

Millennium Compliance Officer  
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**Compliance Hotline**  
**716.898.6555**

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## Complaint Reporting

### 1. Procedure Purpose

To establish policies and procedures for handling Medicaid recipients and project participants reported complaints, receive customer services and appeals. The reporting of complaints is outline specially in the Millennium Collaborative Care Compliance Program.

### 2. Reporting by the Population Served by Millennium Collaborative

We encourage compliance reporting by the population of Medicaid beneficiaries and uninsured individuals served by partner organizations and the Millennium network. All partner organizations are required to provide information about the Millennium Compliance Hotline in their offices or facilities and to assist patients who seek to report:

A compliance violation related to Millennium projects or activities;

A concern about the quality of care provided arising from a Millennium protocol, project or activity; or

A concern about Millennium counseling and other direct services provided by Millennium.

Medicaid beneficiaries and uninsured individuals can report compliance or quality concerns to Millennium by written communication, including email and the link on our website, directly to the DSRIP Compliance Officer, or to the Compliance Hotline. Millennium will report promptly to partner organizations regarding compliance or quality concerns reported by Medicaid beneficiaries or uninsured individuals.

### 3. Definitions

**Complaint:** An expression of dissatisfaction with regards to any aspect of the DSRIP program or Millennium made by a Medicaid individual and or project participant who is engaged with Millennium Collaborative Care. A complaint can be a request for an appeal.

**Customer Service Request:** A formal request for program-specific assistance, clarification, or guidance made by a Medicaid individual or project participant participating in a Millennium Collaborative Care program.

**Medicaid Recipient:** An individual receiving Medicaid benefits.

**Participant:** The municipality, agency, or other health care facility that is eligible to bill Medicaid and has attested to participate in Millennium Collaborative Care PPS.

**DSRIP Compliance Officer:** The individual at ECMCC charged with the ensuring compliance with all applicable state and federal laws, regulations, policies, and procedures set by Millennium Collaborative Care and the lead entity (ECMCC).

### 4. Procedure Implementation

#### 1. Intake

A complaint may be filed by a member, authorized representative, or participant.

Orally: By phone or in person

716-898-5880 direct DSRIP Compliance Officer number

716-898-6555 Millennium Compliance Hotline

In writing: Members, representatives, or participants are directed to send complaint to the DSRIP Compliance Officer [compliance@millenniumcc.org](mailto:compliance@millenniumcc.org) DSRIP Compliance Officer, ECMCC 462 Grider Street, Buffalo, NY 14215

#### 2. Documentation

The DSRIP Compliance Officer will document the complaint/concerns by the individual in a secure file for tracking and trending:

H:\MCC Documents\Compliance Activities\Complaint Tracker

For orally received complaints, the DSRIP Compliance Officer will:

Document all information given  
Request a number to reach the caller back with (if they want a call back)  
Investigate the complaint/concern, working back with Millennium staff and/or participant  
Create an action plan if needed  
Monitor to ensure correct action is working  
For all complaints received in writing, the DSRIP Compliance Officer will:  
Document the complaint/concern received  
Investigate the complaint/concern, working back with Millennium staff and/or participant  
Create an action plan if needed  
Monitor to ensure corrective action is working

### **3. Timeframes**

Complaints are resolved and notifications sent/called to all concerned parties as expeditiously as the member's case requires, and no later than 15 calendar days after the date the grievance was received.

### **4. Notification**

The DSRIP Compliance Officer prepares a notification of resolution for the individual and for the record. Written notices are processed and include a description of the resolution in understandable language. Notification is given as follows:

Grievances received verbally may be responded to by phone unless the individual requests a written notification or the DSRIP Compliance Officer determines it is more appropriate to send a written notice. The notice of resolution will include the following:

A description of the issue under investigation  
An explanation of the steps taken to investigate the complaint  
An overview of the results and any actions taken to remedy the complaint

### **5. Tracking/Trending/Monitoring**

The monthly complaint data will be reviewed and analyzed to identify trends and/or root causes that can be addressed via system modification, procedure update or training.  
A monthly Analysis Report will be created and distributed at the Governance/Compliance Committee meeting. The report will include:  
A summary of the analysis findings to include:  
The number of complaints  
The root cause or trends identified in each grievance category  
Grievances will be charted and graphed to show comparison month over month  
Action plans and/or corrective measures as applicable will be determined at a Compliance/Governance Committee meeting and/or at the project level.

### **6. Corrective Action**

Corrective measures implemented will be monitored.

## **MILLENNIUM COMPLIANCE PROGRAM & POLICIES AND PROCEDURE**

### **Introduction**

#### **1. Requirements**

The New York State Office of the Medicaid Inspector General (OMIG) and the New York State Department of Health (DOH) has set expectations for the Delivery System Reform Incentive Program (DSRIP). DSRIP PPS (Performing Provider Systems) Lead (ECMCC) has the obligation to create a comprehensive Compliance Program that encompasses the New York Social Services Law Section 363-d (SSL 363-d) and Title 18 of the New York Codes Rules and Regulations at Part 521 (Part 521).  
The Compliance Plan is mandatory, it is the responsibility of the PPS Lead (ECMCC) to create, implement and designate a compliance officer to have oversight of the Compliance Program.  
NYS DOH has provided compliance guidance for the required DSRIP Compliance Plan. The Millennium Collaborative Care, PPS Compliance Program has been structure after other NYS PPS Leads, provided guidance documents and the Eight Elements of a Mandatory Compliance Program:

1. Written Policies and Procedures that describe compliance expectations as embodied in a code of conduct or code of ethics

2. Designation of Compliance Officer –an employee vested with responsibility for the day-to-day operation of the compliance program
3. Training and Education of all affected individuals on compliance issues, expectations and the compliance program
4. Communication Lines to the Compliance Officer that are accessible to all affected individuals to allow compliance issues to be reported
5. Disciplinary Policies to encourage good faith participation in the compliance program
6. System for Routine Identification of Compliance Risk Areas and Non-Compliance
7. System for Responding to Compliance Issues when raised, for investigating and correcting problems
8. Policy of Non-Intimidation and Non-Retaliation for good faith participation in the compliance program

Millennium Collaborative Care, PPS being a unique entity from the Lead PPS (ECMCC), a separate Code of Conduct, Conflict of Interest and a Policy and Procedure document have been created and will be monitored by the DSRIP compliance officer with final approval by the ECMCC Board of Directors.

## 2. Definitions for Policies & Procedures

### Definitions for Policies & Procedures

The following definitions shall apply to all policies and procedures adopted by the governing bodies of Millennium Collaborative Care (Millennium):

- Millennium Collaborative Care Performing Provider System (“Millennium”) – is a collaboration of health care providers, community organizations, non-profit and governmental agencies established as part of the New York State Delivery System Reform Incentive Payment (“DSRIP”) program and serving the eight (8) counties of Western New York with a common goal of improving the availability, accessibility and quality of the health services provided to the Medicaid, Medicaid Managed Care and Uninsured population and promoting better health, lower costs, and reduced health disparities through an integrated delivery system (“IDS”).
- Erie County Medical Center Corporation (ECMCC) – is the lead entity and sole contracting entity with the State of New York Department of Health (“DOH”) for “Millennium”. As lead entity, ECMCC shall be responsible for creating a network of health care providers and leading Millennium Collaborative Care PPS in the establishment of the IDS, including the evaluation and development of clinical resources needed to provide integrated health services to the targeted population; distributing incentive funds to support strategic projects; and creating a structure to facilitate operation of Millennium in accordance with accountable care principles and objectives.
- Millennium Contract(s) – shall mean a memorandum of understanding, a Master Participation Agreement, accompanying schedules to the Master Participation Agreement, or any other agreement between a Millennium Partner Organization, Millennium Network Organizations and ECMC related to Millennium.
- Participants – means safety net qualified and non-safety net qualified entities (including hospitals, diagnostic and treatment centers, physician practices, solo practitioners, federally qualified health care centers), as well as providers who do not directly bill Medicaid but who provide health care services to Attributed Members. For purposes of this Agreement, the term “Participant” means the, municipality, agency, or other health care facility that is eligible to bill Medicaid, has attested to participate in Millennium Collaborative Care PPS.
- Participating Providers – means an individual who is authorized to provide professional medical services to Medicaid patients in New York and will provide health care services to Participant’s Attributed Members, and who is employed or contracted by the Participant or an Affiliate and on whose behalf the Participant has submitted an Attestation to participate in Millennium Collaborative Care PPS.
- ECMCC Director of Corporate Compliance – shall mean the individual at ECMCC charged with ensuring compliance with all applicable state and federal laws, regulations, and guidance for the lead entity.
- DSRIP Compliance Officer – shall mean the individual at ECMCC charged with ensuring compliance with all applicable state and federal laws, regulations, and guidance for Millennium Collaborative Care.
- Board of Managers – representative of the Millennium PPS stakeholders, and geographic regions served by the PPS
- State – means the State of New York.
- Millennium Compliance Committee/Governance Committee – shall mean multiple representatives from ECMCC, Millennium and Participants or Participating providers

## 3. Compliance Program

*Approved by: ECMCC Board of Directors*

*Date approved: 12/15/15*

*Date Revised:*

### Structure

The Millennium Collaborative Care PPSs’ (Millennium), Compliance Program reflects our commitment to the highest standards of integrity, ethics, compliance and our goal to promote a culture of compliance. Millennium is committed to complying with the requirements of the Delivery System Reform Incentive Payment (DSRIP)

program and applicable federal, state and local laws and regulations in all its activities. Millennium has adopted a Code of Conduct and this Compliance Program to support and reflect a culture that supports prevention, detection and remediation of compliance concerns. Millennium Compliance Program has been designed to meet the mandatory compliance obligations set forth in New York State Social Services Law 363-d Part 521.

This Compliance Program provides an overview of Millennium's compliance procedures to structure, administer, enforce, and otherwise effectively implement the Compliance Program.

The Millennium Compliance Program does not replace the compliance programs of our Participants or Participating Providers. Instead, the Millennium's Compliance Program supplements the compliance programs and activities of our Participants and Participating Providers, providing a Code of Conduct and compliance procedures that apply to the operations, activities, and projects associated with DSRIP. Participants or Participating Providers should continue to rely upon their own codes of conduct and compliance programs to set and implement high standards for ethical conduct and legal compliance within their own organizations and activities.

### **Oversight**

The Millennium's Compliance Officer has the day-to-day responsibility for implementing the Compliance Program. The Millennium Compliance Officer reports directly to the Lead Entity's (ECMCC) Corporate Compliance Officer and to the ECMC Board of Directors. The Millennium Compliance Officer will report at the Compliance/Governance Committee meetings and periodically at meetings of the Millennium Board of Managers.

