

CLIFTON-FINE HOSPITAL

POLICY TITLE: Corporate Compliance Program

DEPARTMENT OWNERSHIP: Compliance

LAST REVISION DATE: 2/28/2023

APPROVALS TRACKED ELECTRONICALLY IN MCN POLICY MANAGER

DEPARTMENTAL
 MULTI-DEPARTMENTAL
 ORGANIZATIONAL

POLICY:

The Board of Directors of Clifton-Fine Hospital (CFH) authorized the creation of a Corporate Compliance Program by resolution dated March 1, 2001. The purpose of this program is to ensure compliance with all laws and regulations applicable to the Hospital, and to promote and support the highest standards of conduct, legally and ethically, on the part of the Hospital and its personnel.

The foundation of the Compliance Program is the New York State and Federal False Claims Acts. Therefore, CFH works in accordance with these and all other applicable laws and regulations to assure we are fiscally responsible for funds given us. This program fulfills the requirements of the Federal Deficit Reduction Act of 2005. The Compliance Program and corresponding policies meet the criteria established by the NYS Office of Medicaid Inspector General (OMIG) and the Federal Office of Inspector General (OIG).

CFH will comply with the required elements as set forth by the NYS Office of Medicaid Inspector General (OMIG) in Part 521-1 of Title 18 NYCRR (Social Services); and the Federal Office of Inspector General (OIG) as indicated in Section 6401 of the Patient Protection and Affordable Care Act of 2010, which requires healthcare providers and suppliers to establish compliance programs.

Records of the Compliance Program will be retained for at least 6 years.

SCOPE: CFH Employees, Consultants and Board of Directors

PROCEDURE:

The Compliance Officer will assure compliance with the OMIG required elements.

1. WRITTEN POLICIES AND PROCEDURES AND STANDARDS (CODE) OF CONDUCT

CFH has established Compliance policies and procedures as required by OMIG part 521-1. All policies can be found on the hospital's MCN Policy Manager, accessible via every facility desktop. This is a web-based application and is accessible and available at <https://cliftonfine.ellucid.com/home>.

All Compliance policies are reviewed annually by the Quality/Compliance committee. All versions of policies are archived in MCN Policy Manager.

The Code of Conduct is included in written contracts/agreements and is also printed in the Employee Handbook.

2. DESIGNATION OF THE COMPLIANCE OFFICER AND COMPLIANCE COMMITTEE

The program provides for a "Designated Compliance Officer" (policy) who has responsibility for overall implementation and operation of the Compliance Program, including policies and procedures for compliance with all laws and regulations pertaining to the hospital by reason of its participation in Medicare and Medicaid.

The Compliance Officer is chairperson of the Compliance Committee (integrated with the Quality Committee). The role of the committee, as outlined in the "Quality and Compliance Committee Charter", is to advise and assist the Compliance Officer with the implementation of the Compliance Program. The Committee will meet no less than 4x per year.

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3. TRAINING AND EDUCATION

CFH has a formal "Compliance Training" Policy. The Compliance Officer shall be responsible for developing and implementing a systematic and ongoing Training Plan to educate affected employees and contractors regarding policies, procedures, agency standards and regulatory compliance.

4. COMMUNICATION LINES (MANDATORY REPORTING)

CFH has a formal "Reporting and Non-Retaliation Non-Intimidation" policy. Employees who are aware of or suspect acts of fraud, abuse, or violations of the standards of conduct have a duty to immediately notify the hospital of such activities.

Reporting can be made by calling the Corporate Compliance Line (315) 848-8010, reporting directly to the Compliance Officer, employee's manager and/or to the CEO. Reporting can also be accomplished via the "SafetyZone" Event reporting application.

5. DISCIPLINARY STANDARDS:

CFH has a formal "Enforcement of Compliance Standards" Policy. An employee who violates the Code of Conduct, or any law, regulation or policy, or encourages, supports or allows another in doing so, is subject to discipline, up to and including discharge.

6. AUDITING AND MONITORING

CFH has an "Internal Auditing and Monitoring" Policy. The Compliance Officer is responsible for developing a Compliance Work Plan, conducting risk assessments, establishing a review schedule, developing the documentation/data collection process and maintaining the results of reviews.

7. RESPONDING TO COMPLIANCE ISSUES

CFH has a formal "Compliance Investigations" Policy. If an area of non-compliance is found, it will be resolved promptly and thoroughly. Whenever noncompliance is identified, preventive and corrective action will be implemented.

MONITORING: The Compliance Officer assure compliance with this policy, and will report compliance activity and review results to the Compliance Committee and Board of Directors.

APPROVED BY: Policy will be reviewed and approved at least annually. Initial review, approval and revision details are documented below. Revision history will be updated below, however all future approval/review dates are electronically documented in MCN Policy Manager.

APPROVED BY:

| | |
|--------------------------|--------------------------------------------|
| Name: Board of Directors | Date: 3/1/2001, 2/1/2010, 12/17/2015 |
| Compliance Committee | Date: 3/2001, 2/2010, 1/20/2021, 3/27/2023 |

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Reviewed By:

| | |
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| Robert Seamon, CEO | Date: 12/9/2015 |
| Dierdra Sorrell, CEO | 1/4/2021, 3/27/2023 |

Revision History:

| Date | Description | Revised By |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 10/9/2015 | Name of Compliance Officer | Michelle Rusaw |
| 11/19/2015 | Reformatting to new template and listing required elements clearly | Michelle Rusaw |
| 12/1/2017 | Added 'Approved By' Statement | Michelle Rusaw |
| 2/1/2018 | Added Board of Directors to Scope and Trainings, updated Compliance Line Number, Added Non-Intimidation to section 1, 4 and 8 | Michelle Rusaw |
| 1/27/2020 | updated header and approval statement | Michelle Rusaw |
| 1/4/2021 | updated list of policies, procedure reduced to only the 8 elements, frequency of committee and board reports updated to align with OMIG Guidance for Hospitals. | Michelle Rusaw |
| 12/30/2022 | Bolded OMIG required policies in Element #1 | Michelle Rusaw |
| 2/28/2023 | Revised eight elements to 7 elements per new 521-1 regulations. Removed regulations as attachment. | Michelle Rusaw |

Federal and New York State Statutes

False Claims Act

The Federal and State False Claims Acts impose penalties and fines on individuals and entities that file false or fraudulent claims for payment from Medicare, Medicaid or other federal or state health programs. There are significant per claim penalties and recoverable damages for filing a false claim. The False Claims Act(s) also allow private individuals to file lawsuits in federal court, just as if they were federal prosecutors and potentially recover a portion of the payments back to the government. Also according to the False Claims Acts an employee who is discharged, demoted, suspended, threatened, harassed or in any manner discriminated against because of the employee's lawful acts under the False Claims Act is entitled to full compensation.

Administrative Remedies for False Claims

This statute allows for administrative recoveries by federal agencies. If a person submits a claim that the person knows is false or contains false information, or omits material information, then the agency receiving the claim may impose a penalty of up to \$5000 for each claim. The agency may also recover twice the amount of the claim.

New York State Laws

Social Service Law: 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.

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Whistleblower Protection

New York Labor Law: 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 other similar agency or public official. Protected disclosures are those that assert that the employer is in violation of a law that creates a substantial and specific danger to the public health and safety. 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.