



## Corporate Compliance Plan

### **Finger Lakes Performing Provider System Compliance Plan**

Revised **10/2019, 3/27/2023, 12/30/2024**

Compliance Plan

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## Finger Lakes Performing Provider System (FLPPS)

### COMPLIANCE PLAN

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#### 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 Brand

- Strategic
- Trusted
- Collaborative
- Adaptive
- Results-Oriented

#### FLPPS Principles

- Focus on the Safety Net Population
- Provide excellent Partner Value
- Accountability, Transparency, and Trusting Partnerships
- Capacity & Capability for Managed Care of a Population

### I. Code of Conduct

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It has been and continues to be the policy of Finger Lakes Performing Provider System and its subsidiary, the Greater Rochester Health Home Network (hereinafter, altogether FLPPS) to comply with all applicable Federal, State, and local laws, regulations, and payer requirements. It is also FLPPS' policy to adhere to the Code of Conduct that is adopted by the Board of Directors, the Executive Director, and the Compliance Committee (CC).

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.<sup>1</sup>

#### Avoidance of Conflict of Interest

Employees, including temporary and contracted employees ("Employees"), 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.

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<sup>1</sup> For purposes of this Compliance Plan, where it says that it applies to "Employees, Contractors and Board Members" that phrase is defined as "[A]ll persons who are affected by FLPPS' risk areas including FLPPS' employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers."



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.

#### Accurate Recordkeeping

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 and/or other FLPPS 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 to Integrity

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 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 ensure exclusion checks are conducted at least every thirty (30) calendar days to verify that all Employees, Contractors, Board Members, Partners and Vendors have not been excluded from federal or state healthcare programs.

Contractors are required to conduct exclusion screenings to confirm the identity and determine the exclusion status of the contractors' affected individuals at least every 30 calendar days. The Contractor must promptly share the results of the exclusion screenings with the compliance Officer and provide documentation upon request.

Any excluded individuals identified must be brought to the attention of the FLPPS Compliance Officer within 1 business day of discovery.

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 <https://exclusions.oig.hhs.gov/>
- The System for Award Management's (SAM) Excluded Parties List available on the website at <https://sam.gov/content/exclusions>
- The NYS Medicaid Exclusion List available on the NYS Office of the Medicaid Inspector General website at <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>

As more thoroughly outlined below and in addition, 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, Board Members and Partners. We are committed to these efforts through distribution of this Compliance Plan, our Code of Conduct, summary provisions, and our orientation materials, as well as presentations at board member meetings, and any provided trainings throughout the year. To underscore FLPPS' commitment to a compliant corporate culture and assure compliance with Federal and State laws, this Compliance Plan and related policies and procedures encompass the seven key elements that have been specified as requirements aimed at detecting fraud, waste and abuse in the Medicaid programs by the New York State Office of the Medicaid Inspector General (OMIG). The effectiveness of this plan will be certified, if required, by FLPPS to the Office of the Medicaid Inspector General and the effectiveness of the Program will be reviewed at least annually.

## **II. Compliance Program Oversight**

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#### 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) and reviewing the Plan and the policies and procedures during a review of the effectiveness of the Compliance Program on an annual basis or more frequently if needed. Liaison to the Board of Directors, Executive Director, Compliance Committee, management, and employees.

- Drafting, implementing, and updating a compliance work plan for the coming year, no less than annually or as otherwise necessary.
- Reporting no less than quarterly to the Board of Directors, Chief Executive Officer, and Compliance Committee on the progress of adopting, implementing, and maintaining the Program.
- Coordinating with the Compliance Committee and FLPPS compliance counsel.
- Investigating and independently acting upon matters related to the Compliance Program.
- Overseeing and monitoring the implementation of the Compliance Program.
- Directing FLPPS/GRHHN 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, pursuant to the Training Plan.
- Ensuring that Employees, Contracted personnel and Partners are aware of the requirements of FLPPS' Compliance Plan, including the preparation of the materials on the FLPPS website.
- 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.

### Compliance Committee (CC)

CC 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 CC's purpose is to advise and assist the Compliance Officer with implementation of the Compliance Program.

The roles of the CC include:

- Collaborating with the Compliance Officer on reviewing and assessing existing Policies & Procedures ("P&Ps") that address these risk areas for possible incorporation into the Compliance Plan.
- Analyzing the environment where FLPPS does business, including legal requirements with which it must comply.
- Advocating for the allocation of sufficient funding, resources, and staff to allow the Compliance Officer to fully perform their responsibilities.
- Collaborating with the Compliance Officer on written policies and procedures.
- Advocating for the enactment of required modifications to the Compliance Program.
- 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 and coordinating with the Compliance Officer to ensure communication and cooperation by individuals covered by the Compliance Program.
- 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 of the Board.

