



**BRONX LEBANON HOSPITAL CENTER PERFORMING  
PROVIDER SYSTEM**

**COMPLIANCE PROGRAM**



**BRONX LEBANON HOSPITAL CENTER PERFORMING PROVIDER SYSTEM**

**COMPLIANCE PROGRAM**

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**BRONX LEBANON HOSPITAL CENTER PERFORMING PROVIDER SYSTEM**

**POLICY AND PROCEDURE**

**DEPARTMENT:** Corporate Compliance

**POLICY TITLE:** BLHC PPS-01: STANDARDS OF CONDUCT

Original date of issue: March 31, 2015

PAGE 1 of 2

Reviewed:	4/22/16	12/15/17					
Revised:	4/22/16						

**Policy:**

The Bronx Lebanon Hospital Center Performing Provider System (“BLHC PPS”) has developed, maintains and updates, as appropriate, written Standards of Conduct known as the Corporate Compliance Code of Conduct. The Code of Conduct articulates BLHC PPS’s commitment to comply with all federal and state laws and regulations inclusive of an emphasis on preventing and detecting fraud, waste and abuse.

**Statement of Purpose:**

BLHC PPS is committed to conducting its business practices in an ethical manner and in conformance with applicable federal and state laws, regulations and its Corporate Compliance Code of Conduct and requires that BLHC PPS Providers<sup>1</sup> do the same.

**Procedures/Guidelines:**

1. The Chief Compliance Officer is responsible for the development, implementation and periodic update of the Corporate Compliance Code of Conduct.
2. The Code of Conduct is written at a basic reading level avoiding complex language to be easily comprehended by all.

<sup>1</sup> “BLHC PPS Providers” means all health care providers and other organizations that have entered or will enter into an agreement to participate in BLHC PPS.

**3.** The Code of Conduct outlines guiding principles and a framework that govern expectations of behavior for all employees and staff, as well as of those who conduct business with BLHC PPS.

**4.** The Code of Conduct addresses specific areas of potential fraud or similar wrongdoing (*i.e.*, coding, billing, quality of care, conflicts of interest, financial relationships with physicians, etc.).

**5.** The Code of Conduct also addresses issues such as compliance with laws and regulations, human resource practices, confidentiality and safety.

**6.** The Code of Conduct is provided to all BLHC PPS Personnel<sup>2</sup> and BLHC PPS Providers. All new BLHC PPS Personnel receive the Code of Conduct at the time of hire or at the start of membership on a BLHC PPS Committee. BLHC PPS Providers are independently required to provide a copy of the Code of Conduct to new employees upon hiring.

**7.** All BLHC PPS Personnel and BLHC PPS Providers are expected to adhere to the obligations set forth in the Code of Conduct and carry out the mission and organizational values of BLHC PPS in their daily duties in an ethical and legal manner.

**8.** The Chief Compliance Officer or his or her designee is responsible for investigating possible and actual violations of the Code of Conduct and recommending corrective action, including disciplinary actions, as appropriate.

**9.** The Chief Compliance Officer shall periodically report on issues regarding the Code of Conduct to the Chief Executive Officer of Bronx Lebanon Hospital Center, the Bronx Lebanon Hospital Center's Board of Trustees and the BLHC PPS Steering Committee, as appropriate.

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<sup>2</sup> "BLHC PPS Personnel" means BLHC PPS employees and nonemployee members of a BLHC PPS Committee (e.g., Steering Committee, Work Force Committee, Compliance Committee, etc.).



**BRONX LEBANON HOSPITAL CENTER PERFORMING PROVIDER SYSTEM**

**POLICY AND PROCEDURE**

**DEPARTMENT:** Audit and Compliance Services, Corporate Compliance

**POLICY TITLE:** BLHC PPS 02: Code of Conduct and Business Ethics

Original date of issue: March 31, 2015

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Original date of issue: 03/31/2015

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**Purpose**

The Compliance and Ethics Program helps ensure the Bronx Lebanon Hospital Center Performing Provider System (“BLHC PPS”) maintains its commitment to legal and ethical conduct. The Chief Compliance Officer in charge of BLHC PPS oversees this Program.

The Code of Conduct and Business Ethics set forth the minimum standards of legal and ethical conduct and is supplemented by more detailed policies.

Violations of legal or ethical requirements jeopardize the welfare of our organization, our employees and patients, and the communities we serve. Remember too, that standards of conduct mean little without personal commitment. Ultimately, the responsibility for ethical behavior—and thus for our reputation—rests largely in your hands.

**General Statement of Compliance and Ethics**

All BLHC PPS Personnel<sup>3</sup> and BLHC PPS Providers<sup>4</sup> will abide by the letter and spirit of all applicable legal and organizational requirements and adhere to the highest ethical standards of conduct in all activities.

<sup>3</sup> “BLHC PPS Personnel” means BLHC PPS employees and nonemployee members of a BLHC PPS Committee (e.g., Steering Committee, Work Force Committee, Compliance Committee, etc.).

<sup>4</sup> “BLHC PPS Providers” means all health care providers and other organizations that have entered or will enter into an agreement to participate in BLHC PPS.

