



POLICY INFORMATION

Policy Title: Compliance Disclosure Program Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: 11/30/2024

Last Reviewed: 11/30/2024

SCOPE

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

All Covered Individuals (e.g., all Nuvance workforce members, business affiliates, and agents) as defined below under Definitions.

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 establish mechanisms for Covered Individuals to use in order to report issues and concerns that they reasonably believe are violations of Nuvance Health and its affiliates ("Nuvance") Standards of Conduct, compliance program policies or applicable federal and state healthcare program requirements.

DEFINITIONS

For purposes of this policy, the terms listed below shall have the following meanings:

Good Faith: A belief in the validity of a person’s allegation that a reasonable person, in the other person’s position, could have based on the information known at the time.

Investigation: A formal inquiry into an allegation of suspected misconduct, undertaken after a Preliminary Review has shown that the allegation has a sufficient factual basis and has been made in Good Faith.

Preliminary Review: An initial inquiry into the facts surrounding suspected or actual unlawful, or criminal misconduct, or an inquiry into an allegation of suspected misconduct as reported by Workforce Members, Business Affiliates, or Agents (collectively referred to as "Covered Individuals"), and into the Good Faith of the Covered Individuals making the allegation. The purpose of a review is to determine whether an allegation of suspected misconduct has a sufficient factual basis, has been made in Good Faith, and merits an investigation.

Original Effective Date: LWCHN: 3/22/01, LHQ: 4/25/18

Revision Dates: 11/28/23, 11/28/24

Supersedes: Reporting of Compliance Questions or Concerns and Organizational Response; and 5.1.25 HQ Compliance Disclosure Program Policy and Procedure



Covered Individual: Any Nuvance Health (“Nuvance”) workforce member, business affiliate, or agent, as those terms are described in subdivisions (i)-(iii) below:

i. *Workforce Members*

For purposes of this Policy, the term "workforce member" shall include any of the following individuals at Nuvance Health who, on a fulltime, part time or per diem basis, whether functioning remotely, onsite, or any combination thereof, performs, executes, or otherwise carries out Nuvance Health functions, duties, or services:

1. Members of the Nuvance Health Board of Directors, and Members of the Boards of any Nuvance related entity including, without limitation, any Nuvance entity first highlighted above in Section III of this policy;¹
2. Chief Executive Officer;²
3. Corporate Officers;³
4. Executives and other senior managers regardless of title;⁴
5. Employees;⁵
6. Administrators;⁶
7. Managers;⁷
8. Affiliates;⁸
9. Medical Staff Members;⁹
10. Clinicians;¹⁰
11. Allied Health Professionals;¹¹
12. Appointees;¹²
13. Volunteers;¹³
14. Personnel;¹⁴
15. Interns;¹⁵
16. Students;¹⁶

¹ For purposes of this Policy, "members of the Nuvance Health Board of Directors and Members of the Boards of any Nuvance Health related entity" shall be construed to include members of any associated Board committee.

² 18 NYCRR 521-1.2 [b][1]

³ 18 NYCRR 521-1.2 [b][1]

⁴ New York State Office of the Medicaid Inspector General, Compliance Program Review Guidance, New York State Social Services Law 363-d and Title 18 New York Codes Rules and Regulations Part 521(10/26/16)(hereinafter 2016 OMIG Compliance Program Guidance), p.3

⁵ 18 NYCRR 521-1.2 [b][1]

⁶ 18 NYCRR 521-1.2 [b][1]

⁷ 18 NYCRR 521-1.2 [b][1]; see also, generally, OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8988, § [I] (1998)

⁸ 2023 OMIG Compliance Program Guidance, p. 18

⁹ See, generally, 2016 OMIG Compliance Program Guidance, p.3; see also OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8995-8996, § [III][E][I] (1998) and 18 NYCRR 521-1.2 [b][1] (last accessed on 9/3/24)

¹⁰ 18 NYCRR 521-1.2 [b][1]

¹¹ See, generally, OMIG Required Risk Areas at 18 NYCRR §521-1.3(d) (last accessed on 9/3/24)

¹² 2016 OMIG Compliance Program Guidance, p.3 (last accessed on 9/3/24)

¹³ 2016 OMIG Compliance Program Guidance, p.3 (last accessed on 9/3/24)

¹⁴ See, generally, OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8993, § [III][A][9] (1998) (last accessed on 9/3/24)

¹⁵ 18 NYCRR 521-1.2 [b][1] (last accessed on 9/3/24)

¹⁶ 18 NYCRR 521-1.2 [b][1] (last accessed on 9/3/24)

17. Trainees; **and**
18. Any individual whose performance or other conduct is under the direction and control of Nuvance Health, whether or not they are paid by Nuvance Health;

ii. *Business Affiliates:*

For purposes of this Policy, the term "Business Affiliate" shall include any non-workforce member contractor, independent contractor, vendor, subcontractor, consultant, third-party, or person (collectively "Contractors"), who or that, in acting on behalf of Nuvance Health:

- (1) Delivers, furnishes, prescribes, directs, orders, authorizes, administers, or otherwise provides Federal healthcare program items, supplies, and services;¹⁷
- (2) Performs coding or billing functions;¹⁸
- (3) Monitors the healthcare provided by Nuvance Health;¹⁹
- (4) Contributes to Nuvance Health's entitlement to payment under Federal healthcare programs or payment from private payors;²⁰
- (5) Is affected by any of the following Nuvance risk areas:²¹
 - (a) Medical record documentation;²²
 - (b) Coding;²³
 - (c) Billings;²⁴

¹⁷ See CMS, DRA 6032 - Employee Education About False Claims Recovery- Frequently Asked Questions, p.6 (available at: <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207att1.pdf> (last accessed on 8/29/24); See, also, generally Department of Health and Human Services, Office of Inspector General, *OIG Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs* (Updated, 5/8/13) (available at: <https://oig.hhs.gov/exclusions/files/sab-05092013.pdf>) (last accessed on 9/3/24).

¹⁸ See CMS, DRA 6032 - Employee Education About False Claims Recovery - Frequently Asked Questions (available at: https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207_att1.pdf) (last accessed on 8/29/24; see also CMS, Center for Medicaid and State Operations, Dear State Medicaid Director Letter dated 12/13/06): <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMDI21306.pdf> (last accessed on 8/29/24)

¹⁹ See CMS, DRA 6032 - Employee Education About False Claims Recovery - Frequently Asked Questions <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207att1.pdf> (last accessed on 8/29/24; see also CMS, Center for Medicaid and State Operations, Dear State Medicaid Director Letter dated 12/13/06): <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMDI21306.pdf> (last accessed on 8/29/24)

²⁰ 2016 OMIG Compliance Program Guidance, p.3

²¹ Note, business affiliates affected by "other risk areas that are or should reasonably be identified by Nuvance through its organization experience" are also covered under this policy to the extent that the potential impact of such risk areas when exploited could reasonably lead to, or result in, a potential or actual overpayment. (10 NYCRR 521-1.3 [d][10]). (last accessed on 9/3/24)

²² See 18 NYCRR 521-1.3 [d][10]

²³ See 18 NYCRR 521-1.3 [d][10]; see also CMS, DRA 6032- Employee Education About False Claims Recovery- Frequently Asked Questions (available at: <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207att1.pdf>) (last accessed on 8/29/24; see also CMS, Center for Medicaid and State Operations, Dear State Medicaid Director Letter dated 12/13/06): <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMDI21306.pdf> (last accessed on 8/29/24)

²⁴ See 18 NYCRR 521-1.3 [d][1]

- (d) Claims preparation and submission;²⁵
- (e) Claims reimbursement;²⁶
- (f) Payments;²⁷
- (g) Patient collections;²⁸
- (h) Order services;²⁹
- (i) Medical necessity;³⁰
- (j) Quality of care;³¹
- (k) Governance;³²
- (l) Mandatory reporting;³³
- (m) Credentialing;³⁴
- (n) Contractor oversight;³⁵
- (o) Identification and returning of overpayments;³⁶
- (p) Joint ventures;³⁷
- (q) Improper referrals, incentives, or financial arrangements;³⁸ or
- (r) Cost reporting³⁹

- (6) Is otherwise affected by this policy due to their:
 - (a) duties, functions, role, or responsibilities; or⁴⁰
 - (b) provision of goods or services to Nuvance.

iii. *Agents:* For purposes of this Policy, the term "Agent" shall mean individuals or entities that have entered into an agency relationship with Nuvance Health. Agents may fall under the categories of either Workforce Members or Business Affiliates.

POLICY

Nuvance shall have a compliance disclosure program that provides mechanisms for reporting suspected and actual violations of Nuvance Standards of Conduct, compliance program policies and/or applicable federal and state healthcare program requirements,

²⁵ See 18 NYCRR 521-1.3 [d][10]

²⁶ See 18 NYCRR 521-1.3 [d][10]

²⁷ See 18 NYCRR 521-1.3 [d][2]

²⁸ See 18 NYCRR 521-1.3 [d][10]

²⁹ See 18 NYCRR 521-1.3 [d][3]

³⁰ See 18 NYCRR 521-1.3 [d][4]

³¹ See 18 NYCRR 521-1.3 [d][5]

³² See 18 NYCRR 521-1.3 [d][6]

³³ See 18 NYCRR 521-1.3 [d][7]

³⁴ See 18 NYCRR 521-1.3 [d][8]

³⁵ See 18 NYCRR 521-1.3 [d][9]; see also 42 USC 1396a [a][68][A] (last accessed on 9/3/24)

³⁶ See 18 NYCRR 521-1.3 [d][10]

³⁷ OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8990, § [II][A][2] (1998) (last accessed on 9/3/24)

³⁸ See 18 NYCRR 521-1.3 [d][10]

³⁹ See 18 NYCRR 521-1.3 [d][10]

⁴⁰ See 18 NYCRR 521-1.3 [d]; see also OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987,

8989 § [II][A] (last accessed on 9/3/24)

including an anonymous and confidential Compliance Hotline for use by all Covered Individuals. Covered Individuals may remain anonymous.

Covered Individuals are required to promptly report, in Good Faith, suspected or actual violations of Nuvance's Standards of Conduct, compliance program policies or applicable federal and state healthcare program requirements. Such reports can be made anonymously and, to the extent possible, confidentially. Nuvance prohibits retaliation against a Covered Individual who makes a report. All reports will be promptly recorded in the confidential disclosure log, impartially and promptly investigated, and appropriate corrective action will be implemented.

Nuvance shall make a preliminary, good faith inquiry into all allegations to ensure the receipt of all information necessary to determine whether further review is conducted. For any disclosure that is sufficiently specific so that it reasonably (1) permits a determination of the appropriateness of the alleged improper practice and (2) provides an opportunity for taking corrective action, an internal review and corrective follow up will be conducted.

1. The Compliance Office is responsible for maintaining the Compliance Disclosure Program that will provide mechanisms for reporting suspected and actual violations of Nuvance Standards of Conduct, compliance program policies or applicable federal and state healthcare program requirements, including an anonymous Compliance Hotline for use by all Covered Individuals. The identity of the individual making the reports will be kept confidential whenever circumstances permit.

2. The existence of reporting mechanisms will be publicized throughout the organization, e.g., via periodic emails to Covered Individuals or by posting the information in prominent common areas and on the Nuvance internal website, "The Hub", and external Nuvance Health compliance page. In addition, the Compliance Disclosure Program will emphasize that retribution or retaliation against anyone who makes a report in good faith is prohibited, and anyone who engages in retaliatory conduct will be subject to disciplinary action.

3. Reporting and Tracking Disclosures

a. Covered Individuals can make Good Faith reports using any of the following mechanisms:

- i. Anonymous Compliance Hotline – 1-844-395-9331 or 1-844-YES-WeComply (1-844-937-9326)
- ii. Direct telephone to the Compliance Office – 203-739-7110
- iii. Direct email to the Compliance Office – compliance@nuvancehealth.org
- iv. Department director – if uncomfortable reporting concerns to immediate supervisor
- v. Immediate supervisor
- vi. Compliance team member
- vii. Members of the Board, officers, directors, managers, and other supervisory employees are required to report suspected and actual violations of Nuvance's Standards of Conduct, compliance program policies or applicable federal and state healthcare program requirements to the Chief Compliance, Audit, and Privacy Officer ("CCAPO"), or his or her designee.
- viii. Nuvance employees are responsible for providing routine reports to the Compliance Office of compliance issues, exceptions or concerns identified within the categories listed below:
 1. Billing, coding, ordered services, payment, and documentation
 2. Physician and/or referral sources
 3. Quality of care
 4. HIPAA privacy and security.
 5. Governance
 6. Medical necessity
 7. Credentialing
 8. Mandatory reporting
 9. Violations of policies and procedures

Original Effective Date: LWCHN: 3/22/01, LHQ: 4/25/18

Revision Dates: 11/28/23, 11/28/24

Supersedes: Reporting of Compliance Questions or Concerns and Organizational Response; and 5.1.25 HQ Compliance Disclosure Program Policy and Procedure

10. Regulatory correspondence/visits
 11. Patient rights
 12. Contractor, subcontractor, agent, or independent contract oversight
- b. Appropriate actions shall be taken against any Covered Individual who knowingly makes a false report of a violation or who fails to report an actual violation.
 - c. All records and reports from any compliance investigation will be kept confidential by the Compliance Office, although there may be a point where the reporting individual's identity may become known or may have to be revealed in certain instances when governmental authorities become involved.

4. Enforcement

- a. 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 be subject to appropriate remedial and/or disciplinary action, up to and including termination of any employment or other relationship, in accordance with this process.

5. Document Retention

- a. Nuvance will retain all documents relating to this policy, and implementation of this policy, for a period of seven (7) years after their creation.

PROCEDURE

1. Reporting and Tracking Disclosure

- a. Nuvance Covered Individuals can make Good Faith reports using any of the following mechanisms:
 - i. Immediate Supervisor
 - ii. Department Director — if uncomfortable reporting concerns to immediate supervisor
 - iii. Compliance Team Member
 - iv. Direct Telephone to the Office — (203) 739-7110
 - v. Direct Email to the Compliance Office compliance@nuvancehealth.org
 - vi. Anonymous and Confidential Compliance Hotline — 1-844-YES-WeComply (1-844-937-9326) or 1-844-395-9331, or via the web: www.nuvancehealth.ethicspoint.com
- b. The existence of reporting mechanisms will be publicized throughout the organization, e.g., by posting the information in prominent common areas and on the Nuvance internal website, "the Hub", and external page. In addition, the compliance disclosure program will emphasize that retribution or retaliation against anyone who makes a report in good faith is prohibited, and anyone who engages in retaliatory conduct will be subject to disciplinary action.
- c. The Compliance Office shall maintain a confidential disclosure log and shall record each reported disclosure in the disclosure log within two business days of receipt of the disclosure. The disclosure log shall include a summary of each disclosure received (whether anonymous or not), the status of the respective internal reviews, any corrective action taken in response to the internal review.
- d. The Compliance Office will keep all records and reports from any compliance investigation confidential, including reports received through the confidential anonymous hotline, although there may be a point where the reporting individual's identity may become known, or may have to be revealed in certain instances when governmental

authorities or law enforcement become involved. Confidentiality may also have to yield to other values and concerns such as: (i) where necessary to stop an act which creates an appreciable risk to the health and safety of the public or Nuvance patients or covered individuals; (ii) where necessary to comply with a subpoena or other legal process or as otherwise required by applicable Federal or State law.

2. Preliminary Review and Investigation

- a. The CCAPO, or designee, shall make a preliminary, good faith inquiry into the allegations set forth in every disclosure to ensure he/she has obtained all of the information necessary to determine whether a further review should be conducted.
- b. The Compliance Office shall make an initial assessment, and may decide, in conjunction with the appropriate director, to reassign responsibility for review, action and finalization on issues unrelated to compliance (e.g., Human Resources).
- c. The Compliance Office may consult with the General Counsel to determine whether a reported issue has the potential to expose Nuvance to criminal, civil or administrative penalties.
- d. If the reported issue has such potential, the Preliminary Review may be conducted by the Compliance Office in collaboration with the General Counsel or by the Compliance Office, if the reported issue does not have such potential.
- e. The Preliminary Review will determine the factual basis of the reported issue and will determine whether a further investigation is necessary. General Counsel or, as appropriate, the Compliance Office, will establish timeframes for completing the Preliminary Review and Investigation (if any), determining disciplinary and/or corrective action and for issuing a summary report as part of its Preliminary Review of each reported issue that may be made under privilege.

3. Corrective and Disciplinary Actions

- a. After each Preliminary Review, and Investigation (if any), of a reported issue is complete and appropriate disciplinary and/or corrective action has been taken, the Compliance Office will prepare a summary that documents:
 - i. The substance of the reported issue
 - ii. The nature and scope of the Preliminary Review and Investigation (if any)
 - iii. Nuvance's response to the information yielded by the Preliminary Review and Investigation (including any disciplinary and corrective actions)
 - iv. Any systemic changes made as a result of the Preliminary Review and Investigation
- b. Such information must be documented by the Compliance Office before the reported issue may be considered resolved and recorded as closed in the confidential disclosure log.
- c. If any reported issue results in the refunding of an Overpayment, the Overpayment will be made in accordance with the 5.1.19 Identification, Quantification and Repayment of Overpayments Policy.
- d. The CCAPO shall routinely provide to the Executive Compliance Committee summary reports of the volume, mix and duration of in-process and closed disclosures, along with perspective on potential risks and liabilities.

4. Potential Conflicts

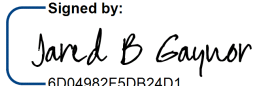
- a. If a call is made to the Compliance Hotline regarding the CCAPO, the information provided by the caller will be directed to the General Counsel rather than the CCAPO.
- b. The General Counsel will review the nature of the call and conduct a Preliminary Review.

- c. If the issue is validated, the General Counsel will address the matter promptly with the President/Chief Executive Office and the Board Chair to ensure appropriate corrective actions are taken.

REFERENCES

Compliance Program Required Provider Duties, Lines of communication to the responsible compliance position.
18 NYCRR 521.3 (c).
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).
United States Sentencing Commission, Guidelines Manual, Ch. 8 (Nov. 2015).
Identification, Quantification and Repayment of Overpayments Policy
Nuvance Health Standards of Conduct

APPROVAL

Signed by:

6D04982E5DB24D1
Signature

12/19/2024
Date