



**NORTH HUDSON COMMUNITY  
ACTION CORPORATION**

**CORPORATE COMPLIANCE  
PROGRAM**

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## **I. COMPLIANCE POLICY STATEMENT**

North Hudson Community Action Corporation (NHCAC) is dedicated to maintaining excellence and integrity in all aspects of its operations and its professional and business conduct. Accordingly, NHCAC is committed to conformance with high ethical standards and compliance with all governing laws and regulations, not only in the delivery of health care but in its business affairs and its dealings with employees, administrative staff, physicians, agents, payers and the communities it serves. It is the personal responsibility of all who are associated with NHCAC to honor this commitment in accordance with the terms of the NHCAC Code of Conduct and related policies, procedures and standards developed by NHCAC in connection with the Corporate Compliance Program.

## **II. PURPOSE OF COMPLIANCE PROGRAM**

The NHCAC Corporate Compliance Program (the “Program”) is intended to provide reasonable assurance that NHCAC:

1. Complies in all material respects with all federal, state and local laws and regulations that are applicable to its operations;
2. Satisfies the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements;
3. Detects and deters criminal conduct or other forms of misconduct by trustees, officers, employees, medical staff, agents and contractors that might expose NHCAC to significant civil liability;
4. Promotes self-auditing and self-policing, and provides for, in appropriate circumstances, voluntary disclosure of violations of laws and regulations;
5. Establishes, monitors, and enforces high professional and ethical standards.

## **III. SCOPE OF COMPLIANCE PROGRAM**

The provisions of the Program apply to all medical, business and legal activities performed by NHCAC employees, medical staff, residents, agents and contractors. The expectations for NHCAC employees regarding compliance with the Program are as follows:

1. Comply with the NHCAC mission statement and the NHCAC Code of Conduct contained in Section XIII of this document;
2. Familiarize themselves with the purpose of the Program;
3. Perform their jobs in a manner which demonstrates commitment to compliance with all applicable laws and regulations;
4. Report known or suspected compliance issues to the Corporate Compliance Officer or his designee or the Corporate Compliance Hotline and participate in investigations to the point of resolution of an alleged violations;

5. Strive to prevent errors and provide suggestions to reduce the likelihood of errors.

#### **IV. NHCAC COMPLIANCE PROGRAM ELEMENTS**

The NHCAC Board of Directors directed the development and implementation of an effective compliance program which includes the following elements recommended in the **Office of Inspector General's Compliance Program Guidance for FQHC's** (Section references are to relevant sections within this document):

1. **Corporate Compliance Officer and Compliance Committee designations** (Sections V and VI);
2. **Education and Training Program Development and Implementation** (Section VII) – to provide general compliance information to the broad-based employee population as well as focused technical training of those functional areas that have the ability to put NHCAC and its member organizations at a greater degree of compliance exposure;
3. **Hotline Process Maintenance** (Section VIII) - to receive complaints confidentially and to provide retaliation protection to all individuals who report concerns via the Corporate Compliance Hotline;
4. **Sanction or Disciplinary Action Enforcement** (Section XII): the enforcement of appropriate sanctions or disciplinary actions against employees, physicians, on-site agents, or contractors who violate compliance policies, applicable laws or regulations or federal health program requirements;
5. **Monitoring** (Section X) - the performance of audits and risk assessments to identify problems and conduct ongoing compliance monitoring of identified problem areas; and
6. **Investigation and Remediation** (Sections IX and XI) - the investigation and remediation of identified systemic problems and the development of appropriate corrective action plans to remediate such problems.
7. **Code of Conduct** (Section XIII) - development and distribution of the Code, as well as the development of new or revised written policies and procedures that further promote NHCAC's commitment to compliance. Such policies should be considered an integral part of this Program;

This Program establishes a framework for legal and ethical compliance by NHCAC and the members of the NHCAC workforce community. The Program is a living document and all members of NHCAC workforce are encouraged to suggest changes or additions to the Program. It is not intended to set forth all of the substantive programs and practices of NHCAC that are designed to achieve compliance. Certain functional areas within NHCAC that are more likely to have issues involving compliance with applicable laws, regulations and NHCAC policies and practices, such as laboratory, professional billing, and long term care may develop specific compliance plans and/or policies that address issues pertinent to those areas. These area-specific compliance plans and policies will augment and further support this program.

