# COMPLIANCE PLAN

**BERGEN'S PROMISE, INC.** (referred to as "Bergen's Promise") organizes, and coordinates services, resources, and supports for children and adolescents in Bergen County with emotional and behavioral health care challenges, substance abuse challenges and/or developmental and intellectual disabilities.

Bergen's Promise, in working to fulfill its mission and goals, wishes to demonstrate, and further its strong and abiding commitment to conducting its affairs in accordance with applicable state and federal laws, rules, regulations, guidelines and policies. Bergen's Promise wishes to focus on the education of its personnel regarding documentation, billing, and submission of claims for clinical services, areas in which compliance is particularly challenging given the complex and often changing nature of the requirements imposed by governmental and non-governmental third-party payors. To underscore and enhance this commitment and to better assist all mental and behavioral health providers and, when applicable, medical providers and staff in this area, Bergen's Promise has adopted this Compliance Plan (Plan) to help achieve the following objectives:

- To ensure that all staff conduct themselves in accordance with the high standards of business and professional conduct established by Bergen's Promise.
- To ensure that Bergen's Promise only bills Medicaid for services provided to eligible youth and families.
- To ensure that all billing accurately reflects the documented services provided.
- To ensure compliance with all billing laws, regulations, and guidelines of state and federal Medicaid Programs and that all services provided to youth are properly documented in accordance with such requirements.

To achieve these objectives, Bergen's Promise has adopted the Plan, which emphasizes the following key points:

- The establishment of Bergen's Promise's commitment to compliance through written resolutions and organizational policies, and through the development and implementation of a written Compliance Plan.
- The designation of a trustworthy and capable individual as Bergen's Promise's Corporate Compliance Officer (CCO) who, together with the Chief Executive Officer (CEO) and Chief Operations Officer (COO), shall be responsible for directing Bergen's Promise in its efforts to enhance compliance, including the development and implementation of compliance policies and the Plan.
- The establishment of effective lines of communication, resulting in processes that effectively facilitate individual reports of suspected failures of employees, independent contractors, and others to remain in compliance.

- The routine performance of effective education and training of Bergen's Promise's employees that facilitate compliance, that make participation in the Plan easy and understandable, and that emphasize applicable billing policies, procedures, and requirements.
- Implementation of auditing and monitoring procedures by staff concerning important compliance areas.
- Implementation of a system to ensure appropriate responses to alleged failures to remain in compliance, including internal investigations, appropriate reports to government agencies, and prevention of further failures to remain in compliance; and
- The consistent enforcement of compliance standards and procedures, including the performance of appropriate background checks, exclusion checks and appropriate employee and contractor discipline.

The Plan is intended to establish a framework for legal compliance by Bergen's Promise with applicable laws, regulations, and requirements. It is not intended as a comprehensive compilation of all of Bergen's Promise's substantive practices and procedures that are designed to facilitate and achieve compliance.

## I. BACKGROUND AND INTRODUCTION

### A. Basic Overview

This Plan is intended to be a guide for each employee's conduct so that Bergen's Promise may fulfill its obligations to observe federal, state, and local law and the rules and regulations of third-party payors in the billing and submission of claims for payment for medically necessary clinical services.

The standards of conduct and policies described in this Plan represent official Bergen's Promise policy and follow the compliance guidelines issued by the Department of Human Services, Office of Inspector General. Bergen's Promise recognizes that its employees have an affirmative ethical duty to come forward and report erroneous or fraudulent conduct, so that it may be corrected. Therefore, Bergen's Promise employees and representatives are urged to seek the guidance of or to report suspected violations to Bergen's Promise's designated CCO. Reports may be anonymous and will be treated confidentially to the extent reasonably possible. All employees are required to report suspected violations. Bergen's Promise will guarantee that reports of suspected violations will be held in strictest confidence and that there will be no retaliation or threat of retaliation for such a report.

Bergen's Promise places the utmost importance on compliance with the billing requirements of the federal and state government and other payors. It has adopted this Plan to formalize, enhance and ensure the effectiveness of its compliance program, so that it will prevent and detect violations of Medicaid rules and other legal and contractual requirements.

