

Alan D. Aviles
President

Operating Procedure 50-1¹
CORPORATE COMPLIANCE PROGRAM

TO: Distribution "D"

FROM: Alan D. Aviles 

DATE: October 29, 2009

1. **PURPOSE:** The Corporate Compliance Program is focused on the prevention, detection, and correction of any departure from the Corporation's obligations under legal and regulatory requirements, especially as they relate to coding, billing, and financial transactions.

Under the direction of the Corporate Compliance Officer, the program is established as a resource within the Corporation to identify and address proactively corporate-wide and local compliance issues and concerns. In the absence of intentional wrongdoing, the intent of the program is non-punitive.

2. **SCOPE:** This policy and procedure applies to all Corporation employees.

3. **REPORTING:**

- A. The Corporate Compliance Officer (CCO) is to direct compliance activities across the Corporation, reporting to the President with supplemental ("dotted line") direct access to the Audit Committee of the Corporation's Board of Directors. Similarly, the Audit Committee will have direct access to the CCO.
- B. The CCO will report on significant Compliance activity in quarterly meetings with the Chairperson of the Audit Committee, the Chairperson of the Board of Directors, and the HHC President. The CCO may report directly to the Chairperson of the Audit Committee on selected matters, if warranted in his/her discretion. Where appropriate, external reports will be made to the appropriate state and federal agencies.

¹This supercedes and replaces in their entirety Operating Procedures 50-1 and 50-2 dated December 30, 2005, and all changes thereto and Operating Procedure 50-3 dated October 1, 2007.

- C. The President has sole responsibility over budget, staffing, and personnel decisions related to the Corporate Compliance Office. The CCO will annually submit a corporate-wide Compliance staffing plan to the President and present proposed alterations to the approved staffing plan to the President. All dedicated Compliance staff, whether they are located in the Corporate Compliance Office or at HHC facilities, shall be under the direction and control of the CCO and shall be paid under the CCO's cost center.
- D. The Executive Compliance Workgroup (ECW) will meet regularly to discuss compliance issues, initiatives, and concerns, and to provide advice and guidance to the CCO. The ECW is chaired by the Corporate Compliance Officer and Executive/Senior Vice President for Operations (or Corporate Chief Operating Officer), and includes the General Counsel (or designee), the Corporate Chief Medical Officer, the Corporation's Chief Financial Officer, the Associate Vice President for Revenue Management, the Chief Information Officer, and a Network Senior Vice President and a Network Chief Financial Officer, each of whom will be selected by the President and will serve on the ECW for a term of one year.
- E. Network Compliance Officers (NCOs) are defined as Compliance Officers who serve at Networks, facilities (at the election of the President), and HHC Health and Home Care. NCOs will report to the CCO. NCOs will function solely in the role of Compliance Officer, unless other responsibilities are expressly approved by the President.
- Neither any NCO nor the employee who oversees the Clinical and Health Services Research function for the Corporation will be removed from his/her position without the previous approval of the President, and no NCO will be appointed without the previous approval of the President.
- F. The NCO will report to the CCO any significant corporate vulnerabilities or actual instances of non-compliance with applicable legal and regulatory requirements.
- G. Network Compliance Committees (NCCs) will be chaired by the local NCO. With the approval of the President, NCCs may be co-chaired by the Network Senior Vice President or his/her senior-level designee. NCCs will include network facility members appointed by the Network Senior Vice President from the Departments of Finance, Patient Accounts, Quality Assurance, Health Information Management, Audit, Medicine, Utilization Review, Environmental, Information Technology, and other departments as needed.

4. **RESPONSIBILITIES OF THE CCO:** The CCO, with the advice and counsel of the ECW, will have primary responsibility for:

- A. Developing, disseminating, and monitoring regular and consistent Compliance training to strengthen the ability of Compliance staff to carry out the Compliance function. Such training for NCOs will be consistent with the best practices for compliance training for comparable entities and will include, where appropriate, Web-based or on-line training and other formal training leading to certification of compliance officers.
- B. Overseeing, implementing, and measuring regular and consistent Compliance training for Corporation and Affiliate employees with the goal that employees have the requisite awareness, knowledge, and respect for pertinent standards of ethical and lawful conduct and that they meet these standards in the performance of their duties.
- C. Overseeing the development of a Corporate Compliance Workplan that will be reviewed annually and, after review and approval by the President, disseminated to the NCOs.
- D. Reviewing and approving the Network Compliance Workplans, which are also subject to review and approval by the President or his/her designee.
- E. Monitoring of and attendance at meetings of the NCCs to ensure that activities which ensue from those committees further the Corporate and Network Compliance Workplans.
- F. Overseeing a confidential process, including a toll-free hotline, to receive complaints, and ensuring the use of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.
- G. Establishing an ongoing process to ensure revision of the compliance program as may be necessary to address changes in applicable legal and regulatory requirements.
- H. Requesting, as necessary, the Chairperson of the Board of Directors to call a meeting of the Board of Directors to consider any findings or conclusion requiring their attention.
- I. Issuing advisories to facilities and/or departments to raise awareness of known or potential compliance vulnerabilities and to alert them to changes in relevant law or regulations.

