



## COMPLIANCE PROGRAM & CODE OF CONDUCT

A Supplement to County Policies Associated with  
Ambulance Billing Organizational Functions  
For Ambulance Billing & Financial Services  
&  
EMS & Fire Administration Divisions  
December 2018



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## **I. Definitions**

**Compliance Manual and Code of Conduct (“Compliance Manual”)** shall mean the *Pinellas County Compliance Program and The Code of Conduct, A Supplement to County Policies Associated with Ambulance Billing Organizational Functions*, inclusive of all attachments, exhibits, modifications, supplements, or amendments thereto.

**Pinellas County Compliance Program (“Compliance Program”)** shall mean all the comprehensive elements that collectively encompass the Pinellas County ambulance billing compliance program, e.g., education and training, auditing and monitoring, enforcing disciplinary standards, compliance with established processes and procedures, etc.

**Centers for Medicare & Medicaid Services (“CMS”)** shall mean the federal agency within the Department of Health and Human Services (HHS) that administers Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplace.

**Department of Health & Human Services (“HHS”)** shall mean the cabinet-level department of the US Federal Government charged with protecting the health of all Americans and providing essential human services.

**Medicare Administrative Contractor (MAC”)** shall mean a private healthcare insurer that has been awarded a geographic jurisdiction to process Medicare Part A and Part B medical claims.

**Pinellas County Compliance Officer (“Compliance Officer”)** shall mean the person designated by the BCC as the Compliance Officer, and/or his or her designees. The Compliance Officer can delegate tasks set forth in this Compliance Manual to other pertinent staff as defined below.

**Compliance Officer Designees** shall mean by assigned tasks to: appropriate staff of the Ambulance Billing & Financial Services and EMS & Fire Administration Division; Members of the Compliance Committee; and other pertinent staff as deemed necessary with Compliance Committee verbal agreement.

**Pinellas County Attorney (“County Attorney”)** shall mean designated staff of the Pinellas County Attorney’s Office.

**Pinellas County Board of County Commissioners (“BCC”)** shall mean the Pinellas County BCC. The BCC are the governing body for the Emergency Medical Services (“EMS”) Authority and the County and its EMS Department.

**Pinellas County Compliance Committee (“Compliance Committee”)** shall mean the committee designated by the BCC to implement and oversee the Compliance Program and to participate in carrying out the provisions of this Compliance Manual and shall consist of senior management officials who shall have the authority and responsibility to investigate all reports of suspected violations or questionable conduct received by the Compliance Officer or other violating reporting mechanisms. The Compliance Committee consist of the designated Pinellas County Compliance Officer; Bureau Director of Pinellas County Safety &

Emergency Services; Ambulance Billing & Financial Services Division Director; and EMS & Fire Administration Division Director. The Ambulance Billing Compliance Officer and other pertinent staff may serve in an administrative role in support of the Compliance Committee.

**Pinellas County Emergency Medical Services Authority (EMSA)** shall mean EMSA created by Special Act of the Florida Legislature, 80-585, Laws of Florida 1980, whose Authority members are the BCC pursuant to the Special Act.

**Pinellas County Emergency Medical Services (“Pinellas County EMS”)** shall mean the Ambulance Billing & Financial Services and EMS & Fire Administration Divisions of the Pinellas County Safety & Emergency Services Department; and their Bureau Director.

**Pinellas County Emergency Medical Services Staff (“EMS Staff”)** shall mean the Bureau Director of Safety & Emergency Services and all employees of Ambulance Billing & Financial Services and EMS & Fire Administration, inclusive of: Classified and Exempt employees; County full-time, part-time and temporary employees; employees contracted through a temporary service vendor; and approved county volunteers.

**Protected Health Information (“PHI, ePHI”)** shall mean protected health information utilized by Pinellas County EMS in conducting routine business. This information may be transmitted electronically (“ePHI”) internally or externally, or through verbal or written communication.

**Unified Personnel System Personnel (“UPS”) Rules and Policies (“Personnel Rules”)** shall mean the personnel rules and policies adopted by Pinellas County UPS.

**Vendor** shall include, but not be limited to, any health care provider, seller, independent contractor, supplier or provider of ambulance or other services or supplies, or consultant.

**Vendor Agreement** shall mean any agreement with a seller, health care provider, ambulance service or other supplier or provider of services or supplies; or consultant, including, but not limited to, any acquisition, consulting, equipment and/or office lease, joint venture, loan, partnership, professional services, risk sharing, security, or service agreement.

## **II. Introduction to the Pinellas County EMS Compliance Program**

### **A. What is “compliance?”**

The Health Care Compliance Association (HCCA) broadly defines compliance simply as: “the process of meeting the expectations of others.” Webster’s Dictionary defines it as “conformity in fulfilling official requirements.” Health care compliance is therefore a broad category and includes numerous issues where ambulance service suppliers must conform to various laws, regulations, rules and payment policies governing health care suppliers while meeting the expectations of others. These include areas such as: the handling and use of patient care documentation, allowable reimbursement, employment and workplace issues, and licensure issues. Compliance helps ensure that we all are committed to the “due diligence” needed to prevent and detect violations of the law and to ensure our administrative, billing and operational processes and procedures are aligned with this goal.

### **B. Why do we have this Compliance Program in place?**

In recent years there has been a tremendous surge in the number of health care industry fraud cases brought by federal and state law enforcement officials. Some of these cases have resulted in substantial overpayment demands, fines and civil monetary penalties, as well as criminal sanctions against individuals who have perpetrated fraud in their organizations. A compliance program is intended to detect and prevent potentially fraudulent behavior and organizational practices. The presence of an active compliance program is also a favorable factor in the event of a prosecutorial investigation. In the unlikely event of a fraud conviction, the existence of an effective Program may help reduce potential criminal sanctions and jail time as outlined in the Federal Sentencing Guidelines.

### **C. How will this Compliance Program help us?**

The ambulance industry is not immune to the scrutiny of federal investigators and the recent heightened investigations of suspected fraud, since ambulance services suppliers participate in federal and state health care programs. A significant number of the individuals and organizations excluded from participating in federal health programs, come from the ambulance industry. The Office of Inspector General’s (“OIG”) web site of excluded individuals lists numerous entities or persons from the ambulance industry who have been excluded from participation in federal health care programs. The key to avoiding claims of fraud or abusive billing practices is to prevent the potential for fraud in the first place, and to have a system in place that promotes early detection of potentially fraudulent practices.

### **D. Summary of Our Program**

The federal government issued guidance for an “effective” compliance program for ambulance services in its “Compliance Program Guidance for Ambulance Suppliers” published by the OIG on March 24, 2003. These guidelines describe that an effective program to prevent and detect violations of law means a program that is reasonably designed, implemented, and enforced so that it generally will be effective in preventing and detecting

criminal conduct. This Compliance Program, in keeping with the spirit of the OIG's guidance consists of the following elements (in addition to this Introduction):

- Compliance Plan
- Compliance Manual (the 7 elements enumerated by the OIG)
- Code of Conduct
- Policies
- Reference Materials Specific to Ambulance Billing

**E. What is the Difference Between the "Compliance Plan," the "Compliance Manual" and the "Compliance Program"?**

The Compliance Plan is an abbreviated summary of the overarching concept of "Compliance." It is designed to be a public document, offering an overview of the concept of "Compliance," how it relates to the ambulance industry, and the standards our ambulance service adheres to in maintaining compliance with federal and state laws and regulations (especially with respect to billing).

The Compliance Manual is designed for the benefit and sake of the EMS Staff. This document offers a more detailed explanation of the concepts of Compliance, and explains the seven "elements" of compliance as identified by the OIG.

The Compliance Program is the culmination of all compliance related efforts and incorporates the tangible things like the Plan, Manual and Policies but also incorporates intangible concepts like the underlying philosophies and the theories surrounding the concept of "compliance" and conforming to the federal laws and regulations. While the Program consists of various paper documents, it is also a mindset, whereby the effective implementation and adaptation of documented policies, procedures, and expected behaviors create an environment of compliance.

**F. Modifications**

The Compliance Program (and its underlying documents) is a "living, breathing document" subject to change and adaptation to not only meet the changing laws and regulations, but also changing philosophies. Periodic modifications are necessary to help ensure that the Compliance Program is effective.



### **III. Compliance Plan**

#### **A. History/ Pinellas County EMS Structure**

Pinellas County EMS Authority (“EMSA”) was created by Special Act of the Florida Legislature, 80-585, Laws of Florida 1980, as amended (hereinafter the “Special Act”). The members of the Authority are the members of the BCC pursuant to the Special Act.

The BCC has also passed ordinances to support the Emergency Medical Services function. Chapter 54 of the Pinellas County Code provides additional guidance for implementation of the provisions of the Special Act. The Pinellas County EMS Division of the Safety and Emergency Services Department is a division under the County Administrator that provides staffing and administrative support to the functions required by the Special Act and the provisions of Chapter 54 of the Pinellas County Code.

The EMSA is responsible for appointing the Medical Control Board and the EMS Advisory Council, hiring the EMS Medical Director, and contracting with the County’s ALS First Responders, and ambulance provider. The ambulance provider operates under the EMSA’s trade name, SUNSTAR EMS and provides vehicles, paramedics, medical supplies, pharmaceuticals, and management of the EMS Central Supply Warehouse. Pinellas County Safety & Emergency Services Department, through the EMS & Fire Administration Division, is responsible for managing the daily operations of the EMS System on behalf of the EMSA. The Ambulance Billing & Financial Services Division of the Safety & Emergency Services Division utilizes documentation pertaining to the ambulance transports to bill patients, insurance companies, Medicare, Medicaid, and all other third-party payers.

#### **B. Introduction**

Compliance with state and federal laws (especially those related to all applicable Medicare, Medicaid, and any other federally funded health care reimbursement standards and requirements) is of utmost concern to EMSA. In order to meet these Compliance standards, Pinellas County EMS & Fire Administration and ABFS Divisions, (collectively referred to as “Pinellas County EMS” throughout) have adopted a newly updated<sup>1</sup> comprehensive Compliance Program as a means of continuing to ensure compliance and prevent fraud and abuse in its billing practices. This includes, among other things, taking continued steps to ensure proper documentation of services, billing, coding, and claims submission, as well as continued monitoring to prevent and (when applicable) make prompt detection of health care fraud and abuse. This Compliance Plan is one component of the overall Compliance Program. This Compliance Plan is a public overview summary of the Compliance initiatives. More specific documents include the Code of Conduct, Compliance Manual and Policies.

