

POLICY INFORMATION

Policy Title: Compliance Education and Training Policy and Procedure

Departmental Owner: Chief Compliance, Audit & Privacy Officer

Version Effective Date: December 21, 2023

Last Reviewed: December 21, 2023

SCOPE

This policy applies to the following individuals and/or groups:

All of the below categories

All Employees CT Employees NY Employees Remote Employees Contractors Volunteers Students/Interns Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. "(HQSI)"

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVCP")

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc ("WCHN")

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

To comply with regulatory requirements requiring Nuvance Health and its affiliates ("Nuvance") to have "written policies and procedures that...implement the operation of a compliance program"¹ and to provide regular, during orientation and annually thereafter, effective compliance training and education to all appropriate Covered Individuals. It is required that all training program elements meet the requirements of all applicable Federal and State laws, regulations, Federal health care program requirements, and company policies.

DEFINITIONS

Covered Individual: This term refers to all Nuvance Health workforce members, business affiliates, and agents. Workforce members shall include any of the following individuals at Nuvance Health: Members of the Nuvance Health Board and the boards of any Nuvance Health related entity; President/Chief Executive Officer; administrators; managers, officers; employees, affiliates; medical staff members; appointees; volunteers; personnel; interns; students, trainees, and any individual whose conduct is under direct control of Nuvance Health whether or not they are paid by Nuvance Health. Business Affiliates shall include any non-workforce member, contractor, independent contractor, vendor, person, subcontractor or third-party, who or that, in acting on behalf of Nuvance Health: (i) delivers, furnishes, prescribes, directs, orders, authorizes, or otherwise provides Federal healthcare program items and services; (ii) performs billing or coding functions; (iii) contributes to Nuvance Health's entitlement to payment under Federal healthcare programs;

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Supersedes: HQ 5.1.02 Compliance Education and Training Policy; and HQ 5.1.02 Compliance Education and Training Procedure

and (iv) is affected by one or more of Nuvance Health's risk areas through the Business Affiliate's interaction with, or performance of their role, functions, and responsibilities or provision of contracted services at Nuvance Health. Agents include individuals or entities that have entered into an agency relationship with Nuvance Health. Agents fall under the category of either Workforce Member or Business Affiliate depending on their role, functions, and responsibilities.

POLICY

It is the policy of Nuvance to implement a robust Compliance Training and Education program ("CTE") that, among other things, describes compliance expectations, the elements of the Compliance Program, and provides guidance to Covered Individuals, in dealing with potential compliance issues. The program also identifies how to communicate compliance issues to appropriate compliance personnel and describes how potential compliance problems are investigated and resolved.

The CTE shall include, at a minimum, the following topics:

- (i) Applicable Federal and State Law, and healthcare program requirements;
- (ii) Prevention of fraud, waste, and abuse, and the requirements of the Anti-Kickback Statute, Stark Law; and Federal and State False Claims Acts;
- (iii) Nuvance Health's risk areas and organizational experience¹;
- (iv) Nuvance Health's written Compliance policies and procedures²;
- (v) The role of the Compliance Officer and Compliance Committee³;
- (vi) How Covered Individuals can ask questions and report potential compliance-related issues to the Compliance Officer, including the obligation of Covered Individuals to report suspected illegal or improper conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the Compliance Program⁴;
- (vii) Disciplinary standards⁵;
- (viii) Response to compliance issues and the implementation of corrective action plans⁶;
- (ix) Requirements specific to the MA program and Nuvance Health's categories of service⁷;
- (x) Coding and billing requirements and best practices, if applicable⁸; and
- (xi) Claim development and the submission process, if applicable⁹.

PROCEDURE

A. New Workforce Member and Annual Workforce Member Training

1. Covered Individuals, who are new workforce members, are required to complete CTE at New Hire Orientation ("NHO") which will cover the same topics as noted below. Additionally, each

¹ See 18 NYCRR 521-1.4 [d][1][i].

² See 18 NYCRR 521-1.4 [d][1][ii].

³ See 18 NYCRR 521-1.4 [d][1][iii].

⁴ See 18 NYCRR 521-1.4 [d][1][iv].

⁵ See 18 NYCRR 521-1.4 [d][1][v].