The Code of Conduct details the expectations for all BLHC PPS Personnel and BLHC PPS Providers and sets forth the minimum standards of legal and ethical conduct.

We will deal fairly and honestly with those who are affected by our actions and treat them as we would expect to be treated if the situation were reversed.

We will promote relationships based on trust and respect and provide an environment in which individuals may question a practice without fear of adverse consequences. We also expect outside colleagues, e.g., vendors, consultants and others whose actions could be attributed to our organization, to adhere to these same standards when acting on our behalf.

## **Policy**

This policy reflects a Code of Conduct that requires all BLHC PPS Personnel and BLHC PPS Providers to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. We must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws, regulations and organizational policies. **It also is our responsibility to report violations of this Code in accordance with this Policy. No individual who in good faith reports a violation of the Code shall suffer harassment, intimidation, retaliation or adverse employment consequences.**

BLHC PPS Personnel and BLHC PPS Providers are expected to adhere to high standards of ethical conduct. Although it is impossible to describe all conduct that is addressed, this policy specifically requires the following:

### **Code of Conduct and Business Ethics**

The Code of Conduct Addresses the Following Areas:

#### **Rule 1: Compliance with Legal and Organizational Requirements**

We must abide by the letter, as well as the spirit, of all applicable laws, regulations and organizational policies.

#### **Rule 2: Adherence to Ethical Standards**

We must adhere to the highest ethical standards of conduct in all activities.

#### **Rule 3: Respect for Patients**

All patients are entitled to equal access to care and to be treated with care and respect. In addition, we must respect the privacy of patients and comply fully with special confidentiality rules.

#### **Rule 4: Respect for Other Employees**

All employees are entitled to be treated fairly and respectfully. Discrimination and harassment based on race, color, religion, national origin, age, gender, marital status, military status, disability, citizenship, genetic predisposition, spousal abuse or any other characteristic protected by law are strictly prohibited.

#### **Rule 5: Maintenance of Accurate Records, Documents and DSRIP Data**

All records, documents, data and reports must be accurate, complete and in compliance with organizational and governmental requirements. All bills for services must be based on the services actually provided, medically necessary and supported by the required documentation. All documents, data and reports related to BLHC PPS DSRIP Projects must be truthful and accurate.

### **Rule 6: Avoidance of Conflicts of Interest**

We must discharge our duties and responsibilities in the best interests of our respective organizations and may not use our position (or confidential information gained therefrom) for personal advantage.

### **Rule 7: Adherence to Proper Business Practices**

We must conduct our business activities on the basis of fair competitive practices. All purchases of services and supplies must be from qualified and reliable sources based upon objective factors and may not personally benefit employees.

### **Reporting of Violations**

BLHC PPS Personnel and BLHC PPS Providers (and their employees) are required to come forward with any information regarding an actual or possible violations of this Code or organizational policy as it relates to BLHC PPS DSRIP Projects, and cooperate fully in the investigation of any alleged violation.

Reports should be made either in person, by telephone or in writing to any of the following:

- **Your Supervisor**
- **The BLHC PPS Compliance Department: (718) 579-2609; Chief Compliance Officer email: [ygourdai@bronxleb.org](mailto:ygourdai@bronxleb.org); Compliance Department email: [PPScompliance@bronxleb.org](mailto:PPScompliance@bronxleb.org)**
- **The Compliance Hotline: (718) 960-1349, available to all persons to discuss concerns about possible violations of the law or organizational policy. *Callers can remain anonymous and there shall be no reprisals for good faith reporting of actual or possible violations of the Code.***

We will endeavor to keep the identity of anyone reporting a violation confidential to the extent permitted by law unless doing so prevents us from fully and effectively investigating an alleged violation.

### **Discipline for Violations**

BLHC PPS will take disciplinary action against any BLHC PPS Personnel and/or BLHC PPS Providers who violates any legal requirements or organizational policies, including anyone who: (1) fails to report violations of the Code of Conduct or applicable laws and regulations; (2) fails to assist in the resolution of compliance issues; (3) participates in non-compliant behavior; (4) encourages, directs, facilitates or permits non-compliant behavior; or (5) intimidates or retaliates

against any individual for reporting in good faith a possible violation or otherwise participating in the Compliance Program.

Discipline shall include: dismissal (for BLHC PPS employees or contractors); removal from a BLHC PPS Committee (for nonemployee committee members); loss of BLHC PPS funds; and termination of a BLHC PPS Providers' BLHC PPS Participation Agreement, when appropriate.

Discipline for compliance related issues shall be fairly and firmly enforced.

### **Questions Regarding the Code of Conduct and Business Ethics**

This Code of Conduct is designed to remind you of the general legal requirements and organizational policies that you must adhere to as BLHC PPS Personnel and BLHC PPS Providers.

If you have any questions regarding the Code, you may direct them to the Chief Compliance Officer.



