# INTEGRATED COMPLIANCE PLAN

## UNIVERSITY OF ROCHESTER MEDICAL CENTER AND UR MEDICINE AFFILIATES

## ARTICLE I: ESTABLISHMENT, PURPOSE AND SCOPE OF THE UR MEDICINE COMPLIANCE PLAN.

A. INTRODUCTION: This document is the "UR Medicine Compliance Plan (the "Compliance Plan"). It was adopted by the Board of the University of Rochester Medical Center ("URMC") on May 22, 2018. It supersedes the University of Rochester Medical Center – Strong Health Compliance Plan (the "Strong Health Plan") dated December 31, 1998 and the University of Rochester Medical Center – Strong Health Billing Compliance Plan dated December 31, 1998. The purpose of the Plan is to describe the integrated UR Medicine Compliance Program (the "Compliance Program") and to create a framework for its effective operation.

B. PURPOSES OF THE COMPLIANCE PROGRAM:

1. To promote honest, ethical behavior and foster a culture where individuals understand they are expected to obey the law, report improper and illegal activity, and conduct themselves with Integrity of the Highest Order;

2. To achieve correct documentation, coding and billing for all health care services (including those associated with clinical research study protocols at URMC) and compliance with applicable laws, regulations, policies and manual instructions pertaining to Medicare, Medicaid and federal health care programs, while reducing, to the extent possible, practitioner burden.

3. To prevent and detect fraud, waste and abuse;

4. To ensure compliance with the laws, regulations and policies that apply to State and Federal Health Care Programs (collectively, "Government Program Requirements"), including but not limited to, the following:

(i) The State and Federal Civil False Claims Acts,

(ii) The Federal Anti-kickback Law;

(iii) The Civil Monetary Penalties Law;

(iv) The Physician Self-Referral (Stark) Law;

(v) State and Federal prohibitions against employing or contracting with debarred, excluded or ineligible individuals;

(vi) State and Federal criminal fraud statutes.

5. To mitigate financial and reputational risk to URMC and UR Medicine Affiliates;

6. To promote timely and efficient Compliance Program coordination among URMC and UR Medicine Affiliates;

7. To implement the Compliance Guidance recommendations of the Office of the Inspector General of the United States Department of Health and Human Services (HHS/OIG);

8. To meet mandatory compliance program requirements established by State or Federal law (the "Mandatory Compliance Program Requirements") including the following:

(i) Section 363-d of the New York State Social Services Law and Part 521 of the Regulations of the New York State Department of Social Services (applicable to Medicaid providers);

(ii) Parts 422 and 423 of the CMS Medicare Regulations (42 CFR Parts 422 and 423)(applicable to Medicare Advantage contractors and Medicare Part D providers); and

(iii) The Medicare Conditions of Participation for Long Term Care Facilities (42 CFR 483.85)(applicable to Skilled Nursing Facilities).

C. SCOPE OF THE PROGRAM: The Compliance Program applies to the following:

1. To URMC and each of its Divisions;

2. Subject to Section D below, to all current and future "UR Medicine Affiliates", which shall include all:

(i) Not-for-profit organizations engaged in the delivery of health care items or services, if the University of Rochester ("UR") is the sole member of the organization or a direct or indirect corporate parent of the organization;

(ii) For-profit corporations engaged in the delivery of health care items or services, if the UR or any UR Medicine Affiliate owns all or substantially all of the shares.

3. To the Officers and Board Members of URMC and to the Officers and Directors of each UR Medicine Affiliate;

4. To all "UR Medicine Clinical and Administrative Staff" which shall include all employees,

independent contractors and members of the medical staff or allied health professional staff of URMC, any licensed URMC facility (e.g., Strong Memorial Hospital, Eastman Institute of Oral Health) or any UR Medicine Affiliate, who perform clinical or administrative services on behalf of, or on the premises of, any URMC or UR Medicine Affiliate.[1]

5. Exclusions: The Compliance Plan does not apply to the following:

   (i) University Medical Imaging, PC;

   (ii) Accountable Health Partners, IPA-LLC;

   (iii) Accountable Health Partners, LLC;

D. AFFILIATE SELF-GOVERNANCE AND ACCOUNTABILITY.

1. URMC acknowledges that UR Medicine Affiliates have governing boards that also oversee compliance. It is the goal of the URMC Compliance Program to work within the governance structures of each UR Medicine Affiliate to provide available personnel resources and expertise to meet such affiliate's compliance obligations.

2. Consistent with that goal, the Compliance Plan differentiates between UR Medicine Affiliates that rely upon the URMC Compliance Office to fulfill core responsibilities under the Plan ("Centrally Managed") and those that primarily utilize their own staff to fulfill these responsibilities ("Locally Managed").

