1. What is the Public Health Department’s Compliance Program?

A. The Compliance Program is a department wide effort to prevent, detect and correct any improper or unethical conduct or conduct that does not conform to federal and state law, payor program requirements and the Public Health Department’s (PHD’s) business practices.

2. What is the Public Health Department’s Compliance Plan?

A. The Compliance Plan is a written document that describes the PHD Compliance Program and contains the Code of Ethics. The Compliance Plan and other compliance information may be found on the PHD Compliance Program Sharepoint Site.

3. Who is the Public Health Department’s Compliance Officer?

A. Dan Reid, Assistant Deputy Director with the Administration and Fiscal Division is the PHD Compliance Officer. He can be contacted at (805) 681-5173 or by email at dan.reid@sbcphd.org

4. Who does the Compliance Program pertain to?

A. The Compliance Program applies to all:
   - individuals employed by PHD;
   - individuals, contractors, clients, volunteers, interns, residents and other entities providing services and supplies to PHD; and
   - members of the Health Center (HC) Board (collectively referred to as “Compliance Partners”).

5. What is my responsibility with regards to the Compliance Program?

A. My responsibility depends upon who I am—see below:
   **Employees:**
   - Review the PHD Compliance Plan, Code of Ethics and Risk Prevention Plans;
   - Attest (sign) that you have reviewed these Program elements;
   - Adhere to the elements of the Compliance Program; and
   - Report any violations of the PHD Compliance Plan that you are aware of or witness.

   **Supervisors** (same as Employees above and also):
   - Model and support adherence to the Compliance Plan by your staff
   - Collect any Compliance Program conflict reports from your staff
     - If conflicts reported, gather relevant information regarding the conflict issue and report this information to the Compliance Officer

   **Compliance Partners:**
   - Review the PHD Compliance Plan, Code of Ethics and Risk Prevention Plans
   - Attest (sign) that you have reviewed these Program elements
   - Adhere to the elements of the Compliance Program
   - Ensure that you, your staff and any subcontractors that you may utilize to fulfill your service agreement with the County adhere to the Compliance Plan.
   - Review the Office of Inspector General (OIG) and General Services Administration (GSA) exclusion lists to ensure you, your staff and any subcontractors are not listed. The GSA exclusion list is now under the System for Awards Management (SAM).
6. What are the Office of the Inspector General (OIG) and the General Services Administration (GSA) “exclusion lists” and how does that apply to me as a Compliance Partner?

A. The exclusion lists are a public posting of individuals or organizations that have been excluded from billing for services or contracting with federal health care programs such as Medicare/Medicaid. This exclusion may be the result of improper licensure, fraud, or other improper activities. As specified in the PHD Compliance Plan, excluded individuals or organizations may not provide these types of services for PHD. As a Compliance Partner you must not be listed on these exclusion lists and you must periodically (monthly is recommended) review, and document this review of these exclusion lists to ensure that you, your staff and any subcontractors are not listed. The OIG exclusion list is known as the List of Excluded Individuals and Entities (LEIE) and can be found at the OIG Exclusion List Database Webpage while the GSA exclusion list is known as the Excluded Parties List System (EPLS) and can be found at the System for Award Management (SAM) website.

7. How do I report instances of potential conflicts with the PHD Compliance Plan?

A. Conflicts with the Compliance Plan can be reported to the Compliance Officer, your supervisor or reported confidentially or anonymously through the PHD Compliance Hotline (844-351-0659), Fax line (805-681-5191) or Email Box (phdcompliancereporting@sbcphd.org) or by contacting the Compliance Officer directly at (805) 681-5173 or by email at dan.reid@sbcphd.org.

8. What is the difference between reporting compliance conflicts vs. incident reports?

A. The main distinction for reporting compliance conflicts versus incidents is if the conflict is related to fraud and billing or patient quality of care issues. Examples of a compliance conflict are:

- A current PHD employee or PHD contractor appears on the OIG or GSA Exclusion Listing.
- A false claim such as a claim for a service that has not been provided, improperly coding for a service reimbursable by Medi-Cal or Medicare; or claiming the service for the wrong provider.
- Not properly documenting and coding all services provided for a patient is not only a compliance issue but also a quality of care concern.

10. What is an incident report?

A. An incident report documents issues associated with the quality of care of a patient, for example:

- A PHD provider discriminating against a patient because of his/her ethnicity; or
- a patient that was inadvertently given another patient’s prescribed medications.

If you have further questions or concerns, please do not hesitate to contact Dan Reid, PHD Compliance Officer at (805) 681-5173.