**BRONX LEBANON HOSPITAL CENTER PERFORMING PROVIDER SYSTEM**

**POLICY AND PROCEDURE**

**DEPARTMENT:** Corporate Compliance

**POLICY TITLE:** BLHC PPS-03: Chief Compliance Officer, Duties and Responsibilities

Original date of issue: 03/31/2015

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Reviewed:	04/14/2014	4/22/2016	12/15/17				
Revised:	04/14/2014	4/22/2016					

**Policy:**

The Chief Compliance Officer’s primary responsibility is the implementation and effective operation of the Corporate Compliance Program.

**Statement of Purpose:**

The Bronx Lebanon Hospital Center Performing Provider System (“BLHC PPS”) is committed to the operation of an effective Corporate Compliance Program. The Chief Compliance Officer serves as the focal point for compliance activities and is responsible for oversight of the development, implementation and daily operation of the Corporate Compliance Program.

**Procedures/Guidelines:**

1. The Chief Compliance Officer reports and has direct access to the Chief Executive Officer of Bronx Lebanon Hospital Center, the Board of Trustees of Bronx Lebanon Hospital Center and the BLHC PPS Steering Committee.

2. The Chief Compliance Officer has the authority to review all documents and other information relevant to compliance matters including, but not limited to, patient records, billing records, records concerning the marketing efforts of BLHC PPS and arrangements with other parties, including employees and agents.

3. The Chief Compliance Officer’s responsibilities include, but are not limited to the following:

- a) Coordinate development and implementation of the Corporate Compliance Program.
- b) Work with the BLHC PPS Compliance Committee, which assists in implementing the Compliance Program, reviewing compliance issues and implementing appropriate corrective action.
- c) Provide periodic reports of compliance activities to the Chief Executive Officer of Bronx Lebanon Hospital Center, the Board of Trustees of Bronx Lebanon Hospital Center and the BLHC PPS Steering Committee.
- d) Develop, maintain and revise as necessary, the BLHC PPS Code of Conduct, as well as other related policies, procedures and standards;
- e) Periodically revise the Corporate Compliance Program in response to changes in the needs of BLHC PPS, the laws and policies of the federal and/or state governments and private payor health plans.
- f) Develop and implement educational training programs to ensure BLHC PPS Personnel<sup>5</sup> understanding and compliance with the BLHC PPS Code of Conduct and federal and state laws and regulations involving ethical and legal business practices (i.e., coding, billing, referrals, etc.).
- g) Distribute the Code of Conduct to BLHC PPS Providers<sup>6</sup> and advises BLHC PPS Providers that they must educate their employees on the Code of Conduct.
- h) Establish and monitor a retaliation-free and intimidation-free internal reporting process, including the operation of the anonymous Corporate Compliance Hotline.
- i) Investigate any information or allegations concerning possible unethical, unlawful or improper business practices and recommend corrective measures, as necessary.
- j) Plan and oversee regular, periodic audits of operations to identify and rectify any possible barriers to the effectiveness of the Corporate Compliance Program and BLHC PPS practices.
- k) Respond to inquiries by employees and other affiliated parties regarding any aspect of compliance.
- l) Confer with counsel, as necessary, to address compliance related issues.
- m) Retain third-parties, such as the Mount Sinai PPS (and its DSRIP Compliance Department), as appropriate and necessary to perform, among other things, auditing and monitoring functions.

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<sup>5</sup> “BLHC PPS Personnel” means BLHC PPS employees and nonemployee members of a BLHC PPS Committee (e.g., Steering Committee, Work Force Committee, Compliance Committee, etc.).

<sup>6</sup> “BLHC PPS Providers” means all health care providers and other organizations that have entered or will enter into an agreement to participate in BLHC PPS.

**Other:**

The Chief Compliance Officer monitors the activities of the Corporate Compliance Program and takes appropriate steps to enhance its effectiveness.



**BRONX LEBANON HOSPITAL CENTER PERFORMING PROVIDER SYSTEM**

**POLICY AND PROCEDURE**

**DEPARTMENT:** Corporate Compliance

**POLICY TITLE:** BLHC PPS 04: Corporate Compliance Training

Original date of issue: 03/31/2015

Page 1 of 2

Reviewed:	04/29/2016	12/15/17					
Revised:	04/29/2016						

**Policies:**

The purpose of this policy is to ensure that all Bronx Lebanon Hospital Center Performing Provider System (“BLHC PPS”) Personnel<sup>7</sup> receive education related to the BLHC PPS Corporate Compliance Program. Such training includes the contents of the Code of Conduct, inclusive of the eight (8) elements of the Corporate Compliance Program. Where applicable, staff in identified risk areas will receive additional education as appropriate to their function and responsibilities. Affiliated persons will also receive a copy of the BLHC PPS Code of Conduct.

The purpose of this policy is also to ensure that BLHC PPS Providers<sup>8</sup> receive a copy of the Code of Conduct (and related policies) and are directed to educate their individual employees and staff concerning the same.

**Statement of Purpose:**

BLHC PPS, through its Corporate Compliance Program, promotes the policy of adherence to the highest level of professional and ethical standards, as well as all applicable laws and regulations. The development and implementation of regular and effective education and training for BLHC PPS Personnel are integral components to a successful Corporate Compliance Program.

<sup>7</sup> “BLHC PPS Personnel” means BLHC PPS employees and nonemployee members of a BLHC PPS Committee (e.g., Steering Committee, Work Force Committee, Compliance Committee, etc.).

<sup>8</sup> “BLHC PPS Providers” means all health care providers and other organizations that have entered or will enter into an agreement to participate in BLHC PPS.

### **Procedures/Guidelines for BLHC PPS Personnel:**

1. The Chief Compliance Officer is responsible for developing the Corporate Compliance Program education curriculum as it relates to BLHC PPS Personnel.
2. New BLHC PPS Personnel shall receive Corporate Compliance education during orientation.
3. Corporate Compliance education includes an explanation of the structure and operation of the Corporate Compliance Program and includes information on the following components:
  - a) Code of Conduct
  - b) Eight (8) essential elements of an effective compliance program
  - c) Corporate Compliance Hotline and other reporting methods
  - d) Organizational commitment to comply with legal requirements and standards
4. All BLHC PPS Personnel are required to sign an acknowledgement certifying that they have received the BLHC PPS Corporate Compliance Code of Conduct and that they agree to abide by it.
5. Additional education and training will be provided to staff in identified risk areas, as appropriate, as determined by the Chief Compliance Officer.
6. Additional training sessions may be scheduled at the discretion of the Chief Compliance Officer. Such sessions may be triggered by the promulgation of new regulations, departmental request, assessment of audit findings, etc.
7. Annual education will be provided to all staff.

### **Procedures/Guidelines for BLHC PPS Providers:**

1. BLHC PPS Providers will receive a copy of the BLHC PPS Corporate Compliance Code of Conduct.
2. BLHC PPS Providers are required to distribute the BLHC PPS Corporate Compliance Code of Conduct to their employees and affiliates and to provide education and training regarding the same.



**BRONX LEBANON HOSPITAL CENTER PERFORMING PROVIDER SYSTEM**

**POLICY AND PROCEDURE**

**DEPARTMENT:** Corporate Compliance

**POLICY TITLE:** BLHC PPS 05: Compliance Hotline

Original date of issue: 03/31/2015

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Reviewed:	04/14/2014	04/25/2016	12/15/17				
Revised:	04/14/2014	04/25/2016					

**Purpose:**

It is the mission of the Corporate Compliance Department to ensure that the Bronx Lebanon Hospital Center Performing Provider System (“BLHC PPS”) upholds its commitment to legal and ethical conduct. One of BLHC PPS’s most important assets is its reputation for lawful and ethical behavior. It is important that everyone understands and takes responsibility for meeting our standards of conduct. The BLHC PPS DSRIP Hotline (“Hotline”) was established to answer questions regarding compliance with legal/regulatory requirements, and/or institutional policy, as well as serve as a resource to report possible violations, illegal conduct and fraud as it relates to a BLHC PPS DSRIP Project. While there are already several ways to do so, such as speaking to one’s supervisor, the Hotline offers another alternative.

**Policy Authority:**

The Hotline will be accessible both via phone to all persons associated with BLHC PPS (including BLHC PPS Personnel<sup>9</sup> and BLHC PPS Providers<sup>10</sup> and their employees) allowing compliance issues related to BLHC PPS DSRIP Projects to be reported confidentially and without fear of intimidation or retaliation.

It is the policy of BLHC PPS to adhere to the Compliance Program guidance from the Office of the Inspector General (OIG) <http://oig.hhs.gov/authorities/docs/cpghosp.pdf> and the NYS

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<sup>10</sup> “BLHC PPS Providers” means all health care providers and other organizations that have entered or will enter into an agreement to participate in BLHC PPS.

Office of the Medicaid Inspector General (OMIG) <http://www.omig.ny.gov/data/content/view/79/65> that state that “communication lines shall include a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified.” The Corporate Compliance Department sets forth as an expectation that all BLHC PPS Personnel and BLHC PPS Providers adhere to this policy and that “if it concerns you, it concerns us.” Disciplinary action, including dismissal and termination of a BLHC PPS Providers’ Participation Agreement, may be taken against any employee who violates any legal requirements or institutional policies, including anyone who fails to report violations or intimidates or retaliates against any individual for reporting in good faith a possible violation or participation in the Compliance Program. (For more information on disciplinary actions, see the BLHC PPS Code of Conduct and Business Ethics Policy).

### **Non-Retaliation and Non-Intimidation Policy:**

BLHC PPS follows Federal and NY State laws that protect employees from retaliation and all forms of intimidation when they report suspected or known violations or misconduct in good faith. Any employee who believes that he or she has been or is being subjected to retaliation or intimidation for making a complaint or participating in the Compliance Program is encouraged to immediately contact the Corporate Compliance Department. Contacts may be made in person, in writing or via the hotline.

### **Safeguards:**

The Hotline is operated by Bronx Lebanon Hospital Center who will maintain the anonymity and confidentiality requested by any caller to the Hotline. Callers who report problems and concerns via the Hotline are protected from any form of retaliation or intimidation. In addition, callers who report problems and concerns to the Hotline have access to appropriate feedback regarding the status of their report.

### **Policy Procedure:**

BLHC PPS maintains an anonymous and confidential Hotline for the good-faith reporting of any compliance concerns or questions related to BLHC PPS DSRIP Projects.

- The Hotline Number is: (718) 960-1349
- The Hotline hours of Operation are twenty four (24) hours a day, seven (7) days a week.
- Compliance Email: [PPScompliance@bronxleb.org](mailto:PPScompliance@bronxleb.org)
- In addition, general concerns, questions or suspected wrong doing can be reported via various means, including direct communications to the Corporate Compliance Department (by phone: (718) 579-2609; by email: [ygourdai@bronxleb.org](mailto:ygourdai@bronxleb.org) ) and or other departmental area.

### **Tracking Notifications:**

The Chief Compliance Officer tracks all reports made to the Corporate Compliance Hotline and documents the same in ComplyTrak. The confidentiality of the caller, if requested, is maintained to the extent practical and allowed by law.

1. The information documented may include, but not be limited to the following:
  - a. Date and Time of the call
  - b. Name and Contact Information, if complainant chooses not to be anonymous
  - c. Department and location
  - d. Date, time and location of incident/issue.
  - e. Matter type (safety and welfare v. billing)
  - f. Description of the complaint, how it was discovered.
  - g. Whether the complainant took any steps in regards to the situation prior to calling the Hotline/Compliance Department.
  - h. If documentation is available, information on where the caller can send it.
  - i. Identity of witnesses/persons involved.
  - j. Any additional information to be provided.

### **Department Procedure - How Reports, Questions or Concerns Are Handled:**

1. All communication received including calls received via the Hotline or direct communication to the Corporate Compliance Department or other areas, are logged in a confidential database.
2. The Chief Compliance Officer will ensure that all appropriate steps and actions are taken to verify the validity of the incident.
3. Findings and resolutions are documented and feedback is provided to the reporter/caller as applicable.

### **Feedback to Reporter:**

- Acknowledging that the questions/concerns was received
- Indicating how the question/concern will be dealt with
- Providing an estimate of the time it will take for a final response
- Providing an update regarding the investigation, if warranted

### **Outcome of an Investigation:**

Subject to legal and other constraints and at the discretion of Chief Corporate Compliance Officer, the caller/reporter may be entitled to receive information about the outcome of a reported issue/concern.

### **Designated Responsible Party**

Chief Compliance Officer



**BRONX LEBANON HOSPITAL CENTER PERFORMING PROVIDER SYSTEM**

**POLICY AND PROCEDURE**

**DEPARTMENT:** Corporate Compliance

**POLICY TITLE:** BLHC PPS-06: Accurate Billing, Documentation and DSRIP Data Reporting;  
Reporting DSRIP Related Violations to the Chief Compliance Officer

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**Policy**

The Bronx Lebanon Hospital Center Performing Provider System (“BLHC PPS”) is committed to operating with integrity and requires its member providers and their personnel to do the same. In conformity with the BLHC PPS’s basic mission and values, Personnel<sup>11</sup> and BLHC PPS Providers<sup>12</sup> must be truthful and accurate in all respects with respect to billing, documentation and data related to a BLHC PPS DSRIP Project.

**1. Accurate and Truthful Billing.** BLHC PPS Providers must ensure that all billing is accurate and truthful; and no BLHC PPS Providers should ever misrepresent charges to, or on behalf of, a patient or third-party payor. False statements or intentional omissions of material information by any BLHC PPS Providers to a government agency or other payor will not be tolerated. Deliberate misstatements to government agencies or other payors will expose the BLHC PPS Providers involved to termination from the BLHC PPS and loss of DSRIP funds from the BLHC PPS.

All BLHC PPS Providers, moreover, must avoid not only intentional misstatements, but reckless ones as well. It is, of course, illegal to intentionally falsify billing documents submitted to the government or private insurance companies. It is also illegal, however, to supply false

<sup>11</sup> “BLHC PPS Personnel” means BLHC PPS employees and nonemployee members of a BLHC PPS Committee (e.g., Steering Committee, Work Force Committee, Compliance Committee, etc.).

<sup>12</sup> “BLHC PPS Providers” means all health care providers and other organizations that have entered or will enter into an agreement to participate in BLHC PPS.

information with either a deliberate ignorance or a reckless disregard of its falsity or truth. Thus, if BLHC PPS Providers have any question as to the truth or accuracy of the documentation for billing purposes, or if there is material information that is missing, the bill for the services in question must be held until the uncertainties are resolved. Anything less can result in over billing and is strictly prohibited.

BLHC PPS Providers must not knowingly engage in any form of up-coding of any service in violation of any law, rule, or regulation.

**2. Adequate and Accurate Documentation.** BLHC PPS Providers must always maintain adequate, accurate documentation for the service provided. Documentation must comport with all applicable regulations. A bill may not be submitted to a payor if the documentation of the nature or scope of the service is unclear or if it is otherwise unclear what the appropriate code is. If the documentation in the medical record is unclear, then billing personnel must request clarification or additional information from the physician or practitioner who provided the service. It is the responsibility of the physician or practitioner to ensure that, prior to submitting charge documents for billing, the documentation for the service is clear and in conformity with all applicable rules and regulations.