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<sup>1</sup> Pinellas County EMSA has, for years, had a Compliance Program in place. Because of changes to applicable Medicare laws and large employee turnover, coupled with the fact that the existing Compliance Program had not been modified in quite some time, Pinellas County EMSA elected to completely redesign its Compliance Program. Therefore, this Compliance Program is replacing the existing Program.

### **C. Overview of the Compliance Goals, Purposes and Initiatives**

- Outline and emphasize the continued organizational commitment to accurate and lawful documentation and submission of all claims for ambulance service to Medicare, Medicaid and other third-party payers;
- Promote the prevention, detection and resolution of instances of conduct that does not conform to applicable federal or state laws, rules and regulations;
- Minimize, through early detection and reporting, any potential loss to the government from erroneous claims, as well as reduce Pinellas County EMS's potential exposure to damages and civil and criminal penalties that might result from questionable activities.
- Pinellas County EMS's staff who fail to comply with the elements of this Program may face disciplinary action including reprimand, suspension without pay, termination, or even civil and/or criminal charges when violations are severe.
- Pinellas County EMS is committed to proactive management of its billing submission processes to ensure full compliance with Medicare and other government regulations on the part of its staff and third-party vendors and contractors. It is the intention of Pinellas County EMS to enforce all policies and procedures, most importantly those that are designed to prevent and detect issues of noncompliance, so that all reasonable steps necessary are enacted to facilitate full compliance with the law.

### **D. The "Seven Elements" of the Compliance Program**

#### **1. Development of Compliance Standards, Policies and Procedures**

Pinellas County EMS established compliance standards and procedures to be followed by its staff and others in order to reduce the possibility of criminal conduct. This includes written standards of conduct, as well as written policies and procedures that reflect Pinellas County EMS's commitment to compliance and to address specific areas of potential fraud and abuse. These written policies and procedures have been reviewed periodically and will continue to be reviewed periodically and revised when necessary to ensure they are current and relevant to the operation.

## **2. Designation of the Compliance Officer**

Specific individual(s) with high-level authority within Pinellas County have been assigned overall responsibility to oversee compliance with such standards and procedures. Pinellas County has designated a Compliance Officer and other appropriate bodies (e.g. Compliance Committee) charged with the responsibility for operating and monitoring the organization's compliance program. Pinellas County will use due care not to delegate substantial authority to individuals who may have the propensity to engage in illegal activities.

## **3. Development of Education and Training Programs**

Pinellas County EMS will continue to take all necessary steps to communicate effectively its standards and procedures to all staff and other agents by requiring participation in training programs and by disseminating publications that explain in a practical manner what is required of them to avoid compliance issues. Our training content will be tailored appropriately and will be delivered in a way that will maximize the likelihood that all staff will understand the information.

## **4. Development of Internal Monitoring and Reviews**

Pinellas County EMS will continue to take reasonable steps to achieve compliance with its standards by using monitoring and review systems reasonably designed to prevent and detect potentially criminal conduct by its staff and other agents. This includes developing and using appropriate monitoring methods to detect and identify problems, and to help reduce the future likelihood of problems. Claims and system reviews are common internal monitoring methods that have been and will continue to be employed. Another key element of Pinellas County EMS's Plan is our reporting system that staff and others can use to report compliance issues and suspected criminal conduct by others within the organization without fear of retribution.

## **5. Responding Appropriately to Detected Misconduct**

Pinellas County EMS will continue to take all reasonable steps to respond appropriately to detected offenses and to prevent further similar offenses. This includes appropriate legal consultation, when necessary, and proper reporting of the misconduct to appropriate authorities. Any suspected misconduct may make it necessary to modify our compliance program to determine any weaknesses and to correct those weaknesses. The goal at all times is to further prevent and detect potential violations of law, or the established reimbursement regulations and policies set forth by the federal government or payers of health care services.

## **6. Developing Open Lines of Communication**

Pinellas County EMS will continue to maintain a process, such as an easy-to-use "hotline" phone number or other reporting system, to receive and process concerns and complaints and to ensure effective lines of communication between the

Compliance Officer and all staff and other concerned parties. Pinellas County EMS adopted procedures to protect the anonymity of complainants, where the complainant desires to remain anonymous, and to protect whistleblowers (who make good faith reports of potential violations) from retaliation or other adverse action. In that regard, the “hotline” phone (direct line to the Compliance Officer) does not display the phone number or the identity of the caller.

## **7. Enforcing Disciplinary Standards**

Pinellas County EMS developed policies and procedures to ensure that there are appropriate disciplinary mechanisms and standards applied in a fair and consistent manner. These policies and standards address situations in which staff, vendors, or contractors violate, whether intentionally or negligently, internal compliance policies, applicable statutes, regulations, or other federal health care program requirements. The standards will continue to be consistently enforced through appropriate disciplinary mechanisms, including, as appropriate, corrective counseling and if necessary, discipline of individuals responsible for the failure to detect an offense. Adequate discipline of individuals responsible for an offense is a necessary component of enforcement. However, the form of correction or discipline provided will be case specific and based on a variety of factors, including: the severity of the offense; previous incidents involving the individual; whether or not the offense was intentional or unintentional; and the individual’s commitment to a positive change in behavior.

## **E. Protecting Against Fraud, Abuse and Waste**

Pinellas County EMS, through the various components of its Compliance Program, has taken steps to prevent fraud and abuse in its billing practices. Fraud and abuse means improper, illegal, and other types of immoral or fraudulent billing practiced against insurers and third-party payers, including and most especially the Medicare and Medicaid programs. Of significance are the following laws:

- The anti-kickback statute (“AKS”), 42 U.S.C. § 1320a - 7b(b)
- The Federal False Claims Act (“FCA”), 31 USC §3729 et. seq.
- Florida anti-kickback statute, (“Florida AKS”) 409.920 et. seq., Fla. Stat.
- Florida False Claims Act (“FFCA”), 68.082(2), Fla. Stat.
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

## **IV. Compliance Manual**

### **A. Introduction**

This Compliance Manual is the backbone of the overall Compliance Program, as it outlines the “Seven Elements”, recommended by the Office of Inspector General (OIG) necessary to help create an “effective Compliance Program.” These elements are repeated throughout the various components of this Compliance Program. In this portion of the Compliance Program, the specific requirements of each component are more fully explained, along with a discussion of the ways in which Pinellas County EMS Staff will ensure compliance with each element.

The BCC appointed Compliance Officer is responsible for the oversight of the Compliance Program from a broad perspective. The specific duties of the Compliance Officer are outlined in Section B (2) (a) of this document. Given the broad scope of duties associated with this role, many of the functions are carried out by the Compliance Officer’s designees, while the Compliance Officer maintains program oversight at a managerial level. The Compliance Officer, and/or his or her designees implement and monitor operational policies and procedures designed to oversee the billing compliance aspects of EMS staff, vendors, suppliers, and third-party agents billing functions to ensure alignment with applicable regulations.

### **B. OIG’s Seven Elements of Compliance**

#### **1. Policies & Procedures**

Pinellas County EMS established compliance standards, policies and procedures to be followed by EMS Staff in order to reduce the possibility of criminal conduct. This includes written standards of conduct, written policies and procedures that reflect Pinellas County EMS’s commitment to compliance, and specifically addressing areas of potential fraud and abuse. These written policies and procedures will be reviewed and revised periodically as necessary to ensure they are current and relevant to the operation.

##### **a. Compliance Standards and Procedures**

Pinellas County EMS maintains a high expectation of integrity and ethical conduct of its staff. To document these expectations, Pinellas County EMS adopted a “Code of Conduct” to assist all staff in avoiding both the appearance and commission of improper activities. The Code of Conduct is a “guidepost” to be used to help assure that all applicable laws and regulations are understood and followed by all staff.

The Code of Conduct is distributed to all Pinellas County EMS Staff who are required to self-certify that they have read, and fully understand, the Code of Conduct. These EMS staff self-certifications will be kept on file by the Division. Furthermore, adherence to the principles outlined in this Manual, and the ethical and legal requirements established by Pinellas County EMS, together with the Code of Conduct, will be important elements in evaluating the performance of all staff.

## **b. Guiding Principles**

The following guiding principles shall guide the conduct of all EMS Staff. In conjunction with the more detailed Code of Conduct, all staff are expected to adhere to these guiding principles. These principles affirm Pinellas County EMS's policy of conducting its patient transportation operations in accordance with both the law and the highest ethical standards.

