



Stony Brook Medicine Administrative Policy and Procedures

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Scope: SBM Eastern Long Island Campus	Original Creation Date: 03/28/2023

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Responsible Department/Division/Committee:

Compliance

Policy:

Stony Brook University Hospital and its campuses (collectively "SBUH") have a Corporate Compliance Program ("Compliance Program") that provides written guidance on principles and expectations related to workplace conduct. The Compliance Program establishes a framework for legal compliance and ethical responsibility. SBUH Representatives ("Hospital Representatives") are expected to meet the highest standards of ethical and legal conduct.

Definitions:

Code of Conduct ("Code"): The SBUH Code is a document that provides written guidance on principles and expectations related to workplace conduct. The Code of Conduct reflects the mission, vision, and values of SBUH and complies with applicable federal and state laws, rules and regulations, SBUH policies and procedures, and appropriate standards of ethical conduct

Compliance: A term that shall encompass adherence with all: (i) applicable federal and state laws, regulations, and other requirements, including but not limited to federal healthcare program requirements; (ii) industry-

recognized compliance guidance and standards; (iii) SBUH policies and procedures; and (iv) the Code.

Compliance Program: The program developed by SBUH to promote compliance with the Code, policies and procedures, and all relevant federal and state laws and regulations.

Federal/State Healthcare Program: Any plan or program that provides health benefits, directly or indirectly, through insurance or otherwise, and is funded, in whole or in part, by the United States government or New York State, including, but not limited to, Medicare and Medicaid.

Hospital Representatives: employees, volunteers, trainees, medical staff members, including state, research foundation, professional employer organization, personnel employed through contracted agencies, the governing body, contracted or subcontracted agents, vendors or consultants who furnish products or services on behalf of SBUH and other individuals affiliated with SBUH regardless of whether the individual is paid by SBUH.

Procedures:

- A. SBUH has established and abides by the Compliance Program. The Compliance Program is evidence of SBUH's commitment to conducting its business ethically and maintaining and promoting an organizational culture that emphasizes integrity; individual and institutional acceptance of responsibility; effective self-policing; and transparency in the relationships between the organization and its key stakeholders, including government officials and agencies. The Compliance Program, along with the Code of Conduct, serve to establish an awareness and culture of compliance that promotes the prevention, detection and resolution of instances of conduct that do not conform to federal and state law, and federal, state and private payor health program requirements.
- B. The Compliance Program is a dynamic program that provides a flexible framework for adapting to the changing environment in which the organization operates. It is evaluated no less than annually by the Chief Compliance Officer ("CCO"), the Executive Vice President of Stony Brook Medicine, Chief Executive Officer ("CEO") of Stony Brook University Hospital, the Chief Administrative Officer, as applicable, the Compliance and Audit Committee of the Governing Body and the Governing Body to ensure that it functions as intended, serves the purpose for which it has

been designed, and enables the organization to meet its high standards and commitment to compliance.

C. SBUH is committed to the prevention, detection, and correction of noncompliance with federal, state and other third party-payor program requirements. SBUH has implemented the following seven elements designed to demonstrate its compliance effectiveness.

1. Written Policies and Procedures

- i. SBUH maintains and periodically, no less than annually, updates a written Code of Conduct ("Code") that articulates its commitment to ethical behavior. The Code is the foundation of the Compliance Program and details the fundamental principles, values, and framework that guide everyday practice. Hospital Representatives must abide by the terms of the Code and periodically certify to such.
- ii. Compliance with the Code and all applicable policies and procedures is a condition of employment as a Hospital Representative and an element in evaluating the performance of all employees.
- iii. The organization has developed policies and procedures that capture its commitment to compliance and effectively address compliance obligations. The policies and procedures also account for specific areas of compliance and ethics risks relevant to SBUH. These policies and procedures will be periodically reviewed and revised as warranted and made available to all Hospital Representatives.

