



Staten Island Performing Provider System, LLC

Compliance Program

And

Compliance Guidelines

Originally Approved by the Board of Directors on _____, 2015

Implementation Date: October, 2015

TABLE OF CONTENTS

	<u>Page</u>
PART I. Overview.....	1
A. GENERALLY.....	1
B. DEFINITIONS.....	1
C. THE PROGRAM.....	3
D. IMPORTANCE OF THE COMPLIANCE PROGRAM.....	4
E. QUESTIONS AND CONCERNS.....	5
PART II. CODE OF CONDUCT.....	6
PART III. Compliance Procedures.....	6
A. COMPLIANCE PERSONNEL.....	6
1. Compliance Officer.....	6
2. Compliance Committee.....	7
3. Modification and Revision of the Compliance Procedures and Compliance Program.....	7
B. REPORTING, REVIEW, AND CORRECTIVE ACTION.....	8
1. Reporting and Complaint Procedures.....	8
a. Access to the Compliance Officer and Open lines of Communication.....	9
b. Grievances and Complaints.....	9
c. Confidentiality and Anonymity.....	10
d. Intimidation and Retaliation Prohibited.....	10
2. Investigation and Corrective Action.....	10
3. Corrective Action and Responses to Suspected Violations.....	11
4. Discipline and Corrective Action.....	12
5. Corrective Action Following Internal Compliance Audits.....	14
C. COMPLIANCE ASSURANCE MONITORING AND TRAINING.....	14
1. Tracking New Developments.....	14
2. Ongoing Monitoring & Auditing.....	14
3. Routine Risk Assessments.....	16
4. Monitoring Confidentiality of Protected Information.....	16
5. Compliance Training.....	17
a. New Staff.....	17
b. Periodic Training.....	17
c. Supplemental Training.....	18

6.	Compliance Assurance Reviews.....	18
a.	Review of Use of DSRIP Payments.	18
b.	Review of Compliance Issues.	18
c.	Review of Patient Complaints.....	19
d.	Review of Exclusion Lists.....	19
e.	Suspensions	19
f.	Responses to Reviews.	19
7.	Compliance with Local, State, and Federal Rules and Regulations.	20
8.	Fraud and Abuse.....	20
D.	COMPLIANCE PROCEDURES OF PPS Associates.....	25

EXHIBITS:

EXHIBIT A: COMPLIANCE COMMITTEE

PART I. OVERVIEW

A. GENERALLY

Staten Island Performing Provider System, LLC, (“SI”), serves as a Performing Provider System (the “SI-PPS”) under the New York State Medicaid Delivery System Reform Incentive Program (the “DSRIP program”) established by the New York State Department of Health (“DOH”). As a Performing Provider System, SI-PPS has organized a coalition comprised of health care provider organizations, community-based social services organizations, and other organizations (collectively, the “Participating Providers”) who serve Medicaid beneficiaries and uninsured individuals in various counties within New York State. The SI-PPS and its Participating Providers collaboratively engage in DSRIP projects (the “DSRIP Projects”) with the goal of improving the effectiveness and efficiency of health care delivery for Medicaid beneficiaries and uninsured individuals. Under DSRIP, SI-PPS is required to report to the DOH on its performance with respect to the objectives and metrics of its DSRIP Projects. The SI-PPS will receive certain DSRIP payments (the “DSRIP Funds”) from DOH based on its success in achieving such objectives and metrics.

Effective March 31, 2015, SI-PPS has adopted and implemented a comprehensive Compliance Program (the “Compliance Program”) that establishes compliance policies and procedures and sets forth the standards of conduct that all individuals and entities that participate or do business with SI-PPS, including but not limited to (i) SI-PPS and its employees, independent contractors, vendors, agents, suppliers, executives and governing body members (“PPS Associates”); and (ii) Participating Providers and their employees, independent contractors, vendors, agents, suppliers, executives and governing body members are expected to follow related to their participation, conduct or activities that affect SI-PPS’ operations or the DSRIP program.

B. DEFINITIONS

1. **Abuse:** In connection with the submission of claims for health care services, eligibility checks and the obtaining of authorizations, abuse can generally be defined as practices that are inconsistent with accepted and sound fiscal, business practices which directly or indirectly may result in (1) unnecessary costs to federal or state health care programs; (2) improper payment; (3) the submission of claims for services that fail to meet professionally recognized standards of care or are medically unnecessary; (4) the submission of claims for services that directly or indirectly result in adverse patient outcomes or delays in appropriate diagnosis or treatment, and/or (5) misappropriation of funds.
2. **Code of Conduct:** shall mean the written standards of conduct of SI-PPS.