Where necessary, Bergen's Promise will seek the advice of counsel on legal matters concerning government and private payor billing protocols, relationships with providers and referral sources and quality assurance activities. Bergen's Promise will monitor any compliance issues it may have and implement appropriate corrective action to address any identified problems. Failure to observe the provisions of this Plan can result in serious consequences for both employees and contractors, including termination of employment or applicable contract.

## B. Basic Statutory Prohibitions

The submission of false claims to the federal government is prohibited by several different statutes. A "false" claim includes a claim that does not conform to Medicaid (or other program) requirements for reimbursement. Substantial compliance with Medicaid billing requirements will not preclude a determination that a claim is false, and that Bergen's Promise is liable for civil or even criminal penalties.

## C. Section 6032 of the Deficit Reduction Act of 2005

Section 6032 of the Deficit Reduction Act of 2005 is a federal law that requires certain health care organizations, including Bergen's Promise, to assist in preventing, detecting, and addressing fraud, waste, and abuse in federal health care programs by taking certain actions, including policies that describe provisions of certain federal and state anti-fraud and false claim laws. Those laws are summarized below. NOTE: A separate Compliance Policy (#35) has been added to the Compliance Manual to cover all relevant details of the Deficit Reduction Act, Section 6032.

## D. The Legal Landscape

### 1. False Claims Act ("FCA")

The **civil** FCA imposes civil monetary penalties of between $11,803 to $23,607plus three times the value of each claim. It prohibits the knowing submission of a false or fraudulent claim for payment to the United States, the knowing use of a false record or statement to obtain payment on a false or fraudulent claim, or a conspiracy to defraud the United States by having a false or fraudulent claim allowed or paid. "Knowing" submission includes not only actual knowledge that a claim is false, but also submission of a claim in "reckless disregard" of whether the claim is false - a standard which requires Bergen's Promise and its providers to exercise due care in how claims are documented and submitted.

The **criminal** FCA prohibits knowingly and willfully making or causing to be made any false statement or representation of material fact in any claim or application for benefits under Medicare or Medicaid. Violations of this law are felonies and are punishable by up to five years imprisonment and/or $25,000 in fines.

The FCA permits private individuals who possess and come forward with information regarding false claims ("whistleblowers" or "relators") to sue the entity engaged in the fraud in federal court on behalf of the government. The Department of Justice decides whether the government will join the whistleblower in prosecuting the case. If the case is successful, the whistleblower may share in the recovery with the government. The FCA provides protection for employees who report suspected false claims. Specifically, the FCA includes a remedy for whistleblowers who are discharged, demoted, suspended, or otherwise mistreated (i.e., "discriminated against in the terms and conditions of employment by their employer") in retaliation for reporting false claims.

2. The Medicare/Medicaid Civil Monetary Penalties (CMPL)

This law provides for the imposition of civil monetary penalties from $10,000 to $50,000 per false service claimed, plus assessments equal to three times the amount claimed, for services that the provider knows or should know were not provided as claimed or for claims that the provider knows or should know are false or fraudulent. "Know or should know" includes the same "reckless disregard" standard discussed above under the civil False Claims Act.

3. The Anti-Kickback Statute

The Medicare/Medicaid Anti-Kickback Statute and safe harbor regulations prohibit the knowing and willful solicitation, offer or payment of any remuneration (broadly defined to encompass *anything* of value), whether direct or indirect, in cash or in kind, to induce or in return for (a) referring an individual, or (b) purchasing or otherwise arranging for an item or service, for which payment may be made under Medicare, other federal health plans, or Medicaid.

4. Other Federal Laws

Other federal criminal laws also may be used to prosecute the submission of false claims, including prohibitions on making false statements to the government and engaging in mail fraud. Felony convictions will result in exclusion from Medicare or Medicaid for a minimum five-year period.

Federal laws impose severe penalties for employing, contracting with, or billing for items or services ordered by persons excluded from participating in federal health care programs. The prohibition against employing or contracting with excluded individuals or entities extends beyond clinical personnel; it also applies to hiring, contracting, or arranging for excluded individuals or entities to perform administrative or managerial services relevant to items or services payable by government health programs even if the excluded employee, contractor, or other person is not directly involved in patient care. Therefore, excluded

individuals or entities include practitioners, employees, contractors, providers, office personnel, temporary agency personnel, locum tenens practitioners, volunteers, vendors, or suppliers.