⁶ See 18 NYCRR 521-1.4 [d][1][vi].

⁷ See 18 NYCRR 521-1.4 [d][1][vii].

⁸ See 18 NYCRR 521-1.4 [d][1][viii].

⁹ See 18 NYCRR 521-1.4 [d][1][ix].

department manager is responsible to ensure that all new Covered Individuals receive CTE necessary to perform their specific duties in compliance with applicable laws, regulations, and company policies and procedures.

2. Covered Individuals, who are workforce members, are required to complete CTE annually. Annual CTE will include the following topics:
 - General Compliance and the elements of Nuvance's Corporate Compliance Program ("Compliance Program")
 - Privacy and Confidentiality (HIPAA)
 - Standards of Conduct
 - Each workforce member's responsibility to:
 - Comply with Nuvance's Compliance Program Requirements and applicable Federal and State Law, and Federal health care program requirements including, but not limited to, (i) Nuvance Health's internal policies covering the prevention and detection of fraud, waste, and abuse; (ii) the Federal and Applicable State False Claims Acts; and (iii) various other Federal and State fraud, waste, and abuse, and whistleblower protection laws, that are outlined in the latest Nuvance Health Deficit Reduction Act of 2005
 - Promote a culture of compliance and participate in the Compliance Program
 - Report compliance issues consistent with Nuvance "Compliance Disclosure Program" Policy and Procedure
 - Various Compliance Program policies/procedures and topics, to include:
 - "Compliance with Anti-Kickback Statute and Stark Law"
 - False Claims Act
 - "Identifying, Tracking and Processing Overpayments"
 - Whistleblower Protection Policy
 - Training topics, as required by 18 NYCRR Part 521 and other Federal healthcare program mandates, including, but not limited to, the following risk areas: billing, coding, documentation, payments, ordered services, medical necessity, quality of care, governance, mandatory reporting, credentialing, contractor oversight, and other risk areas that are or should be reasonably identified through organizational experience.¹⁰
 - Other topics as determined to be necessary to address potential and identified regulatory risks
3. CTE topics and materials will be developed by the Chief Compliance, Audit, and Privacy Officer ("CCAPO") and the Compliance Office, and through external resources as necessary. The annual CTE materials will be updated annually to reflect changes in regulations or policies. General Counsel may be consulted regarding new laws and regulations to help ensure training materials are revised as appropriate.
4. CTE is completed through the Human Resources computer-based training ("CBT") platform. Additional methods of disseminating training (in-person, paper-based training, self-study materials, etc.) will be considered to ensure the most effective method is utilized. A posttest

¹⁰ See 18 NYCRR 521-1.4 [c][1][i]; see also Office of the Medicaid Inspector General, Compliance Program Guidance [Element 2: Compliance Officer and Compliance Committee – Compliance Committee, ¶ [3]], p. 10.

is required to verify Covered Individual understanding. Reasonable accommodations (e.g., printed versions) are provided to individuals unable to access computer-based training.

5. CTE encourages Covered Individuals to ask questions and provide feedback if they require additional information, have suggestions for additional training topics, or if they want to report a potential compliance concern.
6. As issues arise and circumstances warrant, targeted CTE shall be required of affected Covered Individuals.
7. HR maintains the CBT platform and individual Covered Individual records of completed CTE. Reviews of the CBT are conducted by HR to verify all Covered Individuals have completed training.
8. Records of CTE must be maintained.

