

Thursday, December 28, 2017

**Compliance with Centers for Medicare and Medicaid Services  
*Medicare Parts C and D General Compliance Training***

NYC Health + Hospitals ("System") is committed to carrying out its mission, values, business operations, and patient care initiatives in a manner that is ethical and legally compliant.

In furtherance of the System's compliance efforts, the attached memorandum outlines the Centers for Medicare and Medicaid Services ("CMS") compliance training and education requirements that the System must satisfy in its role as a provider under contract with several Medicare Advantage Organizations ("MAOs"). For the review by, and the ultimate familiarity of, System Workforce Members, Business Partners, and Agents, the memorandum includes as attachments the following documents: (i) the CMS *Medicare Parts C and D General Compliance Training* slides; (ii) the *NYC Health + Hospitals Corporate Compliance and Ethics Program: Summary of Workforce Member, Business Partner, and Agent Responsibilities*.

We encourage you to review the many policies that our health care system has implemented to deter fraud, waste, abuse, and criminal conduct; and to promote ethical and professional standards and principles. These policies may be accessed through the intranet under the Office of Corporate Compliance ("OCC") page at: <http://compliance.nychhc.org/>, or on our public website at: <http://www.nychealthandhospitals.org/policies-procedures/>. You may also contact the compliance officer assigned to your facility, or contact the OCC by phone at 1-646-458-7799 or by e-mail at [COMPLIANCE@nychhc.org](mailto:COMPLIANCE@nychhc.org) to obtain copies of the same.

Thank you for taking time to read this very important message.

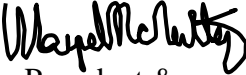


**Wayne A. McNulty**  
**Senior Assistant Vice President and**  
**Chief Corporate Compliance Officer**



**MEMORANDUM**

**TO:** All NYC Health + Hospitals Workforce Members  
All NYC Health + Hospitals Business Partners  
All NYC Health + Hospitals Agents

**FROM:** Wayne A. McNulty   
Senior Assistant Vice President &  
Chief Corporate Compliance Officer

**DATE:** December 27, 2017

**RE:** **Centers for Medicare and Medicaid Services/Medicare Parts C and D**  
**General Compliance Training**

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The paragraphs that follow outline the compliance training obligations that NYC Health + Hospitals (the “System”)<sup>1</sup> must meet to satisfy the Centers for Medicare and Medicaid Services’ (“CMS”) effective compliance program training and education requirements for Medicare Advantage Organizations (“MAOs”) (*see* § I below for examples of MAOs). These training requirements indirectly apply to the System by way of its provider agreements with various MAOs.<sup>2</sup>

**I. Background**

Pursuant to CMS regulations, MAOs are required to adopt and implement an effective compliance program designed, in pertinent part, to prevent, detect and correct instances of: (i) non-compliance with CMS requirements; and (ii) fraud waste and abuse.<sup>3</sup> Examples of MAOs include MetroPlus, Aetna, Fidelis, Empire Blue Cross Blue Shield, EmblemHealth, Healthfirst, and United Healthcare, each of which has a provider agreement with the System. Note that, in its role as a provider under contract with these and other MAOs, the System is classified or

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<sup>1</sup> Throughout this document “NYC Health + Hospitals” and the “System” are used interchangeably. Both terms shall mean the New York City Health and Hospitals Corporation, a public benefit corporation created pursuant to the New York City Health and Hospitals Corporation Act (McKinney’s Unconsolidated Laws of N.Y. § 7381 *et seq.* [L 1969, C. 1016, eff. May 26, 1969].

<sup>2</sup> *See* 42 CFR § 422.503 (b)(4)(vi)(C)(3).

<sup>3</sup> *See id.* at § 422.503 (b)(4)(vi).

otherwise referred to as a *First-Tier, Downstream, or Related Entity* (“FDR”).

One of the required elements of a MAO compliance program is the establishment and implementation of effective training and education between the MAO and its FDRs – including the System. In sum and substance, such training includes the mandatory completion of the *Medicare Learning Network Medicare Parts C and D General Compliance Training* (“CMS Compliance Training”) (see Attachment “A”) by all of the System’s Workforce Members, Business Partners, and Agents as defined below.

- *Workforce Members* include any of the following System individuals, whether serving in a temporary or permanent capacity onsite at the System or remotely, who perform System duties, functions or activities on a full-time, part-time or *per diem* basis: (i) employees; (ii) executives; (iii) affiliate employees;<sup>4</sup> (iv) medical staff members; (v) members of the NYC Health + Hospitals Board of Directors and their designee agents;<sup>5</sup> (vi) personnel; (vii) appointees; (viii) interns; (ix) trainees; (x) students; (xi) volunteers; and (xii) any individual whose conduct, in the performance of work functions and duties on behalf of the System, is under the direct control of the System, whether or not he/she is paid by the System.
- *Business Partners* include any of the following non-Workforce Member vendors, contractors, subcontractors, and other third-parties (collectively “Third Party” or “Third Parties”) under contract or other agreement with the System: (i) any Third Party that, in acting on behalf of, or otherwise being associated with, the System, engages in activities, functions, and duties that: (a) contribute to the System’s entitlement to receive payment from Federal healthcare programs or private payors; or (b) may place the System in a position to commit significant noncompliance with Federal healthcare program or private payor requirements or fraud, waste, and abuse prohibitions; and (ii) OneCity Health Delivery System Reform Incentive Payment (“DSRIP”) Program Performing Provider System Partners.<sup>6</sup>
- *Agents* include any individual or entity that has entered into an agency relationship with the System. Depending on their System functions and duties, Agents may fall

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<sup>4</sup> For purposes of this memorandum, affiliate employees are all individuals who are contract service providers under an affiliation agreement with the System.

<sup>5</sup> For purposes of this memorandum, this includes Directors of the System’s wholly owned subsidiaries and Members of the Gotham Health FQHC, Inc. Board of Directors.

<sup>6</sup> Examples of Business Partners include Third Parties that: (i) deliver, furnish, prescribe, direct, order or otherwise provide healthcare items and/or services; (ii) provide billing or coding functions; (iii) monitor the healthcare provided by the System; (iv) establish and administer the formulary of the System and/or medical benefit coverage policies and procedures; (v) review beneficiary claims and services submitted for payment to Federal healthcare programs or private payors; or (vi) exercise decision making authority (e.g., clinical decisions, coverage determinations, appeals and grievances, health plan enrollment/disenrollment functions, the processing of pharmacy or medical claims) in administration of Federal healthcare programs or private payor health plans (see CMS Additional Guidance – *Compliance Program Training Requirements and Audit Process Update*, p. 3 [February 16, 2016], available at: [https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/2016\\_Compliance\\_and\\_-FWA\\_Training\\_Requirement\\_Update.pdf](https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/2016_Compliance_and_-FWA_Training_Requirement_Update.pdf) ).

under the category of Workforce Member or Business Partner.

