

AHRC NYC's Contractors Compliance Program Training



Rev. 07/08/2025

Introduction

Much of AHRC NYC's funding derives from government-sponsored health insurance plans such as Medicaid and Medicare.

AHRC NYC is required to adhere to all relevant Federal, State, and municipal laws and regulations, including but not limited to the NYS Social Services Law (SOS) § 363-d, Title 18 of the New York Codes Rules and Regulations (18 NYCRR) Subpart 521-1, and the Deficit Reduction Act of 2005.

AHRC NYC must inform all its agents (Board of Directors, staff, contractors, interns, and volunteers) of our Corporate Compliance program and written policies and procedures.

This training packet informs contractors with whom AHRC NYC does business of our commitment to compliant and ethical business practices and our expectation that all AHRC NYC agents participate in our Corporate Compliance Program and immediately report any instances of non-compliant behavior, such as fraud, waste, and abuse.



Written Corporate Compliance Policies and Procedures

Accessing AHRC NYC Compliance Policies & Procedures

Our corporate compliance program is based on the seven essential compliance elements mandated by the OMIG, OIG, and HSS. AHRC NYC continues to abide by all applicable municipal, state, and federal regulations and aims to prevent waste, fraud, abuse, or any misappropriation of Medicaid and Medicare funds. In the spirit of full transparency for all stakeholders, we have published copies of our Corporate Compliance policies and procedures on AHRC NYC's website:

<https://www.ahrcnyc.org/compliance-practices/compliance-policy-procedure/>



Deficit Reduction Act (DRA)

The **Deficit Reduction Act (DRA)** requires Medicaid-funded entities to establish written policies for employees that outline the False Claims Act, applicable state laws, and whistleblower protections related to fraud, waste, and abuse. These policies must also describe the organization's internal procedures for detecting and preventing such misconduct and be included in the employee handbook.

False Claims Act

Under the False Claims Act, it is illegal to submit claims for payment that are known or should be known to be false or fraudulent. Failure to comply with the False Claims Act bears significant financial penalties including repayment three times the amount of the original false claim.

Below, are some examples of false claims:

- Billing for services that were not provided
- Billing for time periods longer than the services were rendered
- Failure to document actual time spent on service delivery
- Enhancing or padding timesheets for services provided to people supported
- Providing and billing for unnecessary services
- Completing documentation with little or no factual basis
- Poor record keeping
- Service unbundling or upcoding



Whistleblower Protection Act

Whistleblowers are protected from retaliation for disclosing information that they reasonably believes provides evidence of a violation of any law, rule, regulation, gross mismanagement, gross waste of funds, an abuse of authority, or a substantial and specific danger to public health or safety.

If someone “whistles” in good faith, AHRC NYC cannot retaliate or intimidate them. The whistleblower may also be entitled to a percentage of the funds recovered under the Qui Tam Provisions under the False Claims Act.

Definitions:

- “Good Faith” participation includes a) reporting potential issues; b) investigating issues; c) self-evaluations; d) audits; e) remedial actions; f) reporting instances of intimidation or retaliation to appropriate officials; and g) reporting potential fraud, waste, or abuse to the appropriate State or Federal Entities.
- Intimidation is defined as any act to manipulate a person or intentionally cause feelings of fear or inadequacy subsequently deterring that person from reporting breach of the law.
- Retaliation is defined as any adverse action against the individual because of the individual’s good faith report of a compliance concern or participation in a compliance investigation.



Privacy and Security of PHI and PII

AHRC NYC policies and procedures provide for maintaining the confidentiality of the records, both electronic and paper, of persons supported and personnel as well as complying with all related privacy requirements under law (HIPAA, FERPA, NYS Shield Act *for employees*) and has specific guidelines for responding to requests for Protected Health Information (PHI)/ Personal Identifying Information (PII).

- Health Insurance Portability and Accountability Act (HIPAA) is a federal law imposed on all providers of healthcare & their business associates which protects the privacy & security of protected health information (PHI).
- The Family and Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy/security of student education records.
- The SHIELD Act requires any person or business that maintains private information of any NYS resident or employee working for an employer based in NYS, to adopt administrative, technical, and physical safeguards

AHRC NYC will not share any PHI/PII unless its strictly for the use of treatment, payment, and operations as indicated in our *Notice of Privacy Practices* manual. Disclosure of PHI requires notification to the agency's Privacy Officer utilizing the agency release forms and receipt of expressed approval from Privacy Officer.

Potential Breach:

Any AHRC NYC agent who knows, believes, or suspects that a privacy or security breach of PHI has occurred must immediately report the suspected breach to the Privacy Officer or Security Officer, depending on the type of breach.



Basic Compliance

Below, are several key practices which aid and support our compliance program.

- Always print, sign, and date all your documents.
- Never back date any document.
- All documents are to be completed contemporaneously.
- When making corrections:
 - *draw a single line across the mistake and*
 - *write the correction in the space above or below the crossed-out mistake*
 - *Write your initial and date*
- Writing must always be legible.
- Never print or sign someone else's name.



Compliance, Security, and Privacy Contacts

Chief Compliance Officer

Dr. Sandra Moody
VP Corporate Compliance
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Security Officer

John DeFreitas
Director, Information Systems
Security
Email:
john.defreitas@ahrcnyc.org

Privacy Officer

Catheryn Monier
Director, Corporate Compliance-
Policy and Privacy
Email:
catheryn.monier@ahrcnyc.org

Compliance Hotline:

Reports may be left anonymously
Telephone #:
(212)780-4485

Online Compliance Violation Report:

Reports may be filed anonymously
Website:
<https://www.ahrcnyc.org/compliance-practices/submit-a-compliance-violation-report/>



Stand for Something.



For support, resources, or to donate visit
AHRCnyc.org or call **212.780.2500**