3. **Compliance Committee:** shall mean the individuals selected to oversee the Compliance Program.
4. **SI-PPS' Compliance Officer:** shall mean the individual who is responsible for the day-to-day coordination, oversight and monitoring of SI-PPS' compliance activities.
5. **Compliance Program:** shall mean the program that is designed to ensure SI PPS' compliance with applicable law as described herein.
6. **DOH:** shall mean the New York State Department of Health.
7. **DSRIP:** shall mean the Delivery System Reform Incentive Payment Program.
8. **Fraud:** shall mean an individual or entity's intentional deception or misrepresentation to an individual, entity or the public at large with the knowledge or expectation that such deception could result in some unauthorized benefit to the defrauding individual or entity or some other person or entity.
9. **Fraud and Abuse:** In the context of the Compliance Program, fraud and abuse consists of violations of federal, state, and local fraud and abuse statutes, rules and regulations including, but not limited to, state and federal anti-kickback and self-referral laws, the Federal False Claims Act, the Program Fraud Civil Remedies Act, the New York False Claims Act and New York Health Care Fraud Laws.
10. **Governing Body:** shall mean the SI-PPS Board of Directors.
11. **Government Agent(s):** shall mean any agent or representative acting in an official capacity for or on behalf of a federal, state or local government agency including, but not limited to, the U.S. Department of Health and Human Services (DHHS) Office of Inspector General (OIG), Centers for Medicare and Medicaid Services (CMS), U.S. Department of Justice (DOJ), United States Attorney's Office, New York State Office of the Medicaid Inspector General, (OMIG), New York State Attorney General's Medicaid Fraud Control Unit (MFCU) and the New York State Department of Health (DOH).
12. **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 thereunder, 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.

13. **Law(s)**: shall mean any and all federal, state, local laws, regulations, rules, ordinances, administrative directives and any other binding governmental directives.
14. **OIG**: shall mean the Office of the Inspector General of the United States Department of Health and Human Services.
15. **OMIG**: shall mean the New York State Office of the Medicaid Inspector General.
16. **Patient**: shall mean any resident and/or patient of any of the PPS Associates.
17. **PPS**: shall mean the Performing Provider System.
18. **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.
19. **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.
20. **Provider**: shall mean any individual, company, corporation or organization that submits claims for reimbursement to a federal or state health care program.
21. **Risk Assessment**: an objective assessment of risk for SI-PPS.
22. **State Health Care Programs**: means any plan or program that provides health benefit, whether directly, through insurance or otherwise, which is funded directly, in whole or in part, by the State of New York. New York health care programs include, but are not limited to, New York Medicaid.
23. **WorkPlan**: listing of the planned audit initiatives throughout SI-PPS in a given year.

C. **THE PROGRAM**

This Compliance Program is intended to be a guide and resource to ensure that SI-PPS' operations are in compliance with all applicable laws, rules, regulations, standards, guidelines, policies and procedures related to the DSRIP program. All PPS Associates must read and understand this Compliance Program, as well as review it as needed in order to recognize situations that create a conflict of interest, an appearance of impropriety, or otherwise are contrary to the policies of SI-PPS.

D. IMPORTANCE OF THE COMPLIANCE PROGRAM

The implementation of an effective Compliance Program is important for several reasons:

First and foremost, it is essential that we ensure that we are operating pursuant to the highest ethical standards and in conformity with all applicable legal rules. This is important for our continuing reputation for honesty and integrity in all of our dealings with others. A Compliance Program will help ensure that we are living up to this reputation and continue to deserve that trust.

Moreover, the Compliance Program is intended to significantly reduce the risk of unlawful conduct in connection with SI-PPS' operations and DSRIP program activities and to demonstrate SI-PPS' good faith efforts to comply with applicable statutes, regulations, and other state and federal healthcare program requirements and laws.

In addition, the DSRIP program requires SI-PPS to maintain a Compliance Program that meets the requirements of New York Social Services Law §363-d subd. 2 and 18 NYCRR §521.3(c), which set out the following eight core elements that shall be included in SI-PPS' Compliance Program:

1. Written policies and procedures that describe compliance expectations as embodied in a code of conduct or code of ethics, implement the operation of the compliance program, provide guidance to employees and others 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;

2. Designation of an employee (the "SI PPS Compliance Officer") vested with responsibility for the day-to-day operation of the compliance program; such employee's duties may solely relate to compliance or may be combined with other duties, as long as compliance responsibilities are satisfactorily carried out; such employee shall report directly to SI-PPS' Chief Executive Officer or other senior executive and shall regularly report directly to the Governing Body on the activities of the Compliance Program, and shall be provided with sufficient resources to carry out his or her duties and responsibilities;

3. The training and education of all PPS Associates on compliance issues, expectations, and the Compliance Program operation; such training shall occur periodically, but at least annually, address the Compliance Program generally, as well as any identified risk areas specific to SI-PPS, and shall be made a part of the orientation for all new PPS Associates;

4. The establishment of Communication lines to the SI-PPS Compliance Officer accessible to all PPS Associates, to allow the reporting of potential and actual compliance issues. Any method of communication adopted by SI-PPS shall allow for the

anonymous and confidential good faith reporting of potential compliance issues as they are identified;

