A special message from the GHVHS President & Chief Executive Officer, Scott Batulis and the GHVHS Board Audit & Compliance Committee Chairman, Arthur Kowaloff

The Greater Hudson Valley Health System (GHVHS) is committed to ethical behavior as evidenced by our Mission, Vision, and Values:

**Mission, Vision & Values**

**Mission**

Improve the health of our community by providing exceptional health care.

**Vision**

We are caring professionals driven by standards of excellence who go above and beyond to provide an exceptional patient care experience.

**Values**

- Patients and families first
- Honesty, integrity and transparency in action
- Operational excellence
- Teamwork, collaboration and communication
- Accountability
- An impeccable, healing environment

Everyone is expected to honor our commitment to honesty, integrity, transparency and accountability.

We encourage you to review this GHVHS Code of Conduct & Compliance Program, adhere to the policies, and to speak-up without fear of retaliation, whenever you see a potential problem or an opportunity to improve. A successful Compliance Program requires active participation by everyone. You also can contact the Anonymous Compliance Hotline at (845) 333-HERO (4376).

Thank you for your personal role in carrying out our mission each and every day, and for earning the trust of all who rely on us for an exceptional patient care experience.

Sincerely,

Scott Batulis  
President/CEO

Arthur Kowaloff  
Committee Chairman
# GHVHS Corporate Compliance Plan

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GHVHS "Staff" - hereinafter meaning ORMC, ORMC Foundation, CRMC, CRMC Foundation, GHVHSMG, ORMG, CRMG employees, physicians, volunteers, contractors, vendors, students, residents, DSRIP Affiliates, Board Members, or other persons having patient or PHI contact or doing business with GHVHS.

GHVHS “locations” – hereinafter meaning Orange Regional Medical Center, Catskill Regional Medical Center, Grover M. Herman Hospital, Catskill Regional Skilled Nursing Unit, Catskill Regional Adult Daycare, Livingston Manor, Greater Hudson Valley Medical Group, Orange Regional Medical Group, Orange Regional Medical Pavilion, Catskill Regional Medical Group, Monroe Primary & Urgent Care, Goshen Patient Service Center, Orange Regional Medical Center Family Program for Alcoholism/Chemical Dependency, Outpatient Rehabilitation Center, Ambulatory Surgery Centers, DSRIP related functions, Arden LDC, and all locations where GHVHS conducts business.
GHVHS Code of Conduct

Introduction:
The Greater Hudson Valley Health System (GHVHS) aspires to the highest ethical standards of conduct. This is essential to our mission. The code of conduct is a critical component of our overall Compliance Program, and all staff, physicians, volunteers, vendors and other persons affiliated or doing business with GHVHS are expected to comply.

Principles of Conduct:
The foremost principle guiding GHVHS in all of our activities is to Do the Right Thing. We strive to conduct all of our activities with integrity and honesty and in accordance with applicable laws, regulations, and policies. As part of the GHVHS’s commitment to Corporate Compliance, the Board of Directors has designated a Compliance Committee of the Board, which coordinates Compliance activities through our Compliance Department. Our success depends in large measure on the trust that our patients, government regulators and the public place in us. Our Compliance Program helps to ensure that we are living up to this reputation, and continue to earn that trust.

All personnel (including staff, management, physicians, consultants and other agents) are required to comply with the GHVHS’s Corporate Compliance Program. GHVHS and all of its personnel shall also comply with all Federal and New York State laws, including False Claims laws that apply to GHVHS’s operations. A summary of the federal and state false claims laws, as well as a summary of federal and state whistleblower protection laws, are summarized in the GHVHS’s Policies and Compliance plan. Copies of these documents are available online and upon request from the Compliance Department.