Accordingly, please thoroughly review each slide in the attached CMS Compliance Training (*see* Attachment “A”) to assist the System in its efforts to satisfy CMS and MAO contractual requirements. System department heads should ensure that all subordinate Workforce Members (including Agents who are Workforce Members) who don’t have System e-mail access receive a copy of this memorandum and the annexed CMS Compliance Training. Likewise, Business Partners (including Agents that are Business Partners) should ensure the distribution of this memorandum and the annexed CMS Compliance Training to all of their personnel involved in carrying out System activities, duties, and functions. Any questions regarding the CMS Compliance Training may be addressed to the Office of Corporate Compliance (“OCC”) as set forth herein at subdivision B of § III (NYC Health + Hospitals Corporate Compliance and Ethics Program: *How Compliance Violations Should be Reported at the System*), *infra*.

## **II. Overview of CMS Compliance Training**

The main learning objectives of the CMS Compliance Training is to ensure all Workforce Members, Business Partners, and Agents recognize how: (i) a compliance program operates; and (ii) compliance program violations should be reported. It is important to highlight that, in describing how a compliance program operates, the CMS Compliance Training places an emphasis on ethical behavior. This is particularly demonstrated on CMS Compliance Training Lesson Page 7 (p.17), which is titled “Ethics - Do the Right Thing!” As outlined in this slide, ethical behavior is accomplished by:

- Acting fairly and honestly;
- Adhering to high ethical standards in all that you do;
- Complying with all applicable laws, regulations, and CMS requirements; and
- Reporting suspected violations.

Please be advised that all Workforce Members, Business Partners, and Agents are required to carry out their System functions, duties, and activities in an ethical and legal manner.

## **III. NYC Health + Hospitals Corporate Compliance and Ethics Program**

The System has established a Corporate Compliance and Ethics Program (the “Program”) that is focused on ethical behavior, as well as the prevention, detection, and correction of any failure to meet legal and regulatory requirements - - especially as they relate to coding, billing, and financial transactions.<sup>7</sup>

### **A. How does the System’s Program Operate?**

To fully understand how the System’s Program operates, Workforce Members, Business Partners, and Agents should be familiar with: (i) the goals of the System’s Program; and (ii) what

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<sup>7</sup> NYC Health + Hospitals Operating Procedure 50-1: Corporate Compliance and Ethics Program (“OP 50-1”) § 1.

is expected from them with respect to compliant and ethical behavior.

### *Goals of the System's Program*

Although the System's Program has many important goals, the following three key goals stand out:

- To prevent and detect fraud, waste and abuse, and criminal conduct;<sup>8</sup>
- To promote an organizational environment that encourages ethical conduct and business practices as well as compliance with the law;<sup>9</sup> and
- To create a system of internal controls designed to prevent inappropriate billing and other practices impermissible under Medicaid and Medicare program regulations, guidelines, and conditions of participation.<sup>10</sup>

### *Compliance Expectations*

With regard to compliance expectations, understanding what is expected of you as a Workforce Member, Business Partner or Agent of NYC Health + Hospitals is an important part of the System's Program and is a key area covered in the CMS Compliance Training. The compliance expectations of Workforce Members, Business Partners, and Agents are best described in the *NYC Health + Hospitals Principles of Professional Conduct* ("POPC"), which, among other things, underscores the System's commitment to comply with all applicable Federal and State laws.<sup>11</sup> The POPC may be found on the System's public website at: <http://www.nychealthandhospitals.org/wp-content/uploads/2016/07/principles-of-professional-conduct.pdf>

In sum and substance, all Workforce Members, Business Partners, and Agents are required to affirmatively participate in the Program by abiding by the following compliance mandates:

- Adhere to compliance standards;
- Commit to ethical conduct;
- Protect whistleblowers by prohibiting retaliation;
- Adhere to standards of conduct;
- Report compliance issues and concerns;

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<sup>8</sup> See 2016 United States Sentencing Commission Guidelines Manual § 8B2.1 (a) (1); *see also* Corporate Compliance Plan § B (I) at 5.

<sup>9</sup> NYC Health + Hospitals' Corporate Compliance Plan § B (I) at 5.

<sup>10</sup> See Corporate Compliance Plan § B (I) at 5; *see also* Office of the Medicaid Inspector General, Mandatory Compliance Programs, Frequently Asked Questions: What is the Purpose and Intent of the Mandatory Compliance Law, [https://www.omig.ny.gov/images/stories/provider\\_compliance/ssl\\_faqs.pdf](https://www.omig.ny.gov/images/stories/provider_compliance/ssl_faqs.pdf).

<sup>11</sup> POPC § III at 4.

- Protect the privacy and security of confidential information; and
- Refrain from engaging in prohibited activities.

Workforce Members, Business Partners, and Agents that fail to comply with these mandates, which are described in greater detail in the *NYC Health + Hospitals Corporate Compliance and Ethics Program: Summary of Workforce Member, Business Partner, and Agent Responsibilities* document that is annexed hereto as Attachment “B”, shall be subject to disciplinary action up to and including termination of employment, contract or other affiliation with the System.

**B. How Compliance Violations Should be Reported at the System**

The CMS Compliance Training (*see* Lesson Page 3 on p. 13; Lesson Page 5 on p. 15; Lesson Page 11 on p. 21; Lesson Page 14 on p. 24) also focuses on reporting noncompliant behavior and conduct that is contrary to the goals and requirements of a compliance program. Please be advised that NYC Health + Hospitals’ Workforce Members, Business Partners, and Agents are responsible for promptly reporting any suspected unlawful or unethical behavior or incidents, and/or violations of the System’s Program.<sup>12</sup> Reports may be made by mail, phone, fax or e-mail in the following manner:

**U.S. Mail:**

NYC Health + Hospitals  
Office of Corporate Compliance  
160 Water Street, Suite 1129  
New York, NY 10038

**Telephone:**

(646) 458-7799

**Facsimile:**

(646) 458-5624

**E-mail:**

COMPLIANCE@nychhc.org

**Confidential Compliance Helpline:**

1-866-HELP-HHC (1-866-435-7442)

**Confidential OneCity Health DSRIP Compliance Helpline** (for DSRIP-related compliance issues):

1-844-805-0105

In addition to the methods provided above, if you are a Workforce Member, you may contact an OCC staff member at the System facility or program you work in. A list of OCC staff members may be accessed on the System’s intranet site at: <http://compliance.nychhc.org/a-team-effort>. Regardless of the method you choose to report a compliance issue, please be advised that,

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<sup>12</sup> See Corporate Compliance Plan § C (IV) at 34.

to the extent permitted under applicable law, your confidentiality will be safeguarded if you report a compliance issue. Remember, you may choose to remain anonymous when you contact the Confidential Compliance Helpline or Confidential OneCity Health DSRIP Compliance Helpline.

C. The System's Non-Retaliation/Whistleblower Protection Policy

The CMS Compliance Training also focuses on the establishment of a non-retaliation policy with regard to protecting those individuals (often referred to as “whistleblowers”) who make reports concerning non-compliant behavior and other conduct that is contrary to the goals and requirements of a compliance program (*see* Lesson Page 11 on p. 21 and Lesson Page 12 on p. 22). Please be advised that the System is committed to protecting whistleblowers.<sup>13</sup> Accordingly, the System prohibits, in any form, intimidation, harassment or retaliation against any individual who “in good faith” participates in the Program by, for example, reporting or participating in the investigation of: (i) suspected violations of law; (ii) suspected violations of System policies and procedures; and/or (iii) suspicions of fraud, waste, or abuse.<sup>14</sup> Further, any Workforce Member, Business Partner or Agent that engages in retaliatory conduct will be subject to disciplinary action up to and including termination of employment, contract or other affiliation with the System.

**IV. Questions Related to the CMS Compliance Training/Additional Compliance Information**

The OCC would like to thank all Workforce Members, Business Partners, and Agents for their continuous participation in the System's Program. If you have any questions regarding the content of this memorandum or the CMS Compliance Training, please contact Catherine Patsos, First Deputy Corporate Compliance Officer, OCC, by phone at (646) 458-7799. Finally, we encourage all Workforce Members, Business Partners, and Agents to review the numerous System compliance policies and procedures available on the System's public website at: <http://www.nychealthandhospitals.org/policies-procedures/> (*see Compliance with the Deficit Reduction Act of 2005* section at the bottom of the webpage).

Attachment

cc:  
Stanley Brezenoff

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<sup>13</sup> OP 50-1 § 10.

<sup>14</sup> *See id*; *see also* POPC § IX; *see also, generally*, 18 NYCRR § 521.3 (c)(8); Labor Law §§ 740 (1) (e); 741 (1) (f) (providing that examples of retaliation include unjustified discharge/termination, demotion, or suspension of employment; threatening or harassing behavior; and other adverse action taken against an employee regarding the terms and conditions of his/her employment).

## **Attachment “A”**



# **Medicare Parts C and D General Compliance Training Web-Based Training Course**

January 2017

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# TITLE

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## TITLE PAGE



# INTRODUCTION

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## INTRODUCTION PAGE 1

**The Medicare Parts C and D General Compliance Training course is brought to you by the Medicare Learning Network®, a registered trademark of the U.S. Department of Health & Human Services (HHS)**



## **INTRODUCTION PAGE 2**

This Web-Based Training (WBT) course was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the WBT for your reference.

This WBT course was prepared as a service to the public and is not intended to grant rights or impose obligations. This WBT may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Completing this training module satisfies the Medicare Parts C and D plan Sponsors annual general compliance training requirements in the regulations and sub-regulatory guidance at:

- 42 Code of Federal Regulations (CFR) Section 422.503(b)(4)(vi);
- 42 CFR Section 423.504(b)(4)(vi);
- Section 50.3 of the Compliance Program Guidelines (Chapter 9 of the “Medicare Prescription Drug Benefit Manual” and Chapter 21 of the “Medicare Managed Care Manual”); and
- June 17, 2015, Health Plan Management System (HPMS) memo: Update – Reducing the Burden of the Compliance Program Training Requirements. (Keep up-to-date with the most recent memos on the [CMS Compliance Program Policy and Guidance](#) website.)

While Sponsors are required to complete this training or use this module’s downloaded content to satisfy compliance training requirements, completing this training in and of itself does not ensure that a Sponsor has an “effective Compliance Program.” Sponsors are responsible for establishing and executing an effective compliance program according to the Centers for Medicare & Medicaid Services (CMS) regulations and program guidelines.

ACRONYM		TITLE TEXT	
CFR		<i>Code of Federal Regulations</i>	
WBT		<i>Web-Based Training</i>	
HYPERLINK URL/JAVASCRIPT		LINKED TEXT/IMAGE	
<a href="https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html">https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/ComplianceProgramPolicyandGuidance.html</a>		CMS Compliance Program Policy and Guidance	

## INTRODUCTION PAGE 3



Welcome to the **Medicare Learning Network® (MLN)** – Your free Medicare education and information resource!

The MLN is home for education, information, and resources for the health care professional community. The MLN provides access to the CMS Program information you need, when you need it, so you can focus more on providing care to your patients.

Serving as the umbrella for a variety of CMS education and communication activities, the MLN offers:

1. [MLN Educational Products](#), including [MLN Matters® Articles](#);
2. [WBT Courses](#) (many offer Continuing Education credits);
3. [MLN Connects® National Provider Calls](#);
4. [MLN Connects® Provider Association Partnerships](#);
5. [MLN Connects® Provider eNews](#); and
6. [Provider Electronic Mailing Lists](#).

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).

ACRONYM	TITLE TEXT
CMS	<i>Centers for Medicare &amp; Medicaid Services</i>
MLN	<i>Medicare Learning Network®</i>

HYPERLINK URL	LINKED TEXT/IMAGE
<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts</a>	MLN Educational Products
<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles</a>	MLN Matters® Articles
<a href="https://learner.mlnlms.com">https://learner.mlnlms.com</a>	WBT Courses
<a href="https://www.cms.gov/Outreach-and-Education/Outreach/NPC">https://www.cms.gov/Outreach-and-Education/Outreach/NPC</a>	MLN Connects® National Provider Calls
<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Partnership">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLN-Partnership</a>	MLN Connects® Provider Association Partnerships
<a href="https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg">https://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg</a>	MLN Connects® Provider eNews

HYPERLINK URL/JAVASCRIPT	LINKED TEXT/IMAGE
<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243324.html">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243324.html</a>	Provider Electronic Mailing Lists

## **INTRODUCTION PAGE 4**

### **Why Do I Need Training?**

Every year **billions** of dollars are improperly spent because of Fraud, Waste, and Abuse (FWA). It affects everyone – **including you**. This training helps you detect, correct, and prevent FWA. **You** are part of the solution.

Compliance is everyone's responsibility. As an individual who provides health or administrative services for Medicare enrollees, your every action potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

ACRONYM	TITLE TEXT
FWA	<i>Fraud, Waste, and Abuse</i>



## **INTRODUCTION PAGE 5**

### **Training Requirements: Plan Employees, Governing Body Members, and First-Tier, Downstream, or Related Entity (FDR) Employees**

Certain training requirements apply to people involved in performing or delivering the Medicare Parts C and D benefits. All employees of Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs) (collectively referred to in this WBT course as “Sponsors”) and the entities with which they contract to provide administrative or health care services for enrollees on behalf of the sponsor (referred to as “FDRs”) must receive training about compliance with CMS program rules.

You may also be required to complete FWA training within 90 days of your initial hire. Please contact your management team for more information.

#### **Learn more about Medicare Part C**

Medicare Part C, or Medicare Advantage (MA), is a health plan choice available to Medicare beneficiaries. MA is a program run by Medicare-approved private insurance companies. These companies arrange for, or directly provide, health care services to the beneficiaries who elect to enroll in an MA plan.

MA plans must cover all services that Medicare covers with the exception of hospice care. MA plans provide Part A and Part B benefits and may also include prescription drug coverage and other supplemental benefits.

#### **Learn more about Medicare Part D**

Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to all beneficiaries enrolled in Part A and/or Part B who elect to enroll in a Medicare Prescription Drug Plan (PDP) or an MA Prescription Drug (MA-PD) plan. Insurance companies or other companies approved by Medicare provide prescription drug coverage to individuals who live in a plan’s service area.

ACRONYM	TITLE TEXT
MA	<i>Medicare Advantage</i>

## **INTRODUCTION PAGE 6**

### **Course Content**

This WBT course consists of general compliance program training, a post-assessment, and a course evaluation.

Anyone who provides health or administrative services to Medicare enrollees must satisfy general compliance and FWA training requirements. You must use this WBT course to satisfy general compliance training requirements.

You do not have to complete the course in one session; however, you must complete at least the Introduction before exiting the course. Do not click the “X” button in the upper right-hand corner of the window as this will cause you to exit the WBT course without properly saving your progress. It should take approximately 20 minutes to complete this course.

Successfully completing the course requires completing the entire lesson and course evaluation, and scoring 70 percent or higher on the Post-Assessment. After successfully completing the Post-Assessment, you’ll get instructions to complete the course evaluation and print your certificate.

### **Course Cues**

This course uses cues at various times to provide additional information. The cues are hyperlinks, buttons, acronyms, pop-up windows, and printing cues. For more information on course cues, click the “HELP” button in the upper right corner.

### **Screen Resolution**

If you need to adjust your screen resolution, access instructions through the “HELP” button in the upper right corner and go to the “Screen Resolution” section.

## **INTRODUCTION PAGE 7**

### **Course Objectives**

When you complete this course, you should be able to correctly:

- Recognize how a compliance program operates; and
- Recognize how compliance program violations should be reported.

Click on the “MAIN MENU” button to return to the WBT Main Menu. Then, select “Lesson: Compliance Program Training.”

# **LESSON: COMPLIANCE PROGRAM TRAINING**

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## **LESSON PAGE 1**

### **Introduction and Learning Objectives**

This lesson outlines effective compliance programs. It should take about 15 minutes to complete. Upon completing the lesson, you should be able to correctly:

- Recognize how a compliance program operates; and
- Recognize how compliance program violations should be reported.

## **LESSON PAGE 2**

### **Compliance Program Requirement**

The Centers for Medicare & Medicaid Services (CMS) requires Sponsors to implement and maintain an effective compliance program for its Medicare Parts C and D plans. An effective compliance program should:

- Articulate and demonstrate an organization's commitment to legal and ethical conduct;
- Provide guidance on how to handle compliance questions and concerns; and
- Provide guidance on how to identify and report compliance violations.

### **LESSON PAGE 3**

#### **What Is an Effective Compliance Program?**

An effective compliance program fosters a culture of compliance within an organization and, at a minimum:

- Prevents, detects, and corrects non-compliance;
- Is fully implemented and is tailored to an organization's unique operations and circumstances;
- Has adequate resources;
- Promotes the organization's Standards of Conduct; and
- Establishes clear lines of communication for reporting non-compliance.

An effective compliance program is essential to prevent, detect, and correct Medicare non-compliance as well as Fraud, Waste, and Abuse (FWA). It must, at a minimum, include the seven core compliance program requirements.

For more information, refer to:

- [42 Code of Federal Regulations \(CFR\) Section 422.503\(b\)\(4\)\(vi\)](#) on the Internet;
- [42 CFR Section 423.504\(b\)\(4\)\(vi\)](#) on the Internet;
- [“Medicare Managed Care Manual,” Chapter 21](#) on the CMS website; and
- [“Medicare Prescription Drug Benefit Manual,” Chapter 9](#) on the CMS website.

HYPERLINK URL	LINKED TEXT/IMAGE
<a href="https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec422-503.pdf">https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec422-503.pdf</a>	42 Code of Federal Regulations (CFR Section 422.503(b)(4)(vi)
<a href="https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec423-504.pdf">https://www.gpo.gov/fdsys/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec423-504.pdf</a>	42 CFR Section 423.504(b)(4)(vi)
<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf</a>	Medicare Managed Care Manual, Chapter 21
<a href="https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf">https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf</a>	Medicare Prescription Drug Benefit Manual, Chapter 9

## **LESSON PAGE 4**

### **Seven Core Compliance Program Requirements**

CMS requires that an effective compliance program must include seven core requirements:

#### **1. Written Policies, Procedures, and Standards of Conduct**

These articulate the Sponsor's commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.

#### **2. Compliance Officer, Compliance Committee, and High-Level Oversight**

The Sponsor must designate a compliance officer and a compliance committee that will be accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.

The Sponsor's senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.

#### **3. Effective Training and Education**

This covers the elements of the compliance plan as well as prevention, detection, and reporting of FWA. This training and education should be tailored to the different responsibilities and job functions of employees.

