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| Subject:                       | Creation and Responsibilities of the Compliance Committee   |
| Endorsed By:                   | Compliance Committee  |
| Approved By:                   | Compliance Committee, Board of Managers   |
| DSRIP Implementation Deadline: | April 2015  |
| Effective Date:                | October 2015  |
| Supersedes:                    | April 2015  |
| Purpose:                       | <p>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 Board of Managers.</p>  |
| Policy:                        | <p>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.</p>  |
| Procedure:                     | <p>1. The members of the Compliance Committee may be the individuals holding the following positions:</p> <ul style="list-style-type: none"> <li>• SI-PPS Compliance Officer</li> <li>• Chief Executive Officer</li> <li>• Chief Medical Officer</li> <li>• Chief Financial Officer</li> <li>• HIPAA Security Officer</li> <li>• HIPAA Privacy Officer</li> </ul> |

- Project Management
- Senior Director Information Technology
- Sr. Director Workforce/HR
- Compliance Liaisons/contacts 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 Department of Health ("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 Board of Managers 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 Office of the Medicaid Inspector General (“OMIG”), Office of the Inspector General (“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 Board of Managers 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. Assisting 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, procedures, and applicable laws, subject only to the override authority of the Governing Body.

Scope:

SI-PPS, SI-PPS Associates (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).

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|                       | Participating Providers shall mean health care providers organizations, community-based social service organizations, and other organizations that have partnered with SI-PPS and serve Medicaid beneficiaries and uninsured individuals on Staten Island. |
| Project(s):           |  |
| Regulatory Alignment: | New York Social Services Law §363-d subd. 2 and 18 NYCRR §521.3(c),  |
| Reference(s):         |  |
| Attachment(s):        | none   |

Reviewed by: Regina Bergren – April 2016

Approved by Compliance Committee- August 2016

| Partner Organization | Responsible Staff Name & Title | Date Reviewed | Signature |
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