RIVERSPRING LIVING HOLDING CORP. AND AFFILIATES*

The Hebrew Home at Riverdale
♦ RiverSpring Certified Home Health Care Agency
♦ RiverSpring Assisted Living Program

COMPLIANCE AND ETHICS PROGRAM MANUAL

Reporting Requirements
Code of Conduct
Compliance Program Structure and Guidelines

March 2023

RiverSpring Living™
HEBREW HOME ✦ HEALTH PLANS ✦ HOUSING ✦ HOME CARE

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*RiverSpring Living Holding Corp., The Hebrew Home at Riverdale, RiverSpring Health Plans, RiverSpring Licensed Home Care Services Agency, Inc., Hebrew Home Housing Development Fund Co. Inc., Hudson House Housing Development Fund Company, Inc., The Hebrew Home for the Aged at Riverdale Foundation, Inc., RiverSpring Services Corp., RiverSpring Health Senior Living, Inc., The National Alzheimer Center, Riverdale Terrace Housing Development Fund Company, Inc.

INTRODUCTION

RiverSpring Living Holding Corp.'s ("RiverSpring Living's") affiliated entities – Hebrew Home at Riverdale ("HHAR") and the health care provider entities and programs associated with HHAR (RiverSpring Certified Home Health Care Agency and RiverSpring Assisted Living Program) (collectively referred to hereafter as the "Organizations") – are dedicated to maintaining the highest ethical standards and providing high quality care in compliance with all applicable Federal and State laws and regulations, including Federal health care program requirements.

To achieve this commitment, the Organizations have designed and implemented a comprehensive Compliance and Ethics Program that sets forth the standards of conduct that all "Personnel" (as that term is defined on Page 2) are expected to follow in their employment or course of dealings with the Organizations. The principle components of the Compliance and Ethics Program include:

(A) **Compliance and Ethics Program Code of Conduct**. The Code of Conduct sets forth the mission of the Organizations and the general standards of conduct to which all Personnel must adhere. The Code of Conduct provides general ethical guidance and is intended to serve as a resource to help resolve questions and provide guidelines for appropriate work place conduct.

(B) **Compliance and Ethics Program Structure and Guidelines**. The Compliance and Ethics Program Structure and Guidelines set forth the structure of the Program and describe its day-to-day operation.

(C) **Specific Compliance Policies and Procedures**. Certain compliance issues require further detail and instruction. To that end, the Organizations have adopted specific Compliance Policies and Procedures covering certain areas. If Personnel have specific responsibilities that are addressed by a Compliance Policy and Procedure, they must ensure that they are familiar with its contents. These documents are available upon request from the Compliance Officer at any time or can be accessed through the intranet. In addition, copies are located outside of the RPM board room and in every department.

(D) **Training.** The Organizations will provide Personnel with mandatory compliance training regarding the Code of Conduct, the operation of the Compliance Program, the Organizations' compliance expectations and other compliance-related issues. Training will occur at orientation for new Personnel and annual participation in compliance training thereafter is mandatory. In addition, the Organizations may require Personnel to participate in additional training from time to time, as necessary to address compliance issues or new developments in law or regulation.

The Organizations are dedicated to ensuring a culture of compliance and quality. We are, in short, committed to doing the right thing, and our Compliance and Ethics Program is designed to assist us in effectively keeping to that commitment. As such, we require that all Personnel cooperate fully with the requirements of the Program. If, at any time, any Personnel become aware of any apparent violation of the Organizations' policies, he/she must report it in accordance with the requirements set forth herein.

All Personnel are required to review and be familiar with the Code of Conduct and the Compliance and Ethics Program Structure and Guidelines. Once you have reviewed these documents, please sign and return the attached Acknowledgment of Receipt to the Compliance Officer.

KEY DEFINITIONS

(1) ***"Compliance Committee"*** means the groups of senior managers designated by the Organizations to coordinate with and assist the Compliance Officer in overseeing and executing various aspects of the Compliance and Ethics Program.

