

	Strong Home Care Group, Inc.	Corporate Compliance
	POLICY: Internal Control Systems/ Accountabilities	Policy #106A
	SECTION: 100A	
	Created: 9/98	Reviewed: 12/9/04 Revised:
	Approved by: Quality & Compliance Committee Date: 12/14/06	Reg: COP:

Policy: VNS is committed to compliance with all applicable statutes, regulations and federal home health care program requirements.

Description:

An ongoing evaluation process will be established utilizing existing and new monitoring procedures to assure compliance. An annual evaluation of the compliance program’s intent and effectiveness will also be completed. Reports will be provided to VNS Administration and the Board of Directors. This policy includes key areas for monitoring, and is not intended to be all inclusive of VNS monitoring activities. Monitoring controls identified are categorized by functional areas and include, but are not limited to those issues currently targeted by the Officer of the Inspector General for Home Care agencies. This list will be updated as necessary.

Administration/Financial

1. All employees and agents will be informed of VNS’ Standards of Conduct and report any suspected violations to their supervisor, or the Director of Corporate Compliance to reasonably ensure that all activities are in compliance with the Standards of Conduct. An annual audit of the Corporate Compliance Program will be completed.
2. VNS will have an annual financial audit conducted by its certified public accountants to examine, on a test basis, evidence supporting the proper handling and reporting of amounts, and disclosures relating to, its financial activity.
3. VNS will conduct an annual review of the Cost Report to assure proper allocation of costs to specific programs, assess the allowableness of G&A expenses, marketing and advertising expenses, and proper recording of related party expenses.
 - a. Home care coordination job description and practice will be reviewed annually through audit of time sheets, and employee interview process to assure that expense is appropriately allocated.
 - b. Time sheets are reviewed on a bi-weekly basis to determine accuracy and completeness. Payroll staff will follow-up on any unusual program code or cost center allocations.

- c. VNS will perform periodic audits of expenditures to determine compliance with VNS Policies. All expenses are monitored to evaluate accuracy and validity.
4. VNS will conduct and document annual reviews with its third party contractors to reasonably ensure that activities are in compliance with the VNS Standards of Conduct and related Policies and Procedures.
5. VNS conducts an annual review of the Conflict of Interest Policy with all employees and the Board of Directors, and maintains a list of any who indicate a relationship with an outside party that represents a potential conflict of interest.
6. VNS conducts an annual review of compliance with the terms, conditions and covenants contained in its financing loan agreements.
7. VNS conducts and documents an annual review of its billing practices to reasonably ensure that all activities are in compliance with the VNS Standards of Conduct and VNS' Policies and Procedures, third party billing requirements, and that billing occurs for only those services provided, documented, and for which there are signed M.D. orders.

Human Resources (HR) Department

VNS conducts an annual audit to assure that the VNS Standards of Conduct and the agency's Personnel Policies and Procedures are being followed. The audit will include:

- a. Pre-employment interview sheets completed, reference checks completed and documented.
- b. Criminal background check completed on all new employees.
Drivers' license checks on field staff and driving positions.
- c. Systems exist and are effective in tracking performance evaluations, professional licenses, in service education (including mandatories)
- d. Process exists and is effective for investigation/follow up on work-related injuries.

Clinical/Documentation Compliance

1. Hospice

In addition to ongoing monitoring activities in accordance with VNS Policies and Procedures, VNS audits Hospice records quarterly to assure patients meet the admission criteria (as delineated by Medicare and the NYSDOH) for each level of care (i.e., home, inpatient, nursing home, continuous care and respite.)

2. **Patient's Eligibility and Appropriate Documentation**

The homebound and skilled care/medical necessity requirements for Medicare coverage are assessed utilizing several methods:

- a. Supervisory case conferences with staff.
- b. Supervisory co-visits with staff.
- c. QM Audits of Start of Care

4. **Patient Abandonment/Discriminatory Admission and Discharge Practices**

VNS will ensure that patients will be admitted and discharged according to the VNS Policies.

5. **Physician's Orders**

Several mechanisms are currently in place to assure timely signed physician orders prior to billing (Medicare and NYSDOH requirements.)

- a. Orders tracking on a daily basis by the Medical Orders Department.
- b. Every 2 months Medical Records does random 50 chart audit for signed orders returned within 30 days.
- c. Physician License Verification - A mechanism exists whereby VNS knows that an M.D. is licensed to practice and whether they have been precluded from the Medicare/Medicaid Program.

6. **Payor Changes**

Several mechanisms are in place to assure that payer changes occur on a timely basis and that we meet the requirement for patient notification (ABN - Advance Beneficiary Notice) within the required time frames.

7. **Home Health Aide Services**

This includes the following:

- a. Appropriateness of level of worker for tasks needed to be completed.
- b. Personal care necessary, ordered and provided for payer coverage.
- c. Care plan matches orders, aide schedule matches orders and service provided match documentation, orders and bill generated.

Aide service compliance will be assessed incorporating the tele-aide system documentation which is balanced with the Delta schedule and which also quantifies personal care provided. Review of this information is done by the tele-aide specialist. Unverified hours are reviewed to assure accuracy. Tele-aide Specialists review the no personal care reports to reasonably assure that VNS bills for visits which include personal care activities. The tele-aide priority coding system provides this information. This information will be quantified on a quarterly basis. Corrective action will be documented and evaluated for effectiveness.

8. **Medicare/Medicaid Billing Audit**

This audit will be completed monthly and reported quarterly. Patient Financial Services randomly selects 6 Medicare bills ready for sending to intermediary and 6 Medicaid immediately after sending for payment. QM matches all services provided to assure that the ordered services match the bill and documentation requirements are met.

9. **Compliance Phone Calls**

Phone calls are made to paraprofessional staff to assure staff is visiting patients according to their schedules.

10. **Quality Assessment Visits**

Visits to patients are done to assess that VNS Standards of Conduct and Policies and Procedures are being followed. A random sample of patients is selected quarterly. The patient visit tool is completed for each visit. This tool documents follow up/corrective action, and also assist in the evaluation of program effectiveness.

11. **Medical Records**

VNS has processes/audits in place to assure that medical records are appropriately secure and that record retention meets the time frames required by regulation and accrediting bodies.

12. **Denial Tracking**

Denials for services rendered and bills are tracked and data compiled quarterly to determine any needed corrective action with respect to re-education, specific care giver problems or any other trends.