

 <p>Alliance FOR BETTER HEALTH</p>	Page 1 of 5	
	EFFECTIVE DATE: MARCH 2015	NUMBER:
	ORIGINATOR: Compliance Officer	
<p>ORGANIZATIONAL POLICY</p> <p>COMPLIANCE PROGRAM</p>	CONCURRENCE:	
	APPROVAL: Governing Board of Managers	

PURPOSE OF POLICY

Alliance for Better Health Care, LLC, d/b/a Alliance for Better Health (“Alliance”) believes that conscientious dedication to the highest ethical standards is essential to its mission. This dedication is essential because Alliance is charged with furthering New York State’s interest in improving the quality and coordination of health care while reducing costs, which requires that the people’s business be conducted with complete integrity.

For these reasons, Alliance has designated a Compliance Officer to have day-to-day responsibility for its compliance efforts. Alliance also has established an Audit and Compliance Committee (the “Committee”), to assist the Compliance Officer.

SCOPE

This policy applies to all Members, Managers, employees, Participants, agents, contractors and business partners of Alliance (covered person).

GUIDELINES

I. **OBJECTIVES OF THE COMPLIANCE PROGRAM** Constant vigilance is necessary to avoid impropriety or the appearance of impropriety. Consequently, Alliance has developed a Compliance Program (the “Program”) to set standards for conduct, and monitor conduct, in various areas of Alliance’s activities. Although the implementation and enforcement will be the chief responsibility of the Compliance Officer, all covered persons have a responsibility to report compliance issues to the Compliance Officer.

II. **GENERAL OPERATION OF THE PROGRAM**

A. **Objectives of the Program**

The objectives of the program are:

1. to assist Alliance in preventing inappropriate transactions;
2. to assist Alliance in preventing irregularities in payment, reimbursement and other transactions;

3. to assist Alliance's management, Participants and employees through education in identifying areas of possible concern that may adversely affect Alliance's good reputation, its participation in public programs, or its status as the holder of public licenses, certifications and exemptions;
4. to provide additional oversight of Alliance's compliance with laws, regulations and special conditions imposed upon it by a licensing or regulatory authority.

B. Duties of the Compliance Officer

The responsibility for operation of the Program and for preparation of reports relating to it rests with the Compliance Officer. The success of the Program depends on the active participation of covered persons. Through the dissemination of the Compliance Policies (described below) and appropriate training, all such persons shall be fully advised regarding their responsibilities for the Program, and the circumstances in which they should notify the Compliance Officer on a timely basis of matters subject to review under the Program.

The Compliance Officer will be provided with the resources necessary to fulfill his/her responsibility for operation of the Program. The Compliance Officer may inquire into any matters arising or appearing to arise within the purview of the Program including, but not limited to, matters involving unethical conduct, irregular reporting or payments and regulatory compliance. Alliance's other personnel, including but not limited to, accountants and legal counsel shall be available to assist the Compliance Officer in his/her duties.

The Compliance Officer is to be informed of all instances where fraudulent activity is suspected, identified, or reported. Such instances will include direct referrals of potentially fraudulent activities to the Compliance Officer by calling Alliance's Audit and Compliance Department or by submitting through the online portal at <https://goo.gl/forms/abxsDeiJFVScLQBw1>. The Compliance Officer will initiate an investigation and coordinate such investigation as appropriate with law enforcement. Recommendations following such investigations will be made to the Audit and Compliance Committee.

The Compliance Officer is responsible to and will report to the Audit and Compliance Committee on all reports received, inquiries conducted, recommendations for action and all related matters.

C. The Audit and Compliance Committee shall:

- i. Develop and implement a compliance program for the Company to ensure proper governance, oversight and compliance with applicable laws and regulations, including, but not limited to, New York State Social Security Law 363-d;
- ii. Perform an enterprise-wide risk assessment for the Company to identify compliance concerns related to the Company's operations and performance;
- iii. Coordinate appropriate compliance education and training programs for the Governing Board.
- iv. Develop a compliance grievance process to ensure that appropriate and consistent steps are taken in response to alleged compliance violations and complaints by community members, Medicaid beneficiaries, and uninsured community members attributed to the Company.
- v. Coordinate the planned use of internal and external auditors based on generally accepted accounting principles and practices, and DSRIP milestones, metrics and goals, as approved by the Governing Board.
- vi. Be responsible for investigating, and making appropriate recommendations to the Board of Managers, with respect to all reported concerns pursuant to the Whistleblower policy.
- vii. Meet at least quarterly, and such other times, as called by the Committee Chair.

III. REPORTING AND RECORDKEEPING

1. Participants, Providers/Suppliers, and other individuals or entities performing functions or services on behalf of *Alliance* are required to report in good faith any actual or suspected concerns.
2. Individuals may choose one or more of the following methods for reporting:
 - a. Speak directly with a member of *Alliance* management by calling (518) 701-2200;
 - b. Contact the *Alliance* Compliance Officer, 403 Fulton Street, Troy, NY 12180 or at (518) 701-2273;
 - c. <https://goo.gl/forms/abxsDeiJFVScLQBw1>.
3. Individuals filing a report using the online reporting system will have the option to remain anonymous if they so choose. Individuals who identify themselves will be provided a report identification number to check on the status and ultimate resolution of their report. Follow-up reporting is not available to individuals who choose to file an anonymous report.

4. Participants, Providers/Suppliers, and other individuals or entities performing functions or services on behalf of Alliance who receive reports of alleged violations of law, regulations or policies involving Alliance are required to promptly notify the Alliance Compliance Officer or legal counsel for investigation.
5. The identity of individuals filing compliance reports and the information provided will be treated confidentially throughout the process of investigation to the extent possible under applicable laws and as necessary to ensure a complete investigation of matters reported.
6. Alliance policy prohibits retaliation against any individual reporting a potential compliance issue in good faith. Individuals who believe they have been retaliated against for reporting a compliance matter are encouraged to report their concern using one of the options listed in #2 above. All cases of retaliation will be promptly investigated.
7. Information concerning the responsibility of individuals to report compliance issues and concerns, including violations of law, regulations or Alliance policies, and resources available to report such matters, will be communicated to Participants and Providers/Suppliers through Alliance's training materials, website, policies and procedures, and other communications.

IV. TRAINING

Training and education on compliance will be provided as part of orientation of Alliance employees, and annually to Alliance officers and Vice Presidents, Members, Managers, and Committee members. Annual training for Participants will be posted to the Alliance website.

V. COMPLIANCE REVIEWS AND PLANS

The Corporate Compliance Plan will be developed and approved by the Audit and Compliance Committee. The Plan will be developed to comply with the elements required of compliance programs as mandated by the New York State Office of Medicaid Inspector.

VI. RESPONDING TO COMPLIANCE ISSUES

The Compliance Officer or designee will investigate every report of non-compliance. A report of non-compliance may be from a call, routine review, exploratory audit, submission through the online portal, or other format. Investigations will be done promptly and thoroughly and will consist of interviewing personnel, examining documents, and consulting with legal counsel, if necessary. All employees must cooperate with those investigating such matters and non-cooperation will result in discipline. The Compliance Officer or designee has full authority to interview any employee and document he or she deems necessary to complete the investigation. A written record of each investigation will be created and maintained by the Compliance Officer. He/she will make every effort to preserve the confidentiality of such records and will make any necessary disclosures on a "need to know" basis only. The Compliance Officer will recommend a course of discipline and/or other corrective action. Sanctions may include a requirement to follow a certain process or procedure in the future, restitution, and/or discipline. The Compliance Officer will assess the processes surrounding the event of non-compliance to ensure the processes and systems are effective.

If a compliance issue involves the New York State Department of Health or the Office of Medicaid Inspector General, the Compliance Officer will notify the respective agency as needed. Any overpayments of government program dollars will be investigated promptly and returned where applicable.

The Compliance Officer will report the results of each investigation considered significant to the Audit and Compliance Committee.

EXHIBITS

REFERENCES

New York State Social Services Law 363-d

ORIGINAL IMPLEMENTATION DATE: 03/2015
REVIEW DATE: June 2018
REVIEWED: June 22, 2018
APPROVED: