

## ***Corporate Compliance Policy***

### **Purpose**

To ensure the Agency upholds the highest principles and conducts business within strong ethical standards, the Agency has established a code of conduct as well as corporate compliance guidelines and a reporting system adopted by the Board of Directors.

The Agency's Compliance program meets the elements of an effective compliance program and also includes proactive procedures to address fraud, waste and abuse.

### **Policy**

The Agency follows Compliance elements based on New York Codes, Rules and Regulations (NYCRR) 18 Part 521.3 (c):

- Written policies and procedures that describe the operation of the compliance program and a code of conduct policy that promotes compliance expectations.
- A designated employee vested with responsibility for the day-to-day operation of the compliance program.
- Training and education for all staff board members regarding compliance issues, expectations and compliance program operation.
- Open lines of communication for anyone to report compliance issues, along with a Corporate Compliance Confidential Hotline.
- Disciplinary policies to encourage good faith participation in the compliance program including policies that describe expectations for reporting compliance issues and outline sanctions for failing to report such issues.
- A self-evaluating system to routinely monitor, audit and identify compliance risks and concerns.
- A system to correct compliance issues promptly and thoroughly and prevent future compliance issues.

- A written policy for non-intimidation and non-retaliation for good faith participation in the compliance program.

### **Operational Standards**

- The Agency utilizes an Organizational chart to clearly outline administrative overview, lines of communication and authority hierarchy.
- All assets of the Agency are for the purpose and use of the agency. Any employee using agency assets for temporary personal use must have prior supervisor approval.
- The Compliance Officer is vested with the responsibility for the day to day operation of the compliance program.
- To avoid any conflict of interest, no employees should accept (or permit family members to accept) gifts, payments or services from businesses and individuals that sell (or are seeking to sell) goods and services to the Agency and/or to participants.
- All employees will adhere to the Agency Code of Conduct, and any employee who has access to cash or checks will not embezzle or otherwise misappropriate funds from the Agency or participants.
- All reports (financial, board of director or otherwise) will be represented accurately and thoroughly and without willful or purposeful misrepresentation.
- Agency practices will adhere to Equal Employer Opportunity Policy to discourage any discrimination practices.
- No employees will engage in any Medicaid fraud, waste or abuse.
- Agency will conduct its business by following the terms of the grant contracts as intended for each program.
- All employees will adhere to the HIPAA Federal Law to assure individuals' confidentiality when maintaining, discussing or disclosing Protected Health Information (PHI) as it relates to agency business, Board Officers and workers.
- The Agency will adhere to Medicare/Medicaid Anti-Kickback rules and no employees will engage in any knowing or willful offers, payments, solicitations, or receipts of remuneration in order to induce business reimbursed under the Medicare or Medicaid programs.
- The Agency will not engage in any activity that will jeopardize or violate its tax-exempt status.
- There will be no force or coercion used over someone to solicit contributions.
- The Agency will uphold all policies and procedures.
- The Agency will provide contractors and vendors with compliance education materials about the Federal False Claims Act (FCA), Federal Deficit Reduction Act of 2005 (DRA), the NYS False Claims Act and other federal and state laws that play a role in preventing and detecting Medicaid fraud, waste and abuse in health care programs.

## **Proactive Compliance Program**

- The Corporate Compliance Hotline is intended to provide a private means to report issues that are considered to be of importance. Callers to the Corporate Compliance Hotline will not be retaliated against. To the extent possible, all Corporate Compliance Hotline calls will be maintained as confidential.
- The Corporate Compliance confidential reporting system may be accessed through the Corporate Compliance Hotline at 315-272-2905. The Hotline is available 7 days a week, 24 hours a day.
- Orientation and Annual training to all employees and Board members on Compliance Program standards and expectations.
- Regular internal audits on programs.
- Written policies and procedures are in place to help guide agency conduct and behavior (e.g., whistleblower policy, code of conduct policy, reporting and investigations policy and procedures, etc.)
- Publicly displayed Corporate Compliance Hotline flyer posted on the agency website.
- Immediate response and action to compliance issues.
- Policies are reviewed to help be in line with current practice.
- Intermittent research of the most current federal, state and local agency regulations and laws.
- Screening procedures on exclusionary checks on all board members, employees and vendors.
- If an employee has a reasonable belief that the Agency or another RCIL employee has engaged in any action that violates any applicable law, or regulation, including those concerning accounting and auditing, or constitutes a fraudulent practice, the employee is expected to immediately report such information to the Chief Executive Officer, Chief Corporate Compliance Officer or the Executive Vice President of Corporate Resources.