## V. CORPORATE COMPLIANCE OFFICER

The Corporate Compliance Officer (CCO) routinely reports to the NHCAC President and CEO. When a complaint or issue must be investigated and/or addressed, the CCO will report directly to the Chairperson of the Board of Directors and the members of the Board's Executive Committee, who will serve as an Acting Compliance Committee.

The CCO's primary responsibilities include:

- Overseeing and monitoring the implementation of the NHCAC Compliance Program. The CCO will develop a Compliance Work Plan to guide implementation of the Compliance Program. The Compliance Work Plan will include:
  - An identification of areas which require review and monitoring. The Work Plan will also be based on the OIG Work Plan for that particular year. The Work Plan will be reviewed on an annual basis with the President and CEO and the Executive Committee of the NHCAC Board of Directors;
  - educational and training programs relating to legal and regulatory areas;
  - reviews of departmental compliance policies or plans, where appropriate;
  - plans for continued monitoring of areas under corrective action based on prior compliance assessments;
- Reporting as necessary to the President and CEO and the Executive Committee of the NHCAC Board of Directors on the progress of Compliance Program implementation.
- Advising NHCAC workforce members in establishing methods to improve their efficiency and quality services, and to reduce NHCAC's vulnerability to fraud, abuse and waste;
- Obtaining from NHCAC's Boards of Directors required commitment of resources to carry out review and monitoring activities;
- Periodically revising the Compliance Program in light of changes in the needs of the organization, and in the laws and policies and procedures of government and private payor health plans;
- Developing, coordinating, and participating in an educational and training program that focuses on the elements of the Compliance Program, and ensures that all appropriate employees and management are knowledgeable of pertinent federal and state standards;
- Ensuring that independent contractors and agents who furnish services to NHCAC are aware of the applicable requirements of the NHCAC Compliance Program;
- Coordinating personnel issues with Human Resource and Medical Staff Office personnel to ensure that the National Practitioner Data Bank and Cumulative Sanction Report have been checked with respect to all employees, medical staff and independent contractors;
- Assisting NHCAC financial management by coordinating internal compliance review and monitoring activities, including periodic reviews of certain departments that have the potential to become involved in compliance issues;
- Independently investigating and acting on matters related to compliance, including the design and coordination of internal investigations that respond to reports of problems or suspected violations, and any resulting corrective action with affected departments, providers and sub-providers, agents

and, if appropriate, independent contractors. The CCO and his designee have the authority to review all documents and other information that are relevant to compliance activities;

- Monitoring the Corporate Compliance Hotline to ensure that members of the NHCAC workforce are able to report suspected improprieties without fear of retribution, and implementing processes to investigate, resolve and document all issues reported via the Corporate Compliance Hotline;
- Monitoring changes in the health care environment, including regulatory changes with which NHCAC must comply, and identifying the impact of such changes on specific risk areas;
- Recommending the revision of policies and procedures, as needed so that such policies support the Code of Conduct;
- Reviewing through the types and resolution of hotline calls coming through the Compliance Hotline, identifying trends and patterns;
- Monitoring activities related to the NHCAC Compliance Program and Compliance Work Plan and reporting progress and relevant information to the Board of Directors; and
- Responding, in conjunction with Legal Counsel when appropriate, to external agency requests regarding compliance issues.

## **VI. EDUCATION AND TRAINING**

The CCO has developed a process for the dissemination and implementation of the Program and other compliance education/training initiatives:

1. All employees will be introduced to and trained in the Program, the NHCAC Code of Conduct and NHCAC compliance policies and procedures. Such training will reinforce the need for strict compliance with the law and will advise employees that any failure to comply will be documented on the employees' performance evaluation and may result in disciplinary action.
2. Within 90 days of their dates of hire, new employees will be introduced to the Code of Conduct, informed of the Program and informed of the ways in which they may access the CCO and the Corporate Compliance Hotline.
3. Corporate Compliance will monitor in-service training for relevant employees involved in the assignment of diagnosis and procedure codes for billing government and private payor programs.
4. NHCAC will make compliance training available to physicians, to the extent feasible, and will use its best efforts to encourage physician attendance and participation.
5. Attendance at all training programs will be monitored and documented.