(2) ***"Compliance Manual"*** refers, collectively, to the Code of Conduct, the Compliance and Ethics Program Structure and Guidelines and the Compliance and Ethics Program's Policies and Procedures.

(3) ***"Compliance Officer"*** means the individuals designated by the Organizations to maintain day-to-day responsibility of the Compliance and Ethics Program.

(4) ***"Compliance Program"*** or ***"the Program"*** means the comprehensive program and policies and procedures implemented by the Organizations which together, set forth the standards of conduct that all Personnel are expected to follow in their employment or course of dealings with the Organizations.

(5) ***"Federal health care program"*** means any plan or program that provides health benefits whether directly, through insurance or otherwise, which is funded directly, in whole or in part, by the United States Government, and includes certain State health care programs. Examples include, but are not limited to: Medicare, Medicaid, Veterans' programs and the State Children's Health Insurance Programs. The Federal Employees Health Benefits Program is not included in this definition.

(6) ***"Good faith participation in the Compliance Program"*** includes, but is not limited to the following:

- Reporting actual or potential compliance issues to appropriate Personnel (e.g., the Compliance Officer);
- Cooperating or participating in the investigation of compliance issues;
- Assisting with or participation in self-evaluations and audits;
- Assisting with or participation in remedial actions / resolution of compliance issues; and
- Reporting potential fraud, waste or abuse to appropriate State or Federal entities.

(7) "***Organizational experience***" means the:

- knowledge, skill, practice and understanding the Organizations have in operating the Compliance Program;

- identification of any issues or risk areas in the course of internal monitoring and auditing activities;

- experience, knowledge, skill, practice and understanding of the Organizations' participation in Federal health care programs (e.g., the Medicare and Medicaid programs) and the results of any audits, investigations, or reviews; or

- awareness of any issues the Organizations should have reasonably become aware of for the categories of service we provide.

(8) ***"Personnel"*** means all persons who are affected by the Organizations' compliance risk areas, including employees; the Chief Executive Officer; senior administrators and managers; contractors, agents, subcontractors, and independent contractors ("Contractors"); the governing body; and corporate officers. Contractors are only subject to the Program to the extent it is related to their contracted role and responsibilities within the Organizations' identified risk areas.

(9) ***"Risk Areas"*** may change from time-to-time based on organizational experience. However, the Compliance and Ethics Program continually addresses the following risk areas:

a. billings and payments;

b. medical necessity and quality of care;

c. governance;

d. mandatory reporting;

e. credentialing;

f. Contractor oversight, and

g. other risk areas that are or should reasonably be identified through organizational experience.

REPORTING REQUIREMENTS

All Personnel must abide by the Program and are required to report suspected misconduct, violations of Federal or State law or regulation, possible violation of the Compliance Program and other compliance-related concerns. Personnel may report to the Compliance Officer, another member of senior management, or to their supervisor.[1] Personnel may also report issues to the Compliance Helpline.

Disclosure is required if any Personnel have knowledge of any potential violations of criminal, civil or administrative law related to the Federal health care programs. Personnel are also required to raise any compliance issues or questions about the Organizations' Program, policies, conduct, practice or procedures.

Personnel may report anonymously, if they so choose. To report anonymously, please use the Helpline.

Personnel may make reports confidentially. The identity of Personnel will be kept confidential, whether requested or not, unless the matter is subject to a disciplinary proceeding, referred to or under investigation by the NY State Medicaid Fraud Control Unit (MFCU), the Office of Medicaid Inspector General (OMIG) or law enforcement or if disclosure is a requirement in connection with a legal proceeding.

Retaliation or intimidation in any form against an individual who in good faith reports possible unethical or illegal conduct is strictly prohibited. Acts of retaliation or intimidation should be immediately reported to the Compliance Officer or to the Helpline, and, if substantiated, the individuals responsible will be disciplined appropriately.