5. Disciplinary policies shall be in effect to encourage good faith participation in the compliance program by all SI-PPS Associates, including policies that articulate expectations for reporting compliance issues and assisting in their investigation and resolution and that outline sanctions for: (1) failing to report suspected problems; (2) participating in non-compliant behavior; or (3) encouraging, directing, facilitating, or permitting non-compliant behavior. Such disciplinary policies shall be fairly and firmly enforced;

6. A system for routine identification of compliance risk areas specific to the provider type, for self-evaluation of such risk areas, including internal audits and, as appropriate, external audits, and for evaluation of potential or actual non-compliance as a result of such self-evaluations and audits;

7. Implementation of 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; correcting such problems promptly and thoroughly and implementing procedures, policies and systems as necessary to reduce the potential for recurrence; identifying and reporting compliance issues to DOH or OMIG; and refunding overpayments; and

8. The adoption and implementation of policies and procedures for non-intimidation and non-retaliation for good faith participation in the Compliance Program, including but not limited to, reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials as provided in sections 740 and 741 of the New York State Labor Law.

To be effective, however, a Compliance Program must be a real part of our culture, mission, and values and must be updated and ongoing in response to changes in the law, and as compliance risk areas are identified. As a result, we must demonstrate that we are committed to, and exercise, due diligence in, seeking to detect and prevent violations of the Compliance Program.

The SI-PPS's Compliance Program is designed to satisfy all of the above requirements.

E. QUESTIONS AND CONCERNS

If an individual is unsure of what the appropriate course of conduct might be in a specific situation, or believes that the standards of conduct set forth in this Compliance Program may have been violated or that a previously identified problem has not been effectively remedied, he or she is urged to directly contact the SI-PPS Compliance Officer. Written questions and/or concerns may also be submitted to the SI-PPS Compliance Officer online at rbergren@statenilandpps.org. Such correspondence will be held in strictest confidence and may be submitted anonymously.

An individual may also contact the dedicated SI-PPS Compliance HelpLine at **855-233-3138**. The SI-PPS Compliance Officer, or applicable designee(s), is responsible for monitoring the Compliance HelpLine. This method of reporting can be used whether the reporter wants to remain anonymous or desires to leave his or her name and contact information.

PART II. CODE OF CONDUCT

SI-PPS has implemented a code of conduct that reflects its commitment to conducting itself according to the highest level of ethical and legal standards. All PPS Associates are responsible for acknowledging receipt and understanding of the Code of Conduct and the principles contained therein. (See Code of Conduct).

PART III. COMPLIANCE PROCEDURES

Part III summarizes the rules under which the Compliance Program will operate. To be effective, a compliance program must provide for the following: continued reporting of issues or possible violations of the Code of Conduct to the SI-PPS Compliance Officer; enforcement of the Code of Conduct through the promulgation of disciplinary procedures; continued, periodic reviews and self and external audits; and implementation of modifications in the Compliance Program, as necessary, to prevent future violations.

A. COMPLIANCE PERSONNEL

A compliance program can only work effectively if responsibility for it is placed with individuals with accountability. For SI-PPS, that responsibility is set forth as follows:

1. SI-PPS Compliance Officer.

It is the policy of SI-PPS 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. In that regard, 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 SI-PPS Compliance Program, to serve as the focal point for compliance activities, and be responsible for coordinating and overseeing all aspects

of the SI-PPS Compliance Program, The SI-PPS Compliance Officer shall have direct access to the Governing Body and shall 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 capacity 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 applicable SI-PPS compliance functions with the Participating Providers' compliance officers.

The SI-PPS Compliance Officer is the Compliance Program's point of contact and is responsible for receiving and responding to all reports, complaints, and questions regarding compliance issues. The SI-PPS Compliance Officer will report directly to the Governing Body on the activities of the Compliance Committee and the Compliance Program and shall be assisted, as necessary, by legal counsel, the Compliance Committee, as described below, and designees selected by the SI-PPS Compliance Officer.

The SI-PPS Compliance Officer will have the authority to review all documents and other information that are relevant to compliance activities. The SI-PPS Compliance Officer is responsible for ensuring that compliance issues are properly addressed as they arise and that appropriate compliance assurance reviews, audits, and inquiries are conducted. The SI-PPS Compliance Officer will also be responsible for determining whether each component of the Compliance Program is fully operational, and to take remedial action, as necessary. Such responsibilities shall include those described in Compliance Policy # 1: "Designation and Responsibilities of the SI-PPS Compliance Officer".

2. Compliance Committee.

The Board of Directors has established a Compliance Committee composed as described in Compliance Policy # 2: "Creation and Responsibilities of the Compliance Committee". The Compliance Committee's membership shall be recorded in a form similar to Exhibit A, attached hereto. The Compliance Committee is responsible for monitoring the overall implementation and operation of the Compliance Program, and assists the Governing Body and the SI-PPS Compliance Officer in the implementation and oversight of SI-PPS' Compliance Program. The Compliance Committee has been entrusted with the responsibilities described in Compliance Policy # 2: "Responsibilities of the Compliance Committee".