The Millennium Compliance Officer will be responsible for implementing and managing the Compliance Program within Millennium and across Millennium Collaborative Care PPS. These responsibilities will include: developing a program for compliance training related to the Millennium Compliance Program for Millennium staff, Participants and Participating Providers; managing the Compliance Hotline (716-898-6555) and following up on complaints and compliance risks; managing or conducting audits, monitoring and investigations to identify and resolve compliance violations; developing corrective action plans in consultation with Millennium senior staff, Participants, Participating Providers, and the Compliance Committee, as appropriate; managing sanctions for compliance violations, and such other responsibilities as identified in the Compliance Program documents.

In addition, ensuring Millennium meets the 18 NYCRR 521.3(c)(7) requirements to have a system for identifying and reporting compliance issues to the New York State Department of Health (NYSDOH) or the Office of Medicaid Inspector General (OMIG); and the prompt refunding of overpayments.

### **Obligation to Report**

All Millennium staff, Participants, Participating Providers including governing body members, officers, and contractors are required to report promptly activity by any staff member, contractor, or any participant in Millennium projects or operations that appears to violate applicable laws, rules, regulations, or the Millennium Code of Conduct. Reporting enables Millennium to investigate and address the potential problem in a timely, appropriate manner. The Millennium Code of Conduct clearly states the obligation of Millennium staff, Participants, and Participating Providers to report any compliance issue or concern. Failure to make an appropriate report may result in the initiation of a corrective action plan or to have the affected individual or Participant removed from participation in the DSRIP program.

### **What to Report**

All Millennium staff, Participants, Participating Providers including governing body members, officers, and contractors should report to Millennium concerns about any legal; fraud, waste or abuse of DSRIP funds; or unethical conduct by their staff, contractors or participants in PPS projects or activities that violate this Code of Conduct, applicable law or regulations, or that pose a risk to the safety of Medicaid beneficiaries or uninsured individuals cared for in Millennium Collaborative Care, PPS. Reasonable belief that a violation is possible is sufficient to file a report. DSRIP payments are being made for performance and reporting, not for service delivery. Since it is possible that DOH will release DSRIP funds to Millennium based upon the Millennium's periodic reporting of project progress that the independent accessor may determine on a subsequent audit was not warranted, the excessive payment would be considered to be an overpayment during this DSRIP phase. To help you determine whether an issue should be reported to Millennium, consider the following questions:

- Does the concern relate to or arise in a Millennium project, protocol, or activity?
- Is Millennium responsible for overseeing the activity giving rise to a concern?
- Does the matter raise a concern about compliance with the Millennium Code of Conduct or policies and procedures?
- Is the action legal? Is it ethical?
- Could the activity/behavior result in harm or risk to the safety of a Medicaid beneficiary or uninsured individual as a result of a PPS project or activity that Millennium is responsible for overseeing?
- Could the activity/behavior result in financial impropriety or inaccurate reporting about Millennium projects or activities to DOH or other government agency?

### **Overpayments**

An overpayment are any funds that a person received or retains under Title XIX (Medicaid) to which the person, after applicable reconciliation and/or auditing, is not entitled. The New York OMIG interprets “identified” to mean that the fact of an overpayment, not the amount of the overpayment, has been identified. Overpayments must be considered in the context of what the DSRIP payment is for, namely for activities associated with delivery system reform through the identified DSRIP projects that Millennium has committed to the DOH to advance.

Retention of an overpayment beyond sixty (60) days of identification of the overpayment may result in liability under the False Claims Act, the imposition of civil monetary penalties, or exclusion from the Medicaid program; PPACA §6402(d)(2), 6502.

### **How to Report**

Reports of suspected or actual violations can be made to Millennium in person, by any written communication, including email, by telephone or via the Millennium Compliance Hotline. Reports by staff of Millennium, Participants, and Participating Providers should first be made in accordance with the Participants or Participating Providers procedure for reporting. If this avenue for reporting would not be effective or is not feasible for any reason, reports may also be made directly to the Millennium Compliance Officer by written communication, by a direct phone line, email or through the Millennium Compliance Hotline.

The Millennium Compliance Hotline enables individuals and organizations to report problems and concerns or obtain clarification about compliance issues anonymously and confidentially. Hotline conversations are not recorded or traced. The Hotline is not a substitute for established grievance policies or chain of command communications of the Participant or Participating Providers. The Millennium Compliance Hotline # is 716-898-6555 or email [compliance@millenniumcc.org](mailto:compliance@millenniumcc.org). The Millennium Compliance Officer will investigate all Compliance Hotline calls, emails or any other compliance concern received.

If a potential violation relates to the Millennium Code of Conduct or compliance policies of Participants or Participating Providers, or a risk of patient safety as a result of conduct by staff or contractors at a Participants or Participating Providers, staff at the Participants or Participating Providers should report the concern in accordance with the procedures at their organization. If Millennium receives such reports, it shall promptly report the information to the Participant’s Compliance Officer or other appropriate individual.

### **Reporting Concerns – Non-Retaliation/Non-Intimidation**

Retaliation and/or intimidation against any Participants or Participating Providers, their directors, officers, staff, or contractors or Millennium Staff, who seek advice, raise a concern or report an ethical or compliance issue in good faith, will not be tolerated. Good faith reporting of compliance concerns and violations is protected under the Code of Conduct and by the Millennium Non-retaliation and Non-Intimidation Policy. Participants, Participating Providers or individuals who deliberately make a false accusation with the purpose of harming or retaliating against another person or Participants or Participating will be subject to disciplinary action.

### **Internal Investigations**

We are committed to investigating all reported concerns promptly, in accordance with Millennium Compliance Policies and Procedures, and confidentially to the extent possible.

The Millennium Corporate Compliance Officer will initiate an investigation to identify all relevant facts and is responsible for assuring that prompt and appropriate corrective action(s) is taken, in consultation with the Compliance Committee. Participants and Participating Providers shall cooperate with investigation efforts.

Millennium is required to monitor system performance to determine if Participants or Participating Providers are carrying out activities consistent with project plans approved by DOH. The distribution of DSRIP funds and DOH's requirements are set out in Delivery System Reform Incentive Payment (DSRIP)-Measure Specification. Examples of compliance issues, risk areas, and/or fraud, waste and abuse:

- Misuse of DSRIP funds,
- False representation to obtain DSRIP funds,
- Payment to excluded persons.
- Payments to Partner Organization, but services associated with the payment are not being provided.

### **Corrective Action**

Where an internal investigation substantiates a reported violation, appropriate corrective measures will be taken, including, but not limited to, notifying the appropriate governmental agency, instituting appropriate disciplinary action and implementing systemic changes to prevent a similar violation from recurring in the future. All affected individuals are required to participate in the Millennium Compliance Program, includes Participating Providers within the PPS network. Corrective action plans will be shared with all appropriate Participants or Participating Providers and Millennium Senior Management. Participants and Participating Providers shall cooperate fully in remediating any compliance problem that arises in the context of a PPS project or activity.

### **Reporting By the Population Served By Millennium**

We encourage compliance reporting by the population of Medicaid beneficiaries and uninsured individuals served by Participants and Participating Providers and the Millennium PPS. All Participants and Participating Providers are required to provide information about the Millennium Compliance Hotline in their offices or facilities and to assist patients who seek to report:

- i. a compliance violation related to Millennium projects or activities;
- ii. a concern about the quality of care provided arising from a Millennium protocol, project or activity; or
- iii. a concern about Millennium counseling and other direct services provided by Millennium.

Medicaid beneficiaries and uninsured individuals can report compliance or quality concerns to Millennium by written communication, including email and the link on our website, directly to the Compliance Officer, or to the Compliance Hotline. Millennium will report promptly to Participants or Participating Providers regarding compliance or quality concerns reported by Medicaid beneficiaries or uninsured individuals.

### **Auditing and Monitoring**

The most effective means to determine whether a compliance plan is successful is to monitor activities in relation to applicable laws and regulations to determine if those activities are being conducted in a compliant manner. Participants agree, as part of their Master Participation agreement, that Millennium and any government officials with oversight authority over Millennium or their designees have the right to audit, inspect, investigate, and evaluate any books, contracts, records, documents and other evidence of Participant and other individuals or entities performing functions or services related to Participant's performance, including but not limited to access to medical records, encounter data and financial information related to DSRIP activities. Participant shall permit Millennium and any government officials with oversight authority over Millennium to conduct site visits of Participant, upon reasonable prior notice, to verify the performance of participant under this Agreement. The Millennium Compliance Officer will conduct various auditing and monitoring to measure compliance with and identification of risk areas of the DSRIP expectations and initiatives. Risk areas to Millennium during this phase of the DSRIP program include Participants and Participating Providers performance and progress toward DSRIP milestones. All Participants and Participating Providers are expected to cooperate fully with any such auditing and monitoring activities. A work plan will be developed by the Millennium Compliance Officer and the Board of Managers using a variety of sources and inputs such as identified risk areas, protocols and measurements, DOH/OMH/OASAS/ OMIG guidance, voluntary and compliance hotline inquiries, DSRIP payment and milestones criteria, and any other source of that would be deemed beneficial. In addition, the overall compliance will be measured using the Compliance Policies, Code of Conduct, Stark, and Anti-kickback Laws, DOH regulations, Anti-trust laws as well as others.

The resolution process will include all actions necessary to fully correct any deficiencies. Follow up monitoring will be accomplished to ensure that corrective actions were implemented to resolve the issue and prevent future reoccurrence.

### **Education and Training**

Millennium will provide compliance training and education to Millennium staff, the Millennium Board of Managers, Participants and Participating Providers on compliance issues and expectations. This will include performing providers within the Millennium PPS who are or may be eligible to receive DSRIP funds. The training and educational materials will be supplied by Millennium and distributed to the performing providers throughout the network to implement. The Participants and Participating Providers will need to confirm and certify all affected parties have received the training and education. The training and education materials will include compliance expectations related to the DSRIP program, performing providers' roles in DSRIP projects, and how to report any fraud, waste, or abuse of DSRIP funds.

### **Disciplinary Policies and Procedures**

Millennium must include disciplinary policies and procedures that will encourage good faith participation in the compliance program by all affected individuals. Compliance related disciplinary policies are required to be enforced fairly and firmly.

All affected individuals have a duty in conducting business to place DSRIP interests ahead of their personal interests. In addition, all affected individuals must avoid conduct that could have the appearance of conflict between their personal interests and those of Millennium, DSRIP or any relationship that may appear to influence decisions or actions.

Violations of the Millennium Code of Conduct, Fraud, Waste and Abuse, Conflict of Interest, HIPAA and any other compliance violation will be reviewed by the Millennium Compliance Officer, ECMC Compliance Officer and ECMCC General Counsel, then if deemed appropriate, present to the ECMCC Board of Directors. Depending on the seriousness of the violation, a decision will be made to initiate a corrective action plan or to have the affected individual or Participants or Participating Providers removed from participation in the DSRIP program. A final determination will be made by the lead entity.

### **Fraud, Waste and Abuse**

Most individuals strive to work ethically and to report accurately to obtain DSRIP funds. Everyone is required to report suspected instances of fraud, waste, and abuse. Our Code of Conduct clearly states this obligation. In addition, as part of our Compliance Program, we may not retaliate against any individual for making a good faith effort in reporting as stated in our Non-retaliation/Non-Intimidation Policy.

### **Antitrust**

We are committed to complying with federal and state antitrust laws, which are designed to preserve and foster fair and honest competition within the free enterprise system. In order to foster compliance with antitrust laws, Millennium provides training to its Board of Managers and Staff, and training material to Participants and Participating Providers about antitrust compliance. We also prohibit anti-competitive conduct, including the improper exchange of competitively sensitive information, collusion to limit competition, and actions to discourage our Participants and Participating Providers from contracting with any payers outside the context of Millennium arrangements with such payers. We operate a nonexclusive, voluntary network.

### **Screening for Sanction/Exclusion**

ECMCC will not hire or contract with any individual or entity who is excluded, suspended, debarred or otherwise ineligible to participate in the federal and state health care programs (Medicare, Medicaid) or has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in federal and state health care programs. As part of their compliance programs and responsibilities, Participants and Participating Providers must maintain and enforce policies and procedures to assure that they do not contract or hire excluded individuals or organizations. It is expected Participants or Participating Providers will be following the federal and state mandates regarding screening for sanctioned and/or excluded individuals and/or entities.

Participants and Participating Providers must notify Millennium immediately in the event that either the Participant or any of Participant's employees who participates in the provision of services to Millennium (i) is convicted of a criminal offense related to health care and/or related to the provision of services paid for by Medicaid, or by another federal health care program; (ii) is excluded or debarred from participation from any federal health care program including Medicare or Medicaid; or (iii) is otherwise sanctioned by the federal government, including being listed on the Office of Inspector General's List of Excluded Individuals and Entities,

General Services Administration's Excluded Party Listing, and/or OMIG's List of Exclusions. Millennium requires Participants to replace such employee or representative with another appropriate employee or representative and repay, if applicable, any DSRIP funds received associated with the employee or representative.

#### **4. Code of Conduct**

*Approved by: ECMCC Board of Directors*

*Date approved: 12/15/15*

*Date Revised:*

It is the policy of Millennium Collaborative Care, PPS to comply with all laws and regulations that govern or apply to the DSRIP initiatives.

#### **Our Leadership, Mission, Goals and Values**

Our mission is to build a high-performing integrated delivery system and transform health care delivery in the region to achieve DSRIP goals. More specifically, Millennium seeks to enhance the capacity of our Participants and Participating Providers and the region to prevent acute illnesses, reduce the morbidity associated with chronic illness, coordinate care, and improve the effective use of health care resources. Our commitment to our communities and patients can only be achieved by conducting ourselves consistent with the highest ethical, business and legal standards.

#### **We value:**

Excellence and Innovation:

- We are committed to promoting the delivery of high quality patient care in accordance with evidence-based standards and facilitating innovation in care coordination and system transformation;

Patient-Centered Care:

- We aim to enhance the capacity of our Participants and Participating Providers and the health care delivery system in our region to provide care that is delivered at the right time and the right setting to best meet patients' needs and to improve the patient's experience of care;

Patient Engagement and Activation:

- We are committed to educating and counseling Medicaid beneficiaries and uninsured individuals to enhance their ability to access the health care services they need effectively and efficiently;

Collaboration:

- We are committed to collaboration among our Participants and Participating Providers to overcome fragmentation in the health care delivery system and share solutions and ideas;

Workforce Engagement:

- We are committed to training and development to prepare the workforce for anticipated changes in services, skill requirements, and opportunities; and

Respect and Diversity:

- We value and respect the differences among the patients and families cared for by our Participants, Participating Providers, the communities we serve, and our workforce members.

Our success in achieving our mission and vision is dependent upon maintaining our commitment to honesty, integrity, quality, and excellence. As a central part of the Millennium Compliance Program, the Code of Conduct sets forth the standards of conduct that all participants are expected to follow.

#### **Purpose and Scope of Code of Conduct**

Millennium is comprised of health care, social service providers, and community-based organizations across the continuum of care committed to working together to implement the Delivery System Reform Incentive Payment (DSRIP) Program and the Millennium Project Plan submitted to the New York State Department of Health (DOH).

Among other major goals, we seek to build an effective integrated delivery system by educating and aligning participants, participating providers and community-based organizations to provide a new model of coordinated, evidence-based care.

DSRIP requires each PPS to implement an effective compliance program related to compliance issues arising from PPS operations and performance. We have designed this Code of Conduct and the Millennium Corporate Compliance Program to set a high standard of integrity and to prevent, detect, and address compliance matters relating to Millennium operations, projects, and performance throughout Millennium.

This Code of Conduct will be carried out in accordance with the Millennium Compliance Plan and the Millennium Compliance Policies and Procedures. The Millennium Code of Conduct and Corporate Compliance Program do not replace or diminish the obligation of each Participants and Participating Providers within Millennium to



maintain and enforce a code of conduct and compliance program in relation to its governing body, staff and operations, consistent with the requirements of federal and state law and regulation and Millennium Compliance Policies and Procedures.

Millennium, Participants and Participating Providers are responsible for adhering to the Millennium Code of Conduct which is designed to guide Millennium and its Participants and Participating Providers on a day-to-day basis as they carry out PPS projects and operations in a manner consistent with strong ethical standards and prevailing legal and regulatory obligations. The principles outlined in this Code of Conduct govern the conduct of the Millennium Board of Managers, staff, Participants and Participating Providers in relation to PPS operations, projects, and performance. As used throughout this Code, Participants and Participating Providers includes the governing bodies, and staff.

