

Addendum

Refuah Community Health Collaborative New York State Delivery System Reform Incentive Payment (“DSRIP”) Program Performing Provider System Compliance Plan

A. BACKGROUND

Refuah Health Center, Inc. (“Refuah”) is the lead entity for the Refuah Community Health Collaborative Performing Provider System in Orange and Rockland Counties, New York (“RCHCPPS,” “RCHC,” or “PPS”) in New York’s Delivery System Reform Incentive Payment (“DSRIP”) program. As such, it has the responsibility to take steps to ensure that the Medicaid funds distributed as part of the DSRIP program are not subject to fraud, waste, or abuse. This includes having a process in place to help identify if/when DSRIP providers obtain DSRIP distributions in a way that is inconsistent with the DSRIP project plans and program rules. Refuah and the RCHCPPS, however, are not responsible for the individual compliance programs of the collaborating providers of the RCHC PPS, nor are they responsible for how the collaborating providers use their DSRIP distributions.

B. MISSION STATEMENT

The RCHCPPS is implementing this Compliance Plan in order to instill a culture that promotes prevention, detection, and resolution of instances that do not conform to PPS Protocols and/or Laws and Regulations applicable to the administration of the DSRIP program. It provides a framework for PPS officers, directors, managers, contractors, providers, health care professionals, vendors, or suppliers performing services for the PPS, (together, “PPS Personnel”), and the communities the PPS serves, including the Medicaid Program, for the establishment of an environment of compliance throughout the PPS.

C. COMPLIANCE PROGRAM

The RCHCPPS is dedicated to maintaining excellence and integrity in support of its mission and ethical operational and business conduct in the implementation of its DSRIP responsibilities and the responsibilities of the DSRIP Program network providers.

To accomplish these goals, this Compliance Plan implements a compliance program that includes:

- (1) Implementing written policies and procedures
- (2) Designation of a Compliance Officer
- (3) Conducting appropriate education and training
- (4) Developing open and effective lines of communication

- (5) Responding appropriately to detected offenses and developing corrective action
- (6) Conducting internal monitoring and auditing
- (7) Enforcement of well publicized disciplinary standards
- (8) Creating and enforcing a policy of non-intimidation and non-retaliation for good faith participation in the compliance program

PPS Compliance Program is intended to provide reasonable assurance that the PPS and PPS network providers and Personnel, in their administration of the DSRIP Program:

- Comply in all material respects with all Laws and Regulations (as defined below) applicable to such operations;
- Satisfy the conditions of participation in New York State's DSRIP program; and
- Establish, monitor, and enforce high professional and ethical standards in connection with DSRIP activities.

This Compliance Plan has been developed in accordance with the: (1) relevant state and federal laws and regulations, including but not limited to the False Claims Act, the Anti-kickback Statute; referral and payment requirements of Article 28-A of the New York Public Health Law; and requirements of the Delivery System Reform Incentive Payment ("DSRIP") Program (collectively, "Laws and Regulations"); and (2) the policies and procedures governing the DSRIP Program, from time to time adopted or amended by NYSDOH; and the policies and procedures applicable to the RCHC DSRIP Program, from time to time adopted by RCHC and any other RCHC policy, procedure, or directive (collectively, "PPS Protocols").

The provisions of this Compliance Plan apply to RCHCPPS operations and activities performed by PPS Personnel in connection with PPS operations. The obligations for compliance include, but are not limited to, the following:

- Compliance with PPS Protocols, Laws, and Regulations;
- Familiarity with the purpose and applicable elements of PPS Protocols;
- Proper implementation of the PPS Project Plans;
- Performing PPS responsibilities in a manner which demonstrates commitment to compliance with the conditions of participation for the DSRIP Program; and
- Reporting known or suspected compliance issues to the PPS Chief Compliance Officer or to the Compliance Hotline

D. COMMITMENT TO COMPLIANCE

RCHCPPS has demonstrated a commitment to compliance by adopting these elements of a Compliance Program through the following actions:

- The development of specific PPS Protocols that promote the PPS' commitment to compliance and provide guidance and expectations for all PPS Personnel. The PPS Protocols, and Laws and Regulations, provide the guiding standards for PPS operations, activities, and decisions. The PPS Protocols will be posted in an easily accessible place

for all PPS Personnel to view. It is the obligation of PPS Personnel to become aware of and adhere to the standards set forth in the PPS Protocols, Laws, and Regulations.

- The designation of a Chief Compliance Officer and Compliance Committee who are responsible for operating and monitoring the Compliance Program. Implementation of this Compliance Plan will be overseen by the Compliance Committee and the Chief Compliance Officer. The Chief Compliance Officer will sit on the Compliance Committee and shall report directly to the Compliance Committee and to the Executive Committee. The Chief Compliance Officer will have the following duties:
 - Oversee and monitor PPS compliance activities and coordinate with PPS Personnel regarding any audits and/or reviews, particularly in regard to risk areas identified through the Identifying and Managing Risk and Liability Policy; or other appropriate policy.
 - Report on a periodic basis to the Compliance Committee, the Executive Committee, and the Project Management Office (“PMO”) as appropriate on the progress of the PPS Compliance Program;
 - Ensure implementation of reporting mechanisms, including the Compliance Hotline to enable PPS Personnel to report suspected improprieties without fear of retribution, and oversee processes to investigate, resolve and document all reported concerns;
 - Periodically review the PPS Compliance Program to evaluate and recommend revisions as necessary to meet changes in the business and regulatory environment;
 - Assist PPS Personnel responsible for developing educational and training programs on the compliance responsibilities of PPS Personnel and the elements of the PPS Compliance Plan;
 - Receive and investigate reports of possible illegal conduct or other conduct that may violate PPS Protocols;
 - Facilitate periodic reviews of the exclusion databases to confirm that no PPS Personnel have been excluded from participation in the federal health care programs; and
 - Notify appropriate law enforcement agencies of possible illegal conduct, when and if necessary.
- The development and implementation of general compliance related training and education as well as DSRIP related compliance expectations including training and education related to DSRIP projects and reporting any fraud, waste, and abuse related to DSRIP funds. As part of the PPS Compliance Plan, the Chief Compliance Officer will assist PPS Personnel in:
 - Providing ongoing informal communications concerning compliance;
 - Maintaining an open door policy for PPS Personnel which includes answering routine questions regarding compliance or ethics issues; and

- Developing appropriate education and training programs, specifically related to the DSRIP program, and confirming that PPS Personnel have received such education and training.
- RCHC recognizes that open and effective lines of communication between the PPS Compliance apparatus and PPS Personnel are critical to its success. In order to maintain communication regarding matters related to compliance, the PPS:
 - Strongly encourages PPS Personnel to report incidents, anonymously if desired, of potential concern to their immediate supervisor or directly to the PPS Chief Compliance Officer, and/or through the Compliance Hotline; and
 - Will not subject employees and providers who, in good faith, report possible compliance violations to retaliation or harassment as a result of their reports. Concerns about possible retaliation or harassment should be reported to the PPS Chief Compliance Officer.
 - Inform PPS Personnel, Medicaid recipients, and community members about how to file a compliance complaint or raise compliance issues. This information may be communicated directly, through the PPS's website, or other public mechanisms such as telephone hot lines, community workers, and other providers.
- Implementation of a process to respond to any allegations of potential non-compliance, which shall include an investigation by the PPS for each allegation or concern reported. As fully detailed in the Corrective Action Policy, the PPS has the authority and responsibility to review any potential compliance concern or PPS Personnel issue directly. The PPS will, through the Project Management Office or its designee, review and analyze all reported compliance issues, and where appropriate, implement corrective action plans and/or sanctions, in accordance with such Policy.
- The PPS shall use periodic monitoring activities and conduct internal audits in order to ascertain the rate of compliance with specific laws, regulations, and PPS Protocols and to decrease the risk of non-compliance. Risk areas to be monitored shall include those specific to PPS Leads during the applicable DSRIP phase and the progress toward meeting DSRIP milestones.
- Implementation and enforcement of disciplinary policies to encourage good faith participation in the Compliance Program and to give it credibility. In the event that internal policies, regulations, or Federal or State Health Care Program requirements have been violated, all affected individuals will be disciplined in a manner consistent with PPS Protocols.
- PPS Personnel have the obligation to notify the RCHC/PPS of any actual, apparent, or potential compliance concern or violation. As detailed in this policy, any individual who makes a good-faith report of a concern or suspected violation will not be subject to retaliation, and the identity of the individual making the report will be kept confidential, to the extent practicable.

- Federal and state law also contain qui tam (or whistleblower) provisions that allow a private person to bring a civil action for violations of the False Claims Act or equivalent state requirements on behalf of the government. A whistleblower is entitled to receive a percentage of monies obtained through settlements, penalties, and/or fines in such lawsuits.
- Persons bringing whistleblower claims are also granted protections under the law. Anyone who is fired, demoted, suspended, threatened, harassed, or in any other manner discriminated against because a report made in good faith may be entitled to reinstatement with seniority, double back pay, interest, special damages, and attorney's fees and costs sustained as a result of such discriminatory treatment.
- When indicated, the PMO or its designee will report violations of criminal, civil or administrative law related to the RCHCPPS to the appropriate federal and/or state authority, and refund any overpayments.

PPS Personnel are responsible for conducting themselves according to legal and ethical standards. The PPS will implement appropriate review and sanctions of PPS Personnel found to have violated PPS Protocols, Laws, or Regulations in connection with the DSRIP Program, in accordance with the **Corrective Action Policy**.

E. LEGAL STANDARDS

In carrying out PPS activities and operations, PPS Personnel are required to abide by various Laws, Regulations, and other requirements, including but not limited to¹:

- Fraud and Abuse Laws, such as:
 - Civil and Criminal False Claims requirements
 - Anti-Kickback rules
 - Civil Monetary Penalty provisions
 - Stark requirements
 - Beneficiary Inducement prohibitions
- False Statement and False Claims Laws, such as:
 - Criminal False Statement prohibitions
 - Civil and Criminal False Claims requirements
- Personal Information Privacy and Security Laws, such as:
 - Health Insurance Portability and Accountability Act (“HIPAA”)
 - Health Information Technology and Economic and Clinical Health Act (“HITECH”)

¹ The legal standards listed here are more fully described in the Refuah Health Center, Inc. Compliance Plan to which this Compliance Plan is an Addendum.

PPS Personnel will be provided with appropriate training and/or materials containing detail about these requirements as they pertain to their responsibilities to the RCHC PPS.