

Rochester Regional Health Compliance Plan

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I. Introduction

Rochester Regional Health (RRH) believes that dedication to high ethical standards and compliance with all applicable laws and regulations is essential to its mission. This Plan is one essential part of the overall RRH Compliance Program. It guides and assists RRH in carrying out daily activities in accordance with appropriate ethical and legal standards. These obligations apply to RRH's relationships with patients, affiliated physicians, third-party payors, regulatory agencies, subcontractors, contractors, vendors, consultants, and one another.

This Plan addresses all elements that are required to establish an effective compliance program. This Plan describes how RRH prevents accidental and intentional noncompliance with applicable federal, state and local laws by establishing ways to prevent, detect, and correct non-compliance as well as ways to prevent, detect and correct fraud, waste, and abuse. The Plan will ensure that RRH establishes a culture whereby all Participants understand their compliance-related responsibilities and are provided with the means to address actual or perceived violations of the Plan.

All individuals associated with RRH, through employment, by contract, or other arrangement are expected to comply fully with this Plan and each Participant is responsible for his or her own conduct in complying with the Plan.

Any RRH Participant who violates, and/or encourages, directs, facilitates, or permits violations of applicable laws, regulations, RRH Code of Conduct, or its policies and procedures risks individual indictment, criminal prosecution and penalties, and civil actions for damages and penalties. Moreover, that individual also subjects RRH to the same risks and penalties. Any RRH Participant who violates any of these requirements may be subject to discipline, up to and including immediate termination.

The Board shall be updated no less than annually on the compliance program.

II. Definitions

The following terms are used throughout this document and have the following meanings:
"**Affiliate**" means any person or entity controlled by, or under common control with, RRH.

"**Audit and Compliance Committee**" means the Audit and Compliance Committee of the Board.

"**Board**" means the Board of Directors of RRH.

"**Corporate Compliance Committees**" means the committee(s) charged with promoting effective communication, implementation and maintenance of this Plan, as described more fully in §V(B), below.

"Contractor" means an individual (1) who has an independent contractor agreement with RRH to provide goods or services to RRH or its patients, or (2) who owns, is employed by, or otherwise works for an organization with such a contract, and who has direct contact with any Employee in performing the contract.

"CO" means the Compliance Officer who is assigned responsibility for overseeing the development, implementation and operation of this Plan, as described more fully in § V(A), below.

"Corporate Counsel" means the RRH corporate counsel and/or the law firm designated by RRH to provide legal advice and assistance in the development, implementation and maintenance of this Plan.

"Employee" means an employee of RRH or its Affiliates.

"Participant" means an individual subject to this Plan. Participants shall include all Employees, all Directors and Officers of RRH, all Volunteers, and all Contractors and Professional Staff members as defined herein.

"Plan" means this Corporate Compliance Plan of RRH adopted by the RRH Board of Directors.

"Professional Staff Member" means a physician or allied health practitioner who is a member of RRH's professional staffs but who is not an Employee or Contractor.

"RRH" means Rochester Regional Health and its Affiliates.

"Code of Conduct" means the RRH Code of Conduct.

"Vendor" means a company that has an agreement to provide goods or services to RRH or its patients.

"Volunteer" means a person who provides services to RRH without compensation.

III. Code of Conduct

RRH is committed to compliance with all applicable laws and the prevention of illegal or improper acts in the delivery of services. Therefore, specific corporate compliance standards have been adopted and included in the Code of Conduct. The Code of Conduct sets forth RRH's institutional philosophy and values concerning compliance with the law, with government guidelines, and with ethical standards. The Code of Conduct also includes a summary of laws designed to prevent fraud, waste and abuse in the submission of claims, the making of patient referrals, conflicts of interest, and the acceptance of remuneration (compensation) for services provided.

IV. Policies and Procedures

RRH's policies and procedures are also an important part of the Plan. RRH Participants must comply with all applicable policies and procedures. RRH policies and procedures shall be reviewed at least annually and updated as needed.

A. Contracting for Services

RRH is to conduct all business relations with Vendors, Contractors and other third-parties, including physicians and other clinicians, in a fair and independent manner, at arm's length and for fair market value.

B. Financial Accounting Records: Integrity and Accuracy

RRH strives to ensure that all financial reports, accounting records, research reports, expense accounts, time sheets, cost reports, and other financial documents shall accurately represent the performance of operations. RRH's Participants are trained as necessary to maintain all information required for compliance with RRH policies and procedures, accreditation standards, and any other such laws, statutes or regulations.