Organization	Compliance Officer	Contact Information
The Hebrew Home at Riverdale **The RiverSpring Certified Home Health Care Agency** **The RiverSpring Assisted Living Program**	**Ann Marie Hennessy**	**(718) 581-1772** **AnnMarie.Hennessy@riverspring.org**
RiverSpring Living's Compliance Helpline for the Organizations		**Ph: (718) 581-1025**

[1] Supervisors and/or other members of the Organizations' management must immediately inform the Compliance Officer of any compliance-related reports that they receive.

COMPLIANCE AND ETHICS PROGRAM

CODE OF CONDUCT

THE CODE OF CONDUCT

This Code of Conduct sets forth the Organizations' mission and standards of conduct that all Personnel must adhere to and follow. If you have any questions or concerns about anything covered by the Code of Conduct or about any other matter relating to the Program, or if you wish to report a concern or problem, please contact the Compliance Officer.

I. CODE OF CONDUCT: MISSION AND VALUES

- **Our Mission** – The Organizations are dedicated to helping older adults live full lives. For over 100 years, we have been committed to healthy aging and the highest quality of life through innovative programs and services designed to meet the evolving needs of older adults. As part of this mission, the Organizations are also committed to providing services pursuant to the highest ethical, business, and legal standards. All Personnel must not only act in compliance with all applicable legal rules and regulations, but also strive to avoid even the appearance of impropriety.

- We do not and will not tolerate any form of unlawful or unethical behavior by anyone associated with the Organizations. We follow the letter and spirit of applicable laws and regulations, conduct our business ethically and honestly, and act in a manner that enhances our standing in the community.

II. CODE OF CONDUCT: SCOPE OF APPLICATION TO PERSONNEL

- The Compliance and Ethics Program — and specifically this Code of Conduct — apply to all "Personnel."

- All Department heads, supervisors and managers have the responsibility to help create and maintain a work environment in which compliance concerns can be raised, reviewed and discussed without difficulty or fear of reprisal.

- The Organizations' governing board has oversight responsibility for the Program and regularly receive reports from the Compliance Officer and Compliance Committee.

III. CODE OF CONDUCT: STANDARDS

♦ General Standards

- Personnel must be honest and act lawfully in all of their business dealings and avoid doing anything that could create even the appearance of impropriety.

- Personnel must comply with this Code of Conduct; report any action they think may possibly be unlawful, inappropriate or in violation of this Code of Conduct.

- Personnel must cooperate with compliance inquiries and investigations by the Compliance Officer and assist in the resolution of any identified compliance issues (*i.e.*, work to correct any improper practices that are identified).

- Each supervisor and manager is responsible for ensuring that the Personnel within their supervision are acting ethically and in compliance with applicable law and regulations and the Code.

- Personnel may not engage in any adverse action that intimidates or retaliates against anyone who has engaged in good faith participation in the Program. Retaliatory and intimidating actions violate this Code and will not be tolerated.

- Personnel who violate the Code or commit illegal acts are subject to discipline up to and including termination of employment or contract. Personnel who report their own illegal acts or improper conduct, however, will have such self-reporting taken into account when the Organizations, in their discretion, determine the appropriate disciplinary action.

♦ **Standards Relating to Quality of Care/Medical Necessity**

- The Organizations are fully committed to providing high quality services in accordance with all applicable laws, rules and regulations, including Federal health care program requirements. As part of this commitment, we ensure that necessary quality assurance systems are in place and functioning effectively. In keeping with our mission and values, the following quality of care and service principles have been incorporated into the Program:

  (1) All residents and clients will have access to admission and care without regard to race, creed, color, national origin, gender, age, citizenship or immigration status, sexual orientation, gender identity, gender expression, marital status, disability, or other characteristic specified by law, or source of payment or sponsorship.

  (2) Admission decisions are solely based on the ability of the Organizations to adequately care for and provide services to the resident or client.

  (3) Each resident in a skilled nursing unit will receive medically necessary services that are required to assure the resident attains or maintains the highest practicable physical, psychosocial and mental well-being.

  (4) Rehabilitative services, such as physical therapy, occupational therapy, speech-language pathology and mental health services are provided, but only to the extent that these services are reasonable and necessary for the treatment of the resident.

  (5) The Organizations will timely, accurately and completely document the care provided to its residents and clients.

  (6) The Organizations will protect and promote the rights of all residents and clients, including, but not limited to, the right to respect, privacy, a dignified existence, self-determination, and the right to participate in all decisions about their own care and treatment.

  (7) The Organizations will conduct appropriate background checks pursuant to Federal and State law (which may include, but is not limited to, criminal convictions and/or exclusion from participation in any Federal health care

program) on all Personnel involved in resident or client care, or who have access to residents' or clients' possessions.

NOTE: ***Any Personnel found to have violated the law or who receives notification of exclusion from Medicare, Medicaid or any other federal health care program, must report such information, in writing, to their Compliance Officer within two (2) business days. Upon receipt of any conviction or exclusion report, the Compliance Officer and senior management, with assistance of legal counsel, as necessary, will assess whether the conviction or exclusion violates the Compliance & Ethics Program.***

(8) The Organizations will conduct routine checks to ensure that all practitioners employed by, or contracted on behalf of, the Organizations will have the proper credentials, licensure, experience and expertise required to discharge their responsibilities.

(9) The Organizations have implemented and maintain an effective, comprehensive, data-driven Quality assurance and performance improvement (QAPI) program that focuses on indicators of the outcomes of care and quality of life.

(10) The Organizations maintain an emergency preparedness program that meets Federal and State requirements, including, but not limited to: (i) an emergency plan; (ii) policies and procedures; (iii) a communication plan; and (iv) a training and testing program.

♦ **Standards Related to Documentation, Billing of Services and Payments**

- It is the Organizations' policy to comply with all relevant billing and claim reimbursement requirements. The Organizations have an obligation to residents, clients, Federal health care programs and other payors to exercise diligence and integrity when submitting claims for payment. All billing must be accurate and truthful and be based on adequate documentation of the medical justification for the services provided.

- All Personnel involved in coding, billing and claims submissions must maintain high ethical standards and must know and adhere to all requirements, including all applicable rules and regulations pertaining to Federal health care programs. Personnel may also be expected to attend training and education sessions to ensure proper compliance with applicable rules and regulations relating to billing and documentation.

- Although HHAR contracts with an outside company to perform the billing function, HHAR remains responsible for the accuracy of all claims submitted to private and government payers. HHAR Personnel must work collaboratively with the billing company, as necessary, to resolve any compliance issues that may arise and refund any overpayments that are identified.

- In addition, the following standards must be maintained with respect to all billing and documentation:

(1) Appropriate care planning and comprehensive person-centered assessments will be conducted upon admission and throughout a resident's stay or client's course of treatment, in accordance with all applicable Federal and State regulations and time limits, including instructions needed to provide effective and person-centered care which meets professional standards.

(2) All resident assessment documents, including but not limited to Minimum Data Sets (MDS) and Care Area Assessments (CAA), must be fully, timely, and accurately completed in accordance with all applicable Federal, State, and local rules and regulations.

(3) Under no circumstances may any Personnel knowingly misrepresent any information on any patient assessment forms, or in any other document, in an attempt to ensure reimbursement or obtain a higher reimbursement rate. False statements, intentional omissions or deliberate and reckless misstatements to government agencies or other payors will expose the Personnel involved to disciplinary action. Personnel will not knowingly engage in any form of up-coding of any service in violation of any law, rule, or regulation. Personnel involved in such activities are subject to termination of employment or contract, and potential criminal and civil liability.

(4) Personnel must comply with all Federal and New York State laws, including false claims laws and regulations that apply to the Organizations' operations. A discussion of these laws is contained in a separate policy, entitled "Compliance with Federal and State False Claims Acts: Overview of the Laws Regarding False Claims and Whistleblower Protections." All Personnel will receive a copy of this policy.

♦ **Standards Relating to Governance**

- The governing body maintains oversight of the Organizations' compliance with Federal health care program requirements and the Compliance and Ethics Program. In that regard, the governing body regularly receive reports from the Compliance Officer and the Compliance Committee regarding the effectiveness of the Program.

- The governing body also oversees the Organizations' procedures for evaluating potential or actual conflicts of interest.

♦ **Standards Relating to Business Practices**

- All business records must be accurate, truthful and complete, with no material omissions.

- The Organizations will forgo any business transaction or opportunity that can only be obtained by improper or illegal means, and will not make any unethical or illegal payments to induce or reward the use of our services.

- Gifts and Benefits. Personnel may not offer, pay, solicit or receive any gifts or benefits to or from any person or entity that would compromise the Organizations' integrity (or

even create an appearance that compromises the Organizations' integrity), or under circumstances where the gift or benefit is offered, paid, solicited or received with a purpose of inducing or rewarding business between the parties. The guiding principle is simple: Personnel may not be involved with gifts or benefits that are undertaken to influence any business decision. Cash or cash equivalents may not be given or accepted under any circumstances.

- o Conflicts of Interest. Personnel should not allow themselves to be placed in situations where their personal interests conflict with those of the Organizations. Even the appearance of illegality, impropriety, a conflict of interest or duality of interests can be detrimental to the Organizations and must be avoided. All officers, board members and key personnel who are in positions to influence any substantive business decision must complete an annual Conflict of Interest Disclosure Statement, disclosing all direct and familial interests which compete or do business with the Organizations. Disclosure, review and resolution of potential or actual conflicts of interest must be made in accordance with the Policy Statement on Ethics, Integrity and Conflict of Interest.

♦ **Standards Relating to Referrals/Marketing**

- o In general, Federal and State law make it unlawful to pay any individual or entity on the basis of the value or volume of referrals of items or services reimbursable by a Federal health care program. This includes the giving of any form of remuneration, including virtually anything of value, in return for a referral of a health care item or service. The decision to refer residents or clients is a separate and independent clinical decision made by physicians or other appropriate licensed practitioners. The Organizations do not pay physicians, or anyone else, either directly or indirectly, for referrals and at all times respect and honor a resident or client's freedom to choose a health care provider.

- o All marketing activities and advertising must be truthful and not misleading, must be supported by evidence to substantiate any claims made and must otherwise be in accordance with applicable law. In this regard, our best "advertisement" is the quality of our services. No Personnel should disparage the service or business of a competitor through the use of false or misleading representations.

♦ **Standards Relating to Mandatory Reporting**

- o As part of its commitment to providing high quality of care and services, the Organizations comply with all applicable Federal and State mandatory reporting laws, rules and regulations. To this end, the Organizations will ensure that all incidents and events that are required to be reported are done so in timely manner, and will monitor compliance with such requirements.

- o The Organizations' governing board will ensure compliance with annual certification requirements that apply to the Compliance and Ethics Program in accordance with New York Social Services Law and the Federal Deficit Reduction Act of 2005.

- o The Organizations will ensure that all identified overpayments are timely reported, explained and returned in accordance with applicable law and contractual requirements.

For example, it is our policy to exercise reasonable diligence in identifying overpayments and quantifying overpayment amounts, not retain any funds which are received as a result of overpayments and to report, return and explain any overpayments from Federal health care programs (*e.g.*, Medicare and Medicaid) within 60 days from the date the overpayment was identified (or within such time as is otherwise required by law or contract). Any monies improperly collected are promptly refunded to the Medicare Administrative Contractor, the Department of Health, the Office of the Medicaid Inspector General or other payor/agency, as applicable.

- Moreover, in some circumstances (*e.g.*, after an internal investigation confirms possible fraud, abuse or inappropriate claims), and with the assistance of legal counsel, as necessary and appropriate, the Organizations will utilize the appropriate self-disclosure and/or refund process (*e.g.*, the U.S. Department of Health and Human Services, Office of Inspector General, the Department of Health, the Office of the Medicaid Inspector General or other appropriate governmental agency).

- **Standards Relating to Confidentiality and Security**

  - It is the Organizations' policy to comply fully with all requirements of the Federal Health Insurance Portability and Accountability Act (HIPAA) as it pertains to patient privacy. All medical records and other protected health information (PHI) must be kept strictly confidential and not be released to anyone outside the Organizations without written authorization from the resident/client or as otherwise permitted by law. **The disclosure of pictures or any resident or client information on any form of social media is prohibited.**

  - In addition, all personnel who have access to any PHI must comply with the Organizations' HIPAA Privacy and Security Plan.

  - Personnel also may not disclose or release, without prior authorization of the appropriate supervisor, any confidential information relating to the following: the Organizations' operations, pending or contemplated business transactions, trade secrets, and confidential personnel information. All confidential information pertaining to the Organizations is to be used for the benefit of our residents and clients, and is not to be used for the personal benefit of Personnel, their families, or friends.

- **Standards Related to Contractor Oversight**

  - The Compliance Officer will ensure that arrangements with Contractors specify in writing that such individuals/entities are subject to the Organizations' Compliance and Ethics Program, to the extent that such individuals/entities are affected by the Organizations' compliance risk areas. The Organizations will confirm the identity and determine the exclusion status of Contractors affected by the Organizations' compliance risk areas. All such contracts must include termination provisions for failure to adhere to the Organizations' Compliance and Ethics Program requirements.

♦ **Government Inquiries**

- Personnel may speak voluntarily with government agents, and the Organizations will not attempt to obstruct such communication. It is recommended, however, that Personnel contact their Compliance Officer before speaking with any government agents.

- Personnel must receive authorization from their Compliance Officer (or designee), who will consult with counsel as necessary and appropriate, before responding to any request to disclose the Organizations' documents to any outside party.

- It is the Organizations' policy to comply with the law and cooperate with legitimate governmental investigations or inquiries. All responses for information must be accurate and complete. Any action by Personnel to destroy, alter, or change any records in response to a request for such records is strictly prohibited and will subject the individual to immediate termination of employment or contract and possible criminal prosecution.

COMPLIANCE AND ETHICS PROGRAM

STRUCTURE AND GUIDELINES

STRUCTURE AND GUIDELINES

The following elements comprise the Organizations' Compliance and Ethics Program's Structure and Guidelines with which all Personnel should be familiar. Each element governs a different and important aspect of the Organizations' Program.

- **Written Policies and Procedures**

  - **Formal Policies Adopted by the Governing Board.** The Code of Conduct, the Structure and Guidelines, and related Compliance Policies and Procedures have all been formalized in writing, approved and adopted by the governing board. The Compliance Officer will no less than annually, review these documents to determine if they (i) have been implemented; (ii) are being followed by Personnel; (iii) are effective and (iv) require any updates.

  - The written Compliance Policies and Procedures and the Code of Conduct are designed to:

    - articulate the Organizations' commitment and obligation to comply with all applicable federal and state standards;
    - describe compliance expectations as embodied in the Code of Conduct Standards;
    - document the implementation and operation of the Compliance Program;
    - provide guidance to Personnel on dealing with potential compliance issues;
    - identify the methods and procedures for communicating compliance issues to appropriate compliance personnel;
    - describe how potential compliance issues are investigated and resolved;
    - include a policy of non-intimidation and non-retaliation for good faith participation in the Compliance Program;
    - establish disciplinary standards for Personnel who fail to comply with the written policies and procedures, standards of conduct, or state and federal laws, rules and regulations; and
    - include all requirements listed under the Federal Deficit Reduction Act of 2005 regarding disseminating information as to false claims laws and whistleblower protections.

- **Designation of the Compliance Officer and Compliance Committee**

  - **Duties of the Compliance Officer.** The Organizations have designated a Compliance Officer for HHAR and its related entities (*i.e.*, RiverSpring Certified Home Health

Agency and RiverSpring Assisted Living) who maintains day-to-day responsibility for the Program. Among other things, the Compliance Officer is responsible for ensuring that all elements described herein are in effect and are fully operational. As has been delegated by the President/Chief Executive Officer, the Compliance Officer reports directly and is accountable to the Chief Operating Officer (COO).

- **Duties of the Compliance Committee.** A Compliance Committee has been formed to monitor the operation of the Program and assist the Compliance Officer in overseeing and executing various aspects of the Program. The Compliance Committee is responsible for coordinating with the Compliance Officer to ensure that the Organizations are conducting business in an ethical and responsible manner, consistent with the Program. The Compliance Committee also directly reports and is accountable to the COO.

- **For more information see:** The Compliance Personnel Policy.

♦ **Training and Education**

- The Organizations' compliance training and education program is designed to train and educate our Personnel, including the Compliance Officer, the Chief Executive Officer, and all affected individuals. Our training and education covers, among other things, compliance issues/risk areas, expectations, disciplinary standards and the operation of the Compliance Program. Additional training and education based on the specific issues Personnel may face in their work with the Organizations may also be provided (*e.g.*, billing, coding, and documentation, resident rights, quality of care, mandatory reporting and other issues).

- Participation in compliance training is mandatory for all Personnel.

- At a minimum, such training will take place annually and will be made part of the orientation for all new employees upon hire and upon new appointment of a manager, chief executive or governing board member.

- **For more information see:** The Compliance Training and Education Policy.

♦ **Effective Lines of Communication**

- **Communication System**. The Organizations have established and implemented effective lines of communication, ensuring confidentiality, between the Compliance Officer, members of the Compliance Committee and the Organizations' employees, mangers and governing boards. The lines of communication are accessible to all Personnel and all residents/clients receiving services from the Organizations.

- **Reporting and Confidentiality**. All Personnel are required to report suspected misconduct or possible violations of the Code of Conduct as they are identified to the Compliance Officer, another member of Senior Management, or their supervisor. Personnel may also report issues to the Compliance Helpline. Personnel may report anonymously, if they so choose (by way of Helpline or otherwise). The identity of Personnel reporting will be kept confidential, whether requested or not, unless the matter

is subject to a disciplinary proceeding, referred to or under investigation by the NY State Medicaid Fraud Control Unit (MFCU), the Office of Medicaid Inspector General (OMIG) or law enforcement, or if disclosure is a requirement in connection with a legal proceeding.

- **Public Promotion of the Compliance and Ethics Program**. The Organizations' website contains information regarding the Program, including the Code of Conduct.

♦ **Disciplinary Standards to Encourage Good Faith Participation in the Compliance Program**

- The Organizations have established well-publicized disciplinary standards to encourage good faith participation in the Compliance Program by all affected individuals.

- Personnel will be subject to disciplinary action, ranging from verbal warnings to termination of employment or contract, regardless of their level or position, if they fail to comply with any applicable laws or regulations, or any aspect of the Compliance Program. This includes, but is not limited to, disciplinary actions for:

  - Failure to report suspected problems;
  - Participation in non-compliant behavior;
  - Encouraging, directing, facilitating or permitting non-compliant behavior;
  - Failure by a violator's supervisor(s) to detect and report a compliance violation, if such failure reflects inadequate supervision or lack of oversight;
  - Refusal to cooperate in the investigation of a potential violation;
  - Refusal to assist in the resolution of compliance issues; and
  - Retaliation against, or intimidation of, an individual for their good faith participation in the Compliance Program.

- **For more information see**: The Protocols for Investigations and Implementing Corrective Action Policy; the Compliance Disciplinary Policy.