### **i. Compliance with all applicable laws and regulations.**

When the application of a law or regulation is uncertain, the guidance and advice of the Compliance Officer, or his or her designees, and/or the County Attorney will be sought. Applicable resources include (but are not limited to the following reference and resource materials adopted as part of this Compliance Program:

- The Medicaid Emergency and Non-Emergency Transportation Services Coverage Policy available at the Florida Agency for Healthcare Administration website
- Online Manuals are available at the Centers for Medicare and Medicaid Services ("CMS") website, specifically, CMS Manuals (e.g. 100-2, Chapter 10 and 100-4 Chapter 15) and other pertinent ambulance supplier information available on the Ambulance Service Center Webpage at: <http://www.cms.gov/Center/Provider-Type/Ambulances-Services-Center.html>;
- The Florida Medicare Administrative Contractor (First Coast Service Options, Inc.) Online Manual available at:  
[http://medicare.fcso.com/Fee\\_lookup/LCDDisplay.asp?id=L29953](http://medicare.fcso.com/Fee_lookup/LCDDisplay.asp?id=L29953);
- The American Ambulance Association Medicare Reference Manual;
- Pinellas County EMS internal division policies and procedures; and
- The Compliance Program Guidance for Ambulance Suppliers published by the Office of Inspector General of the Department of Health and Human Services available at: <http://oig.hhs.gov/fraud/docs/complianceguidance/032403ambulanccepgfr.pdf>;

### **ii. Conducting operations in a lawful and ethical manner.**

Pinellas County EMS is required to comply with all applicable laws, regulations, and policies affecting Pinellas County EMS operations. Pinellas County EMS' protocols ensure the validity and accuracy of patient records detailing the services provided, parties billed, accounts receivables; and other transactions to which Pinellas County EMS is a party. Pinellas County EMS exercises due diligence to maintain the highest possible quality of record keeping. Pinellas County EMS Management and/or the Compliance Officer should be consulted if questions arise or to report a potential violation or any operational or administrative compliance concerns related to, including, but not limited to the following:

- Providing services to the extent necessary to ensure the safety, health and treatment of the patient;

- Billing for items or services properly supported by documentation and administered by appropriately certified personnel and in licensed ambulances, in accordance with state law;
- Proper and prompt resolution of overpayments received for claims that have been submitted for reimbursement;
- Ensuring that all EMS Staff maintain the confidentiality of patient information and patient records in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA);
- Ensuring that there is a process in place to prevent the payment of incentives or anything else of value in return for influencing the referral of ambulance services to Pinellas County EMS in violation of the federal anti-kickback statute (AKS) or other similar Federal or State statutes or regulations;
- Properly amending and correcting Patient Care Reports (“PCRs”) and other documents in accordance with established processes and procedures to mitigate the potential of misrepresentation of any information contained in the documentation<sup>2</sup>;
- Ensure the completeness and availability of all necessary documentation (call intake records, dispatch records, patient care report, etc.) at the time of billing and claim for submission; and
- Employing or contracting only with individuals or other entities that have not been excluded from participation in federal health care programs under the Office of Inspector General’s exclusionary authority.

**c. Documentation of Compliance Activities**

All efforts to comply with applicable statutes and regulations must be documented. This includes documentation of the following compliance related activities:

- Distribution and review of the Code of Conduct to existing and incoming staff;
- Ongoing compliance training for all staff;
- Logging, tracking, and documenting all compliance incidents and inquiries, and the disposition of each incident or inquiry;
- Method by which staff to provide confidential and/or anonymous reporting of perceived compliance issues;
- Evidence that periodic internal auditing of billing activities takes place, including: baseline reviews, pre-billing reviews, and periodic post-claim submission reviews; and

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<sup>2</sup> False or purposely misleading information should NEVER be included in a PCR. Any false or misleading information included in a PCR should result in disciplinary action up to and including termination. All sections of the document must be completed in their entirety.

- Any inquiries of third party payers or Medicare Administrative Contractors (“MACs”) and the outcome of these inquiries.

#### **d. Crew Documentation Practices**

The Patient Care Report (“PCR”) or the electronic Patient Care Report (“ePCR”) is the foundation for documenting the services provided to patients and performed by Pinellas County EMS and contracted vendors in the field. The PCR forms the basis for the submission of claims for reimbursement. It is essentially the “official record” of all care provided. As such, the PCR has significant patient care, billing, and liability ramifications. The purpose of a PCR is to provide the reader with an accurate “picture” of the continuum of care provided to the patient, from dispatch to arrival, including the transfer of care at the destination. Important basic crew documentation guidelines include, but are not limited to:

- Accurate and complete documentation of all care provided to the patient, void of spelling errors or unknown medical abbreviations<sup>3</sup>;
- Entries must be recorded in time sequence (concise but thorough);
- Complete the PCR and other necessary paperwork as close in time to the event as possible;
- Obtain all applicable signatures, including patient or authorized staff member. If the patient is unable to sign, the crew and signature of personnel at the receiving facility must be obtained;
- Record objectively all relevant and factual events, observations and actions - avoid subjective conclusions<sup>4</sup>;
- Provide a copy to the staff at the patient’s destination point;
- Use addendums to correct deficient, incomplete or inaccurate documentation, and only modify your own reports; and
- Use and disclose protected health information only as appropriate for treatment, payment, or health care operations and as allowed under HIPAA.

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<sup>3</sup> An incomplete PCR can lead to denial of claims for reimbursement, overpayments, underpayments, costs associated with challenges or litigation, or damage to the credibility of the organization. If the PCR is too long and does not create a clear picture of the continuum of care, it may be confusing. Incomplete PCRs that do not provide enough information for billing personnel to determine the appropriate charge for services and to properly apply the appropriate charge codes are not acceptable.

<sup>4</sup> The report should not contain the provider’s opinions or beliefs, but should instead be an unbiased description of events and observations and be as objective as possible.



## 2. **Compliance Officer & Committee**

Specific individual(s) with high-level authority (Compliance Committee) within Pinellas County have been assigned the managerial oversight of the Compliance Program. The BCC has designated a Compliance Officer and other Committee members responsible for ensuring adherence with the Compliance Program, related processes, procedures and policies, and the existence of pro-active monitoring/audit mechanisms.

### a. **Compliance Officer**

The BCC appointed Compliance Officer, in coordination with the Compliance Committee, is responsible for overseeing the various components of the Compliance Manual and making recommendations designed to enhance compliance. The Compliance Officer has the following specific responsibilities and professional characteristics:

- Be an exempt employee of the County;
- Receive periodic training in compliance procedures;
- Have the necessary authority to oversee compliance;
- Have the authority to report directly to the BCC;
- Ensure the development and maintenance of compliance policies, processes, and standards;
- Oversee/monitor implementation of compliance activities;
- Receive reports on a regular basis (via Compliance Committee Meetings, electronic distribution, etc.) related to the Compliance Program components.
- Ensure Committee Reports reflect the existence of pro-active measures on behalf of Pinellas County EMS to mitigate the County's vulnerability to fraud, abuse, and waste;
- Ensure the Compliance Program is inclusive of a mechanism to identify and revise the Compliance Program as necessary to reflect changes in business practices and/or associated healthcare laws.
- Ensure the Compliance Program is inclusive of the development and coordination of educational activities and other methods of communication that focus on specific risk areas identified in the Program;
- Ensure the Compliance Program has a method by which to document Pinellas County EMS Staff have read and acknowledged the content of the Code of Conduct.

- Ensure the Compliance Program is inclusive of tools by which to educate Pinellas County EMS Staff on relevant federal and state medical billing standards;
- Ensure the Compliance Program is inclusive of a mechanism by which to validate appropriate credentials as applicable, and reference checks for Pinellas County EMS staff;
- Ensure the Compliance Program is inclusive of internal compliance reviews and audits;
- Ensure the Compliance Program is inclusive of policies that encourage and support the reporting of suspected fraud and other improprieties without fear of retaliation;
- Ensure the Compliance Program is inclusive of a method to independently investigate compliance problems and bring them to the attention of the Pinellas County EMS management for appropriate response and disciplinary action if necessary; and
- Ensure the Compliance Program is inclusive of a method by which to carry out appropriate corrective actions.

The Compliance Officer has the authority to review all documents and other information relevant to compliance activities including, but not limited to, patient records, billing records, contracts, and records relating to marketing of the service, as well as the company's arrangements with others. The Compliance Officer shall report directly to the BCC management structure.

It should be clearly understood that the Compliance Officer is not responsible for the organization's actual compliance with applicable laws, rules and regulations or for transacting business in conformity with the law. Rather, the Compliance Officer is responsible for ensuring that the organization has in place, at all times, an effective Compliance Program, and that the applicable policies, procedures and practices are sufficient for purposes of communicating, monitoring and enforcing Pinellas County EMS ongoing commitment to compliance.

#### **b. Compliance Committee**

The Compliance Committee shall include, at a minimum, the Compliance Officer, the Bureau Director of Safety and Emergency Services, the Division Director of Ambulance Billing & Financial Service, the Division Director of EMS & Fire Administration, a County legal representative, and other Pinellas County EMS staff designated by the Committee as applicable. The Compliance Committee is tasked with overseeing the implementation of the components of this Compliance Manual. The various components of the Compliance Manual include a mechanism to: analyzing and mitigating potential organizational risk areas; performing ongoing internal audits; responding to external audit request; maintaining written policies and procedures; developing and adhering to standards of conduct; and ongoing compliance education and awareness.

Specific responsibilities of the Compliance Committee include (but not limited to):

- Meet on a regular basis to oversee all of Pinellas County EMS's compliance efforts;
- Consult with advisors as necessary (including the County Attorney);
- Ongoing assessment of the adequacy of the Compliance Program;
- Receive periodic reports from designated Pinellas County EMS staff concerning the Compliance Program;
- Report to the BCC compliance issues of a significant magnitude and how it was addressed.
- Maintain and improve the Compliance Program and this Compliance Manual;
- Ensure the Compliance Program is inclusive of a method by which to validate Pinellas County EMS staff, and vendors as appropriate, are not present on the Office of Inspector General's List of Excluded Individuals and Entities as discussed in this Compliance Manual;
- Ensure Pinellas County EMS meets the standards of business, legal, and personal compliance;
- Ensure that matters related to education, training, and communications in connection with the Compliance Program and this Compliance Manual are properly disseminated, understood, and followed; and
- Take necessary actions, as appropriate, to ensure that Pinellas County EMS conducts its activities in compliance with the applicable law and regulations and sound business ethics.

### **3. Training**

Pinellas County EMS will take all necessary steps to communicate effectively its standards and procedures to all staff by requiring participation in ongoing training programs and by disseminating publications that explain in a practical manner what is required of them to avoid compliance issues. The training content will be tailored appropriately and will be delivered in a manner to maximize the likelihood that a Pinellas County EMS Staff, and vendors as appropriate, comprehend the information.

#### **a. Compliance Training Programs**

Continuing education of Pinellas County EMS Staff promotes professional excellence and regulatory compliance. In addition to professional training (e.g. licensure and certification requirements), the Compliance Program will ensure that Pinellas County EMS Staff receive ongoing Compliance-specific training. Compliance training may include lectures, videos, interactive sessions, and the electronic distribution of compliance related tips and best practices, and will, at a minimum, include:

- An overview of federal and state fraud and abuse laws and regulations, HIPAA compliance, appropriate medical coding requirements, and documentation requirements.
- The specific components of the Compliance Program operates and the significance of each; and
- The responsibilities of Pinellas County EMS Staff in adhering to the Compliance Program;
- Training specific to the roles of each position;
- Utilizing identified potential risks/violations as teachable moments for employees.

### **b. Specific Compliance Training**

Specific compliance training will be geared to levels of responsibility and job function; however, HIPAA training is applicable to all levels of responsibility and job functions and will be provided on a periodic basis.

#### **i. Ambulance Transportation Contractor:**

Pinellas County EMS outlines the performance expectations and training requirements related to compliance with all applicable regulations governing healthcare providers including HIPAA. This is accomplished through Pinellas County EMS standard contracting mechanisms; an Ambulance Service Agreement and Business Associates Agreement.

#### **ii. Management/Operational Staff:**

Management and Operational staff of Pinellas County EMS focus is administering the ambulance billing revenue cycle and maintaining strict compliance with state and federal laws governing healthcare providers. The broad categories include: compliance, auditing, pre and post billing activities, electronic file management of PHI, and governmental accounting associated with ambulance billing. Specific areas of knowledge include, but are not limited to:

- Principles, policies, requirements, and best practices of medical billing to public and private payers;
- Knowledge of what constitutes a potential violation involving false claims, self-referrals, and the payment or receipt of remuneration (i.e., anything of value) to induce referrals;
- Knowledge of what constitutes supporting documentation of the patient's condition and the ability to interpret the documentation to determine medical necessity and appropriate level of service;

- Appropriate handling of PHI in the performance of assigned duties. Avoiding potential breaches and inappropriate altering of patient care reports, excluding minor demographic corrections that would be appropriate;
- Knowledge of Federal/State/Local regulations and guidance required of healthcare providers in relation to specific job duties, e.g., HIPAA, Code of Federal Regulations 42 (“CFR”) 410.40 Coverage of Ambulance Service, Center or Medicare and Medicaid Services (“CMS”), Medicare Administrative Contractors (“MAC”), Attorney General Opinions (“AGO”), Florida Statutes 641.513 Requirements for providing emergency services and care, etc.;
- Management and oversight of electronic and paper claims submissions;
- Understanding and knowledge of specific roles within Pinellas County EMS and how they integrate within the overall organization;
- Pinellas County EMS Staff awareness of their obligation to report operational, procedural, and compliance concerns and/or issues, including potential situations of misconduct.

### **c. Compliance Officer’s Role in Training**

The Compliance Officer or designee shall be responsible for ensuring that training activities occur. Pinellas County EMS Staff will be required to have training as appropriate given organizational responsibilities. Persons providing training shall be knowledgeable in the subject matter of the training program.

The Compliance Officer or designee is responsible for ensuring that EMS Staff have access to compliance related information, training manuals, and Pinellas County EMS policies and procedures. This should include coding references, MAC newsletters, Medicare Manuals, federal regulations, CMS interpretations, and other relevant resource materials. Appendix B contains a sample list of applicable resources. The Compliance Officer or designee is responsible for regularly disseminating new compliance information to EMS Staff.

The Compliance Officer or designee is responsible for documenting the educational activities of Pinellas County EMS. This documentation includes dates, time, attendance, topics discussed, any printed material, and agenda for training activities. Training includes mechanisms to ensure Pinellas County EMS Staff understanding of the materials presented, e.g., quizzes, Q & A, staff participation activities, etc.

Additionally:

- Pinellas County EMS shall post all relevant fraud alerts and advisory bulletins issued by the Department of Health and Human Services Office of the Inspector General on at least one prominent bulletin board at Pinellas County EMS headquarters and at any other appropriate areas;
- Pinellas County EMS shall post a notice in appropriate areas detailing Pinellas County EMS’s commitment to ethical standards and compliance with all applicable laws and regulations in the conduct of its business;

- Pinellas County EMS shall use staff meetings and electronic communications (as appropriate) to inform staff of changes in applicable federal laws and regulations; and
- Pinellas County EMS Staff shall be informed that they can obtain additional compliance information from the Compliance Officer or designee. Any questions which cannot be answered by the Compliance Officer or designee shall be referred to the Compliance Committee, the County Attorney and/or Pinellas County EMS management.

**d. Certification of Training**

Each individual who attends training shall self-certify completion of such training via a training sign-in sheet. The sign-in sheet states the type of training, the date of training, and the individuals name and signature. Pinellas County EMS shall retain these records and make these records available upon request.

**4. Audits (Internal Monitoring & Reviews)**

Pinellas County EMS will take a proactive approach to minimize the potential for criminal activity and inadvertent breaches. This includes developing and using appropriate monitoring methods to detect and identify problems, and to help reduce the future likelihood of problems. Claims and system reviews are common internal monitoring methods that will be employed. Additionally, Pinellas County EMS utilizes the Zoll RescueNet Billing System and its reporting mechanisms to monitor Pinellas County EMS Staff for appropriate use. Pinellas EMS Staff is expected to report potential compliance issues and/or suspected criminal conduct by others within the organization.

**a. Coding and Billing Decisions**

Pinellas County EMS staff will assess each claim for medical necessity. Once medical necessity has been determined, claims will be billed at the appropriate service level supported by the medical documentation contained in the claim, including medical interventions, patient care reports, dispatch information, and physician certification statement. Appropriate International Statistical Classification of Diseases (ICD10) will be assigned in accordance with the patient’s noted condition and listed in the order of severity. Questions pertaining to medical necessity, service level, and proper coding should be directed to Pinellas County Emergency Medical Services management.

**b. Preventing False Claims Act and Anti-Kickback Statute Violations**

Under the federal False Claims Act (“FCA”), it is a criminal and civil offense to submit a false or fraudulent claim to the government. The FCA allows for an action to be brought against an individual or the ambulance service provider itself by the federal government. It also permits what are called *qui tam* or “whistleblower” actions by an individual with

knowledge of the alleged false claim submissions. In these cases, the individual who brings the complaint to court (called a “relator”) may share in a percentage of any settlement or court award depending on whether the federal government intervenes in prosecuting the case. Under the federal Anti-Kickback Statute (“AKS”), it is illegal to offer (or accept) remuneration in exchange for referrals. These are two very serious health care laws with significant penalties for violations.<sup>5</sup>

The penalties associated with these laws make it critically important to make sure that any inconsistencies are reviewed and that only completely accurate and truthful information is relied on when determining whether a claim should be submitted for reimbursement to Medicare, Medicaid or other insurers.

Federal and Florida state anti-kickback and anti-referral laws prohibit the offer, payment, solicitation, or receipt of any compensation in exchange for the referral of patients or services. All Transport and Vendor Agreements shall be reviewed and approved by the County Attorney in order to avoid violation of federal and Florida state anti-kickback or anti-referral laws. All transport or vendor agreements shall not take into consideration in any way the value or volume of referrals provided to Pinellas County EMS except as permitted by law.

In order to comply with these laws, Pinellas County EMS or any Pinellas County EMS Staff:

- Shall not solicit or receive from any person or entity, nor offer or give to any person or entity, anything of material value if that person or entity is in a position to refer business to Pinellas County EMS or if Pinellas County EMS is in a position to refer business to that person or entity, except as permitted by law;
- Shall not make a referral to an entity in which he or she (or an immediate family member) has a financial relationship (broadly defined to encompass any ownership interest, investment interest, or compensation arrangement) for a designated or other health service, except as permitted by law;
- Shall not submit nor cause to be submitted a bill or claim for reimbursement for services provided pursuant to a prohibited referral;
- Shall not receive any free services, supplies, or medications from any Vendor or

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<sup>5</sup> The Healthcare Reform Legislation enacted on March 23, 2010 (H.R. 3590) and March 25, 2010 (H.R. 4872) significantly changed the FCA and AKS concerning kickbacks, making AKS issues a much more significant concern to both parties in a healthcare transaction (such as skilled nursing facilities and ambulance services). First, the amendments clarify that claims submitted to Medicare which include items or services resulting in violations to the AKS constitute false or fraudulent claims under the Federal False Claims Act (31 U.S.C. § 3729) (“the FCA”). Second, as a result, this now allows *qui tam* relators to bring FCA lawsuits for AKS violations creating a private right of action under the AKS where none existed before. Third, as a result of these amendments, the government is no longer required to prove “specific intent” to violate the AKS as an element of an offense. Finally, these amendments modified the FCA to modify the meaning of a false claim to specifically include the retention of a known overpayment. Specifically, in cases where a health care provider fails to refund a known overpayment within 60 days, the retention of that overpayment is deemed a false claim.

health care facility. The OIG has stated that an ambulance service's receipt of free supplies and medications from a health care facility would under certain conditions pose a risk of improper steering of patients and unfair competition; and

- Shall not receive gifts or gratuities from any person or entity with which the Pinellas County EMS does business.

All Vendor Agreements at a minimum must include the items listed below. This list is not all inclusive:

- Shall specify the fee or payment to be made, which fee or payment shall be set at the fair market value for such services or supplies, as determined by the procurement procedures of Pinellas County;
- Shall (if a discount or rebate is included in the Agreement) comply with the requirements of the anti-kickback discount safe harbor found at 42 C.F.R. Section 1001.952(h);
- Shall require the Vendor to assure and certify in writing to Pinellas County EMS, prior to the effective date of the Agreement and on a periodic basis thereafter, in a format acceptable to Pinellas County EMS, that neither the Vendor nor any of its personnel are "Ineligible Persons". Ineligible Persons shall include any individual who: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; or (ii) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible;
- Shall require that the Vendor will, for a period of at least seven years after the furnishing of the services and supplies, retain records to verify the nature and extent of the costs of such services and supplies and make such records available upon request by Pinellas County EMS, and shall also require the Vendor to impose similar obligations on any subcontractor it may use to provide the services and supplies under the Vendor Agreement in accordance with appropriate record retention laws, public records laws and County audit ordinances; and
- Shall require the Vendor and any subcontractor of the Vendor to cooperate with Pinellas County EMS in the event that any third-party payer or governmental agency conducts an audit or otherwise requests supporting documentation or information regarding services or supplies provided by the Vendor or its subcontractor;
- Shall require the vendor to sign a HIPAA Business Associate Agreement.

