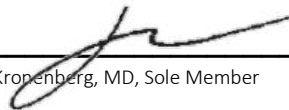




CROUSE MEDICAL PRACTICE COMPLIANCE HANDBOOK

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Date

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Part I CMP Compliance Program

A. Introduction

Crouse Medical Practice, (the “Practice”) is committed to conducting its business in a lawful and ethical manner. Accordingly, the practice has developed and implemented a Compliance Program that applies to all [affected individuals](#) including employees, chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors and governing and corporate offices (collectively referred to as “staff”). The practice’s Compliance Program is intended to prevent, detect, and correct violations of applicable law, regulations, third party payer requirements, hospitals policies/procedures, the Code of Conduct and other applicable standards.

The Compliance Program consists primarily of the key elements described in the Compliance Plan, Crouse Medical Practice’s Code of Conduct and various policies and procedures designated to implement the Compliance Program. The Handbook also contains a summary of the relevant health care fraud and abuse laws, including whistleblower protection laws. As described in greater detail in the Handbook and the Non-Intimidation/Non-Retaliation Policy,

the practice has adopted a strict non-intimidation/non-retaliation policy to protect [affected individuals](#) for their good faith reporting of compliance-related concerns or issues.

Staff who fail to comply with the elements of the Compliance Program as described in this handbook, may face disciplinary action including, but not limited to, removal, reprimand, suspension without pay and/or termination from employment or affiliation with the practice.

B. Member Authorization

The Practice's Member and Executive Team ("Board") authorized the creation of a Compliance Program. The purpose of the program is to promote and support the highest standards of conduct - legally, ethically and morally, on the part of the Practice and its personnel and vendors, regarding all laws and rules that regulate the Practice, including, but not limited to, Medicare and Medicaid requirements and the applicable New York State and federal fraud, waste and abuse laws. The Board authorized the Practice's President to appoint a Compliance Officer "CO" that is a member of the Risk Management Corporate Compliance staff, is designated as the individual who serves as the Practice's Compliance Officer, and works in cooperation with the Practice's Compliance Committee.

The Board shall act in good faith in the oversight of the Practice's compliance activities. The Board shall abide by its

- Duty of care (to be familiar with the finances and activities, attend meetings and participate in decision making, read material and minutes, encourage diversity).
- Duty of loyalty (to avoid transactions where there is personal gain and closely examine other transactions which may cause a conflict of interest).
- Duty of obedience (to ensure that the Practice is abiding by applicable laws and regulations and that the proper resources are dedicated to following the mission).

Any questions concerning the Practice's Compliance Program should be directed to the CO, or their designee.

Part II CMP Compliance Plan: Summary of Key Elements

A. Standards of Conduct

It is our policy to provide services in compliance with all state and federal laws governing our operations, and consistent with the highest standards of business and professional ethics. ALL PRACTICE STAFF MUST ACT IN ACCORDANCE WITH THESE STANDARDS OF CONDUCT AND THIS COMPLIANCE PLAN.

The Practice expects Staff and [affected individuals](#) to refrain from conduct which may violate applicable federal and state fraud and abuse laws. These laws prohibit:

- (1) direct, indirect or disguised payments in exchange for the referral of patients;
- (2) the submission of false, fraudulent or misleading claims to any government entity or third-party payer, including claims for services not rendered, claims which characterize the service differently than the service actually rendered, claims for substandard patient care, or claims which do not otherwise comply with applicable program or contractual requirements; and
- (3) making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service.

Conduct that does not comply with this Plan is not authorized by the Practice and is outside the scope of practice employment or affiliation. The Compliance Officer, in cooperation with the Compliance Committee, is charged with monitoring and implementing this Plan.

If, at any time, you become aware of an apparent violation of the Plan, you **must** report it to your supervisor, the Compliance Officer or a member of the Compliance Committee. Reports may also be made to the President and to the Board. Reports may be made anonymously and/or confidentially. Confidential reports will be kept confidential unless the matter is referred to law enforcement or such disclosure is otherwise required by law to be disclosed. No adverse action will ever be taken against you solely for making a report in good faith or based on reasonable belief. If you do **not** report a violation of the Plan or Practice policy of which you are aware, you may be subject to disciplinary action, up to and including termination of employment and/or affiliation with the Practice. Employees must report concerns to their supervisor, who is required to report issues of actual or suspected non-compliance to the Compliance Officer; however, if your supervisor is the subject of the conflict, or if you are uncomfortable talking to your supervisor, or you do not receive a satisfactory response, employees may make a report to another member of management/compliance, including directly to the Compliance Officer, or may utilize any of the Practice's other available reporting methods.

The laws governing our activities are complex. This Plan only deals with some of the important legal principles under which we operate. Their mention is not intended to minimize the importance of other applicable laws, professional standards or ethical principles, which may be covered in other Practice policies, programs and literature. Consequently, if you are in doubt you should promptly communicate with your supervisor or with the Compliance Officer before undertaking any course of action.

B. Development & Implementation of Written Standards of Conduct, Policies & Procedures

The Practice shall operate in accordance with applicable federal, state and local laws, and standards pertaining to the delivery of patient care and the billing for such care. To this end, the Practice has developed policies and procedures to foster compliance with such laws and standards and to promote conduct by the Practice and [affected individuals](#) that are ethical and uphold our mission and values.

The Compliance Officer, or their designee, with input from the Compliance Committee, shall oversee the development and implementation of policies pertaining to the Compliance Program and/or the Code of Conduct. Corporate Compliance Policies and the Compliance Handbook are reviewed at least annually and in accordance with Practice procedures. The Practice shall update its standards, policies and procedures as necessary to remain current with applicable law and regulations, the needs of the Practice and its Compliance Program and to reflect current ethical and legal business practices.

Employees and affected individuals who have questions, suggestions and/or concerns about the Compliance Program, current Practice standards, policies, procedures, business, patient care or other practices should notify their supervisor or the CO, or may call the Compliance Hotline (315-479-5070 ext. 66107), or submit a Compliance Reporting Form which can be found on the Practice's website.

C. Delegation of Authority to the Compliance Officer & Committee

Crouse Medical Practice has designated a Compliance Officer ("CO"), who reports directly to the Practice's President and, as appropriate, the Board, and the Compliance Committee. The CO may delegate as they deem appropriate, an individual, such as the HIPAA Security Officer, to assist in the day to day operation and duties of the

CO. The CO's compliance authority and obligations are more fully explained in the Practices Compliance Officer and Oversight policy.

CMP has formed the Compliance Committee to function as the compliance committee. The CO is an active member of the Committee, as well as those individuals listed in the Committee Charter. The Committee meets no less than quarterly and is comprised of those individuals whose input is necessary for the proper oversight and implementation of the Practice's Compliance Program. The Committee shall report directly and be accountable to the Executive Director and governing body.

D. Provision of Compliance Education and Training

Crouse Medical Practice conducts compliance training and education to help ensure that each [affected individual](#) is fully capable of executing their duties in conformity with applicable laws, rules, regulations, and other standards. It is an expectation of performance that employees and affected individuals meet their compliance education and training requirements. Failure to undergo compliance education and training may result in discipline, up to and including termination.

Crouse Medical Practice has developed a Compliance Training Plan that includes:

- An outline of the subjects and topics for the training education;
- The timing and frequency of the training;
- Which affected individuals are required to attend;
- How attendance will be tracked;
- How the effectiveness of the training will be periodically evaluated.

In general, employees shall undergo appropriate levels of compliance training during New Employee Orientation (NEO). Certain employees may also receive additional targeted compliance training depending upon the person's job-related obligations and responsibilities. Contractors and vendors that are affected by the Practices risk areas shall receive annual compliance education and training. They will also be provided access to the Practices compliance policies and procedures, the Code of Conduct and contact information for the Compliance Program via the website (Crousemed.com)

E. Reporting Concerns and Complaints through Open Communication & Compliance Hotline

All affected individuals have a responsibility to immediately report any activity involving or concerning the Practice that appears to violation the Compliance Program, the Code of Conduct or any CMP policy/procedure, as well as applicable laws, rules or regulations. Therefore, the practice has established a means for concerns or complaints to be reported in a safe and private manner. There is absolutely no retaliation permitted for the good faith reporting of actual or suspected compliance problems. Failure to report may, by itself, be a violation of the Practices Compliance Program, which may subject the person to discipline, up to and including termination or employment or affiliation with the practice.

The Practice has published on their website (crousemed.com) the anonymous hotline reporting phone number and contact information for the Compliance Officer to report compliance- related concerns or issues and/or to ask questions or make suggestions about the Compliance Program.

F. Requiring Employee Participation in the Compliance Program and Discipline

It is the responsibility of all affected individuals to abide by applicable laws, regulations, support the Practices compliance efforts, and to participate in the Corporate Compliance Program. Accordingly, each affected individual must report their good faith belief of any suspected or actual violation or applicable local, state, or federal law or practice policies and procedures, including, without limitation, the practices Compliance Program and Code of Conduct. There are many activities that could be considered a violation. Potential violations include fraudulent billing suspicion, incorrect patterned claim activity, misrepresentation, stealing, etc. In support of this principle, the practice has also adopted a strict non-retaliation policy prohibiting any retaliation against anyone who in good faith reports a suspected or actual violation. The practice shall take reasonable and appropriate efforts to maximize a reporting individual's confidentiality and will honor all requests for confidentiality to the limit allowed by law.

The practice shall enforce sanctions and discipline resulting from a violation of this Program, relevant laws and regulations and Practice policies and procedures in a fair and consistent manner. Enforcement of sanctions for violations shall be documented by the Compliance Officer.

G. Conducting Audits and Routine Identification of Compliance Risk Areas

Crouse Medical Practice has established and implemented an effective system for routine monitoring and identification of compliance risks. This includes internal monitoring/audits and as appropriate, external audits, to evaluate the practices compliance program with the requirements of Medicare and Medicaid and the overall effectiveness of the compliance program. The practice shall assess its risk for noncompliance and shall take steps necessary to reduce any identified compliance issues. The CO or their designee, in conjunction with the Compliance Committee and the necessary practice departments, shall conduct ongoing and periodic reviews of the compliance program and its operations and systems.

Practice Resources, LLC ("PRL") will provide the Practice with a written report of its audit findings, which provides data for the Practice to evaluate the coder's accuracy and competence for the audit period. The Compliance Officer is responsible for investigating incidents discovered by the audits, systemic errors, or reports of suspected noncompliance. The results of the audit process may be communicated to and discussed with legal counsel to determine whether any corrective action is required.

H. Responding to and Investigating Potential Compliance Problems

Crouse Medical Practice takes potential compliance issues seriously and investigates compliance issues promptly, regardless of the sources of the complaint or concern. The practice has established and implemented procedures for responding to compliance issues including complaints, violations of applicable laws, regulations, practice policies, procedures and standards (including the Code of Conduct and Compliance Program), state and federal laws, rules and regulations, and requirements of Medicare and Medicaid.

The purpose of an investigation is to identify those situations in which applicable laws and regulations may not have been followed. The CO, or their designee, has a primary responsibility for conducting and/or overseeing investigations. When an investigation determines that a violation has occurred, corrective actions are initiated to ensure compliance. These can include:

- Instituting disciplinary action;
- Implementing corrective actions to prevent the violation from reoccurring;
- Notifying the appropriate government agency;

- Repayment of government funds within the 60 day timeframe for overpayments.

I. Non-Intimidation/ Non-Retaliation for Good Faith Reporting of Compliance-Related Concerns

The practice is committed to maintaining a workplace where affected individuals are free to raise good faith concerns regarding CMP’s business practices and the care of its patients. It is the responsibility of all individuals to abide by applicable laws and regulations and support the practice’s compliance efforts, including reporting their good faith belief of any violation of applicable local, state or federal law or practice policies and procedures, including, without limitation, the practice’s Compliance Program and Code of Conduct. The practice is committed to fostering a workplace that is conducive to open discussions of its business and clinical practices. To promote an open culture, the practice has adopted a strict non-intimidation, non-retaliation policy.

J. Deficit Reduction Act of 2005

The Deficit Reduction Act of 2005 requires any entity that receives at least \$5 million per year in Medicaid payments to make certain information available to its employees, contractors and agents. This information includes:

- The Federal and New York State False Claims Acts;
- The rights of employees to be protected as whistleblowers; and
- The entity’s policies and procedures for detecting and preventing fraud, waste and abuse.

The Practice, in accordance with applicable local, state or federal law, and the Practice’s Policies and Procedures, including, without limitation, the Practice’s Compliance Program and Code of Conduct, fully complies with all applicable whistleblower protections.

K. NYS Mandatory Compliance Program Requirements and Certification (SSL)

Per NYS Social Services Law (SSL) §363-d and 18 NYCRR Part 521, A compliance program is required of all providers where Medicaid is a “substantial portion of business operations.”

18 NYCRR §521.2(b) defines “substantial portion of business operations” as

- (1) when a person, provider or affiliate claims or orders, or has claimed or has ordered, or should be reasonably expected to claim or order at least five hundred thousand dollars (\$500,000) in any consecutive twelve-month period from the medical assistance program;
- (2) when a person, provider or affiliate receives or has received, or should be reasonably expected to receive at least five hundred thousand dollars (\$500,000) in any consecutive twelve-month period directly or indirectly from the medical assistance program; or
- (3) when a person, provider or affiliate who submits or has submitted claims for care, services, or supplies to the medical assistance program on behalf of another person or persons in the aggregate of at least five hundred thousand dollars (\$500,000) in any consecutive twelve-month period.

Mandatory Compliance Program Certification Requirement. Pursuant to New York State Social Services Law (SSL) §363-d, providers are required to certify to the New York State Department of Health upon enrollment in the Medicaid program, and annually thereafter, that they are satisfactorily meeting the requirements of SSL §363-d through the *Certification Statement for Provider Billing Medicaid* form. Through its submission of the certification, the Practice is attesting that it is satisfactorily meeting the requirements of SSL §363-d, which includes the federal DRA certification. Annual certification shall occur by the anniversary date of the provider’s enrollment in Medicaid, which can be found on their initial Medicaid enrollment welcome letter.

A. Introduction and Intent

Why Have a Code of Conduct? To promote conduct that is honest, ethical and legal.

Crouse Medical Practice (CMP) has adopted this Code of Conduct (also referred to as the “Code”) to provide standards and guidance by which employees, members of the medical staff, vendors, and other individuals affiliated with Crouse Medical Practice will conduct themselves (Collectively referred to as “[Affected Individuals](#)”).

All affected individuals should strive to protect and promote patient’s rights, quality of care, practice-wide integrity, ethical business practices and fulfillment of our Mission, Vision, and Values.

This Code of Conduct is a fundamental part of Crouse Medical Practice’s Compliance Program, and works together with our Mission, Vision and Value statements and our Compliance Policies and Procedures.

It is important for all [affected individuals](#) to understand personal obligations under this Code of Conduct. The Code does not cover every situation one may encounter, nor does it replace any organization or department policy or procedure. Instead, the Code contains principles that are intended to guide individuals in making ethical decisions in carrying out duties for or on behalf of Crouse Medical Practice.

All affected individuals share in the responsibility to uphold the principles of caring, honesty, and integrity that are fundamental to this Code of Conduct. *If at any time, you have questions, comments or suggestions regarding the Code of Conduct or your responsibilities under the Code, please call the Compliance Officer at 315-470-2368.*

B. Crouse Medical Practice’s Mission, Vision, and Values

Our Mission: To provide the best in patient care and to promote community health.

Our Vision: Crouse Health will provide an exceptional experience as the most trusted system for healthcare.

Our Values:

- Community – working together while appreciating our differences
- Respect – honor, dignity and trust
- Open and honest communication
- Undivided commitment to quality and the patient experience
- Service to our patients, physicians and employees
- Excellence through innovation and collaboration

C. Code of Conduct Principles

1. Quality Patient Care

Our Mission, “*To provide the best in patient care and to promote community health*” requires the efforts and commitment of all Crouse Medical Practice Employees. It is an expectation that Crouse Medical Practice will provide high quality patient care, in a compassionate manner and in a safe environment. Each Crouse Medical

Practice Employee should be committed to this expectation, even if such Employee does not provide direct patient care.

Reporting Concerns. Affected individuals should report any incident of patient care or safety that does not appear to meet Crouse Medical Practice's standards of care. Reports can be made to a supervisor, the Compliance Officer (315) 470-2368, and/or the Compliance Hotline (315) 479-5070, ext. 66107, or via the Compliance Reporting Form on the CMP website (crousemed.com). If an individual is not satisfied with the response from CMP or believes a patient's immediate health and safety is in jeopardy, they may contact the New York State Department of Health ("DOH") at 1-800-804-5447. Patient concerns related to quality of care or other such standards should be reported to the department's Practice Administrator.

Direct Care Providers. Affected individuals who are directly involved in patient care must have the proper credentials, skills, expertise and competency to care for such patients. Each individual should promptly and efficiently fulfill any personal responsibility they may have concerning the delivery of patient care and compliance with applicable standards of care. Care must be medically necessary, appropriate to the situation, safe and in conformity with applicable standards of care.

Patient Rights. [Affected individuals](#) should become familiar with patient rights and, as appropriate, are encouraged to help patients and their families understand their rights as well. Examples of patient rights include, but are certainly not limited to, informed consent to treatment, participation in decision-making, non-discrimination and confidentiality.

Patient Care Standards/Policies. Crouse Medical Practice maintains policies and procedures concerning patient care and rights. All employees are encouraged to refer to the policies and procedures that relate to their Crouse Medical Practice work-related obligations, which are available from their department supervisor and can be found on the Data Sharefile.

2. Workplace Conduct

Crouse Medical Practice works diligently to foster a safe, professional, cooperative and creative workplace for all affected individuals, and to comply with all health and safety laws and regulations governing the workplace. All affected individuals will strive to work collaboratively with colleagues and communicate respectfully to and about others, and in a positive manner.

Affected individuals are expected to become familiar with and understand Crouse Medical Practice's policies and procedures developed to promote the protection of the workplace and to observe all posted notices, warnings and regulations.

Employees shall comply with Crouse Medical Practice's policy of a smoke and drug/alcohol free workplace. Employees must report to work free from the influences of illegal drugs and alcohol.

Crouse Medical Practice is committed to providing a work environment that is free from harassment, violence, threatening or intimidation conduct. All individuals must conduct themselves in an appropriate and professional manner. Engaging in verbal, physical, or other conduct that creates an intimidating, hostile, or offensive workplace will not be tolerated.

3. Exclusion Screening

Crouse Medical Practice does not hire, employ or enter into any business arrangement with any entity or person who is excluded from participating in any government health care benefits program. The Practice conducts/ contracts out exclusion (sanction) screening of all applicants and employees, candidates for, and current members of, the medical staff, independent contractors, and vendors for exclusion from government health care programs. Exclusion Screenings shall be conducted prior to the start of the business/employment relationship and at least 30 days thereafter

4. Non-Discrimination

Crouse Medical Practice believes that the fair treatment of affected individuals, patients and others is vital to the fulfillment of its Mission, Vision, and Values.

Individuals shall treat all persons with respect and shall not discriminate or harass in any manner any person on the basis of race, color, religion, sex, sexual orientation, gender and/or gender identity expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability, reproductive health decision making, or source of payment with respect to patients.

Crouse Medical Practice recruits, hires, trains, promotes, assigns, transfers, lays off/recalls and terminates all members of its workforce based on the individual's ability, achievement, experience, and conduct without regard to race, color, religion, sex, sexual orientation, gender and/or gender identity expression, marital or parental status, national origin, ethnicity, citizenship status, veteran or military status, age, disability, reproductive health decision making, or any other classification protected by law. All allegations of discrimination and/or harassment shall be promptly investigated in accordance with human resources, corporate compliance or other applicable policies and procedures.

5. Compliance with Federal, State, and Local Laws and Regulations

Crouse Medical Practice strives to ensure that all activity by or on its behalf complies with applicable laws and regulations. To foster this compliance, all [affected individuals](#) should familiarize themselves with the laws and regulations relating to the employee's position. Employees who have management or supervisory positions should also seek out professional development opportunities that will help them carryout responsibilities.

Affected individuals who are licensed professionals should become familiar with the legal requirements associated with their licenses and should have an understanding of what actions constitute professional misconduct and should avoid such actions. The New York State Education Department provides detailed information on professional licensure requirements as well as information on professional misconduct:

<https://www.op.nysed.gov/prof/>

The Compliance Department will develop educational programs to help affected individuals understand such applicable laws and regulations. If at any time, an employee has questions regarding a law, regulation or related Crouse Medical Practice Policy, the Compliance Officer can serve as a resource.

6. Health Care Fraud and Abuse Prevention

One of the primary goals of Crouse Medical Practice's Compliance Program is to prevent and detect fraud, waste, and abuse. Health care decision-making must be based upon the patient's medical needs, and must not be based upon financial benefits to Crouse Medical Practice, affected individuals (including medical staff), or that of any other entity or individual. Crouse Medical Practice is committed to this principle.

Crouse Medical Practice and its affected individuals may not give, receive, offer or ask for anything of value in exchange for referring patients, products, or services (“Anti-Kickback”). This includes accepting anything of value for purchasing, leasing, ordering, arranging for, or recommending a particular product or service.

Crouse Medical Practice shall ensure that its relationships with physicians satisfy the rules concerning the prohibition against physician self-referral (both the Federal Stark Law and applicable state law).

CMP employees and affected individuals must not submit false or fraudulent or misleading claims to any payer, including Medicare, Medicaid, or other government or commercial third party payers. Such prohibited claims include claims for services not rendered, claims which characterize the service differently than the service actually rendered, or claims which do not comply with payer requirements. Furthermore, no one may make false representations to any person or entity for purposes of participation in a health care benefits program or to get a claim paid. CMP shall report, repay, and address the system/process issues in regards to overpayments submitted to these programs. Federal Law requires all identified overpayments from Medicare or Medicaid to be reported and returned within 60 days of identification.

All affected individuals must report suspected or actual fraud and/or abuse activities by calling the Compliance Officer at (315) 470-2368, or by submitting the Compliance Reporting Form on the Crouse Medical Practice website. Reports can also be made anonymously using the Compliance Hotline (315) 479-5070, ext. 66107. See the “Responsibility for Reporting” Section of this Code of Conduct for more details. Crouse Medical Practice does not retaliate against anyone who reports in good faith suspected or actual fraud and abuse or other concerns.

7. Coding and Reimbursement

Crouse Medical Practice promotes full compliance with all relevant billing and claims reimbursement requirements.

All persons who are involved in any aspect of CMP’s coding, billing and claims submission processes must be appropriately trained, credentialed, and prepared for their responsibilities, including without limitation appropriate training with respect to the requirements of the Medicare and Medicaid programs. All CMP staff are expected to monitor compliance with applicable billing rules, to the extent they are able, and must report any false, inaccurate or questionable claims to a supervisor or to the Compliance Officer immediately.

CMP only bills for services actually rendered as reflected in the medical documentation. All clinical staff are required to document health care services in an accurate, organized, legible and timely manner and in accordance with applicable billing rules and CMP policies.

8. Accurate and Truthful Documentation

[Affected individuals](#) who are responsible for documenting in patient records, financial records, or other Crouse Medical Practice business records must perform their duties accurately, truthfully, completely and in a timely manner. All patient records, financial and accounting reports, research reports, expense accounts, time sheets and any other documentation must accurately and clearly represent the relevant facts and the true nature of a transaction. No one may alter or falsify information on any CMP record or document. Anyone who suspects inaccurate documentation and/or record keeping must notify their supervisor and/or the Compliance Officer, or Compliance Hotline.

All records, both medical and business, shall be retained and disposed of in accordance with applicable law and CMP’s specific record retention policies.

9. Record Retention and Destruction

All affected individuals must protect the integrity of CMP's documents and records to ensure that records are maintained in accordance with regulatory and legal requirements, and for the required length of time. All records, both medical and business, shall be retained and disposed of in accordance with applicable law and CMP's specific record retention policies. Records and documents, which include both written and computer-based information, such as e-mail or computer files on disk or tape, shall be retained and destroyed in accordance with CMP policy and procedures.

10. Confidentiality

Crouse Medical Practice has in its possession a broad variety of confidential, sensitive and proprietary information, which if inappropriately released, could be harmful to individuals, our business partners and to Crouse Medical Practice itself. Therefore, Employees should always safeguard confidential information concerning patients, employees, and business matters in accordance with Crouse Medical Practice's policies and procedures and relevant state and federal law. Each affected individual must always respect and maintain the privacy of confidential information, even after they are no longer affiliated with Crouse Medical Practice.

Affected Individuals should become familiar with their department's specific policies and procedures in addition to organization-wide policies, such as the Notice of Privacy Practices as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Employees must also treat as confidential, salary, benefits, and other personal information pertaining to Employees. Personnel files, payroll information, disciplinary matters and similar information will be maintained in a confidential manner.

In addition to safeguarding patient and personnel information, [affected individuals](#) must also protect Crouse Medical Practice's proprietary information. This means that no one should disclose CMP's confidential business information, such as contractual arrangements, strategic plans, future marketing efforts, and financial information.

Generally, an affected individual should only access and use the information necessary to perform their work-related responsibilities and should only disclose information as authorized to others having an official need to know. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, individuals should seek guidance from their supervisor, manager, or director. Supervisors in turn should seek guidance from an appropriate Crouse Medical Practice administrator or the Compliance Officer.

Crouse Medical Practice will protect the confidentiality of patient information. Protected Health Information, or PHI, includes information such as: names, addresses, medical diagnoses, social security numbers, etc.

HIPAA also requires adherence to the minimum necessary standard for use and disclosure of patient information. Below are some examples of inappropriate disclosure:

- Access another employees medical records unless it is for treatment, payment, or operations
- Discussing patient information in public areas (e.g. elevator, cafeteria) where it can be overheard by others not involved in their care
- Sharing information about a patient which your family members or friends
- Reviewing your own medical records without following the proper procedure

11. Conflict of Interest

A conflict of interest may occur if an employee's outside activities or personal financial interests influence or appear to influence the employee's ability to make objective decisions in the course of the employee carrying out their Crouse Medical Practice responsibilities and obligations. Employees should always avoid such conflicts of interest.

An employee should never use their position to profit personally or to assist others in profiting at the expense of Crouse Medical Practice.

Crouse Medical Practice requires certain employees to disclose financial interests that they or their immediate family member may have that would interfere or affect their responsibilities for or on behalf of Crouse Medical Practice. Refer to Crouse Medical Practice's Conflict of Interest Policy for more details concerning conflicts.

12. Provider/Hospital Business Relationships and Referrals

Any business relationship or arrangement between CMP and a physician, physician entity or other healthcare provider must be structured to ensure compliance with all legal requirements, including, but not limited to, the fraud and abuse laws and regulations, and to avoid jeopardizing CMP's tax-exempt status. Such relationships and arrangements must be documented in writing, signed by the parties and subject to review and approval by CMP's outside counsel.

CMP does not pay for patient referrals. CMP's acceptance of patient referrals is based on the medical needs of the patient and its ability to provide needed services. All CMP Directors, officers and employees are prohibited from paying or offering to pay, directly or indirectly, for referral of patients. In addition, CMP will not accept payments for the referrals it makes to a provider, nor take into account the volume or value of referrals that the provider has or may make to CMP. No CMP Director, officer or employee shall accept or solicit any payment or item of value, directly or indirectly, for referrals of patients to CMP.

13. Protection of Crouse Medical Practice Assets

Employees must strive to preserve Crouse Medical Practice's assets, including equipment, materials, supplies, time and information, and to protect assets from loss, damage, theft, misuse, and waste.

Employees must not remove Crouse Medical Practice's equipment, materials and supplies from the premises for personal use and must only use such assets as authorized under CMP policy.

Employees whose responsibilities include the management of departmental funds shall maintain internal controls and record keeping and shall exercise appropriate oversight. Any use of Crouse Medical Practice's resources for personal financial gain unrelated to CMP business is not permitted.

Employee's use of travel expenses must be consistent with the Employee's job responsibility and Crouse Medical Practice's needs and resources. Employees are expected to exercise reasonable judgment in incurring travel expenses and shall provide sufficient documentation for purposes of reimbursement.

As mentioned, time is also an asset. Employees shall report time and attendance accurately and shall use their work time productively.

14. Gifts and Gratuities

Gifts that influence decision-making by or on behalf of Crouse Medical Practice are not permitted. [Affected individuals](#) are prohibited from *soliciting* tips, personal gratuities or any gifts from patients or their family members and from accepting any monetary tips or gratuities. Individuals may accept (if offered), occasional gifts

of appreciation of no more than a nominal value from patients/families such as flowers, food or candy. Monetary gifts of any value may not be accepted. If a patient or another individual wishes to present a monetary gift, they should be referred to the appropriate Director or Hospital Foundation.

Employees may not accept or solicit from CMP's business associates or vendors, individually or on behalf of Crouse Medical Practice, gifts, favors, services, entertainment or other things of value to the extent that decision-making or actions affecting CMP might be influenced. Similarly, the offer or giving of money, services or other things of value with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, customer, government official or other person is absolutely prohibited. Individuals must report any such conduct to their supervisor and/or the Compliance Officer.

15. Tax Exempt Status

Crouse Medical Practice is a tax exempt organization and has certain legal and ethical responsibilities. Importantly, CMP is obligated to engage in activities that support its charitable purposes and to ensure that its resources are used in a manner that furthers the public good rather than the private or personal interests of any individual. As a result, Crouse Medical Practice and its employees will only enter into compensation arrangements that reflect fair market value for the service or item. In addition, Crouse Medical Practice will accurately report tax payments and will file all tax information and returns in a lawful manner.

16. Political/ Lobbying Activity

Participation by Crouse Medical Practice in a political campaign or lobbying could jeopardize CMP's tax-exempt status. Therefore, employees may not use CMP's funds, time, equipment or other assets to campaign for or against any political candidate, or to engage in a lobbying activity. This includes contributing t-shirts, hats or any other tangible item that includes the CMP logo.

Employees may participate in or contribute to, a political/lobbying activity of their choosing as a private citizen, but not as a Crouse Medical Practice representative.

Crouse Medical Practice, where its experience may be helpful, may publically offer recommendations concerning legislation or regulations being considered. In addition, Crouse Medical Practice may analyze and take public positions on issues that have a relationship to the operations of the organization when our experience contributes to the understanding of such issues.

Crouse Medical Practice has many contacts and dealings with governmental agencies and officials. CMP and its employees shall conduct all such contacts and transactions in an honest and ethical manner. No one shall attempt to influence the decision-making process of government agencies or officials by an improper offer of any benefit. Employees should immediately report any suspected or actual improper requests or demands by a government agency or official to the Compliance Officer.

17. Fair Competition

Crouse Medical Practice strives to ensure that all activity by or on its behalf complies with laws governing fair competition (these laws are also known as "antitrust laws"). These laws prohibit certain activity that could give an organization an unfair business advantage over a competitor. Examples of prohibited unfair competition activities include: agreements to fix prices, bid rigging, collusion with competitors, boycotts, certain exclusive dealing and price discrimination agreements, unfair trade practices, including bribery, misappropriation of trade secrets, deception, intimidation and similar unfair practices. Employees must not engage in prohibited unfair

competition activities and must seek advice from the Compliance Officer when confronted with business decisions which might violate these laws.

18. Marketing

Crouse Medical Practice may use marketing and advertising activities to educate the public, provide information to the community and increase awareness of CMP's services. CMP will present only truthful, fully informative and non-deceptive information in these materials and announcements.

19. Social Media

Protecting the privacy and confidentiality of patient, employee and confidential business information is fundamental to our mission as a leading healthcare provider. Posting any patient or proprietary information on social media/networking sites such as Facebook, Twitter, Instagram or YouTube is prohibited. Authorized personnel at Crouse Medical Practice (i.e. Communications and Human Resources) may use social media in the course of their duties for approved, business-related purposes. Employees should refer to CMP's Social Media policy for more information.

20. Prescription Drugs and Controlled Substances

Crouse Medical Practice is committed to the safe and legal handling of all drugs and controlled substances. Employees having responsibility for, or access to, prescription drugs, controlled substances, over-the-counter drugs, or any street-valued medical supply (hypodermic needles for example) shall maintain the highest possible professional and ethical standards with regards to such drugs and supplies. Employees should become familiar with the laws, internal policies, and patient care standards that govern their work with these substances and supplies. Drugs must only be provided upon an order of a licensed provider who is authorized by New York State to write prescriptions. Employees shall take care to keep drugs secured at all times and not available to individuals who do not have a prescription. Employees must follow CMP policy and procedures for handling outdated or unused drugs. Employees must immediately report any known or suspected inappropriate distribution or diversion of drugs or supplies, or theft/loss of prescriptions, to their supervisor or the Compliance Officer.

The New York State Bureau of Narcotic Enforcement provides many references for providers concerning drug diversion and other controlled substances issues on its website:

<http://www.health.state.ny.us/professionals/narcotic/practitioners/>

21. Environmental Health and Safety

Crouse Medical Practice is committed to providing a workplace that is safe, healthy, smoke-free and in compliance with all applicable rules and regulation. CMP shall manage and operate its business in a manner that respects our environment and conserves natural resources. Employees shall comply with CMP's safety and health policies to help ensure that patients, visitors, the workforce and others are protected from unnecessary risks and unsafe conditions.

For example, Employees shall dispose of all waste in accordance with applicable laws and regulations and shall strive to utilize resources appropriately and efficiently, including recycling where possible. Employees shall immediately report suspected violations of an environmental or occupational health and safety law and shall

work cooperatively with the appropriate authorities to remedy any environmental contamination that may occur in the workplace. If a workplace injury occurs or a potential danger for injury is discovered, employees must immediately contact their supervisor so corrective action can be taken to resolve the issue in a timely manner.

22. Scientific and Clinical Research

CMP is firmly committed to adhering to the basic ethical principles underlying the acceptable conduct of research involving human subjects, as set forth in The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. These three principles, respect for persons, beneficence, and justice are particularly relevant to the protection of human subjects in biomedical and behavioral research, and are the accepted requirements for the ethical conduct of such research.

- **Respect for persons** involves recognition of the personal dignity and autonomy (self-rule) of individuals, and special protection of those persons with diminished autonomy.
- **Beneficence** entails an obligation to protect persons from harm by maximizing anticipated results and minimizing possible risks of harm.
- **Justice** requires that the benefits and burdens of research be distributed fairly.

Employees who are involved in proposing and/or conducting research activities will ensure that their work is conducted with the highest ethical standards in accordance with federal, New York state and local laws and regulations, and applicable Crouse Health policy and procedures, including those from the Hospital's Institutional Review Board ("IRB"). Employees must always document accurately, truthfully and completely and must never make up and/or falsify research data or results. Employees who have concerns or questions regarding a research activity should contact their supervisor, the Corporate Compliance Officer or the Hospital's IRB Administrator at 315-470-5917.

23. Government Investigations, Accreditations and Surveys

Crouse Medical Practice and [affected individuals](#) shall cooperate fully and promptly with appropriate government investigations into potential violations of the law and to the efforts of accreditation, enforcement and surveying agencies. Governmental and/or agency inquiries or requests should be promptly referred to the Corporate Compliance Officer or President.

Crouse Medical Practice promptly and thoroughly investigates reports of suspected illegal activities or violations of the Compliance Program or this Code of Conduct. Employees must cooperate with such investigations and may not take actions to prevent, hinder or delay a full investigation. For example, individuals must never alter or destroy records or documents requested in the course of an investigation, nor shall they make a false or misleading statement on such documents or to an investigator. Also, individuals must never pressure any person to provide false information to, or to hide information from, an investigator.

24. Responsibility for Reporting

Corporate Compliance is everyone's responsibility. Therefore, all affected individuals are required to report their good faith or reasonable belief of any suspected or actual violation of the Code of Conduct, the Corporate Compliance Program, CMP policies, or applicable law. Sometimes it is unclear whether a particular activity or situation may be a violation of the Code or the Compliance Program. When this happens, Employees should

contact their supervisors or the Compliance Officer. If at any point it is a conflict to report a concern to the supervisor (example: the supervisor is involved in the alleged misconduct), then the employee is required to report the concern to a higher level of management and/or the Compliance Officer/Compliance Hotline.

Reports of suspected or actual violations can be made in a number of ways as described below:

- Orally or in writing to the Employee's director/supervisor;
- By calling the Compliance Officer at 315-470-2368;
- By calling the Anonymous Compliance Hotline at 315-479-5070, ext. 66107;
- By mailing a written concern or complaint to the Compliance Officer at 739 Irving Avenue, Suite 340A, Syracuse, NY 13210; and/or
- By completing the Compliance Reporting Form on the CMP website:
<https://crousemed.com/compliance/report/>

Crouse Medical Practice will maintain the confidentiality of the reporter unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by the Medicaid Fraud Control Unit, the Office of Medicaid Inspector General or other law enforcement, or disclosure is required during a legal proceeding. Anonymous reporting is available. However, CMP will be unable to provide feedback if anonymous reports are made. Affected individuals who fail to report suspected or actual violations are themselves violating this Code, our Corporate Compliance Program, and possibly the False Claims Act, and may be subject to discipline, which could result in termination from employment or affiliation CMP.

25. Non-Intimidation/Non-Retaliation

Crouse Medical Practice is committed to fostering a workplace that is conducive to open discussion by affected individuals of its business and clinical practices. To promote an open culture, CMP has adopted a strict non-intimidation/non-retaliation policy to protect affected individuals. Accordingly, there will be no retaliation in the terms and conditions of employment or affiliation as a result of an individual's good faith reporting of a violation or suspected violation. Any manager, supervisor or other individual who commits or condones any form of retaliation will be subject to discipline up to, and possibly including, termination of employment or affiliation with CMP. For more information regarding applicable non-retaliation and whistleblower protection laws, please refer to the [Reporting Compliance Issues and Non-Retaliation Policy](#) Corporate Compliance Policy.

26. Enforcement of the Code of Conduct

[Affected individuals](#) must understand that they will be subject to discipline for violations of the Code of Conduct, up to and including termination of employment or affiliation with Crouse Medical Practice. The specific disciplinary action depends upon the nature and severity of the violation. Crouse Medical Practice imposes sanctions in a consistent manner in accordance with applicable Human Resources policies and procedures.

Examples of violations of the Code which could result in disciplinary action include:

- Participating in activities that violate the Code;
- Encouraging others to violate the Code;
- Failing to report suspected violations of the Code; and
- For employees who are supervisors or managers, failing to detect violations of the Code, if such violation should have been discovered in the reasonable course of the employee's job responsibilities.

I. Definitions

Affected Individuals: All persons who are affected by the required provider's risk areas including the required provider's employees, the chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

Abuse: Incidents or practices of providers that, while not usually considered fraudulent, are inconsistent with accepted sound medical, business, or fiscal practices.

Centers for Medicare and Medicaid Services (CMS): The US federal agency which administers Medicare, Medicaid, and the Children's Health Insurance Program.

Fraud: An intentional deception or misrepresentation made by an individual knowing it to be false, when that deception or misrepresentation could result in some unauthorized benefit.

Medicaid: A national health insurance plan that is state controlled providing coverage for low income individuals and families and commercially uninsured.

Medicare Part B: A voluntary federal health insurance plan which pays for physician and outpatient services for the elderly/retired population, younger people receiving Social Security benefits, and persons who need dialysis or kidney transplants for treatment of end-stage kidney disease.

OIG: US Department of Health and Human Services, Office of Inspector General. The OIG is responsible for the investigation and prosecution of health care fraud. It investigates Federal cases regarding Medicare, Medicaid, and other fraud, and is authorized to impose civil money penalties and program exclusions of fraudulent providers.

OMIG: New York State Office of Medicaid Inspector General. OMIG has been established by statute as an independent entity within the New York State Department of Health to improve and preserve the integrity of the Medicaid program by conducting and coordinating fraud, waste and abuse control activities for all State agencies responsible for services funded by Medicaid. OMIG conducts and supervises all such prevention, detection, audit and investigation efforts and coordinates such activities with other government agencies.

Whistle Blower: Also called a "Relator" – Under federal or state false claims laws, any person with the knowledge of false claims or fraud against the government may bring a lawsuit in his or her own name and in the name of the government.

II. Federal and New York State Health Care Fraud and Abuse Laws

Both the federal and New York state governments fund health care programs that provide medical and mental health care benefits to qualified patients. Examples of such government health care programs include, but are not limited to, Medicare and Medicaid. To avoid waste, fraud and abuse in Medicare, Medicaid and other

programs, there are Federal and State laws designed to deter fraud and abuse, some of which are described below.

a. Federal False Claims Act, 31 USC §§ 3729 -3733

This law applies to any person (or entity) who:

- i. Knowingly presents, or causes to be presented, to the United States Government, a false or fraudulent claim for payment or approval;
- ii. Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;
- iii. Conspires to defraud the Government by getting a false or fraudulent claim allowed or paid;
- iv. Has possession, custody, or control of property or money used, or to be used, by the Government and, intending to defraud the Government or willfully to conceal the property, delivers, or causes to be delivered, less property than the amount for which the person receives a certificate or receipt;
- v. Authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;
- vi. Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge the property; or
- vii. Knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government;
- viii. Any person who engages in any of the above conduct may have violated the False Claims Act and may be liable for civil monetary penalties as well as up to three times the amount of damages, depending on the circumstances surrounding the false claim(s).

b. Program Fraud Civil Remedies Act, 31 USC §§ 3801-3812 (PFCRA)

PFCRA provides for administrative remedies against any person who knowingly makes a claim or statement that the person knows or has reason to know is false, fictitious or fraudulent. The presence of a false claim is not required: a false statement is enough to trigger remedies under PFCRA.

c. New York State False Claims Act, New York State Finance Law, Article 13

The New York State false claims act is very similar to the Federal False Claims Act. It prohibits the filing of a false claim which means that a person:

- i. Knowingly presents, or causes to be presented, to any employee, office or agent of the state or a local government, a false or fraudulent claim for payment or approval;
- ii. Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the state or a local government;
- iii. Conspires to defraud the state or a local government by getting a false or fraudulent claim allowed or paid;

- iv. Has possession, custody, or control of property or money used, or to be used, by the State or a local government and, intending to defraud the state or a local government or willfully to conceal the property or money, delivers, or causes to be delivered, less property or money than the amount for which the person receives a certificate or receipt;
- v. Is authorized to make or deliver a document certifying receipt of property used or to be used by the state or a local government and, intending to defraud the state or a local government, makes or delivers the receipt without completely knowing that the information on the receipt is true;
- vi. Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the state or a local government knowing that the officer or employee lawfully may not sell or pledge the property; or vii. Knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the state or a local government.
- viii. A person who does any of the above acts will be liable for a civil penalty of between \$6,000.00 and \$12,000.00 plus three times the amount of damages sustained by the state or local government. The amount of damages may be reduced if the violator self discloses the violation.

d. New York State Finance Law § 191

Any current or former employee, contractor, or agent of any private or public employer who is discharged, demoted, suspended, threatened, harassed or in any other manner discriminated against in the terms and conditions of employment, or otherwise harmed or penalized by an employer, or a prospective employer, because of lawful acts done by the employee, contractor, agent, or associated others in furtherance of an action brought under this article or other efforts to stop one or more violations of this article, shall be entitled to all relief necessary to make the employee, contractor or agent whole. Such relief shall include but not be limited to:

- i. an injunction to restrain continued discrimination;
- ii. hiring, contracting or reinstatement to the position such person would have had but for the discrimination or to an equivalent position;
- iii. reinstatement of full fringe benefits and seniority rights;
- iv. payment of two times back pay, plus interest; and
- v. compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.

For purposes of this section, a “lawful act” shall include, but not be limited to, obtaining or transmitting to the state, a local government, a qui tam plaintiff, or private counsel solely employed to investigate, potentially file, or file a cause of action under this article, documents, data, correspondence, electronic mail, or any other information, even though such act may violate a contract, employment term, or duty owed to the employer or contractor, so long as the possession and transmission of such documents are for the sole purpose of furthering efforts to stop one or more violations of this article. Nothing in this subdivision shall be interpreted to prevent any law enforcement authority from bringing a civil or criminal action against any person for violating any provision of law. An employee, contractor or agent described above in subdivision one of this section may bring an action in the appropriate supreme court for the relief provided in this section.

e. Qui Tam Lawsuits

The Federal False Claims Act and the New York State False Claims Act also provide for *qui tam* lawsuits through which any person (the “qui tam relator”) may bring a civil action for himself or herself and on behalf of the US Government for any violation of the False Claims Act. If the qui tam relator ultimately wins the lawsuit or if there

is a settlement of the lawsuit, he or she may share in a portion of any money recovered with the government and receive reimbursement for reasonable expenses, reasonable attorneys' fees and costs. Please note recovery by the qui tam relator is uncertain and dependent upon the facts and circumstances of the case.

f. Civil Monetary Penalties Law (42 U.S.C. 1320a-7a)

Authorizes penalties and assessments on individuals and entities that submit false or fraudulent claims, or engage in other types of specified misconduct. False Claims Act: Imposes liability on any person who submits a claim or causes a claim to be submitted to the federal government that he or she knows (or should know) is false.

g. Federal Anti-Kickback Statute ("Anti-Kickback Statute"), 42 U.S.C. § 1320a-7b(b)

- i. The federal Anti-Kickback Statute is a criminal statute that prohibits the exchange (or offer to exchange), of anything of value, in an effort to induce (or reward) the referral of federal health care program business (Medicare or Medicaid).
- ii. Criminal penalties and administrative sanctions for violating the Anti-Kickback Statute include fines, jail terms, and exclusion from participation in the Federal health care programs. Safe harbors protect certain payment and business practices that could otherwise implicate the Anti-Kickback Statute from criminal and civil prosecution. To be protected by a safe harbor, an arrangement must fit squarely in the safe harbor and satisfy all of its requirements. Some safe harbors address personal services and rental agreements, investments in ambulatory surgical centers, and payments to bona fide employees.

h. Physician Self-Referral Law ("Stark Law"), 42 U.S.C. § 1395nn

- i. The Physician Self-Referral Law (Stark Law) prohibits physicians from referring patients to receive designated health services (DHS) payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies. It also prohibits entities from presenting or causing to be presented claims to Medicare or Medicaid for those referred services.
- ii. Criminal penalties include fines up to \$25,000 per violation and up to 5 years in prison per violation. Civil penalties include False Claims Act liability, civil monetary penalties and program exclusion.

i. Non-Retaliation Policy

The False Claims Act forbids retaliation by an employer against an employee who cooperates with investigators regarding potential False Claims Act violations or who commences qui tam actions in good faith. In accordance with such laws and its Corporate Compliance Program, The Practice fully complies with all applicable "whistle-blower" protections. ii. The False Claims Act specifically provides that any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employer or others in furtherance of an action under the False Claims Act, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under the False Claims Act, shall be entitled to all relief necessary to make the employee whole. Such relief may include reinstatement with the same seniority status the employee would have enjoyed but for the discrimination; two times the amount of back pay; interest on back pay; and compensation for any special damages sustained as a result of the discrimination,

including litigation costs and reasonable attorneys' fees. The New York State False Claims Act has similar non-retaliation protections.

j. New York State Social Services Law § 145-b: False Statements

- i. Under New York Social Services Law § 145-b, it is unlawful for any person, firm or corporation to knowingly by means of a false statement or representation (defined below), or by deliberate concealment of any material fact, or other fraudulent scheme or device, on behalf of himself/herself or others, to attempt to obtain or to obtain payment from public funds for services or supplies furnished or purportedly furnished under the Social Services Law, including Medicaid.
- ii. "Statement or representation" includes, but is not limited to: a claim for payment made to the state, a political subdivision of the state, or an entity performing services under contract to the state or a political subdivision of the state; an acknowledgment, certification, claim, ratification or report of data which serves as the basis for a claim or a rate of payment, financial information whether in a cost report or otherwise, health care services available or rendered, and the qualifications of a person that is or has rendered health care services.
- iii. For the violations described in section i above, the government may recover civil damages (plus interest) equal to three times the amount of the false claim or in the case of non-monetary false statements, three times the amount of actual damages or five thousand dollars, whichever is greater.

k. DOH Penalties

The Department of Health may require the payment of a monetary penalty by any person who fails to comply with the standards of Medicaid or of generally accepted medical practice in a substantial number of cases or grossly and flagrantly violated such standards and receives, or causes to be received by another person, Medicaid payment when such person knew, or had reason to know, that:

- i. the payment involved the providing or ordering of care, services or supplies that were medically improper, unnecessary or in excess of the documented medical needs of the person to whom they were furnished;
- ii. the care, services or supplies were not provided as claimed;
- iii. the person who ordered or prescribed care, services or supplies which was medically improper, unnecessary or in excess of the documented medical need of the person to whom they were furnished was suspended or excluded from Medicaid at the time the care, services or supplies were furnished;
- iv. the services or supplies for which payment was received were not, in fact, provided; or
- v. an overpayment was retained after the deadline for reporting and returning the overpayment after the date on which the overpayment was identified; or
- vi. an effective compliance program failed to be adopted and implemented.

l. New York State Social Services Law § 145-c: Sanctions

It is a violation of the law for any person to apply for or receive public assistance, including Medicaid, by intentionally making (or intending to make) a false or misleading statement. Social Services Law §145-c sets forth certain sanctions which may be imposed against a person for such illegal actions.

m. Social Services Law § 145: Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

n. New York Social Services Law § 366-b

Any person who obtains or attempts to obtain, for himself or others, Medicaid benefits by false means is guilty of a Class A misdemeanor. In addition, any person who, with the intent to defraud, presents for payment any false or fraudulent claim, knowingly gives false information to obtain more money than he is legally entitled to, or knowingly gives false information in order to obtain authorization to provide items or services is guilty of a Class A misdemeanor.

o. New York Penal Law Article 155, Larceny

A person steals property and commits larceny when, with the intent to deprive another of his property, wrongfully takes, obtains, or withholds such property by means of trick, embezzlement, false pretense or fraud. There are four levels of offenses, depending on the value of the property involved.