2. Compliance Officer and Compliance Committee

i. Compliance Officer

1. SBUH has appointed a CCO who is charged with overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness.
2. The CCO shall be responsible for drafting, implementing, and updating policies and standards, a compliance work plan, and strategy for completion, not less than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rule and/or regulations.
3. The CCO has a direct reporting relationship to the EVP, CEO and the Governing Body. The CCO regularly informs the CEO, the CAC, the Governing Body, and applicable stakeholders on the Compliance Program

and compliance risks, concerns, issues, or violations that may come to their attention.

ii. Compliance and Audit Committee of the Governing Body (“CAC”)

1. SBUH has designated a CAC that is responsible for coordinating with the CCO to ensure that SBUH is conducting its business in an ethical and responsible manner. The CAC advises and assists the CCO in the effective operation of the Compliance Program.

2. SBUH has outlined the duties and responsibilities, membership, designation of a chair and frequency of meetings for the CAC in the compliance committee charter.

3. The CAC shall report directly and be accountable to SBUH’s EVP, CEO and Governing Body.

3. Training and Education

i. SBUH has developed and implemented annual, comprehensive compliance training and education for all personnel, including the Governing Body. When necessary, additional compliance training and education is targeted by function and topic to maximize its effectiveness. Satisfactory participation in and completion of required compliance and ethics training is a condition of continued employment.

ii. Failure to comply with training requirements may result in disciplinary action, up to and including termination.

4. Lines of Communication

i. SBUH has established, maintains and publicizes its multiple channels of communication that allow any person, including SBUH affected individuals and our patients, to report any concerns confidentially or anonymously. These channels emphasize SBUH’s strict non-intimidation and nonretaliation policy and also offer the option of anonymity. SBUH does not retaliate or take disciplinary action against any individual for reporting concerns in good faith, including acting as a whistleblower in accordance with the Federal False Claims Act, NY False Claims Act, or applicable laws. “In good faith” means the reporter believes that the information reported is true and correct to the best of their knowledge and ability.

- ii. The reporting channels enable individuals to disclose potential compliance issues to the CCO or other person who is not in the disclosing individual's chain of command and include the following:
 - 1. Call the Corporate Compliance direct line (631) 444-5864;
 - 2. 24 hours per day, 7 days per week, call the toll-free anonymous line at (866) 623-1480;
 - 3. Access the anonymous website at: <https://secure.ethicspoint.com/domain/media/en/gui/80865/index.html>
 - 4. Send an email to Compliance at: ComplianceHELP@stonybrookmedicine.edu
 - 5. Send a facsimile to the compliance department at (631) 444-5791; or
 - 6. Mail correspondence to the Office of Compliance and Audit Services ("OCAS"): 7 Flowerfield, Suite 36, St. James, New York 11780.
 - iii. The OCAS shall maintain a disclosure log that summarizes each disclosure and the disposition, including any corrective actions taken.
 - iv. It is the duty of every Hospital Representative to report potential compliance issues, including any identified concerns, issues, or questions regarding suspected or potential violations of the Code, policies and procedures, and/or applicable laws and regulations.
5. Disciplinary Standards
- i. SBUH takes appropriate disciplinary action for established compliance violations, including violation of the Code of Conduct, and will identify corrective actions to help prevent the recurrence of similar violations.
 - ii. The disciplinary standards are embedded within the Code of Conduct, and is provided to all Hospital Representatives upon hire and annually within the Annual Required Education training.
 - iii. Decisions regarding appropriate disciplinary action(s), if any, will be determined by the Chief Human Resources Officer, Office of Labor Relations, Compliance and Office of General Counsel, and the relevant functional area, as appropriate. CCO or designee must concur with any

disciplinary action imposed as a result of a compliance violation relevant to the CCO's oversight responsibilities.

6. Auditing and Monitoring

i. SBUH has established and implemented a system of routine monitoring and identification of compliance risks.

ii. The CCO and CCC shall develop an Annual Compliance Work Plan, which shall include, without limitation:

1. A system for routine identification of compliance risk areas specific to: billings; payments; ordered services; medical necessity; quality of care; governance; mandatory reporting; credentialing; and contractor, subcontractor, agent or independent contract oversight.

2. Pre- and post- payment submission review systems to prevent false claims for payment;

3. Systems that identify and correct billing errors and other instances of non-compliance;

4. Disclosure and refund of overpayments;

5. Assessment of existing systems; and

6. Recommendations regarding risk prevention.

iii. Human Resources and Employee Screening

1. SBUH recognizes that one of our greatest strengths lies in the talent and ability of each Hospital Representative. SBUH is committed to supporting all Hospital Representatives by maintaining a healthy, positive, and non-discriminatory work environment and engages professionals with the proper credentials, experience or training, and expertise to meet the needs of our patients, visitors and the community we serve.

2. Consistent with Policy ELD0104 Exclusion Screening, SBUH prevents hiring, employing, contracting with, granting clinical privileges to, retaining, or otherwise affiliating with any individual or entity determined to be an Ineligible Person by conducting screening checks against the Office of Foreign Assets Control ("OFAC"), the Department of Health and Human Services Office of Inspector General ("OIG") List of Excluded Individuals and Entities ("LEIE"), the U.S. Government's System for Award Management ("SAM") and the New York State Office of Medicaid

Inspector General ("OMIG") List of Restricted and Excluded Providers (collectively the "Exclusion Lists").

3. Upon hire and no less than monthly, SBUH conducts required regular screening of individuals and entities to identify ineligible persons.
4. Hospital Representatives have an affirmative duty to promptly notify the Office of Compliance and Audit Services of any debarment, exclusion, suspension, or other event that makes the individual or entity an ineligible person.

7. Responding to Compliance Issues

- i. Upon receipt of any compliance report, the CCO or designee will promptly assess the allegation(s) to determine what type of response and/or action is warranted, including an internal or external review or investigation of the allegations set forth in the disclosure.
- ii. In the event that a compliance violation is substantiated during an audit or monitoring review or due to a compliance report, Corrective Actions are taken to prevent the recurrence of the identified violation and may include, but are not limited to:
 1. Addressing any gaps in policies, practices, and training and opining on any misinterpretation of policies, practices, or training that may have contributed to a violation;
 2. Imposing a range of disciplinary measures, up to and including termination of employment or contract termination, as proscribed in any applicable bargaining unit; and
 3. Self-reporting identified violations to the appropriate government authorities, as required.
- iii. The OCAS shall maintain a summary of all potential compliance concerns brought to the OCAS. Such summary shall include any and all plans of correction, as applicable and the outcome of the investigation. Where no corrective action is deemed to be required, the OCAS shall include such explanation in the summary. OCAS shall further maintain the investigatory notes associated with each compliance concern.
- iv. The OCAS shall further maintain a summary of any and all audits conducted by the OIG or the OMIG with investigation

number and report date; description of related internal audits or investigations; description of related plans of correction with dates of implementation. Additionally, OCAS shall maintain a summary of all internal audits or investigation sot identify any additional overpayments.

- v. The OCAS shall further maintain a summary of plans of correction where SBUH had a self-disclosure to any federal payor that included plans of correction to resolve the reasons for the overpayments and prevent recurrence.

Forms:

None

Policy Cross Reference:

[ELD0009 Auditing and Monitoring Activities](#)

[ELD0038 Policy and Procedure for an Employee Responding to Governmental Investigations](#)

[ELD0039 Corporate Compliance Code of Conduct](#)

[ELD0058 Review of Suspected Health Insurance Portability and Accountability Act \(HIPAA\) Violations](#)

[ELD0067 Internal Control Standards](#)

[ELD0070 Responsibilities for Preventing and Detecting Fraud, Waste and Abuse Related to Federal and State Funded Health Care Programs](#)

[ELD0071 Reporting of Compliance Violations or Suspected Violations and Non- Intimidation/Non-Retaliation](#)

[ELD0080 Identity Theft Prevention, Detection and Mitigation: Red Flag Alert](#)

[ELD0087 Health Insurance Portability and Accountability Act \(HIPAA\) Violations](#)

[ELD0101 Conflict of Interest](#)

[ELD0109 Gifts](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

Title 18 NYCRR 504.3

Title 18 NYCRR 504.8

Title 18 NYCRR Parts 514. 515. 516, 517, 518, 519, 520, 521

Title 19 NYCRR Part 934;

New York State Public Officers Law §73, §74, §80, §94

42 USC § 1396a(a) (68)

31 USC §§ 3729-3733

31 USC Ch. 38 NY Labor Law § 740

NY Labor Law § 741 NY State Finance Law §§ 187-194

References and Resources:

None