ACRONYM	TITLE TEXT
FWA	<i>Fraud, Waste, and Abuse</i>

## **LESSON PAGE 5**

### **Seven Core Compliance Program Requirements (continued)**

#### **4. Effective Lines of Communication**

Effective lines of communication must be accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith reporting of compliance issues at Sponsor and First-Tier, Downstream, or Related Entity (FDR) levels.

#### **5. Well-Publicized Disciplinary Standards**

Sponsor must enforce standards through well-publicized disciplinary guidelines.

#### **6. Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks**

Conduct routine monitoring and auditing of Sponsor's and FDR's operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program.

**NOTE:** Sponsors must ensure that FDRs performing delegated administrative or health care service functions concerning the Sponsor's Medicare Parts C and D program comply with Medicare Program requirements.

#### **7. Procedures and System for Prompt Response to Compliance Issues**

The Sponsor must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

ACRONYM	TITLE TEXT
FDR	<i>First-Tier, Downstream, or Related Entity</i>



## **LESSON PAGE 6**

### **Compliance Training–Sponsors and their FDRs**

CMS expects that all Sponsors will apply their training requirements and “effective lines of communication” to their FDRs. Having “effective lines of communication” means that employees of the Sponsor and the Sponsor’s FDRs have several avenues to report compliance concerns.

## **LESSON PAGE 7**

### **Ethics–Do the Right Thing!**

As part of the Medicare Program, you must conduct yourself in an ethical and legal manner. It's about doing the right thing!

- Act fairly and honestly;
- Adhere to high ethical standards in all you do;
- Comply with all applicable laws, regulations, and CMS requirements; and
- Report suspected violations.

## **LESSON PAGE 8**

### **How Do You Know What Is Expected of You?**

Beyond following the general ethical guidelines on the previous page, how do you know what is expected of you in a specific situation? Standards of Conduct (or Code of Conduct) state compliance expectations and the principles and values by which an organization operates. Contents will vary as Standards of Conduct should be tailored to each individual organization's culture and business operations. If you are not aware of your organization's standards of conduct, ask your management where they can be located.

**Everyone** has a responsibility to report violations of Standards of Conduct and suspected non-compliance.

An organization's Standards of Conduct and Policies and Procedures should identify this obligation and tell you how to report suspected non-compliance.

## **LESSON PAGE 9**

### **What Is Non-Compliance?**

Non-compliance is conduct that does not conform to the law, Federal health care program requirements, or an organization's ethical and business policies. CMS has identified the following Medicare Parts C and D high risk areas:

- Agent/broker misrepresentation;
- Appeals and grievance review (for example, coverage and organization determinations);
- Beneficiary notices;
- Conflicts of interest;
- Claims processing;
- Credentialing and provider networks;
- Documentation and Timeliness requirements;
- Ethics;
- FDR oversight and monitoring;
- Health Insurance Portability and Accountability Act (HIPAA);
- Marketing and enrollment;
- Pharmacy, formulary, and benefit administration; and
- Quality of care.

For more information, refer to the Compliance Program Guidelines in the [“Medicare Prescription Drug Benefit Manual”](#) and [“Medicare Managed Care Manual”](#) on the CMS website.

### **Know the Consequences of Non-Compliance**

Failure to follow Medicare Program requirements and CMS guidance can lead to serious consequences including:

- Contract termination;
- Criminal penalties;
- Exclusion from participation in all Federal health care programs; or
- Civil monetary penalties.

Additionally, your organization must have disciplinary standards for non-compliant behavior. Those who engage in non-compliant behavior may be subject to any of the following:

- Mandatory training or re-training;
- Disciplinary action; or
- Termination.

<b>HYPERLINK URL</b>	<b>LINKED TEXT/IMAGE</b>
<a href="https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf">https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Chapter9.pdf</a>	“Medicare Prescription Drug Benefit Manual” and “Medicare Managed Care Manual”

## **LESSON PAGE 10**

### **NON-COMPLIANCE AFFECTS EVERYBODY**

Without programs to prevent, detect, and correct non-compliance, we all risk:

Harm to beneficiaries, such as:

- Delayed services
- Denial of benefits
- Difficulty in using providers of choice
- Other hurdles to care

Less money for everyone, due to:

- High insurance copayments
- Higher premiums
- Lower benefits for individuals and employers
- Lower Star ratings
- Lower profits

## **LESSON PAGE 11**

### **How to Report Potential Non-Compliance**

#### **Employees of a Sponsor**

- Call the Medicare Compliance Officer;
- Make a report through your organization's website; or
- Call the Compliance Hotline.

#### **First-Tier, Downstream, or Related Entity (FDR) Employees**

- Talk to a Manager or Supervisor;
- Call your Ethics/Compliance Help Line; or
- Report to the Sponsor.

#### **Beneficiaries**

- Call the Sponsor's Compliance Hotline or Customer Service;
- Make a report through the Sponsor's website; or
- Call 1-800-Medicare.

#### **Don't Hesitate to Report Non-Compliance**

There can be no retaliation against you for reporting suspected non-compliance in good faith.

Each Sponsor must offer reporting methods that are:

- Anonymous;
- Confidential; and
- Non-retaliatory.

## **LESSON PAGE 12**

### **What Happens After Non-Compliance Is Detected?**

After non-compliance is detected, it must be investigated immediately and promptly corrected.

However, internal monitoring should continue to ensure:

- There is no recurrence of the same non-compliance;
- Ongoing compliance with CMS requirements;
- Efficient and effective internal controls; and
- Enrollees are protected.

## **LESSON PAGE 13**

### **What Are Internal Monitoring and Audits?**

- Internal monitoring activities are regular reviews that confirm ongoing compliance and ensure that corrective actions are undertaken and effective.
- Internal auditing is a formal review of compliance with a particular set of standards (for example, policies and procedures, laws, and regulations) used as base measures.



## **LESSON PAGE 14**

### **Lesson Summary**

Organizations must create and maintain compliance programs that, at a minimum, meet the seven core requirements. An effective compliance program fosters a culture of compliance.

To help ensure compliance, behave ethically and follow your organization's Standards of Conduct. Watch for common instances of non-compliance, and report suspected non-compliance.

Know the consequences of non-compliance, and help correct any non-compliance with a corrective action plan that includes ongoing monitoring and auditing.

### **Compliance Is Everyone's Responsibility!**

**Prevent:** Operate within your organization's ethical expectations to prevent non-compliance!

**Detect & Report:** If you detect potential non-compliance, report it!

**Correct:** Correct non-compliance to protect beneficiaries and save money!

## **LESSON PAGE 15**

### **Lesson Review**

Now that you have completed the Compliance Program Training lesson, let's do a quick knowledge check. The following questions do not contribute to your overall course score in the Post-Assessment.

**LESSON PAGE 16**

**Knowledge Check**

You discover an unattended email address or fax machine in your office that receives beneficiary appeals requests. You suspect that no one is processing the appeals. What should you do?

**Select the correct answer.**

- A. Contact law enforcement
- B. Nothing
- C. Contact your compliance department (via compliance hotline or other mechanism)
- D. Wait to confirm someone is processing the appeals before taking further action
- E. Contact your supervisor

**CORRECT  
ANSWER**

C

## **LESSON PAGE 17**

### **Knowledge Check**

A sales agent, employed by the Sponsor's First-Tier or Downstream entity, submitted an application for processing and requested two things: 1) to back-date the enrollment date by one month, and 2) to waive all monthly premiums for the beneficiary. What should you do?

**Select the correct answer.**

- A. Refuse to change the date or waive the premiums, but decide not to mention the request to a supervisor or the compliance department
- B. Make the requested changes because the sales agent determines the beneficiary's start date and monthly premiums
- C. Tell the sales agent you will take care of it, but then process the application properly (without the requested revisions) – you will not file a report because you don't want the sales agent to retaliate against you
- D. Process the application properly (without the requested revisions) – inform your supervisor and the compliance officer about the sales agent's request
- E. Contact law enforcement and the Centers for Medicare & Medicaid Services (CMS) to report the sales agent's behavior

**CORRECT  
ANSWER**

**D**

## **LESSON PAGE 18**

### **Knowledge Check**

You work for a Sponsor. Last month, while reviewing a monthly report from the Centers for Medicare & Medicaid Services (CMS), you identified multiple enrollees for which the Sponsor is being paid, who are not enrolled in the plan. You spoke to your supervisor who said not to worry about it. This month, you have identified the same enrollees on the report again. What should you do?

**Select the correct answer.**

- A. Decide not to worry about it as your supervisor instructed – you notified him last month and now it's his responsibility
- B. Although you have seen notices about the Sponsor's non-retaliation policy, you are still nervous about reporting – to be safe, you submit a report through your compliance department's anonymous tip line so you cannot be identified
- C. Wait until the next month to see if the same enrollees appear on the report again, figuring it may take a few months for CMS to reconcile its records – if they are, then you will say something to your supervisor again
- D. Contact law enforcement and CMS to report the discrepancy
- E. Ask your supervisor about the discrepancy again

**CORRECT  
ANSWER**

B

ACRONYM	TITLE TEXT
CMS	<i>Centers for Medicare &amp; Medicaid Services</i>

**LESSON PAGE 19**

**Knowledge Check**

You are performing a regular inventory of the controlled substances in the pharmacy. You discover a minor inventory discrepancy. What should you do?

**Select the correct answer.**

- A. Call local law enforcement
- B. Perform another review
- C. Contact your compliance department (via compliance hotline or other mechanism)
- D. Discuss your concerns with your supervisor
- E. Follow your pharmacy's procedures

**CORRECT  
ANSWER**

E

**LESSON PAGE 20**

**You've completed the lesson!**

Now that you have learned about compliance programs, let's take a post-assessment to see how much you've learned!

Click the "MAIN MENU" button to return to the Web-Based Training (WBT) Main Menu. Then select "Post-Assessment" to begin the Post-Assessment.

## POST-ASSESSMENT

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### POST-ASSESSMENT PAGE 1

#### **Post-Assessment**

This assessment asks you 10 questions about Medicare Parts C and D compliance programs. It should take about 5 minutes to complete. Please choose the answer for each question by clicking on the button next to your answer. **You may change your answer to a question until you click on the “SUBMIT ANSWER” button, at which time your answer is submitted.** After you submit your answer, the “NEXT” button will appear, along with feedback on your answer. Click on the “NEXT” button to continue to the next question. You can only move forward in the Post-Assessment and you can answer each question only once.

Click the “NEXT” button to continue to the first Post-Assessment question.

Note that, after you finish the post-assessment questions, you may check your answers against the answer key provided on slide 41 below.



**POST-ASSESSMENT PAGE 2**

**Question 1 of 10**

Compliance is the responsibility of the Compliance Officer, Compliance Committee, and Upper Management only.

**Select the correct answer.**

- ☐ A. True
- ☐ B. False

**POST-ASSESSMENT PAGE 3**

**Question 2 of 10**

Ways to report a compliance issue include:

**Select the correct answer.**

- A. Telephone hotlines
- B. Report on the Sponsor's website
- C. In-person reporting to the compliance department/supervisor
- D. All of the above

**POST-ASSESSMENT PAGE 4**

**Question 3 of 10**

What is the policy of non-retaliation?

**Select the correct answer.**

- A. Allows the Sponsor to discipline employees who violate the Code of Conduct
- B. Prohibits management and supervisor from harassing employees for misconduct
- C. Protects employees who, in good faith, report suspected non-compliance
- D. Prevents fights between employees

**POST-ASSESSMENT PAGE 5**

**Question 4 of 10**

These are examples of issues that can be reported to a Compliance Department: suspected Fraud, Waste, and Abuse (FWA); potential health privacy violation, and unethical behavior/employee misconduct.

**Select the correct answer.**

- ☐ A. True
- ☐ B. False

**POST-ASSESSMENT PAGE 6**

**Question 5 of 10**

Once a corrective action plan begins addressing non-compliance or Fraud, Waste, and Abuse (FWA) committed by a Sponsor's employee or First-Tier, Downstream, or Related Entity's (FDR's) employee, ongoing monitoring of the corrective actions is not necessary.

**Select the correct answer.**

- ☐ A. True
- ☐ B. False

**POST-ASSESSMENT PAGE 7**

**Question 6 of 10**

Medicare Parts C and D plan Sponsors are not required to have a compliance program.

**Select the correct answer.**

- ☐ A. True
- ☐ B. False

**POST-ASSESSMENT PAGE 8**

**Question 7 of 10**

At a minimum, an effective compliance program includes four core requirements.

**Select the correct answer.**

- ☐ A. True
- ☐ B. False

**POST-ASSESSMENT PAGE 9**

**Question 8 of 10**

Standards of Conduct are the same for every Medicare Parts C and D Sponsor.

