

Compliance Program Policies and Procedures

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Participating Provider Obligations

All Participating Providers shall furnish SI-PPS with information concerning any compliance issues that it identifies affecting DSRIP funds or arising under any laws, rules, regulations, standards, guidelines, policies and procedures relating to the DSRIP program. Such information shall be reported to the SI-PPS Compliance Officer. All Participating Providers shall work cooperatively with SI-PPS and its representatives to address and remediate any compliance issues so identified and, upon request, will afford SI-PPS, and its representatives, reasonable access to their operations for this purpose.

All Participating Providers will act in good faith to comply with all federal, State and local laws, rules, and regulations and all rules, standards, guidelines, policies, and procedures of DOH relating to the DSRIP program, as applicable to them, including but not limited to their implementation of an effective compliance program as may be required by law.

Definitions:

SI PPS: shall mean Staten Island Performing Provider System, LLC as a performing provider system under DSRIP.

SI PPS Compliance Officer: shall mean the individual appointed by the Governing Body to serve as the SI- PPS Compliance Officer.

Affiliate: any entity controlled by, in control of, or under common control with SI-PPS.

Board of Directors: board of directors of SI-PPS. Also referred to as the “Governing Body.”

Code of Conduct: shall mean the written standards of conduct that all PPS Associates are expected to comply with as a condition of employment or engagement with SI-PPS.

Compliance Committee: shall mean the individuals selected to provide oversight of the Compliance Program.

Compliance Program: shall mean the program that is designed to ensure SI-PPS’ compliance with applicable law.

Conflict of Interest: a possible conflict may exist if an employee or other person associated with SI PPS is in a position to influence the business or other decisions of SI-PPS in a manner that could lead, or appear to lead, to the personal gain or advantage of the individual, his or her Relatives, or a Related Business Interest.

Data Mining: shall mean the analysis of SI-PPS data to determine trends and potential aberrant billing practices from many information sources.

DOH: shall mean New York State Department of Health

DSRIP: shall mean Delivery System Reform Incentive Payment program

Family or Relative: an individual’s (1) spouse, ancestors, brothers and sisters (whether whole or half-blood), children (whether natural or adopted), grandchildren, great-grandchildren, and spouses of brothers, sisters, children, grandchildren, and great-grandchildren; (2) domestic partner or (3) any other person if that person resides in the same household as the employee or other person associated with SI-PPS.

Federal False Claims Act: federal law that imposes liability on persons and companies who defraud governmental programs.

Federal Health Care Programs: 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. Federal health care programs include, but are not limited to, Medicare, Medicaid, managed Medicare/Medicaid, federal Employees Health Benefit Plan and TRICARE/CHAMPUS.

Independent Director: a director who (1) is not, and has not been within the last three years, an employee of SI-PPS or affiliated with SI-PPS, and does not have a Relative who is, or has been within the last three years, a Key Employee of SI-PPS or affiliated with SI-PPS; (2) has not received, and does not have a

Relative who has received, in any of the last three fiscal years, more than ten thousand dollar (\$10,000) in direct compensation from SI-PPS or an individual or entity affiliated with SI-PPS (other than reimbursement for expenses reasonably incurred as a director or reasonable compensation for service as a director); and (3) is not a current employee or does not have a substantial financial interest in, and does not have a Relative who is a current officer of or has a substantial financial interest in, any entity that has made payments to, or received payments from, SI PPS or an Affiliate of SI-PPS for property or services in an amount which, in any of the last three fiscal years, exceeds the lesser of twenty five thousand dollars (\$25,000) or two (2) percent of such entity's consolidated gross revenues. For purposes of this definition, "payment" does not include charitable contributions.

HIPAA: shall mean the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated by the United States Department of Health and Human Services there under, the Health Insurance Technology for Economic and Clinical Health Act, Title XIII of the American Recovery and Reinvestment Act of 2009 and the Omnibus Rule enacted in 2013 as may be amended from time to time.

Ineligible Person: means an individual or entity: (a) currently excluded, suspended, or debarred, or otherwise ineligible to participate in the Federal Health Care programs or in federal procurement or non-procurement programs; (b) that 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; or (c) has been restricted, terminated or excluded under the provisions of 18 NYCRR § 504.7(b)-(h), 18 NYCRR §515.3, or 18 NYCRR §515.

Key Employee: Any person who is in a position to exercise substantial influence over the affairs of SI-PPS in accordance with the "disqualified person" provisions of the excess benefit transactions applicable to public charities and social welfare organizations under Internal Revenue Code section 4958.

OIG: shall mean U.S. Department of Health and Human Services Office of Inspector General

OMIG: shall mean New York State Office of the Medicaid Inspector General

PPS Associates shall mean all individuals and entities that participate in or do business with SI-PPS, including but not limited to its employees, independent contractors, vendors, agents, suppliers, executives and governing body members.

Participating Providers: shall mean a coalition of health care provider organizations, community-based social services organizations, and other organizations who serve Medicaid beneficiaries and uninsured individuals in various counties within New York State and their employees, independent contractors, vendors, agents, suppliers, executives and governing body members

Participating Provider Compliance Officers: shall mean the Compliance Officers appointed by the Participating Providers that have compliance programs.

Related Business Interest: Any person, organization or business entity may be considered as a Related Business Interest to an employee or other person associated with SI-PPS if such individual or any member of his/her Family: (1) is a director, officer, employee, member, partner or trustee of such Related Business Interest; or (2) has a financial interest in such Related Business Interest, which includes any ownership, investment, income or similar right or interest which could benefit the PPS Associate or a Family member.

Related Party: Any director, officer or Key Employee of SI-PPS or any individual affiliated with SI-PPS, any Relative of such individual, and any entity in which any such individual or relative has a thirty five percent (35%) or greater ownership or beneficial interest or, in the case of a partnership or professional corporation, a direct or indirect ownership interest in excess of five percent (5%).

Related Party Transaction: Any transaction, agreement, or other arrangement in which a Related Party has a financial interest and in which SI PPS or any individual or entity affiliated with S-PPS is a participant.

Risk Assessment: an objective assessment of risk that may be present for SI PPS.

State Health Care Programs: 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 State of New York. New York State health care programs include, but are not limited to, New York Medicaid.

Work Plan: listing of the planned audit initiatives throughout SI-PPS in a given year.

Staten Island Performing Provider System, LLC
Policy #1
Designation and Responsibilities of the SI-PPS Compliance Officer

GENERAL STATEMENT OF PURPOSE

It is the policy of Staten Island Performing Provider System, LLC (“SI-PPS”) under the Delivery System Reform Incentive Payment (“DSRIP”) program to ensure it conducts its business in compliance with all applicable laws, rules, regulations and other directives of the federal, State, and local governments, departments and agencies. This policy sets forth the designation and responsibilities of the SI-PPS Compliance Officer.

Policy:

SI-PPS shall at all times have an individual designated by the Governing Body as the SI PPS Compliance Officer to run the day-to-day operations of the Compliance Program, to serve as the focal point for compliance activities, be responsible for coordinating and overseeing all aspects of the Compliance Program, and make regular reports to the Governing Body and the Compliance Committee. The SI-PPS Compliance Officer shall be an individual who does not serve as legal counsel to SI-PPS, is not subordinate to the general counsel or Chief Financial Officer, and does not act in any financial function for SI-PPS. The Governing Body shall re-appoint an individual to act as the SI-PPS Compliance Officer as necessary. In addition, the SI-PPS Compliance Officer shall be an employee of SI-PPS and will closely coordinate compliance functions with the Participating Provider Compliance Officers.

The SI-PPS Compliance Officer shall be assisted, as needed, by legal counsel, the Compliance Committee, the Governing Body, and designees selected by the SI-PPS Compliance Officer. The SI-PPS Compliance Officer shall receive and respond to all complaints, reports and questions regarding compliance issues and have the authority to review all documents and other information relevant to compliance activities. The SI-PPS Compliance Officer shall have the duty to be actively involved in conducting and responding to appropriate compliance assurance reviews and audits, as well as ensuring that each component of the Compliance Program is fully operational and that all necessary remedial action is taken when necessary.

Procedure:

1. The Governing Body shall designate an individual to serve as the SI-PPS Compliance Officer for the term of such individual’s employment or until the Governing Body, in its sole discretion, appoints another SI-PPS Compliance Officer. Notification of any change in designation of the SI-PPS Compliance Officer shall be made to all PPS Associates.
2. The SI-PPS Compliance Officer shall:
 - Be an individual who acts in an administrative role for SI-PPS, and is responsible for the development of the Compliance Program;

- Have direct access to the Governing Body and legal counsel and shall have the authority to review all documents and other information relevant to compliance activities, including but not limited to, patient records, billing records, marketing records and records concerning relationships with third parties, suppliers, vendors, and independent contractors;
 - Review contracts and obligations that may contain payment provisions that could violate statutory or regulatory requirements related to compliance and the DSRIP Program, and seek the advice of legal counsel when necessary;
 - Receive copies of the results of all internal audit reports and work closely with key administration to identify aberrant trends;
 - Coordinate internal and external compliance review and monitoring activities, including annual or periodic audits, and oversee any resulting corrective action;
 - Monitor PPS Associates who were previously reprimanded for compliance issues related to SI PPS' compliance standards, policies and procedures;
 - Assess, review and revise as necessary, the Compliance Program and/or any policies and procedures promulgated there under, in response to corrective action plans, identified risk areas specific to SI-PPS, and changes in applicable federal, state, and local laws, rules, and regulations;
 - Develop, coordinate and participate in compliance education and training programs that focus on the elements of SI-PPS' Compliance Program;
 - Maintain logs of all HelpLine calls, complaints and/or reports, including the nature of all investigations and results of such investigations.
 - Report to the Governing Body and the Compliance Committee regarding all aspects of the Compliance Program;
 - Oversee the maintenance of documentation of the following: audit results; logs of Compliance HelpLine calls and their resolution; due diligence efforts regarding business transactions; records of education and training, including the number of training hours; disciplinary or corrective action; and modification and distribution of policies and procedures;
 - Be an active and integral member of the Compliance Committee and attend all Compliance Committee meetings; and
 - Implement SI-PPS' exclusion screening program, which shall include reviewing the OIG List of Excluded Individuals/Entities (LEIE), the OMIG Medicaid Terminations and Exclusions List, and other applicable sources of such information prior to hiring, engaging or otherwise transacting business with any person or entity and conducting such review no less than monthly or in accordance with applicable federal, state and local laws, rules and regulations thereafter, to ensure their adequacy and effectiveness.
3. The SI-PPS Compliance Officer shall have the following authority in connection with his or her responsibilities as enumerated above:

- Review all documents and information relevant to SI-PPS' compliance.
- Independently investigate and review any matter brought to the attention of the SI-PPS Compliance Officer, Governing Body or Compliance Committee which directly relates to SI-PPS' compliance activities, the DSRIP program, and/or compliance with laws and regulations.
- Recommend disciplinary action to the Governing Body and/or Chief Executive Officer, Human Resources with respect to any personnel in connection with a violation of any aspect of SI-PPS' Code of Conduct, Compliance Program, policies and procedures and applicable laws and regulations.