3. Modification and Revision of the Compliance Procedures and Compliance Program.

On at least an annual basis, the SI-PPS Compliance Officer will review and evaluate the effectiveness of the Compliance Program. With the support of the Compliance Committee and Participating Providers, the SI-PPS Compliance Officer will

perform a self-evaluation of the Compliance Program, including reviewing issues reported, the investigation, and remedial action taken, if applicable. Based on such reviews, the SI-PPS Compliance Officer will then recommend to the Compliance Committee and the Board of Directors appropriate modifications of, or revisions to, the compliance procedures and this Compliance Program.

B. REPORTING, REVIEW AND CORRECTIVE ACTION

It is the policy of SI-PPS to have in operation an internal reporting mechanism for PPS Associates to report actual or perceived violations of the Compliance Program, SI-PPS policies and procedures and applicable laws and regulations as they relate to SI-PPS' operations and the DSRIP program. Mechanisms include processes to communicate written, oral and electronic reports and complaints from PPS Associates and other interested individuals. Directions, including the SI-PPS Compliance Officer's contact information and the Compliance HelpLine number, will be distributed through SI-PPS' website as well as by Participating Providers to insured and uninsured community members and Medicaid beneficiaries attributed to SI-PPS. All Participating Providers shall furnish SI-PPS with information concerning any compliance issues they identify affecting DSRIP funds or arising under any local laws, rules, regulations, standards, guidelines, policies and procedures relating to the DSRIP program. 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.

1. Reporting and Complaint Procedures. All PPS Associates should raise any compliance questions regarding potentially improper, unethical, or illegal conduct related to the DSRIP program to the the SI-PPS Compliance Officer or any member of the Compliance Committee or the Board of Directors. All PPS Associates are required to communicate and report any suspected fraud or abuse or other violation of the Compliance Program. The SI-PPS Compliance Officer will maintain open lines of communication, and may be reached online via the Compliance HelpLine or face-to-face communication. Written communications should be marked "CONFIDENTIAL." An "open-door policy" will be maintained throughout SI-PPS to encourage the reporting of compliance issues and concerns. All concerns and issues received by others should be immediately reported to the SI-PPS Compliance Officer.

Any communication regarding an actual or perceived violation should be documented, and should include an explanation of the source of the reporter's knowledge and all information related to the potential violation including, but not limited to:

- A description of the type of problem;
- The date of occurrence;
- The date of discovery;

- The place of the occurrence; and
- Any other pertinent information.

The SI-PPS Compliance Officer, whether receiving the report directly or otherwise, will promptly collect, assemble and assess all information relating to the potential violation and will report to the Governing Body and consult with legal counsel when necessary. The SI-PPS Compliance Officer will maintain documentation of all reports received in accordance with this policy.

a. Access to SI-PPS Compliance Officer and Open Lines of Communication.

SI-PPS recognizes that open lines of communication are important to the successful implementation of its Compliance Program and its goals of reducing the potential for fraud, abuse and waste. All PPS Associates are required to communicate and report any suspected fraud or abuse or other violation of the Compliance Program. Suspicions should be reported directly to an immediate supervisor, any member of the Compliance Committee or Board of Directors, and/or the SI-PPS Compliance Officer. The Participating Provider compliance officers are required to inform the SI-PPS Compliance Officer promptly of any reports of suspected DSRIP-related problems. The SI-PPS Compliance Officer shall maintain open lines of communication to encourage the reporting of compliance-related concerns. Reporting can be accomplished through a written statement or through the Compliance HelpLine. Such reporting can be made confidentially and anonymously. The Compliance HelpLine is maintained by a third party vendor (Navex Global) and activity is monitored by the SI-PPS Compliance Officer and/or a designee. In addition to raising questions directly with the SI-PPS Compliance Officer, all PPS Associates, insured and uninsured community members and Medicaid beneficiaries attributed to SI PPS may call the Compliance HelpLine to report possible violations, ask questions, or raise compliance concerns. There will be no retaliatory action taken against individuals who report compliance issues in good faith.

b. Grievances and Complaints.

Grievances and complaints, both verbal and written, from PPS Associates, insured and uninsured community members and Medicaid beneficiaries attributed to SI-PPS, may contain complaints or allegations of possible misconduct, compliance issues, fraud, waste, or abuse in relation to SI-PPS' operations. Procedures have been developed that require any complaint that identifies a potential compliance concern to be provided immediately to the SI-PPS Compliance Officer. The SI-PPS Compliance Officer is responsible for ensuring that investigation protocols are followed and any potential issues identified are resolved. Issues that may be identified through the investigative process will be presented, as appropriate, to the Compliance Committee.

c. Confidentiality and Anonymity.

