



Ministry-Wide Policy/Procedure Redirection

TITLE: Integrity and Compliance Program

Updated: 6/4/26

PURPOSE/PROCESS

The purpose of this document is to provide Health Ministries with a standard method of access to Trinity Health ministry-wide policies/procedures.

Health Ministries will post the Ministry-Wide Policy/Procedure Redirection document to their local policy repository for each ministry-wide policy/procedure. Each redirection document will be named the title of the policy/procedure for which it is redirecting, as to allow users to easily search/locate the policy/procedure from their local resource. Any locally related addendums, policies, and/or procedures are to be listed under the below “Ministry Specific Related Addendums, Policies, and/or Procedures” section by each respective Health Ministry before posting.

POLICY/PROCEDURE LOCATION

To locate the policy/procedure for which this document is named, please visit the links below:

[Integrity and Compliance System Office Policies](#) – All Integrity & Compliance Policies/Procedures

This link is directly to the Trinity Health System Office policy:

[Integrity and Compliance Program](#)

MINISTRY SPECIFIC RELATED ADDENDUMS, POLICIES, AND/OR PROCEDURES

St. Peters Health Partners (SPHP) and St. Joseph's Health (SJH), collectively referred to in this document as THNY, is providing additional information in this section specific to the Trinity Health New York Ministry.

POLICY STATEMENTS

THNY will operate an Integrity and Compliance Program (ICP) designed to ensure THNY operations fully comply with applicable laws, regulations and professional standards, and operate in a manner consistent with our Mission and Core Values. Please refer to the Code of Conduct, available on the THNY and SPHP, and SJH Intranet Homepage, for more details on our Mission and Core Values.

THNY's ICP will meet the requirements for effective corporate compliance programs as established by the United States Sentencing Commission and the NYS Office of Medicaid Inspector General and adopted by health care industry regulators. The ICP will be modified as necessary to address changes in such requirements that may occur over time.

SCOPE OF AUTHORITY / COMPETENCY

The ICP applies to all colleagues, including all levels of leadership, volunteers, medical/dental staff, allied health professional staff, Board and/or Board Committee members, students, agents, contractors and other persons employed directly by and/or providing services under the direction of THNY, its Component Corporations and/or Supported Affiliates.

PROCEDURE

1. THNY has appointed an Integrity & Compliance Officer who is responsible for implementation and operation of the ICP.
2. THNY has implemented and is operating an ICP that includes at a minimum, the Core Elements described in Attachment A.
3. THNY's ICP applies to all organizations in which THNY:
 - a. Is the sole corporate member or sole shareholder;
 - b. Maintains a majority ownership interest or otherwise controlling interest;
 - c. Is responsible for overall management of the operations of the organization by contract or otherwise.

REFERENCES

United States Federal Sentencing Guidelines, [Chapter 8, Part B2, Effective Compliance and Ethics](#) , effective 11/1/24.

18 NYCRR Part 521-1, Provider Compliance Programs, effective 12/28/2022; 18 NYCRR Part 521-2, MMCO Fraud, Waste and Abuse Prevention Program, effective 12/28/2022; 18 NYCRR Part 521-3 Self-Disclosure Program

Patient Accountability and Affordable Care Act, Sections 6102 and 6401, effective 3/23/10
New York State Social Services Law, Section 363-d, Provider Compliance Programs, effective 4/1/2020

Integrity & Compliance Program – Core Elements

Written Policies and Procedures; Code of Conduct

1. The THNY Board has adopted a Code of Conduct describing expected behaviors and conduct and the organization's commitment to adhering to all laws, regulations and professional standards. As mentioned above, the Code of Conduct is available on the SPHP and SJH Intranet Homepage.
2. The Code of Conduct is provided to all colleagues upon hire.
3. The Code of Conduct, or a summarized version thereof, is provided to members of the various THNY medical/dental, medical and/or allied health professional staff upon credentialing.
4. The Code of Conduct, or a summarized version thereof, is provided to suppliers, agents and contractors upon commencement of business relationships.
5. The Code of Conduct is distributed to Boards and Board committee members upon appointment.
6. The Code of Conduct is made available through Trinity Health, SPHP, and SJH's Intranet and Internet sites.
7. THNY has adopted other policies and procedures to implement the ICP (See list, in Attachment B). Policies

shall be reviewed and revised as necessary no less often than the frequency required by applicable law, regulation and/or THNY and Trinity Health policy.