3. Whether an Affiliate's compliance activities are Centrally Managed or Locally Managed, the Affiliate is accountable, to its Senior Leadership and Board of Directors and to URMC, for operating in accordance with applicable laws and for meeting the standards in this Compliance Plan.

4. Compliance activities of a UR Medicine Affiliate may be transferred from Local Management to Central Management or from Central Management to Local Management upon agreement of URMC and the UR Medicine Affiliate.

5. Currently, Highland Hospital is Centrally Managed. All other Affiliates are Locally Managed. If an Affiliate becomes Centrally Managed pursuant to Section 4 above after the adoption of the Compliance Plan, all provisions of the Compliance Plan that apply to Centrally Managed Affiliates as of the date the Affiliate becomes Centrally Managed shall automatically apply to that Affiliate without need for further amendment of this Compliance Plan or approval by the URMC Board.

E. COORDINATION WITH OTHER REGULATORY OVERSIGHT ACTIVITIES:

1. The Compliance Program will be carried out with an awareness of other laws, regulations and standards applicable to the operations of URMC and UR Medicine Affiliates including those that pertain to healthcare privacy and security, quality, credentialing, financial accounting, human

[1] Specific program requirements may be different for employed individuals than for non-employed individuals. Requirements may also differ for individuals who perform services billed by URMC or a UR Medicine Affiliate than for those who do not.

subject protection, research integrity, and to the drug discount program authorized by Section 340B of the Public Health Services Act.

2. When potential risks arising under other statutory and regulatory schemes are identified, referrals will be made to the individuals responsible for managing the risks. Efforts will also be made to coordinate activities to ensure appropriate coverage and to avoid duplication of effort.

3. For purposes of meeting the requirements of the New York State Medicaid Program (see 18 NYCRR 521.3[a]) the existing programs of URMC and UR Medicine Affiliates for credentialing, medical necessity, quality of care and mandatory reporting will be considered to be part of the Compliance Program. To ensure appropriate coordination, the Compliance Program Steering Committee described below will include individuals responsible for those functions.

**ARTICLE II: COMPLIANCE PROGRAM PERSONNEL AND STAFFING.**

A. Compliance Officer(s)

1. URMC Chief Compliance Officer:

(i) The Chief Compliance Officer is an individual with expertise and training in health care compliance. He or she has an understanding of the requirements for correct diagnosis and procedure coding and documentation, and the laws, regulations and policies that pertain to the provision of, and billing for, health care services provided to Medicare and Medicaid beneficiaries. He or she has expertise in the Government Program Requirements.

(ii) The Chief Compliance Officer reports directly to the Senior Vice President for Health Sciences. He or she is not, and shall not, report to the Chief Financial Officer, the General Counsel or any of their subordinates.

(iii) The Chief Compliance Officer periodically reports to the URMC Board or its Audit and Risk Committee on the activities of the Compliance Program and shall periodically meet with the URMC Board or Audit and Risk Committee in executive session.

(iv) One hundred percent of the Chief Compliance Officer's time and effort will be devoted to the operation of the Compliance Program.

(v) The Chief Compliance Officer's responsibilities include the following:

(a) Implementing the UR Medicine Compliance Plan;

(b) Managing the Compliance Program of URMC and each Centrally Managed UR Medicine Affiliate;

(c) Managing the URMC Compliance Office and supervising Compliance Office Analysts, Educators and Auditors;

(d) Evaluating Compliance Program related risk;

(e) Identifying areas of potential non-compliance with Government Program

Requirements;

(f) Developing and fulfilling annual compliance work plans for URMC and for all Centrally Managed UR Medicine Affiliates;

(g) Overseeing and coordinating response by URMC and Centrally Managed UR Medicine Affiliates to external audits from health insurance payers, "Health Oversight Agencies", such as the Office of the Inspector General of the Department of Health and Human Services ("OIG/HHS"), the Office of the New York State Medicaid Inspector General ("OMIG"), the Center for Medicare and Medicaid Services ("CMS"), and contractors acting on behalf of health insurance payers and Health Oversight Agencies ("External Audits");

(h) Conducting internal compliance investigations;

(i) Assisting Counsel, as directed, in responding to external civil and criminal investigations initiated by the United States Department of Justice, the United States Attorney's Office, the Attorney General of the State of New York or the Medicaid Fraud Control Unit;

(j) Facilitating identification, quantification and return of identified overpayments related to URMC and Centrally Managed UR Medicine Affiliates, and assisting with quantification and return of overpayments identified by Locally Managed UR Medicine Affiliates;

(k) Periodically assessing the Compliance Program's fulfillment of the Mandatory Compliance Program Requirements;

(l) Evaluating the sufficiency of the Compliance Program's resources, including technology and staffing;

(m) Engaging in strategic planning on behalf of the Compliance Program;

(n) Promoting day to day Compliance Program collaboration and communication among all URMC and all UR Medicine Affiliates;

(o) Monitoring Compliance Program activities of Locally Managed Compliance Programs of UR Medicine Affiliates;

(p) Identifying and pursuing opportunities for greater UR Medicine Compliance Program integration, coordination and resource sharing.