Any concern may be raised anonymously, if the reporting individual so chooses, and will be held in the strictest confidence possible, consistent with the need to investigate any allegations of wrongdoing. To the extent possible, the S-PPS Compliance Officer or anyone else receiving a report in accordance with this policy will not reveal the identity of anyone who reports a suspected violation of law or who takes part in an investigation. The SI-PPS Compliance Officer is duty-bound to act in the best interests of SI-PPS and does not act as the personal or legal representative of the reporting individual.

d. Intimidation and Retaliation Prohibited.

The SI-PPS strictly prohibits intimidation and retaliation in any form against an individual or entity who in good faith reports possible unethical or illegal conduct and/or who participates in the Compliance Program, including but not limited to, reporting and investigating potential issues, conducting self-evaluations, audits, and remedial actions, and reporting to appropriate officials. Any act of intimidation or retaliation is itself a serious violation of the Compliance Program. Participating in or condoning any form of intimidation or retaliation against an individual who participates in good faith in the Compliance Program will result in disciplinary or corrective action up to, and including, termination and/or exclusion. Retaliatory acts should be immediately reported to the SI-PPS Compliance Officer and will be disciplined accordingly.

2. Investigation and Corrective Action.

Upon receiving a report of possible non-compliance, the SI-PPS Compliance Officer will bring such report to the attention of the Executive Director, Compliance Committee, the Governing Body and legal counsel, as necessary. SI-PPS is committed to investigating all reported concerns promptly and confidentially to the extent possible. 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. 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 either the SI-PPS Compliance Officer. When appropriate, the SI-PPS Compliance Officer will involve legal counsel to conduct an inquiry.

Cooperation from all PPS Associates is expected in such inquiries. The cooperation of the reporting individual may be sought during any investigation.

The objective of such an inquiry will be to determine whether, first, a compliance issue exists or if there has been a violation of the Compliance Program, Code of Conduct 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 that led to the report. The investigative techniques used shall

facilitate the correction of any practices not in compliance with applicable laws and/or regulations and promote, where necessary, the development and implementation of policies and procedures to ensure future compliance. The investigative techniques used shall be designed to protect the integrity of the investigative process, as well as the integrity of SI-PPS in the event of civil or criminal enforcement actions.

If an issue or violation does exist, then 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 shall include, at a minimum:

- Notification of the Board of Directors by the SI-PPS Compliance Officer of the nature of the complaint if such compliance issue is related to the DSRIP program.
- 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 by legal counsel as applicable.
- Any investigation shall include, but need not be limited to:
 - If known, an interview of the reporting individual and other persons who may have knowledge of the alleged problem or process and if necessary, 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. See Compliance Policy # 9: "Responding to Compliance Reports, Investigations, and Corrective Action".

3. Corrective Action and Responses to Suspected Violations.

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, legal counsel and PPS Associates, as appropriate.

Any corrective action and response implemented must be designed to ensure that the violation or problem does not reoccur (or reduce the likelihood of reoccurrence) and be based on an analysis of the root cause of the problem. The corrective action plan should 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:

- 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 should be avoided in the future;
- Working with PPS Associates to modify or correct policies and procedures and practices;
- Providing remedial training and education (formal or informal) to ensure that applicable PPS Associates comprehend the applicable rules and regulations, existing procedures or policies, and any new or modified procedures that may have been instituted;
- Refunding and/or recouping any overpayments of DSRIP funds;
- Disciplining the offending PPS Associates, if necessary and as appropriate; and
- Voluntary disclosure to an appropriate governmental agency.

4. Discipline and Corrective Action.

All PPS Associates are expected to adhere to this 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 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 Board of Directors and the Compliance Committee, which will be responsible for recommending appropriate action.

The imposition of disciplinary or corrective action should be based on the PPS Associate's 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 PPS Associates:

- Fail to report suspected problems or violations, including instances where PPS Associates should 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 Board of Director 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; or
- Otherwise violate the Compliance Program.

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;
- Modification of assigned duties;
- Suspension; or

- Immediate exclusion from SI-PPS, the DSRIP program and/or immediate termination.

5. Corrective Action Following Compliance Audits.

As set forth below, SI-PPS will conduct, on at least an annual basis, internal compliance assurance reviews or audits and external audits, as necessary. Should such an internal audit identify non-compliance, SI-PPS may, in its sole discretion, recommend remediation and conduct follow-up audits.

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 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.

C. COMPLIANCE ASSURANCE MONITORING AND TRAINING

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, validation of correction, and ongoing compliance performance. Education and training shall be provided to all PPS Associates as deemed appropriate by SI-PPS.

1. Tracking New Developments. 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.

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 are made and corrective action is taken.

2. Ongoing Monitoring & Auditing. The Compliance Committee and the SI-PPS Compliance Officer will develop an annual auditing and monitoring work plan (the "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 PPS Associates are compliant with the applicable requirements of federal and state regulations, as well as SI-PPS' policies and procedures. The 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 independent internal or external auditors and will be overseen by the SI-PPS Compliance Officer.

Auditing may 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.