**3. Medical Necessity for Services and Tests.** BLHC PPS Providers must submit claims to Medicare or Medicaid (or any other federally funded health care program) only for services that were medically necessary or that otherwise constituted a covered service. Medical necessity will be determined individually for each service or test provided or ordered by the responsible physician or practitioner. A medically necessary service or test is defined as one that is reasonable and necessary for the diagnosis or treatment of an illness or injury, or to improve the functioning of a malformed body member.

**4. Compliance with Federal and State Laws Regarding the Submission of Claims.** BLHC PPS Providers and contractors and agents (including consultants and non-employee physicians associated with the BLHC PPS) must comply with all applicable Federal and New York State laws and regulations governing the submission of billing claims and related statements, including the Federal False Claims Act, the Federal Program Fraud Civil Remedies Act, New York State civil and criminal laws pertaining to false claims, and the whistleblower protections afforded under such laws.

**5. BLHC PPS Providers Subject to Cost Reporting.** BLHC PPS Providers' institutional cost reports will be prepared in compliance with all applicable state and federal regulations. Costs will be claimed when based on appropriate and accurate documentation; unallowable costs will not be claimed for reimbursement; and all costs will be properly allocated to the appropriate cost centers based on verifiable information and data.

**6. Accurate DSRIP Data and Reporting.** BLHC PPS Providers must always maintain and report accurate data and documentation related to BLHC PPS DSRIP Projects. Deliberate misstatements will expose the BLHC PPS Providers involved to termination from the BLHC-PPS and loss of DSRIP funds from the BLHC PPS.

**7. Prompt Refunding of Overpayments.** No BLHC PPS Providers may knowingly retain any payments that such member is not entitled to keep and will promptly refund any overpayments identified. BLHC PPS Providers must ensure that reports of the status of any

credit balances of refunds owing to Medicare, Medicaid and other third-party payors are generated on a regular basis. Such refunds must then be made to the appropriate payor in a timely and reasonable manner.

**8. Secondary Payor Rules.** BLHC PPS Providers must ensure that all secondary payor rules are followed so that incorrect billing and Medicare/Medicaid overpayments can be prevented. BLHC PPS Providers shall institute procedures, reasonably designed to identify payors other than Medicare and Medicaid, and will make appropriate efforts as to all patients to determine who the primary or secondary payors are and to bill accordingly. Moreover, as the Medicaid Program is always the payor of last resort, BLHC PPS Providers must ensure that any other eligible benefits program is exhausted prior to submission of claims to Medicaid.

**9. Financial Assistance.** BLHC PPS Providers must ensure that financial assistance policies are appropriately publicized and that all patients have access to the financial assistance process.

**10. Waiver of Coinsurance.** It is illegal to offer remuneration — defined to include a waiver of coinsurance and deductible amounts — to a patient to induce that patient to order an item or service for which payment may be made under Medicare or Medicaid. A waiver is appropriate only if the patient has a documented financial need. As a result, BLHC PPS Providers may not waive any patient’s coinsurance unless the patient has an actual financial need and that need is documented in an appropriate record. Otherwise, BLHC PPS Providers shall bill patients pursuant to normal procedures for the coinsurance; the coinsurance will then be written off to bad debt only if the normal procedures have failed to result in collection of the coinsurance.

**11. Correct Use of National Provider Identification (“NPI”) Numbers.** BLHC PPS Providers must use appropriate identifying numbers for all claims. The provider who actually provided the service must be accurately and correctly reflected on the claim. In this regard, use of another provider’s name or identification number in lieu of one’s own when the other provider was not involved in the delivery of the service, item or test may be considered to be fraudulent billing, and is thus prohibited.

### **Compliance Procedures**

**1. Refunding Overpayments.** BLHC PPS Providers must have policies and procedures in place to identify and refund overpayment in accordance with applicable law.

**2. Compliance Assurance Reviews.** BLHC PPS Providers must conduct compliance assurance reviews aimed at ensuring compliance with the applicable billing rules and guidelines and with BLHC-PPS’s policy of accuracy in billing. This may include, but not be limited to, verifying the accuracy of claims submissions, assignment of modifiers, medical necessity requirements for Medicare or Medicaid coverage, physician supervision requirements, etc.

**3. Response to Issues and Corrective Actions.** BLHC PPS Providers must address any identified billing issues and take appropriate corrective actions. Appropriate corrective action by a BLHC PPS Providers may include, but is not limited to, the following:

- Creating new procedures, or modifying existing procedures, so as to ensure that similar errors/problems will not reoccur in the future.
- Conducting a follow-up audit of records to ensure that the new or modified procedures are, in fact, working.
- Conducting training sessions with appropriate personnel concerning the new or modified procedures and concerning the relevant laws, regulations, or rules governing the particular issue.
- Refunding to the appropriate government or private payor and patient any and all overpayments that have been identified.
- Voluntarily disclosing to a government agency, as appropriate, after consultation with legal counsel.

