

<b>Alliance for Better Health Care, LLC</b>	<b>Page 1 of 5</b>	
	<b>EFFECTIVE DATE:</b> MARCH 2015	<b>NUMBER:</b>
	<b>ORIGINATOR:</b> Corporate Compliance Officer	
<b>ORGANIZATIONAL POLICY</b>  <b>CORPORATE COMPLIANCE PROGRAM</b>	<b>CONCURRENCE:</b>	
	<b>APPROVAL:</b> Board of Managers	

**PURPOSE OF POLICY**

Alliance for Better Health Care, LLC (the “AFBHC”) believes that conscientious dedication to the highest ethical standards is essential to its mission. This dedication is essential because AFBHC is charged with further New York State’s interest in improving the quality and coordination of health care while reducing costs which requires that the people’s business be conducted with complete integrity.

For these reasons, AFBHC has designated a Corporate Compliance Officer to have day-to-day responsibility for its compliance efforts. AFBHC also has established a Corporate Compliance Committee (the “Committee”), to assist the Corporate Compliance Officer.

**SCOPE**

This policy applies to all members, managers, employees, participating providers, agents, contractors and business partners of Alliance for Better Health Care, LLC(covered person).

**GUIDELINES**

I. **OBJECTIVES OF THE CORPORATE COMPLIANCE PROGRAM**

Constant vigilance is necessary to avoid impropriety or the appearance of impropriety. Consequently, AFBHC has developed a Corporate Compliance Program (the “Program”) to set standards for conduct, and monitor conduct, in various areas of AFBHC’s activities. Although the implementation and enforcement will be the chief responsibility of the Corporate Compliance Officer, the responsibility for compliance rests with each member, medical professional, employee and business partner of Alliance for Better Health Care, LLC. All covered persons have a responsibility to report compliance issues to the Corporate Compliance Officer.

II. **GENERAL OPERATION OF THE PROGRAM**

A. **Objectives of the Program**

The objectives of the program are:

1. to assist AFBHC in preventing inappropriate transactions;
2. to assist AFBHC in preventing irregularities in payment, reimbursement and other transactions;

3. to assist AFBHC's management, members, participating providers and employees through education in identifying areas of possible concern that may adversely affect AFBHC's good reputation, its participation in public programs, or its status as the holder of public licenses, certifications and exemptions;
4. to provide additional oversight of AFBHC's compliance with laws, regulations and special conditions imposed upon it by a licensing or regulatory authority.

B. Duties of the Corporate Compliance Officer

The responsibility for operation of the Program and for preparation of reports relating to it rests with the Corporate Compliance Officer. The success of the Program depends on the active participation of covered persons. Through the dissemination of the Compliance Policies (described below) and appropriate training, all such persons shall be fully advised regarding their responsibilities for the Program, and the circumstances in which they should notify the Corporate Compliance Officer on a timely basis of matters subject to review under the Program.

The Corporate Compliance Officer will be provided with the resources necessary to fulfill his/her responsibility for operation of the Program. The Corporate Compliance Officer may inquire into any matters arising or appearing to arise within the purview of the Program including, but not limited to, matters involving unethical conduct, irregular billing, claims or payments and regulatory compliance. AFBHC's other personnel, including but not limited to, accountants and legal counsel shall be available to assist the Corporate Compliance Officer in his/her duties.

The Corporate Compliance Officer is to be informed of all instances where fraudulent activity is suspected, identified, or reported. Such instances will include direct referrals of potentially fraudulent activities to the Compliance and Fraud Hotline, reports of potential fraud made directly to management and breaches of Information Technology security. The Compliance Officer will initiate an investigation and coordinate such investigation as appropriate with law enforcement. Recommendations following such investigations will be made to executive management and as necessary to the Board of Managers Audit and Compliance Committee.

The Corporate Compliance Officer will be provided with resources necessary to fulfill this responsibility, including but not limited to, continued education in fraud investigation. AFBHC personnel shall be made available to assist in such investigations as reasonable and necessary.

The Corporate Compliance Officer is responsible to and will report to the Board of Managers Audit and Compliance Committee on all reports received, inquiries conducted, recommendations for action and all related matters.

C. The Corporate Compliance Committee shall:

- i. Develop and implement a compliance program for the Company to ensure proper governance, oversight and compliance with applicable laws and regulations, including, but not limited to, New York State Social Security Law 363-d;
- ii. Perform an enterprise-wide risk assessment for the Company to identify compliance concerns related to the Company's operations and performance;
- iii. Coordinate appropriate compliance education and training programs for the Governing Board.
- iv. Develop a compliance grievance process to ensure that appropriate and consistent steps are taken in response to alleged compliance violations and complaints by community members, Medicaid beneficiaries, and uninsured community members attributed to the Company.
- v. Coordinate the planned use of internal and external auditors based on generally accepted accounting principles and practices, and DSRIP milestones, metrics and goals, as approved by the Governing Board.
- vi. Meet at least quarterly, and such other times, as called by the Committee Chair.