If problem areas are identified, it will be determined whether a focused review should be conducted on a more frequent basis. If any areas are identified that require further training and education of applicable PPS Associates or dissemination of additional information, these areas will be incorporated into the training and education program for the relevant time period.

The results of the ongoing monitoring and auditing reviews are summarized in a standardized reporting package on an audit report form that is provided to the Compliance Committee and the Board of Directors annually, as appropriate. Any deficiencies noted may require the submission, for compliance approval, of a Corrective Action Plan (CAP) which provides how the deficiency will be addressed timely and resolved. Ongoing progress of the CAP implementation shall be monitored by the Compliance Officer. Timely updates of progress made and/or challenges to bringing deficiencies to a resolution will be provided to the Compliance Committee and the Governing Body as needed and on a periodic basis.

SI-PPS will:

- Review SI-PPS' policies and procedures to ensure that they are current, complete and accurate. If the policies and procedures are found to be ineffective or outdated, they should be updated to reflect changes in governmental regulations or compendiums related to the DSRIP program;
- Conduct audits of SI-PPS' risk areas to identify levels of risk and to measure progress against the baseline audit results;
- Review relationships and contractual arrangements with third party vendors, suppliers and contractors; and
- Periodically evaluate the nature, extent and frequency of its auditing activities in order to determine if modification of its practices is warranted based on

factors including, but not limited to, identified risk areas, trends in internal reporting, and available resources.

3. Routine Risk Assessments.

The SI-PPS Compliance Officer and the Compliance Committee, or designee, are required to conduct risk assessments at least annually and prioritize the results according to identified risk. The SI-PPS Compliance Officer will determine which risk areas will most likely affect regulatory compliance, PPS performance and 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.

See Compliance Policy # 7: “Risk Assessment”.

4. Monitoring Confidentiality of Protected Information.

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.

The SI-PPS Compliance Officer, or designee, will use professional judgment to list risks related to regulatory changes, internal investigations, complaints, and areas of high risk related 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.

The SI-PPS Compliance Officer, or 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 a 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.

5. **Compliance Training.**

The SI-PPS Compliance Officer shall ensure that SI-PPS implements training and education of its PPS Associates concerning HIPAA, the Compliance Program and SI-PPS' policies and procedures.

All training activities will be appropriately documented and may be conducted through in-service training sessions or provided by outside resources. Failure to comply with training requirements will result in disciplinary action up to and including termination or exclusion. In addition to periodic training and in-service programs, the SI-PPS Compliance Officer will disseminate any relevant new compliance information to PPS Associates, as applicable. Such information may include, but is not limited to, fraud alerts, advisory opinions, newsletters and bulletins. See Compliance Policy # 5: "Compliance Education".

a. **Initial Compliance Training.**

Upon hiring or engagement, all new PPS Associates will participate in a formal compliance education and training session as to the scope and requirements of the Compliance Program. The Code of Conduct shall be distributed to such individuals and they shall be required to sign and date a statement that reflects his or her knowledge of, and commitment to, the standards of conduct.

b. **Periodic Training.** PPS Associates are required as a condition of employment and continued relationship with SI-PPS, to attend periodic compliance training as directed by the SI-PPS Compliance Officer. Additional training attendance may be required as part of an individual's performance improvement measure or action plan or for particular groups of personnel who require specific training seminars and in response to any identified risk areas specific to SI-PPS.

As part of its continued commitment to compliance with legal and ethical requirements, SI-PPS will implement mandatory annual Compliance Program training. Training topics shall include, but are not limited to:

- The Code of Conduct and Compliance policies and procedures;
- SI-PPS' policies and procedures;
- Record maintenance and reporting;
- Fraud and abuse;
- Compliance reporting requirements; and

- Privacy and security of confidential information and data.

c. **Supplemental Training.** The SI-PPS Compliance Officer will be responsible for implementing any 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.

6. **Compliance Assurance Reviews.** The SI-PPS Compliance Officer and the Compliance Committee will also ensure that compliance assurance reviews are conducted on a regular basis. These reviews may include, but are not necessarily limited to, the following:

a. **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.

b. **Review of Compliance Issues.**

In conjunction with the Compliance Committee, the SI-PPS Compliance Officer will ensure that reviews are conducted on a regular basis as to any particular compliance issue that has been identified as being potentially problematic and could indicate a pattern of violations that might uncover broader compliance issues. These reviews will be conducted internally, as necessary, by the SI-PPS Compliance Officer, or designee and PPS Associates will work cooperatively with the SI-PPS Compliance Officer 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.

c. Review of Compliance Complaints.

The SI-PPS Compliance Officer will keep track of compliance complaints in a “complaint log” to determine whether such complaints reflect the existence of possible patterns of compliance issues. The “complaint log” will be provided to the Compliance Committee periodically and upon request in order to address applicable issues.

d. Review of Exclusion Lists.