**Select the correct answer.**

- ☐ A. True
- ☐ B. False



**POST-ASSESSMENT PAGE 10**

**Question 9 of 10**

Correcting non-compliance \_\_\_\_\_.

**Select the correct answer to fill in the blank.**

- ☐ A. Protects enrollees, avoids recurrence of the same non-compliance, and promotes efficiency
- ☐ B. Ensures bonuses for all employees
- ☐ C. Both A. and B.

**POST-ASSESSMENT PAGE 11**

**Question 10 of 10**

What are some of the consequences for non-compliance, fraudulent, or unethical behavior?

**Select the correct answer.**

- A. Disciplinary action
- B. Termination of employment
- C. Exclusion from participation in all Federal health care programs
- D. All of the above

ANSWER KEY FOR THE POST-ASSESSMENT QUESTIONS:

1. B
2. D
3. C
4. A
5. B
6. B
7. B
8. B
9. A
10. D

## **CERTIFICATE PAGE 1**

**Congratulations! You successfully completed the course.**

### **Printing Your Certificate**

Click the button on this page or close the course window to exit the course. Once you exit the course and you return to the course description page, follow these directions.

#### **Follow these steps to access and/or print your certificate:**

1. Select “Transcript” in the menu bar.
2. Select “View Certificate.” If you haven’t already selected your credit type (or if you selected the wrong type before), select “Select Credit Type” next to the credit type you want.
3. Select “View Certificate”.
4. The certificate is a PDF. If your certificate does not automatically open, select “Open” when you get a message at the bottom of your screen asking if you want to open the certificate.

**Note:** If nothing happens, make sure your browser allows pop-ups on the <https://learner.mlhlms.com> domain.

5. Your certificate will open in a new window. Either save or print your certificate for your records.

#### **To print your certificate in landscape:**

1. Open your certificate.
2. Select the print icon above the certificate.
3. Select “Landscape.”
4. Select “Print.”

## APPENDIX A: RESOURCES

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### RESOURCES PAGE 1 OF 1

#### **Disclaimers**

This Web-Based Training (WBT) course was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

This WBT course was prepared as a service to the public and is not intended to grant rights or impose obligations. This WBT course may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

#### **The Medicare Learning Network® (MLN)**

The Medicare Learning Network®, MLN Connects®, and MLN Matters® are registered trademarks of the U.S. Department of Health & Human Services (HHS).

#### **Glossary**

For the Centers for Medicare & Medicaid Services (CMS) Glossary, visit <https://www.cms.gov/apps/glossary> on the CMS website.

ACRONYM	TITLE TEXT
CMS	<i>Centers for Medicare &amp; Medicaid Services</i>
WBT	<i>Web-Based Training</i>
MLN	<i>Medicare Learning Network®</i>

## APPENDIX B: JOB AIDS

### JOB AID A: SEVEN CORE COMPLIANCE PROGRAM REQUIREMENTS

#### **Job Aid A: Seven Core Compliance Program Requirements**

CMS requires that an effective compliance program must include seven core requirements:

**1. Written Policies, Procedures, and Standards of Conduct**

These articulate the Sponsor's commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.

**2. Compliance Officer, Compliance Committee, and High-Level Oversight**

The Sponsor must designate a compliance officer and a compliance committee that will be accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.

The Sponsor's senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.

**3. Effective Training and Education**

This covers the elements of the compliance plan as well as prevention, detection, and reporting of FWA. This training and education should be tailored to the different responsibilities and job functions of employees.

**4. Effective Lines of Communication**

Effective lines of communication must be accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith reporting of compliance issues at Sponsor and First-Tier, Downstream, or Related Entity (FDR) levels.

**5. Well-Publicized Disciplinary Standards**

Sponsor must enforce standards through well-publicized disciplinary guidelines.

**6. Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks**

Conduct routine monitoring and auditing of Sponsor's and FDR's operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program.

**NOTE:** Sponsors must ensure that FDRs performing delegated administrative or health care service functions concerning the Sponsor's Medicare Parts C and D program comply with Medicare Program requirements.

**7. Procedures and System for Prompt Response to Compliance Issues**

The Sponsor must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.

ACRONYM	TITLE TEXT
FDR	<i>First-Tier, Downstream, or Related Entity</i>

## **JOB AID B: RESOURCES**

### **Job Aid B: Resources**

<b>Resource</b>	<b>Website</b>
Compliance Education Materials: Compliance 101	<a href="https://oig.hhs.gov/compliance/101">https://oig.hhs.gov/compliance/101</a>
Health Care Fraud Prevention and Enforcement Action Team Provider Compliance Training	<a href="https://oig.hhs.gov/compliance/provider-compliance-training">https://oig.hhs.gov/compliance/provider-compliance-training</a>
OIG's Provider Self-Disclosure Protocol	<a href="https://oig.hhs.gov/compliance/self-disclosure-info/files/Provider-Self-Disclosure-Protocol.pdf">https://oig.hhs.gov/compliance/self-disclosure-info/files/Provider-Self-Disclosure-Protocol.pdf</a>
Part C and Part D Compliance and Audits - Overview	<a href="https://www.cms.gov/medicare/compliance-and-audits/part-c-and-part-d-compliance-and-audits">https://www.cms.gov/medicare/compliance-and-audits/part-c-and-part-d-compliance-and-audits</a>
Physician Self-Referral	<a href="https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral">https://www.cms.gov/Medicare/Fraud-and-Abuse/PhysicianSelfReferral</a>
A Roadmap for New Physicians: Avoiding Medicare Fraud and Abuse	<a href="https://oig.hhs.gov/compliance/physician-education">https://oig.hhs.gov/compliance/physician-education</a>
Safe Harbor Regulations	<a href="https://oig.hhs.gov/compliance/safe-harbor-regulations">https://oig.hhs.gov/compliance/safe-harbor-regulations</a>

## **Attachment “B”**

## NYC HEALTH + HOSPITALS

### CORPORATE COMPLIANCE AND ETHICS PROGRAM

#### **SUMMARY OF WORKFORCE MEMBER, BUSINESS PARTNER, AND AGENT RESPONSIBILITIES<sup>1</sup>**

It is mandatory that all Workforce Members, Business Partners, and Agents (collectively “Covered Persons”), at each NYC Health + Hospitals (the “System”) facility, unit, and entity, comply with the requirements of the System’s *Corporate Compliance and Ethics Program* (the “Program”). To satisfy these requirements, it is mandatory that all Covered Persons abide by the following compliance mandates:

- Adhere to compliance standards;
- Adhere to standards of conduct;
- Protect whistleblowers by prohibiting retaliation;
- Refrain from engaging in prohibited activities;
- Report compliance issues and concerns;
- Commit to ethical conduct; and
- Protect the privacy and security of confidential information.