A system to document that training has occurred will be developed jointly by the CCO and Human Resources Director.

## **VII. NHCAC COMPLIANCE COMMUNICATION**

### **1. Direct Access to the Compliance Officer**

NHCAC recognizes that an open line of communication between the CCO and NHCAC workforce, is critical to the success of the Program. In addition to using the Corporate Compliance Hotline, members of the NHCAC community are strongly encouraged to report incidents of potential fraud or

to seek clarification regarding legal or ethical concerns directly from the Corporate Compliance Department, which can be directly contacted as follows:

	<b>Location</b>	<b>Telephone/Hotline</b>
Corporate Compliance Officer	West New York	201-866-8085

Employees who, in good faith, report possible compliance violations will not be subjected to retaliation or harassment as a result of their reports. Retribution related to reporting of compliance concerns is prohibited and anyone who engages in such prohibited activity will be subject to disciplinary action. Concerns about possible retaliation or harassment should be reported to the CCO or his designee. All such communications will be kept as confidential as possible but there may be times when the reporting individual’s identity may become known or may have to be revealed if governmental authorities become involved.

When appropriate, the CCO will seek advice directly from legal counsel to assist in the investigation of fraud and abuse reports concerning members of the NHCAC workforce who may have participated in illegal conduct.

**2. Compliance Hot Line**

A key element of the NHCAC Compliance Program is the Corporate Compliance Hotline that can be accessed by dialing 201-866-8085. The Hotline is a confidential resource that can be used anonymously to allow all members of the NHCAC workforce to voice concerns over any situation that may conflict with NHCAC’ commitment to excellence or to report misconduct that could give rise to legal liability if not corrected.

A log is maintained of all Hotline calls, the results of investigations and continued monitoring, if applicable. Reports of calls will be reviewed annually to identify any significant trends or patterns.

**3. New Employee Policy**

For all new employees, NHCAC will conduct a reference check, as part of the hiring process. All NHCAC job applications specifically require the applicant to disclose any criminal conviction.

**4. Communications with Government Agencies**

NHCAC and member organizations shall document and retain records of all requests for information regarding payment policy from a government agency and all written or oral responses received. Such records are critical if NHCAC intends to rely on such responses to guide them in future decisions, actions or claim reimbursement requests or appeals, while further underscoring NHCAC commitment to compliance with the law.

**5. Record Retention**

NHCAC is committed to complying with the record and documentation requirements under federal or state law and to the maintenance and retention of records and documentation necessary to confirm the effectiveness of NHCAC’ Compliance Program. Such documentation includes but is not limited to a Compliance Hotline log, minutes of Compliance Committee meetings, educational presentation logs, handouts and attendance sheets and documentation of auditing and monitoring efforts.

## **VIII. INVESTIGATIONS**

The CCO has the authority to investigate all potential compliance issues and to direct others to do so and shall report the results to the President and CEO and The Executive Committee of the Board of Directors. The CCO or his designee will:

- Promptly initiate an investigation of a potential compliance issue to make a determination as to whether a violation has occurred. The CCO will either personally conduct the investigation or refer the complaint to a more appropriate area within NHCAC or outside, such as internal or outside legal counsel, auditors or health care consultants with needed expertise. The CCO may request assistance in the investigation from the person or persons who filed a complaint, other personnel or external sources, as appropriate;
- Request legal counsel to participate in the investigation and provide legal advice in any such matter, as appropriate. In any investigation involving legal counsel, the fact gathering is to be conducted under counsel's direction and control. All members of NHCAC are obligated to cooperate with counsel.
- Prepare a report of each investigation in conjunction with legal counsel which will include documentation of the issue and, as appropriate, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and the documents reviewed, the results of the investigation, any disciplinary action and the corrective action implemented to prevent recurrence. Reports of each investigation and the status of the corrective action will be presented to the President and CEO and Executive Committee of NHCAC's Board of Directors on a quarterly basis, or as deemed necessary.
- Work with relevant areas within NHCAC to ensure return of discovered overpayments to the relevant government programs.

## **IX. MONITORING**

As outlined in Section V., one of the principal responsibilities of the CCO is to oversee and monitor the implementation of the NHCAC Compliance Program. The CCO works with Senior Administration and Directors develop a Compliance Work Plan to track the effectiveness of the Compliance Program. The Compliance Work Plan will include an annual identification of areas which require monitoring. Progress reports of the ongoing monitoring activities, including identification of suspected noncompliance, will be maintained by the CCO and shared annually with the President and CEO and Executive Committee of the Board of Directors.

Monitoring techniques that will be used by the Corporate Compliance Department include, but are not limited to the following:

- Compliance audits focused on those areas within NHCAC that have potential exposure to government enforcement actions as identified in (i) Special Fraud Alerts issued by the Office

of Inspector General (OIG), (ii) OIG annual Work plan, (iii) Medicare fiscal intermediary or carrier reviews and (iv) law enforcement initiatives.

- Benchmarking which provide operational snapshots from a compliance perspective that identify the need for further assessment, study or investigation.
- Periodic reviews in the areas of Program dissemination, communication of NHCAC' compliance standards and Code of Conduct, the Corporate Compliance Hot Line and adequacy of compliance training and education to ensure that the Program's compliance elements have been satisfied. The review process will be conducted through on-site interviews and surveys of key management in operations, medical records, coding, billing and patient care.
- Subsequent reviews to ensure that corrective actions have been effectively implemented.

## **X. CORRECTIVE ACTION PLANS**

When a compliance issue that has been identified requires remedial action, the appropriate department or administrative personnel responsible for the activity should develop a corrective action plan which specifies the tasks to be completed, completion dates and responsible parties. In developing such a plan, the responsible personnel will obtain advice and guidance from the CCO, legal counsel and other appropriate personnel, as necessary. Each corrective action plan must be approved by the CCO or his designee prior to implementation. The CCO has the obligation to report directly to the President and CEO and Executive Committee of NHCAC' Board of Directors on (i) all compliance issues noted for which corrective actions have not been implemented; (ii) corrective action plans that have not met his/her approval from an adequacy or timing standpoint ; or (iii) corrective action plans that are not subsequently implemented in accordance with the approved plan in terms of substance or timing.

A corrective action plan should ensure that the specific issue is addressed and that similar problems will not occur in other areas or departments, to the extent possible. Corrective action plans may require that compliance issues be handled in a designated way, that relevant training takes place, that restrictions be imposed on particular employees, or that the matter be disclosed externally. Sanctions or discipline, in accordance with the standard disciplinary policies and procedures of NHCAC may also be recommended. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance or competence concerns, the corrective action plan should identify actions that will be taken to prevent such individuals from exercising substantial discretion in that area.

## **XI. SANCTIONS**

All members of the NHCAC workforce are responsible for complying with NHCAC' Corporate Compliance Program, Code of Conduct and related policies and procedures. Corrective action for noncompliance will be initiated by the appropriate management personnel, who must notify Human Resources in accordance with the standard disciplinary policies and procedures of NHCAC. Enforcement will be administered by the parties identified by the CCO in consultation with the immediate supervisor and, if appropriate, Human Resources. Disciplinary actions will be determined on a case-by-case basis

and will be taken appropriately, equitably and consistently, given the underlying circumstances and the degree of negligence or reckless conduct.

Physicians who violate the Program will be disciplined in accordance with the peer review procedures established in the medical staff bylaws at the member organization level.