Staten Island Performing Provider System, LLC
Policy #2
Creation and Responsibilities of the Compliance Committee

GENERAL STATEMENT OF PURPOSE

It is the policy of SI-PPS to establish a Compliance Committee that shall be responsible for monitoring the overall implementation and operation of SI-PPS' Compliance Program in concert with the SI-PPS Compliance Officer and the Governing Body.

Policy:

The Compliance Committee shall be an integral component in enabling SI-PPS to ensure that it conducts its business in compliance with all applicable laws, rules, regulations and other directives of the federal, State and local governments, departments and agencies.

Procedure:

1. The members of the Compliance Committee may be the individuals holding the following positions:

- SI-PPS Compliance Officer
- Chief Executive Officer
- Chief Medical Officer
- Chief Financial Officer
- HIPAA Security Officer
- HIPAA Privacy Officer
- Project Management
- Senior Director Information Technology
- Sr. Director Workforce/HR
- Compliance Liaisons from Participating Provider Organizations

2. The Compliance Committee has been entrusted with the following responsibilities:

- Overseeing and monitoring the implementation of the SI-PPS Compliance Program, including the development of written standards, policies, and procedures;
- Establishing methods, such as periodic audits, to improve the Participating Providers' performance and operations, and to reduce the vulnerability of fraud and abuse;
- Revising the SI-PPS Compliance Program as needed, in light of changes in the law and in the standards and requirements of the DSRIP program promulgated by the DOH, and in response to any identified risk areas specific to the provider;

- Developing, coordinating and participating in training and educational programs that focus on the components of the Compliance Program;
 - Review reports of compliance activities, including findings and recommendations of the SI-PPS Compliance Officer; and
 - Developing communication methods to keep PPS Associates regularly updated regarding compliance activities.
3. The SI-PPS Compliance Officer shall serve as Chairperson of the Compliance Committee and shall be responsible for and oversee the activities of the Compliance Committee.
 4. The Compliance Committee shall assist the SI-PPS Compliance Officer in ensuring that no prospective or current PPS Associates are excluded from participation in the Medicare, Medicaid or other government programs or have otherwise been sanctioned by the federal or state government. This shall be accomplished by monitoring SI-PPS' screening programs, which shall include overseeing the review of the OIG List of Excluded Individuals/Entities (LEIE), the OMIG Medicaid Terminations and Exclusions List, and other applicable sources of such information prior to hiring, engaging or otherwise transacting business with any person or entity and conducting such review at least monthly thereafter, to ensure their adequacy and effectiveness.
 6. The Compliance Committee shall be responsible for reporting compliance issues promptly and accurately to the Governing Body and to ensure that compliance issues are adequately addressed.
 7. The Compliance Committee provides SI-PPS with increased oversight and shall have the authority to carry out its responsibilities which include:
 - a. Analyzing the legal requirements for compliance and specific risk areas for SI-PPS;
 - b. Assessing existing policies and procedures for these risk areas for incorporation into the SI-PPS Compliance Program;
 - c. Developing and/or revising policies and procedures to promote compliance with legal and ethical requirements based on evolving guidance from OMIG, OIG and other federal and State agencies;
 - d. Meeting on at least a quarterly basis to review SI-PPS' Compliance Programs and activities;
 - e. Overseeing the development and coordination of educational and training programs to ensure that all SI-PPS employees, independent contractors, agents, executives and Governing Body members understand and comply with the applicable laws;
 - f. Conducting periodic reviews to determine that the Compliance Program's elements have been satisfied, e.g., appropriate dissemination of the Compliance Program's standards, ongoing educational programs, and internal investigations of alleged non-compliance.

- g. Recommending additional controls to SI-PPS' internal systems designed to carry out SI PPS' compliance standards, policies and procedures on a day-to-day basis.
- h. Overseeing the operation of a system to solicit, evaluate and respond to compliance-related complaints and problems.
- i. Reviewing and responding to reports of compliance-related matters and associated independent auditors.
- j. Initiating and monitoring internal and external audits and investigations to ensure and promote compliance with the regulations, to identify any deficiencies and to implement corrective action if necessary.
- k. Promoting compliance with program requirements and detection of any potential violations by designing appropriate strategies and approaches.
- l. Providing assistance to the Compliance Officer regarding the investigation and review of any matter brought to its attention by the SI-PPS Compliance Officer relating directly to SI- PPS' compliance activities and/or compliance with applicable laws.
- m. Maintaining documentation of the following: audit results; compliance complaints and their resolution; corrective action plans; due diligence efforts regarding business transactions; records of employee training, including the number of training hours; disciplinary action; and modification and distribution of policies and procedures.
- n. Recommending disciplinary action to be taken, with respect to any PPS Associates, in connection with a violation of any aspect of the Code of Conduct, Compliance Program, policies and procedures and applicable laws, subject only to the override authority of the Governing Body.

Staten Island Performing Provider System, LLC
Policy #3
Retention of Records

GENERAL STATEMENT OF PURPOSE

It is the goal of SI-PPS to ensure that all documents related to compliance, the DSRIP Program, business and medical records (the “Documents”) are maintained in a manner consistent with SI PPS’ Compliance Program and all applicable federal, -state and local regulations and guidelines as related to document retention.

Policy:

It is the Policy of SI-PPS to maintain, preserve, and protect against inadvertent and/or purposeful destruction, loss, unauthorized access, corruption, damage or unauthorized reproduction of all Documents. SI-PPS expects all PPS Associates to comply with this Document Retention Policy.

Procedure:

1. SI-PPS will have a system of controls to ensure proper maintenance, retention and destruction of records.
2. PPS Associates shall not destroy or discard any records known to be the focus of a pending investigation or subject to a pending request.
3. PPS Associates shall contact their Compliance Officer or the SI-PPS Compliance Officer in the event of a potential violation or a question as to whether a record may be destroyed.
4. All PPS Associates shall keep accurate, timely, and complete records, reports, communications and other medical and business information and documentation relating to any activity, claims submission, arrangements or transactions relating to the operations of SI-PPS or the DSRIP Program.
5. If documentation is incomplete, contradictory, or inaccurate, that documentation will not be used to report data and metrics under the DSRIP program.
6. In providing reports on data and metrics, PPS Associates will correctly enter data and ensure that reported data is accurate and truthful. SI- PPS will not tolerate any PPS Associates engaging in any improper reporting practice. No false or artificial entries shall be made for any purpose.
7. All reports submitted to governmental agencies, insurance carries, or other entities will be accurately and honestly made. Deliberate or reckless misstatements to government agencies are prohibited. PPS Associates are encouraged to direct questions regarding records to their compliance officer.

8. Records will only be distributed to either (1) authorized personnel on a need-to-know basis; or (2) legally authorized individuals and in strict conformance with applicable federal, State, and local laws and regulations.
9. Whenever authorized government agency personnel (with appropriate identification) request access to any SI-PPS or DSRIP program information, legal counsel and/or SI-PPS Compliance Officer shall be notified immediately, prior to granting access to the requested information
10. Medical record amendments and addendums shall be consistent with and compliant with federal, state and/or local laws, rules and regulations.
11. Records created in conjunction with the Compliance Program, including billing and other records created in the ordinary course of business will be preserved and maintained for ten (10) years from the fiscal year in which the record is created or ten (10) years from the date that a final determination is made by the payor (payment or appeal exhaustion) if applicable, WHICHEVER IS LATER to comply with the Federal False Claims Act or any other applicable law, rule or regulation. These records include any letter to or from the government, and documented compliance efforts and implementation processes to confirm the effectiveness of the program.
12. Records will be stored:
 - a. in an appropriate location taking into consideration confidentiality laws and regulations; and
 - b. in a manner that to the extent possible takes into consideration environmental elements known to compromise or deteriorate documents, such as water and fire.
14. Retrieval and access to medical records will be in accordance with SI-PPS' HIPAA program and policies and procedures, and applicable laws and regulations. Only persons with appropriate authorization to access such records shall be permitted to view, copy or remove such records.
15. Records will be destroyed in accordance with applicable laws and regulations. Records shall not be thrown into a trashcan or into any receptacle that is part of the public waste removal system.
16. Record destruction will be suspended immediately upon any indication of an administrative, civil or criminal investigation or court proceeding involving a particular record or document. Upon learning of such investigation or proceeding, the SI-PPS Compliance Officer or legal counsel shall notify all PPS Associates to preserve, and cease and avoid any destruction of, all documents and records, both hard copy and electronic, pertaining to that matter or subject. Destruction will be reinstated upon conclusion of the investigation or proceeding.

Staten Island Performing Provider System, LLC
Policy #4
Conflicts of Interest and Recusal

GENERAL STATEMENT OF PURPOSE

It is the policy of SI-PPS to conduct business free from the influence of Conflicts of Interest, which is critical to SI-PPS' commitment to ethical business dealings. This policy sets forth the process for avoiding potential Conflicts of Interest by ensuring that any individual with a possible Conflict of Interest recuse him/herself from participation in any actions related to a transaction or matter where a conflict may exist and defines the processes for managing Related Party transactions.

All questions as to whether a possible Conflict of Interest may exist shall be addressed to the SI-PPS Governing Body or subcommittee of the Governing Body.

Policy:

Consistent with SI-PPS' Code of Conduct, employees or other persons associated with SI-PPS are expected to perform their duties and responsibilities free from the influence of Conflicts of Interest and devote their professional loyalty, time and energy to applicable patient care and service on behalf of SI-PPS.

Where appropriate, the SI-PPS Compliance Officer will seek the input of SI-PPS' Chief Executive Officer, Medical Leadership or the Board of Directors or designated Board Committee on the matter.

PPS Associates shall not be involved with the selection of any vendor or contractor which is a Related Business Interest nor be involved in SI PPS decisions which might benefit the PPS Associates, his/her Family members or a Related Business Interest nor participate in Related Party Transactions, except as outlined below. If an individual has knowledge regarding a possible Conflict of Interest in connection with a proposed transaction or other matter being presented for consideration or approval by SI-PPS, such individual shall follow the process outlined below.

