



Corporate Compliance Plan

Finger Lakes Performing Provider System

Compliance Plan

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Compliance Plan

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Finger Lakes Performing Provider System (FLPPS)

COMPLIANCE PLAN

FLPPS Vision

To create an accountable, coordinated network of care that improves access, quality and efficiency of care for the safety net patient population.

FLPPS Principles

- Focus on the Patient
- Strong Physician and Provider Leadership
- Accountability, Transparency, and Trusting Partnerships
- Adaptability
- Capacity & Capability for Managed Care of a Population

I. Code of Conduct

It has been and continues to be the policy of Finger Lakes Performing Provider System (“FLPPS”) to comply with all applicable Federal, State, and local laws, regulations, and payer requirements. It is also the FLPPS’s policy to adhere to the Code of Conduct that is adopted by the Board of Directors, the Executive Director, and the Internal Advisory Compliance Committee (IACC).

We ensure that all aspects of service provision and business conduct are performed in compliance with our vision statement, policies and procedures, professional standards, applicable governmental laws, rules, and regulations. FLPPS expects every person who participates in FLPPS’ initiatives to adhere to the highest ethical standards and to promote ethical behavior. Employees, including temporary and contracted employees (“Employees”), and independent contractors (“Contractors”) and Board Members may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of FLPPS.

Employees, Contractors and Board Members must disclose any circumstances where his or her relative (refers to: a spouse/domestic partner, parent (biological, adoptive, in-law, step or foster), sibling (biological, adoptive, in-law, step or foster), child (biological, adoptive, step or foster), grandchild or grandparent, nieces, nephews, or other family members residing in the same household) is an employee, consultant, owner, contractor, or investor in any entity that (i) engages in any business or maintains any relationship with FLPPS; (ii) provides to, or receives from, FLPPS any customer referrals; or (iii) competes with FLPPS. Employees, Contractors and Board Members may not without permission of the Compliance Officer, accept, solicit, or offer anything of value from anyone doing business with FLPPS.

Employees, Contractors and FLPPS Partners are expected to maintain timely, complete and accurate records as required by FLPPS. The term “records” includes all documents, both written and electronic, that relates to the provision of FLPPS services or provides support for the provision of FLPPS services and support related to the expenditure of DSRIP funds. Any records to be appropriately altered must reflect the date of the alteration, the name, signature, and title of the person altering the document, and the reason for the alteration, if not apparent.

No person shall ever sign the name of another person to any document. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.

Commitment

We have always been and remain committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold our Employees, Contractors and Partners to these same standards.

It is the policy of Finger Lakes Performing Provider System (FLPPS) not to employ, contract with, or conduct business with an individual or entity excluded from participation in federally sponsored health care programs, such as Medicare and Medicaid.

FLPPS will conduct exclusion checks to verify that all Employees, Contractors, Board Members, Partners and Vendors have not been excluded from federal or state healthcare programs. An exclusion check is a search of the following sources to determine if the individual or entity's name appears on any of the lists:

- U.S. Department of Health and Human Services, Office of Inspector General's (OIG) List of Excluded Individuals and Entities (LEIE) available on the website at <http://exclusions.oig.hhs.gov>
- The System for Award Management's (SAM) Excluded Parties List available on the website at <https://www.sam.gov>
- For New York State Agencies only: the NYS Medicaid Fraud Database available on the NYS Office of the Medicaid Inspector General website at <http://www.omig.ny.gov/index.php/fraud/medicaid-terminations-and-exclusions>

FLPPS is committed to maintaining and measuring the effectiveness of our Compliance Program through monitoring and auditing systems reasonably designed to detect noncompliance. We shall require the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in Federal and State health care statutes, regulations, and Delivery System Reform Incentive Payment (DSRIP) program requirements.

Policies and Procedures

FLPPS will communicate its compliance standards and policies through required compliance training initiatives to all Employees, Contractors and Partners. We are committed to these efforts through distribution of this Compliance Plan and our Code of Conduct.

II. Compliance Program Oversight

Compliance Officer

The Board of Directors of FLPPS designates the Compliance Officer. The Compliance Officer has direct lines of communication to the Executive Director, the Board of Directors, and FLPPS counsel.

Responsibilities of the Compliance Officer include but are not limited to:

- Developing and implementing compliance policies and procedures (P&P).
- Overseeing and monitoring the implementation of the Compliance Program.
- Directing FLPPS internal audits established to monitor effectiveness of compliance standards.
- Providing guidance to management and individual departments regarding P&P and governmental laws, rules, and regulations.
- Updating, periodically, the Compliance Plan as changes occur within FLPPS, within the law, regulations, or governmental and third party payers.
- Overseeing efforts to communicate awareness of the existence and contents of the Compliance Plan.
- Coordinating, developing, and participating in the compliance educational and training program.
- Ensuring that Employees, Contracted personnel and Partners are aware of the requirements of FLPPS's Compliance Plan.
- Actively seeking up-to-date material and releases regarding regulatory compliance.
- Maintaining a reporting system (hotline) and responding to concerns, complaints, and questions related to the Compliance Program.
- Acting as a resourceful leader regarding regulatory compliance issues.
- Investigating and acting on issues related to compliance.
- Coordinating internal investigations and implementing corrective action.

