

# **South Florida Community Care Network Compliance Program 2010**

## **Committee Members**

### **South Florida Community Care Network (SFCCN):**

Lupe Rivero, Executive Director and Compliance Officer  
Silvia Pop, Finance Manager  
Suk Ping Kong (Betty), QI & DM Manager  
Nicole Griffin, CMS Project Manager

### **North Broward Hospital District (NBHD):**

Bruce Rappoport, M.D., Medical Director & Compliance Lead  
Gerald Salamone, Compliance Auditor

### **Memorial Healthcare System (MHS):**

Ken Resmini, Director Compliance and Audit  
Tracy Harswick, Director of Claims/Decision Support, Compliance Lead

### **Public Health Trust (PHT):**

Elaine Garcia, Manager of Compliance, Division of Managed Care  
William Winn, Director of Government Programs, Compliance Lead

### **University of Miami Behavioral Health (UMBH)/ ad hoc**

Terry Deochand, UMBH Director of Finance and Compliance Officer  
Gilma Clara, Interim Executive Director University of Miami Behavioral Health

### **Children's Medical Services (CMS):**

Tobi Goodman, Director of Managed Care  
Reneeka Rogers, CMS Government Operations Consultant III, Network Administration

## **Applicable Lines of Business:**

Reform and Non-Reform Provider Service Network (PSN) Plans

Children's Medical Services Title 19 MHS/NBHD Reform Plans

Children's Medical Services Title 21 PHT/MHS/NBHD Plans

## **Overall Objectives:**

1. To develop a comprehensive SFCCN fraud prevention and detection program (herein referred to as SFCCN Compliance Program) in order to reduce the incidence of Fraud and Abuse and integrate the efforts of the Compliance Plans in place at the SFCCN Subnetwork Health Systems; the Public Health Trust of Miami-Dade County; Memorial Healthcare System; and the North Broward Hospital District.

## **South Florida Community Care Network (SFCCN) Compliance Program**

### **Administration and Management:**

The South Florida Community Care Network (SFCCN) is a partnership of three major community health systems all having a compliance officer and a comprehensive Compliance Plan. The SFCCN shall have a compliance officer with sufficient experience in health care and a Compliance Program that will serve to integrate the efforts of the three health systems and assure compliance with contracts with the Agency for Health Care Administration and the Department of Health as well as State and federal program integrity requirements. Each SFCCN Subnetwork shall designate a compliance lead specifically for the Medicaid PSN Reform and Non-Reform Plan lines of business as well as the CMS Title 19 and Title 21 Plans. In addition, the SFCCN shall engage its significant provider or administrative partners in the Compliance Committee activities. The SFCCN's Compliance Program is not intended to supercede the Compliance Plan at each health system or partner entity but shall serve as an integrating vehicle and be supplemental and supportive of these compliance plans. The term "Subnetwork(s)" as referenced shall mean the Public Health Trust, Memorial Healthcare System and North Broward Hospital District dba Broward Health. Each of the following entities has a written compliance plan from which the SFCCN will serve to integrate all parties:

The Public Health Trust of Miami-Dade County  
The Memorial Healthcare System  
The North Broward Hospital District dba Broward Health

The SFCCN Compliance Program shall track provider as well as enrollee fraud and abuse activities. The SFCCN is also responsible for reporting suspected fraud and abuse by non-participating providers when detected. The SFCCN retains a copy of the behavioral health network administrator's compliance plan and it is the SFCCN's objective to have ad hoc representation from that network administrator with the expectation of compliance with SFCCN and Medicaid policy as well as provider education regarding fraud prevention and detection. In addition, the SFCCN retains a copy of the Fraud and Abuse policy and procedure from its Transportation Network Administrator.

### **Elements of an Effective Compliance Program:**

To ensure program effectiveness, the SFCCN's Compliance Program shall have the following key elements:

1. A Code of Conduct
2. Compliance Officer and Compliance Committee
3. Education and Training
4. Process for Reporting Concerns
5. System for Responding to Identification of Improper Activities/Conduct
6. Development of an Auditing and Monitoring System
7. Corrective Action Process for Correcting Compliance Problems

### **Compliance Officer/Role of Compliance Committee**

The SFCCN's Governing Board has authorized the SFCCN Compliance Officer with responsibility for the SFCCN's Fraud Prevention /Compliance Program.

The SFCCN's Compliance Officer shall provide a quarterly report to the SFCCN governing board.

The Compliance Committee is responsible for overseeing the administration of the SFCCN's Compliance Program and ensuring integration of Subnetwork processes. This shall include but not be limited to employee training, investigation and response to complaints, implementation of internal controls and audits.

Committee responsibilities shall include but not be limited to:

- Development and enforcement of a Code of Conduct expected of all employees and providers. The code of conduct shall be by Subnetwork health system and include SFCCN administrative staff.
- Development of core training materials and assuring materials are current.
- Annual review of SFCCN Fraud and Abuse policies and procedures and the SFCCN Compliance Program.