III. POLICY MANUAL

Because of the importance of understanding and abiding by all of AFBHC's standards and procedures, the Corporate Compliance Officer shall make available to covered persons AFBHC's compliance policies. Because business partners do not generally have access to the Alliance for Better Health Care, LLC's intranet website they may request written copies of such policies through the Corporate Compliance Officer.

IV. REPORTING AND RECORDKEEPING

1. Participating providers, Providers/Suppliers, and other individuals or entities performing functions or services on behalf of AFBHC are required to report in good faith any actual or suspected concerns.
2. Individuals may choose one or more of the following methods for reporting:
  - a. Speak directly with a member of AFBHC management;
  - b. Contact the AFBHC Compliance Officer in care of Ellis Medicine, 1101 Nott Street, Schenectady, NY 12308 or at (518) 243-4404;
  - c. File a telephone report with the AFBHC Compliance Hotline at 1-888-253-7864. The Compliance Hotline is staffed 24 hours a day, 7 days a week by an outside organization.
  - d. File a report online at <https://ellis.alertline.com>.

3. Individuals filing a report using either the telephone or the online reporting system will have the option to remain anonymous if they so choose. Individuals who identify themselves will be provided a report identification number to check back later on the status and ultimate resolution of their report. Follow-up reporting is not available to individuals who choose to file an anonymous report.
4. Participants, Providers/Suppliers, and other individuals or entities performing functions or services on behalf of *AFBHC* who receive reports of alleged violations of law, regulations or policies involving *AFBHC* are required to promptly notify the *AFBHC* Compliance Officer or legal counsel for investigation.
5. The identity of individuals filing compliance reports and the information provided will be treated confidentially throughout the process of investigation to the extent possible under applicable laws and as necessary to ensure a complete investigation of matters reported.
6. *AFBHC* policy prohibits retaliation against any individual reporting a potential compliance issue in good faith. Individuals who believe they have been retaliated against for reporting a compliance matter are encouraged to report their concern using one of the options listed in #2 above. All cases of retaliation will be promptly investigated.
7. Information concerning the responsibility of individuals to report compliance issues and concerns, including violations of law, regulations or *AFBHC* policies, and resources available to report such matters, including the Compliance Hotline, will be communicated to Participants and Providers/Suppliers through *AFBHC*'s training materials, website, policies and procedures, and other communications.

V. TRAINING

Periodic training and education on compliance will be provided upon orientation to *AFBHC* and, at least annually, to all employees, executives, members, participating providers and governing body members and persons associated with *AFBHC*.

VI. COMPLIANCE REVIEWS AND PLANS

The Compliance Officer will be charged with conducting an enterprise-wide risk assessment no less than annually. The risk assessment shall include reviews of any applicable regulatory work plans, interviews with members and staff, an analysis of prior year audits and known risks and an assessment of industry trends in compliance.

The Corporate Compliance Plan will be developed annually and approved by the Board of Managers Audit and Compliance Committee. The Plan will be developed to comply with the elements required of compliance programs as mandated by the New York State Office of Medicaid Inspector. The Auditing & Monitoring section of the Plan will address risks noted in the enterprise-wide risk assessment.

VII. RESPONDING TO COMPLIANCE ISSUES

The Compliance Officer or designee will investigate every report of non-compliance. A report of non-compliance may be from a hotline call, routine review, exploratory audit or other format. Investigations will be done promptly and thoroughly and will consist of interviewing personnel, examining documents, and consulting with legal counsel, if

necessary. All employees must cooperate with those investigating such matters and non-cooperation will result in discipline. The Compliance Officer or designee has full authority to interview any employee and document he or she deems necessary to complete the investigation. A written record of each investigation will be created and maintained by the Compliance Officer. He/she will make every effort to preserve the confidentiality of such records and will make any necessary disclosures on a “need to know” basis only. The Compliance Officer will recommend a course of discipline and/or other corrective action. Sanctions may include a requirement to follow a certain process or procedure in the future, restitution, and/or discipline. The Compliance Officer will assess the processes surrounding the event of non-compliance to ensure the processes and systems are effective.

If a compliance issue involves the New York State Department of Health or the Office of Medicaid Inspector General, the Compliance Officer will notify the respective agency as needed. Any overpayments of government program dollars will be investigated promptly and returned where applicable.

The Compliance Officer will report the results of each investigation considered significant to the Board of Managers Audit and Compliance Committee.

## **EXHIBITS**

## **REFERENCES**

New York State Social Services Law 363-d

ORIGINAL IMPLEMENTATION DATE: 03/2015

REVIEW DATE:

REVIEWED:

REVISED: