

KEY WORDS:

1. Delivery System Reform Incentive Payment (DSRIP)
2. Performing Provider System (PPS)
3. Medicaid
4. Compliance Hotline
5. External audit
6. Internal audit
7. New York State Office of the Medicaid Inspector General (NYSOMIG)

A. GENERAL POLICY STATEMENT

It is the policy of Bassett PPS, LLC, d/b/a Leatherstocking Collaborative Health Partners (LCHP) acting as the lead entity (Lead Entity) to comply with the requirements of the Delivery System Reform Incentive Payment Program (DSRIP) and applicable federal, state, and local laws and regulations in all its activities. This policy creates a Compliance Program, which is administered by the LCHP Compliance Officer, in conjunction with the LCHP Compliance Committee that has been created to advise this position. The Compliance Program has been designed to meet the requirements for compliance programs set forth in New York State Social Services Law (SSL) § 363-d and 18 NYCRR Part 521. It is the policy of LCHP that the PPS Program is not connected to waste, fraud or abuse associated with the use of DSRIP funds.

B. SCOPE

This Policy applies to LCHP and its assigns, acting as the Lead Entity, and all LCHP Partners (PPS Partners).

C. ACCOUNTABILITY

This policy will be administered by the LCHP Compliance Officer. The LCHP Compliance Officer shall consider the distribution of DSRIP funds and the New York State Department of Health requirements set out in *Delivery System Reform Incentive Payment - Measure Specification and Reporting Manual* at [https://www.health.ny.gov/health\\_care/Medicaid/redesign/docs/DSRIP\\_measure\\_specification\\_and\\_reporting\\_manual\\_for\\_public\\_comment.pdf](https://www.health.ny.gov/health_care/Medicaid/redesign/docs/DSRIP_measure_specification_and_reporting_manual_for_public_comment.pdf)

D. POLICY ELEMENTS

1. The Lead Entity shall not be responsible for how PPS Partners use their respective DSRIP distributions. The Lead Entity will develop adequate processes to be able to identify when PPS Partners obtain DSRIP distributions in a way inconsistent with approved LCHP project plans.

2. Employees and affected persons of LCHP and PPS Partners including, but not limited to executives, their governing board members (collectively, *All Affected Individuals*) shall receive training and education concerning the appropriate use of DSRIP funds for LCHP project plans, the reporting of compliance issues in accordance with this policy and compliance with relevant laws and regulations and DSRIP Program requirements. PPS Partners that are required to have a formal compliance program that meets the requirements of SSL § 363-d and 18 NYCRR Part 521 shall provide DSRIP education and training to their affected employees and persons and attest in writing to such education and training on the attached form.
3. All Affected Individuals of LCHP and PPS Partners having knowledge of deficiencies in DSRIP compliance with laws, regulations and requirements of the DSRIP Program are expected to report them to the DSRIP Compliance Officer.
4. Overview of Compliance Program:
  - a. The Compliance Program is focused on those areas of the DSRIP Program that involve legal and regulatory issues that are specific to the payment of DSRIP funds to LCHP and PPS Partners and that present risk of non-compliance. The purpose of the compliance function includes:
    - i. Developing and implementing, in conjunction with PPS Partners, plans to assure LCHP and each PPS Partner is in compliance with applicable laws, regulations, standards and DSRIP Program requirements.
    - ii. Developing and implementing, in conjunction with PPS Partners, program and materials for LCHP and PPS Partners to train and educate All Affected Individuals at LCHP and PPS Partners.
    - iii. PPS Partners who fail to participate in training and education as required will be referred to the governing board of the Lead Entity for further action and follow up including, but not limited to, the withholding of DSRIP funds.
    - iv. Conducting auditing/monitoring according to an approved annual work plan associated with LCHP and PPS Partner's receiving DSRIP funds to ensure adherence to DSRIP program requirements, training, and performance toward meeting DSRIP milestones.
    - v. Staying abreast of significant legal and regulatory developments, and communicating those to All Affected Individuals at LCHP and each PPS Partner to ensure continued adherence to DSRIP program requirements.
    - vi. Providing a means for All Affected Individuals who detect improper activity to confidentially report it to the LCHP Compliance Officer without retribution or fear of reprisal.
    - vii. Investigating situations of potential wrongful activity, LCHP Compliance Officer will follow self-disclosure protocol to the

New York State Department of Health (NYSDOH) and/or NYSOMIG where it is applicable and appropriate.

- viii. Recommending to LCHP's Chief Executive Officer (CEO) remedial steps and/or disciplinary action with respect to individuals and PPS Partners if warranted.
- ix. Reporting to the CEO of the Lead Entity and at least quarterly to the governing body of the Lead Entity.
- x. Maintaining a monitored confidential Compliance Hotline that provides access for All Affected Individuals to report on an anonymous basis any compliance issue.

5. LCHP Compliance Officer responsibilities:

- a. The LCHP Compliance Officer will oversee and monitor the LCHP Compliance Program.
- b. The LCHP Compliance Officer, in conjunction with the governing body of LCHP and assisted by the Compliance Committee, will:
  - i. Ensure that the Compliance Program, which includes this Policy, is being implemented.
  - ii. Monitor and evaluate the implementation and progress of the Compliance Program.
  - iii. Revise the Compliance Program.
  - iv. Co-chair the Compliance Committee.
  - v. Monitor significant regulatory developments that may have an impact on the LCHP's ability to comply with laws, regulations and DSRIP Program requirements and recommend changes to these policies as appropriate.
  - vi. Assess LCHP and the PPS Partner's compliance with laws and regulations and DSRIP Program requirements.
  - vii. Investigate all issues brought forward.
  - viii. Recommend to the Compliance Committee and the LCHP governing board remedies, consistent with existing policies and procedures where needed, that may include:
    - 1) sanctioning LCHP or PPS Partner;
    - 2) reporting to government agencies;
    - 3) promptly refunding overpayments to the NYSDOH;
    - 4) identifying opportunities for improvement in policies, procedures, controls or performance toward meeting identified DSRIP milestones.
    - 5) seeking recovery of overpayments from LCHP and/or PPS Partners;

- 6) seeking a credit against future DSRIP fund payments resulting from prior overpayments to Bassett and/or PPS Partners; and
  - 7) termination of contracts and payments.
- ix. Organize and implement education and training to aid All Affected Individuals in complying with laws, regulations and DSRIP Program requirements.
  - x. Maintain records of the activities of the Compliance Program.
  - xi. Develop an annual work plan, which will include areas of high priority embodying the functions described above. This includes review of the annual work plan of the New York State Medicaid Inspector General (NYSOMIG). Work plan items identified by both the NYSDOH and NYSOMIG may be recognized as risk areas and incorporated into the annual compliance work plan.
  - xii. Maintain a system that will ensure that the organization does not employ, partner with, do business with, appoint or reappoint sanctioned providers or other entities excluded from participation in the Medicare or Medicaid programs by checking them at least monthly against the following exclusion lists and such other lists selected by the DSRIP Compliance Officer:
    - 1) New York State Office of Medicaid Inspector General list of Medicaid Terminations and Exclusions;
    - 2) Office of Inspector General for the U. S. Department of Health and Human Services List of Excluded Individuals/Entities.
  - xiii. Publicize at LCHP and the PPS Partners organizations via the PPS website the telephone number and instructions for use of a compliance hotline and maintain documentation of all calls and the results of investigations, if applicable. Reports of calls and actions taken will be summarized by category and by operational area, and will be provided to the LCHP Compliance Committee at least annually to identify any significant trends or patterns.

#### 6. Compliance Committee:

- a. The purpose of the LCHP Compliance Committee is to provide guidance and insight, from a compliance perspective. The Committee is expected to help identify areas requiring the attention of the LCHP Compliance Officer (e.g. where a weakness is perceived in the organization or a new law or regulation is introduced, compliance with which may require adjustments in the organization). The Compliance Committee may advise on any other areas of the LCHP Compliance Officer's responsibility.

The LCHP Compliance Committee will consist of members of representatives of LCHP and PPS Partner

7. Code of Conduct:

The Code of Conduct has been developed as part of the LCHP Compliance Program. The Code provides a framework for making the right decisions and taking appropriate action. It demonstrates the Lead Entity's commitment to ethics and compliance with the law. The Code applies to All Affected Individuals.

The Code of Conduct is updated annually.

8. External Consultants and Auditors; Internal Audit:

An internal or external audit may be recommended by the CEO of the Lead Entity, or the LCHP Compliance Officer for the purpose of reviewing compliance with laws and regulations and requirements of the DSRIP Program. This includes, but is not limited to, consultants and auditors. Engagement of outside consultants or auditors will be at the recommendation of the compliance or finance committees and subject to approval of the CEO of the Lead Entity.

9. Policy of Non-Intimidation and Non-Retaliation:

Retaliation and/or intimidation against any Partner Organization, their directors, officers, staff, or contractors or Bassett PPS Staff who seek advice, raise a concern or report an ethical or compliance issue in good faith, will not be tolerated. Good faith reporting of compliance concerns and violations is protected by the Code of Conduct and by the Bassett PPS whistleblower policy. Partner Organizations or individuals who deliberately make a false accusation with the purpose of harming or retaliating against another person or Partner Organization will be subject to disciplinary action.

10. Reporting:

All Affected Individuals who detect or suspect wrongdoing such as incorrect reporting, improper billing or coding, payment for referrals, or misuse of restricted funds, are required to bring it to the attention of the LCHP Compliance Officer. The procedure for doing so is by telephone to the Compliance Hotline at 607-547-3017. All Affected Individuals may report anonymously.

E. COMMUNICATION

This policy will be posted on the LCHP website.

F. DISTRIBUTION

This policy will be distributed to all LCHP partners.

G. ENFORCEMENT

The LCHP Compliance Officer is responsible for compliance to this policy.

H. REVISIONS

The LCHP Compliance Officer is responsible for revising this policy for approval by the LCHP Compliance Committee.