

# SCHOFIELD CARE



## Corporate Compliance Employee Handbook

January 2018



Dear Schofield Employee,

It is my pleasure to welcome you to Schofield Care. Your decision to join our organization includes a responsibility not only to provide quality health care but also to personally conduct yourself in a manner that is consistent with our commitment to operate to the highest standards of ethical, moral and legal obligations.

We have incorporated a Corporate Compliance Program to support our mission, vision and values of Schofield Care. Each employee has an obligation to ensure that we are in compliance with governmental laws, rules and regulations. We have a duty as health care workers to report any actual or potential violation(s) of compliance.

Please carefully review the Employee Handbook. I look forward to your support. If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

A handwritten signature in blue ink that reads 'Susan Rozumalski'. The signature is fluid and cursive.

Susan Rozumalski, MS, RN  
Vice President/Corporate Compliance Officer

Phone: (716) 436-6322

Email: [srozumalski@schofieldcare.org](mailto:srozumalski@schofieldcare.org)

### ***OUR MISSION***

We exist to provide knowledgeable and compassionate care that enhances the lives of those we serve.



### ***OUR VISION***

We strive to develop health care, residential living and community based services to benefit adults of all ages.



### ***OUR VALUES***

We believe in integrity and dedication. We respect the Legacy of Caring that our organization has embraced for over 100 years and dedicate all our efforts to all those who will benefit from our services.



### ***ACCOUNTABILITY AND DEPENDABILITY***

We embrace our responsibility to provide services assisting adults of all ages to attain their personal goals.



### ***CREATIVITY AND COLLABORATION***

We will embrace collaboration and change to improve our ability to provide quality services.



### ***RESPECT AND COMPASSION***

We will support individuals as they encounter challenges. We will respect the efforts of those who carry out our mission.

## **INTRODUCTION**

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The Schofield organization strives to be fully responsive to the expectations of consumer and government agencies with jurisdiction over our operations. There is a commitment to the highest ethical and professional standards in our mission to provide quality health care services.

Our Corporate Compliance Program is designed to reaffirm the principles of honesty and integrity in our organization. It provides clarity to guide our work practices.

This handbook provides an overview of the Corporate Compliance Program. Employees can find the complete Corporate Compliance Manual for reference in the following offices:

- ◆ Administration
- ◆ SCHC (CHHA)
- ◆ SHHCS
- ◆ Finance Department
- ◆ First Floor Nurse's Station
- ◆ Second Floor Nurse's Station
- ◆ Environmental Services & Security
- ◆ Dietary Department
- ◆ Adult Day Health Care Program
- ◆ Schofield Certified Home Care

## **STANDARDS OF CONDUCT**

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The standards provide a framework to direct work practices. The standards describe the expected outcomes of employee work performance, reflecting the high ethical and moral values of the organization. The areas described in the Standards of Conduct include:

- **Quality of Care** – Staff will strive to deliver quality health services that are necessary to attain or maintain each individual's physical, psychosocial and mental well-being. Appropriate and sufficient treatment and services will be provided to address the needs of individuals served.
- **Resident/Registrant/Patient Rights** – Staff will strive to assure that each individual is provided a dignified existence that promotes freedom of choice, self-determination and reasonable accommodation of individual needs. Admissions, transfers and discharges are conducted in an ethical manner and in accordance with applicable local, state, and federal regulations. Policies are based on the needs of the individual and the ability of Schofield Care to meet those needs.
- **Kickbacks, Self-referrals and Inducements** – Employees are expected to comply with all applicable laws, regulations, standards and requirements imposed by any level of government. Employees will prevent conflicts of interest, and/or the appearance of impropriety, in the course of carrying out their duties.
- **Billing and Cost Reporting** – Schofield is committed to prompt, complete and accurate billing for all services provided, regardless of payor.
- **Recordkeeping and Documentation** – The creation, distribution, retention, storage, retrieval and destruction of documents will comply with all professional standards, as well as any applicable laws or regulations imposed by any level of government.

**Employee Screening** – Describes the employee screening measures to ensure the integrity of the workforce.

**Compliance as an Element of Employee Performance** – Describes the measures the organization will take to educate the workforce to the Standards of Conduct and enforce compliance with the standards.

### **CORPORATE COMPLIANCE COMMITTEE**

The Board of Directors appointed a Corporate Compliance Committee, who work with the Compliance Officer to develop, implement and monitor Corporate Compliance Program initiatives. The Committee includes personnel in the following positions:

- President
- Vice President
- Nursing Facility Administrator
- Director of Nursing
- Director of Home Care Operations
- CFO
- Director of Human Resources
- Executive Assistant
- One member of the Board of Directors
- Quality & Performance Improvement Management
- Director of ADHCP
- Director of Information Systems

### **CORPORATE COMPLIANCE OFFICER**

The Vice President is designated by the Board of the Directors to act as the Corporate Compliance Officer. The Corporate Compliance Officer oversees all aspects of the Corporate Compliance Program, and provides the Board of Directors with program progress updates on a regular schedule and as needed basis.