**4. Reporting DSRIP Related Violations to the Chief Compliance Officer.** In addition to any other matters required by the BLHC PPS Compliance Program and its policies, BLHC PPS Personnel and BLHC PPS Providers must report to the BLHC PPS's Chief Compliance Officer:

- any fraud, waste and abuse related to any BLHC PPS DSRIP Project or a BLHC PPS DSRIP patient; and
- any voluntary disclosures made to a government agency that relates to any BLHC PPS DSRIP Project or a BLHC PPS DSRIP patient.



**BRONX LEBANON HOSPITAL CENTER PERFORMING PROVIDER SYSTEM**

**POLICY AND PROCEDURE**

**DEPARTMENT:** Audit & Compliance

**POLICY TITLE:** BLHC PPS 07: Auditing and Monitoring

Original date of issue: 03/31/2015

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Reviewed:	4/25/2016	12/15/17					
Revised:	4/25/2016						

**Policy:**

The Bronx Lebanon Hospital Center Performing Provider System (“BLHC PPS”) will ensure that ongoing auditing and monitoring activities will be conducted of identified risk areas related to compliance issues. Appropriate resolution and follow-up will be ensured through effective corrective measures and actions in order to prevent recurrence.

**Statement of Purpose:**

BLHC PPS developed and implemented a Corporate Compliance Program in an effort to establish, in part, effective internal controls that promote adherence to applicable federal and state laws and the program requirements of federal, state and private health plans. An important component of the Corporate Compliance Program is the use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of organizational liability and exposure. To this end, BLHC PPS has contracted with Mount Sinai PPS to assist, as necessary and appropriate, with auditing and monitoring.

**Procedures/Guidelines:**

1. The Chief Compliance Officer is responsible for recommending and facilitating auditing and monitoring of identified risk areas related to compliance with laws and regulations, as well as BLHC PPS-wide policies, procedures and the Corporate Compliance Code of Conduct.

- a)** Risk areas may be identified through several means including, but not limited to, Office of Inspector General (OIG) Work Plans, New York State Office of Medicaid Inspector General (OMIG) Work Plan, internal risk assessments, the regular course of business, external alerts (i.e. Special Fraud Alerts, Advisory Opinions, etc.), or internal reporting channels.
- b)** Audits and compliance reviews may be conducted under the auspices of executive management with guidance and assistance from the Chief Compliance Officer.
- c)** All audit reports shall be completed in a timely manner and management will be provided with a comprehensive report.
- d)** The Chief Compliance Officer will verify completion of compliance reviews and any corrective measures arising from them. The Chief Compliance Officer may also be required to validate corrective measures that address any weaknesses identified by the process.

The Chief Compliance Officer is responsible for periodic reporting to the Chief Executive Officer of Bronx Lebanon Hospital Center, the Board of Trustees for the Bronx Lebanon Hospital Center and the BLHC PPS Steering Committee, on the general status and outcome of compliance auditing and monitoring.



**BRONX LEBANON HOSPITAL CENTER PERFORMING PROVIDER SYSTEM**

**POLICY AND PROCEDURE**

**DEPARTMENT:** Corporate Compliance

**POLICY TITLE:** BLHC PPS 08: Compliance Policy on Confidential Reporting/Participation in the Compliance Program, Non-Intimidation & Non-Retaliation

Original Date of Issue: 03/31/2015

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Reviewed:	4/14/2014	03/21/2015	04/25/2016	12/15/17		
Revised:	4/14/2014		04/25/2016			

**Purpose**

New York State and Federal laws protect individuals who in good faith report concerns about actual or potential wrongdoing by their employer and fellow employees and who in good faith participate in the Compliance Program. All employees are protected against intimidation or retaliation.

BLHC PPS’s Non-Retaliation and Non-Intimidation policy upholds existing Federal and State laws and protects employees from retaliation and all forms of intimidation when they report suspected or known violations in good faith, or otherwise participate in the Compliance Program in good faith.

**Policy Administration**

The Compliance Department has exclusive ownership, control and responsibility for the implementation and modification of this policy.

**Policy Procedures**

1. The Bronx Lebanon Hospital Center Performing Provider System (“BLHC PPS”) encourages the good faith reporting of concerns about actual or potential wrongdoing. The

Compliance Department has a dedicated toll-free confidential Hotline to which individuals may call anonymously to report their concerns.

2. BLHC PPS Personnel<sup>13</sup> and BLHC PPS Providers<sup>14</sup> may not engage in retaliatory or intimidating behavior against any person who in good faith reports a compliance concern or participates in the Compliance Program.

3. Any person who believes that he or she has been or is being subjected to retaliation or intimidation for making a complaint to the Compliance Department, is encouraged to contact the Compliance Department immediately.

4. Contact may be made either in person, in writing to the Chief Compliance Officer ([ygourdai@bronxleb.org](mailto:ygourdai@bronxleb.org)), by phone to the Chief Compliance Officer (718-579-2609) or via the 24/7 Confidential Hotline (718-960-1349) or by email to [PPScompliance@bronxleb.org](mailto:PPScompliance@bronxleb.org). The identity of the reporting individual will be kept confidential to the extent possible, consistent with the need to investigate the issues raised.

