



Category: Integrity & Compliance

Title: Integrity and Compliance Program

Applies to:

- St. Peter's Health Partners (SPHP)
All SPHP Component Corporations
Other SPHP Supported Affiliates
St. Peter's Health Partners Medical Associates (SPHPMA)

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PURPOSE

To set forth the scope and direction of the St. Peter's Health Partner's ("SPHP") Integrity and Compliance Program (also referred to as "ICP"), consistent with federal and state regulations and Trinity Health standards. This document serves as a roadmap for the SPHP ICP. The seven core elements of an effective compliance program are described below. However, additional SPHP and TH policies and procedures serve to further explain such elements and the Integrity & Compliance Program requirements and expectations.

POLICY STATEMENTS

SPHP will operate an Integrity and Compliance Program designed to ensure SPHP's 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 SPHP Intranet Homepage, for more detail on our Mission and Core Values.

SPHP'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 SPHP, its Component Corporations and/or Supported Affiliates.

PROCEDURE

1. SPHP has appointed an Integrity & Compliance Officer who is responsible for implementation and operation of the ICP.
2. SPHP has implemented and is operating an ICP that includes at a minimum, the Core Elements described in Attachment A.
3. SPHP’s ICP applies to all organizations in which SPHP:
 - 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 Program](#), effective 11/1/18

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

Approving Official: President and CEO, SPHP; SPHPMA CEO	Effective Date: 3/28/23
Key Sponsor: Chief Integrity & Compliance Officer, Trinity Health's New York Region	
Reviewed By: SJH/SPHP Management Compliance Committee; SPHP Compliance & Audit Committee of the Board; SPHPMA Compliance Committee of the Board; SPHP Administrative Policy Council	Original Date: 1/1/14 Reviewed/Revised Date: SPHP Management Compliance Committee: 11/6/13 and 10/1/15; SPHP Compliance & Audit Committee of the Board: 12/12/13; SPHPMA Compliance Committee of the Board: 11/14/13; 12/21/17; 10/15/21; 3/28/23.
Search Terms: compliance, compliance program, integrity, core elements	*Reviewed, No Revisions **Revised without Full Review
Replaces: Integrity and Compliance Program, 12/27/17	

Attachment A
Integrity & Compliance Program – Core Elements

Written Policies and Procedures; Code of Conduct
1. The SJH/SPHP 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 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 SPHP medical/dental, medical and/or allied health professional staffs 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 SPHP's Intranet and Internet sites.
7. SPHP 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 SPHP and Trinity Health policy.
Compliance Officer and Compliance Committee
1. SPHP has appointed an Integrity & Compliance Officer, a senior member of management reporting to 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 carryout ICP responsibilities.
2. Sufficient resources are allocated and documented to support the effective operation of SPHP's ICP, including resources to address unanticipated compliance issues.
3. A Privacy Official has been appointed responsibility for SPHP's HIPAA privacy program and a Security Official has been appointed responsibility for SPHP's HIPAA security program.
4. The SJH/SPHP Board and/or Board Committee and the SPHPMA Board and/or Board Committee receive regular (e.g. quarterly) reports from the Integrity & Compliance Officer, and with respect to SPHPMA, the Compliance Director, on the operations of the ICP.
5. SJH/SPHP 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.
6. SPHP 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.
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 detail 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. SPHP 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. SPHP 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 SPHP 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. SPHP 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. SPHP 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 SPHP 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 SJH/SPHP Board/Board Committee, and SPHPMA 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 SJH/SPHP Board/Board Committee, the SPHPMA Board/Board Compliance Committee and the Management Compliance Committee.

Response and Prevention

1. SPHP 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 SPHP 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. SPHP 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. SPHP 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 Policy Portal and provide further explanation of our Integrity & Compliance processes and implementation of the core compliance elements:

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

Attachment C
SPHP 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