## **XII. CODE OF CONDUCT**

### **General Policy**

#### **NORTH HUDSON COMMUNITY ACTION CORPORATION ETHICAL STANDARDS**

##### *Summary for Employees, Consultants, Contractors and Vendors*

We maintain a strict adherence to the principle of conduction our business and its related services lawfully and ethically. As such we:

**1. GENERAL PRINCIPLES:**

- Will deal honestly with customers, families, suppliers, contractors and consultants.
- Non-Discrimination; will not discriminate against clients, visitors, employees and or vendors based on race, age, color or national origin, sex, physical or mental disability, sexual orientation, cultural, religious, moral beliefs or political affiliation. In addition, we will not discriminate against clients on the basis of ability to pay, and institute safeguards to prevent discriminatory organizational practices.
- Will provide equal employment opportunities.
- Will maintain a safe work environment free of use and abuse of controlled substance and alcohol; and sexual harassment and/or abuse and/or discrimination, and an environment of care, which meets needs of clients, visitors, medical staff, vendors, contractors, and employees.
- Will provide services to meet identified needs of clients and avoid unnecessary services.
- Will adhere to one level of care throughout the organization and will provide services only to those patients for whom we can safely care for. Care will be closely based on the assessed needs of the individual patient regardless of ability to pay and/or employee/contractor compensation. Will treat all clients/patients with dignity, respect and courteousness, and
- Staff shall conduct all personal and professional activities with honesty, integrity, respect, fairness and good faith.

- 2. COMPLIANCE WITH LAWS AND REGULATIONS:** All employees, agents, vendors, contractors, must comply with all federal, state, local licensing and regulatory laws and regulations, in addition will comply with all organizational policies and procedures including but not limited to Human Resources polices and procedures, and immediately report any suspected violations to the Corporate Compliance Officer.

3. **COMPLIANCE WITH PATIENT RIGHTS AND ORGANIZATIONAL ETHICS:** All employees must comply with all standards, rules and regulations set forth in the Organization's Patient's Bill of Rights. We will support patients and/or their surrogates right to make autonomous decisions regarding their treatment and goals.
4. **QUALITY OF SERVICES:** Provide quality services/standards consistent with available resources, stakeholder preferences and needs, and work to ensure the existence of a resource allocation process that considers client's needs, and those of other stakeholders.
5. **SCOPE OF CARE/PRACTICE/SERVICE:** Scope of care and/or services will be consistent with that allowed by National, State licenses, certifications, rules, regulations, bylaws, job descriptions and/or policies.
6. **PLANNING:** Work to ensure that all people have reasonable access to healthcare and social services, and consider the short-term and long-term impact of management decisions on both the community, its healthcare needs, and on society.
7. **MARKETING ACTIVITIES:** Will fairly and accurately represent and market our capabilities to the public. NHCAC employees will offer factual information or documented evidence to the general public and will not distort the truth, make false claims, engage in comparative advertising or attack or disparage another provider.
8. **ANTITRUST ISSUES:** Antitrust laws are designed to ensure that competition exists and to preserve the free enterprise system, and to prohibit competitors from entering into agreements to fix prices or to reduce price competition. Employees should not provide business information to a competitor, *unless* the information is necessary to consummate a bona fide customer/supplier relationship.
9. **ANTI-KICKBACK AND FALSE CLAIMS:** Will not offer a kickback to an entity or person to induce any customer to purchase services or refer patients to us.
10. **BILLING AND REIMBURSEMENT:** Will ensure that our billing and reimbursement practices comply with all federal and state laws, regulations and guidelines. All bills will be accurate and reflect current payment methodologies and we will answer all questions about bills and related policies and practices. In addition we will not: submit a claim containing information known to be false; bill for incomplete charts; or file inaccurate timecards.
11. **ACCURATE BOOKS AND ACCOUNTS:** All of our transactions must be properly authorized and recorded in accordance with generally accepted accounting principles and policies. No false, incomplete or unrecorded corporate entries shall be made.
12. **USE OF CORPORATE RESOURCES:** Employees may not contribute or donate NHCAC funds, products, services or other resources to any political cause, issue, party, or candidate. NHCAC will safeguard and accurately record all assets.

13. **CONTRACT NEGOTIATIONS:** The Organization has a duty to disclose current, accurate and complete cost and pricing data where such data are required under appropriate federal or state law or regulation.
14. **PROVIDING AND/OR RECEIVING BUSINESS COURTESIES:** We will not seek to gain an improper advantage by offering business or professional courtesies. Employees/agents must not provide or accept gifts or items more than nominal (\$50 per occurrence, or \$300 annually) from and/or to any referral source or purchase/vendor. Never accept anything of value, as noted above, if the gratuity is offered or appears to be offered in exchange for any type of favorable treatment or advantage.
15. **CONFLICT OF INTEREST:** Employees/agents will avoid engaging in any activity that might interfere or appear to interfere with the independent exercise of the employee's/agent judgment in situations where his/her personal interests might detract from or conflict with the best interest or the interests of our customers or suppliers.
16. **CONFIDENTIAL INFORMATION:** We must strictly safeguard all confidential information with which we are entrusted and must never discuss, transmit, send, receive, discard such information outside of the normal, necessary and procedural course of our business. In particular, all employees/agents must protect the confidentiality of all patient records and information contained in such records.

**VIOLATIONS: Each employee/agent is expected to report any suspected violations of the CODE OF ETHICAL CONDUCT policy, whether criminal or civil, to the Corporate Compliance Officer, which can be done anonymously on the confidential hotline-  
201-866-8085**

The Code of Conduct is not an employment contract, and NHCAC may at any time modify the provisions of this Code of Conduct as it deems appropriate.

### **XIII. CONFLICT OF INTEREST**

**Purpose:** The purpose of this policy is to protect the interests of North Hudson Community Action Corporation when entering into a transaction or arrangement that might benefit the private interests of a board member or office. Also, it serves to protect the interests of the Corporation if the Directors or Management are entering into transactions or arrangements that directly or indirectly conflict with the interests of North Hudson Community Action Corporation. The terms of this policy are intended to supplement any statutory conflict of interest provisions and are in no way intended to limit any applicable state or federal laws governing conflicts of interest.

**Policy Statement:** No Board member shall be an employee of North Hudson Community Action Corporation. No immediate family member of: (1) a Board member, (2) an employee or (3) a consultant or contractor who furnishes goods or services to the Corporation shall be an employee of the Corporation or otherwise hired in any capacity by the Corporation requiring the payment of compensation and/or fringe benefits. An "immediate family member" of a person means his or her spouse, domestic partner, child, parent or sibling by blood, marriage or adoption.

Board members, employees, consultants, agents, contractors or those who provide goods and services to the Corporation shall disclose business or personal relationships, including nepotism, that create actual or potential conflicts of interest.

This policy shall apply to any interested person.

**Definitions:**

1) Interested Person. Any Director, principal officer, member of a committee with Board-delegated powers, employee, or agent who has a direct or indirect Financial Interest, as defined below, is an Interested Person. If a person is an Interested Person with respect to any entity of which the Corporation is affiliated, he or she is an Interested Person with respect to all entities in the healthcare system.

Financial Interest. A person has a Financial Interest if the person has, directly or indirectly, through business, investment, or family:

- (a) an ownership or investment in any entity with which the Corporation has a transaction or arrangement;
- (b) a compensation arrangement with the Corporation or with any entity or individual with which the Corporation has a transaction or arrangement; or
- (c) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Corporation is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature.

A Financial Interest is not necessarily a conflict of interest. A person who has a Financial Interest may have a conflict of interest only if the appropriate Board or committee decides that a conflict of interest exists.

**PROCEDURES:**

- Duty to Disclose

In connection with actual or potential conflicts of interest, an Interested Person must disclose the existence of his or her personal or business Financial Interest and all material facts to the Board and members of committees with Board-delegated powers considering the proposed transaction or arrangement.

- Determining Whether a Conflict of Interest Exists

After disclosure of the Financial Interest and all material facts, and after any discussion with the Interested Person, he or she shall leave the Board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining Board or committee members shall decide if a conflict of interest exists.

- 1) Procedures for Addressing real or apparent Conflict of Interest

- (a) An Interested Person may make a presentation at the Board or committee meeting, but after such presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that result in the conflict of interest.
- (b) The Chair of the Board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- (c) After exercising due diligence, the Board or committee shall determine whether the Corporation can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict or appearance of interest.
- (d) If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a conflict of interest, the Board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Corporation's best interest and for its own benefit and whether the transaction is fair and reasonable to the Corporation and shall make its decision as to whether to enter into the transaction or arrangement in conformity with such determination.

- (e) No Corporate employee, board member, contractor, or agent may participate in the selection, award or administration of a contract supported by state, federal or private funds if a real or apparent conflict of interest may be involved. Such a conflict would arise when an employee, board member, contractor, or agent or any member of his or her immediate family, partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.
- (f) Board members, employees, contractors, agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to sub-agreements. However, the Corporation may set standards for situations in which the financial interest is not substantial or the gift is an unsolicited item of nominal value.
- (g) Corporate Standards of Conduct and Code of Ethics (see attached) provide disciplinary actions for violations of such standards by board members, employees, or agents of the Corporation.

2) Violations of the Conflicts of Interest Policy

- (a) If the Board or committee has reasonable cause to believe that a member has failed to disclose actual, apparent, or potential conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- (b) If, after hearing the response of the member and making such further investigation as may be warranted in the circumstances, the Board or committee determines that the member has in fact failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action including removal from the board of directors or in the case of the board's employee termination.

**Records of Proceedings:** The minutes of the Board and all committees with Board-delegated powers shall contain:

- 1) the names of the persons who disclosed or otherwise were found to have a Financial Interest in connection with an actual or potential conflict of interest, the nature of the Financial Interest, any action taken to determine whether a conflict of interest was present, and the Board's or committee's decision as to whether a conflict of interest in fact existed.
- 2) the names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection therewith.

**Annual Statements:** Each Director, principal officer, and member of a committee with Board-delegated powers shall annually sign a statement which affirms that such person:

- (a) has received a copy of the Conflicts of Interest Policy;
- (b) has read and understands the policy;
- (c) has agreed to comply with the policy; and
- (d) understands the Corporation is a charitable organization and that in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

**Periodic Reviews:** To ensure that the Corporation operates in a manner consistent with its charitable purposes and that it does not engage in activities that could jeopardize its status as an organization exempt from federal income tax, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- (a) Whether transactions, including compensation arrangements and benefits are reasonable and are the results of arm's-length bargaining.

- (b) Whether any transactions or arrangements such as acquisitions of physician practices and other provider services result in inurement or impermissible private benefit.
- (c) Whether partnership and joint venture arrangements and arrangements with management service organizations, and physician hospital organizations conform to written policies, are properly recorded, reflect reasonable payments for goods and services, further the Corporation's charitable purposes, and do not result in inurement or impermissible private benefit.
- (d) Whether agreements to provide healthcare and agreements with other healthcare providers, employees, and third-party payors further the Corporation's charitable purposes and do not result in inurement or impermissible private benefit.

**Use of Outside Experts:** In conducting the periodic reviews provided for above, the Corporation may, but need not, use outside advisors. If outside experts are used their use shall not relieve the Board of its responsibility for ensuring that periodic reviews are conducted and documented.

### **ANTI-KICK BACK**

**Compliance with Laws:** The Corporation recognizes that as a recipient and sub-recipient of federal funds, it is subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. § 1320a – 7b(b)) and shall be cognizant of the risk of criminal and administrative liability under such statutes, specifically under 42 U.S.C. § 1320 7b(b) which states in part that whoever knowingly and willfully solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR in return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item for which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.

### **CONFIDENTIALITY**

**Confidentiality:** It is understood the Corporation is private, not-for-profit and as such, all of its governance, administrative, fiscal, management information systems, health information systems, and clinical affairs are confidential and private. It is understood and the directors pledge individually and as a group to honor the code of confidentiality as it relates to all Corporate documents and verbal conversations, discussions, meetings, decisions, and plans. It is further understood that defiance of privacy and confidentiality are immediate grounds for permanent dismissal from the Board of Directors.

Employees also are encouraged to seek guidance regarding the application or interpretation of this Code of Conduct and are expected to cooperate fully in any investigation of a potential violation. The statement set forth in this Code of Conduct are intended as guidelines for employees. Routine questions of interpretation regarding the Code shall be directed to the employee's supervisor or to the Corporate Compliance Officer. If any employee believes the Code, or particularly the Compliance Plan, may have been violated, the employee promptly shall report the potential violation to the Corporate Compliance Officer or make use of the confidential **HOT-LINE at 201-866-8085**. Violations of the Code of Conduct and the Compliance Plan may be disciplined by the Medical Center, up to and including dismissal. However, the Code of Conduct and the Compliance Plan do not set forth all of the reasons or situation in which employees may be disciplined.