Covered Persons who fail to comply with these mandates, which are described in greater detail below, shall be subject to disciplinary action up to and including termination of employment, contract or other affiliation with the System.

**1. Adherence to Compliance Standards.<sup>2</sup>** The System has established an organizational culture that fosters the prevention, detection, and resolution of any form of conduct that fails to comply with applicable law or the System’s own ethical and business policies. All Covered Persons must refrain from engaging in acts that constitute fraud, waste or abuse, or any other conduct that is, or reasonably likely to be, contrary to this organizational culture.

**2. Commitment to Ethical Conduct.** All Covered Persons are expected to carry out their System functions and duties in an ethical manner. In a nutshell, ethics is *doing the right thing*. Examples of ethical conduct include: acting fairly and honestly; complying with standards of conduct and applicable legal requirements; following industry practices that are lawful, fair, and non-deceptive; reporting compliance violations; and enforcing disciplinary policies.

**3. Protecting the Privacy and Security of Confidential Information.** All Covered Persons are responsible for protecting the confidentiality, privacy, and security of confidential System information. Covered Persons shall not access, disclose, transmit, or otherwise use confidential System information in a manner that is inconsistent with applicable law or the System’s internal information governance policies or contractual requirements (e.g., business associate, qualified service organizational agreements, and other contractual provisions that govern the use of confidential information). Confidential information includes: (i) patient protected health information; (ii) the personally identifiable information and/or private information of Covered Persons; and (iii) System business information that is protected under a legal privilege or applicable law, or is otherwise not subject to public disclosure.

**4. Adherence to Standards of Conduct.** All Covered Persons must adhere to the various Standards of Conduct promulgated by the System or enacted by law that apply to their function, role, and/or association with the System.<sup>3</sup> Some of the key Standards of Conduct are provided below:

➤ Principles of Professional Conduct (“POPC”) - All Covered Persons are required to adhere to the System’s POPC – a guide that sets forth the System’s compliance expectations and commitment to obey all applicable Federal and State laws. The POPC also describes the System’s standards of professional conduct and efforts to prevent fraud, waste, and abuse.

<sup>1</sup> For CMS Medicare Parts C & D General Compliance Training Distribution - Current as of 12/27/17.

<sup>2</sup> As used in this summary, the term “applicable law” includes all applicable Federal, New York State, and local laws.

<sup>3</sup> The POPC, Chapter 68, and the Code of Ethics, as well as additional System standards of conduct (e.g., standards of conduct concerning pharmaceutical company gifts and sponsored educational programs (OP 20-55) and nepotism (OP 20-54)), may be accessed on the System’s public website at: <http://www.nychealthandhospitals.org/policies-procedures/>.



➤ Chapter 68 of the NYC Charter (“Chapter 68”) - All System employees and Members of the System’s Board of Directors (including the Board’s designee agents and all Directors of the System’s wholly owned subsidiaries) must adhere to *Chapter 68 of the New York City Charter*, which governs the interaction between the private interests of employees and Board members and their official System duties.

➤ Code of Ethics - The System’s Code of Ethics is binding on all System affiliate (e.g., SUNY Downstate, PAGNY, Mt. Sinai, NYU) employees and other affiliate personnel who function as contract service providers at the System. Members of the System’s various Community Advisory Boards and Auxiliaries and other System personnel not covered by Chapter 68 must also adhere to the Code of Ethics. The Code of Ethics governs the relationship between the private interests and official System duties of these individuals.

**5. Mandatory Reporting.** All Covered Persons have an affirmative obligation to report to the Office of Corporate Compliance (“OCC”) the commission of (or attempt or plan to commit) any activity prohibited under OP 50-1 of which they become aware. Reports shall be made to:

**NYC Health + Hospitals  
Office of Corporate Compliance  
160 Water Street, Suite 1129, New York, NY 10038  
Telephone: (646) 458-7799; Facsimile: (646) 458-5624  
E-mail: [COMPLIANCE@nychhc.org](mailto:COMPLIANCE@nychhc.org)  
Confidential Compliance Helpline: 1-866-HELP-HHC (1-866-435-7442)  
OneCity Health DSRIP Compliance Helpline: 1-844-805-0105 (For DSRIP-related compliance issues)**

**6. Prohibition of Retaliation / Whistleblower Protection.** The System is committed to protecting whistleblowers. As such, the System strictly prohibits intimidation or retaliation, in any form, against any Covered Person who in good faith participates in the Program through any of the following protected conduct: (i) reporting and investigating potential compliance issues; (ii) performing self-evaluations, internal investigations, and audits; (iii) filing compliance complaints; (iv) making compliance inquiries; (v) cooperating with or implementing remedial actions in response to compliance deficiencies; (vi) providing information to appropriate officials as provided under NYS Labor Law §§ 740 and 741; or (vii) objecting to any activity that constitutes healthcare fraud, improper quality of care, or a violation of System policy or applicable law.

“Retaliation” refers to the discharge, suspension, demotion, penalization, discrimination or other adverse employment, contractual, business-related or patient care-related action imposed against any individual or entity as a consequence of their engagement in protected conduct or other participation in the Program.

**7. Prohibited Activities.** Covered Persons are prohibited from engaging in any of the following activities:

- Participating in the Program in a non-compliant manner by failing to abide by any of the compliance mandates listed in sections one through six above;
- Participating in the Program in a non-compliant manner by violating the System’s compliance policies;
- Failing to cooperate with internal or external audits or investigations;
- Failing to report a matter to government officials or regulatory oversight agencies when required by applicable law or internal System policy;
- Encouraging, directing, facilitating or permitting either actively or passively non-compliant behavior; or
- Failing to comply with Federal healthcare program and private payor requirements.

**Note:** This document is a summary guide of the Program requirements and does not replace the specific compliance provisions and requirements outlined in the various System standards of conduct and related compliance policies found on the System’s public website at: <http://www.nychealthandhospitals.org/policies-procedures/>. Please contact the OCC (see section 5 above) if you have any questions regarding this document or any compliance issue or concern.