reporters receive anonymity where permissible and remain free from retaliatory devices.

- (4) An effective relationship exists between the Compliance Program, departmental areas within the plan, as well as the senior plan management who support the Program and facilitate discipline as needed. Effectiveness of the Program is determined through continuous monitoring and investigations are undertaken as allegations and deficiencies arise. Senior plan management oversees disciplinary actions to ensure that such are appropriate, effective, and consistent with infractions.
- (5) Disciplinary actions are in accordance with UF's Human Resources and contracting policies, procedures, and the CMS approval (credentialing)/re-approval (re-credentialing) processes.
 - i. Employees and business partners are appropriately informed of their violations and discipline which may include but is not limited to termination.
 - ii. Documentation of violations and disciplinary actions are retained.
 - iii. Periodic review is used to promote consistency and effectiveness as part of the Compliance Program.

7. Develop, Implement, & Evaluate

- a. The Compliance Officer develops the monitoring and auditing program and determines the focus areas to be reviewed as well as the frequency of review activities.
 - (1) The program and its frequency are based upon areas that have been identified as greatest risk and/or in accordance with the OIG, CMS, and AHCA.
 - (2) The monitoring and auditing program remain in context with the most current governing regulations as established by the OIG, fraud and waste alerts, as well as other guiding standards.
- b. Compliance Auditors, under the direction of the Compliance Director, are properly trained and conduct surveys, remaining independent of areas which they actively monitor.
 - (1) Auditors conduct audits in a professional manner, remain unbiased, and only survey in areas to which they have been assigned.
 - (2) Compliance Auditors report their findings as directed by the Compliance Director and/or his/her designee.

- (3) The Compliance Director and/or his/her designee disseminate survey results, trend analyses, and report accordingly through the determined administrative chain of command.
- c. The Compliance Director and/or his/her designee create corrective action plans according to deficiencies that have been identified.
- d. Follow-up auditing/monitoring is conducted as needed to ensure effectiveness of the corrective action.
 - (1) Recurrent findings of noncompliance are reported to internal management.
 - (2) Under the direction of legal counsel it is determined if it is also reportable to governing authority.

8. Reports and Notices

a. Reports

- (1) In addition to any other reports required by AHCA or CMS under the contracts, the Plan provides to CMS a summary report of any known initiation of criminal or civil investigation by any governmental entity, and a report that summarizes the outcome of the investigation or legal action and corrective action undertaken by the Plan to correct the problem identified by the investigation or legal action.
- (2) The Compliance Department submits the information to the Children's Medical Services Contract Manager who submits Title XIX related information to the Bureau of Medicaid Program Integrity (MPI). The Compliance Officer will also notify the Compliance Committee and Chair of the Department of Pediatrics who will notify the Dean of the College of Medicine.

b. Notices

- (1) The Plan notifies CMS of any changes in the membership of its principal management.

9. Government Right To Inspection, Audit, and Interview

a. Right to Inspect

- (1) In addition to other rights that AHCA, CMS, and the OIG may have by statute, regulation, or under the contracts, AHCA, CMS, and OIG or their duly authorized representatives may examine the Plan's books, records, or other documentation for the purpose of verifying or evaluating:

- i. The Plan's compliance with the terms of this Program

- ii. The Plan's business conduct in its dealing with the Government and the beneficiaries of Government-related programs
 - iii. The Plan's compliance with managed care contracting guidelines and procedures as determined by AHCA, CMS, and the OIG
- (2) The Plan will make the information described above reasonably available for examination, audit, or reproduction.

b. Right to Interview

- (1) AHCA, CMS, or the OIG or their duly licensed representatives, may interview any Plan officer or employee who consents to be interviewed at the employee's place of business during normal business hours or at such other time and place that is mutually agreeable.
- (2) Officers and employees of the Plan may request to be interviewed with the accompaniment of any person they desire, including a Plan appointed representative.
- (3) Any employee may decline to be interviewed without repercussion from the Plan or government agency. Such declination shall not constitute breach of this Program.

10. Unallowability of Costs

- a. All costs related to the negotiations, implementations, and maintenance of this Program, incurred by the Plan on behalf of itself or any current or former officer or director arising from or in connection with the government's criminal or civil investigations into allegations of misconduct relating to the Plan's application for or performance under the Contract, shall be treated as unallowable for government cost accounting purposes.
- b. Costs associated with the Compliance Department and its activities including, training and education, reporting and auditing, and any other management costs associated with the ordinary course of business are not deemed unallowable as defined above.

11. Attorney/Client Privilege

- a. Nothing in this Program shall constitute a waiver of the attorney/client privilege or the attorney work product doctrine, or shall require the Plan to waive such privileges or protections.

12. Signatory Authority

- a. The signature of the Dean of the UF College of Medicine, or his/her designee, constitutes full agreement with the information set out herein, and is legal and binding upon the Plan.