RRH has established and will maintain procedures to ensure a system of internal controls which provides reasonable assurance that financial records are executed and retained consistent with federal, state and local regulatory requirements and accounting industry guidelines and RRH strives to ensure that all records are prepared in a timely manner and are properly supported.

C. Revenue Cycle: Billing and Collections

RRH has an obligation to its patients, third party payors, and the federal and state governments to exercise diligence, care and integrity when submitting claims for payment for services rendered. To fulfill this obligation, RRH strives to maintain honest, fair, and accurate billing practices. Individuals involved in the billing functions of RRH are trained to perform such functions in accordance with federal, state and local law.

RRH has developed detailed written policies and procedures to provide guidance to its coding and billing staff about complying with the laws when working with in the revenue cycle.

D. Medical Necessity: Reasonable and Necessary Services

While physicians and other licensed health care professionals are able to order any services that are appropriate for the treatment of their patients, Medicare and other government and private health care plans will only pay for those services that meet appropriate medical necessity standards (as in the case of Medicare, "reasonable and necessary services"). Providers may not bill for services that do not meet the applicable standards.

Therefore, RRH strives to ensure that claims are submitted only for medically necessary services that it believes are medically necessary and that were ordered by a physician or other appropriately licensed individual. It is the policy of RRH that documentation is maintained to support the medical necessity of a service and that it has been provided.

E. Conflicts of Interest

RRH recognizes that conflicts of interest often arise in the course of normal business activities. However, Participants should make every effort to avoid all potential conflicts of interest. Potential conflicts of interest should be disclosed promptly if there is knowledge of one. Procedures related to conflicts must be adhered to in the event a conflict exists. To achieve our goals and to maintain the integrity of RRH, any individual associated with RRH who can potentially benefit from a contract or transaction shall not participate in RRH's decision-making process regarding that business entity. Participants may not accept or solicit a gift or benefit from vendors, patients or others who may influence or appear to influence the Staff member's decision-making, with the exception of unsolicited gifts of nominal value as described in the Code of Conduct.

F. Antitrust and Trade Regulation

It is the policy of RRH to avoid any activities that unfairly or illegally reduce or eliminate competition, control prices, allocate markets, or exclude competitors.

- i. Participants shall comply with the letter and spirit of all antitrust laws of the United States and of the State of New York. No Participant shall have any authority to engage in conduct that does not comply with this policy or to authorize, direct, approve or condone such conduct by any other person.
- ii. No Participant shall enter into understandings or agreements (whether written or oral) that could unfairly or illegally reduce or eliminate competition, control prices, allocate markets, or exclude competitors. This includes agreements or information sharing with other practices or carriers that affect prices, charges, profits and service or supplier selection.
- iii. Participants who negotiate or enter into contracts with competitors, potential competitors, contractors or suppliers shall do so on a competitive basis considering such factors as price, quality and service. This policy is especially important for Participants having purchasing, planning or marketing responsibilities.
- iv. Participants who attend association or professional association meetings or who otherwise come into contact with competitors should avoid discussions at those

meetings regarding pricing or other topics which could be interpreted as collusion or cooperation between competitors.

- v. Any Participant who suspects that a violation of the antitrust and trade regulation laws has occurred shall disclose that information to the CO.

G. Documentation and Record Retention

In addition to facilitating high quality patient care, a properly documented medical record verifies and records precisely what services were actually provided. The medical record may also be used to validate: (a) the site of the service; (b) the appropriateness of the services provided; (c) the accuracy of the billing; and (d) the identity of the care giver (service provider).

- i. **Internal Documentation:** RRH shall develop and implement policies and procedures intended to ensure medical records meet all legal requirements.
- ii. **Record Retention:** All medical records of RRH shall be maintained in accordance with Medicare, Medicaid, and all federal, state and local regulatory guidelines, and any other record retention policy of RRH, or longer if required due to an ongoing investigation. Medical records shall be secured against loss, destruction, unauthorized access, unauthorized reproduction, corruption, or damage.

H. Quality of Patient Care and Patient Bill of Rights

RRH maintains standards of patient care that reflect federal, state and local laws and regulations, respective medical, professional and clinical practice guidelines, and professional and accrediting body standards.

RRH's patients deserve care with concern for personal dignity and independence, and RRH views these as important factors in the healing process. It is the responsibility of all Participants to respect and preserve these rights for those who seek medical care from RRH. Registered patients receive a copy of the New York State Patients' Bill of Rights, which is also posted in most patient care areas of the RRH hospitals.

V. Administration of the Plan: Compliance Officer, Compliance Director, and Compliance Committee

A. The Compliance Officer; the Compliance Director

As required by the New York State Office of the Medicaid Inspector General, RRH shall establish a compliance structure that includes the designation of a compliance officer and a compliance committee. The CO and the Compliance Director are responsible for the direction and operation of this plan. The CO shall report compliance activities directly to the chief executive or other senior management, and to the Audit and Compliance

Committee of the Board no less than quarterly. Any change in the CO or Compliance Director shall be approved by the Board. The CO and Compliance Director organize and manage administrative tasks involved in monitoring and updating this Plan. The CO may delegate any of the CO responsibilities contained in this Plan to the Compliance Director, except for the CO's responsibilities under Section X (B).

The CO's duties shall include, among others:

- i. Supervising the administration and evaluation of the Plan to include, but not limited to, revisions to the Plan as required due to change in regulations or identification of risk;
- ii. Ensure, as appropriate, that state licensure records, the List of Excluded Individuals and Entities ("LEIE") of the Department of Health and Human Services' Office of the Inspector General ("OIG"), Office of Medicaid Inspector General ("OMIG") exclusions, and the System for Award Management ("SAM") records, have been checked with respect to all Employees, Professional Staff Members, Volunteers, Contractors and Vendor companies and for Professional Staff Members, the National Practitioners Databank shall be checked;
- iii. Establish and administer a communication system, including a hotline, that is available to all Plan Participants to report any suspected illegal conduct or other conduct that violates the Code of Conduct or applicable law;
- iv. Process and respond to all internal reports and hotline calls;
- v. Receive and investigate all reports of possible illegal conduct or other conduct that violates the Code of Conduct or refer to appropriate internal RRH department;
- vi. Establish open lines of communication among departments to ensure effective and efficient compliance policies and procedures throughout RRH;
- vii. Maintain and annually review compliance policies and procedures, develop new policies and procedures, revise as necessary and ensure awareness among department heads;
- viii. Collaborate with internal and external auditors;
- ix. Prepare and present quarterly reports to the Audit and Compliance Committee of the Board, including but not limited to all current and new investigations and disclosures;
- x. Ensure the Board is updated no less than annually on the compliance program.

B. Corporate Compliance Committees

To help ensure the success of the Plan, RRH has established Corporate Compliance Committees to identify and build upon its existing policies and procedures, to develop strategies for the implementation of the Plan, and to promote effective communication.

RRH and its affiliates offer extensive healthcare services and programs. Compliance Committees shall be established for each division of healthcare services and programs to ensure a focused approach. Each committee's activities shall be determined based on risks unique to each service and program. These committees will function in collaboration with the RRH Compliance Officer. Committee outcomes will be included in reports to the Audit and Compliance Committee of the Board.

Each Corporate Compliance Committee shall meet at least quarterly to discuss, review and resolve compliance issues. Generally speaking, Compliance Committees' functions may include, but are not limited to, the following:

- i. Providing support to ensure that the Plan is implemented uniformly across RRH; Assigning and reinforcing accountability for compliance to appropriate person(s);
- ii. Analyzing the business, industry, environmental and legal requirements with which RRH must comply, including operational risk areas specific to the committee's designated healthcare service or program;
- iii. Establishing procedures for ensuring that appropriate personnel are notified of changes in laws, regulations or policies, and that additional training is provided as necessary to assure continued compliance;
- iv. Identifying areas of risk in specific departments and implementing process improvement in identified areas and assessing existing policies and procedures that address these areas for possible incorporation into the Plan;
- v. Developing standards of conduct, policies, and procedures to promote compliance with RRH's policies.

VI. Training and Education

This Plan is incorporated into RRH's Administrative Policy and Procedures. Department Heads are responsible for being familiar with the Plan and disseminating pertinent information to their staffs.

Compliance training shall be reviewed annually to ensure it is up-to-date and reflects the current statutory framework governing RRH operations.

All new Employees and Volunteers receive an introduction to this Plan and receive initial compliance training at RRH orientation. A copy of the Code of Conduct is given to all new Employees and Volunteers; they are required to acknowledge receipt of the Code of Conduct..

Employees and Volunteers shall receive annual compliance training (including fraud, waste and abuse training). Non-employed medical staff members shall receive fraud, waste and abuse training when they join the medical staff of a hospital within RRH and annually thereafter.

Contractors, vendors, and agents will also receive compliance education.

As necessary, separate training sessions will be conducted to address specific department or Affiliate needs. Specialized training may focus on complex areas or in departments which the CO determines pose a high risk. The CO, or the Compliance Director if delegated by the CO, shall be responsible for ensuring that training is updated at regular intervals to include new developments in the law.

For example, individuals directly involved with billing, coding or other aspects of federal health care programs shall receive education specific to each individual's responsibilities. Some examples of such training may include:

- Documentation, charging and coding requirements;
- Proper billing standards and procedures;
- Submission of accurate bills for services or items rendered to federal health care program beneficiaries;
- Legal sanctions for submitting deliberately false or reckless billings; and
- Real examples of fraud, waste and abuse.

RRH shall maintain electronic updated coding systems and make them available to all applicable Participants as their roles require.

In addition, the Board shall receive compliance training upon appointment and at least annually thereafter.

VII. Auditing and Monitoring

A. Purpose

Establishing a compliance baseline and ongoing improvement and evaluation processes are crucial to our Corporate Compliance Program as it drives the evaluation of the overall effectiveness of the Corporate Compliance Program.

If significant variations from the baselines occur, an investigation to determine the causes will be conducted. If it is determined that the variation was caused by improper procedures or misunderstanding of policies, RRH will take prompt steps to correct the problems(s). Accountability will be assigned to the appropriate Department Head for corrective action and resolution. The corrective action and resolution will be reported to the CO and Compliance Director regularly until satisfied that it has been determined that compliance has been met consistently.

Any overpayments discovered either through routine monitoring or as a result of investigations or billing errors will be returned promptly to the affected payor, with appropriate documentation and explanation.

An ongoing, and at no less than annual, evaluation process is critical in detecting noncompliance and improving the quality of work, and will help to ensure the success of the Plan.

B. Scope and Methods

The CO will also periodically communicate with department heads to assist in determining the effectiveness of the Corporate Compliance Program. An annual review of corporate compliance issues will be completed and presented to the Audit and Compliance Committee of the Board by the CO. This review will specifically identify areas of risk.

Audits and reviews should inquire into RRH's compliance with specific rules and policies that have been the focus of particular attention on the part of Medicare, Medicaid, appropriate state entities, third party payors, and law enforcement e.g., as evidenced by OIG Special Fraud Alerts, OIG audits and evaluations, OMIG audits, and law enforcement initiatives.

Audit techniques may include, but are not limited to:

- On-site visits;
- Personnel interviews;
- General questionnaires submitted to Employees and Contractors;
- Reviews of medical records that support claims for reimbursement; and
- Review of written materials and documentation prepared by RRH.

RRH will conduct annual education and training programs and conduct focused issue audits in areas that the CO, Compliance Director and/or Audit and Compliance Committee of the Board has determined present compliance issues or challenges.

Other steps in monitoring compliance with the Plan include:

- Creation of annual plans and Medicaid compliance program self-assessments;
- Employees and Contractors notifying the CO and Compliance Director of any visits, audits, investigations or surveys by any federal or state agency or authority;
- CO reporting a summary of hotline calls, direct reporting of potential noncompliance, including substantiated, pending and unsubstantiated, to the Audit and Compliance Committee of the Board, Chief Administrative Officer;
- If an audit reveals potential noncompliant conduct, the procedures set forth in this Plan for investigation and, as appropriate, discipline and corrective action shall be followed.

VIII. Open Lines of Communication

All questions and concerns regarding compliance with the standards in this Plan shall be brought to the attention of the CO or the Compliance Director. Employees may consult with their supervisors or the Human Resources Department initially, who in turn shall refer all compliance issues to the CO or Compliance Director.

An anonymous external hotline has been established for all Participants. Participants may contact the hotline by phone or by email. This hotline provides a means of communicating information regarding compliance and ethical issues. It is one option which Participants may utilize to confidentially or anonymously report alleged compliance issues.

The caller may remain anonymous but must provide information sufficient to facilitate an appropriate investigation. The caller is asked to identify him/herself with a code word/number if he/she chooses to remain anonymous and to call the anonymous Hotline back. This will enable Corporate Compliance to give the caller feedback on his/her allegations. A record of all hotline calls shall be maintained listing each call, including opening and concluding dates, investigating party contact as well as its disposition.

Questions regarding compliance standards will be forwarded to the CO, who will respond or direct a response from an appropriate person or persons at RRH. The CO will investigate all reports of suspected misconduct received either through the "hotline" or other means of communication or the CO shall refer the report of suspected misconduct to appropriate RRH personnel for investigation (for example, privacy issues shall be referred to the RRH Privacy Officer; human resource issues shall be referred to the Human Resources Department; etc.).

Any Employee must report any suspected misconduct or fraud, waste or abuse to his/her immediate supervisor or other manager in the chain of command, or directly to Corporate Compliance. If reporting to the supervisor or other manager in the chain of command and discussing the potential issue with him/her does not resolve the concern, then the person making the report and the supervisor/manager are required to fully report the concern directly to Corporate Compliance. In addition, employees are required to cooperate with Corporate Compliance as Corporate Compliance investigates and resolves potential compliance issues. The CO shall maintain a log of alleged compliance issues, referrals, actions and resolutions, and report a summary to the Audit and Compliance Committee of the Board.