Procedure:

A. CONFLICT OF INTEREST DISCLOSURE AND REVIEW PROCESS

1. Disclosure of Conflict of Interest. Any PPS Associates who becomes aware that he/she has an actual or potential Conflict of Interest must promptly disclose this to the SI-PPS Compliance Officer, or his/her designee, who will review the disclosed Conflict of Interest and take any action(s) deemed required or appropriate to manage or resolve the matter, including by referring the matter to the Board of Directors or designated Board Committee, as appropriate.
2. Disclosure Report and Review of Disclosures. Any employee or other person associated with SI-PPS who is in a position to influence the business or other decisions of SI-PPS are required to complete a Conflicts of Interest Disclosure Report upon beginning their employment or other SI-

PPS affiliation and on an annual basis thereafter. Conflict of Interest Disclosure Reports submitted by Directors must include a signed written statement identifying, to the best of the director's knowledge, (1) any entity of which the individual is an officer, director, trustee, member, owner or employee, with which SI-PPS has a relationship and (2) any transaction in which SI-PPS is a participant and in which the director might have a conflicting interest. Directors' Conflict of Interest Disclosure Reports will be submitted to the Secretary to the Governing Body and to the SI-PPS' Compliance Officer. The Secretary must provide copies of all such statements to the Chair of the Governing Body. Directors and certain PPS Associates also are required to complete any additional disclosure forms related to the Internal Revenue Service Form 990, Centers for Medicare and Medicaid Services ("CMS") enrollment requirements, and research regulations.

Between filings of any Conflicts of Interest Disclosure Report, these individuals must immediately report to the SI-PPS Compliance Officer, or his/her designee, or, when involving a director, officer or Key Employee, to the Governing Body or designated Board Committee, any changes in the information provided in his/her last completed Conflicts of Interest Disclosure Report. The SI-PPS Compliance Officer, or his/her designee, or, when involving a director, officer or Key Employee, the Governing Body or designated Board Committee will oversee the review of disclosures of possible conflicts, including matters disclosed in the Conflicts of Interest Disclosure Reports and any reported changes to those Reports. The SI-PPS Compliance Officer, or his/her designee, or the Governing Body, when involving a director, officer or Key Employee, will take all actions deemed required or appropriate to manage or resolve any actual or potential Conflicts of Interest. Any determination regarding conflicts of interest shall be documented in the respective minutes of the Governing Body, or designated Board Committee, where discussed, and/or noted in the individual's file and/or documented by the SI-PPS' Compliance Officer.

If a PPS Associate is aware of any Conflict of Interest that has not been reported that impacts SI-PPS, the individual shall report it to his/her supervisor, the SI-PPS Compliance Officer, or call the confidential Compliance HelpLine at 855-233-3138 which is available 24 hours a day, 7 days a week or go online to statenilandperformingprovidersystem.ethicspoint.com.

3. Recusal. After disclosing a possible Conflict of Interest and unless otherwise expressly approved by the SI-PPS Compliance Officer, his/her designee, or by the Governing Body, a PPS Associate shall immediately recuse him/herself from participating in the transaction or matter, including by refraining from attempting to influence deliberations or voting on the transaction or matter, and not being privy to any non-public information relating to the transaction.

The recusal of any PPS Associate shall be documented in the respective minutes of the Governing Body, or designated Board Committee, where discussed, and/or noted in the individual's file and/or documented by the SI-PPS' Compliance Officer.

Any questions about this Policy or the completion of the Disclosure Reports may be directed to the SI-PPS' Compliance Officer at 718-226-4572.

4. Referral-related Activities. Any PPS Associate who intends to enter into any arrangement that could potentially generate referrals to SI-PPS must have the arrangement approved by the SI-PPS Compliance Officer, or by the Governing Body, or designated Board Committee, as appropriate, prior to entering into it.

5. Related Issues. PPS Associates shall neither use nor disclose SI-PPS assets or confidential information for non-SI-PPS purposes unless they do so in conformance with SI-PPS' HIPAA and Security Policies and Procedures (e-mail, computers, Internet, etc.).

In addition, any PPS Associate must comply with any applicable governmental agency requirements and regulations to avoid a Conflict of Interest.

B. RELATED PARTY TRANSACTION DISCLOSURE AND REVIEW PROCESS

1. Disclosure of a Related Party Transaction. Any director, officer, or Key Employee with an interest in a Related Party Transaction must disclose in good faith the material facts of the interest to the Governing Body or designated Board Committee.
2. Addressing a Related Party Transaction. If a Related Party of SI-PPS has a substantial financial interest in a Related Party Transaction, the Governing Body must: (a) prior to entering into the transaction, consider alternative transactions to the extent available; (b) approve the transaction in accordance with SI-PPS' bylaws or applicable law; and (c) contemporaneously document in writing the basis for its approval of the transaction, including consideration of any alternative transactions. Related Party Transactions must not only be disclosed but approved by the Governing Body as fair, reasonable and in the SI-PPS' best interest.

No person with an interest in a Related Party Transaction (including compensation) may be present at or participate in deliberation or voting on it. The Governing Body, however, may request that the person provide information or answer questions prior to the deliberations or voting.

3. Documenting a Related Party Transaction. Discussions and determinations regarding Related Party Transactions, to include the recusal of a director, officer or Key Employee, shall be documented in the respective minutes of the Governing Body, where discussed.

Staten Island Performing Provider System, LLC
Policy #5
Compliance Training and Education

GENERAL STATEMENT OF PURPOSE

It is the policy of SI-PPS, as part of its commitment to compliance with legal requirements, to ensure the training and education of all SI-PPS employees, independent contractors, agents, executives, and Governing Body members on compliance issues, expectations, and the compliance program operation.

Policy:

SI-PPS shall ensure that all SI-PPS employees, independent contractors, agents, executives, and Governing Body members receive annual and periodic training and that such training is made a part of the orientation for all new PPS Associates, in accordance with the following procedures.

Procedure:

1. All PPS Associates will be educated and trained as to the scope and requirements of the Compliance Program. The Code of Conduct shall be reviewed with all PPS Associates irrespective of responsibilities.
2. All PPS Associates shall review SI-PPS Code of Conduct and shall be required to sign and date a statement that reflects his or her knowledge of, and commitment to, the SI-PPS Code of Conduct, upon beginning employment..
3. Upon hiring or engagement, all new PPS Associates will b educated and trained as to the scope and requirements of the Compliance Program. All new PPS Associates shall be required to sign and date a statement that reflects his or her knowledge of, and commitment to, the Code of Conduct.
4. All training activities will be appropriately documented and may be conducted through in-service training sessions or provided by outside resources.
5. Failure to comply with training requirements will result in disciplinary action up to and including suspension, termination, or exclusion from SI-PPS and the DSRIP program.
6. In addition to annual, periodic training and in-service programs, the SI-PPS Compliance Officer will disseminate any relevant new compliance information to all SI-PPS employees, independent contractors, agents, executives, and Governing Body members. Such information may include, but is not limited to, fraud alerts, advisory opinions, newsletters and bulletins.
7. All PPS Associates are required as a condition of employment and continued relationship with SI-PPS, to attend periodic compliance training.

8. As part of its continued commitment to compliance with legal requirements, SI-PPS will implement mandatory annual and periodic Compliance Program training. Training topics may include, but are not limited to:
 - The Code of Conduct;
 - Compliance Program;
 - SI-PPS' policies and procedures;
 - Record maintenance and reporting;
 - Compliance reporting requirements;
 - Privacy and security of confidential information and data;
 - SI-PPS' commitment to compliance with all legal requirements and policies;
 - Prohibitions on paying or receiving remuneration to induce referrals;
 - Improper alterations to clinical or financial records;
 - Duty to report misconduct;
 - Non-intimidation and non-retaliation policies and
 - Fraud and Abuse statutes and regulations.
9. The SI-PPS Compliance Officer will be responsible for facilitating any additional and/or remedial education and training that is required as part of the Compliance Program. Additional educational and training programs will also be developed for specific individuals or groups based upon job functions or identified compliance issues and risk areas.

Staten Island Performing Provider System, LLC
Policy #6
Employee Screening

GENERAL STATEMENT OF PURPOSE

SI-PPS is committed to ensuring that all Screened Persons are not Ineligible Persons, as defined by OIG and OMIG.

The OIG and OMIG were established to identify and eliminate fraud, waste, and abuse in health care programs which receive federal and/or state funding and to promote efficiency and economy in the operations of these programs. The OIG and OMIG carry out this mission through audits, inspections and investigations. In addition, the OIG has been given the authority to exclude from participation in Medicare, Medicaid and other federal health care programs individuals and entities who have engaged in fraud or abuse, and to impose civil monetary penalties for certain misconduct related to federal health care programs (sections 1128 and 1156 of the Social Security Act). The OMIG and the DOH have this authority with respect to health care programs which receive funding from the State of New York.

The effect of an OIG or OMIG exclusion from federal and/or State health care programs is that no federal and/or state health care program payment may be made for any items or services: (1) furnished by an excluded individual or entity; or (2) directed or prescribed by an excluded physician. This payment ban applies to all methods of federal and/or State program reimbursement, whether payment results from itemized claims, fee schedules or a prospective payment system. Any items and services furnished by an excluded individual or entity are not reimbursable under federal and/or state health care programs. In addition, any items and services furnished at the medical direction or prescription of an excluded physician are not reimbursable when the individual or entity furnishing the services either knows or should know of the exclusion. The prohibition applies even when the federal and/or state payment itself is made to another provider or supplier that is not excluded.

The prohibition against federal and/or State program payment for items or services furnished by excluded individuals or entities also extends to payment for administrative and management services not directly related to patient care, but that are a necessary component of providing items and services to federal and/or state program beneficiaries. This prohibition continues to apply to an individual even if he or she changes from one health profession to another while excluded. In addition, no federal and/or state program payment may be made to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether the individual provided direct patient care.

Policy:

1. SI-PPS prohibits the employment, appointment or election of, execution of contracts with, provision of items or services at the direction or prescription of, and/or use of services provided by Ineligible Persons.

2. SI-PPS shall ensure that all SI-PPS employees, independent contractors, agents, executives, and Governing Body members are screened against the applicable Exclusion Lists prior to engaging their services as part of the hiring, election, credentialing or contracting process on a monthly basis.
3. Failure to provide SI-PPS the applicable data on a timely basis each month (e.g., employee names, dob, addresses, Social security numbers etc.), it is grounds from termination of the SIPPS and DSRIP program.
4. SI-PPS requires every PPS Associate to disclose his/her status as an Ineligible Person prior to hire, election, or appointment, or at any time thereafter during the course of its association with the SI-PPS. In applicable cases, SI-PPS may accept an affidavit or representations and warranties from an entity affirming that the entity has performed its own screening against the Exclusion Lists and neither the entity, nor any individuals are ineligible. Such affirmation or representations and warranties must include a requirement that the entity notify SI-PPS of any changes in the exclusion or ineligibility status of any PPS Associate.
5. Whenever SI-PPS has actual notice that an employed, appointed, elected or contracted PPS Associate has become an Ineligible Person, SI-PPS will remove such PPS Associate from responsibility for, or involvement in, the business operations related to any federal and/or state health care program or provision of items or services, directly or indirectly, to federal and/or state health care program beneficiaries and shall remove such person from any position for which the Ineligible Person's compensation, or the items or services furnished, ordered, or prescribed by the Ineligible Person, are paid in whole or part, directly or indirectly, by a federal and/or state funded health care program.