Those acting on behalf of GHVHS have a duty to conduct themselves in a manner that will maintain and strengthen the public’s trust and confidence in the integrity of GHVHS and take no actions incompatible with their obligations to GHVHS. With regard to professional conduct, those acting on behalf of GHVHS should practice:

- Integrity - by maintaining ongoing dedication to honesty and responsibility, and doing “the Right Thing”;
- Stewardship - by exercising custodial responsibility for our intellectual, financial, material, and human resources;
- Compliance - by following federal and state laws and regulations, and Hospital policies and procedures related to their duties and responsibilities;
- Confidentiality - by protecting the integrity and security of the Hospital information such as patient records, employee files, and other confidential information;
- Reporting - any activity reasonably believed to violate federal or state laws or regulations or Hospital policies or procedures.

Reporting Suspected Violations
GHVHS has a non-retaliation policy for personnel who raise compliance concerns or who report known or suspected violations of the Corporate Compliance Program or of federal or state laws. Concerns or reports about suspected violations can be made anonymously. Personnel are also afforded protection by law for reporting known or suspected violations of federal and New York State False Claims laws and regulations. You are required to report any activity reasonably believed to be in violation of law, regulation, or policy to your Supervisor, anyone in Management, the Human Resources staff, the Compliance Officer, or the Anonymous Compliance Hotline Number: **(845)-333-HERO (4376).**
WHAT IS COMPLIANCE?
Both the state and federal governments require us to have a Compliance Program. Aimed at detecting fraud, waste, and abuse, and illegal or unethical practices, the GHVHS Compliance Program allows us to ensure that the care we provide and the payments that we receive, meet all applicable laws, regulations, and policies. To be effective, we need to have “best practice” ways to prevent, detect, and correct concerns in a timely manner. Our Compliance motto is, “We Do the Right Thing.”

Our Program
Our Boards of Directors take Compliance seriously. The GHVHS Board Audit and Compliance Committee oversee the work of the Compliance Committee and the Compliance Department. The Greater Hudson Valley Health System has implemented a strong Compliance Program to ensure that Catskill Regional Medical Center, Orange Regional Medical Center, The Greater Hudson Valley Medical Groups, Skilled Nursing Unit, Adult Day Care, and all other GHVHS affiliated entities are in continuous compliance.

Each year, the OIG and the OMIG release Work Plans, which telegraph their enforcement agendas for the upcoming year. At GHVHS, we analyze these work plans, state and federal enforcement trends, internal risk assessment areas, and draft our own hospital work plan. Our GHVHS work plan is updated throughout the year by the Compliance Work Committee, and its progress is reported to the Audit & Compliance Committee of the Board.

The GHVHS Compliance Program has a number of Policies and Procedures that are discussed throughout this Plan, and are available on the CRMC Medworxx and ORMC Intranet.

WHAT IS THE GHVHS COMPLIANCE PLAN?

New York State law requires that our Compliance Plan be comprised of the following eight elements:
**Element One: Written Policies and Procedures**

GHVHS has implemented various policies and procedures to help educate staff and ensure that we are continuously living the GHVHS mission, vision, and values statement. The Compliance policies are available on the CRMC Medworxx and ORMC Intranet. The following is a summary of those policies:

**Compliance Officer**

This policy provides for the position of Chief Compliance Officer (CO) who serves as the Compliance lead. The CO has a dual report to the President/CEO and the Board of Directors and has the authority to access and review any company or patient data to ensure compliance.

**Hotline Operations**

GHVHS encourages the reporting of compliance concerns without fear of retaliation. Additionally, we have a Compliance Hotline: 333-HERO (4376) so that staff may report an issue anonymously. Reporting compliance issues isn’t optional – it is mandatory.

**Non-Retaliation Policy**

This policy also outlines the GHVHS pledge of non-retaliation for those who report misconduct in good faith. It is our policy to take all necessary steps to refrain from intimidating, threatening, coercing, discriminating against, or taking any other retaliatory action against any staff member or individual for reporting misconduct. An “open-door policy” shall be maintained at all levels of management for employees to report problems and concerns and shall be acted upon in an appropriate manner.

**Auditing, Monitoring & Investigations Policy**

An important component of the Compliance Program is the use of audits and other evaluation techniques to monitor compliance with applicable laws and regulations, as well as assist in the reduction of identified problem areas. When monitoring discloses program deficiencies, appropriate immediate corrective action measures must be implemented. Records of results of ongoing auditing and monitoring are maintained to evidence compliance.

**Co-Payment Waiver-Professional Discount, Medicaid Credit Balances & False Claims Act Policy**

The purpose of this policy is to clarify that all patient balances, after insurance, will be treated equitably; third-party insurance will be billed before Medicare or Medicaid, and to ensure compliance with all federal and state laws, including the False Claims Acts.

**Physician-Clinical Services Contract Management & Joint Venture Policy**

The purpose of this policy is to set guidelines and procedures for drafting Physician contracts and for undertaking joint venture transactions with Physicians in order to ensure compliance with all applicable federal and state laws.

The amounts paid to providers shall be no greater than the FMV for the services provided, shall not be based upon the value or volume of referrals or any referral relationship.
between the parties, and shall be commercially reasonable even if no referrals were made to GHVHS by the provider. All contracts covered by this Policy must accomplish a commercially reasonable business purpose, independent of the value or volume of any referrals between the parties. Pursuant to Joint Commission Standards, contracts should establish performance expectations, and the services provided by the vendor should be evaluated in relation to these expectations by the GHVHS individual responsible for oversight of the contract. All contracts covered by this Policy must be essential to the functioning of GHVHS, and the expertise of the provider(s) engaged must match the duties and responsibilities of the position. The Contract Fact Sheet is a tool used in the Policy to ensure there is agreement among all of the GHVHS stakeholders on the terms and conditions of a physician related contract.

**Employment of Relatives - Anti-Nepotism Policy**

Relatives are defined as follows: Spouse, Domestic Partner, Child (Step and In-Law), Sibling (Half, Step, and In-Law), Parent (Step, In-Law and Adoptive), Grandparent (Step and In-Law), as well as any other dependent or individual residing in your household. No staff member can have direct or indirect decision-making authority, or significant influence over the hiring, work responsibilities, salary, performance evaluations, hours, career progress, benefits or other terms and conditions of employment of a ‘Related’ Party. This specifically includes vendors in contract with or pending contract with GHVHS. Influence may never be used in conjunction with vendors hiring relatives of GHVHS staff. If any staff member, after employment, enters into one of the above relationships, one individual must seek a transfer or a change in the reporting relationship. Such changes must be approved by the Chief Human Resources Officer. Conflict resolution should be sought by from the Compliance Officer For more information, see also the GHVHS Conflicts of Interest Policy.

**Ethical Code of Behavior Policy**

As a charitable healthcare organization, GHVHS has an ethical responsibility to our patients and community. In fulfilling our mission, we embrace the values of: good health; a patient’s right to choose their provider; empowerment of the person to make choices regarding their healthcare; honesty, integrity and commitment to excellence in providing our services; and the power of people working together on a common good to meet community needs and go “above and beyond” achieve excellence. The GHVHS mission/vision/values, strategic plan, Compliance Program, and performance improvement program provide a consistent, ethical framework for our patient care and business practices.
Exit Interview Policy
A properly designed and constructed exit program is useful in maintaining good employee relations. It will also identify situations where it is appropriate to take positive remedial actions to correct deficiencies, reduce turnover, and identify possible compliance related problems, and maintain a productive work environment. Departing staff members will thus be afforded an opportunity to provide information to higher authorities in a position to do something. Departing staff members, regardless of the reason for termination, should be debriefed of their experiences with the organization.

Subpoena Policy
Government agents often use subpoenas in gathering evidence in investigations. A subpoena is an official demand for testimony or the disclosure of documents or other information. We are committed to full compliance with any lawful subpoenas. The legal department should be advised immediately of the delivery or “service” of a subpoena. Employees should not provide documents or information in response to a subpoena without authorization.

Gifts, Gratuities & Business Courtesies Policy
GHVHS staff members are generally discouraged from accepting gifts or bribery of any kind. However, a modest perishable gift such as a floral arrangement, box of cookies, candy or similar food may be accepted and then shared by staff members. Staff members may never solicit or accept other types of gifts for personal use, but instead staff may direct gifts to the Hospital Foundation. Gifts must never be provided, regardless of value, with the purpose of influencing relationships, business outcomes or referral of business. Cash gifts or cash equivalents, such as gift certificates, are prohibited, unless provided by a department of GHVHS to a GHVHS staff member. If you have questions, consult the Compliance Officer.

Sanction Screening Policy
The government does not allow us to do business with sanctioned employees, vendors, or contractors. GHVHS will not employ or engage in business with anyone who is currently under sanction or exclusion by any duly authorized enforcement agency or licensing and disciplining authority. GHVHS performs monthly screening to ensure compliance.
**Conflict of Interest Policy**

We must always exercise our best skill, care and judgment for the benefit of GHVHS and must refrain from being influenced by personal considerations of any kind in the performance of our duties. Failure to adhere to this Policy may be considered a breach of the person’s obligation to GHVHS, and may result in disciplinary action.

GHVHS personnel must examine their own and their immediate family’s activities, and promptly report the existence of any enterprises in which they or their immediate family has an "interest," and which the person knows is engaged, or is reasonably likely to engage, in transactions with GHVHS or any of our entities. A person’s immediate family includes his or her spouse, siblings, children, in-law of any of them, parents, or parents-in-law. A person is deemed to have an “interest” in an enterprise when he or she, or a member of his or her immediate family, has some relationship with the enterprise that could be viewed as possibly compromising the personnel’s loyalty to GHVHS or any of its entities and obligation to make decisions that are only in the GHVHS’s best interest. Such a relationship includes being employed by, having a contractual relationship with, being a member, owner, director, or officer of, or having a financial interest in an enterprise from which GHVHS purchases, leases, negotiates, or otherwise does business with.

Whenever a conflict of interest or even a possible conflict of interest exists, that conflict must be fully disclosed per the Policy, and the personnel involved must refrain from participating in the consideration or determination of the matter. Yearly Conflict of Interest Disclosures are required of all Board Members, and Management. Conflicts can be complicated. Please consult the Compliance Officer for guidance.

**Element Two: Compliance Officer & Compliance Committee**

GHVHS has a Board Audit & Compliance Committee who, along with senior management, is very engaged in the Compliance function. The Compliance Department directly communicates and reports to the Board Audit & Compliance Committee.

GHVHS also has a Compliance Work Committee comprised of approximately 70 talented department managers and/or representatives who meet on a monthly basis to report on their GHVHS Compliance Risk Assessment Work Plan progress. This proactive approach allows GHVHS to prevent, identify, and correct compliance issues in a "best practice" way!

**Element Three: Training and Education**

Compliance training is an integral part of physician credentialing and re-credentialing, Medical Center Orientation, New Leader Orientation, and Annual Education. The Compliance Superhero,
Captain Integrity, provides targeted education during Compliance Week and throughout the year.

GHVHS provides multiple tools for HIPAA Privacy and Compliance that employees can reference to further expand upon their education. Please see the GHVHS Code of Conduct & Compliance Plan, GHVHS HIPAA Privacy and Security Reference Tool, and the GHVHS HIPAA FAQ’s Guide for Employees for further information regarding Compliance and HIPAA policies and expectations.

**Element Four: Reporting Non-Compliance**
Reporting a Compliance concern isn’t optional, it’s **mandatory!** We promote a culture of open communication, free from retaliation.

**Element Five: Good Faith Reporting and Disciplinary Policies**
GHVHS staff members have an affirmative duty to report in good faith any known or suspected violations of applicable law or policy. These reports may be made to management or directly to the Compliance Officer, or confidentially via the Compliance Hotline at 333-HERO (4376).

