



## **Compliance Program**

### **Millennium Collaborative Care, PPS**

#### **Structure**

The Millennium Collaborative Care PPSs' (Millennium), Compliance Program reflects our commitment to the highest standards of integrity, ethics, compliance and our goal to promote a culture of compliance. Millennium is committed to complying with the requirements of the Delivery System Reform Incentive Payment (DSRIP) program and applicable federal, state and local laws and regulations in all its activities. Millennium has adopted a Code of Conduct and this Compliance Program to support and reflect a culture that supports prevention, detection and remediation of compliance concerns. Millennium Compliance Program has been designed to meet the mandatory compliance obligations set forth in New York State Social Services Law 363-d Part 521.

This Compliance Program provides an overview of Millennium's compliance procedures to structure, administer, enforce, and otherwise effectively implement the Compliance Program.

The Millennium Compliance Program does not replace the compliance programs of our Participants or Participating Providers. Instead, the Millennium's Compliance Program supplements the compliance programs and activities of our Participants and Participating Providers, providing a Code of Conduct and compliance procedures that apply to the operations, activities, and projects associated with DSRIP. Participants or Participating Providers should continue to rely upon their own codes of conduct and compliance programs to set and implement high standards for ethical conduct and legal compliance within their own organizations and activities.

#### **Oversight**

The Millennium's Compliance Officer has the day-to-day responsibility for implementing the Compliance Program. The Millennium Compliance Officer reports directly to the Lead Entity's (ECMCC) Corporate Compliance Officer and to the ECMC Board of Directors. The Millennium Compliance Officer will report at the Compliance/Governance Committee meetings and periodically at meetings of the Millennium Board of Managers.

The Millennium Compliance Officer will be responsible for implementing and managing the Compliance Program within Millennium and across Millennium Collaborative Care PPS. These responsibilities will include: developing a program for compliance training related to the Millennium Compliance Program for Millennium staff, Participants and Participating Providers; managing the Compliance Hotline (716-898-6555) and following up on complaints and compliance risks; managing or conducting audits, monitoring and investigations to identify and resolve compliance violations; developing corrective action plans in consultation with Millennium senior staff, Participants, Participating Providers, and the Compliance Committee, as appropriate; managing sanctions for compliance violations, and such other responsibilities as identified in the Compliance Program documents.

In addition, ensuring Millennium meets the 18 NYCRR 521.3(c)(7) requirements to have a system for identifying and reporting compliance issues to the New York State Department of Health (NYSDOH) or the Office of Medicaid Inspector General (OMIG); and the prompt refunding of overpayments.

### **Obligation to Report**

All Millennium staff, Participants, Participating Providers including governing body members, officers, and contractors are required to report promptly activity by any staff member, contractor, or any participant in Millennium projects or operations that appears to violate applicable laws, rules, regulations, or the Millennium Code of Conduct. Reporting enables Millennium to investigate and address the potential problem in a timely, appropriate manner. The Millennium Code of Conduct clearly states the obligation of Millennium staff, Participants, and Participating Providers to report any compliance issue or concern. Failure to make an appropriate report may result in the initiation of a corrective action plan or to have the affected individual or Participant removed from participation in the DSRIP program.

### **What to Report**

All Millennium staff, Participants, Participating Providers including governing body members, officers, and contractors should report to Millennium concerns about any legal; fraud, waste or abuse of DSRIP funds; or unethical conduct by their staff, contractors or participants in PPS projects or activities that violate this Code of Conduct, applicable law or regulations, or that pose a risk to the safety of Medicaid beneficiaries or uninsured individuals cared for in Millennium Collaborative Care, PPS. Reasonable belief that a violation is possible is sufficient to file a report. DSRIP payments are being made for performance and reporting, not for service delivery. Since it is possible that DOH will release DSRIP funds to Millennium based upon the Millennium's periodic reporting of project progress that the independent accessor may determine on a subsequent audit was not warranted, the excessive payment would be considered to be an overpayment during this DSRIP phase.

To help you determine whether an issue should be reported to Millennium, consider the following questions:

- Does the concern relate to or arise in a Millennium project, protocol, or activity?
- Is Millennium responsible for overseeing the activity giving rise to a concern?
- Does the matter raise a concern about compliance with the Millennium Code of Conduct or policies and procedures?
- Is the action legal? Is it ethical?
- Could the activity/behavior result in harm or risk to the safety of a Medicaid beneficiary or uninsured individual as a result of a PPS project or activity that Millennium is responsible for overseeing?
- Could the activity/behavior result in financial impropriety or inaccurate reporting about Millennium projects or activities to DOH or other government agency?

### **Overpayments**

An overpayment are any funds that a person received or retains under Title XIX (Medicaid) to which the person, after applicable reconciliation and/or auditing, is not entitled. The New York OMIG interprets "identified" to mean that the fact of an overpayment, not the amount of the overpayment, has been identified. Overpayments must be considered in the context of what the DSRIP payment is for, namely for activities associated with delivery system reform through the identified DSRIP projects that Millennium has committed to the DOH to advance.

Retention of an overpayment beyond sixty (60) days of identification of the overpayment may result in liability under the False Claims Act, the imposition of civil monetary penalties, or exclusion from the Medicaid program; PPACA §6402(d)(2), 6502.

## **How to Report**

Reports of suspected or actual violations can be made to Millennium in person, by any written communication, including email, by telephone or via the Millennium Compliance Hotline. Reports by staff of Millennium, Participants, and Participating Providers should first be made in accordance with the Participants or Participating Providers procedure for reporting. If this avenue for reporting would not be effective or is not feasible for any reason, reports may also be made directly to the Millennium Compliance Officer by written communication, by a direct phone line, email or through the Millennium Compliance Hotline.

The Millennium Compliance Hotline enables individuals and organizations to report problems and concerns or obtain clarification about compliance issues anonymously and confidentially. Hotline conversations are not recorded or traced. The Hotline is not a substitute for established grievance policies or chain of command communications of the Participant or Participating Providers. The Millennium Compliance Hotline # is 716-898-6555 or email [compliance@millenniumcc.org](mailto:compliance@millenniumcc.org). The Millennium Compliance Officer will investigate all Compliance Hotline calls, emails or any other compliance concern received.

If a potential violation relates to the Millennium Code of Conduct or compliance policies of Participants or Participating Providers, or a risk of patient safety as a result of conduct by staff or contractors at a Participants or Participating Providers, staff at the Participants or Participating Providers should report the concern in accordance with the procedures at their organization. If Millennium receives such reports, it shall promptly report the information to the Participant's Compliance Officer or other appropriate individual.

## **Reporting Concerns – Non-Retaliation/Non-Intimidation**

Retaliation and/or intimidation against any Participants or Participating Providers, their directors, officers, staff, or contractors or Millennium Staff, who seek advice, raise a concern or report an ethical or compliance issue in good faith, will not be tolerated. Good faith reporting of compliance concerns and violations is protected under the Code of Conduct and by the Millennium Non-retaliation and Non-Intimidation Policy. Participants, Participating Providers or individuals who deliberately make a false accusation with the purpose of harming or retaliating against another person or Participants or Participating will be subject to disciplinary action.

## **Internal Investigations**

We are committed to investigating all reported concerns promptly, in accordance with Millennium Compliance Policies and Procedures, and confidentially to the extent possible.

The Millennium Corporate Compliance Officer will initiate an investigation to identify all relevant facts and is responsible for assuring that prompt and appropriate corrective action(s) is taken, in consultation with the Compliance Committee. Participants and Participating Providers shall cooperate with investigation efforts.

Millennium is required to monitor system performance to determine if Participants or Participating Providers are carrying out activities consistent with project plans approved by DOH. The distribution of DSRIP funds and DOH's requirements are set out in Delivery System Reform Incentive Payment (DSRIP)-Measure Specification.

Examples of compliance issues, risk areas, and/or fraud, waste and abuse:

- Misuse of DSRIP funds,
- False representation to obtain DSRIP funds,
- Payment to excluded persons.
- Payments to Partner Organization, but services associated with the payment are not being provided.

## **Corrective Action**

Where an internal investigation substantiates a reported violation, appropriate corrective measures will be taken, including, but not limited to, notifying the appropriate governmental agency, instituting appropriate disciplinary action and implementing systemic changes to prevent a similar violation from recurring in the future. All affected individuals are required to participate in the Millennium Compliance Program, includes Participating Providers within the PPS network. Corrective action plans will be shared with all appropriate Participants or Participating Providers and Millennium Senior Management. Participants and Participating Providers shall cooperate fully in remediating any compliance problem that arises in the context of a PPS project or activity.

### **Reporting By the Population Served By Millennium**

We encourage compliance reporting by the population of Medicaid beneficiaries and uninsured individuals served by Participants and Participating Providers and the Millennium PPS. All Participants and Participating Providers are required to provide information about the Millennium Compliance Hotline in their offices or facilities and to assist patients who seek to report:

- i. a compliance violation related to Millennium projects or activities;
- ii. a concern about the quality of care provided arising from a Millennium protocol, project or activity; or
- iii. a concern about Millennium counseling and other direct services provided by Millennium.

Medicaid beneficiaries and uninsured individuals can report compliance or quality concerns to Millennium by written communication, including email and the link on our website, directly to the Compliance Officer, or to the Compliance Hotline. Millennium will report promptly to Participants or Participating Providers regarding compliance or quality concerns reported by Medicaid beneficiaries or uninsured individuals.

### **Auditing and Monitoring**

The most effective means to determine whether a compliance plan is successful is to monitor activities in relation to applicable laws and regulations to determine if those activities are being conducted in a compliant manner. Participants agree, as part of their Master Participation agreement, that Millennium and any government officials with oversight authority over Millennium or their designees have the right to audit, inspect, investigate, and evaluate any books, contracts, records, documents and other evidence of Participant and other individuals or entities performing functions or services related to Participant's performance, including but not limited to access to medical records, encounter data and financial information related to DSRIP activities. Participant shall permit Millennium and any government officials with oversight authority over Millennium to conduct site visits of Participant, upon reasonable prior notice, to verify the performance of participant under this Agreement. The Millennium Compliance Officer will conduct various auditing and monitoring to measure compliance with and identification of risk areas of the DSRIP expectations and initiatives. Risk areas to Millennium during this phase of the DSRIP program include Participants and Participating Providers performance and progress toward DSRIP milestones. All Participants and Participating Providers are expected to cooperate fully with any such auditing and monitoring activities. A work plan will be developed by the Millennium Compliance Officer and the Board of Managers using a variety of sources and inputs such as identified risk areas, protocols and measurements, DOH/OMH/OASAS/ OMIG guidance, voluntary and compliance hotline inquires, DSRIP payment and milestones criteria, and any other source of that would be deemed beneficial. In addition, the overall compliance will be measured using the Compliance Policies, Code of Conduct, Stark, and Anti-kickback Laws, DOH regulations, Anti-trust laws as well as others.

The resolution process will include all actions necessary to fully correct any deficiencies. Follow up monitoring will be accomplished to ensure that corrective actions were implemented to resolve the issue and prevent future reoccurrence.

### **Education and Training**

Millennium will provide compliance training and education to Millennium staff, the Millennium Board of Managers, Participants and Participating Providers on compliance issues and expectations. This will include performing providers within the Millennium PPS who are or may be eligible to receive DSRIP funds. The training and educational materials will be supplied by Millennium and distributed to the performing providers throughout the network to implement. The Participants and Participating Providers will need to confirm and certify all affected parties have received the training and education. The training and education materials will include compliance expectations related to the DSRIP program, performing providers' roles in DSRIP projects, and how to report any fraud, waste, or abuse of DSRIP funds.

### **Disciplinary policies and procedures**

Millennium must include disciplinary policies and procedures that will encourage good faith participation in the compliance program by all affected individuals. Compliance related disciplinary policies are required to be enforced fairly and firmly.

All affected individuals have a duty in conducting business to place DSRIP interests ahead of their personal interests. In addition, all affected individuals must avoid conduct that could have the appearance of conflict between their personal interests and those of Millennium, DSRIP or any relationship that may appear to influence decisions or actions.

Violations of the Millennium Code of Conduct, Fraud, Waste and Abuse, Conflict of Interest, HIPAA and any other compliance violation will be reviewed by the Millennium Compliance Officer, ECMC Compliance Officer and ECMCC General Counsel, then if deemed appropriate, present to the ECMCC Board of Directors. Depending on the seriousness of the violation, a decision will be made to initiate a corrective action plan or to have the affected individual or Participants or Participating Providers removed from participation in the DSRIP program. A final determination will be made by the lead entity.

### **Fraud, Waste and Abuse**

Most individual strive to work ethically and to report accurately to obtain DSRIP funds. Everyone is required to report suspected instances of fraud, waste, and abuse. Our Code of Conduct clearly states this obligation. In addition, as part of our Compliance Program, we may not retaliate against any individual for making a good faith effort in reporting as stated in our Non-retaliation/Non-Intimidation Policy.

### **Antitrust**

We are committed to complying with federal and state antitrust laws, which are designed to preserve and foster fair and honest competition within the free enterprise system. In order to foster compliance with antitrust laws, Millennium provides training to its Board of Managers and Staff, and training material to Participants and Participating Providers about antitrust compliance. We also prohibit anti-competitive conduct, including the improper exchange of competitively sensitive information, collusion to limit competition, and actions to discourage our Participants and Participating Providers from contracting with any payers outside the context of Millennium arrangements with such payers. We operate a nonexclusive, voluntary network.

### **Screening for Sanction/Exclusion**

ECMCC will not hire or contract with any individual or entity who is excluded, suspended, debarred or otherwise ineligible to participate in the federal and state health care programs (Medicare, Medicaid) or has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in federal and state health care programs. As part of their compliance programs and responsibilities, Participants and

Participating Providers must maintain and enforce policies and procedures to assure that they do not contract or hire excluded individuals or organizations. It is expected Participants or Participating Providers will be following the federal and state mandates regarding screening for sanctioned and/or excluded individuals and/or entities.

Participants and Participating Providers must notify Millennium immediately in the event that either the Participant or any of Participant's employees who participates in the provision of services to Millennium (i) is convicted of a criminal offense related to health care and/or related to the provision of services paid for by Medicaid, or by another federal health care program; (ii) is excluded or debarred from participation from any federal health care program including Medicare or Medicaid; or (iii) is otherwise sanctioned by the federal government, including being listed on the Office of Inspector General's List of Excluded Individuals and Entities, General Services Administration's Excluded Party Listing, and/or OMIG's List of Exclusions. Millennium requires Participants to replace such employee or representative with another appropriate employee or representative and repay, if applicable, any DSRIP funds received associated with the employee or representative.