

CITY OF HORNELL AMBULANCE SERVICE COMPLIANCE POLICY

INTRODUCTION

Purpose

To define the City of Hornell Ambulance Service Compliance Program

Policy

The City of Hornell Ambulance Service operates in an ever-changing medical and regulatory environment. This policy is to help ensure that the City of Hornell Ambulance Service adheres to all applicable Medicare, Medicaid and any state and federally funded health care laws, rules and policies. This plan will establish plans and procedures for all crew members and billing staff regarding services, billing, coding, and claims submission, along with prevention, detection and follow-up action for health care fraud and abuse.

The components of the City of Hornell Ambulance Service Compliance Policy are:

1. Establishment of a written Code of Conduct, policies and procedures.
2. The appointment of a Corporate Compliance Officer (“CCO”) as well as an advisory Compliance Committee, delegated with the responsibility and implementation of ensuring the City of Hornell Ambulance Service compliance efforts.
3. The development and implementation of a Compliance education and training program.
4. Establishment of a process for reporting possible instances of non-compliance of applicable rules including a non-retaliation policy.
5. Establishment of processes to address allegations of improper or illegal activities as well as a policy on enforcement of appropriate disciplinary action for those in violation of applicable rules and procedures.

6. Establishment and use of audits to review and reduce identified problem areas.
7. Development of a policy to address situations of retention of disciplined employees and those that are no longer in the employ of the City of Hornell Ambulance Service
8. Establishment of a policy of non-intimidation and non-retaliation for good faith participation in the program.

Ethical and legal compliance is the responsibility of all employees of the City of Hornell Ambulance Service.

Procedure

To implement this Compliance Program, each component will be further detailed:

1. Expectations-written policies and procedures
 - ❑ Code of Conduct
 - ❑ Code of Ethics
 - ❑ Compliance Program Operation
 - ❑ Education to employees on how to express issues
 - ❑ Description of issue investigation and resolution
2. Appointment of a Compliance Officer responsible for the day-to-day operation of the Compliance program
 - ❑ Designated employee may have sole responsibility for the program or may have other duties so long as these duties do not preclude that compliance responsibilities are carried out satisfactorily
 - ❑ Compliance officer shall report directly to the City of Hornell's Mayor
 - ❑ Compliance officer shall periodically report to the Compliance committee is one has been appointed on the activities of the Compliance program
3. On-going training and education of all employees and associates of the City of Hornell Ambulance Service, including elected officials

and the Compliance committee, on compliance issues, expectations and the compliance program operation:

- Periodic training
 - Become part of orientation for new hires, appointees and governing body members
4. Open communication lines allowing for the reporting of compliance issues. These communication lines will include:
 - A means for anonymous and confidential good faith reporting of potential compliance issues when they become known
 - The Compliance Officer
 - Any member of the Compliance Committee
 - The Fire Chief
 - The City Mayor
 5. Policies on discipline to encourage the good faith participation of the Compliance program, including policies that outline expectations for reporting compliance issues and assist in their resolution and outline sanctions for:
 - Failure to report suspected problems
 - Participating in non-compliant behavior: or
 - Disciplinary actions shall be fairly and firmly enforced for encouraging, directing, facilitating or permitting non-compliant behavior.
 6. A procedure for the routine identification of compliance risk areas
 - Risk area self-evaluation, including internal and external audits
 - Compliance Committee developed outline for the annual evaluation of potential or actual non-compliance as a result of audits.
 7. Procedures for responding to compliance issues as they occur:
 - Investigation of potential compliance problems
 - Response to compliance problems as they arise during audits and self-evaluation
 - Correcting problems promptly and thoroughly and implementing policies and procedures to prevent recurrence
 - Identifying and reporting compliance issues to the OMIG (Office of Medicaid Inspector General) or the DOH;
 - Process to adjust for underpayments and overpayments
 8. 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 740 and 741 of the labor law (whistleblower provisions for health care fraud).