Contracting with individuals or entities that have been excluded from federal and/or state program reimbursement is prohibited. The SI-PPS Compliance Officer will oversee the periodic checks of applicable PPS Associates for exclusion from participation in federal or State health care programs. The check shall also include sanctions by the federal or state governments or applicable licensing board. This shall be accomplished by monthly monitoring of the General Service Administration’s Excluded Parties List System (EPLS), the OIG List of Excluded Individuals/Entities (LEIE), the OMIG List of Restricted, Terminated or Excluded Individuals or Entities and other applicable sources prior to hiring, engaging or otherwise transacting business and conducting such review periodically thereafter.

If any exclusion is found, the SI-PPS Compliance Officer should be immediately contacted. SI-PPS may not employ, contract, or otherwise enter into a business arrangement, in any capacity, with an individual or entity barred or excluded from participating in any federal or state health care program (e.g., Medicare or Medicaid). See Compliance Policy #6: “Employee Screening”.

e. Responses to Reviews.

If any of the reviews outlined above indicate that possible compliance issues exist, the SI-PPS Compliance Officer will work with the Compliance Committee to ensure that an appropriate inquiry and corrective action are implemented, as provided above.

f. Suspensions.

Should it come to the attention of SI-PPS that a PPS Associate is currently under investigation or charged with a health care-related crime, pending the resolution of such charges or proposed debarment or exclusion, that PPS Associate will be subject to suspension or termination of employment or contractual relationship with SI-PPS. SI-PPS reserves the right to suspend or terminate its relationship with such PPS Associate, in its sole discretion.

7. Compliance with Local, State, and Federal Rules and Regulations.

It is the policy of SI-PPS to comply with all local, state, and federal rules and regulations regarding SI-PPS' operations. PPS Associates are strictly prohibited from engaging in any activity that is fraudulent or abusive in connection with the DSRIP program.

8. Fraud and Abuse.

It is the obligation of SI-PPS to prevent and detect any fraud, waste and abuse in relation to SI-PPS' operations and participation in the DSRIP program. To this end, SI-PPS maintains a vigorous Compliance Program and strives to educate PPS Associates regarding the importance of submitting accurate performance data and reports to SI-PPS as well as regarding the requirements of federal and state laws governing SI-PPS' operation.

SI-PPS strictly prohibits submission of any false information, report or data in connection with payments made under the DSRIP program. The following are some examples of actions that may be considered fraudulent:

- Providing incomplete, false, or misleading information;
- Falsifying records regarding performance metrics;
- Misrepresenting services performed or costs incurred; and
- Altering or manipulating reports or data to increase DSRIP payments.

The examples of Fraud and Abuse listed above are not exhaustive. Furthermore, the Abuse examples listed could, under certain circumstances, escalate to a Fraud violation.

It is the policy of SI-PPS to prevent Fraud and Abuse in connection with SI-PPS' operations. The SI-PPS Compliance Officer, in conjunction with the Compliance Committee, is responsible for ensuring that guidance regarding Fraud and Abuse is included in the mandatory compliance training of all PPS Associates. Any persons who submit or cause a false report to be submitted may be subject to penalties, up to and including termination or exclusion from affiliation with SI-PPS and the DSRIP program.

The Deficit Reduction Act of 2005 (the "DRA") requires that most health care organizations that operate under the Medicaid Program and that receive or make annual Medicaid payments of at least \$5 million, establish and implement an education plan for their employees, officer, directors, members, managers, contractors and agents, which includes written policies and detailed guidance of the federal False Claims Act, state false claims laws, and the rights and protections afforded to whistleblowers. As such, SI-PPS

shall distribute educational materials to satisfy such obligation and all PPS Associates shall certify receipt of such educational materials. See Compliance Policy #14: “Detectin and Preventing Fraud, Waste and abuse”.

All PPS Associates shall be aware of the following Laws regarding fraud and abuse:

Federal False Claims Act

The Federal Civil False Claims Act makes it illegal for any person to (i) knowingly present, or cause to be presented a false or fraudulent claim for payment or approval; (ii) knowingly make, use, or cause to be made or used, a false record or statement material to a false or fraudulent claim; (iii) conspire to commit a violation of any provision of this Act; or (iv) knowingly make, use, or cause to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the government, or knowingly conceal or knowingly and improperly avoid or decrease an obligation to pay or transmit money or property to the government. “Knowingly” means that the person has actual knowledge of the information, acts in deliberate ignorance of the truth or falsity of the information, or acts in reckless disregard of the truth or falsity of the information. Liability under the act is for a civil penalty of not less than \$5,500 and no more than \$11,000 plus up to three (3) times the amount of damages which the government has sustained as a result of the fraudulent act. However, the court may assess a lesser amount, but not less than double the damages, under certain circumstances. To qualify for the "not less than double damages" provision, the SI PPS must report the false claim to the Government within 30 days after the date on which SI PPS first obtained the information about the violation and before the commencement of any criminal prosecution, civil action, or administrative action with respect to the false claim. In addition, SI PPS must cooperate with any Government investigation.