## **Reduction of Fraud / Waste & Abuse**

- RCIL strictly adheres to the Deficit Reduction Act (2005) in enhancing program integrity and reducing/eliminating Medicaid fraud, waste and abuse.
- RCIL strictly adheres to the Federal False Claims Act, which refers to people who knowingly submit, conspire to commit or disregard the truth in submitting a false claim for government reimbursement or payment. Anyone discovered to be submitting false claims will lead to an investigation and possible legal consequences for their actions.

## **Reporting of Violations**

If an employee has a reasonable belief that the Agency or another RCIL employee has engaged in any action that violates any applicable law, regulation or policy, including those concerning accounting and auditing, or constitutes a fraudulent practice, the employee is expected to immediately report such information.

Employees are required to report such issues to their supervisor, Executive Vice President of Corporate Resources, Chief Corporate Compliance Officer or the Chief Executive Officer.

## **No Retaliation**

RCIL will not retaliate, intimidate, threaten, discriminate or otherwise take any adverse employment action against an employee who files a complaint, testifies or assists in any complaint made under this policy or with a court or government agency.

Furthermore, RCIL prohibits an employee from intimidating, threatening or retaliating against a coworker or non-employee for filing a complaint and/or participating in an investigation.

## **Investigation of Violations**

RCIL will promptly investigate any reported potential compliance, regulation, policy or procedure violation. All reported issues are treated confidentially. Employees are expected to fully cooperate in any investigation of an alleged violation.

## **Discipline for Violations**

RCIL employees should do what is permissible, acceptable and expected. Employees violating RCIL policies and procedures will consequently receive disciplinary action up to and including termination.

## **RCIL Compliance Program is based on the following Laws:**

- ◆ The Federal False Claims Act (FCA): Outlines measures to detect and avoid fraud, waste, and abuse. Under the FCA, it is unlawful to knowingly submit or cause the submission of false claims to Medicaid or make false records that support billing Medicaid. FCA imposes liability (fines) on persons and companies who defraud government funded programs.
  
- ◆ The Federal Deficit Reduction Act of 2005 (DRA): Another measure to eliminate fraud, waste, and abuse that requires certain organizations to provide detailed information via written policies and training on the FCA, remedies for false claims, civil or criminal penalties for false claims, and protections for whistleblowers.

- ◆ New York State False Claims Act: As to prevent abuse, fraud, and waste, NYS empowers people with evidence of fraud to file a complaint and potentially receive a monetary reward for doing so.
- ◆ Health Insurance Portability and Accountability Act of 1996 (HIPAA): U.S. legislation providing data privacy and security provisions for safe-guarding health/medical information.
- ◆ New York State SHIELD Act (2019): The “Stop Hacks and Improve Electronic Security Act” works with HIPAA to ensure data breaches are reported. It protects certain private information of New York State residents and requires reporting to the NYS Attorney General of certain electronic security issues.
- ◆ New York State Non-Profit Revitalization Act of 2013 (NPRA): Sets legal requirements for governance (boards) of nonprofit organizations (both not-for-profit corporations and wholly charitable trusts), expands the Attorney General’s enforcement powers, and clarifies rules applicable to not-for-profit corporations.
- ◆ Federal and New York State Department of Labor Regulations
- ◆ Others as applicable