p. New York Penal Law Article 175, False Written Statements

The crimes under Article 175, involve false written statements, including for example, filing false information, the falsification of business records and tampering with public records.

q. Insurance Fraud Under Article 176 of the New York Penal Law

Under Penal Law § 176.05, a fraudulent health care insurance act is committed by any person who, knowingly and with intent to defraud, presents (or causes to be presented) to an insurer, including Medicaid, a claim for health benefits which such person knows to contain materially false or misleading information. There are six levels of offenses, generally depending on the value of the false claim. A person is guilty of aggravated insurance fraud when he commits a fraudulent insurance act, and has been previously convicted within the preceding five years of any offense also involving a fraudulent insurance act.

r. Health Care Fraud Under Article 177 of the New York Penal Law

- i. Penal Law Article 177 also involves offenses of health care fraud. Under Article 177, a person is guilty of health care fraud when, with the intent to defraud a health plan (including Medicaid), he or she knowingly and willfully provides materially false information or omits material information for the purpose of requesting payment from a health plan for items or services and, as a result of such information or omission, payment is received for which he/she or another person is not entitled. There are five levels of offenses, depending on the value of the fraudulent claims.
- ii. It is a defense for crimes under Article 177 that the defendant was a clerk, bookkeeper or other employee (other than an employee charged with active management and control, in an executive capacity, of the affairs of the corporation) who, without personal benefit, merely executed the orders of his or her employer/supervisor.

s. Insurance Frauds Prevention

Section 403 of the New York Insurance Law prohibits an individual, firm, association or corporation from committing a fraudulent insurance act as defined in Penal Law § 176.05. Violators may be subject to both criminal liability and money penalties.

t. **31 U.S. Code § 3730 (h). Relief from Retaliatory Actions**

Any employee, contractor, or agent shall be entitled to all relief necessary to make that employee, contractor, or agent whole, if that employee, contractor, or agent is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, agent or associated others in furtherance of an action under this section (31 U.S.

Code § 3730) or other efforts to stop 1 or more violations of this subchapter (Subchapter III. CLAIMS AGAINST THE UNITED STATES GOVERNMENT).

Relief shall include reinstatement with the same seniority status that employee, contractor, or agent would have had but for the discrimination, 2 times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An action under this subsection may be brought in the appropriate district court of the United States for the relief provided in this subsection. A civil action under this subsection may not be brought more than 3 years after the date when the retaliation occurred.

u. **Employee Whistleblower Protection Rights/Non-Retaliation**

- i. **Crouse Medical Practice's Non-Retaliation Policy.** The False Claims Act forbids retaliation by an employer against an employee who cooperates with investigators regarding potential False Claims Act violations or who commences qui tam actions in good faith. In accordance with such laws and its Corporate Compliance Program, the Practice fully complies with all applicable "whistle-blower" protections
- ii. **Specific False Claims Act Protection.** The False Claims Act specifically provides that any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employer or others in furtherance of an action under the False Claims Act, including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under the False Claims Act, shall be entitled to all relief necessary to make the employee whole. Such relief may include reinstatement with the same seniority status the employee would have enjoyed but for the discrimination; two times the amount of back pay; interest on back pay; and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees.
- iii. **New York Labor Laws Prohibiting Retaliatory Actions.** Two Laws prohibiting employer retaliation against employees are addressed below. The first is Labor Law § 740 and applies to employers in general. The second is Labor Law § 741, and is specific to health care providers.
 - a. **Labor Law § 740.** This law prohibits retaliatory action by an employer against an employee who discloses or who threatens to disclose, to a supervisor or to a public body, an activity, policy or practice of the employer that the employee reasonably believes to be in violation of law, rule or regulation or that the employee reasonably believes poses a substantial and specific danger to the public health or safety.

"Employee" means an individual who performs services for and under the control and direction of an employer for wages or other remuneration, including former employees, or natural persons employed as independent contractors to carry out work in furtherance of an employer's business enterprise who are not themselves employers.

1. The protection against retaliatory action provided above pertaining to disclosure to a public body only applies where the employee has first made a good faith effort to notify his or her employer by bringing the activity, policy or practice believed to be in violation of law, rule or regulation to the attention of a supervisor of the employer and has afforded such employer a reasonable opportunity to correct such activity, policy or practice. Such employer notification shall not be required where:
 - a. there is an imminent and serious danger to the public health or safety;
 - b. the employee reasonably believes that reporting to the supervisor would result in a destruction of evidence or other concealment of the activity, policy or practice;
 - c. such activity, policy or practice could reasonably be expected to lead to endangering the welfare of a minor;
 - d. the employee reasonably believes that reporting to the supervisor would result in physical harm to the employee or any other person; or (e) the employee reasonably believes that the supervisor is already aware of the activity, policy or practice and will not correct such activity, policy or practice.
2. Labor Law § 740 also prohibits an employer from taking retaliatory action against an employee who provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such activity, policy or practices by such employer. In addition, an employer may not take retaliatory action against an employee who objects to, or refuses to participate in any such activity, policy or practice.
3. For purposes of Labor Law §740, "retaliatory action" means an adverse action taken by an employer or his or her agent to discharge, threaten, penalize, or in any other manner discriminate against any employee or former employee exercising his or her rights under this section, including (i) adverse employment actions or threats to take such adverse employment actions against an employee in the terms of conditions of employment including but not limited to discharge, suspension, or demotion; (ii) actions or threats to take such actions that would adversely impact a former employee's current or future employment; or (iii) threatening to contact or contacting United States immigration authorities or otherwise reporting or threatening to report an employee's suspected citizenship or immigration status or the suspected citizenship or immigration status of an employee's family or household member, as defined in subdivision two of section four hundred fifty nine-a of the social services law, to a federal, state, or local agency.
4. An employee who has been the subject of a retaliatory action in violation of Labor Law § 740 may commence a civil court action within two years after the alleged retaliatory action was taken. The court may order relief as follows:
 - a. an injunction to restrain the employer's continued violation;
 - b. the reinstatement of the employee to the same position held before the retaliatory action, or to an equivalent position, or front pay in lieu thereof;
 - c. the reinstatement of full fringe benefits and seniority rights;
 - d. compensation for lost wages, benefits, and other remuneration;
 - e. payment by the employer of reasonable costs, disbursements, and attorney's fees;
 - f. a civil penalty of an amount not to exceed ten thousand dollars; and/or

Part IV Commitment to Compliance

By signing below, I acknowledge and agree to the following:

- I have received a copy of the Crouse Medical Practice's Compliance Handbook (includes the Compliance Plan and Code of Conduct).
- I understand that I have an obligation to read it and understand it, and I agree to abide by its principles.
- I further agree to conduct myself in an ethical, legal and responsible manner at all times.
- I also agree to keep this booklet for future reference.
- I understand that I am expected to promptly report any issues, concerns, violations, or suspected violations to my supervisor, other CMP management staff, the Compliance Officer, or the Compliance Hotline.
- I understand that if I have questions or concerns about its content or other CMP policies, I will ask for clarification from my supervisor, the Compliance Officer or a member of the Human Resources Department.

Signature: _____ Date: _____

Printed Name: _____

Please sign and return this form to your Compliance Officer, Human Resources, or to your supervisor as directed. It will be included in your personnel records.