![Hand in medical glove forming a heart shape](image)

**Element Six: Identify Compliance Risk Areas**
The Compliance Officer, along with the Compliance Work Committee, develops a yearly Compliance Risk Assessment Work Plan to address areas of risk or areas in need of updating. The Work Plan serves as a guide throughout the year, and is updated and discussed monthly at the Compliance Committee meetings. The Compliance Team also uses internal monitoring and analytic auditing systems to identify risk areas. These risks are tracked month to month, analyzed and trended to monitor the identified risk area activity. This work is reported up to the Board Audit and Compliance Committee.

**Element Seven: Identification and Response to Non-Compliance**
The Compliance Team regularly communicates with the Offices of OMIG, OIG, and CMS for updates and alerts, monitors risk assessment trends, reported compliance issues, the results of audit and compliance work plan items, and ensures that all areas of risk and weakness are addressed and appropriate action is taken.
Element Eight: Non-Intimidation and Non-Retaliation

We believe that positive employee relations and morale can be best achieved and maintained in a work environment that promotes ongoing open communication between supervisors and staff. This includes open and candid discussions of staff’s compliance concerns. We encourage staff to express their concerns, and opinions on any issue. We also recognize that one of the requirements of the U.S. Sentencing Commission “Guidelines for Organizations” is that an organization evidences a policy of non-retaliation/non-retribution for employees who report violations of law, regulations, policies, and the Code of Conduct.

An “open-door policy” shall be maintained at all levels of management for employees to report problems and concerns and shall be acted upon in an appropriate manner. If the problem is not satisfactorily resolved, the staff member may proceed up the supervisory chain to higher level. The employee may also come to the Compliance Officer at any time in this process. We also have an anonymous Compliance Hotline 333-HERO (4376) where staff can anonymously report their concerns.

Staff members who, in good faith, report a potential violation of law, regulation, policy, procedure, or the Code of Conduct will not be subjected to retaliation, retribution or harassment. No supervisor, manager or staff member is permitted to engage in retaliation, retribution or any form of harassment against a staff member for reporting a compliance related concern. Any supervisory, manager or employee who conducts or condones retribution, retaliation or harassment in any way may be subject to discipline, up to and including discharge. For more information, see the GHVHS Compliance Officer, GHVHS Hotline Operations and GHVHS Non-Retaliation Policies.
**What are the Applicable Federal and State Laws?**

**Federal Anti-Kickback/Anticorruption Statute**
The Federal Anti-Kickback Statute prohibits offering, paying, soliciting or receiving anything of value to induce or reward referrals or general Federal healthcare program business (42 USC §1320a-7b(b)).

**The False Claims Act**
The False Claims Act states that anyone who “knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval” will be subject to civil fines, as well as criminal charges and fines. This law acts in a very similar way as the Anti-Kickback Statutes. The following are considered to be false claims:

- Services Not Rendered,
- Misrepresenting Services,
- Medically Unnecessary Services,
- Duplicate Billing,
- Split Billing,
- Falsifying Records,
- Billing Based on a Higher Fee Schedule, and
- Medicare Secondary Payer Rule

**Claims Development and Submission**
We have an obligation to our patients, third party payors, and the federal and state governments to exercise diligence, care and integrity when submitting claims for payment for services rendered. To uphold this obligation, we need to maintain honest, fair, and accurate billing practices. All individuals involved in the billing functions need to have appropriate experience and knowledge.

We have billing policies and procedures to provide guidance to billing and coding staff, including job descriptions and the duties and minimum experience and educational requirements for each position in the billing department.

**Medical Necessity: Reasonable and Necessary Services**
While physicians and other appropriately licensed healthcare professionals are able to order any services that are appropriate for the treatment of their patients, Medicare and other government and private healthcare plans will only pay for those services that meet appropriate medical necessity standards (as in the case of Medicare, “reasonable and necessary services”). We will not bill the payor for services that do not meet the applicable standards. If the patient
requests or consents to a service that is not covered by insurance, the patient should be informed the service is not covered prior to the furnishing of such service. The Hospital may then bill the patient directly.

**Record Retention**

All records of the Hospital shall be secured, and maintained in accordance with Medicare, Medicaid, and all federal, state and local regulatory guidelines, and the GHVHS Records Retention and Destruction Policy. Medical records shall be secured against loss, destruction, unauthorized access, unauthorized reproduction, corruption, or damage.

**Financial Accounting Records: Integrity and Accuracy**

All financial reports, accounting records, research reports, expense accounts, time sheets, and other financial documents shall accurately represent the performance of operations. Training is important to assure proper maintenance of information to comply with GHVHS policies, accreditation standards, and any laws, statutes or regulations.

Internal controls are the responsibility of the CFO and Finance staff, and are tested by both our Compliance Auditor, and by KPMG, our external auditing firm. Sources and uses of financial funds are adequately supported and no proof of money laundering exists.

**Cost Reports**

GHVHS strives to ensure full compliance with applicable statutes, regulations and program requirements and private payor plans. We adhere to several principles for accurate reporting. See the GHVHS Cost Report Preparation, Review & Submission policy for more information.

**Bad Debt**

At least once annually GHVHS should review (i) whether it is properly reporting bad debts to Medicare, and (ii) all Medicare bad debt expenses claimed, to ensure that the Hospital’s procedures are in accordance with applicable federal and state statutes, regulations, guidelines and policies. Such review shall also ensure that GHVHS has appropriate and reasonable mechanisms in place regarding beneficiary deductible or co-payment collection efforts and has not claimed as bad debt any routinely waived Medicare co-payments or deductibles.

**Limiting Services to Beneficiaries and Beneficiary Inducements**

Hospitals may be penalized for any arrangement that encourages the reduction or limitation of direct patient care services provided to a federal healthcare program beneficiary. GHVHS will not engage in any practices that result in a lower quality of care to any patients.
**Limited exceptions to the “Beneficiary Inducements” Rule**
- Non-routine, unadvertised waiver of co-payments or deductible amounts or prompt pay discounts (following our Discounts Policy);
- Properly disclosed differentials in a health insurance plan’s co-payments or deductibles;
- Incentives on items or services covered by Medicare or Medicaid that promote the delivery of pre-natal, post-natal or well-baby care;
- A practice that is covered under a Federal Anti-Kickback safe harbor; and
- Waivers of co-payment amounts that exceed the minimum co-payment amounts under the Medicare hospital outpatient fee schedule.

The Compliance Officer should be consulted regarding the availability of an exception.

**Free Transportation**
Free transportation services for beneficiaries are subject to the limits of $10 per item and $50 annually per beneficiary per the OIG. Consult with your Compliance Officer for exceptions.

**Malpractice Subsidies**
Compliance Officer and legal counsel must review and approve all contracts that provide for malpractice subsidies to any physician.

**The Stark Law**
The Ethics in Patient Referrals Act (commonly referred to as The Stark Law) prohibits a physician from referring Medicare and Medicaid patients for designated health services to an entity with which the physician (or immediate family member) has a financial relationship, unless an exception applies. Further, The Stark Law prohibits the designated health services entity from submitting claims to Medicare for those services resulting from prohibited referral (42 USC §1395nn). Our physician arrangements are carefully monitored to ensure we are compliant. Please contact the Compliance Officer if you have any concerns.

**Physician Recruitment**
A physician recruitment arrangement between a hospital and a physician has the potential to violate the Stark Statute. There are legal requirements regarding compensation and record-keeping for payments made in connection with a recruiting arrangement. The Compliance Officer and legal counsel must approve any GHVHS recruitment arrangement.

The GHVHS provides training on identification on potential human trafficking risk through coordination with the NYS safe harbor program.
HIPAA, HITECH, and OMNIBUS
The Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the subsequent HITECH and OMNIBUS enhancements aim to reduce healthcare fraud and abuse, mandate industry-wide standards for healthcare information on electronic billing and other processes, and require the protection and confidential handling of protected health information (PHI). Please see the GHVHS HIPAA Privacy & Security Reference Tool for information regarding these regulations, data privacy, and more.

The New York State Fraud and Abuse Provisions
The New York State Office of the Medicaid Inspector General (OMIG), as well as the New York State Attorney General’s Office and the Medicaid Fraud Control Unit, investigates claims of fraudulent activities and billing or other services. New York has its own laws prohibiting Physician Self-Referrals and Kickbacks. The New York State Health Care Practitioner Referrals Act, similar to the Stark Law, prohibits referrals from practitioners to health care providers for a number of designated services. New York State’s Anti-Kickback laws prohibit the payment of kickbacks or other remuneration as an inducement for patient referrals. New York State also has several laws that prohibit fee-splitting and penalizing the submission of false claims. GHVHS takes these agencies’ oversight seriously, and constantly strives to be a “best practice” leader in Compliance.

Antitrust and Trade Regulation
GHVHS will void all activities that unfairly or illegal reduce or eliminate competition, control prices, allocate markets, or exclude competitors.

Staff members who negotiate or enter into contracts with competitors, potential competitors, contractors, or suppliers shall do so on a competitive basis considering such factors as price, quality and service. This policy is especially important for staff members who have purchasing, planning, or marketing responsibilities. Staff members who attend association or professional association meetings or who otherwise come in contact with competitors should avoid discussions at those meetings regarding pricing or other topics, which could be interpreted as a collusion or cooperation between competitors.

The GHVHS makes effort to work with vendors to ensure no human trafficking or slavery in work force exists.

Any staff member who suspects that a violation of the anti-trust and trade regulation laws has occurred shall disclose that information to the CO.

Emergency Medical Treatment and Labor Act - EMTALA
We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency medical screening examination and necessary stabilization to all persons who present themselves for emergency care, regardless of ability to pay or any other discriminatory
factor utilizing the full capabilities of the Hospital’s staff, including on-call specialists. See our EMTALA policies for further details.

**GHVHS Compliance Program Summary**

Our Compliance Program demonstrates our firm commitment to the highest standards of ethics and compliance.

We all work together to, “Do the Right Thing.”
GHVHS COMPLIANCE RESOURCES

Corporate Compliance Office:

Stephen J. Sugrue.......................................................... ssugrue@ghvhs.org
Vice President, Compliance, Real Estate & Audit  (845)333-2379

Trish Manna.......................................................... tmanna@ghvhs.org
Director of Compliance, Audit & HIPAA Privacy  (845)333-7188
(845)397-3516

Harriette Muir.......................................................... hmuir@ghvhs.org
Compliance Audit Manager  (845)333-7198

Natasha Mele.......................................................... nmele@ghvhs.org
Executive Assistant  (845)333-2380

Captain Integrity.................................................. Anonymous Hotline · (845) 333-HERO (4376)
Compliance Superhero

HIPAA Privacy Officers:

Trish Manna.......................................................... tmanna@ghvhs.org
Director of Compliance, Audit & HIPAA Privacy  (845)333-7188

ORMC
(845)397-3516

Stephen Sugrue.......................................................... ssugrue@ghvhs.org
Vice President, Compliance, Real Estate & Audit
ORMC  (845)333-2379

HIPAA Security Officer:

Jacqui Budakowski.......................................................... jbudakowski@ghvhs.org
Information Security Officer & Meaningful Use Coordinator
ORMC  (845)333-2509
COMPLIANCE & HIPAA POLICIES AND PROCEDURES

GHVHS Conflict of Interest Policy & Disclosure Forms
GHVHS Compliance Auditing and Monitoring
GHVHS Compliance Investigations
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GHVHS Fax Transmissions
GHVHS HIPAA Violation, Breach Notification & Discipline
GHVHS HIPAA Complaint Filing
GHVHS HIPAA Notice of Privacy Practices
GHVHS HIPAA Privacy & Security Reference Tool
GHVHS HIPAA Reference Guide for Employees
GHVHS HIPAA Privacy
GHVHS HIPAA Security
GHVHS Hotline Operations
GHVHS Fundraising Opt-Out
GHVHS Marketing Opt-Out