

POLICY INFORMATION

Policy Title: Management Certification Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 12/12/2023

Last Reviewed: 12/12/2023

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

The purpose of this policy is to require that certain senior management individuals (“Certifying Employees”) and their designated direct/indirect reports (“Sub Certifiers”) certify on a periodic basis but no less than semi-annually, in writing, compliance with: (i) applicable Federal and State law and Federal healthcare 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.

DEFINITIONS

Certifying Employee: The President/Chief Executive Officer (“CEO”), Chief Compliance, Audit, and Privacy Officer (“CCAPO”), Chief Physician Executive (“CPE”), Chief Financial Officer (“CFO”), Chief Risk Officer (“CRO”), Chief Operating Officer (“COO”), Chief Information Officer (“CIO”), Chief Human Resources Officer (“CHRO”), and Chief Strategy Officer (“CSO”).

Sub Certifiers: Certain management positions held by an individual responsible for directing day-to-day operations that reports directly or indirectly to a Certifying Employee.

Routine Management Certification: A written certification of compliance, within a scope of

responsibility, that is routinely made by a Certifying Employee to Nuvance Health on a schedule established by the Compliance Office and reported to the Executive Compliance Committee (“ECC”).

Routine Management Sub-Certifications: A written certification of compliance, within a scope of responsibility, that is routinely made by a Sub Certifier to a Certifying Employee on a schedule established by the Compliance Office and reported to the ECC.

POLICY

- A. Certifying Employees and Sub Certifiers are expected to be trained and understand compliance, to take steps to assure and promote compliance, to report compliance concerns or potential non-compliance to the CCAPO and to monitor and oversee activities for compliance within their scope of responsibility on an ongoing basis.
- B. Certifying Employees and Sub Certifiers must ensure that statements contained in the Routine Management Certifications and Routine Management Sub-Certifications accurately reflect the activities in their areas of responsibility.
- C. The CCAPO shall implement and maintain, with the ECC’s concurrence, a process that:
 - a. Supports routine submission of Routine Management Sub-Certifications and Routine Management Certifications by Sub Certifiers and Certifying Employees.
- D. Sub Certifiers shall submit Routine Management Sub-Certifications to the Compliance Office in the format and due date established by the Compliance Office.
- E. Certifying Employees shall submit Routine Management Certifications to the Compliance Office in the format and due date established by the Compliance Office. In the event of a vacancy in a Certifying Employee position, an individual will be assigned to complete the requirements of this policy.

PROCEDURE

- A. The Compliance Office shall annually, or sooner as appropriate, approve a list of positions designated as Certifying Employees and Sub Certifier positions and approve a schedule for submitting Routine Management Certifications and Routine Management Sub-Certifications to the CCAPO.
- B. Certifying Employees and Sub Certifiers shall periodically certify that their scope of responsibility is in compliance with applicable Federal and State law and Federal healthcare program requirements, professionally recognized standards of care and patient safety, Nuvance Health’s standards of conduct, and Nuvance Health’s Compliance and Ethics Program and associated policies and procedures.

1. Certifying Employees and Sub Certifiers will be trained and understand compliance in order to report compliance concerns or potential compliance infractions to the CCAPO, and to monitor and oversee activities for compliance within their scope of responsibility on an ongoing basis.
2. Examples of compliance categories that the Certifying Employees and Sub Certifiers are expected to consider when determining compliance include, but are not limited to:
 - a. Billing, coding, payments
 - b. Medical record documentation
 - c. Mandatory reporting including self-disclosure and returning identified overpayments
 - d. Excluded or other ineligible persons or entities
 - e. Physician and/or referral sources (including Stark Law/Anti-Kickback Law)
 - f. Quality of care and patient safety
 - g. Privacy and security of patient, employee, and other confidential information (e.g. HIPAA and relevant State privacy laws)
 - h. Governance
 - i. Ordered services
 - j. Credentialing
 - k. Privileging
 - l. Medical necessity
 - m. Violations of policies, procedures, or processes (including violations of Nuvance's Corporate Compliance policies)
 - n. Correspondence with government agencies
 - o. Contractor (e.g. vendor, contractor, subcontractor, agent, independent contractor, third-party, consultant) oversight
 - p. Foreign Corrupt Practices Act and Export Controls and Sanctions Laws
 - q. Organizational Fraud (e.g. misappropriation of assets, fraudulent financial statements, bribery, corruption)
 - r. Federal healthcare program fraud, waste, and abuse
 - s. Other risk areas that are or should be reasonably identified through organizational experience

C. The Routine Management Sub-Certifications and Management Certifications shall contain language appropriate for the certifying employee to acknowledge that:

1. He/she has been trained and understands compliance requirements and responsibilities;
2. His/her responsibilities include assuring compliance within the scope of the certification;
3. He/she has taken steps to promote compliance;
4. He/she is reporting and providing explanation of compliance exceptions;
5. His/her area of responsibility is in compliance, except as noted; and
6. He/she understands that the certifications will be relied upon:
 - (a) by Nuvance, for Routine Management Sub-Certifications, or
 - (b) by Nuvance for Routine Management Certifications.

D. The CCAPO shall implement and maintain, with the ECC's concurrence, a process that:

1. Supports routine submission of Routine Management Sub-Certifications and Routine Management Certifications by Sub Certifiers and Certifying Employees.

2. Certifying Employees and Sub Certifiers must ensure that statements contained in the Routine Management Certifications and Routine Management Sub-Certifications accurately reflect the activities in their areas of responsibility.
 3. Reconciles differences among Routine Management Sub-Certifications exceptions, Routine Management Certifications exceptions, and the Compliance Office disclosure log.
- E. Sub Certifiers shall submit Routine Management Sub-Certifications to the Compliance Office in the format and due date established by the Compliance Office.
- F. Certifying Employees shall submit Routine Management Certifications to the Compliance Office in the format and due date established by the Compliance Office.

DOCUMENT RETENTION

Nuvance will retain all documents relating to this process for a period of seven years after their creation.

ENFORCEMENT

All individuals whose responsibilities are affected by this process are expected to be familiar with the basic procedures and responsibilities created by this process. Failure to comply with this process will result in appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this process.

REFERENCES

Department of Health and Human Services, Office of Inspector General, Publication of the OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987 (Feb. 23, 1998).

Department of Health and Human Services, Office of Inspector General, OIG Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (Jan. 31, 2005).

Department of Health and Human Services, Office of Inspector General, General Compliance Program Guidance (Nov. 6, 2023).

United States Sentencing Commission, Guidelines Manual, Ch. 8 (Nov. 2015).

United States Sentencing Commission, 2023 Guidelines Manual Annotated (Nov. 2023).

New York State Office of the Medicaid Inspector General, Compliance Program Review Guidance, New York State Social Services Law Section 363-d and Title 18 New York Codes of Rules and Regulations Part 521 (2016).

New York State Office of the Medicaid Inspector General, Compliance Program Guidance (Jan. 2023).

United States Department of Justice Criminal Division, Evaluation of Corporate Compliance Programs (Mar. 2023).

APPROVAL

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Jared B Gaynor

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12/12/2023

Signature

Date