IX. Non-Retaliation/Non-Intimidation

RRH shall not intimidate or retaliate 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 or providing information to, or testifying before any public body conducting an investigation, hearing or inquiry into any such violation as provided in Sections 740 and 741 of the New York State Labor Law. Any substantiated adverse action, intimidation and/or retribution by any participant will result in disciplinary action, up to and including termination of employment. The CO or designee will investigate all reports of potential adverse action, retaliation or intimidation. An individual also has the right to report suspicions to the appropriate government agency.

X. Responding to Detected Offenses and Developing Corrective Action Initiatives

A. Violations and Investigations

Upon reports of suspected noncompliance, the CO, or the Compliance Director as designated by the CO, will initiate an investigation to ascertain whether or not a violation of applicable law or the requirements of this Plan has occurred. If a violation has occurred, corrective action steps will ensue immediately. Process improvements will be facilitated as appropriate to ensure monitors are in place to mitigate future occurrences. If appropriate, a referral to criminal and/or civil law enforcement authorities may be made by the CO or Compliance Director.

An internal investigation may include interviews with relevant personnel and a review of pertinent documents. RRH may consider engaging outside counsel and/or auditors to assist in an investigation. Such engagement shall be under the authority and oversight of the CO or the Compliance Director, who shall act as liaison for any investigation. RRH intends to protect its attorney-client privilege to the greatest extent possible.

The Corporate Counsel and CO will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation. Any disciplinary action warranted will be imposed promptly and in accordance with RRH's written policies and procedures of disciplinary action.

Records of the investigation shall include documentation of the alleged violation, description of the investigation process, results of the investigation, any disciplinary action taken, and any corrective action implemented.

B. Reporting

The CO will decide when to report the existence of misconduct to the appropriate governmental authority. The CO will keep the Audit and Compliance Committee informed of such reports. If the CO has sufficient evidence to believe that misconduct may have violated criminal, civil or administrative law, and a decision has been made to report, every effort will be made to assure that the repayment will take place no more than sixty (60) days after determining that credible evidence of a violation exists. The CO shall not delegate the CO's responsibilities under this Section X (B).

XI. Disciplinary Policies

Disciplinary action of those who have failed to comply with RRH policies and procedures, including federal and state laws, or those who have otherwise engaged in conduct that could potentially impair RRH's status as a reliable, honest and trustworthy health care provider, is an important part of this Plan. Failure to comply with this Plan and/or any laws, rules, or regulations may result in disciplinary action up to and including termination of employment or association with RRH.

The CO does not have the authority to extend unilaterally any protection or immunity from disciplinary action, civil litigation or prosecution to those Participants who are alleged to have engaged in misconduct. Disciplinary action relating to compliance violations will be addressed through RRH's Human Resource progressive disciplinary process.

The commitment to compliance applies to all Participants within RRH, and all levels of Participants regardless of title are subject to the same disciplinary action for the commission of similar offenses.

Discipline may occur for failure to report non-compliant conduct, as well as for involvement in non-compliant conduct. In addition to or in lieu of disciplinary action, the following actions may be taken:

- Re-training;
- Reviews and revisions to policies and procedures; and
- Prospective performance improvement error reduction action.

XII. Exclusion List Checks

The success and effectiveness of this Plan will depend upon the extent to which the RRH Participants understand and internalize its philosophy, objectives, and processes. Consequently, the Plan addresses the following RRH human-resource based issues:

A reasonable and prudent background investigation will be conducted for Participants who have discretionary authority to make decisions which may involve compliance with the law or compliance oversight. The application will require the applicant to disclose any criminal conviction(s).

The state licensure records, the LEIE, the OMIG exclusions, the SAM records, and, for Professional Staff Members the National Practitioner Databank, must be checked with respect to all Employees, Professional Staff Members, Volunteers and Contractors prior to hire. The LEIE, OMIG exclusions and SAM records shall be re-checked on a monthly basis for existing Employees, Volunteers and Professional Staff Members. This function may be shared with the credentialing committees within RRH where appropriate.

RRH shall not employ or enter into an engagement of any entity or individual who has been convicted of a criminal offense related to health care or who is listed as debarred, excluded, or otherwise ineligible for participation in federal or state health care programs. Pending the resolution of any criminal charges related to health care against an Employee or proposed debarment or exclusion of the Employee from participation in federal or state health care programs, the Employee shall be removed from direct responsibility for, or involvement in, any federal or state health care programs.