Internal Advisory Compliance Committee (IACC)

IACC members are appointed by the Compliance Officer and include representatives throughout FLPPS. Compliance issues are reported by the Compliance Officer to the Executive Director and Board, where appropriate. The IACC's purpose is to advise and assist the Compliance Officer with implementation of the Compliance Program.

- The roles of the IACC include: Analyzing the environment where FLPPS does business, including legal requirements with which it must comply.
- Reviewing and assessing existing Policies & Procedures ("P&Ps") that address these risk areas for possible incorporation into the Compliance Plan.

- Working with teams to develop standards and P&Ps that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Advising and monitoring appropriate teams relative to compliance matters.
- Developing internal systems and controls to carry out the compliance program and policies.
- Monitoring internal and external audits to identify potential non-compliant issues.
- Implementing corrective and preventive action plans.
- Developing a process to solicit, evaluate, and respond to complaints and problems.

Compliance Committee of the Board

The Compliance Committee of the Board consists of the full FLPPS Board of Directors. The Compliance Officer reports updates regarding the Compliance Program regularly but no less than quarterly to the Compliance Committee.

The Compliance Committee of the Board provides overall oversight of the FLPPS Compliance Program.

III. Compliance Training and Education

Expectations

Compliance education and training are critical elements of the Compliance Program. Every Employee, Contractor and FLPPS Partner is expected to be familiar with and knowledgeable about FLPPS's Compliance Plan and have a working knowledge of his or her responsibilities under the Plan. Compliance policies and standards are communicated through regular communication and participation in training programs.

Training Topics – General Compliance

The FLPPS general compliance training material includes but is not limited to the following topics:

- Governing Entities
- Governing Laws
- Fraud, Waste and Abuse (FWA) Defined
- Elements of a Compliance Plan
- Examples of potential noncompliance in DSRIP
- Obligation to report suspected or actual noncompliance
- How to file a suspected or actual report of non-compliance
- Reporting Protections

Training Topics - Targeted

In addition to the above, targeted training may be provided to all managers and any other Employees and Contractors whose job responsibilities include activities related to specific compliance topics. Managers shall assist the Compliance Officer in identifying areas that require specific training.

Frequency

As part of their orientation and annually thereafter each new Employee, Contractor and FLPPS Partner shall receive training material for review and completion in addition to directions on where to access a copy of the Compliance Plan, policies, and Code of Conduct.

Attendance

All Compliance Program education and training activity will be verified through attendance records and signed attestations. Participation in compliance training activities is mandatory and is a condition of continued employment.

IV. Effective & Confidential Communication

Expectations

Open lines of communication to the Compliance Officer are essential to the success of our Compliance Program. Everyone has an obligation to refuse to participate in any wrongful course of action and to report the actions according to the procedures listed below.

All Employees, Contractors, and Partners shall acknowledge that it is their responsibility to report any suspected instances of suspected or known noncompliance to their manager, the Executive Director, or the Compliance Officer. Reports may be made anonymously without fear of retaliation or retribution. Failure to report known noncompliance or making reports which are not in good faith will be grounds for disciplinary action, up to and including termination of employment or contract.

Reporting Procedure

If any person witnesses, learns of, or is asked to participate in any activities that are potentially in violation of this Compliance Plan, he or she should contact the Compliance Officer, his or her manager, or the Executive Director. Reports may be made by calling the Compliance Hotline (1-844-775-3545) dedicated for the purpose of receiving such notification, or by emailing information to the Compliance Officer compliance@flpps.org or by walk-in to the Compliance Officer's office.

Upon receipt of a question or concern, any manager, officer, or director shall document the issue at hand and report to the Compliance Officer. Any questions or concerns relating to potential non-compliance by the Compliance Officer should be reported immediately to the FLPPS Board Chair. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the individual was seeking information concerning the Code of Conduct or its application, the Compliance Officer or designee shall record the facts and the nature of the information sought and respond as appropriate. FLPPS shall, as much as is possible, protect the anonymity of those who report any complaint or question.

V. Enforcement of Compliance Plan

This Compliance Plan will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of individuals engaged in conduct that has the potential of impairing FLPPS's status as a reliable, honest, and trustworthy organization or for failure to detect and/or report noncompliance. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal counseling or warning; (b) counseling with written warning; (c) retraining; (d) reassignment or demotion; (e) suspension without pay; and (f) termination of employment or contractual agreement.