5. New Jersey's Medicaid "False Claims Act"

This Act provides that it is unlawful to present a false or fraudulent claim for payment to the New Jersey Medicaid program. Prohibited acts include duplicate billing for the same services, billing for services not rendered to the recipient or by the provider and misrepresenting the services/supplies/equipment rendered or other claim information. Violations of the law are punishable by criminal and civil penalties. Penalties include fines and imprisonment. If the state Medicaid agency determines a provider committed a prohibited act, civil penalties include termination of the provider's provider agreement and institution of a civil suit against the provider for twice the sums of excess payments plus interest.

6. New Jersey Medical Assistance & Health Services Act–Criminal Penalties

This Act provides for criminal penalties for individuals and entities engaging in fraud or other criminal violations relating to Title XIX-funded programs. Fraudulent activities include 1) fraudulent receipt of payments or benefits; 2) false claims, statements or omissions, or conversion of benefits or payments; 3) kickbacks, rebates, and bribes; and 4) false statements or representations about conditions or operations of an institution or facility to qualify for payments. Penalties range from $15,000 to $150,000 and four to seven years imprisonment.

7. The New Jersey Medical Assistance & Health Services Act–Civil Remedies

This Act can result in civil sanctions: (a) for unintentional violations: recovery of overpayments and interest; (b) intentional violation, or violation of the New Jersey False Claims Act: recovery of overpayments, interest, up to triple damages, and based on a recent amendment in the NJ False Claims Act, between $11,803 and $23,607 for each false claim. Recovery can be obtained against any individual or entity responsible for or receiving the benefit or possession of the incorrect payments. Violations can also result in the exclusion of an individual or entity from participation in all health care programs funded in whole or in part by the N.J. Division of Medical Assistance and Health Services.

8. Quality of Care

Finally, quality of care and quality assurance activities are necessary to ensure that services associated with claims submitted to the Medicare, Medicaid and commercial insurance programs are provided in accordance with industry and government mandated quality measures.

## II. IMPLEMENTATION OF PLAN

The Plan will be administered by the CCO, who was appointed by the CEO and approved by the Board of Directors of Bergen's Promise and will report to the CEO and BOD of Bergen's Promise in accordance with Compliance Policy 3. The CCO, in collaboration with the COO, will be responsible for the implementation and management of the Plan. The CCO will provide or arrange for the provision of the activities described in the Plan. In coordination with the Human Resources Department (HR), the CCO will assist with orientation and on-going educational sessions. Where audits involving the analysis of clinical documentation are indicated, the CCO will assist Bergen's Promise in its engagement of appropriate outside professionals, utilizing Bergen's Promise's attorney as warranted. The CCO's duties and authority will include, among other things, the items listed on and described in the Job Description attached hereto as Appendix A. Where appropriate, the CCO will coordinate the use of existing billing compliance educational resources with independent educational sessions.

## III. REGULATORY COMPLIANCE POLICIES

It is the policy of Bergen's Promise that: (1) all billing be conducted in accordance with all applicable state and federal laws and regulations; (2) the documentation in each client's record is completed in a timely manner and in accordance with Medicaid requirements; (3) the documentation supports the claims submitted for payment; (4) services or items provided are reasonable and necessary; and (5) there be no provision of unnecessary services in exchange for incentives.

Further, it is the policy of Bergen's Promise that all claims so submitted are for services rendered in a manner consistent with appropriate quality measures. Finally, it is the policy of Bergen's Promise that all business arrangements and other relationships with referral sources are established and implemented in compliance with the federal Anti-Kickback Statute, and that the structure and documentation of such relationships be reviewed by competent health care legal counsel.

## IV. APPLICABILITY OF THE PLAN TO AGENTS AND INDEPENDENT CONTRACTORS

Where relevant, Bergen's Promise will make all vendors and other parties aware of its established high standards for legal compliance and of the existence and content of the Plan. Bergen's Promise will always demand that their agents, independent contractors, and other parties with whom they have a similar relationship comply with the Plan and obtain representations to that effect from such parties. Further, Bergen's Promise will not retain or enter a relationship with any person or entity which is not in compliance with the Plan, and it will take all reasonable steps to ascertain whether such person or entity is properly licensed and excluded or debarred from any federal, state, or other program for professional fee reimbursement. Such steps shall include, without limitation, review of the List of Excluded Individuals/Entities of the U.S. Department of Health and Human Services, Office of Inspector

General ("OIG"). The failure of such person or entity to comply with the standards set forth in the Plan will constitute grounds for termination of Bergen's Promise's relationship with such third parties.

## V. MANDATORY TRAINING AND EDUCATION

### A. New Employees and Staff - Initial Training and Education

All new staff will be required to attend mandatory initial orientation to Bergen's Promise's compliance guidelines and practices. This orientation will take place within thirty (30) days of hire. This initial Orientation will take place via a professional online training vendor and will be repeated annually thereafter. Within 6 months of hire all staff will receive in-person training that will include, among other things, a review of:

- the Plan
- compliance documentation and billing requirements
- reasonable and necessary services
- improper inducements, kickbacks, and self-referrals
- other billing requirements specific to Bergen's Promise
- Bergen's Promise's risk management and quality assurance requirements
- appropriate special compliance guidance provided by government agencies
- sanctions for noncompliance which may be imposed by government agencies or Bergen's Promise

Upon hire, each such new employee of Bergen's Promise will receive a copy of the Plan and will receive training in Compliance and Medicaid Billing. Upon completion of each training/education session, each employee must sign an acknowledgment that they: (1) received and read the Plan and understand it; (2) understand that compliance with the Plan is a condition of employment; and (3) understand that Bergen's Promise will take appropriate disciplinary action, including termination, for violation of the principles and practices set forth in the Plan or applicable state and federal laws, rules or regulations applicable to billing for clinical services.

### B. Continuing Training and Education

#### 1. Annual Educational Sessions

In addition to the annual online training referenced above, all staff will be required to read and certify that they understand this Plan. This shall coincide with Annual Performance Evaluations, sign-off on Job Descriptions and the signing of the Code of Ethical Conduct. In addition, all staff of Bergen's Promise will be required to attend at least one annual

educational session related to Medicaid billing practices. The CCO, in collaboration with applicable Department Heads, will ensure that Bergen's Promise staff comply with this requirement. Bergen's Promise will attempt to make these sessions accessible and convenient. Sessions will be presented by experienced staff or outside experts, as appropriate.

2. Official Periodic Education

Bergen's Promise will, at such times as are determined appropriate or necessary by the CCO, also provide supplemental educational sessions on specific issues as needed. The subject matter may include case studies, as well as the discussion of any changes to rules and regulations. Sessions will be presented by experienced staff or outside experts, as appropriate.

3. Periodic Written Updates

At the direction of the CCO, Bergen's Promise will distribute governmental guidance (e.g., Policy Bulletins issued by the Medicaid carrier, Advisory Opinions, Special Fraud Alerts, or other guidance issued by the government) and other legal developments periodically to staff, as appropriate. In addition, Bergen's Promise will periodically distribute educational literature with respect to billing and reimbursement issues, including but not limited to instances in which new information is learned regarding applicable requirements.

4. Videotape Presentations

Bergen's Promise may videotape its annual educational sessions, and these videotapes would then be presented to those employees who could not attend the session for legitimate reasons. An edited videotape of this presentation may also be presented to staff as part of their initial orientation to Bergen's Promise.

**C. Communication of Concerns to CCO**

The CCO shall be available for staff to ask questions and obtain information regarding the Plan, and proper procedures for billing state and federally funded health programs. When the CCO is unavailable, they may delegate this responsibility to another qualified individual employed by Bergen's Promise, such as the Controller. Bergen's Promise employees should also feel free to approach the CCO or contact them (in person, by telephone, or by interoffice mail marked "Private and Confidential") when the situation warrants it. Such availability shall be made by either telephone, email, or personal meeting, and when contact with the CCO is made by telephone, an attempt will be made to allow for anonymous reporting, although anonymity cannot be guaranteed and there may be a point at which an individual's identity may become known or may have to be revealed by legal authorities. As an alternative to directly contacting the CCO, Bergen's Promise has set up a telephone hot line and private

email that may be used to anonymously report a concern. Posters regarding same can be located throughout the office.

The identity of staff who contact the CCO or call the telephone hotline and disclose their identity (or whose identity is obvious) will be maintained confidentially to the extent practicable. Bergen's Promise shall develop and implement written confidentiality and non-retaliation policies that are distributed to all staff to encourage communication and reporting compliance incidents. Failure to so maintain such confidentiality is punishable by appropriate disciplinary measures, to be contained in the Bergen's Promise's confidentiality and non-retaliation program or human resources policies. Bergen's Promise policy ensures that no one who makes a report will be subject to reprisal, discipline or discrimination based on having made a report. Notice of this communication process will be conspicuously posted.

Bergen's Promise will not take any disciplinary action or other types of retaliation against any employee who, in good faith, reports a concern about actual or potential wrongdoing to management or the CCO. "Good faith" does not mean that you must be right – but it does mean that you should be telling the truth as you know it. Any employee who believes that they have suffered retaliation because of making a report should contact the CCO. Bergen's Promise will investigate any allegation of retaliation against an employee or staff member for speaking up and will protect and/or restore rights to staff members who raised a genuine concern in good faith. In contrast to a good faith report, intentionally making a false accusation is a serious violation of policy and may lead to disciplinary action up to and including termination of employment.

Questions directed to the CCO or called into the telephone hotline shall be documented and dated and, if appropriate, shared with other staff so that standards, policies, and procedures can be updated or improved to reflect any necessary changes or clarifications. Section VIII of this Plan details the documentation and follow-up process associated with inappropriate billing practices or potential violations of the law.

### D. Documentation

All seminars and other training and education sessions must be tracked and documented by the person(s) conducting the seminar or training session and HR. Such documentation must record the topic and date of the seminar or session, the names of the people in attendance, and must be signed by the people who attend. Electronic proof of attendance is an acceptable alternative to a "live" signature. Additionally, copies of the materials presented at the seminar should be retained, along with written confirmation that the materials presented were understood. Confirmation of understanding may be documented in any way that reasonably demonstrates understanding, including through the retention of post-seminar tests, or through documentation of an opportunity to ask questions, and to have those questions answered. All records of the sessions must be forwarded to the CCO shortly after the sessions; CCO shall ensure that they are retained for a minimum period of seven (7)

years. The CCO shall notify the Board of Directors at their next regularly scheduled meeting that such session(s) were held, and of the content thereof.

## VI. QUALITY OF CARE

Quality of care and quality improvement activities are necessary to ensure that services associated with claims submitted to governmental and other payors are provided in accordance with industry and government recommended quality measures. Quality of care resources and standards help to define appropriate ethical and high-quality care to enable staff to effectively provide services to their clients.

Therefore, activities traditionally followed by Bergen's Promise to maintain high standards of care will be integrated into the Compliance Plan's activities. These include:

- Confirmation that service providers with whom Bergen's Promise contracts possess the relevant credentials and qualifications.[1]
- Regular Provider Collaboration meetings with service providers.
- Documentation of staff and family complaints as they relate to service providers.
- Monthly meetings of the Compliance Committee to review documented complaints to review and remediate complaints at the individual and system level.
- Periodic review of selected records to assess compliance with Bergen's Promise's recommended quality guidelines. (See the section on Auditing below).

## VII. AUDITING AND MONITORING

An ongoing evaluation process is important to a successful compliance program. This ongoing evaluation includes not only whether the Bergen's Promise's standards and procedures are in fact current and accurate, but also whether the compliance program is working, *i.e.*, whether individuals are properly carrying out their responsibilities and claims are submitted appropriately. In connection therewith, Bergen's Promise will seek to perform two types of reviews that can be performed as part of this evaluation: (1) a standards and procedures review; and (2) a claims submission audit.

### A. Standards and Procedures

The CCO or their designee will review annually the Bergen's Promise's standards and procedures to determine if they are current and complete. If the standards and procedures

[1] Per our Memorandum of Understanding (MOU), Section II.b.i Roles and Responsibilities of All Providers, Providers attest and affirm that "all staff providing services and supervision meet all licensing, certification and credentialing requirements necessary to provide the services being authorized/provided and possess the necessary skills and experience to render said services."

are found to be ineffective or outdated, they will be updated to reflect changes in government regulations or compendiums generally relied upon.