### **Reporting Mechanisms**

One of the key ingredients of an effective compliance program is the development of a system which employees can use to report questionable behavior without fear of retaliation. We have established **201-**

**866-8085** as the Corporate Compliance Hotline for this purpose. The Hotline will put you in touch with our Internal Auditors who report directly to the President. Some examples of behavior that should be reported include the following:

- A serious breach of patient or employee confidentiality by a co-worker
- Accepting bribes or kickbacks from a vendor
- Unethical or illegal activities by any co-worker

Employees are expected to bring these types of issues or concerns to their immediate supervisor. The supervisor should then evaluate the situation and address it. If an employee feels their concerns are not properly resolved or if the problem involves their supervisor, employees must contact the next level of management or the Corporate Compliance Hotline.

When calling the Hotline, please be sure to provide as much information as possible to enable the Compliance Officer to research the issue. They will begin a detailed investigation and provide the results of that directly to the President. Calls can be made anonymously from an outside phone. However if you want a response to your inquiry, you will need to provide your name and department. All Hotline calls will be kept confidential to the extent possible and still permit investigation.

If you have access to e-mail either at work or home, we have also established the following e-mail address for Corporate Compliance issues:

[mannyd@nhcac.org](mailto:mannyd@nhcac.org)

If you decide to use e-mail to report an issue, your identity will be known to the Compliance Officer through your e-mail address.

**STATEMENT OF UNDERSTANDING**

**NORTH HUDSON COMMUNITY ACTION CORPORATION**

**CODE OF CONDUCT**

I certify that I have read and understand the Code of Conduct for the Corporate Compliance Program and agree to abide by it during the entire term of my employment. I acknowledge that I have a duty to report any alleged or suspected violation of the Code of Conduct or the Corporate Compliance Program to the Compliance Officer.

I understand that any violation of the Corporate Compliance Program, the Code of Conduct or any other corporate compliance policy or procedure is grounds for disciplinary action, up to and including discharge from employment.

Please check applicable box:

- ☐ This is my first review of the Corporate Compliance Program, Code of Conduct and Conflict of Interest Policy.
- ☐ This is an annual review of the Program, Code of Conduct and Conflict of Interest Policy.
- ☐ There has been a change of information previously provided. See attached explanation.

Your signature certifies that you have read and understand the Corporate Compliance Program Code of Conduct and Conflict of Interest Policy and agree to abide by them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

The original of this document signed during the new hire processing will be maintained in the employee's Human Resources personnel file. Subsequent annual documents signed by the employee will be maintained in the employee's departmental file.

**NORTH HUDSON COMMUNITY ACTION CORPORATION  
CORPORATE COMPLIANCE PROGRAM**

**Certification of Compliance with the Conflict of Interest Policy**

I have no interest that may be deemed a conflict of interest under the Code of Conduct or Conflict of Interest Policy. I understand that any material misstatement or omission made by me in this certificate or my failure to adhere to the terms of the Code of Conduct and Conflict of Interest Policy may subject me to disciplinary action, including termination of employment.

I have violated no federal, state or local rule or regulation in connection with the business of NHCAC and I am not aware of any actions of any other individual or of NHCAC that violates the Code of Conduct or Conflict of Interest Policy except as follows:

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Neither I, nor any member of my family is a director, officer, partner or employee, nor do I or any member of my family have any other official position or business relationship with any business or professional enterprises including nonprofit business from, which NHCAC secures goods or services or that provides goods or services competitive with NHCAC except as follows:

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Please list any other information that may be perceived as a conflict of interest.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Position

The original of this document signed during the new hire processing will be maintained in the employee's Human Resources personnel file. Subsequent annual documents signed by the employee will be maintained in the employee's departmental file. For all copies with handwritten notations concerning potential conflicts of interest please furnish a copy to the Compliance Officer.