2. UR Research Compliance Officer

(i) The UR Research Compliance Officer shall report to the Associate Vice President for Research Administration and to the Vice Dean for Research.

(ii) The UR Research Compliance Officer is an individual with expertise and training in clinical research billing compliance. He or she has an understanding of the laws, regulations and policies that pertain to the billing for health care services associated to clinical research protocols provided to Medicare and Medicaid beneficiaries.

(iii) The UR Research Compliance Officer periodically reports to the URMC Board or to the URMC Audit and Risk Committee.

(iv) The UR Research Compliance Officer's responsibilities shall include the following:

(a) Evaluating billing risk and financial risk pertaining to clinical research study activity;

(b) Developing and fulfilling annual work plans for clinical research study billing risk;

(c) Facilitating identification, quantification and return of identified overpayments related to clinical research billing transactions;

(d) Overseeing responses to any external audits involving clinical research billing transactions;

(e) Conducting internal compliance investigations involving clinical research billing transactions;

(f) Providing training opportunities for faculty, other clinical research study team members, and administrative personnel regarding clinical research study billing compliance requirements; and

(g) Collaborating with the URMC Chief Compliance Officer and other clinical research operations leadership – as applicable - on efforts to coordinate, integrate and share resources.

(v) The UR Research Compliance Officer shall promptly notify the URMC Chief Compliance Officer of the following:

a) Any actual or suspected identified overpayments that are material in amount or that affect a large number of claims;

b) Any actual or suspected instance of fraud or material waste or abuse; and

c) The initiation of any external audits by Health Oversight Agencies or their Contactors.

(vi) To ensure consistency and coordination among URMC and UR Medicine Affiliates, the UR Research Compliance Officer will involve the URMC Chief Compliance Officer and Counsel in any evaluation or decision to make a self-disclosure and will coordinate with the URMC Chief Compliance Officer and other clinical research operations leadership – as applicable – regarding the preparation and submission of any self-disclosures.

3. Affiliate Compliance Officers.

(i) Each UR Medicine Affiliate with a Locally Managed Compliance Program shall appoint a Compliance Officer. The Affiliate Compliance Officer shall report to a senior member of the UR Medicine Affiliate's leadership team who shall not be the Affiliate's Chief Financial Officer or General Counsel or any of their subordinates. The Affiliate Compliance Officer may have responsibility for one or more UR Medicine Affiliates that are under the common control of a single holding company (e.g. Thompson Health).

(ii) The Affiliate Compliance Officer is an individual with expertise and training in health care compliance. He or she has an understanding of the requirements for correct diagnosis and procedure coding and documentation, and the laws, regulations and policies that pertain to the billing for health care services provided to Medicare and Medicaid beneficiaries. He or she understands the Government Program Requirements applicable to his or her UR Medicine Affiliate(s).

(iii) The Affiliate Compliance Officer shall periodically report directly to the Affiliate's Board of Directors and to the Affiliate Audit Committee, Compliance Committee or other Board Committee responsible for compliance oversight on the activities of the Affiliate Compliance Program, and shall be afforded the opportunity to meet with the Board or the Committee in executive session.

(iv) The Affiliate Compliance Officer's responsibilities shall include the following:

(a) Day to day to operation of the Affiliate Compliance Program;

(b) Evaluating risk pertaining to the Affiliate;

(c) Identifying areas of potential Affiliate non-compliance with Government Program Requirements;

(d) Developing and fulfilling annual work plans for the Affiliate;

(e) Facilitating identification, quantification and return of identified overpayments involving the Affiliate;

(f) Overseeing responses to External Audits involving the Affiliate;

(g) Assisting Counsel, as directed, in responding to external civil and criminal investigations initiated by the United States Department of Justice, the United States Attorney's Office, the Attorney General of the State of New York or the Medicaid Fraud Control Unit;

(h) Conducting internal compliance investigations involving the Affiliate;

(i) Periodically assessing the Affiliate's fulfillment of the Mandatory Compliance Program Requirements;

(j) Evaluating the sufficiency of the Affiliate's Compliance Program resources, including technology and staffing;

(k) Collaborating with URMC and other UR Medicine Affiliates on efforts to coordinate, integrate and share resources.

(v) The Affiliate Compliance Officer shall promptly notify the URMC Chief Compliance Officer of the following:

a) Any actual or suspected identified overpayments received by the UR Medicine Affiliate that are material in amount or that affect a large number of claims;

b) Any actual or suspected material non-compliance by the UR Medicine Affiliate with the Government Program Requirements;

c) Any actual or suspected instance of fraud or material waste or abuse;

d) The initiation of any External Audits by Health Oversight Agencies or their Contactors.

(vi) To ensure consistency and coordination among URMC and UR Medicine Affiliates, the Affiliate Compliance Officer will involve the URMC Chief Compliance Officer and Counsel in any evaluation or decision to make a self-disclosure and will coordinate with the URMC Chief Compliance Officer the preparation and submission of any self-disclosures.

B. Compliance Program Medical Director:

1. The Compliance Program Medical Director is the Chair or Chief of a URMC Clinical Department or Division or another member of the URMC clinical faculty who has expertise in health care documentation, coding, billing and/or reimbursement;

2. The Compliance Program Medical Director is a senior advisor to the Chief Compliance Officer, UR Research Compliance Officer, Affiliate Compliance Officers and the Compliance Program;

3. The Compliance Program Medical Director works with the Chief Compliance Officer to identify risk, plan strategically for the continuing development of the Compliance Program, and prioritize Compliance Program activities;

4. The Compliance Medical Director is an advocate for compliance and acts as liaison to URMC Senior Leadership, to Chairs and Chiefs, to members of URMFG and the URMC Medical and Dental Staff, the Allied Health Professional Staff and other clinicians, and to Affiliate Senior Leadership and clinical providers;

5. The Compliance Medical Director serves as a resource to the Compliance Program on a day to day basis on matters requiring clinical expertise, and assists the Chief Compliance Officer, UR Research Compliance Officer and Affiliate Compliance Officers in interpreting clinical questions and resolving compliance-related disputes with clinical providers;

6. The Chief Compliance Officer and Compliance Medical Director confer regularly on matters related to the operation of the Compliance Program.

C. The Compliance Program Staff.

1. The Compliance Program shall maintain a highly-qualified staff who are sufficient in number and training to carry out the education, auditing, and monitoring activities of the Compliance Program as described in the Compliance Plan, taking into account the volume and complexity of the operations of URMC and its UR Medicine Affiliates, the degree to which UR Medicine Affiliates are Centrally Managed or Locally Managed, and the degree to which UR Medicine Affiliates and URMC clinical departments and programs engage in self-auditing and monitoring activities;

2. Under the direction of the Chief Compliance Officer, the Compliance Program staff identifies risk, provides compliance education and training to providers, administrators and staff, assists in developing and fulfilling the annual work plan, engages in auditing and monitoring activity, assists with the response to external audits and investigations and otherwise assists the Chief Compliance Officer in carrying out his or her responsibilities.

## ARTICLE III: COMPLIANCE COMMITTEE STRUCTURE

A. The UR Medicine Compliance Program Steering Committee.

1. The UR Medicine Compliance Program Steering Committee is responsible for the following:

(i) Periodically reviewing and updating the Compliance Plan to reflect changes in the structure and operation of URMC and the UR Medicine Affiliates, changes in applicable law, and newly identified and emerging risks, and to ensure that the Compliance Plan continues to meet Mandatory Compliance Program Requirements;

(ii) Providing oversight to the Compliance Program to ensure it is being carried out effectively and efficiently;

(iii) Adopting, reviewing and revising Compliance Program policies and procedures applicable to URMC and to UR Medicine Affiliates;

(iv) Approving the annual work plan for the URMC Compliance Program, including clinical research study activity;

(v) Reviewing the annual work plans for UR Medicine Affiliates;

(vi) Receiving reports on compliance auditing and monitoring activity from the URMC Compliance Program, including clinical research study activity, and from UR Medicine Affiliates;

(vii) Facilitating strategic planning for the Compliance Program;

(viii) Appointing Ad-Hoc and standing committees and work groups to carry out delegated and/or advisory activities;

(ix) Identifying opportunities to share resources and optimize program integration and resource utilization;

(x) Championing honest ethical behavior and a culture of compliance throughout the enterprise.

2. The UR Medicine Compliance Program Steering Committee membership shall include senior leadership from URMC and UR Medicine Affiliates, including the following:

(i) The URMC Chief Financial Officer;

(ii) The Chief Executive Officer, Chief Operating Officer and Chief Financial Officers of Strong Memorial Hospital;

(iii) The Chief Financial Officer and Chief Compliance Officer of Eastman Institute for Oral Health;

(iv) The Chief Executive Officer, Chief Operating Officer and Chief Financial Officer of the University of Rochester Medical Faculty Group;

(v) The Chief Executive Officer, Chief Operating Officer and Chief Financial Officer of each UR Medicine Affiliate hospital;

(vi) The Compliance Program Medical Director, the URMC Chief Compliance Officer and the Compliance Officer for each Locally Managed Affiliate;

(vii) The URMC Medical Director and individuals responsible for credentialing, medical necessity, quality of care and mandatory reporting;

(viii) The URMC Director of Pharmacy and the 340B Business Manager;

(ix) The Research Compliance Officer;

(x) The Medical Center General Counsel and the Senior Counsel assigned to healthcare compliance;

(xi) Employed Primary Care and Specialty Physicians who are knowledgeable and committed to the purposes and goals of the Compliance Program;

(xii) Individuals responsible for areas integral to the success of the Compliance Program and for meeting the Government Program Requirements, including individuals vested with programmatic or operational responsibility for clinical operations, health information management, electronic medical record optimization, accreditation, revenue integrity, revenue cycle management and patient financial services.

3. The Compliance Program Steering Committee shall be co-chaired by the Chief Compliance Officer and by a senior executive of a URMC division or a UR Medicine Affiliate on a rotating basis.

4. In January of each year, each Locally Managed affiliate shall present to the Compliance Program Steering Committee an annual report. The report shall be in such form and shall contain such content as the Committee prescribes, which shall include, but not be limited to, the Locally Managed affiliate's work plan for the next calendar year and the auditing and monitoring activities, external audits, investigations, false claims act litigation, identified compliance issues and priorities during the preceding calendar year.[2]

5. In July of each year, the Chief Compliance Officer and the UR Research Compliance Officer shall present to the Compliance Program Steering Committee a joint annual report. The report shall be in such form and shall contain such content as the Committee prescribes, which shall include, but not be limited to, the joint work plan for the next calendar year for URMC Compliance Program – including clinical research study activity - and for Centrally Managed Affiliates. The joint annual report will also summarize the self-initiated auditing and monitoring activities, any external audits, any investigations, and any false claims act litigation during the preceding calendar year, including identified compliance issues

[2] Distribution of some portions of the report may be limited to protect the confidentiality of ongoing investigations, to maintain attorney client privilege, shield the identify of individuals who sought anonymity or confidentiality, or for other appropriate reasons

6. The Committee shall meet quarterly or bi-monthly, as determined by the chairs. Ad-hoc committees established by the Committee may meet at different intervals between meetings of the Committee to accomplish special projects and to ensure that the meetings of the Committee are efficient and effective.

B. The UR Medicine Compliance Executive Committee.

1. The UR Medicine Compliance Executive Committee shall be responsible for planning the meetings of the UR Medicine Compliance Program Steering Committee. The Committee shall also meet to discuss issues of common compliance concern.

2. Membership on the committee shall consist of the following:

(i) The Compliance Program Medical Director;

(ii) The Chief Compliance Officer;

(iii) The Research Compliance Officer;

(iv) The Co-Chair of the UR Medicine Compliance Program Steering Committee;

(v) The URMC Chief Financial Officer;

(vi) The Medical Center General Counsel;

(vii) The Senior Counsel assigned to compliance;

(viii) The Compliance Officers for the Locally Managed Affiliates.

3. The committee will meet regularly (monthly or bi-monthly) in months when the Compliance Program Steering Committee does not meet.

C. Affiliate Compliance Committees. Each Locally Managed Affiliate shall establish and maintain an Affiliate Compliance Committee which shall be responsible for providing local oversight of the Locally Managed Affiliate's compliance program.

D. Other Committees. The Chief Compliance Officer and the Affiliate Compliance Officers may develop such other specialized committees and work groups as are necessary to promote and fulfill the objectives of the program.

## ARTICLE IV: POLICIES, PROCEDURES AND STANDARDS OF CONDUCT

A. The UR Medicine Compliance Program Steering Committee shall be responsible for developing, adopting and recommending for approval policies and procedures that pertain to the operation of the Compliance Program.

B. Policies shall be in one of two forms:

   1. Compliance Program Standards;

   2. Compliance Program Policies.

C. Compliance Program Standards:

   1. Compliance Program Standards set forth standards for program operation that apply to URMC and to all UR Medicine Affiliates;

   2. They prescribe expectations pertaining to specific compliance governance or operational issues, such as the need for URMC and each UR Medicine Affiliate to have a policy and process to ensure that the organization does not hire individuals who are excluded from participation in federal health care programs;

   3. Compliance Program Standards ensure that all Centrally Managed and Locally Managed programs meet the same high level of quality and effectiveness and that each UR Medicine Affiliate fulfills its obligation to be accountable to URMC on matters of compliance;

   4. Compliance Program Standards adopted by the Committee are subject to the final approval of the URMC Board.

D. Compliance Program Policies:

   1. Compliance Program Policies directly regulate activity at URMC and at the UR Medicine Affiliates to which they apply;

   2. Compliance Program Policies are subject to the approval of the Board or Governing Body or the organization(s) to which they pertain;

   3. It is anticipated that Compliance Program Policies will be adopted to apply, in the first instance, to URMC, and will serve as models that may be adapted for use by Locally Managed UR Medicine Affiliates.

E. *Policy Stat* shall be the official repository for:

   1. Compliance Program Standards adopted by the Compliance Program Steering Committee;

   2. Compliance Program Policies approved by the URMC Board; and,

   3. Compliance Program Policies approved by the Highland Board.

F. Compliance Program Standards and Compliance Program Policies shall be subject to review

biennially. The individual(s) identified as the policy owner shall be responsible for ensuring that the review is completed;

G. Each Locally Managed Affiliate shall be responsible for adopting appropriate policies, including a Code of Conduct consistent with this Compliance Plan and any subsequently adopted Compliance Program Standards, and for maintaining a policy manual that includes the current policies and procedures applicable to the Locally Managed Compliance Program.

H. Policies will either be distributed periodically to Affected Individuals, or made generally available to Affected Individuals via posting on the organization's public or internal website.

## ARTICLE V: REGULAR TRAINING AND EDUCATION

A. URMC and each UR Medicine Affiliate shall provide regular effective training to all directors, officers and employees who are involved in any way in the provision of health care services or administrative or managerial activities related to the provision of health care services ("Affected Individuals").

B. Training may vary based upon job classification, level of authority and individual responsibilities, but, at a minimum, shall generally include the following topics:

1. A description of the compliance program;
2. A review of the Code of Conduct;
3. Key laws applicable to the Medicare and Medicaid programs, including the Government Program Requirements;
4. Examples of reportable non-compliance;
5. A discussion of fraud, waste and abuse;
6. A discussion of the organization's commitment to business ethics and of the organization and employee's obligations to comply with the requirements of the Medicare and Medicaid programs;
7. An overview of how and where to ask compliance questions and to report suspected noncompliance, fraud, waste and abuse, including the availability of the Integrity Hotline and the opportunity it affords to report suspected problems confidentially or anonymously;
8. A discussion of the obligation to refrain from harassment, intimidation or retaliation against any person for raising compliance related issues, or for reporting actual or suspected noncompliance or fraud, waste or abuse;
9. A review of the disciplinary guidelines for non-compliant or fraudulent behavior;
10. Any other matters deemed helpful to furthering the goals of the Compliance Program;
11. Any other matters required to fulfill the Mandatory Compliance Program Requirements.

C. Training may be provided in person, electronically or by any other effective means.

D. Training covering the subjects described above will be provided to all Affected Individuals within ninety (90) days of the Affected Individual's employment or appointment, and annually thereafter.

E. URMC and each UR Medicine Affiliate shall maintain records demonstrating compliance with the training requirements outlined in this Article for a period of ten years following the year in which the training was provided.

## ARTICLE VI: EFFECTIVE LINES OF COMMUNICATION

A. URMC and each UR Medicine Affiliate shall maintain open lines of communication to ensure timely and effective communication to the applicable Compliance Officer of reports of actual or suspected non-compliance or fraud, waste and abuse.

B. The Chief Compliance Officer, the Affiliate Compliance Officers and the Research Compliance Officer shall be identified by title in the applicable on-line phone directory for URMC or the UR Medicine Affiliate. The phone numbers and email addresses for these individuals and for the Compliance Office shall be available on the applicable organization's website.

C. The lines of communication shall include one or more hotlines that allow for anonymous reporting of compliance concerns. Hotlines may be operated individually or shared by affiliates.

D. The hotline(s) will be available to receive messages 24 hours per day, 365 days per year and will be well-publicized to the applicable UR Medicine Clinical and Administrative Staff through means such as posters and posting on the organization's internal or external home page.

E. The Compliance Office and the Compliance Officer for each Locally Managed UR Medicine Affiliate shall maintain a log of hotline calls, which shall include at least the following information:

   1. The date and time of the call;

   2. The nature of the reported complaint;

   3. The action taken to facilitate resolution of the complaint, which may include referral to another operational area (e.g., the Office of Counsel, the Privacy Office, Human Resources or Patient Financial Services);

   4. The resolution.

F. The logs for each UR Medicine Affiliate will be submitted on a quarterly basis to the Chief Compliance Officer. The URMC Chief Compliance Officer will submit the logs quarterly to the URMC Chief Financial Officer and the UR Senior Vice President for Administration and Finance and will compile the logs annually into a report to be submitted to the URMC Audit and Risk Committee and to the UR Board of Trustees. When appropriate, due consideration shall be given to redaction of log content to preserve caller anonymity.

G. URMC and each Locally Managed Affiliate shall promptly forward any hot line call involving another Affiliate to the Compliance Officer responsible for that Affiliate.

H. Current hotlines maintained by URMC and Affiliates include the following:

   1. URMC Integrity Hotline
      756-8888
      Covers: URMC, Highland Hospital, Highlands at Brighton, Highlands Living Center and Nicholas Noyes Hospital, St. James

2. FF Thompson Hotline:
   396-6234
   Covers FF Thompson Hospital and MM Ewing Continuing Care Center

3. Jones Memorial Hospital Integrity Hotline
   596-4095

4. UR Medicine Home Care Integrity Hotline
   (585) 274-4256
   Covers: Visiting Nurse Service of Rochester and Monroe County, Finger Lakes Visiting Nurse Service, Visiting Nurse Hospice and Ontario Yates Hospice.

I. Every effort will be made to protect the anonymity of any individual who reports a concern anonymously. Every effort will be made to limit disclosure of the identity of any individual who brings forward any concern confidentially, to those who have a business need to know the individual's identity. Sometimes, however, the institution's responsibility to investigate or address a violation will override an individual's desire for anonymity or confidentiality;

J. No individual may be retaliated against, harassed or intimidated for submitting a report of potential non-compliance in good faith, whether or not the report turns out to be well-founded. Any individual covered by the Compliance Program who engages in retaliation, harassment or intimidation will be subject to full disciplinary action up to and including termination of employment and loss of medical staff privileges.

**ARTICLE VII: DISCIPLINARY STANDARDS**

A. URMC and each UR Medicine Affiliate shall evaluate the imposition, and, when appropriate, shall impose, discipline upon any Officer or Director of URMC or any UR Medicine Affiliate, and upon any member of the Clinical and Administrative Staff of URMC or any UR Medicine Affiliate who engages in the following conduct:

1. Knowingly or recklessly causing or contributing to the receipt of any overpayment by URMC or any UR Medicine Affiliate through failure to comply with any law, regulation, rule, manual instruction or policy, pertaining to the submission of claims for payment to any health care program;

2. Committing or participating in the commission of any act of fraud, waste or abuse;

3. Violating any applicable law, including any Government Program Requirement or any Mandatory Compliance Program Requirement;

4. Violating any Compliance Policy adopted by URMC or any UR Medicine Affiliate;

5. Failing to promptly report to the appropriate Compliance Officer the identification of any non-routine/systematic overpayments received for any health care items or services;

6. Harassing, intimidating, discharging, demoting, threatening, suspending, discriminating against, or in any other manner, retaliating against any individual for:

    i. Submitting in good faith a report of potential non-compliance, whether or not the report turns out to be well-founded;

    ii. Cooperating or participating in good faith in any internal or in any external investigation or inquiry conducted by any state or federal government agency or contractor;

    iii. Engaging in conduct in furtherance of a claim under either the State or Federal Civil False Claims Acts;

    iv. Preventing or attempting to prevent a violation or violations of the State or Federal Civil False Claims Acts.

7. Failing to report, or actively concealing, any violation of the standards listed above.

B. The list above is not exhaustive. Nor does it limit or reduce the types or range of behavior that may subject an Officer, Director or member of the Clinical and Administrative Staff of URMC or any UR Medicine Affiliate to disciplinary action under applicable law, or any other policy, procedure or standard adopted by URMC or any UR Medicine Affiliate.

C. Imposition of any disciplinary action shall be consistent with applicable law, human resource policies, medical staff by-laws and other standards (including, in the case of URMC, the Faculty Handbook and the Regulations of the Faculty of the School of Medicine and Dentistry), including any due process requirements.