♦ **Element 6: The System for Routine Monitoring and Identification of Compliance Risk Areas**

The Organizations have established a system for the routine identification and assessment of compliance risk areas relevant to its operations. This process includes internal, and, as appropriate, external reviews, audits, and other practices to evaluate the Organizations' compliance with Federal health care program requirements (*e.g.,* the Medicare and Medicaid Programs) and the overall effectiveness of the Compliance Program.

- **Monitoring and Auditing.** The Compliance Officer (or designees) will ensure that internal and external audits, as appropriate, are conducted by auditors with expertise in

Federal health care program requirements and applicable laws, rules and regulations, or have expertise in the audit subject areas. The Compliance Officer and Compliance Committee will also audit and monitor the operation of the Program to determine its effectiveness.

- **Specific Risk Areas**. The Compliance Officer, or designees, will monitor areas where there is potential for fraud, waste or abuse. This includes, but is not limited to, reviews of the Organizations' business practices; coding, billing and documentation and payment practices; issues relating to quality of care and medical necessity of services; the credentialing process; compliance with mandatory reporting requirements; governance standards; contractor oversight and other potential compliance risk areas that may arise from complaints, risk assessments, or that are identified by specific compliance protocols or through other means.

- **Risk Assessment and Annual Work Plan**. The Compliance Officer, together with Compliance Committee, will formulate an annual Compliance Work Plan based on the developments arising from internal reviews, departmental risk assessments and identified issues of concern as well as external areas of compliance concern. The annual Work Plan will be reviewed and approved by the governing board.

- **For more information see:** The Compliance Risk Assessment and Monitoring Policy; and the Protocols for Investigations and Implementing Corrective Action Policy.

♦ **Element 7: The System for Promptly Responding to Compliance Issues**

The Organizations have established and implemented procedures and a system for promptly responding to compliance issues as they are raised, investigating potential compliance problems as identified in the course of self-evaluations and audits, correcting such problems promptly and thoroughly to reduce the potential for recurrence, and ensure ongoing compliance with the Federal health care program requirements (*e.g.*, the Medicare and Medicaid Programs).

- **Investigations**. All compliance issues, however raised (i.e., whether reported or discovered through audits/self-evaluations), must be brought to the attention of the Compliance Officer. The Compliance Officer will oversee or conduct an inquiry into the issue, consulting with outside counsel, consultants and/or others if necessary. Personnel are expected to cooperate in such investigations.

- **Corrective Action and Responses to Suspected Violations**. All Personnel are also expected to assist in the resolution of compliance issues. Corrective action will be implemented promptly and thoroughly and may include: conducting training; revising or creating appropriate forms; modifying or creating new policies and procedures; conducting internal reviews, audits or follow-up audits; imposing discipline, as appropriate; and making a voluntary disclosure or refund to appropriate governmental agencies (*e.g*., the Department of Health, Office of the Medicaid Inspector General, the Office the United States Department of Health and Human Services, Office of Inspector General or the Centers for Medicare and Medicaid Services) or other appropriate parties. Corrective Action Plans and other corrective actions will continue to be monitored after they are implemented to ensure that they are effective.

- **For more information see**: the Compliance Risk Assessment and Monitoring Policy; the Protocols for Investigations and Implementing Corrective Action Policy and the Compliance Disciplinary Policy.

♦ **Element 8: Policy of Non-Intimidation and Non-Retaliation.**

- **Intimidation and Retaliation Are Prohibited.** We expect all Personnel to comply with this Program, including the reporting of any potential misconduct, illegal conduct or other compliance-related concerns. **Retaliation or intimidation in any form against an individual who in good faith reports potential compliance issues or for other good faith participation in the Compliance and Ethics Program is strictly prohibited and is itself a serious violation of the Code of Conduct.** Acts of retaliation should be immediately reported to the Compliance Officer and, if substantiated, will be disciplined appropriately.

- **For more information see:** The Reporting Compliance Issues: Whistleblower and Non-Retaliation/Non-Intimidation Policy.