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

Federal Program Fraud Civil Remedies Act

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 that 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); 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 \$7,500 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 \$7,500 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

The Civil Monetary Penalties Law authorizes the imposition of substantial civil money penalties against any person, including organizations, agency, or other entity, the 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 anyway; (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 in 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.

Criminal Law Regarding False Statements Relating the Health Care Matters

Under 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; or (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.

New York State False Claims Act

The New York False Claims Act makes it illegal for any person to (i) knowingly present, or cause to be presented, to an officer, employee or agent of the State or a local government a false or fraudulent claim for payment or approval; (ii) knowingly make, use, or cause to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the State or a local government; and/or (iii) conspire to

defraud the State or a local government by getting a false or fraudulent claim allowed or paid. "Knowingly" means that the person has actual knowledge of the claim or information, acts in deliberate ignorance of the truth or falsity of the claim or information, or acts in reckless disregard of the truth or falsity of the claim or information. The civil penalty for filing a false claim is \$6,000 to \$12,000 per claim and the recoverable damages are between two (2) and three (3) times the value of the amount falsely received. In addition, the false claim filer may have to pay the government's legal fees. However, the court may assess a lesser amount of not more than double the damages, under certain circumstances. To qualify for the "not more than double damages" provision, the provider must report the false claim to the government within 30 days after the date on which the provider first obtained the information about the violation and before the commencement of any criminal prosecution, civil action, or administrative action with respect to the false claim. In addition, the provider must fully cooperate with any government investigation.

The False Claims Act 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.

Social Services Law § 145 et seq. False Statements

It is unlawful to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services programs, including Medicaid, by means of a false representation, statement, deliberate concealment or other fraudulent scheme or device. The State or local Social Services district may recover three (3) times the amount incorrectly paid, or in the case of nonmonetary false statements, three (3) times the amount of damages which was sustained by the State *or* \$5,000, whichever is greater. In addition, the DOH may require repayment of monies by persons who received overpayment, unauthorized payment, or otherwise inappropriate payment for such claim. Additionally, the DOH may impose a civil penalty for the inappropriate payments. Moreover, 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

Any person who, with intent to defraud, presents for allowance or payment any false or fraudulent claim for furnishing services or supplies, knowingly submits false information for the purpose of obtaining greater compensation than that to which he is legally entitled, or knowingly submits false information for the purpose of obtaining authorization for furnishing services or supplies under the medical assistance program or 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.

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. It has been applied to Medicaid fraud cases.

HIPAA Fraud and Abuse Laws

The following fraud and abuse provisions were enacted as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- a. Under 18 U.S.C. §1035, anyone who knowingly and willfully falsifies, conceals, or covers up a material fact by any trick, scheme, or devices may be fined or imprisoned not more than 5 years, or both. Moreover, the creation of any materially false, fictitious, or fraudulent statements or representations, or the creation or use of any materially false writing or document that is known 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, will result in the same penalties. Furthermore, this statute applies to any matter involving a health benefit program, including Medicare, Medicaid, and other third party payers.
- b. 18 U.S.C. §641 provides civil and/or criminal penalties for embezzlement, theft, misappropriation or knowing conversion to one's use or the use of another, or without authority, sells, conveys or disposes of any record, voucher, money, or thing of value of the United States or of any government department or agency. In addition, such penalties apply to anyone who receives, conceals, or retains such government property with the intent to convert it to his or her use or gain, knowing it to have been embezzled, stolen, purloined or converted. This statute may be implicated if a provider receives information that Federal funds have been obtained illegally and chooses not to disclose and return such funds.
- c. Pursuant to 18 U.S.C. §669, anyone who knowingly and willfully embezzles, steals, or otherwise without authority converts to the use of any person other than the rightful owner, or intentionally misapplies any of the moneys, funds, securities, premiums, credits, property, or other assets of a health care benefit program, shall be fined under this title or imprisoned not more than 10 years, or both; but if the value of such property does not exceed the sum of \$1000 the defendant shall be fined under this title or imprisoned not more than one year, or both. As defined under this statute, health care benefit program refers to private health insurance programs as well as government benefit programs, such as Medicaid and Medicare. In determining whether to disclose a payment as an

overpayment, a provider must evaluate whether the retention of any monies, without disclosure, results in a conversion of the funds at issue and thus violates the statute.

D. COMPLIANCE OF PPS ASSOCIATES

All PPS Associates shall furnish SI-PPS with information concerning any compliance issues they may identify 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. PPS Associates 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 PPS Associates shall at all times 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.

EXHIBIT A

STATEN ISLAND PERFORMING PROVIDER SYSTEM, LLC

COMPLIANCE COMMITTEE

COMPLIANCE COMMITTEE MEMBERS:

1. SI-PPS Compliance Officer
2. Chief Executive Officer
3. Chief Medical Officer
4. Chief Financial Officer
5. Privacy Officer
6. Security Officer
7. Human Resource Senior Director
8. Compliance Liaisons from Participating Provider Organizations