**c. Billing and Claims Submission**

Pinellas County EMS shall comply with all billing and claims submission requirements promulgated by federal, state, and other applicable health care laws. Pinellas County EMS must adhere to the following principles:



- Proper and timely documentation of all services provided to patients to ensure billing accuracy.
- Bill claims at the appropriate service level in accordance with billing guidelines and pertinent supporting documentation.
- Patient care reports, dispatch records, physician certification statements, medical and nursing notes, and other documentation used as a basis for a claim submission should be appropriately organized and in a legible form so they can be audited and reviewed;
- Levels of service, patient condition and procedures reported on claims for reimbursement should be based on the patient care report and other legitimate supporting documentation available to billing staff;
- The method of compensation for billing staff does not provide any financial incentive to improperly “upcode” claims (e.g., bill a BLS-Emergency call as an ALS 2- Emergency when ALS 2 Level interventions were not administered to the patient, or to exaggerate the level of service actually provided to the patient; and
- While proper documentation is the responsibility of the ambulance transport vendor, EMS Staff should be aware of what constitutes proper documentation requirements.

If a Pinellas County EMS Staff member has any reason to believe that anyone is engaging in fraudulent billing practices, that staff member shall immediately report the practice to the Compliance Officer (or his or her designees), and/or contact the Compliance Committee by hot-line or written report (can be anonymous). Failure to act, when staff member has knowledge that someone is engaged in fraudulent billing practices, shall be considered a violation of Personnel Rules and subject to disciplinary action, including possible termination of employment.

#### **d. Integrity of Electronic or Computer Billing Systems**

Pinellas County EMS maintains procedures to safeguard integrity of its electronic or computer billing/data collection and storage systems. This includes procedures for regularly backing-up data to ensure the accuracy of all data collected in connection with submission of claims and reporting of overpayments. At all times, Pinellas County EMS will have a complete and accurate “audit trail” to track all incoming and outgoing claims information. In order to ensure compliance in this area, Pinellas County EMS Staff must adhere to HIPAA Regulations and Pinellas County EMS departmental policies regarding patient information and use of electronic equipment.

#### **e. Auditing and Monitoring**

The purpose of the routine audits is to detect potential errors in billing, use of supporting documentation, and potential areas requiring additional staff training. Routine audits are conducted by Pinellas County EMS Staff, internal Pinellas County auditors, and

external independent auditors.<sup>6</sup> The Compliance Officer or designee shall be responsible for investigating incidents of systemic errors or reports of noncompliance. If necessary, the results of the audit process must be communicated to and discussed with legal counsel to determine whether corrective action is required.

#### **i. Who Should Conduct Audits and Reviews**

The auditors must be independent and objective in their approach, be experienced in ambulance billing and coding, and be capable of identifying compliance issues. The auditor must have access to all pertinent information to conduct a complete and thorough audit. All audit reports, either individually or comprehensively, will be presented to the Compliance Committee, identifying corrective actions, if applicable.

#### **ii. The Post-payment Claim Review**

Pinellas County EMS staff will conduct periodic audits of paid ambulance claims to monitor compliance of call intake/dispatch, crew documentation, and billing decisions. The focus for field personnel will be documentation on the Patient Care Report, and the focus of Ambulance Billing & Financial Services Division will be on the coding and submission of claims for payment and proper resolution of billing discrepancies and issues. The Compliance Committee will monitor these audit results on a regular basis via audit reports. If it is detected that non-compliance is occurring at an unsatisfactory error ration, the Compliance Committee will take appropriate corrective action.<sup>7</sup>

Pinellas County EMS will conduct periodic “spot-check” audits at regular intervals to ensure ongoing coding accuracy, medical appropriateness and compliance with any new rule or regulation implemented since the previous audit. The periodic audits should focus on problems discovered in the previous audits. The manner in which the periodic audits will be conducted is comparable to that described for the post payment claim review. Significant variations should be investigated to determine the cause. If there is a legitimate explanation and no systemic error, the Compliance Committee may not need to take any corrective action. If the deviation is due to improper procedures, misunderstanding of rules, potential fraud, or systemic problems, then prompt corrective action should be taken.

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<sup>6</sup> Additional auditing techniques can involve periodic testing of staff through hypothetical situations, mock surveys or reviews, assessment of complaint logs and personnel records, interviews and questionnaires presented to staff, and review of written materials.

<sup>7</sup> Alternatively and/or in addition to post-payment reviews, Pinellas County EMS can perform pre-billing reviews to detect errors prior to billing and reimbursement. If, as a result of the pre-billing claim review process, a pattern of claim submission or coding errors is identified, Pinellas County EMS can develop a responsive action plan, which would include a plan to ensure that overpayments are identified and repaid.

### **iii. Periodic Review of Claims Denials**

Pinellas County EMS will periodically review randomly selected denied claims to look for patterns. If a pattern of claim denials is detected, the pattern will be evaluated to determine the cause and appropriate course of action. Staff education regarding proper documentation, coding, or medical necessity may be appropriate. In cases where claims are being denied improperly, Pinellas County EMS Staff will conduct the appropriate post billing activities to correct the improper denial.

The Managers within Pinellas County Emergency Medical Services will monitor to ensure the requirements of the Compliance Program are being followed. The Compliance Committee will monitor to ensure adequate dissemination of program standards, training and education, and appropriate actions are taken when a violation occurs. All violations and resolutions will be properly documented and recorded.

### **iv. System Reviews and Safeguards**

Pinellas County EMS will conduct a risk analysis to evaluate internal and external factors that affect Pinellas County EMS's operations from a compliance perspective. This risk analysis will include a review of internal systems and management issues, as well as the applicable regulation that govern Pinellas County EMS's operations. This evaluation will be utilized to create, amend, or adopt additional written policies and procedures to ensure compliance. The evaluation process ranges from simple and straightforward to fairly complex and involved. For example, an evaluation of whether Pinellas County EMS's existing written policies and procedures accurately reflect current federal healthcare program requirements is straightforward. However, an evaluation of whether Pinellas County EMS's actual practices conform to its policies and procedures may be more complex and require several analytical evaluations to determine whether system weaknesses are present.

The review will provide a "risk analysis" to evaluate a variety of practices and factors. The risk analysis will include a review of Pinellas County EMS' policies and procedures, employee training and education, employee knowledge and understanding, claims submission process, coding and billing, accounts receivable management, documentation practices, management structure, employee turnover, contractual arrangements, changes in reimbursement policies, and payer expectations.

### **v. Audit Areas**

- Information and Documentation on the Patient Care Report

The documentation in the PCR must provide accurate and appropriate information to allow billing staff to make appropriate billing decisions, and satisfy the coverage criteria for each payer. For PCRs utilized in billing Medicare or Medicaid (including Medicare and Medicaid HMO Plans and similar federal payers), the PCR must provide evidence that the patient's medical condition required ambulance transportation and that no other means of transportation were appropriate for the patient. When the PCR documentation is incomplete, a claim should not be billed, but be returned to the ambulance transportation Vendor. When crew documentation is complete, but does not satisfy insurance billing requirements, the

patient can be billed in most situations. Auditors should look for compliance with all payer coverage criteria to ensure that the proper payer was billed.

- Medical Necessity/ Reasonableness and Necessity

Medically unnecessary transports have formed the basis for a number of Medicare and Medicaid fraud cases. Consequently, Pinellas County EMS will devote considerable effort to ensure that all ambulance services are billed to Medicare or Medicaid only when medically necessary and in accordance with CMS guidance. Ambulance service will only be billed to Medicare or Medicaid where the patient's medical condition contraindicates another means of transportation. The medical necessity requirements for billing Medicare or Medicaid vary depending on the type of the ambulance transport (e.g. emergency transport vs. non-emergency transport).

- Coding the Claim

Pinellas County EMS Staff must exercise due diligence in making appropriate level for service (e.g. ALS or BLS, or emergency or non-emergency) actually provided. The federal government prosecuted a number of ambulance cases involving "upcoding," where claims are billed at a higher level than what was justified by the services actually performed. Compliance activities will focus on ensuring that the likelihood of inadvertent or intentional upcoding is minimized.

- Copayment Collection Procedures

All co-payments not subject to the Pinellas County FirstCare Ambulance Membership Plan or where collection is prohibited by law, shall continue to be pursued. Regular follow up procedures will be used to ensure that a patient's coinsurance is properly billed and that "waiver" of any copayments is in accordance with the patient's enrollment and the current terms of the FirstCare Ambulance Membership Plan. The failure to properly seek cost-sharing amounts poses compliance risks.

- Secondary Payer, Credit Balances and Refunds

Pinellas County EMS will ensure that all payments received subsequent to initial receipt of reimbursement are proper. These payments will be properly credited to the patient account and any overpayments will be promptly refunded to the payer.

- Assignment of Benefits ("AOB") Signatures

The Medicare regulations require a signature for claim submission purposes. The signature requirements described at 42 CFR § 424.36 must be met before billing a claim. Other applicable signature requirements for other payers must also be met.

- Mileage

Medicare requires that loaded mileage be recorded fractionally by crewmembers using on-board equipment. Mileage is then billed to (and paid by Medicare) on a fractional

basis. Pinellas County EMS must monitor the crew documentation to verify that fractional mileage is recorded, and billed consistent with the values recorded by the crew on the PCR.

- PCS Forms

Non-emergency transports require a Physician Certification Statement (“PCS”) as an additional requirement for Medicare coverage and in accordance with Pinellas County EMS Billing guidelines. Transports shall not be billed unless PCS requirements, as outlined in 42 CFR §410.40(d) are satisfied.

**f. Disclosure of Review Results**

**i. Internal Disclosure**

The Managers within Pinellas County Emergency Medical Services will ensure that the findings of reviews/audits are reported to the Compliance Committee. There are many occasions where there are no violations discovered, but there may be trends or areas for improvement that should be addressed internally. In these situations, there may be no need to report any findings externally to MAC, other payers, or government agencies. This includes isolated overpayments involving individual beneficiaries where the overpayment was corrected by repayment to the MAC. To the extent permitted by law, review results should be kept confidential, accessible only by those with a need to know. The fact of the review should be documented in writing, but particular details of the review may not necessarily be documented in writing.