Compliance Officer and Compliance Committee

1. An Integrity & Compliance Officer has been appointed and will act as a senior member of management reporting to the President/CEO, or other senior manager designated by the President/CEO, to lead the ICP. The Integrity & Compliance Officer shall have access to all records, documentation, information, facilities and individuals necessary and relevant to carry out ICP responsibilities.
2. An Integrity & Compliance Officer has been appointed and will act as a senior member of management reporting to the President/CEO, or other senior manager designated by the President/CEO, to lead the ICP. The Integrity & Compliance Officer shall have access to all records, documentation, information, facilities and individuals necessary and relevant to carry out ICP responsibilities.
3. Sufficient resources are allocated and documented to support the effective operation of THNY's ICP, including resources to address unanticipated compliance issues.
4. A Privacy Official has been appointed responsibility for THNY's HIPAA privacy program, and a Security Official has been appointed responsibility for THNY's HIPAA security program.
5. The THNY Board and/or Board Committee and the SPHP Medical Associates and SJH Medical Associates Board and/or Board Committee receive regular (e.g. quarterly) reports from the Integrity & Compliance Officer, and with respect to SPHP Medical Associates and SJH Medical Associates, the Compliance Director, on the operations of the ICP.
6. THNY has established a multi-disciplinary management committee (the "Management Compliance Committee"), chaired by the Integrity & Compliance Officer, that meets regularly (minimum quarterly) to support the effective operation of the ICP.
7. THNY has established various multi-disciplinary committees, which are chaired by the Integrity & Compliance Officer or his/her designee and meet regularly (minimum quarterly) to address integrity and compliance program activities unique to care and/or services provided by their area(s) of responsibility.

Compliance Program Training and Education

1. New colleagues receive orientation training on the ICP and Code of Conduct generally within 30 days of hire or otherwise as required by law or regulation.
2. Colleagues receive annual training to reinforce awareness and understanding of the ICP, the privacy and security program, their responsibilities thereto, the role and identity of the Integrity & Compliance Officer and Privacy Official, and resources available to report issues and concerns. Attachment C has been provided to highlight the Integrity & Compliance Program's scope.
3. Colleagues whose positions require additional and/or ongoing compliance education and training specific to their job responsibilities receive such training annually or as needed in response to changing laws or regulations.
4. Board members and senior managers receive periodic education (e.g. minimum annually) on current compliance issues relevant to their respective leadership and governance responsibilities.
5. Information required by the Deficit Reduction Act is included within the Code of Conduct and/or the relevant compliance policies provided to colleagues, medical staff, suppliers and other agents and

contractors.

Lines of Communication

1. Trinity Health has established a hotline reporting system for use by colleagues, medical staff and others to report issues and concerns, including potential violations of law and regulations, on an anonymous basis. Individuals may contact the Integrity and Compliance Line by telephone at 866-477-4661. More details about the hotline and compliance reporting in general is available in the Integrity & Compliance Line and Web Reporting Program Policy as well as the Integrity & Compliance Reporting Policy.
2. THNY has an established and publicized process for the direct reporting of issues, concerns and/or incidents to the Integrity & Compliance Officer and Privacy Official.
3. THNY policy strictly forbids retaliation against individuals for good faith reporting of issues and concerns as set forth in the Non-Retaliation Policy.
4. The availability of the hotline, as well as other means for reporting issues and concerns, is continuously communicated to THNY colleagues, medical staff and others through posters, newsletters, Intranet, etc.
5. Appropriate resources are allocated to support the timely (e.g. within 30 days) investigation and resolution of reports received through the hotline system or by other means.
6. Summary information regarding hotline and other compliance reports received and the results of investigations and actions taken in response, as appropriate, is reported regularly to the Management Compliance Committee and to the Board/Board Committees.

Disciplinary Standards

1. The completion of required compliance education and training programs by colleagues is mandatory. An individual's failure to timely complete mandatory education and training programs, including compliance training, shall result in published consequences that are consistently applied.
2. THNY has established procedures for the handling of disciplinary matters that may be taken for violations of the Code of Conduct, up to and including termination of employment, as set forth in the corrective action policy and/or procedures.
3. THNY has established procedures for the handling of disciplinary matters involving members of the independent medical staff for violations of the Code of Conduct, consistent with the organization's medical staff bylaws. Medical staff physicians and other credentialed providers (credentialing/re-credentialing and monthly).