Procedure:

1. After SI-PPS conducts initial screening, the SI-PPS Compliance Officer and/or her/her designee will be provided an employee list and shall conduct monthly screenings of all PPS Associates against the Exclusion Lists. Any individual found to be an Ineligible Person will be immediately removed from all activities that may, directly or indirectly, be billed to federal and/or State-funded health care programs under the DSRIP Program. Documentation of the monthly screenings shall be kept by the SI-PPS Compliance Officer and/or his/her designee. Documentation of such screenings shall be kept by the SI-PPS Compliance Officer for at least ten (10) years or in accordance with applicable laws, rules and regulations or changes to SI-PPS' policies and procedures.
2. SI-PPS shall screen all of its vendors associated with DSRIP against the Exclusion Lists. Any vendor found to be an Ineligible Person shall not be contracted with to conduct business with the SI- PPS. Documentation of the vendor screenings shall be kept by the SI-PPS Compliance Officer for at least ten (10) years or in accordance with applicable laws, rules and regulations or changes to SI-PPS' policies and procedures.
3. Any vendor found to be an Ineligible Person shall be immediately removed from all activities that may, directly or indirectly, be billed to federal and/or state-funded health care programs under the DSRIP program and will be terminated pursuant to its contractual provisions. Documentation of the monthly screenings shall be kept by the SI-PPS Compliance

Officer for at least ten (10) years or in accordance with applicable laws, rules and regulations or changes to SI-PPS policies and procedures.

4. PPS Associates are required to disclose immediately to the SI-PPS Compliance Officer any debarment, exclusion, suspension or other event that makes that person or entity an Ineligible Person.
5. Anyone who receives actual notice through a screening process or other means that a PPS Associate has become an Ineligible Person shall immediately notify the SI PPS Compliance Officer. The SI-PPS Compliance Officer shall (1) notify the Ineligible Person; (2) remove such Ineligible Person from responsibility for, or involvement in, the provision of services or business operations related to DSRIP; and (3) remove such Ineligible Person from any position for which that person's compensation or the items or services furnished, ordered, or prescribed by the Ineligible Person are paid in whole or part, directly or indirectly, by the DSRIP program.
6. Failure of PPS Associate to comply with provisions of this policy may result in disciplinary action up to and including suspension or termination from employment, termination of a contractual relationship with SI-PPS, or other actions as authorized by other SI-PPS' Compliance Program and policies and procedures.
7. Upon identification of an Ineligible Person who has provided any services under DSRIP, the SI -PPS Compliance Officer, or his/ her designee, shall develop a corrective action plan to determine if further action is necessary in accordance with any local laws, rules, regulations, standards, guidelines, policies and procedures relating to the DSRIP program.



Policy #7
Adopted: October, 2015
Implemented: October, 2015
Revised: August 2015

Staten Island Performing Provider System, LLC

Policy #7

Risk Assessment

GENERAL STATEMENT OF PURPOSE

The purpose of this policy is to define the method by which compliance risks are assessed and reassessed. Compliance risk is mitigated through internal review processes. Monitoring and auditing provide early identification of program or operational weaknesses and substantially reduce exposure to regulatory risk and government-related lawsuits. This policy applies to all PPS Associates.

Policy:

SI-PPS is committed to the effective monitoring of compliance through its policies, procedures, and applicable laws. The SI-PPS Compliance Officer and the Compliance Committee will also be responsible for continued monitoring and auditing of compliance with this Compliance Program and with all applicable federal and state rules, laws, and regulations. Procedures for routine monitoring and auditing include initial testing for compliance, then validation of correction, and ongoing compliance performance. Education and training shall be provided to all SI PPS employees, independent contractors, agents, executives, and Governing Body members as deemed appropriate by SI-PPS.

Procedure:

1. On a continuing basis, the SI-PPS Compliance Officer and the Compliance Committee will review and be knowledgeable concerning all new regulatory or legal requirements applicable to SI-PPS' operations and DSRIP program requirements.
2. In light of new developments, the SI-PPS Compliance Officer, in conjunction with the Compliance Committee, will review existing policies and procedures to ensure that SI-PPS is compliant with the requirements of federal and state laws. If necessary, the SI-PPS Compliance Officer and Compliance Committee will work to ensure that appropriate updates and corrective action is taken.
3. The Compliance Committee and the SI-PPS Compliance Officer will develop an annual auditing and monitoring Work Plan that, at minimum, addresses risk areas applicable to SI-PPS' operations and the DSRIP program. This Work Plan will be used to identify potential risks, to prioritize and develop monitoring plans, and to initiate and implement reviews throughout the applicable period. These reviews will help ensure that all SI-PPS employees, independent contractors, agents, executives, and Governing Body members are compliant with



the applicable requirements of federal and state regulations, as well as SI-PPS' policies and procedures. The monitoring reviews will also assist in the evaluation of the effectiveness of the Compliance Program, including the review of education and training, the reporting mechanisms, investigations, record retention, and oversight activities. Audits will be conducted by internal or external auditors and will be overseen by the SI-PPS Compliance Officer.

4. Auditing must be conducted utilizing a variety of methods and techniques including, but not limited to:
 - Reviewing reports on data and quality metrics.
 - Analyzing patterns and trend analyses.
 - Random sampling.
5. If problem areas are identified, it will be determined whether a focused review shall be conducted on a more frequent basis. If any areas are identified that require further training and education of PPS Associates or dissemination of additional information, these areas will be incorporated into the training and education program.
6. The results of the ongoing monitoring and auditing reviews shall be provided to the Compliance Committee and the Governing Body. Any deficiencies noted must require the submission, for compliance approval, of a Corrective Action Plan which shall provide how the deficiency will be addressed timely and brought to resolution. Ongoing monitoring of the progress of any corrective action plan implementation shall be monitored by the SI-PPS Compliance Officer. Timely updates of progress made and/or challenges to bringing deficiencies to a resolution are provided to the Compliance Committee and the Governing Body as needed and on a periodic basis.
7. *Review of Use of DSRIP Payments.* At least annually, the SI-PPS Compliance Officer will request reviews to be conducted on SI-PPS' practices concerning the allocation and distribution of DSRIP funding among the Participating Providers. These reviews will be conducted either by an outside consultant or other designee. These reviews will focus on a sample of distributions to Participating Providers and emphasize:
 - The accuracy and appropriateness of reported quality metrics and data to SI-PPS;
 - Compliance with the procedures set forth in the Compliance Program, or other SI-PPS policies and procedures;
 - Compliance with all applicable federal or state laws, rules and regulations; and
 - Compliance with DSRIP program requirements.

If the reviewer identifies any documentation issues, he or she will inform the SI-PPS Compliance Officer of the results of the review. A meeting will then be scheduled by the SI-PPS Compliance Officer to discuss and resolve the issue. If the reviewer identifies a pattern of deficient or problematic compliance practices, the SI-PPS Compliance Officer will inform the Compliance Committee and the Governing Body and further corrective action will be taken.

8. SI-PPS will:
 - Review SI-PPS' standards and procedures to ensure that they are current, complete and accurate. If the standards and procedures are found to be ineffective or outdated, they shall be updated to reflect changes in governmental regulations or compendiums related to the DSRIP program.
 - Conduct audits of SI-PPS' risk areas to identify areas of potential risk and to measure progress against the baseline audit results.
 - Review relationships and contractual arrangements with third party vendors, suppliers and contractors.
 - Periodically evaluate the nature, extent and frequency of its auditing activities in order to determine if modification of such practices is warranted based on factors including, but not limited to, identified risk areas, trends in internal reporting, and available resources.
9. The SI-PPS Compliance Officer, the Compliance Committee, or a designee, is required to conduct risk assessments at least annually and prioritize the results according to identified risk. The SI-PPS Compliance Officer determines which risk areas will most likely affect regulatory compliance, PPS performance, as well as the compliance of SI-PPS with its internal policies and procedures. The risk assessment takes into account:
 - Program areas identified by the OIG and OMIG annual work plans to the extent applicable to the DSRIP program;
 - Other published reports or white papers identifying potential risks;
 - Results of prior internal monitoring reviews or ongoing audits of first tier, downstream, and related entities;
 - Results of reviews and advisory opinions by regulatory agencies; and
 - Ongoing analyses of quality metric and grievance data.
10. Interviews of key personnel will be conducted to gather information about areas of SI-PPS that may be potential risk areas and these areas will be placed on a "potential audit" list.
11. The SI-PPS Compliance Officer and the Compliance Committee are responsible for ensuring that risk assessments occur at least annually, to identify potential risks in the privacy and security compliance mandates of the DSRIP program, HIPAA, the HITECH Act, and other federal and state privacy and security laws, rules, and regulations.
12. The SI-PPS Compliance Officer, or a designee, will use professional judgment to list risks related to regulatory changes, internal investigations, complaints, and areas of high exposure



to protected health information in order to document such risks. The SI-PPS Compliance Officer will use his/her expertise to prioritize the risk and develop an appropriate action plan.

13. The SI-PPS Compliance Officer, or a designee, will compile the individually identified risks into a master document to serve as the risk analysis and to develop actionable steps and timelines for creation of a Work Plan to effectuate the risk analysis. Work plans will be prioritized, implemented, and evaluated on an ongoing basis. Risk assessment reports will be provided to the Compliance Committee, and escalated to the Governing Body, as appropriate, on an ongoing basis.
14. The reviewers shall:
 - a. Be qualified and experienced to adequately identify potential issues with the subject matter to be reviewed;
 - b. Be objective;
 - c. Have access to existing audit and health care resources, relevant personnel and all relevant areas of operation;
 - d. Present written evaluation reports to the SI-PPS Compliance Officer, the Compliance Committee and the Governing Body on a regular basis; and
 - e. Specifically identify areas where corrective actions are needed.
15. The SI-PPS Compliance Officer will periodically evaluate the nature, extent and frequency of its auditing activities in order to determine if modification of such practices is warranted based on factors including, but not limited to, identified risk areas, past history of deficiencies and enforcement actions, trends in internal reporting, and available resources.



Staten Island Performing Provider System, LLC
Policy # 8
Effective Lines of Communication and Internal Reporting of
Compliance-Related Matters

GENERAL STATEMENT OF PURPOSE

SI-PPS is committed to the timely identification and resolution of all issues that may adversely affect its participation in the DSRIP program. Therefore, SI-PPS has established communication channels to report problems and concerns, including a Compliance HelpLine number and website. The HelpLine is available 24 hours, seven days a week at (855-233-3138) or online at statenislandperformingprovidersystem.ethicspoint.com.

Individuals are encouraged to report any problem or concern, either anonymously or in confidence via the HelpLine, as they deem appropriate. Individuals also have the option of contacting the SI PPS Compliance Officer directly via telephone at 718-226-4572 or in-person at One Edgewater Plaza, Staten Island, New York 10305.

The Compliance HelpLine is an avenue by which PPS Associates or other interested parties may report any issue or question associated with any of SI-PPS' policies, conduct, practices or procedures believed by the individual to be a potential violation of criminal, civil or administrative law, or to constitute unethical conduct.

All individuals are protected from non-intimidation and non-retaliation for good faith participation in SI-PPS' Compliance Program. Failure to report a compliance issue may be grounds for disciplinary action.

Examples of potential compliance issues include, but are not limited to:

- Inappropriate coding
- Inappropriate charging/billing
- Inappropriate claims submission
- Overpayments
- Medical necessity issues
- False or fraudulent documentation issues
- HIPAA or Patient Privacy issues



- Failure to follow policies and procedures
- Failure to follow Code of Conduct
- Drug diversion (illegal sale or redistribution of drugs)
- Participating Provider relationship issues such as potential violations of the Stark law or Anti-Kickback statute
- Potential violations of the Anti-Kickback statute related to vendors (e.g., inappropriate gifts)
- Maintaining relationships with PPS Associates excluded from the federal or state health Care Programs
- Inappropriate Conflict of Interest
- Retaliation or Intimidation

Policy:

1. SI-PPS will maintain a confidential Compliance HelpLine that individuals may use to report problems and concerns, which may be done anonymously.
2. Individuals who report problems and concerns via the Compliance HelpLine or to the SI-PPS Compliance Officer in good faith are protected from any form of retaliation, intimidation and/or retribution.
3. Information concerning the Compliance HelpLine will be posted in prominent common areas of SI-PPS facilities as applicable.
4. All individuals who receive compliance inquiries are expected to act with the utmost discretion and integrity in assuring that information received is acted upon in a reasonable and proper manner. Everyone who receives or is assigned responsibilities for assisting with compliance inquiries shall keep the inquiries confidential to the extent possible.

Procedure:

1. The SI-PPS Compliance Officer will ensure that all compliance inquiries are addressed in an appropriate and timely manner, as well as in accordance with this and all related policies and procedures. No attempt will be made to identify a caller to the Compliance HelpLine who requests anonymity. Whenever callers disclose their identity, it will be held in confidence to the fullest extent practical.
2. Upon receipt of the disclosure, the SI-PPS Compliance Officer, or his/her designee, shall gather all relevant information from the disclosing individual where practicable. The SI-PPS Compliance Officer or his/her designee shall make a preliminary, good faith inquiry into the allegations to ensure all the necessary information has been obtained and to determine



whether a further review should be conducted.

3. SI- PPS shall conduct an internal review of the allegations and ensure that proper follow-up is conducted for any disclosure that is sufficiently specific, so that it reasonably permits a determination of the appropriateness of the alleged improper practice and provides an opportunity for taking corrective action.
4. Calls will be logged upon receipt and placed in the care and custody of the SI-PPS Compliance Officer.
5. The investigation and response process may involve other departments, as appropriate, for advice and/or further investigation.
6. The SI-PPS Compliance Officer will communicate matters deemed potentially unlawful to legal counsel for determination.
7. The SI- PPS Compliance Officer will periodically report on Compliance HelpLine activity to the Governing Body.



Staten Island Performing Provider System, LLC
Policy #9
Responding to Compliance Reports, Investigations, and Corrective
Action

GENERAL STATEMENT OF PURPOSE

SI-PPS is committed to ensuring that it implements a system for responding to compliance issues as they are raised; for investigating potential compliance problems; responding to compliance problems as identified in the course of self-evaluations and audits and correcting such problems promptly and thoroughly. SI-PPS will implement policies and procedures and systems as necessary to reduce the potential for recurrence.

Policy:

It is the policy of SI-PPS to investigate all reported concerns promptly and confidentially to the extent possible, or any report it receives of a suspected violation or non-compliance to determine if a material violation of any law, rule or the DSRIP program, or the requirements of the Compliance Program has occurred and to initiate corrective action, if necessary.

Procedure:

1. Upon receiving a report of possible non-compliance, the SI-PPS Compliance Officer shall bring such report to the attention of the Compliance Committee, the Governing Body and legal counsel, as necessary.
2. The SI-PPS Compliance Officer and legal counsel may solicit the support of internal or external auditors, and internal and external resources with knowledge of the applicable laws and/or regulations and required policies, procedures or standards that relate to the specific issue in question.
3. All persons and entities involved in an investigation shall function under the direction of the SI-PPS Compliance Officer and shall be required to submit relevant evidence, notes, findings and conclusions to the SI-PPS Compliance Officer. When appropriate, SI-PPS Compliance Officer will involve legal counsel to conduct an inquiry.
4. Cooperation from all PPS Associates is expected in such inquiries. The cooperation of the reporting individual may be sought during any investigation.
5. The objective of any inquiry shall be to determine whether, first, a compliance issue exists or if there has been a violation of the Compliance Program or applicable legal rules. The SI-PPS Compliance Officer shall identify individuals who may have knowledge of the facts surrounding the reported conduct and/or who were involved in the conduct which led to the



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report. The investigative techniques used shall be implemented in order to facilitate the correction of any practices not in compliance with applicable laws and/or regulations and to promote, where necessary, the development and implementation of policies and procedures to ensure future compliance.

6. If an issue or violation does exist, the investigation will attempt to determine its cause, so that appropriate and effective corrective action can be instituted. Steps to be followed in undertaking the investigation may include:
 - Notification of the Governing Body by the SI-PPS Compliance Officer of the nature of the complaint.
 - All complaints shall be investigated as soon as reasonably possible.
 - The scope and process used during the investigation shall be determined by the SI-PPS Compliance Officer, the Governing Body and/or by legal counsel as applicable.
 - Any investigation may include as applicable:
 - If known, an interview of the reporting individual and other persons who may have knowledge of the alleged problem or process and a review of the applicable laws and/or regulations which might be relevant to, or provide guidance with respect to, the appropriateness or inappropriateness of the activity in question, to determine whether or not a problem actually exists.
 - Interviews of the person or persons who appeared to play a role in the process in which the problem exists. The purpose of the interview will be to determine the facts related to the reported activity.

Any concerns about the SI-PPS Compliance Officer, the Compliance Committee members or the Committee's actions or determinations may be brought directly to the Governing Body.
7. All PPS Associates will be required to cooperate in such investigations.
8. Whenever a compliance problem is uncovered, regardless of the source, the SI-PPS Compliance Officer will ensure that appropriate and effective corrective action is implemented. The SI-PPS Compliance Officer will work in consultation with the Compliance Committee, the Governing Body, and legal counsel (if necessary).
9. Any corrective action and response implemented must be designed to ensure that the violation or problem does not re-occur (or reduce the likelihood of reoccurrence) and be based on an analysis of the root cause of the problem. The corrective action plan shall include, whenever applicable, a follow-up review of the effectiveness of the corrective action following its implementation, and an update to any compliance policies and procedures as necessary. If such a follow-up review establishes that the corrective action plan has not been effective, then additional or new corrective actions must be implemented. Corrective actions may include, but are not limited to, the following:



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- Creating new compliance or business procedures, or modifying and improving existing procedures, to ensure that similar errors will not reoccur;
 - Informing and discussing with the offending individuals both the violation and how it shall be avoided in the future;
 - Working with SI-PPS employees, independent contractors, agents, executives, and Governing Body members to modify or correct procedures and practices;
 - Facilitating remedial training and education (formal or informal) to ensure SI-PPS employees, independent contractors, agents, executives, and Governing Body members comprehend the applicable rules and regulations, existing procedures or policies, and any new or modified procedures that may have been instituted;
 - Refunding any and/or recouping any and all overpayments of DSRIP funds;
 - Disciplining or terminating the offending PPS Associates, if necessary and as appropriate; and
 - Voluntary disclosure to an appropriate governmental agency.
10. All PPS Associates are expected to comply with SI-PPS' Code of Conduct and be aware of SI-PPS' Compliance Program. If the responses to violations instituted by the SI-PPS Compliance Officer, as outlined above, are inadequate to correct a pattern of non-compliance, and if the SI-PPS Compliance Officer concludes that a violation of the Compliance Program has occurred, appropriate discipline and/or corrective action, including suspension, termination or exclusion from SI-PPS and/or the DSRIP program may be imposed. The SI- PPS Compliance Officer will report all such matters to the Governing Body and the Compliance Committee, which will be responsible for recommending appropriate action.
11. The imposition of disciplinary or corrective action shall be based on the misconduct, condoning of unlawful actions by others, retaliation against those who report suspected wrongdoing, or other violations of the Compliance Program. Disciplinary or corrective action may result for instances where individuals:
- Fail to report suspected problems or violations, including instances where PPS Associates shall have known about a policy violation;
 - Participate in non-compliant behavior;
 - Encourage, direct, facilitate, or permit, either actively or passively, non-compliant, unlawful, and/or unethical behavior in connection with SI-PPS' operations and/or the DSRIP program;
 - Fail to perform any obligation or duty relating to compliance with the Compliance Program or applicable laws or regulations;



- Fail as supervisors, managers, executives, and/or governing body members to correct foreseeable compliance violations of subordinates;
 - Refuse to cooperate with an investigation conducted by SI-PPS;
 - Intimidate or retaliate against an individual that reported a compliance violation or participated in a compliance investigation;
 - Intentionally make false compliance reports or report in bad faith;
 - Violate the Compliance Program; or
 - Violate the SI-PPS' HIPAA Compliance program and policies and procedures.
12. Every violation will be considered on a case-by-case basis to determine the appropriate sanction. Disciplinary or corrective actions for violations shall be fairly and firmly enforced and will be administered in an appropriate and consistent manner. Disciplinary and/or corrective action may include, without limitation, one or more of the following:
- Verbal counseling;
 - Issuing an oral or written warning;
 - Entering into and monitoring a corrective action plan. The corrective action plan may include requirements for individual or group remedial education and training, consultation, proctoring and/or concurrent review;
 - Probation for a specified period;
 - Suspension for a specified period;
 - Modification of assigned duties; or
 - Immediate exclusion from SI-PPS, the DSRIP program and/or immediate termination.
13. If the results of the follow-up audit reflect that a PPS Associate is still not in compliance with the Compliance Program or applicable rules, regulations, or laws, then, in accordance with the procedures above, SI-PPS may require participation in additional remedial training and education sessions and/or additional audits, as necessary. Further, non-compliance after an audit will result in additional discipline or corrective action being imposed.



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Policy #10
Adopted: October, 2015
Implemented: October, 2015
Revised: August 2015

Staten Island Performing Provider System, LLC
Policy #10
Responding to a Search Warrant or Governmental Subpoena

GENERAL STATEMENT OF PURPOSE

It is the policy of SI-PPS to cooperate with government officials who may conduct investigations of SI-PPS, except to the extent prohibited by law.

Policy:

SI-PPS wishes to cooperate with these officials, in an orderly manner and in a way that does not violate any privileged or confidential relationship.