### **Key Areas of Focus:**

1. Ethical Conduct
2. Quality of Care
3. Medical Necessity
4. Coding and Billing
5. Conflicts of Interest and Stark Rules

### **Goals and Objectives:**

1. Written Policies and Procedures
2. Designation of Compliance Officer and Compliance Committee
3. Conducting Effective Training and Education
4. Developing Effective Lines of Communication
5. Enforcing Standards Through Well Published Disciplinary Guidelines
6. Auditing and Monitoring
7. Responding to Identified Offenses
8. Developing or Assuring Corrective Action Initiatives

### **Reporting Structure:**

The reporting of offenses may occur by the SFCCN Subnetwork health system or partner entity as a decentralized function or the reporting may occur through the SFCCN centrally to AHCA's Bureau of Medicaid Program Integrity and the Department of Health depending on the contract under which the offense falls. If the reporting occurs by the Subnetwork health system or partner

entity, the SFCCN shall be contemporaneously notified. It is further recognized that an individual may report suspected Medicaid fraud or abuse by contacting the Medicaid Program Integrity (MPI) hotline at 1-888-419-3456 or complete a complaint form online at [http://ahcaxnet.fdhc.state.fl.us/InspectorGeneral/fraud\\_complaint-form.aspx](http://ahcaxnet.fdhc.state.fl.us/InspectorGeneral/fraud_complaint-form.aspx). In such cases, neither the SFCCN, the health system Subnetworks nor the partner entity may have knowledge of the reported fraudulent claim or act.

Upon detection of a potential or suspected fraudulent claim or act by an enrollee, the SFCCN shall file a report with the Agency for Health Care Administration, Medicaid Program Integrity and Medicaid Fraud Control Unit (MFCU) or Department of Health depending on the line(s) of business. For PSN and CMS Title 19 lines of business, the report must be sent to the contract analyst at the Bureau of Managed Health Care, MPI and MFCU. If the reporting involves a CMS Title 19 or Title 21 enrollee or provider, CMS Headquarters/the Department of Health will also be notified by the reporting entity.

The report shall contain at a minimum:

**For Enrollees-**

- a) The name of the Enrollee,
- b) The Enrollee's PSN identification number (as applicable)
- c) The Enrollee's Medicaid identification number,
- d) A description of the suspected fraudulent act, an
- e) The narrative report

**For Providers -**

- a) The name of the Provider
- b) The Provider's Medicaid identification number
- c) The Provider's tax identification number
- d) A description of the Provider's suspected fraudulent act; and
- e) The narrative report

**Flow Chart From the First Point of Suspicious Activity Through Reporting**

Refer to attachments

**Resources:**

- OIG Website <http://oig.hhs.org>
- Fiscal Year 2008-2009 annual Medicaid Fraud and Abuse Report at [http://ahca.myflorida.com/Executive/Inspector\\_General/docs/The\\_States\\_Efforts%20to\\_Control\\_Medicaid\\_Fraud\\_and\\_Abuse\\_FY2008\\_09\\_signed.pdf](http://ahca.myflorida.com/Executive/Inspector_General/docs/The_States_Efforts%20to_Control_Medicaid_Fraud_and_Abuse_FY2008_09_signed.pdf)
- SFCCN Policy and Procedure ADM #615R entitled Fraud and Abuse Prevention and Detection
- [miami.edu/compliance](http://miami.edu/compliance)

All SFCCN staff, Subnetwork health system staff as well as UMBH and CMS staff have hard copy as well as on-line access to the SFCCN Policy ADM #615R: Fraud and Abuse Prevention and Detection. A copy of which is given to all new employees as part of the orientation to the

SFCCN and annually at the time of recertification. (See attached Statement of Understanding). The SFCCN Compliance Program and its policies and procedures shall at a minimum be reviewed annually. Revisions will be issued whenever an update or modification is required.

**RECORD KEEPING AND CONFIDENTIALITY**

Tracking and reporting of cases. A designated model reporting form has been developed for use by all health system entities/network administrators.


Report Structure to AHCA/Medicaid Program Integrity/Medicaid Fraud Control Unit:

Any cases reported to AHCA through the SFCCN Administrative Office shall be done by the SFCCN Compliance Officer or the Finance Manager in the Compliance Officer's absence.