### B. Claims Submission Audit

In addition to the standards and procedures themselves, it is advisable that bills and client records are reviewed for compliance with applicable billing and documentation requirements. The CCO, along with staff members who are experienced in billing and quality issues, will perform these self-audits at least quarterly. Bergen's Promise personnel will review claims and supporting documentation as appropriate prior to claims submission to ensure compliance with applicable requirements. These self-audits can be used to determine whether:

- Bills are accurately coded and accurately reflect the services provided (as documented in the client records).
- Documentation is being completed correctly.
- Services or items provided are reasonable and necessary; and
- That no incentives for unnecessary services exist.

These pre-submission reviews will examine the claim development and submission process, from client intake through claim submission and payment, to identify elements within this process that may contribute to non-compliance or that may need to be the focus for improving execution.

Thereafter, periodic audits will be conducted as determined appropriate by the CCO and/or the CEO to ensure that the compliance program is being followed. A randomly selected number of client records will be reviewed to ensure that the billing was performed accurately. These audits will be conducted by the Compliance Verification Specialist and be reported to the CCO.

Although there is no set formula to how many medical records should be reviewed, all youth who receive less than 30 minutes of service in a month shall be reviewed pre-submission and a clinical determination will be made regarding whether the services provided warrant billing. If the services do not warrant billing, the supervisor reviewing the file shall notify the CCO who will then instruct the Medicaid billing department to NOT bill on the youth for that month. All youth not billed will be logged and tracked for the purpose of compliance control. Of course, where specific issues in billing need to be addressed based on past or current compliance risk areas, more frequent reviews may be appropriate. Bergen's Promise personnel involved in the review process, in conjunction with the CCO may involve qualified legal counsel and/or reimbursement coding consultants in this process for guidance as appropriate.

Any post-submission review performed should be under the direction of legal counsel (when necessary) and Bergen's Promise shall take corrective action, including retraining and remediation where warranted, submitting revised bills or applications for refunds, refunding over-payments, or notifying appropriate government officials or agencies, where appropriate. The protocols shall include maintaining specific contacts at the Medicaid carrier and other payors; submitting the proper documentation to the carrier in the proper format; maintaining copies of all documentation; and conducting appropriate follow-up with the carrier.

## VIII. REPORTING - CONFIDENTIAL DISCLOSURE PROGRAM

### A. Confidential Disclosure Program

Bergen's Promise recognizes that its employees have an affirmative ethical duty to come forward and report erroneous or fraudulent conduct, so that it may be corrected. Therefore, Bergen's Promise will establish a confidential disclosure program to enable staff to disclose to the CCO any practice which the person believes to be inappropriate, in violation of the Plan or in violation of state or federal law, rules or regulations governing health care programs and third-party payors. Failure to report erroneous or fraudulent conduct is a violation of the compliance program.

Employees who report in good faith possible compliance issues shall not be subject to retaliation or harassment because of the report. Concerns about possible retaliation or harassment shall be reported to the CCO, who will be responsible for supervising an internal investigation into the alleged retaliation or harassment and for any necessary follow-up, including, for example, seeking disciplinary action.

To the extent feasible, such disclosure will be made on a confidential basis directly to the CCO, and the confidentiality of the identity of the person making such disclosure will be maintained to the extent practicable. Failure to do so is punishable by appropriate disciplinary measures, to be set forth in the confidential disclosure policy. Bergen's Promise will investigate methods available to help protect such confidentiality. Bergen's Promise will utilize the telephone hotline and email to the CCO for disclosures of possible violations to be made, which can be submitted anonymously. Regardless of the method used, Bergen's Promise cannot guarantee the anonymity of any employee who makes a disclosure.

### B. Investigation and Follow-up.

The CCO will be responsible for promptly initiating and supervising the conduct of an internal investigation into any disclosure and any necessary follow-up, including, for example, seeking disciplinary measures or reporting the violation to the appropriate authorities, where appropriate.