The Corporate Compliance Officer is available to all employees, consultants, volunteers, physicians or contractors to clarify compliance issues or discuss compliance concerns. There are several ways the Corporate Compliance Officer can be reached:

To contact the Compliance Officer directly:

Susan Rozumalski, MS, RN, Vice President

Office located at:        3333 Elmwood Avenue  
                                    Kenmore, NY 14217  
                                    Phone: (716) 874-1566, ext. 6322  
                                    Email: [srozumalski@schofieldcare.org](mailto:srozumalski@schofieldcare.org)

### **CORPORATE COMPLIANCE EDUCATION AND TRAINING**

Schofield will provide all employees, volunteers, consultants, physicians or contractors with appropriate training and education to facilitate effective communication of the Organization's Compliance Program. Education will stress the organization's commitment to compliance with all applicable laws and regulations and to appropriate ethical, professional and business standards.

Initial training will be a mandatory component of Primary Inservice training. Additional education will be based on the employee's job responsibilities. All employees & volunteers will receive annual training which is a **mandatory requirement** for continued employment.

## **COMMUNICATION**

The effectiveness of the Compliance Program is dependent on open communication. The workforce is encouraged to use any of the below listed channels of communication to seek clarification or report concerns they have about actual or potential violations of the Standards of Conduct within the organization.

### **Corporate Compliance Hotline**

**1-716-874-1566, ext. 6371**

### **Corporate Compliance Email**

[complianceofficer@schofieldcare.org](mailto:complianceofficer@schofieldcare.org)

Schofield has an “open door” policy that is maintained at all levels of management for employees, volunteers, residents, or vendors to report problems and concerns.

Employees can always report concerns to their department manager or any other manager.

The Compliance Officer can be contacted directly as indicated previously.

## **CONFIDENTIALITY, NON-INTIMIDATION & NON-RETALIATION POLICY**

Schofield has a policy of confidentiality, non-intimidation and non-retaliation for good faith participation in the Compliance Program. This applies to, but is not limited to, reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, to Schofield or state or federal agencies.

## **ENFORCEMENT OF THE STANDARDS**

Compliance is an element of performance for all employees, consultants, volunteers, physicians and contractors. The organization expects that compliance with the Standards of Conduct and Corporate Compliance policies and procedures are a condition of employment.

Additionally, it is expected that employees, consultants, volunteers, physicians and contractors report compliance issues and assist in their resolution.

Progress discipline, up to and including termination, will be fairly and firmly enforced for:

- 1) Failing to report suspected problems.
- 2) Participating in non-compliant behavior.
- 3) Encouraging, directing, facilitating or permitting non-compliant behavior.

## **MONITORING/EVALUATING THE PROGRAM**

The Compliance Officer and the Compliance Committee are responsible for assessing the effectiveness of the Compliance Program. This includes identifying risk areas within the program, conducting audits, identifying areas for improvement and implementing corrective action plans.

## **RESPONSE TO DETECTED OFFENSES**

Schofield will investigate all allegations of misconduct in a timely manner. The Compliance Officer will take the appropriate steps to secure the integrity of any documents or evidence relevant to the investigation. Consultation with outside consultants or legal counsel will be sought when appropriate.

If there is credible evidence to suggest that misconduct has occurred that violates a criminal law, or constitutes intentional/reckless violation of a law or regulation, Schofield shall promptly disclose to the existence of the misconduct to all appropriate governmental agencies or authorities.

## **FRAUD, WASTE AND ABUSE**

**Fraud:** Knowingly and willfully creating false statements or representations in order to receive a benefit or payment that would otherwise not exist.

Examples of actions that may constitute fraud includes:

- Knowingly billing for services not furnished or supplies not provided, including billing Medicare for appointments that the patient failed to keep.
- Billing for non-existent prescriptions; and  
Knowingly altering claim forms, medical records or receipts to receive a higher payment.

**Waste:** Overutilization of services or practices that directly or indirectly result in unnecessary cost.

Examples of actions that may constitute *Waste* include:

- Conducting excessive offsite visits or writing excessive prescriptions.
- Prescribing more medications than necessary for the treatment of a specific condition; and
- Ordering excessive laboratory tests.

**Abuse:** Provider of organization charges excessively for supplies and services and not medically necessary. The provider or organization has not knowingly and/or intentionally misrepresented facts to obtain payment.

Examples of actions that may constitute *Abuse* include:

- Billing for unnecessary medical services;
- Billing for brand name drugs when generic are dispensed;
- Charging excessively for services or supplies; and  
Misusing codes on a claim, such as upcoding or unbundling codes.

### **Exclusion**

No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the Office of Inspector General (OIG). The OIG has authority to exclude individuals and entities from federally funded health care programs and maintains the *List of Excluded Individuals and Entities (LEIE)*. You can access the LEIE on the internet.

### **Summary of Federal and New York State Laws Relating to Filing False Claims**

(For a complete summary, contact Susan Rozumalski, Corporate Compliance Officer, at 874-1566, extension 6322, or go on line to: [http://www.omig.state.ny.us/data/images/stories//relevant\\_fca\\_statutes\\_7307.pdf](http://www.omig.state.ny.us/data/images/stories//relevant_fca_statutes_7307.pdf))

- I. **Federal Laws** – fraud or false claims involving federally funded programs including the Medicare and Medicaid Programs.
  - A. **False Claims Act** – A federal statute that imposes liability and penalties on any person or entity that:
    - 1) Knowingly\* presents or causes to be presented, a false or fraudulent claim for payment or approval;
    - 2) Makes or uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim approved or paid;
    - 3) Conspires to defraud by getting a false/fraudulent claim paid or approved;
    - 4) Knowingly makes, uses or causes to be made or used, false record or statement to conceal, avoid or decrease payment.

(\* - Knowing/knowingly – actual knowledge or deliberate ignorance of truth/falsity of the information, **OR**, reckless disregard of the truth or falsity of the information, **OR**, acts in reckless disregard of truth or falsity of information.)

**Examples:**

- Billing for services not provided.
- Submitting false records indicating compliance with contractual or regulatory requirements.
- Using inaccurate information which results in filing a false cost report.

II. **New York State Laws-** pertaining to Medicaid recipient and provider false claims.

A. **Civil and Administrative Laws**

- 1) **NY False Claims Act-** imposes penalties and fines on individuals and providers that file false claims for payment from any state or local government, including Medicaid.
- 2) **Social Services Law – False Statements** – imposes fines and penalties on individuals and providers who knowingly obtain or attempt to obtain payment for items or services furnished under any social services/public assistance program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device.
- 3) **Social Service Law – Sanctions-** imposes sanction on individuals who applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement.

B. **Criminal Laws:**

- 1) Social Services Law §145 – Penalties
- 2) Social Services Law § 366-b – Penalties for Fraudulent Practices
- 3) Penal Law Article 155, Larceny
- 4) Penal Law Article 175, False Written Statements
- 5) Penal Law Article 176, Insurance Fraud
- 6) Penal Law Article 177, Health Care Fraud

These criminal laws, all of which have been applied to Medicaid Fraud, describe the penalties, fines and sanctions that can be imposed on individuals or providers who submit false claims, false statements, conceal facts, or by other fraudulent means, obtains or attempts to obtain, Medicaid payment.

III. **Whistleblower Protection**

A. **Federal False Claims Act/Qui tam Whistleblower Provisions**

Allows individuals with alleged, good faith knowledge of false claims made to the Medicare or Medicaid Programs to file a lawsuit on behalf of the U.S. Government. These individuals known as “qui tam relators,” may share in a percentage of the proceeds from a false claims action or settlement.

The statute also provides for protection and remedies to qui tam relators who are in any manner discriminated or retaliated against in the terms and conditions of their employment, as a result of their furtherance of an action.

B. **NY False Claim Act (State Finance Law § 191)**

Also provides protections and remedies to good faith qui tam relators.

C. NY Labor Laws § 740 and 741

Provides for protections from retaliatory action and remedies, to an employee who in good faith, alleges an employer is in violation of a law with specific public health and safety danger or constituting health care fraud. Protections are only available if employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation.

**Non-Compliance Affects Everyone**

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**What does Compliance mean to me?**

Those intent on abusing Federal health care programs can cost taxpayers billions of dollars.

Without programs to prevent, detect and correct non-compliance, we all risk:

- Harm to beneficiaries, such as:
- Delayed services
- Denial of benefits
- Difficulty using providers of choice
- Other hurdles of care
  
- Less money for everyone due to:
- Higher insurance co-payments
- Lower benefits for individuals and employees
- Lower star ratings
- Lower profits

We each represent Schofield Care and have the responsibility to use the Standards of Conduct to guide our work practice, seek clarification or report any actual or potential violation.

**When the right thing to do is not always clear . . . . focus on integrity and ethics:**

***Do the right thing;***

***Act fairly and honestly;***

***Adhere to high standards in all you do;***

***Comply with all applicable laws, rules, and regulations.***

***Thank you for your cooperation on this very important issue.***