5. All complaints are fully investigated by the Compliance Department.

6. If a person reports a concern regarding his or her own inappropriate actions, reporting those concerns will not preclude him or her from the consequences of those actions.

## **Violations**

Individuals, BLHC PPS Personnel and/or BLHC PPS Providers who are found to have been involved in any act of intimidation, retaliation or retribution against another individual who has reported misconduct, fraud, waste, abuse, or any other compliance concern, may be subject to disciplinary actions, including termination from the BLHC PPS or the loss of BLHC PPS DSRIP funds.

Any questions regarding this policy or the procedure described above may be directed to the Compliance Department.

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<sup>13</sup> “BLHC PPS Personnel” means BLHC PPS employees and nonemployee members of a BLHC PPS Committee (e.g., Steering Committee, Work Force Committee, Compliance Committee, etc.).

<sup>14</sup> “BLHC PPS Providers” means all health care providers and other organizations that have entered or will enter into an agreement to participate in BLHC PPS.

**APPENDIX: A BRIEF SUMMARY OF NEW YORK STATE  
LABOR LAW §§ 740 & 741<sup>15</sup>**

New York State Labor Law §§ 740 and 741 are laws that provide protection to “whistleblowers” in certain cases. In general terms:

- § 740 prohibits retaliatory action, including discharge, suspension, demotion or other adverse employment action, by an employer against an employee if the employee: (a) discloses or threatens to disclose to a supervisor or to a public body (broadly defined in the law to include various legislative, judicial, regulatory, administrative, public and law enforcement bodies, members, employees and officials) an activity, policy or practice of the employer that is in violation of a law, rule or regulation which creates and presents a substantial and specific danger to the public health or safety, or which constitutes “health care fraud” (as defined under the New York Penal Law), (b) provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such violation of a law, rule or regulation by the employer, or (c) objects to, or refuses to participate in, any such activity, policy or practice.
  
- § 741 prohibits a health care employer from taking retaliatory action, including discharge, suspension, demotion, penalization, discrimination or other adverse employment action, against any employee if the employee: (a) discloses or threatens to disclose to a supervisor or to a public body (broadly defined in the law to include various legislative, judicial, regulatory, administrative, public and law enforcement bodies, members, employees and officials, as well as executive branch departments and any division, Shareholders, bureau, office, committee or commission of such bodies) an activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care, or (b) objects to, or refuses to participate in, any activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care.

Under both laws, an employee is protected only if he/she first brings the matter to the attention of a supervisor and gives the employer a reasonable opportunity to correct the activity, policy or practice. However, prior disclosure to a supervisor is not required if the matter involves a disclosure or threat to disclose an activity, policy or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care that presents an imminent threat to public health or safety or to the health of a specific patient, and the employee reasonably believes, in good faith, that reporting to a supervisor would not result in corrective action.

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<sup>15</sup> This appendix is not intended to be a comprehensive description of the law, a legal interpretation or legal advice. This summary is accurate as of March 2015.

# BRONX HEALTH ACCESS

## BLHC PPS COMMITMENT TO COMPLIANCE

The BLHC PPS has instituted a Compliance Program and Code of Conduct related to its participation in the Delivery System Reform Incentive Payment (“DSRIP”) Program.

- ✚ **Who is responsible?** Everyone, including employees, board members, administrators, physicians, volunteers and those with which we do business.
- ✚ **What are the rules that must be followed?** The standards set forth in the Code of Conduct provide an overview of the laws and rules you are expected to follow. All employees are provided with a copy of the Commitment to Compliance Handbook, which summarizes the Code of Conduct. In a nutshell, we expect everyone to conduct themselves pursuant to the highest ethical, business, and legal standards. If you suspect that someone is doing anything that is illegal or unethical, you must report it.
- ✚ **Examples of what needs to be reported related to DSRIP Projects:**
  - Questionable billing, coding or medical record documentation practices related to DSRIP Projects
  - Altering medical records or data related to DSRIP Projects
  - Quality of care issues related to DSRIP patients
  - Giving or accepting something of value in exchange for DSRIP patient referrals or giving something of value to DSRIP patients
  - Any activity or business practice that could possibly be interpreted as unethical or illegal related to DSRIP Projects

### How to Report DSRIP Compliance Violations



- Report violations related to DSRIP to your supervisor;
- Contact the Compliance Officer, Yasmine Gourdain at (718) 579-2609 or [ygourdai@bronxleb.org](mailto:ygourdai@bronxleb.org) or [PPScompliance@bronxleb.org](mailto:PPScompliance@bronxleb.org)
- Call the Compliance “Hotline” anonymously at (718) 960-1349

- All DSRIP reported compliance issues will be investigated.
- You may raise the issue anonymously if you wish by calling the Hotline.
- Be assured that intimidation or retaliation against anyone who in good faith raises a compliance issue is prohibited.