Procedure:

1. If a PPS Associate receives a subpoena, civil investigative demand, summons or letter request for information or documents related to the DSRIP program and/or the New York State Medicaid program, the SI-PPS Compliance Officer must be contacted immediately, by calling 718-226-4572.
2. If any representative or law enforcement agency contacts a PPS Associate regarding anything related to SI-PPS and/or the DSRIP program, the SI-PPS Compliance Officer must be contacted immediately.
3. In no event may PPS Associates respond to a request to disclose documents that are the property of SI-PPS without first speaking with the SI-PPS Compliance Officer.
4. If a response is given to a request for information from government regulatory agencies, the response must be accurate and complete. It is SI-PPS' policy to comply with the law and to cooperate with reasonable demands made during the course of a legitimate governmental investigation or inquiry.
5. PPS Associates must preserve documents and not destroy or alter documents that are the subject of a government investigation. Such action will result in immediate termination and/or exclusion as well as possible criminal prosecution. PPS Associates will take affirmative steps, if necessary, to ensure the preservation of documents that are the subject of any government inquiry.
6. SI-PPS shall not prohibit individuals from speaking with government agents, but such individuals are under no legal obligation to answer questions asked by the government agents, and may choose to refrain from communicating with the agents unless required by law to



do so. PPS Associates are entitled to representation by their own counsel if they desire. If a PPS Associate chooses to speak with the agents, he or she shall be careful that statements made to the agents are objective and accurate, not conjecture.



Staten Island Performing Provider System, LLC
Policy #11
Identification and Return of Medicaid Overpayments

GENERAL STATEMENT OF PURPOSE

It is the policy of SI-PPS to ensure timely and accurate reporting of overpayments it receives from Medicare, Medicaid, and other governmental or private payers in accordance with applicable law.

Policy:

The proper allocation of funds plays a critical role in maintaining SI-PPS' integrity in the DSRIP program. As such, SI-PPS is committed to ensuring that all DSRIP payments are received, distributed and retained in accordance with applicable laws, rules and regulations.

Failing to report or return overpaid funds within the required timeframe may result in liability under the False Claims Act and civil monetary penalties up to and including exclusion from participation in federal health care programs. The False Claims Act (FCA) makes it a violation when one "knowingly and improperly avoids or decreases an obligation" to pay money to the United States. An "obligation" is defined as "an established duty, whether or not fixed, arising from the retention of any overpayment." 31 U.S.C. §3729(b)(3).

As of March 23, 2010, the Patient Protection and Affordable Care Act (PPACA), establishes an obligation under the FCA to report and return identified Medicare or Medicaid overpayments within sixty (60) days after the date on which the overpayment was identified or the date any corresponding cost report is due, whichever is later. Overpayments under PPACA are defined as any funds that a person receives or retains under Medicare or Medicaid to which the person, after applicable reconciliation, is not entitled. Treble damages and monetary penalties can be imposed under the FCA for the knowledge of and improper failure to return any overpayment.

Procedures:

1. Overpayments found during routine monitoring shall be considered identified overpayments for purposes of this policy on the date verified as an overpayment.
2. Overpayments found during internal audits and investigations shall be considered identified overpayments for purposes of this policy on the date of the final report.
3. Unless otherwise stated in writing by the payer, overpayments identified by the payer shall be refunded within sixty (60) days from the receipt of written notice of such overpayment. However, if the payer's findings of overpayment are appealed, SI-PPS shall comply with the payer's appeal process, which may or may not require a refund during the appeal period.



4. Before any disclosure is made, the SI-PPS Compliance Officer or designee will investigate all relevant facts and circumstances surrounding an overpayment, including:
 - The reason for the overpayment;
 - The extent and scope of the billing error(s);
 - Compliance with applicable federal and State laws and regulations;
 - The appropriateness of the corrective actions taken;
 - Disciplinary action, if applicable;
 - Other corrective measures, if any; and
 - Future monitoring processes to prevent recurrence of the overpayment.
5. The manner in which an overpayment is returned to the Medicare or Medicaid programs will vary from case to case, as will the level of voluntary disclosure regarding the causes of the overpayments. Depending on the situation, overpayments may be returned:
 - Electronically to the appropriate fiscal intermediary;
 - Directly to the appropriate fiscal intermediary, and
 - Through the self-disclosure protocol established by OMIG for Medicaid overpayments.



Policy #12
Adopted: October, 2015
Implemented: October, 2015
Revised: August 2015

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Policy # 12

Discipline and Corrective Action

GENERAL STATEMENT OF PURPOSE

SI- PPS is committed to achieving the highest standards of ethics and compliance with applicable laws, rules and regulations as related to the DSRIP program. SI-PPS expects all PPS Associates to adhere to its Code of Conduct.

Policy:

If violations occur related to the Compliance Program, Code of Conduct and the accompanying policies and procedures, disciplinary action shall result as described herein.

Procedure:

1. If the SI-PPS Compliance Officer concludes that a violation of the Code of Conduct and/or the Compliance Program has occurred, appropriate discipline and/or corrective action, including suspension, termination or exclusion from SI-PPS and/or the DSRIP program may be imposed. The SI PPS Compliance Officer will report all such matters to the Governing Body and the Compliance Committee, which will be responsible for recommending appropriate action.
2. The imposition of disciplinary or corrective action shall be based on the individual or entity's misconduct, condoning of unlawful actions by others, retaliation against those who report suspected wrongdoing, or other violations of the Code of Conduct and the Compliance Program. Disciplinary or corrective action may result from instances where a PPS Associate:
 - Fails to report suspected problems or violations, and should have known of a policy violation;
 - Participates in non-compliant behavior;
 - Encourages, directs, facilitates, or permits, either actively or passively, non-compliant, unlawful, and/or unethical behavior in connection with SI-PPS' operations and/or the DSRIP Program;
 - Fails to perform any obligation or duty relating to compliance with the Code of Conduct and the Compliance Program or applicable laws or regulations;



- Fails as supervisors, managers, executives, and/or governing body members to correct foreseeable compliance violations of subordinates;
 - Refuses to cooperate with an investigation conducted by SI-PPS;
 - Refuses to assist in the resolution of compliance issues;
 - Intimidates or retaliates against an individual that reported a compliance violation or participated in a compliance investigation;
 - Intentionally makes false compliance reports in bad faith; or
 - Violates the Compliance program and/or the SI-PPS' HIPAA program and policies and procedures.
3. Every violation will be considered on a case-by-case basis to determine the appropriate sanction. Disciplinary or corrective actions for violations shall be fairly and firmly enforced and will be administered in an appropriate and consistent manner. Disciplinary and/or corrective action may include, without limitation, one or more of the following:
- Verbal counseling;
 - Issuing an oral or written warning;
 - Entering into and monitoring a corrective action plan. The corrective action plan may include requirements for individual or group remedial education and training, consultation, proctoring and/or concurrent review;
 - Probation for a specified period;
 - Suspension for a specified period;
 - Modification of assigned duties; or
 - Immediate exclusion from SI PPS, the DSRIP program and/or immediate termination of employment or contractual relationship with SI-PPS.



Staten Island Performing Provider System, LLC
Policy #13
Non-Intimidation and Non-Retaliation

GENERAL STATEMENT OF PURPOSE

To establish a policy for Staten Island Performing Provider System, LLC (“SI-PPS”) that prohibits intimidation of and/or retaliation against anyone who participates in good faith in SI-PPS’ Compliance Program.

Policy:

It is the policy of SI-PS to prohibit intimidation of and/or retaliation against any individual who participates in good faith in SI PPS’ Compliance Program. Good faith participation in the Compliance Program includes, but is not limited to, reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in sections seven hundred forty (740) and seven hundred forty-one (741) of the New York Labor Law.

Procedure:

1. Any individual who believes that he or she has been subject to intimidation and/or retaliation for good faith participation in SI-PPS’ Compliance Program must immediately report such intimidation and/or retaliation to the SI-PPS Compliance Officer, either in person, via the HelpLine at 855-233-3138, visiting statenislandperformingprovidersystem.ethicspoint.com or by calling the Compliance Office at 718-226-4572.
2. All reports of intimidation and/or retaliation relating to good faith participation in SI-PPS’ Compliance Program will be investigated by the SI-PPS Compliance Officer or his/her designee. Upon conclusion of the investigation, the SI-PPS Compliance Officer will make a report and recommendation for discipline, where appropriate, to the Governing Body or designated Board Committee. The SI-PPS Compliance Officer and the Governing Body/designated Committee may confer and agree upon the discipline to be imposed.
3. The possible sanctions that may be imposed on any individual who is found to have intimidated and/or retaliated against another individual include, but are not limited to, termination of employment, termination of contractual relationship, and exclusion from SI-PPS and/or the DSRIP program.



Staten Island Performing Provider System LLC

Adopted: October, 2015
Implemented: October, 2015
Revised: August 2015

Policy # 14

Detecting and Preventing Fraud, Waste and Abuse and Misconduct

GENERAL STATEMENT OF PURPOSE

It is the obligation of SI-PPS to prevent and detect any actions within the organization that are illegal, violate of federal and state health care programs, fraudulent or in violation of any applicable SI-PPS policy.

To this end, SI-PPS maintains a vigorous Compliance program and strives to educate PPS Associates regarding SI-PPS policies, the requirements, rights, and remedies of federal and state laws governing the submission of false claims, including the rights of PPS Associates to be protected as whistleblowers under such laws and the importance of submitting accurate claims and reports to federal and state government.

Policy:

SI-PPS prohibits the violation of federal and state law, applicable SI-PPS policy and knowingly submitting a false claim for payment in relation to a federal or state-funded health care program. Such submission violates the federal False Claims Act, as well as various state laws, and may result in significant civil and/or criminal penalties. Any individual who in good faith reports any action or suspected action taken by or within the organization in violation of these laws or that is otherwise illegal, fraudulent or in violation of any applicable policy of SI-PPS shall not suffer intimidation, harassment, discrimination or other retaliation or, adverse consequences related to employment or contractual relationship with SI-PPS.

Procedures:

A. SI-PPS Fraud and Abuse Detection, Prevention and Protection

To assist SI-PPS in meeting its legal and ethical obligations, SI-PPS expects and encourages any PPS Associate who is aware of or reasonably suspects the preparation or submission of a false claim or report or any other potential fraud, waste, or abuse related to a federal or state-funded health care program, to report such information to his/her supervisor, the Compliance Officer or call the confidential Compliance Help-Line at (855-233-3138)



which is available 24 hours a day, 7 days a week or by visiting statenislalndperformingprovidersystem.ethicspoint.com where individuals can make reports about compliance issues online. Where appropriate, the SI-PPS Compliance Officer will report the issue to the Governing Body or designated Committee.

Any individual who reports such information will have the right and opportunity to do so anonymously and will be protected against intimidation, harassment, discrimination or other retaliation or, in the case of an employee, adverse employment consequences. SI-PPS will immediately investigate and take appropriate action with respect to all suspected acts of retaliation or intimidation. Reports will be kept confidential to the extent permitted by law.

SI-PPS obligates itself to swiftly and thoroughly investigate any reasonable, credible report of fraud, waste, abuse or misconduct or any reasonable suspicion thereof through SI-PPS' Compliance Program.