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

### **III. Compliance Training and Education**

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#### Expectations

Compliance education and training are critical elements of the Compliance Program. Every Board Member, Employee, Contractor and FLPPS Partner is expected to be familiar with and knowledgeable about FLPPS' Compliance Plan and have a working knowledge of their responsibilities under the Plan. Compliance policies and standards are communicated through regular communication and participation in training programs, which may be delivered via different modes.

#### 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
- Risk Areas
- The role of the Compliance Officer and Compliance Committee
- Disciplinary standards
- Response to compliance concerns and corrective action plans
- Information regarding the requirements of the Medicaid program related to the employee, contractor or Board Member
- Claims submission and billing requirements best practices
- 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 within 30 days in addition to directions on where to access a copy of the Compliance Plan, policies, and Code of Conduct. Training for employees will be provided within 30 days of hire or other association with FLPPS and at least annually thereafter. Governing body members will be trained within thirty (30) days of appointment. Contractors will receive materials about the Compliance Program and will be required to agree to contractual language regarding its review and understanding of the same.

### 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 or other association with FLPPS.

## **IV. Effective & Confidential Communication**

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### 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 by phone, e-mail or in writing. Reports may be made anonymously without fear of retaliation or retribution by calling the compliance hotline or mail. 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, contract or other association with FLPPS.

### 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 (1-833-209-1969) dedicated for the purpose of receiving such notification, or by emailing information to the Compliance Officer [compliance@flpps.org](mailto:compliance@flpps.org).

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 protect the confidentiality of those who report any complaint or question, unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by MFCU, OMIG or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under the required provider's policy for non-intimidation and non-retaliation.

## **V. Enforcement of Compliance Plan**

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This Compliance Plan will be consistently enforced across all levels of personnel through appropriate disciplinary mechanisms including, if appropriate, discipline of individuals engaged in conduct that has the potential of impairing FLPPS' 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.

Disciplinary actions applicable to the Board of Directors will be handled in accordance with the Boards governing documents (e.g., the Bylaws). Discipline of contractors will be handled in the contracting process.

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 quarterly, to the Board of Directors regarding such actions.

### **Performance Evaluation – Employee**

FLPPS' 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/GRHHN 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 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**

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Ongoing evaluation and self-assessment are critical in detecting non-compliance by identifying risk areas and helps to ensure the success of Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Officer and in consultation with the CC, is an integral component in detecting and preventing fraud, waste or abuse (FWA). FLPPS will conduct ongoing auditing and monitoring of compliance in identified risk areas including: billings, payments, ordered services, medical necessity, quality of care, governance, mandatory reporting, credentialing, contractor, subcontractor, agent, or independent contractor oversight, service provision, billing and documentation, fiscal management, including contractual relationships, Human Resources practices relating to the Corporate Compliance Program, and other risk areas that are or should reasonably be identified by the Agency through organizational experience. Auditing activity may be performed by an unbiased external auditor while ongoing monitoring may be performed internally in conjunction with the Compliance Officer and CC. An audit plan will be part of the annual work plan. Auditing and monitoring activity include the following:

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

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**

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### 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, the CC and the Board summarizing his or her findings, conclusions, and recommendations. Documentation maintained will include a description of the investigative process; copies of interview notes; other documents essential for demonstrating that the provider completed a thorough investigation of the issue.

Legal counsel will be available to provide any follow-up information requested or answer any questions of management or the Board of Directors. Any additional action will be on the advice of counsel.

The Compliance Officer shall report to the CC regarding each investigation conducted.

### Remediation

If FLPPS identifies that an overpayment was received from any third party payor, the appropriate regulatory (funder) and/or prosecutorial authority will be appropriately notified with the advice and assistance of counsel. It is FLPPS' policy to report and return any funds which are received as a result of overpayments. In instances where it appears an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

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**

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### Provisions

FLPPS will not take any retaliatory action against an Employee, Contractor or Board Member if the individual reports a violation of potential compliance issue to appropriate personnel, participates in an investigation of a potential compliance issue, conducts or participates in internal reviews or self-evaluations, participates in audits and remedial actions, reports instances of intimidation and retaliation and/or reporting potential fraud, waste or abuse to appropriate government officials, and/or discloses information about FLPPS' policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures also include 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 unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by MFCU, OMIG or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under the FLPPS policy for non-intimidation and non-retaliation. 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' compliance policy.

## **IX. References**

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18 NYCRR 521-1  
U.S. Sentencing Guidelines §8B2.1  
New York Consolidated Laws, Not-For-Profit Corporation Law - NPC § 102  
New York Consolidated Laws, Not-For-Profit Corporation Law - NPC § 715, 715-a  
26 USC Section 501(c)(3), Internal Revenue Code  
Exclusion Statute 42 U.S.C. § 1320a-7