



POLICY INFORMATION

Policy Title: External Reviews and Audits Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 11/30/2024

Last Reviewed: 11/30/2024

SCOPE

This policy applies to the following individuals and/or groups:

All Covered Individuals (e.g., all Nuvance workforce members, business affiliates, and agents) as defined below under Definitions.

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To ensure that Nuvance Health and its affiliates ("Nuvance") Compliance Office can monitor the implementation of any corrective measures intended to prevent future noncompliance, this policy requires that the Compliance Office be notified of any external audits and the results of said audits.

DEFINITIONS

For purposes of this policy, the terms listed below shall have the following meanings:

Covered Individual: Any Nuvance Health ("Nuvance") workforce member, business affiliate, or agent, as those terms are described in subdivisions (i)-(iii) below:

i. *Workforce Members*

For purposes of this Policy, the term "workforce member" shall include any of the following individuals at Nuvance Health who, on a fulltime, part time or per diem basis, whether functioning remotely, onsite, or any combination thereof, performs, executes, or otherwise carries out Nuvance Health functions, duties, or services:

1. Members of the Nuvance Health Board of Directors, and Members of the Boards of any Nuvance related entity including, without limitation, any Nuvance entity first

- highlighted above in Section III of this policy;¹
2. Chief Executive Officer;²
 3. Corporate Officers;³
 4. Executives and other senior managers regardless of title;⁴
 5. Employees;⁵
 6. Administrators;⁶
 7. Managers;⁷
 8. Affiliates;⁸
 9. Medical Staff Members;⁹
 10. Clinicians;¹⁰
 11. Allied Health Professionals;¹¹
 12. Appointees;¹²
 13. Volunteers;¹³
 14. Personnel;¹⁴
 15. Interns;¹⁵
 16. Students;¹⁶
 17. Trainees; **and**
 18. Any individual whose performance or other conduct is under the direction and control of Nuvance Health, whether or not they are paid by Nuvance Health;

ii. *Business Affiliates:*

For purposes of this Policy, the term "Business Affiliate" shall include any non-workforce member contractor, independent contractor, vendor, subcontractor, consultant, third-party, or person (collectively "Contractors"), who or that, in acting on behalf of Nuvance Health:

- (1) Delivers, furnishes, prescribes, directs, orders, authorizes, administers, or otherwise provides

¹ For purposes of this Policy, "members of the Nuvance Health Board of Directors and Members of the Boards of any Nuvance Health related entity" shall be construed to include members of any associated Board committee.

² 18 NYCRR 521-1.2 [b][1]

³ 18 NYCRR 521-1.2 [b][1]

⁴ New York State Office of the Medicaid Inspector General, Compliance Program Review Guidance, New York State Social Services Law 363-d and Title 18 New York Codes Rules and Regulations Part 521(10/26/16)(hereinafter 2016 OMIG Compliance Program Guidance), p.3

⁵ 18 NYCRR 521-1.2 [b][1]

⁶ 18 NYCRR 521-1.2 [b][1]

⁷ 18 NYCRR 521-1.2 [b][1]; see also, generally, OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8988, § [I] (1998)

⁸ 2023 OMIG Compliance Program Guidance, p. 18

⁹ See, generally, 2016 OMIG Compliance Program Guidance, p.3; see also OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8995-8996, § [II][E][I] (1998) and 18 NYCRR 521-1.2 [b][1] (last accessed on 9/3/24)

¹⁰ 18 NYCRR 521-1.2 [b][1]

¹¹ See, generally, OMIG Required Risk Areas at 18 NYCRR §521-1.3(d) (last accessed on 9/3/24)

¹² 2016 OMIG Compliance Program Guidance, p.3 (last accessed on 9/3/24)

¹³ 2016 OMIG Compliance Program Guidance, p.3 (last accessed on 9/3/24)

¹⁴ See, generally, OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8993, § [II][A][9] (1998) (last accessed on 9/3/24)

¹⁵ 18 NYCRR 521-1.2 [b][1] (last accessed on 9/3/24)