SI-PPS has the right to take appropriate action against a PPS Associate who has participated in a violation of law or SI-PPS policy. The failure to comply with the laws and/or to report suspected violations of state or federal law can have very serious consequences for SI-PPS and for any affiliated individual who fails to comply or report. As a PPS Associate, you have an obligation to report concerns using the internal methods listed above and to understand the options available should your concerns not be resolved.

SI-PPS ensures that PPS Associates are educated on the importance of this policy on a periodic basis through written or oral communications and by distributing a copy of this policy via SI-PPS' public website.

B. State and Federal Fraud and Abuse Detection, Prevention and Employee Protection

I. FEDERAL LAWS

False Claims Act (31 U.S.C. §§ 3729-3733)

The False Claims Act ("FCA") provides, in pertinent part, that:

Any person who (1) knowingly presents, or causes to be presented to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval; (2) knowingly makes, uses or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government; (3) conspires to defraud the Government by getting a false or fraudulent claim paid or approved by the Government; or (4) knowingly makes, uses or causes to be made or used, a false record or statement to



conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$11,000, plus 3 times the amount of damages which the Government sustains because of the act of that person...

- (a) For purposes of this section, the terms “knowing” and “knowingly” mean that a person, with respect to information (1) has actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

While the FCA imposes liability only when the claimant acts “knowingly,” it does not require that the person submitting the claim have actual knowledge that the claim is false. A person who acts in reckless disregard or in deliberate ignorance of the truth or falsity of the information also can be found liable under the Act.

In sum, the FCA imposes liability on any person who submits a claim to the federal government that he or she knows is false. An example may be a physician who submits a bill to Medicare for medical services she knows she has not provided. The FCA also imposes liability on an individual who may knowingly submit a false record in order to obtain payment from the government. An example of this may include a government contractor who submits records that he knows are false and that indicate compliance with certain contractual or regulatory requirements.

The third area of liability includes those instances in which someone may obtain money from the federal government to which he may not be entitled and then uses the false statements or records in order to retain the money. An example of this so-called “reverse false claim” may include a hospital that obtains interim payments from Medicare throughout the year and then knowingly files a false cost report at the end of the year in order to avoid making a refund to the Medicare program.

In addition to its substantive provisions, the FCA provides that private parties may bring an action on behalf of the United States, 31 U.S.C. § 3730 (b). These private parties, known as “qui tam relators,” may share in a percentage of the proceeds from an FCA action or settlement.

Section 3730(d)(1) of the FCA provides, with some exceptions, that a qui tam relator, when the Government has intervened in the lawsuit, shall receive at least 15 percent but not more than 25 percent of the proceeds of the FCA action depending upon the extent to which the relator substantially contributed to the prosecution of the action. When the Government does not intervene, section 3730(d)(2) provides that the



relator shall receive an amount that the court decides is reasonable and shall not be less than 25 percent and not more than 30 percent.

Federal Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812)

Under the Federal Program Fraud Civil Remedies Act, any person who makes, presents, or submits (or causes to be made, presented, or submitted) a claim that the person knows, or has reason to know (i) is false, fictitious, or fraudulent; (ii) includes or is supported by any written statement which asserts a material fact which is false, fictitious, or fraudulent, or omits material facts (which the person has a duty to include) and the statement is false, fictitious, or fraudulent as a result of such omission; or (iii) is for payment for the provision of property or services which the person has not provided as claimed may be subject to, in addition to any other remedy, a civil penalty of not more than \$8500 for each claim or statement. The violator may also be subject to an assessment of two (2) times the amount of such claim.

An additional penalty of up to \$8500 may be imposed on any person who makes, presents, or submits (or causes to be made, presented, or submitted) a written statement that (i) the person knows, or has reason to know (a) asserts a material fact which is false, fictitious, or fraudulent, or (b) omits a material fact (which the person has a duty to include) and the statement is false, fictitious, or fraudulent as a result of such omission; and (ii) contains or is accompanied by an express certification or affirmation of the truthfulness and accuracy of the contents of the statement.

Civil Monetary Penalties Law (42 U.S.C. §1320-7a)

The Civil Monetary Penalties law authorizes the imposition of substantial civil money penalties against any person, including an organization, agency, or other entity, that engages in activities including, but not limited to: (i) knowingly presenting or causing to be presented, a claim for services not provided as claimed or which is otherwise false or fraudulent in any way; (ii) knowingly giving or causing to be given false or misleading information reasonably expected to influence the decision to discharge a patient; (iii) offering or giving remuneration to any beneficiary of a federal health care program likely to influence the receipt of reimbursable items or services; (iv) arranging for reimbursable services with an entity which is excluded from participation from a federal health care program; (v) knowingly or willfully soliciting or receiving remuneration for a referral of a federal health care program beneficiary; or (vi) using a payment intended for a federal health care program beneficiary for another use. Penalties depend on specific conduct involved, and the Office of the Inspector General may seek different amounts and assessments based on the type of violation at issue.

II. NEW YORK STATE LAWS

New York False Claims Act (State Finance Law, §§ 187-194)

The New York False Claims Act closely tracks the Federal FCA. It imposes penalties and fines on individuals and entities that file false or fraudulent claims for payment from any state or local government, including health care programs such as Medicaid. The penalty for filing a false claim is \$6,000-\$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may have to pay the government's legal fees.

The Act allows private individuals to file lawsuits in state court, just as if they were state or local government parties. If the suit eventually concludes with payments back to the government, the person who started the case can recover 25-30% of the proceeds if the government did not participate in the suit or 15-25% if the government did participate in the suit.

Social Services Law § 145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment or other fraudulent scheme or device. The State or the local Social Services district may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within 5 years, a penalty of up to \$7,500 per violation may be imposed for more serious violations of Medicaid rules, billing for services not rendered or providing excessive services.

Social Services Law § 145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, and is found to have intentionally made a false or misleading statement for the purpose of establishing or maintaining the eligibility of the individual or of the individual's family for aid or of increasing (or preventing a reduction in) the amount of such aid, then the needs of such individual shall not be taken into account in determining his or her need or that of his or her family (i) for a period of six months upon the first occasion of any such offense, (ii) for a period of twelve months upon the second occasion of any such offense or upon an offense which resulted in the wrongful receipt of benefits in an amount of between at least one thousand dollars and no more than three thousand nine hundred dollars, (iii) for a period of eighteen months upon the third occasion of any such



offense or upon an offense which results in the wrongful receipt of benefits in an amount in excess of three thousand nine hundred dollars, and (iv) five years for any subsequent occasion of any such offense.

CRIMINAL LAWS

False Statements Relating to Health Care Matters (18 U.S.C. § 1035)

Any person, in any manner involving a health care benefit program, who knowingly and willfully (i) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (ii) makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items, or services, shall be fined or imprisoned not more than 5 years, or both.

Health Care Fraud (18 U.S.C. § 1347)

Any person who knowingly and willfully executes, or attempts to execute, a scheme or artifice (i) to defraud any health care benefit program; or (ii) to obtain by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health benefit program, in connection with the delivery of or payment for health care benefits, items, or services, shall be fined or imprisoned not more than 20 years, or both; and if the violation results in death, such person shall be fined, or imprisoned for any term of years or for life, or both.

Social Services Law § 145 Penalties

Any person, who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

Social Services Law § 366-b Penalties for Fraudulent Practices

a. Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation or other fraudulent means is guilty of a Class A misdemeanor.

b. Any person who, with intent to defraud, presents for payment a false or fraudulent claim for furnishing services, knowingly submits false information to obtain greater Medicaid compensation or knowingly submits false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor.



Penal Law Article 155 Larceny

The crime of larceny applies to a person who, with intent to deprive another of his property, obtains, takes or withholds the property by means of trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This crime has been applied to Medicaid fraud cases.

- a. Fourth degree grand larceny involves property valued over \$1,000. It is a Class E felony.
- b. Third degree grand larceny involves property valued over \$3,000. It is a Class D felony.
- c. Second degree grand larceny involves property valued over \$50,000. It is a Class C felony.
- d. First degree grand larceny involves property valued over \$1 million. It is a Class B felony.

Penal Law Article 175 False Written Statements

Four crimes in this Article relate to filing false information or claims and have been applied in Medicaid fraud prosecutions:

- a. § 175.05, Falsifying business records, involves entering false information, omitting material information or altering an enterprise's business records with the intent to defraud. It is a Class A misdemeanor.
- b. § 175.10, Falsifying business records in the first degree, includes the elements of the § 175.05 offense and includes the intent to commit another crime or conceal its commission. It is a Class E felony.
- c. § 175.30, Offering a false instrument for filing in the second degree, involves presenting a written instrument (including a claim for payment) to a public office knowing that it contains false information. It is a Class A misdemeanor.
- d. § 175.35, Offering a false instrument for filing in the first degree includes the elements of the second degree offense and must include an intent to defraud the state or a political subdivision. It is a Class E felony.

Penal Law Article 176 Insurance Fraud

This statute applies to claims for insurance payment, including Medicaid or other health insurance, and contains six crimes.

- a. Insurance fraud in the fifth degree involves intentionally filing a health insurance claim knowing that it is false. It is a Class A misdemeanor.



- b. Insurance fraud in the fourth degree is filing a false insurance claim for over \$1,000. It is a Class E felony.
- c. Insurance fraud in the third degree is filing a false insurance claim for over \$3,000. It is a Class D felony.
- d. Insurance fraud in the second degree is filing a false insurance claim for over \$50,000. It is a Class C felony.
- e. Insurance fraud in the first degree is filing a false insurance claim for over \$1 million. It is a Class B felony.
- f. Aggravated insurance fraud is committing insurance fraud more than once. It is a Class D felony.

Penal Law Article 177 Health Care Fraud

This statute applies to claims for health insurance payment, including Medicaid, and contains five crimes.

- a. Health care fraud in the fifth degree is knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions. It is a Class A misdemeanor.
- b. Health care fraud in the fourth degree is filing false claims and annually receiving over \$3,000 in aggregate. It is a Class E felony.
- c. Health care fraud in the third degree is filing false claims and annually receiving over \$10,000 in aggregate. It is a Class D felony.
- d. Health care fraud in the second degree is filing false claims and annually receiving over \$50,000 in aggregate. It is a Class C felony.
- e. Health care fraud in the first degree is filing false claims and annually receiving over \$1 million in the aggregate. It is a Class B felony.

III. WHISTLEBLOWER PROTECTION

Federal False Claims Act (31 U.S.C. § 3730(h))

The FCA provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the FCA. Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages



sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

New York False Claims Act (State Finance Law § 191)

The New York False Claims Act also provides protection to qui tam relators who are discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of their employment as a result of their furtherance of an action under the Act. Remedies include reinstatement with comparable seniority as the qui tam relator would have had but for the discrimination, two times the amount of any back pay, interest on any back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

New York Labor Law § 740

An employer may not take any retaliatory action against an employee if the employee discloses information about the employer's policies, practices or activities to a regulatory, law enforcement or similar agency or public official. Protected disclosures are those that assert that the employer's policy, practice or activity violates the law and creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under Penal Law § 177 (knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions).