Auditing and Monitoring, Risk Assessment and ICP Review

1. Periodic (minimum annual) risk assessments, including onsite reviews as necessary, are conducted to evaluate the ICP, identify potential risks in THNY operations relating to compliance with federal and state health care program requirements, including the evaluation of specific areas identified by regulators such as DHHS – OIG, OMIG, CMS, DOJ, IRS, etc.
2. A compliance auditing and monitoring plan is developed responsive to the periodic risk assessments, with the process approved by the THNY Board/Board Committee, and SPHP Medical Associates and SJH Medical Associates Board as appropriate, annually, and with oversight from the Management Compliance Committee. Sufficient resources are allocated to support completion of the auditing and monitoring plan.
3. Corrective Action Plans with management responsibilities and timelines identified are developed in

response to the results of compliance auditing and monitoring activities.

4. The relevant Integrity & Compliance Committees (for example, Acute, RSD, CSD, etc.) assist the Integrity & Compliance Officer in monitoring the timely completion of corrective actions taken in response to the results of auditing and monitoring activities.
5. The results of compliance auditing and monitoring and other activities are reported regularly (e.g. quarterly) to the THNY Board/Board Committee, the SPHP Medical Associates and SJH Medical Associates Board/Board Compliance Committee and the Management Compliance Committee.

Response and Prevention

1. THNY has established procedures to determine that potential colleagues and medical staff members have not been debarred or otherwise excluded from participation in federal and state health care programs and have not been convicted of a health care criminal offense prior to hiring and credentialing, respectively.
2. Trinity Health and/or THNY has established procedures requiring screening for eligibility to participate in federal health care programs¹ as required by law or regulation as follows:
 - a. Colleagues (at hire and monthly)
 - b. Medical staff physicians and other credentialed providers (credentialing/re-credentialing and monthly)
 - c. Vendors, agents and contractors (at initiation of business relationships, annually or more frequently as required by law or regulation)
 - d. Board members/trustees (at appointment and annually or more frequently as required by law or regulation)
 - e. Other individuals at a frequency as required by law or regulations (for example, certain program volunteers as applicable)
3. THNY has established procedures for the timely investigation of potential compliance issues identified as a result of regulatory audits or investigations or through hotline or other reports received from colleagues, medical staff, patients/families, suppliers or others, including coordination with internal and external legal counsel.
4. THNY has established procedures to ensure timely corrective actions are taken in response to audits or investigations resulting in the determination that overpayments were received from federal and state health care programs, including the processing of corrected claims and/or notification and repayment to appropriate payers including Medicare, Medicaid and other federal and state health care programs.

Attachment B
Integrity & Compliance Related Policies

The following policies are available through the SPHP and SJH Policy Portal and provide further explanation of our Integrity & Compliance processes and implementation of the core compliance elements:

1. Board, Senior Executives and Interested Persons Conflict of Interest
2. Code of Conduct
3. Correction of Errors in Federal and State Health Care Program Payments
4. Documentation of Fair Market Value of Compensation in Physician Financial Relationships
5. Emergency Medical Treatment and Labor Act (EMTALA)
6. Excluded Individuals, Entities and Others Convicted of Health Care Related Criminal Offenses
7. Financial Relationships with Physicians and Other Referral Sources
8. Gifts, Gratuities and Entertainment
9. HIPAA – Privacy of Protected Health Information
10. Human Subject Research – Patient/Resident/Client Participation
11. Human Subject Research and Institutional Review Board (IRB) Requirements
12. Information Security Policy
13. Integrity & Compliance Line and Web-Reporting Program
14. Integrity and Compliance Reporting
15. Medicare Secondary Payor Questionnaire
16. Non-Monetary Compensation to Independent Physicians and their Immediate Family Members
17. Non-Retaliation
18. Orientation Process
19. Payments to Independent Physicians, Independent Physician Groups and Physician-Owned Entities
20. Performance Management
21. Refraining from Retaliatory Acts or Intimidating Acts Against

Attachment C
THNY Integrity and Compliance Program Scope

- Billing and coding♦
- Payments♦
- Medical necessity♦
- Quality of care♦
- Governance♦
- Mandatory reporting♦
- Internal audit and controls♦
- Credentialing♦
- Vendor, agents, contractors oversight♦
- Quality and risk management
- HIPAA Privacy and Security
- Conflict of Interest
- Ordered services♦
- Other identified risk areas, including those specific to PACE, as applicable ♦

Key:

♦ Required under 18NYCRR 521-1, NY Social Services Law 363-d and PPACA 6102

Please note: when local policy/procedure conflicts with ministry-wide policy/procedure, ministry-wide policy/procedure supersedes local policy/procedure.

RESPONSIBLE DEPARTMENT

Further guidance concerning this document may be obtained from Trinity Health. Further guidance concerning the ministry specific related addendums, policies, and/or procedures may be obtained from your local ministry team.