¹⁶ 18 NYCRR 521-1.2 [b][1] (last accessed on 9/3/24)

- (2) Federal healthcare program items, supplies, and services;¹⁷
- (3) Performs coding or billing functions;¹⁸
- (4) Monitors the healthcare provided by Nuvance Health;¹⁹
- (5) Contributes to Nuvance Health's entitlement to payment under Federal healthcare programs or payment from private payors;²⁰
- (6) Is affected by any of the following Nuvance risk areas:²¹
 - (a) Medical record documentation;²²
 - (b) Coding;²³
 - (c) Billings;²⁴
 - (d) Claims preparation and submission;²⁵
 - (e) Claims reimbursement;²⁶
 - (f) Payments;²⁷
 - (g) Patient collections;²⁸
 - (h) Order services;²⁹
 - (i) Medical necessity;³⁰
 - (j) Quality of care;³¹

¹⁷ See CMS, DRA 6032 - Employee Education About False Claims Recovery- Frequently Asked Questions, p.6 (available at: <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207att1.pdf> (last accessed on 8/29/24); See, also, generally Department of Health and Human Services, Office of Inspector General, *OIG Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs* (Updated, 5/8/13) (available at: <https://oig.hhs.gov/exclusions/files/sab-05092013.pdf>)(last accessed on 9/3/24).

¹⁸ See CMS, DRA 6032 - Employee Education About False Claims Recovery - Frequently Asked Questions (available at: https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207_att1.pdf)(last accessed on 8/29/24; see also CMS, Center for Medicaid and State Operations, Dear State Medicaid Director Letter dated 12/13/06): <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD121306.pdf>)(last accessed on 8/29/24)

¹⁹ See CMS, DRA 6032 - Employee Education About False Claims Recovery - Frequently Asked Questions <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207att1.pdf> (last accessed on 8/29/24; see also CMS, Center for Medicaid and State Operations, Dear State Medicaid Director Letter dated 12/13/06): <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD121306.pdf>)(last accessed on 8/29/24)

²⁰ 2016 OMIG Compliance Program Guidance, p.3

²¹ Note, business affiliates affected by "other risk areas that are or should reasonably be identified by Nuvance through its organization experience" are also covered under this policy to the extent that the potential impact of such risk areas when exploited could reasonably lead to, or result in, a potential or actual overpayment. (10 NYCRR 521-1.3 [d][10]). (last accessed on 9/3/24)

²² See 18 NYCRR 521-1.3 [d][10]

²³ See 18 NYCRR 521-1.3 [d][10]; see also CMS, DRA 6032- Employee Education About False Claims Recovery- Frequently Asked Questions (available at: <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207att1.pdf>)(last accessed on 8/29/24; see also CMS, Center for Medicaid and State Operations, Dear State Medicaid Director Letter dated 12/13/06): <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD121306.pdf>)(last accessed on 8/29/24)

²⁴ See 18 NYCRR 521-1.3 [d][1]

²⁵ See 18 NYCRR 521-1.3 [d][10]

²⁶ See 18 NYCRR 521-1.3 [d][10]

²⁷ See 18 NYCRR 521-1.3 [d][2]

²⁸ See 18 NYCRR 521-1.3 [d][10]

²⁹ See 18 NYCRR 521-1.3 [d][3]

³⁰ See 18 NYCRR 521-1.3 [d][4]

³¹ See 18 NYCRR 521-1.3 [d][5]

- (k) Governance;³²
- (l) Mandatory reporting;³³
- (m) Credentialing;³⁴
- (n) Contractor oversight;³⁵
- (o) Identification and returning of overpayments;³⁶
- (p) Joint ventures;³⁷
- (q) Improper referrals, incentives, or financial arrangements;³⁸ or
- (r) Cost reporting³⁹

- (6) Is otherwise affected by this policy due to their:
 - (a) duties, functions, role, or responsibilities; or⁴⁰
 - (b) provision of goods or services to Nuvance.

- iii. *Agents*: For purposes of this Policy, the term "Agent" shall mean individuals or entities that have entered into an agency relationship with Nuvance Health. Agents may fall under the categories of either Workforce Members or Business Affiliates.