## IX. HIRING AND EVALUATION

Bergen's Promise will not employ or engage, with or without pay, an individual whom Bergen's Promise knows has been convicted of a criminal offense related to a government program or knows or reasonably should know has been listed by a state or federal agency as debarred, excluded or otherwise ineligible for participation in a government program. To carry out this policy, Bergen's Promise will make reasonable inquiry into the status of every potential employee, by reviewing the OIG List of Excluded Individuals/Entities and the GSA Excluded Parties List System and taking other action deemed necessary by the CCO. The OIG List of Excluded Individuals/Entities is available on the Internet at http://oig.hhs.gov/exclusions/index.asp (click on "Exclusions Database") in both searchable format and downloadable format. The GSA Excluded Parties List System website is http://www.sam.gov./portal/public/SAM. In addition, the New Jersey Division of Consumer Affairs website at https://.newjersey.mylicense.com/verification/ allows for license verification and the licensure of all applicable personnel shall be verified and finally the New Jersey Treasurer exclusion database at www.state.nj.us/treasury/debarred/. **All such inquiries shall be performed monthly by Human Services and/or its designee**.

## X. GOVERNMENT INVESTIGATIONS

It is Bergen's Promise's policy to comply with the law and to cooperate with any reasonable demand made in a government investigation. In so doing, however, it is essential that Bergen's Promise's legal rights, and those of its employees and representatives, be protected. If any employee or representative receives an inquiry, subpoena, or other legal document regarding Bergen's Promise business, whether at home or in the workplace, from any governmental agency, Bergen's Promise requests that the employee or representative notify their supervisor, CEO, COO and/or the CCO and/or Bergen's Promise's legal counsel immediately. If an employee or representative is visited at home by a governmental agent concerning Bergen's Promise business, Bergen's Promise requests that the employee or representative ask the agent to return, and immediately contact the CCO and Bergen's Promise's legal counsel to discuss the matter. Usually, Bergen's Promise will arrange for counsel representing Bergen's Promise to accompany any Bergen's Promise employee to any initial interview by a government person.

It is sometimes difficult to tell when a routine government inquiry, audit or review escalates into a more formal governmental investigation. Bergen's Promise relies on the common sense and alertness of its employees and representatives to make this determination and to alert the CCO if any governmental investigation is initiated. In case of any doubt, Bergen's Promise requests that employees consult with the CCO.

## XI. CONCLUSION

The Plan contains various policies designed to aid Bergen's Promise in attaining its mission and goals by ensuring that Bergen's Promise complies with applicable laws, rules, and regulations. The Plan is intended to be an integral part of the Bergen's Promise's operations, and to be flexible enough to adapt both to the changing needs of Bergen's Promise and to changes in the law, rules, and regulations regarding billing, and other health care regulatory matters.

## APPENDIX A

## CORPORATE COMPLIANCE OFFICER JOB DESCRIPTION

The primary responsibilities of the Corporate Compliance Officer shall include:

- Developing, overseeing, and monitoring the implementation of the compliance program
- Reporting on a regular basis to the Chief Executive Officer and to Bergen's Promise's Board of Directors on the progress of implementation and assisting them in establishing methods to improve Bergen's Promise's efficiency and quality of services, and reducing Bergen's Promise's vulnerability to fraud, abuse, waste and unethical behavior.
- Periodically revising the compliance program considering changes in the needs of the organization, and in the law and policies and procedures of government and private payor health plans.
- Reviewing employees' certifications that they have received, read, and understood the Plan and its underlying policies and procedures.
- Develop a multifaceted educational and training program that focuses on the elements of the compliance program and seeks to ensure that all appropriate employees and management are knowledgeable of, and comply with, pertinent federal and state standards.
- Ensuring that independent contractors and agents who furnish services to Bergen's Promise are aware of the requirements of Bergen's Promise's compliance program with respect to coding, billing, and marketing, among other things.
- Ensuring that applicable exclusion and credentialing databases have been checked with respect to all employees and independent contractors.
- Coordinating internal compliance review and monitoring activities, including annual or periodic review of clinical records, billing activities and the financial practices of the organization.
- Investigating and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations (e.g., responding to reports of problems or suspected violations) and any resulting corrective action with all Bergen's Promise providers and practice staff.
- Developing policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation.
- Continuing the momentum of the Plan's programs and the accomplishment of its objectives long after the initial years of implementation.
- Coordinating independent audits to ensure compliance with this plan.
- Recommending policies and programs that encourage managers and employees to report suspected fraud and other improprieties without fear of retaliation.