

## Stony Brook Medicine Administrative Policy and Procedures

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

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### Policy:

Stony Brook University Hospital (including all campus locations, 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 workforce members are expected to meet the highest standards of ethical and legal conduct.

### Definitions:

**Code of Conduct:** 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 encompasses 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 and demonstrate compliance with the Code of Conduct, 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.

### **Stony Brook University Hospital campus locations -**

Stony Brook University Hospital Main Campus (SBUH Main Campus)

Stony Brook Eastern Long Island Hospital (SBELIH)

Stony Brook Southampton Hospital (SBSH)

**Workforce Member** - An employee, volunteer, trainee, medical staff member, including state, research foundation, professional employer organization, personnel employed through contracted agencies, or other individual affiliated with SBUH who furnish products or services on behalf of SBUH or is otherwise under the direct control of SBUH, regardless of whether they receive(d) payment(s) from SBUH.

### **Procedures:**

A. SBUH 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 (EVP), Chief Executive Officer (CEO) of Stony Brook University Hospital, the Chief Administrative Officer, as applicable, the Compliance and Audit Committee of the Governing Body (CAC) 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 non-compliance 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. Workforce Members abide by the terms of the Code and certifies to such as required.
- ii. Compliance with the Code and all applicable policies and procedures is a condition of employment as a workforce member and an element in workforce member performance evaluations.
- iii. SBUH policies and procedures outline 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 are periodically reviewed, no less than annually, and revised as warranted and made available to all Workforce Members.
- iv. CCO and Compliance and Audit Committee of the Governing Body (CAC)

2. i. CCO

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 is responsible for leading the Office of Compliance, Audit and Privacy Services (OCAPS).
3. The CCO is 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.
4. 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 come to their attention. Such risks include, but are not limited to, billings, payments, medical necessity and quality of care, governance, mandatory reporting, credentialing, and other risks as identified.

ii. CAC of the Governing Body

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 reports directly and is accountable to SBUH's EVP, CEO and Governing Body.
3. Training and Education
- i. SBUH has developed and implemented a Compliance Training Plan<sup>7</sup> that outlines specific strategies tailored to meet the Compliance training needs of its workforce members and is in a form and format accessible and understandable to affected individuals.
  - ii. Upon hire and annually, workforce members, including the Governing Body, participate in comprehensive compliance training and education. Additional compliance training and education, targeted by function and topic, are disseminated to maximize effectiveness. Satisfactory participation in and completion of required compliance and ethics training is a condition of continued employment.
  - iii. OCAPS is responsible for annually reviewing and updating the Compliance Training Plan.
  - iv. 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 [ELD0071 Reporting of Compliance Violations or Suspected Violations and Non- Intimidation/Non-Retaliation](#) 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. The Corporate Compliance direct line is (631) 444-5864;
  2. A toll-free, third-party, anonymous hotline available 24 hours per day, 7 days per week, at (866) 623-1480;
  3. Access to the anonymous reporting website at:  
<https://secure.ethicspoint.com/domain/media/en/gui/80865/index.html>;
  4. E-mail to Compliance at:  
[ComplianceHELP@stonybrookmedicine.edu](mailto:ComplianceHELP@stonybrookmedicine.edu);
  5. Via facsimile to the compliance department at (631) 444-5791; or
  6. Mail correspondence to the Office of Compliance, Audit and Privacy Services: 7 Flowerfield, Suite 36, St. James, New York 11780.
- iii. The OCAPS maintains a disclosure log that summarizes each disclosure and the disposition, including any corrective actions taken.
  - iv. It is the duty of every workforce member 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 substantiated compliance violations, including violation of the Code of Conduct, and assists with the identification of corrective and mitigating actions to help prevent the recurrence of similar violations.
- ii. The disciplinary standards are embedded within the Code of Conduct, and are provided to all workforce members upon hire and annually within the Annual Required Education training.
- iii. The Chief Human Resources Officer, Office of Labor Relations, Compliance Office and Office of General Counsel, and the relevant functional area, as appropriate decides the appropriate disciplinary action(s), if any. The CCO or designee concurs 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 CAC develop an Annual Compliance Work Plan, which includes, 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 workforce member Screening
1. SBUH recognizes that one of our greatest strengths lies in the talent and ability of each workforce member. SBUH is committed to supporting all workforce members 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 [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. Workforce members have an affirmative duty to promptly notify the OCAPS 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 promptly assesses 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. If a compliance violation is substantiated during an audit or monitoring review or identified within the results of a compliance report, Corrective Actions are taken to stop the activity and prevent the recurrence of the identified violation and include but are not limited to:
  - 1. Addressing any gaps in policies, practices, and training and opening on any misinterpretation of policies, practices, or training that 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 OCAPS maintains a summary of all potential compliance concerns brought to the OCAPS. The summary includes any and all plans of correction, as applicable, and the outcome of the investigation. Where no corrective action is deemed required, the OCAPS includes such explanation in the summary. Consistent with SUNY and regulatory retention guidelines, OCAPS further maintains the investigatory notes associated with each compliance concern.
- iv. The OCAPS further maintains 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, OCAPS maintains a summary of all internal audits or investigation to identify any additional overpayments.

The OCAPS further maintains 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 a Hospital Representative 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](#)  
[ELD0104 Exclusion Screening](#)  
[ELD0109 Gifts](#)

### **Relevant Standards/Codes/Rules/Regulations/Statutes:**

[Title 18 NYCRR 504.3, \*Duties of the Provider\*](#)  
[Title 18 NYCRR 504.8, Audit and claim review](#)  
[Title 18 NYCRR Parts 514., Policy](#)  
[Title 18 NYCRR Parts 515., Sanction; effect](#)  
[Title 18 NYCRR Parts 516., Scope and definitions](#)  
[Title 18 NYCRR Parts 517., Provider Audits](#)  
[Title 18 NYCRR Parts 518., Definitions](#)  
[Title 18 NYCRR Parts 519., Provider Hearings](#)  
[Title 18 NYCRR Parts 520., Overpayments](#)  
[Title 18 NYCRR Parts 521., Fraud, Waste, and Abuse Prevention](#)  
[Title 19 NYCRR Part 934; Pursuant to Legislative Law](#)  
[New York State Public Officers Law §73, Financial Disclosure](#)  
[-§74., Code of Ethics](#)  
[§80., Legislative ethics commission](#)  
[§94., Commission on Ethics and Lobbying in Government](#)  
[42 USC § 1396a\(a\) \(68\)., State plans for medical assistance](#)  
[31 USC §§ 3729-3733., False claims](#)  
[31 USC Ch. 38., Administrative Remedies for false claims and statements](#)  
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### **References and Resources:**

None