B. Business Affiliates and Agents (collectively "Vendor") Training

1. Vendors must participate in CTE on compliance training matters relevant to the services provided by the Vendor as part of the Vendor orientation and annual training process. Annual Vendor CTE shall include the following topics:
 - Alignment of vendor operations with, and their role in, Nuvance's Compliance Program.
 - Review of how to recognize acceptable behavior and appropriate decision-making that demonstrates commitment to compliance, ethics, and integrity
 - Vendor responsibility to promote a culture of compliance
 - Various Compliance Program policies and procedures, to include:
 - "Gifts and Business Courtesies from Vendors Guidelines Policy and Procedure"
 - "Conflict of Interest Policy"
 - "Government Exclusion from Participation Policy and Procedure"
 - "Document Retention and Destruction Policy"
 - Information Security Policies
 - Whistleblower Protection Policy
 - General Compliance and the elements of HQ's Nuvance's Corporate Compliance Program ("Compliance Program")
 - Privacy and Confidentiality (HIPAA)
 - Vendor Standards of Conduct
 - Each Vendor's responsibility to:
 - Comply with Nuvance's Compliance Program Requirements and applicable Federal and State Law, and Federal health care program requirements including, but not limited to, (i) Nuvance Health's internal policies covering the prevention and detection of fraud, waste, and abuse; (ii) the Federal and Applicable State False Claims Acts; and (iii) various other Federal and State fraud, waste, and abuse, and whistleblower protection laws, that are outlined in the latest Nuvance Health Deficit Reduction Act of 2005
 - Promote a culture of compliance and participate in the Compliance Program
 - Report compliance issues consistent with Nuvance "Compliance Disclosure Program" Policy and Procedure
 - Various Compliance Program policies/procedures and topics, to include:

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- "Compliance with Anti-Kickback Statute and Stark Law"
- False Claims Act
- "Identifying, Tracking and Processing Overpayments"
- Training topics, as required by 18 NYCRR Part 521 and other Federal healthcare program mandates, including, but not limited to, the following risk areas: billing, coding, documentation, payments, ordered services, medical necessity, quality of care, governance, mandatory reporting, credentialing, contractor oversight, and other risk areas that are or should be reasonably identified through organizational experience.¹¹
- Other topics as determined to be necessary to address potential and identified regulatory risks

2. Vendor Compliance Training and verification of completion is provided by the Procurement and/or Compliance Office.

C. Management Certification Training

1. Management Certification Training will be provided to all certifying and sub-certifying employees as defined in the "Management Certification Policy and Procedure"
2. Management Certification will include the following topics:
 - Expectations regarding reporting and certification that their applicable department is in compliance with (i) applicable Federal and State law, and Federal health care program requirements; (ii) professionally recognized standards of care and patient safety; (iii) Nuvance Health's standards of conduct; and (iv) Nuvance Health's Compliance and Ethics Program and associated policies and procedures.
 - The certification and sub-certification process.

D. Board of Directors (Board) Training

1. Annually, each member of the Board will complete at minimum one (1) hour of training that addresses their corporate governance responsibilities and their specific responsibilities with respect to, and oversight of, the Compliance Program.
2. Training will address the unique responsibilities of health care boards including risks, oversight areas, and strategic approaches to conducting oversight of a health care entity.
3. Training will also provide a review of Nuvance's Corporate Compliance Program, including Standards of Conduct and training topics as required by 18 NYCRR Part 521 and other Federal healthcare program mandates.
4. Training may be conducted by an external compliance expert hired by the Board and will include a discussion of the OIG's guidance on Board member responsibilities.
5. New Board members will receive Board Member Training within 30 days of becoming a member.
6. Training records will be maintained by the Compliance Office.

¹¹ See 18 NYCRR 521-1.4 [c][1][i]; see also Office of the Medicaid Inspector General, Compliance Program Guidance [Element 2: Compliance Officer and Compliance Committee – Compliance Committee, ¶ [3]], p. 10.



E. CTE Reporting and Oversight

1. The CCAPO will submit periodic reports to the Executive Compliance Committee and the Audit and Compliance Committee of the Board on the status of Annual CTE and the progress of the various CTE initiatives.

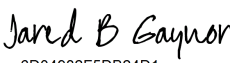
ENFORCEMENT

All Covered Individuals are expected to complete assigned training modules or to attend any training assigned. Any Covered Individual failing to comply with this policy will be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this policy.

REFERENCES

- ¹NYS Office of the Medicaid Inspector General, Compliance Program Review Guidance (2016). 18 NYCRR 521.3 (c) (1).
- NYS Office of the Medicaid Inspector General, Compliance Program Review Guidance (2016). 18 NYCRR 521.3 (c) (3).
- NYS Office of the Medicaid Inspector General, Compliance Program Review Guidance (2023).
- Department of Health and Human Services, Office of the Inspector General, General Compliance Program Guidance (2023)

APPROVAL

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12/29/2023

Signature

Date