D. Discipline shall be imposed fairly and equitably based upon full consideration of the totality of the applicable circumstances. Factors that may be taken into account include, without limitation: the presence or absence of bad faith or intentional misconduct; the prevalence and duration of the conduct; the knowledge, training, responsibility and experience of the individual; whether or not the individual promptly reported the issue when it was identified; the degree of cooperation and assistance provided by the individual in resolving the issue; the complexity of the issue and the clarity of the available guidance related to the issue; operational impediments to achieving effective compliance; adherence or non-adherence to prior compliance or other expert advice furnished to the individual about the issue; whether the behavior was isolated, pervasive or persistent; and whether imposition of disciplinary action would further or detract from the Compliance Program's overriding goal of encouraging individuals to report and help resolve identified issues.

E. Disciplinary action will be appropriate to the circumstances. A non-exhaustive list of disciplinary actions may include a verbal or written warning, suspension, privilege revocation, adjustment to compensation, demotion, reassignment, supervised practice, or termination.

F. The Code of Conduct for URMC and each UR Medicine Affiliate will address the grounds for discipline set forth in this policy.

## ARTICLE IX: AUDITING AND MONITORING

A. URMC and each Locally Managed UR Medicine Affiliate, shall develop a written work plan which shall describe the auditing and monitoring activities intended to be undertaken by URMC or the UR Medicine Affiliate during the applicable year. The URMC plan shall cover URMC and each Centrally Managed Affiliate and shall be developed on a fiscal year basis. Locally Managed plans for UR Medicine Affiliates shall be developed on a calendar year basis.

B. Each Work Plan shall be developed based upon a judgmental assessment of the compliance risks faced by the organization and External Audit plans announced by Health Oversight Agencies such as the OIG or OMIG in their work plans. They shall also take into account risks identified elsewhere within the UR Medicine system.

C. Each Work Plan shall identify the individual or individuals responsible for undertaking the auditing and monitoring activity, which may include central Compliance Office personnel, external auditors or contractors, or Clinical and Administrative Staff who have day to day responsibility for the subject matter under review.

D. On an annual basis, URMC and each Locally Managed UR Medicine Affiliate shall submit to the Compliance Program Steering Committee an annual report in such form and containing such content as the Committee prescribes, which shall include, but not be limited to, the Locally Managed affiliate's work plan for the next calendar year and shall describe the auditing and monitoring activities carried out during the preceding calendar year.[3]

E. The Chief Compliance Officer and the Compliance Officers for the Locally Managed UR Medicine Affiliates will work to identify opportunities to share personnel, audit tools and other work product to promote efficiency and to reduce duplication of effort and inconsistency in results.

[3] Distribution of some portions of the report may be limited to protect the confidentiality of ongoing investigations, to maintain attorney client privilege, shield the identity of individuals who sought anonymity or confidentiality, or for other appropriate reasons.

## ARTICLE IX: RESPONDING TO POTENTIAL ISSUES

A. The Compliance Officer for any Locally Managed Compliance Program shall promptly report to the URMC Chief Compliance Officer any of the following:

   1. Any actual or suspected identified overpayments received by the UR Medicine Affiliate that are material in amount or that affect a large number of claims;

   2. Any actual or suspected material non-compliance by the UR Medicine Affiliate with the Government Program Requirements;

   3. Any actual or suspected instance of fraud or material waste or abuse.

B. It shall be the responsibility of the URMC Chief Compliance Officer (for URMC and Centrally Managed Affiliates) or the UR Medicine Affiliate Compliance Officer (for Locally Managed Affiliates) to track the investigation of any potential compliance issues identified by the UR Medicine Affiliate over which the Compliance Officer has primary oversight responsibility.

C. The investigation of every compliance issue will be scaled in such a manner as to be appropriate to the potential financial magnitude, liability (administrative, criminal or civil) and reputational risks posed by the issue.

D. Investigations will be commenced promptly, and will be prioritized based upon the perceived severity and velocity of the issue presented, as compared to other known or suspected issues under investigation or review by the organization or its Compliance Program.

E. Issues involving potential overpayments or fraud, waste and abuse pertaining to federal health care programs will generally receive priority over other potential issues to achieve, to the degree possible, compliance with state and federal requirements to report and return overpayments within sixty (60) days following complete identification and quantification, and to mitigate risk under State and Federal Civil False Claims Acts.

F. Potentially serious issues shall be referred for evaluation and instructions to the Office of Counsel prior to the commencement of investigation. Potentially serious issues include suspected violations of the Stark or Anti-kickback laws, intentional provision of medically unnecessary services, fraudulent billing, or other misconduct that may potentially involve criminal activity. They also include matters that are anticipated to have the potential to have a material financial effect upon URMC or the applicable UR Medicine Affiliate(s).