Any discipline will be appropriately documented along with a written statement of reason(s) for imposing such discipline. The Compliance Officer shall maintain a record of all disciplinary actions involving the Compliance Plan and report at least annually, to the Board of Directors regarding such actions.

Performance Evaluation – Employee

FLPPS's Compliance Program requires that the promotion of, and adherence to, the elements of the Compliance Program be a factor in evaluating the performance of FLPPS's Employees. They will be periodically trained in new compliance policies and procedures. In addition, all Directors and managers will:

- Discuss with all supervised employees the compliance policies and legal requirements applicable to their function.
- Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment.
- Disclose to all supervised personnel that FLPPS will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements.

Disciplinary Action - Supervisory

Directors and Managers may face disciplinary action as indicated above for failure to adequately instruct their subordinates or failure to detect noncompliance with applicable policies and legal requirements where reasonable diligence on the part of the director or manager would have led to the earlier discovery of any problems or violations and would have provided FLPPS with the opportunity to correct them.

VI. Auditing and Monitoring

Ongoing evaluation and self-assessment is critical in detecting non-compliance by identifying risk areas and helps to ensure the success of FLPPS's Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Officer and in consultation with the IACC, is an integral component in detecting and preventing fraud, waste or abuse (FWA). Auditing activity may be performed by an unbiased external auditor while ongoing monitoring may be performed internally in conjunction with the Compliance Officer and IACC. Auditing and monitoring activity includes the following:

- Periodic review of the effectiveness of the Compliance Programs of FLPPS's Partners
- Periodic review of the project milestones and metrics in order to assure appropriate use of DSRIP funds.
- Annual compliance program effectiveness review of the FLPPS compliance program, to be completed internally or by an external consultant with specific compliance program expertise.

Additional steps to ensure the integrity of the Compliance Program will include:

Establishment of a process detailing ongoing notification by the Compliance Officer to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.

VII. Responding to and Remediating Compliance Issues

Violation Detection

Detected noncompliance, through any mechanism, i.e., compliance auditing procedures and/or confidential reporting, will be responded to in an expedient manner. We are dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Plan.

The Compliance Officer, Executive Director, and the Compliance Committee(s) shall determine whether there is any basis to suspect that a violation of the Compliance Plan has occurred.

If it is determined that a violation may have occurred, the matter may be referred to legal counsel who, with the assistance of the Compliance Officer, shall conduct a more detailed investigation.

This investigation may include, but is not limited to, the following:

- Interviews with individuals having knowledge of the facts alleged;
- A review of documents; and
- Legal research and contact with governmental agencies for the purpose of clarification.

If advice is sought from a governmental agency, the request and any written or verbal response shall be fully documented and maintained.

Investigation Reporting

At the conclusion of an investigation the Compliance Officer shall issue a report to the Executive Director, and Compliance Committee of the Board summarizing his or her findings, conclusions, and recommendations.

Remediation

If FLPPS identifies that a violation occurred, the appropriate steps based on severity will be taken to remediate the issue. Policies and procedures will be revised, created in order to prevent the likelihood of recurrence.

If FLPPS identifies that an overpayment was made or received, the appropriate steps will be taken to correct the overpayment. All regulatory (funder) and/or prosecutorial (attorney general/police) authorities will be appropriately notified with the advice and assistance of counsel as necessary.

Maintenance of Records of Events

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the Executive Director or legal counsel.

VIII. Non-Intimidation and Non-Retaliation

Provisions

The False Claims Act provides protection to qui tam (“Whistleblower”) 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.

FLPPS will not take any retaliatory action against an Employee if the Employee discloses information about FLPPS’s policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that FLPPS is in violation of a law that creates a substantial and specific danger to the public health and safety or which constitutes health care fraud under the law or that assert that, in good faith, the Employee believes constitute improper quality of care.

Protections

The identity of reporters will be safeguarded to the fullest extent possible and will be protected against retribution. Report of any suspected violation of shall not result in any retribution. Any threat of retaliation against a person who acts in good faith pursuant to his or her responsibilities under the Plan is acting against FLPPS’s compliance policy.

An Employee’s disclosure is protected only if the Employee first brought up the matter with a supervisor¹ and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or customer and the Employee believes in good faith that reporting to a supervisor would not result in corrective action.

FLPPS will protect qui tam relators with remedies that 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.

If FLPPS takes a retaliatory action against the qui tam relator (employee), the Employee may sue in state court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys’ fees.

¹ NYS Labor Law §740 1.(f) (f) "Supervisor" means any individual within an employer's organization who has the authority to direct and control the work performance of the affected employee; or who has managerial authority to take corrective action regarding the violation of the law, rule or regulation of which the employee complains. - See more at: <http://codes.lp.findlaw.com/nycode/LAB/20-C/740#sthash.UwxsNA9u.dpuf>