POLICY

The Nuvance Compliance and Ethics Program Charter ("Charter") provides the Compliance Office the express authority to review all documentation and other information that are relevant to compliance activities. This includes the authority to review -among other documents- patient records, billing records, employee records, computer audit files, demand letters, audit notifications and/or other document requests from external governmental agencies that will conduct audits or reviews. The scope of this policy includes the results of both government and commercial payer audits/reviews and consulting engagements performed to assess the accuracy of billing, reimbursement, or coding activity.

Upon receiving notification of a government or commercial payer audit or review, all departments must notify the Compliance Office of the upcoming audit or review.

Additionally, all departments are required and directed to promptly provide the Compliance Office with information prior to engagement of consulting services intended to assess the accuracy of billing, reimbursement, or coding activity.

For example: A coding manager may engage an external consultant to review the accuracy of coders. The coding manager is responsible for notifying the Compliance Office prior to engaging consultants and sharing review findings.

³² See 18 NYCRR 521-1.3 [d][6]

³³ See 18 NYCRR 521-1.3 [d][7]

³⁴ See 18 NYCRR 521-1.3 [d][8]

³⁵ See 18 NYCRR 521-1.3 [d][9]; see also 42 USC 1396a [a][68][A] (last accessed on 9/3/24)

³⁶ See 18 NYCRR 521-1.3 [d][10]

³⁷ OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8990, § [II][A][2] (1998) (last accessed on 9/3/24)

³⁸ See 18 NYCRR 521-1.3 [d][10]

³⁹ See 18 NYCRR 521-1.3 [d][10]

⁴⁰ See 18 NYCRR 521-1.3 [d]; see also OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987,

8989 § [II][A] (last accessed on 9/3/24)

PROCEDURE

Government or Commercial Payer Audits and Reviews

Upon receiving a notice of a governmental or commercial payer review (which may include a demand letter, audit notification and/or other document request from an external commercial payer or governmental agency), the affected entity or department should promptly contact the Compliance Office and forward a copy of the relevant documentation and/or request. A representative from the Compliance Office shall be involved in the governmental or commercial payer review or may advise the entity/department to involve Legal Services.

Whenever possible, the appropriate department shall conduct:

- An entrance conference with the external auditors to determine the purpose and scope of the audit; and
- An exit conference to discuss the auditors initial review and conclusions including any findings and recommendations.

The Compliance Office shall attend entrance and exit conferences as deemed appropriate.

Consulting Engagement

Prior to entering into any agreement with an external consultant, the department director shall have the agreement reviewed and approved by the Compliance Office. Legal Services shall have the opportunity to perform a final review and endorsement of legal issues related to the engagement.

Audit Capture and Reporting Responsibility

It is the responsibility of the department director/designee to ensure that the audit detail is captured in the regulatory audit management software.

Audit activities should be reported to the Compliance Office monthly.

Once any compliance-related government or commercial payer audit, review, or consulting engagement is completed, the department director shall promptly share the results with the Compliance Office and, where applicable, consult with the Compliance Office regarding a response to the audit and/or planned corrective actions.

The Chief Compliance, Audit, and Privacy Officer ("CCAPO") may, based upon the findings and planned corrective measures, recommend additional actions or request confirmation of the implementation of corrective measures.

The CCAPO will report significant issues identified to the Nuvance Health Executive Compliance Committee ("ECC") and the Audit and Compliance Committee of the Board of Directors as deemed appropriate.

ENFORCEMENT

All individuals whose responsibilities are affected by this process are expected to be familiar with the basic procedures and responsibilities created by this process. Failure to comply with this process will be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this process.

RESPONSIBILITY

It is the responsibility of management across Nuvance to adhere to this policy within their respective department. For questions or issues related to this policy, contact the Compliance Office at 203-739-7110.

REFERENCES

Nuvance Health Compliance & Ethics Program Charter
Nuvance Health Internal Audit Charter

APPROVAL

Signed by:

Jared B Gaynor

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12/19/2024

Signature

Date