The employee's disclosure is protected only if (a) the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, and (b) the policy, practice or activity actually violates the law. If an employer takes a retaliatory action against the employee, the employee may sue for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

New York Labor Law § 741

A health care employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices or activities to a regulatory, law enforcement or other similar agency or public official.



Protected disclosures are those that are asserted by employees in good faith and with the reasonable belief that the policy, practice or activity constitutes improper quality of patient care.

The employee's disclosure is protected only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. If an employer takes a retaliatory action against the employee, the employee may sue for reinstatement to the same or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a health provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.



Adopted: October, 2015
Implemented: October, 2015
Revised: August 2015

Staten Island Performing Provider System LLC

Policy # 15

Compliance Program

GENERAL STATEMENT OF PURPOSE

To establish the elements of the SI-PPS Compliance Program and describe the procedures for its implementation and operation.

Policy:

It is the policy of SI-PPS to have an effective Compliance Program, including but not limited to, the eight elements described in Title 18, Part 521 of NYCRR. This policy applies to all PPS Associates.

Procedure:

1. The Compliance Program demonstrates SI-PPS' commitment to honest and responsible corporate conduct; increases the likelihood of preventing, identifying, and correcting unlawful and unethical behavior at an early stage; encourages all PPS Associates to report potential problems to allow for appropriate internal inquiry and corrective action; and through early detection and reporting, minimizes any financial loss to the government and taxpayers, as well as any corresponding financial loss to SI-PPS.
2. The Compliance Program is applicable to all aspects of SI-PPS, including but not limited to billings, payments, medical necessity and quality care, governance, mandatory reporting, and other risk areas that are or should with due diligence be identified by SI-PPS.
3. SI-PPS' Code of Conduct ("Code") is the foundation of the Compliance Program. It provides principles and other guidance by which all PPS Associates should conduct their work. The Code is reviewed periodically to ensure its accuracy and is to be republished, as necessary. A copy of the Code is provided to all PPS Associates upon



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the commencement of his/her employment and/or contractual relationship with SI-PPS, or affiliation with SI-PPS. It is also available on SI-PPS' webpage. Copies of the Code are available from the SI-PPS Compliance Officer/designee.

4. The Compliance Program is led by the SI-PPS Compliance Officer, who reports to the Chief Executive Officer for SI-PPS, the Compliance Committee, the Governing Body, and legal counsel (as necessary) on a regular basis. This helps ensure management and the Governing Body are fully informed on compliance issues and to ensure transparency in the Compliance Program exists at all times.
5. The Governing Body, or designated Board committee, provides direction, oversight and guidance to the Compliance Program and is responsible for monitoring the Compliance Program and for ensuring that corrective actions are taken whenever deficiencies are identified in the Compliance Program.
6. The SI-PPS Compliance Officer carries out the day-to-day implementation of the Compliance Program.
7. The SI-PPS Compliance Officer is responsible for resolving compliance-related issues. The Governing Body or designated Board committee, reviews, assigns and resolves compliance-related investigative matters via the Compliance HelpLine and other sources.
8. The Compliance Officer conducts risk assessments, on at least an annual basis, by reviewing the operations of SI-PPS, internal and external audits of SI-PPS, other self-evaluations, industry developments, the work plans of the OIG and OMIG, guidance issued by government agencies, and other relevant sources. The risk assessments are used as the basis for the development of the Compliance Program's Work Plan.
9. All compliance-related problems identified as a result of reports of such problems from any source or identified in the course of self-evaluations or audits shall be corrected promptly and thoroughly. Such corrective actions shall include, but not be limited to, implementation of policies and/or systems as necessary to reduce the potential for recurrence, training and education, additional audits or other monitoring, reporting the problem to the appropriate government agency and refunding overpayments.
10. The SI-PPS Compliance Officer and Compliance Committee are responsible for the creation, review, revision of written policies and procedures that describe compliance expectations as embodied in the Code, implement the operation of the Compliance Program, provide guidance to PPS Associates on dealing with potential compliance issues, identify how to communicate compliance issues to appropriate compliance personnel and describe how potential compliance problems are investigated and resolved.



11. The SI-PPS Compliance Officer provides the annual compliance training program and other compliance-related training and education programs as required to all PPS Associates. The training provides information about compliance issues, expectations and the operation of the Compliance Program. This training is also a part of the orientation provided by SI-PPS for all PPS Associates.
12. The Compliance Program also maintains a Compliance Help Line, which is one means by which all PPS Associates may make reports of potential compliance issues. Reports to the Help Line may be made anonymously either by phone or online to protect the anonymity of the complainants and to protect whistleblowers from retaliation. The Help Line is available 24 hours a day, 7 days a week at 855-233-3138 or online at statenislandperformingprovidersystem.ethicspoint.com. Reports of compliance issues related to the operations of SI-PPS and/or DSRIP program also may be made directly to the SI-PPS Compliance Officer or his/her designee in person, in writing or by telephone. All reports received by the SI-PPS Compliance Officer are investigated and resolved to the fullest extent possible.
13. All PPS Associates are encouraged to participate in good faith in the Compliance Program. All such individuals are expected to report compliance issues and assist in their resolution. SI-PPS disciplinary policy outlines the possible sanctions for; failing to report suspected problems; participating in non-compliant behavior; and encouraging, directing, facilitating or permitting either actively or passively non-compliant behavior. The discipline policy is fairly and firmly enforced across SI-PPS.
14. SI-PPS has a process and policy to ensure all applicable individuals and entities are screened initially and then monthly against the applicable exclusion lists.
15. No one may be intimidated and/or retaliated against for good faith participation in the Compliance Program. "Good faith participation" includes but is not limited to; reporting potential issues, investigating issues, self evaluations, audits and remedial actions, and reporting to appropriate officials as provided in section seven hundred forty (740) and seven hundred forty-one (741) of the New York State Labor Law.



Policy # 16

Adopted: October, 2015
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Staten Island Performing Provider System LLC

Policy # 16

ANTITRUST POLICY

GENERAL STATEMENT OF PURPOSE

The Staten Island PPS, (the “PPS”) has been established for purposes of participating in the New York State Delivery System Reform Incentive Payment Program (the “**DSRIP Program**”) and achieving the precompetitive DSRIP goals of facilitating the clinical integration of health care providers with the goal of controlling medical expenses and improving the quality of services. The purpose of this policy is to ensure that the participation of individuals and organizations in the PPS exclusively serves this procompetitive purpose and does not become a framework for anticompetitive behavior that violates state and federal antitrust laws.

Scope of Policy:

This policy is applicable to all PPS participating providers and any other entities providing services to the PPS (collectively, “PPS Organizations”). The policy also applies to directors, officers, employees and agents of PPS Organizations (collectively “PPS Representatives”).

Procedure:

Restrictions on PPS Activities

The PPS will take reasonable steps to minimize the risk that PPS activities result in anticompetitive behavior. These steps will include, but not be limited to, the following:

- Limiting the agendas of PPS board, committee and other meetings to matters integral to the mission of the PPS. The chairs of PPS bodies are expected to consult with the PPS Compliance Officer or Legal Counsel if they have any questions or concerns as to whether particular agenda items are appropriate subjects for discussion by the PPS.



- Restricting the distribution of data and information among PPS Organization to the minimum necessary for carrying out the PPS's mission. If data or information that potentially could be used for anticompetitive purposes must be analyzed to carry out a PPS activity, the PPS will engage a third party to perform the analysis and generate aggregated results.
- The PPS will not impose any restraints on the activities of PPS Organizations outside the scope of the PPS's activities, except as deemed necessary to advance the PPS's mission and with the approval of the PPS's Legal Counsel.

Prohibition on Ancillary Collusion

PPS Representatives may serve on the governing body or committees of the PPS and may be otherwise involved in the oversight or management of PPS functions. In this capacity, PPS Representatives may gain access to non-public information in order to carry out their duties to the PPS. PPS Representatives may also engage in business discussions with one another as necessary to coordinate PPS activities. At the same time, PPS Organizations may compete with one another in the marketplace outside the PPS. Accordingly, special caution must be exercised to ensure that PPS Representatives use their position in the PPS solely for purposes consistent with the PPS's mission and do not engage in ancillary anticompetitive activity.

PPS Representatives may not use PPS meetings or other opportunities provided through PPS governance or management activities to collude or improperly coordinate with one other regarding the competitive activities of the PPS Organizations with which they are affiliated. Examples of improper collusion, include, but are not limited to:

- Sharing information about the prices sought from or paid by health plans or other third-party payers for health care services provided by different PPS Organizations.
- Sharing information about other contract terms offered by third-party payers to PPS Organizations, such as utilization review, claims processing and auditing provisions.
- Sharing information about business plans, pricing plans, payor contracting strategies, market strategies, or other similar initiatives of PPS Organizations.
- Agreeing to any type of collective action by PPS Organizations that is unrelated to the activities of the PPS, such as establishing prices or pricing methodologies, boycotting or threatening to boycott a particular health plan or provider organization, setting minimum standards of participation in third party coverage arrangements or dividing up markets for particular services.

Prohibition on Most Favored Nation Provisions

The PPS may not require PPS Organizations to agree to a most favored nation provision that prohibits the PPS Organization from accepting rates of payment from other performing



provider systems or third party payers that are higher than the rates paid for such services by the PPS or any of its affiliates.

Training

As part of the training provided under the PPS Compliance Program, all PPS Representatives shall receive training regarding the terms of this policy. Training shall be conducted within 30 days of the commencement of a PPS Representative's activities on behalf of the PPS or 30 days of the adoption of this policy, whichever is later. Training shall be performed by the PPS Organization with which the PPS Representative is affiliated. The PPS Organization shall maintain records of such training, which shall be provided to the PPS Compliance Officer upon request.

Reporting:

All PPS Representatives are expected to report actual or suspected violations of this policy to the PPS Compliance Officer or the Compliance Officer of their PPS Organization. No PPS Representative may be retaliated against for making such a report in good faith.

Interpretation of Policy

The PPS Compliance Officer, in consultation with the PPS's Legal Counsel, is responsible for the interpretation of this policy. PPS Representatives are encouraged to consult with the Compliance Officer of their PPS Organization or the Compliance Officer of the PPS if they have any questions as to whether actual or proposed activities are prohibited by this policy.

This policy is not intended to be comprehensive. PPS Representatives are encouraged to consult with counsel for their respective PPS Organizations regarding any matters outside the scope of this policy that may implicate the antitrust laws.

Enforcement

PPS Representatives who do not comply with this policy will be subject to disciplinary action by the PPS. Depending on the facts and circumstances of each case, the PPS may suspend or terminate the right of PPS Representatives or PPS Organizations to participate in some or all PPS activities for a failure to comply with this policy.