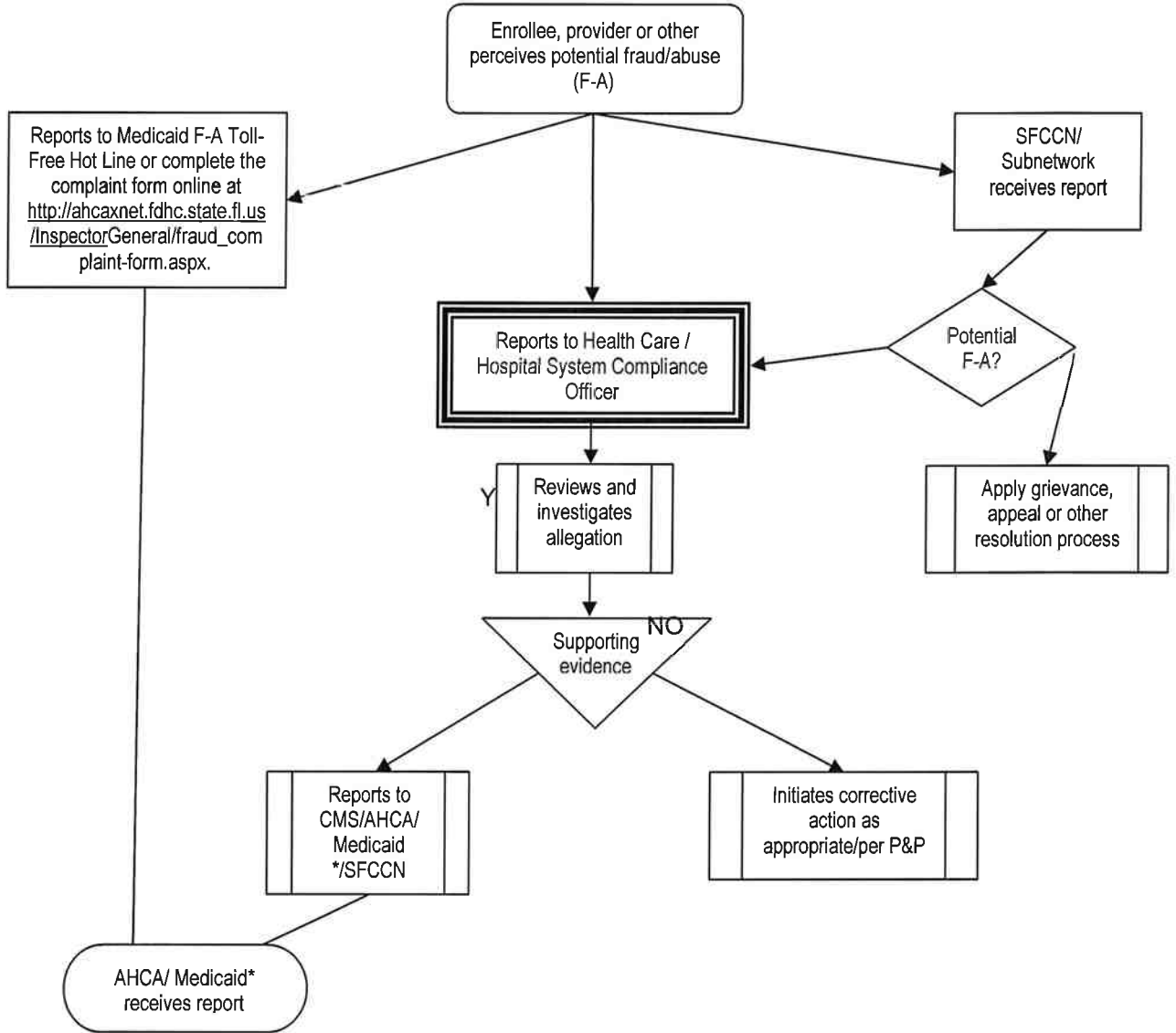
Required Statement of Understanding and Compliance Document shall be completed by PSN Reform, PSN Non-Reform and CMS Title 19 and Title 21 Staff.

Form – Statement of Understanding and Compliance with Fraud and Abuse Detection and Prevention. Last Updated:	August 27, 2010
Updated By:	Lupe Rivero, Executive Director
Authorized By:	SFCCN Compliance Committee

  
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Lupe Rivero  
SFCCN Executive Director

  
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Date

Pervious Review & Approved Dates: January 2008; May 2009; August 2010



**Statement of Understanding and Compliance with  
Fraud and Abuse Detection and Prevention  
For PSN Reform, PSN Non-Reform, CMS-19 and CMS-21 Lines of Business**

I certify that I have attended the **Fraud and Abuse Detection and Prevention Education Program** and that I understand it is my duty to adhere to the standards presented and conduct all business in the highest ethical manner.

I acknowledge that I have read and understand the Health System's and South Florida Community Care Network's **Fraud and Abuse Detection and Prevention Policies and Procedures** and agree to abide by them and their requirements.

I acknowledge and understand that I have a duty to report any alleged or suspected fraud or abuse of which I become aware.

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**Date**

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**Signature**

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**Print Name**

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**Date**

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**Manager's Signature**

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**Print Name**