

**Purpose**

This policy outlines the responsibilities and expectations of all Affected Parties within The Bridge to ensure compliance with federal and state laws, regulatory requirements, and the ethical standards set forth by the organization. The policy also delineates the structure of The Bridge’s Compliance Program and the consequences of non-compliance.

**Applicability**

This policy applies to all Affected Parties, including all employees, chief executives/senior administrators, contractors, managers, subcontractors, independent contractors, the governing body, and corporate officers. Affected Parties must refrain from engaging in any conduct that is contrary to this policy and are expected to comply with the organization's ethical and legal standards.

**Commitment**

The Bridge is committed to delivering high-quality behavioral health and rehabilitative services to consumers and their families. It is the policy of The Bridge to adhere fully to all applicable federal and state laws and regulations. All Affected Parties have a duty to conduct business in a legal, ethical, and compliant manner. This Code of Conduct is designed to meet the requirements of the Deficit Reduction Act, the False Claims Act, and NYS Part 521 regulations.

**Definitions**

**Fraud:** Intentional deception or misrepresentation made with the knowledge that the deception could result in an unauthorized benefit to the provider or another person

**NYS Office of Medicaid Inspector General (OMIG)** The Office of Medicaid Inspector General (OMIG) is an independent entity created within the NYS Department of Health to promote and protect the integrity of the Medicaid Program in NYS. OMIG conducts and coordinates investigations, detection, audit and review of Medicaid providers and recipients to ensure compliance with law and regulation.

**Office of Inspector General (OIG)**

Independent entity in the US Department of Justice whose mission is to promote integrity, efficiency, and accountability within the Department of Justice. Forefront of the nation’s efforts to fight waste, fraud, and abuse to improve the efficiency of Medicaid, Medicare and the Department of Health and Human Services Programs.

**Compliance Program Expectations**

**1. Billings:**

- All claims submitted to a payer must be accurate, complete, and supported by appropriate documentation in the record.

**2. Payments:**

- Payments received from payers must be appropriate and accurate.

## **5. Quality of Care:**

- Quality services must be provided across all The Bridge's programs and services.

## **6. Governance:**

- The Bridge's Board of Directors is responsible for overseeing The Bridge's activities and performance and ensuring accountability of executive leadership.

## **7. Mandatory Reporting:**

- Affected Parties must report any observed or suspected fraud, waste, or abuse.

## **8. Credentialing:**

- Staff providing services must be appropriately credentialed to ensure consumers receive the highest level of care.

## **9. Contractor Oversight:**

- Contractors, subcontractors, and independent contractors must be knowledgeable of and support The Bridge's Compliance Program.
- The Bridge will maintain oversight of all persons or companies related to The Bridge's Risk Areas.

## **10. Exclusion Lists Clearance:**

- The Bridge must ensure that no Affected Parties are listed on Federal or State Exclusion Lists.
- Prior to hire and every 30 days thereafter, The Bridge will have the OIG (Federal) and OMIG (State) exclusion lists checked.

## **Duty to Report**

Affected Parties are required to report any suspected fraud, waste, abuse, or conduct that is contrary to The Bridge's Standards of Conduct, agency procedures, regulations, or the law. Reports can be made through the following channels:

- Immediate supervisor or Managing Director
- Human Resources Department
- Compliance Officer
- Anonymous hotline: 212-663-3000 x1630
- Email: [Compliance@thebridgeny.org]

## **Code of Conduct**

The Bridge is dedicated to maintaining the highest quality of services and has incorporated this Code of Conduct into all its operations. The Code of Conduct ensures that Affected Parties promote The Bridge's mission, protect the rights of those served, and act ethically in their job responsibilities. Any violation of these provisions is grounds for disciplinary action, up to and including termination of employment or contract.

## **Prohibited Activities**

Affected Parties are strictly prohibited from engaging in the following:

- Submission of improper claims for medical care.
- Making fraudulent statements or representations.
- Failing to report known or suspected violations of the Compliance Plan.

## **Policy on Non-Retaliation/Whistleblower Provisions**

No Affected Party who reports, in good faith, any illegal, fraudulent, or policy-violating action shall suffer retaliation. Prohibited retaliation includes termination, demotion, harassment, or any adverse employment consequence. The Bridge reserves the right to take disciplinary action against individuals who maliciously file false reports.

## **Responsibilities of Affected Parties in The Bridge's Compliance Program**

- Ensure all service documentation is accurate and timely.

- Do not document services that were not rendered or misrepresent service dates.
- Ensure Medicaid is billed as the payer of last resort and that the consumer is eligible for services.
- Ensure accurate cost reporting and appropriate use of funds.
- Ensure compliance with all applicable laws and regulations.

### **Structure of The Bridge's Compliance Program**

1. **Written Policies and Procedures:** Outlines standards and expectations for compliance.
2. **Compliance Officer and Compliance Committee:** Responsible for overseeing the compliance program.
3. **Required Training and Education:** Ensures all Affected Parties are informed about compliance standards.
4. **Lines of Communication:** Provides avenues for reporting compliance issues.
5. **Disciplinary Standards:** Defines consequences for violations of the compliance program.
6. **Auditing and Monitoring:** Regular assessments to ensure compliance.
7. **Response to Compliance Issues:** Outlines procedures for addressing compliance concerns.

### **Consequences of Non-Compliance**

Willful violation of The Bridge Compliance Policy will result in immediate termination of employment or contract. Lesser sanctions may be applied based on the severity and nature of the non-compliance.

### **Federal and State Laws**

NYS Social Services Law §145(b): False statements

<https://codes.findlaw.com/ny/social-services-law/sos-sect-145-b.html#:~:text=%C2%A7%20145%2Db-,New%20York%20Consolidated%20Laws%2C%20Social%20Services%20Law%20%2D%20SOS%20%C2%A7%20145,statements%3B%20actions%20for%20treble%20damages&text=Welcome%20to%20FindLaw's%20Cases%20%26%20Codes,and%20the%20United%20States%20Code.>

NYS Social Services Law §366-B: Penalties for Fraudulent Practices:

<https://law.justia.com/codes/new-york/2022/sos/article-5/title-11/366-b/>

The Deficit Reduction Act of 2005 (DRA): 18 NYCRR § 1396-a(a)(68)

<https://www.govinfo.gov/content/pkg/PLAW-109publ171/pdf/PLAW-109publ171.pdf>

Federal False Claims Act (FCA) (Title 31 United States Code § 3729- 3733):

[https://www.justice.gov/sites/default/files/civil/legacy/2011/04/22/C-FRAUDS\\_FCA\\_Primer.pdf](https://www.justice.gov/sites/default/files/civil/legacy/2011/04/22/C-FRAUDS_FCA_Primer.pdf)

NYS False Claims Act

[https://www.cdphp.com/-/media/files/home/false\\_claims\\_act\\_relevant\\_statutes.pdf](https://www.cdphp.com/-/media/files/home/false_claims_act_relevant_statutes.pdf)