**ii. External Disclosure**

Certain events require disclosure to various entities. If regular patterns of errors, significant overpayments are uncovered, or violations of the law are discovered, thus necessitating corrective action, the advice of the County Attorney must be sought. Legal counsel will advise on matters of attorney/client privilege, disclosure, and whether Pinellas County EMS has any affirmative duties to report the violations and/or make restitution to healthcare payers. In some cases, legal counsel may recommend procedures for notifying the MAC or in implementing the OIG’s Self Disclosure Protocol.

**g. Overpayments**

“Overpayments” are Medicare funds that Pinellas County EMS received in excess of amounts due and payable to Pinellas County EMS under the Medicare statute and regulations. In addition, it is a debt owed to the U.S. Government by Pinellas County EMS. A variety of reasons can lead to overpayments including, (but not limited to):

- A claim paid in error by the MAC;
- Inadvertent miscoding of a claim;
- A mistake in submitting mileage; or
- A later determination that a claim for ambulance service was not medically necessary or was not to a destination covered by Medicare.

Pinellas County EMS will regularly review randomly selected claims that have been paid by Medicare to verify that the amounts paid were proper and that no overpayment exists. When an overpayment does exist, Pinellas County EMS will take all reasonable steps to promptly refund the full overpayment amount to the MAC, with an explanation as to the description of the overpayment.

In accordance with the federal False Claims Act (31 USC §3729) Pinellas County EMS shall refund any known overpayments to the government within 60 days of discovery and validation in accordance with Section 6402(a) of the Affordable Care Act 1128J(d)(3) of the Social Security Act. In no case will Pinellas County EMS keep reimbursement that was improperly paid to it by Medicare or any other federal health care program. Pinellas County EMS Staff will periodically review the overpayment process to ensure that overpayments are refunded in a timely manner.

The Medicare program is also the “secondary payer” with respect to items and services furnished to Medicare patients. When auditing paid Medicare claims, Pinellas County EMS should also verify that Medicare was the proper payer, as opposed to one of the primary payers including, but not limited to:

- the patient's automobile policy or plan;
- another person's automobile policy or plan;
- the patient's workers' compensation policy or plan; or
- a group health policy or plan in which the patient is enrolled, unless such group health policy or plan has less than 20 employees with employment status for 20 or more calendar weeks of the current or preceding year.

## **5. Respond Appropriately to Detected Misconduct**

Pinellas County EMS will proactively respond to any detected violations of the Compliance Program to prevent further or similar offenses from occurring in the future. This includes debriefing situation surrounding a violation, legal consultation, when appropriate, and documenting and reporting misconduct to the appropriate authorities. Any suspected misconduct (including, but not limited to evidence of fraud and abuse in insurance billing, AKS or FCA violations, evidence of upcoding or other false and fraudulent billing) may result in a revision to the compliance program. The compliance program is intended to be dynamic to prevent and detect potential violations of law, and policies and procedures set forth by federal regulations and Pinellas County EMS.

**a. Government Investigations**

If any Pinellas County EMS staff is contacted concerning an investigation (e.g., telephone interview, subpoena, personal visit) by a governmental agency regarding Pinellas County EMS business, he or she should notify the Compliance Officer, and/or Pinellas County EMS management immediately. This is intended to protect the interests of Pinellas EMS Staff, as well as ensure that the interests of Pinellas County EMS are protected. In the event a governmental agent visits a Pinellas County EMS staff member, the agent should be asked to contact the Compliance Officer, or Pinellas County EMS management to arrange an interview. The Compliance Officer or designee, in turn, may notify legal counsel to discuss the matter.

**b. Investigating Alleged Improper Conduct**

All allegations of wrongdoing, from whatever source, will be evaluated to determine: (a) if the allegation appears to be well founded, and (b) whether the allegation warrants reporting to enforcement authorities. When billing errors (e.g. overpayments) have been reported and payments returned, unless there is evidence of a pattern of wrongdoing, or an attempt to conceal wrongdoing, no further reporting to enforcement authorities is ordinarily required. If, after a thorough internal investigation, it is necessary to notify the authorities, Pinellas County EMS shall involve the County Attorney.

The Compliance Officer or designee, shall investigate all verbal and written reports and initiate follow-up actions as appropriate. When a report of a suspected violation or a questionable conduct is brought to the attention of the Compliance Officer or Pinellas County EMS management, the following procedures will be implemented:

- Investigate the situation to determine whether it raises to the level of a compliance issue;
- Determine whether the situation warrants consultation with County Attorney;
- Document the incident; conduct interviews as necessary; review any related pertinent information; consider any suggestions by the County Attorney; summarize findings and/or results of the investigation; and draft a proposed plan of action, e.g., potential disciplinary action, policy and procedure change, staff training, etc.;
- Present and review the report to the Compliance Committee for final decision on required actions. Any resulting disciplinary action will align with the Pinellas County Personnel Rules and the severity of the violation;
- To the extent allowed by law, all compliance reports are kept confidential and protected under the attorney/client privilege or other applicable privilege; and
- Ensure reported incidents will comply with HIPAA Breach Notification Rule, **45 CFR §§ 164.400-414** and Pinellas County EMS policies.

**c. Compliance as an Element of Performance Evaluation**

Pinellas County EMS staff who fail to comply with the Compliance Program will be subject to disciplinary action. Adherence to the Compliance Program, including, the Pinellas County EMS “Code of Conduct,” as outlined in Section V, will be a factor in evaluating staff’s performance.

**6. Developing Open Lines of Communication**

Pinellas County EMS maintains an easy-to-use “hotline” phone number and other reporting mechanisms to ensure effective lines of communication between the Compliance Officer and all staff members. It is the policy of Pinellas County to protect the anonymity of complainants, where the complainant desires to remain anonymous, and to protect whistleblowers (who make good faith reports of potential violations) from retaliation or other adverse action. In that regard, the “hotline” phone does not record the phone number or identify of the caller.

**a. “Hotline” and Other Mechanisms for Reporting Violations**

All Pinellas County EMS Staff are required to report all violations of this manual; including potential unethical conduct, or perceived fraud and abuse. Reporting incidents can be verbal or written.

Pinellas County EMS Staff is aware that compliance concerns can be reported anonymously; via hot-line and/or anonymous letter. Reports will be treated as confidential to the extent reasonably possible. There shall be no retaliation against anyone who submits a good faith report regarding a compliance concern. At any time, a Pinellas County EMS Staff member can make an appointment to meet with the Compliance Officer to discuss any compliance concern.

Pinellas County EMS reporting mechanisms and policy specifically include, but are not limited to:

- Verbal communications via the compliance hotline (727-298-2696) or written reports to the Compliance Officer or Pinellas County EMS management;
- Reports shall be treated confidentially to the extent permitted by applicable law and circumstances;
- The caller and/or author need not provide his or her name, nor are they identified through the phone system ;
- Pinellas County EMS policy prohibits any retaliatory action against an employee for making any verbal or written compliance report;
- Although Pinellas County EMS Staff are encouraged to report their own wrongdoing, the fact that the employees may be the initial source of the wrongdoing does not excuse them from the consequences of the disclosure of violations or misconduct;



- Pinellas County EMS Staff, including management and supervisory level, shall not prevent, or attempt to prevent, a staff member from communicating compliance concerns via the compliance hotline or any other mechanism. If a staff member attempts such action, he or she is subject to disciplinary action up to, and including dismissal; and
- While, prompt and complete disclosure may be considered a mitigating factor in determining a staff member's discipline or sanction for a compliance violation, the ultimate discipline will be based upon the severity, scope, intent, and impact of the violation.

**b. Protection of Pinellas County EMS Staff**

It is the policy of Pinellas County EMS that no staff member shall be punished on the basis that he or she reported what he or she reasonably believed to be an act of wrongdoing or a violation of this manual. Furthermore, Pinellas County EMS is committed to following all protections set forth in applicable law regarding anti-retaliation for reporting of potential violations of law.

Pinellas County EMS Staff will be subject to disciplinary action if Pinellas County EMS reasonably concludes that the report of alleged wrongdoing was knowingly fabricated, distorted, exaggerated or minimized to either injure someone else or to protect him or herself. While a person's complete and truthful admissions of wrongdoing will factor into the process, it does not guarantee protection from disciplinary action.

**c. Departing Staff - Exit Interview**

Every effort will be made to ensure that all departing Pinellas County EMS Staff complete an Exit Questionnaire. The purposes of the Exit questionnaire is to obtain critical feedback, possible knowledge of wrongdoing, unethical behavior or criminal conduct. The questionnaire will be made a part of the staff member's personnel file, if applicable. If the questionnaire reflects a potential compliance issues notify the Compliance Officer should be notified immediately.

## **7. Enforcing Disciplinary Standards through Well Publicized Guidelines**

The Pinellas County EMS Compliance Program will utilize the Pinellas County Unified Personnel System's ("UPS") Personnel Rule 6, "Discipline", and the Personnel Act Chapter 77-642, Section 1 (2), as a guideline for applying discipline for infringements by Pinellas County EMS Staff in violation of the Compliance Program. Discipline is applied in a fair and consistent manner by thoroughly investigating the specifics of each incident to determine the appropriate level of discipline congruous with the offense. Factors associated with the incident will be weighed comprehensively to determine the level of severity and the appropriate corrective action. These factors include, but are not limited to: any potential monetary or civil penalties resulting from the offence; whether or not the offense was intentional or unintentional; the comprehensive business impact of the offense to Pinellas County; evidence of malicious intent or personal gain; previous incidents involving the same staff member; and the staff member's acknowledgement of the offence and commitment to correct the behavior that resulted in the offence. Vendors contracted by Pinellas County EMS are disciplined/terminated for compliance related violations through contractual provisions standard to Pinellas County contracts.

### **a. Disciplinary Procedures**

Pinellas County EMS will take disciplinary action against staff members who violate the Compliance Program. Incidents will be thoroughly and impartially investigated by the Compliance Officer or designee. The Compliance Officer or designee will document and assess the severity of the incident utilizing the appropriate Analysis and Notification Form and in consideration of the factors noted above. An investigative summary report off all incidents will be presented to the Compliance Committee, and the County Attorney, if warranted. The Compliance Committee, through a preponderance of the evidence and consultation with the County Attorney, will decide upon the appropriate course of action to be taken in regard to the staff member. In determining the appropriate discipline for any violation of the Compliance Program, Pinellas County EMS shall not take into consideration a particular staff member's economic benefit to the organization.

### **b. Disciplinary Guidelines**

Personnel Rules will serve as the guideline when applying discipline. It is the responsibility of Pinellas County EMS Staff to be aware and knowledgeable of the requirements of the Compliance Program and possible disciplinary actions for compliance related violations as dictated by the Personnel Rules and the Pinellas County Unified Personnel System Act; which can be found at: <http://www.pinellascounty.org/hr/rules/pdf/rule-6.pdf> and <http://www.pinellascounty.org/hr/pdf/Personnel-Act.pdf>.

Pinellas County EMS shall give no consideration to a staff person's contention that any improper conduct was undertaken for the benefit of Pinellas County EMS. Any such conduct is not supported, nor encouraged by Pinellas County EMS and is expressly prohibited. Staff members who are aware of violations committed by another staff member, or a contracted

vendor, who fail to report a known violation, are also subject to discipline and potential termination.

**c. Screening EMS Staff and Contractors**

Pinellas County EMS will not employ or do business with individuals who have been convicted of health care fraud or listed by a federal agency as excluded, debarred or otherwise ineligible to participate in federally funded health care programs. Consequently, Pinellas County EMS will perform background investigations on prospective staff members/contracted entities and periodic checks on existing staff members/contracted vendors using the Office of Inspector General's List of Excluded Individuals/Entities database.

**d. Removal Requirement**

If Pinellas County EMS has actual or constructive notice that any individual with whom Pinellas County EMS does business is excluded, debarred or otherwise ineligible to participate in a federally funded health care program, that individual shall be removed from responsibility or involvement in the operations of Pinellas County EMS as to those operations that relate to the federally funded health care program. The excluded individual shall remain removed from operations until such time as that person is reinstated into participation in the federal health care program.

**e. Record Retention**

Pinellas County EMS maintains a uniform system for record creation, distribution, retention, storage, retrieval, and destruction of documents. The type of documents developed under this system include patient care records, billing, claims documentation, and other financial records, and all records necessary to protect the integrity of the program. This includes documentation regarding staff training, modifications to the compliance program, results of any investigations conducted, self-disclosures to enforcement agencies, and results internal auditing and monitoring efforts. Under no circumstances may documents relating to a pending investigation, or an inquiry regarding a report of a possible billing error, or an incident of fraud or abuse, be destroyed without permission of the Compliance Officer and approval of the County Attorney.

## **V. Code of Conduct**

### **A. Purpose**

Pinellas County EMS strive to provide high quality ambulance transportation services to the residents of Pinellas County while maintaining a high standard of integrity in job performance and professional interactions. Pinellas County EMS is conscientious in complying with all rules and regulations governing healthcare. Pinellas County EMS expects the highest standard of conduct and ethics from all its staff members. Pinellas County EMS implemented a comprehensive Compliance Program inclusive of the Code of Conduct to further its goal of maintaining compliance.

This Code of Conduct does not address every aspect of Pinellas County EMS's Compliance Program and related activities (or the applicable legal issues they may entail). As such, staff should consult Pinellas County EMS's established policies and procedures, and seek the guidance of the Compliance Officer, the Compliance Committee, or Pinellas County EMS management with respect to any other issues which may arise. This Code of Conduct is designed to be a general overview of the roles and responsibilities of all staff of Pinellas County EMS.

### **B. Statement of Commitment**

Pinellas County EMS has been, and continues to be, committed to conducting activities in a manner consistent with all applicable federal, state and local laws that govern healthcare suppliers. Our reputation for quality service and excellent care was achieved by the personal integrity, good judgment and common sense of our staff. All staff of Pinellas County EMS are expected to demonstrate appropriate ethical behavior when conducting activities with patients and their families, fellow staff, suppliers, vendors, consultants and those with whom we do business. Each staff member is responsible for complying with the policies, procedures and guidelines applicable to their responsibility and complying with the Code of Conduct.

All Pinellas County EMS staff are required to participate in an initial training program explaining the Compliance Program. Upon completion of training, staff will receive a hardcopy of the manual. Additionally, staff is required to sign an Acknowledgement that they understand and comprehend the material contained in the manual. This process is reaffirmed, annually.

If any Pinellas County EMS Staff has any question about the application of this Code of Conduct or the Compliance Program as a whole, he or she should inquire of the Compliance Officer, Pinellas County EMS management, or a member of the Compliance Committee. Pinellas County EMS Staff is expected to be familiar with the applicable laws and regulations that govern the matters set forth in the Compliance Program as it pertains to his or her duties, including, but not limited to this Code of Conduct and the Compliance Manual. Adherence to these documents is a part of everyone's job performance and a regular part of review.

### **C. Compliance With Laws**

All Pinellas County EMS Staff shall conduct their activities in compliance with applicable laws, rules and regulations, as highlighted below. If there is reasonable doubt as to the appropriateness of an activity, staff should seek advice within the Pinellas County EMS chain of command. Staff may also contact the Compliance Officer at any time if they have questions about the appropriateness of any particular action or course of conduct.

**Patient Rights:** Pinellas County EMS is dedicated to ensuring the privacy of Protected Health Information (PHI) consistent with applicable laws. Patient rights are outlined in the *Pinellas County Emergency Medical Services/Sunstar EMS. Your Information. Your Rights. Our Responsibilities*, document distributed to every patient.

**Disclosure:** Pinellas County EMS will deal honestly and fairly with patients, community members, vendors, competitors, mutual aid companies, payers and other outside contractors. Communication and disclosure information should be clear, accurate, complete, and disclosed in accordance with HIPAA regulations.

Financial and operational reports are prepared in accordance with applicable rules and regulations and prepared within Pinellas County EMS's normal system of accountability.

**Patient Billing:** Pinellas County EMS will deal honestly with all payers (e.g., self-pay, insurance companies, HMOs, Medicare, Medicaid, etc.). Claims submitted to Medicare and other governmental and private payers will accurately reflect the services rendered. Pinellas County EMS will submit claims for services that are supported by the necessary documentation, while maintaining prompt and proper billing practices.

Billing issues will be resolved according to applicable laws, regulations, organizational policies and, where applicable, payer contracts. Questions regarding patient billing should be resolved expeditiously. If Pinellas County EMS Staff are unsure of the proper response to a question or inquiry, they should consult with Pinellas County EMS management.

**Integrity of Workforce:** We recognize that the personal integrity, good judgment and common sense of our staff are responsible for our reputation of quality service. To maintain that reputation, prior to entering into a relationship with Pinellas County EMS, all staff will be subject to a reasonable and prudent background investigation, including a reference check.

Potential employees will be asked to disclose any criminal convictions (as defined by 42 U.S.C. 1320a-7(i) and state law), or any action taken by the government to exclude the individual from participation in federal health care programs. Individuals who have been recently convicted of a criminal offense related to health care or who are listed as debarred, excluded or otherwise ineligible for participation in federal health care programs (as defined in 42 U.S.C. 1320a-7b(f)) may not be considered for employment with Pinellas County EMS. Additionally, applicants may be required to divulge their driving record, particularly if their work involves the operation of Pinellas County EMS vehicles. Existing staff members may also be subject to various background checks during the course of their employment.

**Conflict of Interest:** All Pinellas County EMS Staff are to conduct themselves in a manner that encourages and preserves the trust of those we serve. Staff should not have financial relationships with parties with which Pinellas County EMS does business. Prompt disclosure of conflicts of interest should be made to Pinellas County EMS management. Violations should be handled in accordance with applicable Pinellas County EMS disciplinary procedures.

**Confidentiality:** Use of confidential or proprietary information for personal gain or for the benefit of another person or entity by Pinellas County EMS Staff is prohibited.

Information concerning a patient is confidential. Pinellas County EMS Staff shall not obtain or divulge details of a patient's condition without a specific business related reason associated with Treatment, Payment or Operations (TPO) reasons, except as required by law. Violations should be handled in accordance with Personnel Rules, and/or compliant with HIPAA, where applicable.

All new Pinellas County EMS Staff, prior to performing any substantial duties with Pinellas County EMS that involve patient interaction or information, will undergo the mandatory privacy training as required under the HIPAA Privacy Regulations.

**Compliance with Federal, State and Local Laws and Regulations:** Pinellas County EMS will take all actions necessary to ensure compliance with all applicable federal, state and/or local laws and regulations, as well as with the public policies they represent.

**Anti-Kickback Laws:** Pinellas County EMS will take all actions necessary to ensure compliance with Federal and State anti-kickback laws regarding the acceptance or payment of any remuneration for the inducement of referrals of services or the generation of other business, and shall comply with all applicable regulations regarding self-referrals and kickbacks. Staff of Pinellas County EMS shall not give or receive kickbacks, rebates or anything of value to a vendor, patient, physician or other health care provider in exchange for a referral for services or the generation of other business.

**Business Arrangements with Physicians or other Referral Sources:** Pinellas County EMS will take all actions necessary to ensure compliance with federal and state laws regarding self-referral and business arrangements. Business arrangements with any referral sources should be set forth in a written contract and should be in accordance with applicable federal and state laws. Payments by Pinellas County EMS to any referral source should be equal to the fair market value of the services rendered or items being purchased by Pinellas County EMS and should not be based on the volume of transports or the value of referrals generated by the referral source.

**Environment:** Pinellas County EMS strives to manage and operate in ways to ensure there is minimal risk to patients, staff, visitors and the community environment within the confines of Pinellas County EMS. Every staff member should comply with the safety, hazardous waste and other environmental care policies established by Pinellas County EMS.

**Transactions:** Pinellas County EMS transactions will be completed at fair market value and not result in a direct or indirect monetary benefit to any staff member of Pinellas County EMS. Pinellas County EMS assets should not be used for the benefit of private individuals or staff.

**Anti-Competitive Practices:** Pinellas County EMS will take all actions necessary to ensure compliance with federal, state and/or local laws and regulations that prohibit price-fixing and other anti-competitive practices. This includes compliance with all laws and regulations related to the procurement of ambulance or billing services for a municipality or other government entity.

**Gifts/ Potential Inducements:** Pinellas County EMS staff shall not provide gifts to referral sources (including patients and facility employees), as such gifts could be construed as remuneration offered with the intent to influence a decision, refer services, or otherwise act in an illegal, unethical or unlawful manner.

**Government Investigation:** Pinellas County EMS has procedures and guidelines to ensure an appropriate response to government inquiries. Information disclosed without proper authorization jeopardizes the rights of our patients. Pinellas County EMS will not hinder in any way a legitimate government investigation, or make false statements or misrepresent any information. If federal or state law enforcement officials request information from a Pinellas County EMS staff member, the staff member will direct the federal or state law official to contact the Compliance Officer. The Compliance Officer will then communicate with the staff member to ensure that the appropriate documents are provided.

Whenever there is any indication that a government investigation may be underway, under no circumstances will any records or documents that could have a bearing on that investigation be destroyed or altered in any way. Any question about disposition of documents or records should be directed to The Compliance Officer.

**Individual Judgment:** f Pinellas County EMS Staff are often faced with the need to make critical decisions based on activities in the workplace. Remember to always respect others and use good judgment and common sense. If anything within this Code of Conduct (or the Compliance Program as a whole) goes against your own good judgment, you are encouraged to discuss it with the Compliance Officer or other member of Pinellas County EMS management.

**Non-Discrimination Commitment:** Pinellas County EMS will not discriminate in providing services and care to the patients we serve, or in the terms and conditions of employment or membership for our staff. In dealing with patients, family members, guarantors, insurers or other third-party payers, we will not discriminate on the basis of federally protected classes. All Pinellas County EMS Staff are encouraged to report to his or her supervisor or other member of management any incident in which he or she feels that there has been discrimination on the basis of the protected statuses mentioned above.

#### **D. Compliance Officer and Compliance Committee**

The Compliance Officer in coordination with the Compliance Committee is responsible for the managerial oversight of the Compliance Program. The functional and daily duties are carried out by appropriate designees of Pinellas County EMS. Designation of a Compliance Committee or Compliance Officer does not lessen each staff member's responsibility to comply with the Compliance Program and related policies and procedures, including, but not limited to this Code of Conduct.

#### **E. Reporting Violations**

It is important to first attempt to resolve issues within the area of responsibility in which they arise. If a staff member of Pinellas County EMS knows of a possible violation of the Compliance Program or related policies and procedures, it is the staff member's responsibility to report that information immediately to the staff member's Supervisor (if applicable) or Compliance Officer or designee. At the present time the compliance hotline is 727-298-2696. All violations, suspected violations, questionable conduct, or questionable practices shall be reported by staff members to the Compliance Officer on the compliance hotline and may also be reported to the Bureau Director of Pinellas County EMS (or any other designated officer) and/or the Compliance Committee by a verbal or written report.

Ultimately, potential violations must be brought to the attention of the Compliance Officer, the Compliance Committee and/or Pinellas County EMS management. Pinellas County EMS Staff or other interested parties also have the option of reporting possible violations to the Compliance Officer via the confidential "hotline" established under the compliance program. Reported violations will be logged, assigned a tracking number and investigated by the Compliance Officer or designee.

In reporting violations to the Compliance Officer, if the staff member wishes to remain anonymous, may do so by either not disclosing identifying information or by requesting that their confidentiality be protected. The Compliance Officer will not make an effort to identify an individual making an anonymous report, unless it is subsequently determined that the person engaged in improper conduct or the information is critical to the investigation. Reasonable efforts shall be expended to assure confidentiality of anonymity requests; however, there may be a point where the individual's identity may become known in connection with the investigation or may have to be revealed if governmental authorities become involved.

#### **F. Disciplinary Actions**

Failure to comply with the standards established by the Compliance Program may have severe consequences in accordance with Pinellas County Personnel Rules. Appropriate discipline for violations of the Compliance Program, up to and including suspension or termination, may be imposed. Pinellas County EMS Staff will be subject to disciplinary action if they authorize or participate directly or indirectly in actions that constitute a violation of the law, the Compliance Program or related policies and procedures.



## **G. No Retaliation for Good Faith Reporting Of Violations**

The success of any Compliance Program depends on the prompt and accurate reporting of violations and suspected violations without fear of retaliation. Reports shall remain confidential except when the nature of the complaint requires disclosure and then should be disclosed only to the extent necessary or advisable to resolve the complaint.

## **H. Monitoring Of Compliance Efforts**

An integral component of the Compliance Program is the continual monitoring, auditing and evaluation of Pinellas County EMS's compliance efforts. An initial audit of compliance should be conducted to determine the areas in which area-specific compliance programs should be focused. Thereafter, audits may be authorized by the Compliance Committee or Compliance Officer in response to reports received through the compliance reporting system or through other means. In addition, overall compliance efforts should be reviewed on a not less than annual basis.

## **I. Questions Regarding the Code of Conduct**

Pinellas County EMS wants to provide timely guidance to its staff with respect to the Code of Conduct. If staff members have a question related to the Compliance Program, related policies, or feel the need to seek guidance with respect to a particular issue, staff should consult the Compliance Officer or with Pinellas County EMS management. A compliance hotline has been established to provide Employees with a confidential way to raise their concerns. At the present time the compliance hotline is 727-298-2696. All violations, suspected violations, questionable conduct, or questionable practices shall be reported. The caller or author may report all information anonymously.

## **J. Other Responsibilities**

All staff of Pinellas County EMS shall also:

- Be aware of applicable Pinellas County policies, processes, and procedures;
- Be familiar with the Compliance Program;
- Adhere to all applicable policies, processes and procedures that affect their job function;
- Be committed to the underlying ethical concepts and philosophies of Pinellas County EMS;
- Perform their duties in good faith and to the best of their ability;
- Refrain from any illegal conduct;
- Refrain from obtaining or seeking any improper personal benefit by virtue of their employment with EMS;
- Notify The Compliance Officer, and/or Pinellas County EMS management

immediately if contacted concerning an investigation (e.g., telephone interview, subpoena, personal visit) by a governmental agency regarding Pinellas County EMS business;

- Not destroy or alter Pinellas County EMS information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction;
- Not engage in any business practice intended to unlawfully obtain favorable treatment or business from any government entity, physician, patient, Vendor, or any other party in a position to provide such treatment or business;
- Not solicit or receive from any person or entity, nor offer or give to any person or entity, anything of value intended in whole or part as an inducement or reward for referrals, if that person or entity is in a position to refer business to Pinellas County EMS or Pinellas County, or if Pinellas County EMS or Pinellas County is in a position to refer business to that person or entity;
- In accordance with the Pinellas County Personnel Rules, not accept (1) any gifts of more than nominal value, or (2) any hospitality or entertainment which because of its source or value might influence the staff member's independent judgment in transactions involving Pinellas County EMS or Pinellas County;
- Not provide any gifts to any government or public agency staff or accept any gift from a Vendor of Pinellas County EMS or Pinellas County;
- Disclose to the Compliance Officer, the Compliance Committee, or Pinellas County EMS management any financial interest or ownership interest or any other relationship that he or she (or a member of his or her immediate family) has with Pinellas County EMS' customers, Vendors, or competitors;
- Not participate in any fraudulent billing practices to public or private payers;
- Not use confidential or proprietary Pinellas County EMS information for personal benefit or for the benefit of any other person or entity, while employed at Pinellas County EMS, or at any time thereafter;
- Not intentionally handle, including but not limited to reviewing, coding, or keying into the billing system, any run report or other patient medical or payment information relating to accounts of, or services rendered to, a relative by blood, adoption, or marriage. Occurrences of the unintentional handling of the above must be reported to Pinellas County EMS management and/or the Compliance Officer or designee immediately upon discovery;
- Not disclose confidential medical information pertaining to Pinellas County EMS' patients without the express written or verbal consent of the patient and/or in accordance with applicable law and Pinellas County EMS' applicable policies and procedures;
- Promptly report all violations or suspected violations of the Compliance Program by other staff members to the compliance hotline, or, alternatively, may report such activity to the Compliance Officer, designee or Pinellas County EMS

management by a verbal or a written report. The caller or author may report such information anonymously;

- Comply with the Pinellas County Personnel Rules; and
- Comply with the ethics provisions of Florida Statutes Chapter 112.

## **Appendix A: Acknowledgment Statement**

All staff of Pinellas County EMS shall complete the following acknowledgment:

I acknowledge that I have received the *Pinellas County EMS Billing Compliance Program and Code of Conduct a Supplement to County Policies Associated with Ambulance Billing Organizational Functions*. I have read and understand its contents, and I will comply with its terms, to the extent applicable and relevant to my duties or responsibilities, throughout my employment or association with Pinellas County EMS/Pinellas County. I understand that this document represents the expected behaviors and performance of Pinellas County EMS Staff members. I am aware that violation of the contents of this document may result in disciplinary action, up to and including termination of my employment and/or business relationship with Pinellas County EMS. My signature below serves as self-certification that I am aware of these facts.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Appendix B: Reference Materials Specific to Ambulance Providers**

EMS Staff shall be familiar with the applicable state and federal regulations governing ambulance transportation, and Pinellas County EMS policies and procedures germane to their position. This includes, but is not limited to the following:

- The American Ambulance Association Medicare Reference Manual;
- Medicare Benefit Policy Manual – Chapter 10 Ambulance Services;
- Medicare Ambulance Transports Booklet;
- Florida Medicaid Emergency and Non-Emergency Transportation Services Coverage Policy Dated October 2016;
- Policies and procedures contained in: H:\Users\EMS BILLING; DIVISION\REGULATIONS INSURANCE RESOURCES & FORMS;
- Pinellas County Medical Operations Manual;
- Centers for Medicare and Medicaid (CMS), Health Insurance Portability and Accountability Act (HIPAA);
- Affordable Care Act of 2010;
- International Statistical Classification of Diseases (ICD10);
- Department of Health and Human Services CMS Federal Registers;
- Florida Statute 641.513 for emergency services;
- All applicable regulations governing healthcare providers, CMS guidance, and those governing private insurance carriers, etc.;
- H:\Users\EMS BILLING DIVISION\REGULATIONS INSURANCE RESOURCES & FORMS\HIPAA; and
- H:\Users\EMS BILLING DIVISION\AMBULANCE BILLING MANUAL.