- K. Assigning, with the approval of the President, NCOs to perform compliance functions at Networks or facilities other than their own.
- L. Initiating and conducting, with the approval of the President, targeted corporate-wide compliance review(s) or audit(s).
- M. Consistent with applicable corporate policies, directing and overseeing the work of the NCOs and Network Compliance staff.

5. **PROCEDURES OF THE CCO:**

A. The CCO may delegate to appropriate employees or departments (such as Internal Audits or the Inspector General) the responsibility to conduct reviews of issues of concern if s/he deems such reviews are necessary to fulfill the mission of the Corporate Compliance Program. In the alternative, the CCO may request approval from the President to retain outside consultants such as investigators, attorneys, auditors, training specialists or others with specific expertise to assist in selected reviews or the development of the compliance program in accordance with Corporation policies and procedures.

B. Every officer and employee will be advised that he/she has an affirmative obligation to cooperate with a review conducted by the CCO or his/her delegated representatives. Further, the CCO will ensure that all employees are advised that no retaliatory action will be taken against any employee who reports, in good faith, an allegation of wrongdoing and that the confidentiality of the employee's report will be maintained to the extent permitted by law.

C. The CCO will recommend, if the results of an investigation establish that a compliance violation has occurred, appropriate corrective action, and/or notification to another governmental entity if warranted.

D. The CCO will recommend to the President revision of procedures as are necessary to fulfill the CCO's obligations under this procedure or, as required by federal, state, or local rule, regulation, or mandate.

E. Any officer or employee receiving complaints of failure to comply with laws, regulations, or internal procedures related to billing, coding, medical record documentation, or financial transactions, will report such information immediately to the Office of the CCO by telephone to (646) 458-5622, or by mail marked, "Confidential" and addressed to:

New York City Health & Hospitals Corporation
Office of the Corporate Compliance Officer
160 Water Street - Room 714
New York, NY 10013

6. RESPONSIBILITIES OF THE NCOs:

NCOs, with the advice and counsel of the NCCs, will have primary responsibilities for furthering the Compliance program. These responsibilities include:

- A. Reporting network compliance activities to the CCO.
- B. Conducting an annual risk assessment for the network and, with the NCC, selecting items resulting from the risk assessment for development of the Network Compliance Workplan.
- C. Subject to the review and approval of the CCO and the President, developing and implementing a Network Compliance Workplan following a review of Network and Corporate compliance issues, as well as the Corporate Compliance Workplan, and the HHS OIG and NYS OMIG workplans; and assigning items for review to responsible individuals with a defined period for completion, and a corrective action plan (where necessary).
- D. Submitting to the CCO quarterly reports reflecting progress made in addressing items on the Network Compliance Workplan.
- E. Developing an annual meeting schedule and conducting, at a minimum, bi-monthly compliance meetings, maintaining minutes and reports documenting network compliance activity since the last meeting, and implementation of corrective action plans, where appropriate. All minutes and reports will be supplied to the CCO. Attendance by NCC members at these meetings is mandatory, and attendance sheets will be provided to the President's Chief of Staff.
- F. Periodic presentations before the ECW regarding the Network's ongoing compliance activities.
- G. Reviewing and responding to HelpLine Complaints, as required, when referred from the CCO.
- H. Ensuring completion of compliance training for all network committee members and selected HHC and affiliate employees on an annual basis and bi-annual compliance training for other designated employees and affiliate employees, and reporting to the CCO on a regular basis the status of training activity.
- I. Fostering programs and activities that promote the anonymous reporting of compliance violations by employees without fear of retribution.

7. PROCEDURES OF THE NCOs AND NCCs:

A. The NCO will establish and chair a subcommittee of the NCC to conduct a risk assessment of network coding, billing, and other compliance-related activities that occur during the normal course of business in the network. The subcommittee will consider the annual HHS OIG and NYS OMIG workplans, as well as the HHC Corporate Compliance Workplan and any other compliance-related issues as mandated by the CCO or the ECW.

B. The NCO or the NCC may determine that it is necessary for responsible employees or departments to conduct reviews of issues of concern. Such employees or departments will be provided with guidelines of the scope of issues to be reviewed and a timeframe for completion. At each NCC meeting, a report will be entered into the minutes reflecting the status of each assigned workplan or review item, the anticipated completion date of the review(s), and, where appropriate, a corrective action plan and schedule for subsequent re-audit to insure that the issue does not recur, as well as any written summary of issues by the responsible employee/department on each item.

C. During the course of a review conducted by or under the auspices of the NCO, all employees interviewed will be advised that every officer and employee has an affirmative obligation to cooperate with a review conducted by the NCO or by his/her delegated representatives. Further, all employees interviewed during a compliance review are to be advised that no retaliatory action will be taken against any employee who reports, in good faith, an allegation of wrongdoing or non-compliance and that the confidentiality of the employee's report will be maintained to the extent permitted by law.

D. The NCO may establish subcommittees of the NCC as necessary to review and investigate possible compliance violations. The NCO will report to the CCO allegations of violation of policy, procedure, or law related to coding, billing, and financial transactions. Similarly, the NCO will report instances of non-compliance with applicable legal and regulatory requirements related to coding, billing, and financial transactions. If the results of a compliance review demonstrate that a violation has occurred, the NCO may recommend to the CCO appropriate corrective action and/or notification to the appropriate regulatory/government entity.

E. The NCO, with the advice and counsel of the NCC, will review internal controls to evaluate their efficacy in detecting and preventing significant instances or patterns of unethical, illegal, or improper conduct, and will recommend to the CCO revisions of such procedures as are necessary to fulfill the Committee's obligations under this procedure or, as required, by federal, state or local rule, regulation, or mandate.

8. **ACCESS TO RECORDS:**

The CCO and the NCOs, and any person under their supervision, will be given reasonable access to any area within the Corporation and to all documents and files in these areas, as well as the authority to examine and copy any document or file necessary to fulfill his/her responsibilities to conduct a review into compliance-related matters. Documents that are necessary for patient care may be removed only if copies are made immediately available to the facility. When such original documents are removed, they will be returned as soon as possible.

9. **NO RETALIATION:**

HHC strictly prohibits retaliation, in any form, against any individual making a report, complaint, or inquiry in good faith, concerning suspected fraud, waste, and abuse or other suspected violation of law or HHC policy.

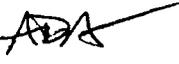
December 27, 2010

Alan D. Aviles
President

CHANGE No. 1 *

Operating Procedure 50-1
CORPORATE COMPLIANCE PROGRAM

TO: Distribution "D"

FROM: Alan D. Aviles 

Effective immediately, Operating Procedure 50-1 is hereby amended to delete Section 9 and replace it with the following Sections 9 and 10:

9. DISCIPLINARY POLICY

All members of the HHC workforce are encouraged to participate in the compliance program and are responsible for complying with this operating procedure as well as applicable laws, rules and regulations. Failure to so comply will result in disciplinary action and/or sanction. Supervisors and/or managers can be held accountable for the foreseeable compliance failures of their subordinates.

HHC places an affirmative responsibility on all members of the HHC workforce to report violations of this operating procedure, applicable laws, rules and regulations promptly to the office of the CCO.

All reported violations, including allegations of intimidation or retaliation, will be fully and completely investigated, and appropriate steps will be taken to remedy the situation. All members of the HHC workforce must participate and/or cooperate in good faith with any investigation into a reported violation, be truthful with investigators and preserve documentation and/or records relevant to ongoing investigations.

Failure to report a violation, participate or cooperate with an investigation, be truthful with investigators, preserve documentation and/or records relevant to ongoing investigations, as well as participating in non-compliant behavior or encouraging, directing, facilitating or permitting non-compliant behavior will result in disciplinary action and/or sanction. Disciplinary action and/or sanctions include written warnings, suspension and/or termination of employment or

* This change amends OP 50-1 dated October 29, 2009

contract with HHC. The disciplinary action and/or sanction imposed will be based on the nature and severity of the violation or misconduct. The CCO will coordinate with each Network's or Facility's Human Resources and/or Labor Relations Department when disciplinary actions and/or sanctions are contemplated.

10. NO RETALIATION

HHC strictly prohibits intimidation or retaliation, in any form, against any individual who in good faith participates in the compliance program, including but not limited to reporting potential issues, self-evaluations, audits and remedial actions and reporting to appropriate officials as provided in New York State Labor Law Sections 740 and 741. Any attempt to intimidate or retaliate against a person for participating in the compliance program in good faith will result in disciplinary action.