#### **Responsibilities of Millennium Collaborative Care, PPS**

We at Millennium Collaborative Care are responsible for

- Leading by example by complying with the Code of Conduct at all times;
- Overseeing compliance with the Code of Conduct and implementation of the Millennium Corporate Compliance Program;
- Providing appropriate resources to support the Corporate Compliance Program;
- Creating and maintaining an environment in our network that encourages collaboration, cooperation, and professionalism;
- Promptly reporting compliance concerns and violations to the Millennium Compliance Officer;
- Promoting open communication and compliance reporting without fear of retaliation or intimidation;
- Overseeing compliance training about the Millennium Compliance Program for Board members, officers, and staff at Millennium, Participants and Participating Providers;
- Investigating reports of violations of the Code of Conduct and compliance violations and devising appropriate corrective action in conjunction with Participants and Participating Providers, as needed;
- Conducting regular audits and data review to detect compliance violations and concerns; and
- Enforcing compliance with the Code of Conduct and the Compliance Program with appropriate discipline of Millennium staff and appropriate sanctions for Participants and Participating Providers when violations occur.

#### **Responsibilities of Participants and Participating Providers**

- Understanding and adhering to the principles and terms of the Code of Conduct in relation to your organization's participation in PPS activities and projects;
- Behaving in a way that is consistent with the Code of Conduct and participating in good faith in the Millennium Compliance Program;
- Providing information and training to your governing body and staff about the Millennium Code of Conduct and Millennium Compliance Program;
- Informing governing body members, staff and the patients you serve about how they can report compliance violations and complaints about PPS operations, performance and projects to Millennium;
- Reporting violations of this Code of Conduct and compliance concerns to the Millennium Compliance Officer;
- Promoting open communication and reporting about compliance concerns and complaints without fear of retaliation or intimidation;
- Maintaining and enforcing your own code of conduct and compliance program to provide compliance with applicable laws and regulations in the operation of your programs and facilities; and
- Enforcing compliance with this Code of Conduct and the Millennium Compliance Program with appropriate discipline of your staff when violations occur.

#### **Commitment to Medicaid Beneficiaries and the Uninsured**

We seek to improve the delivery of health care services in the Millennium region by increasing the capacity to coordinate care, reduce inefficiencies, and enhance population health management. We embrace the value of treating every patient with dignity and respect through the delivery of health and social services by our Participants and Participating Providers. We are committed to working with Participants and Participating Providers and assisting patients to access health care that is appropriate for their medical needs and patient-centered.

We provide education, activation counseling, and illness prevention programs to Medicaid beneficiaries and the uninsured to improve access to care and the health of our communities. Participant and any other individually or entity performing functions or services for Participant related to DSRIP activities is prohibited from providing gifts or other remuneration to beneficiaries as inducements.

#### **Commitment to Our Participants and Participating Providers**

We realize that the continued contribution, engagement, and expertise of our Participants and Participating Providers are integral to Millennium success. We are committed to supporting a high level of participation by

Participants and Participating Providers in our activities and decision-making through transparency in our governance, representation on the Board of Directors, governance committees, and the Project Advisory Committee. The Millennium Board of Managers, staff and contractors (Staff) will treat Participants, Participating Providers and their staff and representatives in a professional and collegial manner.

### **Confidentiality of Medical and Beneficiary Information**

We collect medical and other information about patients treated by our Participants and Participating Providers and about the Medicaid population of our region in order to improve care coordination and manage population health (collectively, "Protected Health Information"). We are committed to maintaining the confidentiality and security of Protected Health Information that we collect and the Medicaid information to which we have been granted access, in accordance with all applicable federal and state privacy laws and the Medicaid Data Exchange and Application Agreement (DEAA) between Millennium and the DOH. To ensure that Millennium its Participants and Participating Providers maintain the privacy of Protected Health Information, its Participants and Participating Providers are required to:

- Provide their patients with a notice of privacy practices that includes information about Millennium and its practices to share Protected Health Information with and among Partner Organizations, at such time that PPS data exchange practices require such notice;
- Comply with all applicable federal and state laws and Millennium Privacy and Security Policies and Procedures to protect the privacy and security of Protected Health Information;
- Comply with the requirements imposed by the DEAA with respect to data accessible through the Medicaid Analytics and Performance Portal (MAPP); and
- Report violations of confidentiality and security breaches promptly to the Millennium Security, Privacy or Compliance Officer.

Millennium Participants and Participating Providers shall take appropriate disciplinary action in relation to any of their staff or contractors that engage in the unauthorized use or disclosure of Protected Health Information, and shall immediately report to Millennium any conduct that comprises or poses a risk to the privacy or security of Protected Health Information provided by any Participants, Participating Providers or Millennium or accessible from the MAPP. Any Millennium Participants or Participating Providers that engages in the unauthorized use or disclosure of Protected Health Information in violation of the privacy rights of individuals cared for in the Millennium Network will be subject to sanction, as appropriate, which may include removal from the Millennium network.

Millennium shall take appropriate disciplinary action in relation to individuals or contractors employed by or affiliated with Millennium for any conduct that compromises the confidentiality of Protected Health Information of patients cared for in the Millennium Collaborative Care PPS.

### **Confidentiality of Business Information**

In addition to patient and beneficiary information, other information that is confidential may be collected or disseminated by Millennium. This may include information about other Participants, Participating Providers or Millennium itself. No Participants or Participating Providers, without the prior written consent of Millennium shall disclose any confidential information obtained during the course of participating in Millennium operations and projects, except as required by law. This includes, but is not limited to: Millennium or Participants and Participating Providers processes, care protocols, techniques, computer software, copyrights, research data, marketing and sales information, personnel data, beneficiary medical records, beneficiary lists, financial data and records of any business or strategic plans or other information which is designated as confidential or has not been published or disclosed to the general public.

### **Physician Relationships**

Any business or other financial arrangements with a physician or a physician group must be structured to ensure compliance with legal requirements. Such arrangements between Millennium and physicians and other health care professionals must be in writing and may be subject to prior review and approval under Millennium compliance or other policies and procedures.

### **Anti-Kickback and Patient Referral Laws**

Federal and state laws prohibit any form of kickback, bribe, or rebate of any kind to induce the purchase, recommendation to purchase, reduction or limitation of services, or referral of any kind of health care goods and services or items paid for by the Medicare and the Medicaid programs. We do not solicit, offer or receive

inducements or create situations in which Millennium appears to be soliciting, offering or receiving an improper inducement to any individual or organization related to patient referrals to the Millennium Collaborative Care PPS.

We do not pay for referrals to the Millennium, Participants or Participating Providers. Our Participants and Participating Providers are expected to have policies and procedures to assure that they accept referrals and admissions based solely on patients' clinical and care coordination needs and their ability to render needed services. No Staff or any other individual acting on behalf of Millennium is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients into the Millennium. All DSRIP activities and protocols will conform to these laws about patient referrals.

#### **Financial Records and Management of DSRIP Funds**

Millennium is committed to full compliance with all DSRIP program requirements, and federal and state laws and regulations relating to management, disbursement and expenditure of DSRIP and Capital Restructuring Financing Program (CRFP) funds. Millennium Staff and Partner Organizations are prohibited from knowingly presenting or causing to be presented to any organization or individual, including, but not limited to, Millennium, Participants, Participating Providers and DOH, documents or records regarding PPS financial transactions, operations, or performance that are false, fictitious or fraudulent.

Millennium operates internal and external audit systems to assure that DSRIP funds are received and expended:

- i. in accordance with all DSRIP Program requirements, DOH approvals, and policies and agreements with its Participants and Participating Providers;
- ii. only for authorized DSRIP purposes; and
- iii. for services actually rendered or capital and other costs of DSRIP project implementation actually expended.

Millennium Staff, Participants and Participating Providers are required to report promptly to Millennium if errors occur, and to address any such errors in a timely and appropriate manner as required by law.

#### **5. Conflict of Interest Policy and Agreement**

*Approved by: ECMCC Board of Directors*

*Date approved: 12/15/15*

*Date Revised: 8/22/16*

#### **ARTICLE I**

##### **PURPOSES**

The purpose of the Conflict of Interest Policy is to protect the interest and to achieve the goals of the Millennium Collaborative Care Performing Provider System ("Millennium") when it is contemplating entering into a transition or arrangement that might benefit the private interest of any interested person. This policy does not replace, but supplements the conflict of interest policies of our Participants and/or Participating Providers. It is important for Millennium Collaborative Care PPS to be aware that both real and apparent conflicts of interest or dualities of interest sometimes occur in the course of conducting the initiatives of DSRIP and that the appearance of conflict can be troublesome even if there is in fact no conflict whatsoever.

Conflicts occur because of the many persons associated with Millennium it should be expected to have, and do in fact generally have multiple interests and affiliations and various positions of responsibility within the community. In these situations, a person will sometimes owe identical duties of loyalty to two or more corporations. The purpose of the conflict of interest policy is to protect Millennium's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of Millennium or might result in a possible excess benefit transaction.

Conflicts are undesirable because they potentially or eventually place the interests of others ahead of the goals of NYS DOH initiatives. The long-range best interests of Millennium do not require the termination of all association with persons who may have real or apparent conflicts that are harmless to all individuals or entities involved; however, it is imperative for the interested party to be transparent. Millennium expects all to be accountable and report any conflicts of interest to the Millennium Compliance Officer.

Each interested person of Millennium has a duty of loyalty to Millennium. The duty of loyalty generally requires all interested persons prefer the interests of Millennium over the interest or the interests of others. In addition, Millennium shall avoid acts of self-dealing which may adversely affect the Millennium goals and indicatives.

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

## **ARTICLE II DEFINITIONS**

### **2.1 Interested Person**

Any Millennium staff, director, officer, participant, participating provider, member of a committee with board delegated powers or employee who has a direct or Financial Interest, as respect to any entity of Millennium Collaborative Care PPS, is an Interested Person with respect to all entities in Millennium.

### **2.2 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 interest in any entity with which Millennium DSRIP has a transaction or arrangement; or
- (b) a compensation arrangement with the Participants, Participating Providers, Millennium or with any entity or individual with which Millennium has a transaction or arrangement; or
- (c) a potential ownership or investment interest (35% or greater ownership or beneficial interest, or if the entity is a partnership, a direct or indirect ownership exceeding 5%) in, or compensation arrangement with, any entity or individual with which Millennium is negotiating a transaction or arrangement.

## **ARTICLE III PROCEDURES**

### **3.1 Duty to Disclose**

Any interested person of DSRIP initiatives and/or decisions must promptly disclose the existence, nature and all material facts of his or her financial, adversarial or other interest with respect to Millennium DSRIP generally, or as it pertains to a proposed transaction or arrangement.

At least annually, in the Conflict of Interest Statement referenced below and continually as the situation may arise in connection with any actual or possible conflicts of interest, an Interested Person must disclose the existence and nature of his or her Financial Interest with respect to Millennium generally or as it pertains to a proposed transaction or arrangement.

### **3.2 Determining Whether a Conflict of Interest Exists**

If at any time a matter comes before the Board of Managers or an authorized committee of the Board for decision or approval, in which an interested person of DSRIP initiatives and/or decisions or financial, adversarial or other interest, that interest must be promptly disclosed to each member of the Board or committee.

### **3.3 Procedures for Addressing the Conflict of Interest**

- (a) The Board or Committee members will review all transactions, agreements or any other arrangements or relationships between the Millennium and the Interested Person, and any other transactions which may involve a potential conflict of interest. The Board or Committee members addressing the conflict of interest must act in the best interests of the Millennium at all times.
- (b) The Interested Person must not be present for deliberations and voting on the transaction or arrangement in which he or she has an interest. However, an interested person is not prohibited from providing information regarding the transaction or arrangement to the Board or committee prior to deliberations and voting.
- (c) Interested Persons shall not vote, act, or attempt to influence improperly the deliberations on any matter in which he or she has been determined by the Board or committee to have an interest.
- (d) Prior to entering into a proposed transaction involving an Interested Person, the Board or committee will consider alternative transactions to the extent available.
- (e) The Board or committee shall, after considering alternate transactions and/or comparability data, determine in good faith by vote of the committee whether the transaction or arrangement is fair, reasonable, and in the best interest of Millennium at the time of such decision. The transaction shall be approved by not less than a majority vote of the Board or committee.

### **3.4 Violations of the Conflicts of Interest Policy**

If the any employee, officer, or member of the Board has reasonable cause to believe that another employee, officer, or member of the Board has failed to disclose actual or possible conflicts of interest, it shall report such

failure to disclose to the Millennium Compliance Officer. If, after hearing the response of the potential Interested Party and making such further investigation as may be warranted in the circumstances, the Compliance Officer determines that the stakeholder has in fact failed to disclose an actual or possible conflict of interest, it shall take the appropriate disciplinary and corrective action, which may include removal from further discussions or votes regarding the relevant transaction.

#### **ARTICLE IV RECORDS OF PROCEEDINGS**

##### **4.1 Minutes**

The minutes for proceedings pursuant to this policy shall contain:

- (a) The names of the persons who disclose or otherwise were found to have a Financial Interest in connection with an actual or possible 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.
- (b) 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 record of any votes taken in connection herewith.

#### **ARTICLE V ANNUAL STATEMENTS**

Each Interested Person shall sign a statement as soon as practicable after appointment, to be renewed annually, which affirms such person:

- (a) Has received a copy of the conflicts of interest policy; and
- (b) Has read and understands the policy; and
- (c) Has agreed to comply with the policy.

No less than annually, the Millennium Compliance Officer shall review all interests disclosed by such Questionnaires. The Compliance Officer will provide recommendations on how conflicts will be managed, if any related thereto.

## **6. Non-Retaliation and Non-Intimidation**

*Approved by: ECMCC Board of Directors*

*Date approved: 12/15/15*

*Date Revised:*

### **I. Purpose of Policy**

- a. The purpose of this policy is to afford certain protections to individuals who in good faith report violations. It also provides guidance by which Millennium employees, participants, participating providers and Medicaid beneficiaries can express problems, concerns, and opinions without fear of retaliation, intimidation or reprisal, as well as providing supervisors with appropriate guidelines for addressing problems and concerns raised.
- b. It is the belief of Millennium that positive relations and morale can be best achieved and maintained in a working environment that promotes ongoing open communication. This includes open and candid discussions of problems and concerns. The NYS Office of Medicaid Inspector General (OMIG) stipulates that every PPS Lead have a policy of non-retaliation and non-intimidation for the reporting of code of conduct, ethical violations or compliance matters.

### **II. Definitions**

- a. Good faith:** Information concerning potential wrongdoing is disclosed in "good faith" when the individual making the disclosure reasonably believes such information to be true and reasonably believes that it constitutes potential wrongdoing.
- b. Whistleblower:** Any Millennium employee, participants or participating providers who in good faith discloses information concerning wrongdoing by another or concerning the business of Millennium itself.
- c. Wrongdoing:** Any alleged corruption, fraud, criminal or unethical activity, misconduct, waste, conflict of interest, intentional reporting of false or misleading information, or abuse of authority engaged in by any Millennium employee, participants and participating providers employee that relates to Millennium.
- d. Medicaid Beneficiary:** Individuals who are eligible for and receive Medicaid benefits because of age, blindness, or disability in addition to the amount of their income and assets.

### **III. Policy Statement**

- a. It is Millenniums' policy to take all necessary steps to refrain from intimidating, threatening, coercing, discriminating against or taking any other retaliatory action against any Millennium employee, participants or participating providers, for the exercise of any right under, or for participation in any process established by applicable law, regulation, or existing policies and procedures.
- b. All Millennium employees, participants, participating providers and Medicaid beneficiaries have the affirmative duty for promptly reporting actual or potential wrongdoing, including an actual or
- c. Potential violation of law, regulation, policy, procedure or the Code of Conduct.
- d. An "open-door policy" shall be maintained at all levels of management for Millennium employees, participants, participating providers or Medicaid beneficiaries to report problems and concerns and shall be acted upon in an appropriate manner. If the problem is not satisfactorily resolved, the employee may proceed up the supervisory chain or higher level. The "Compliance Hotline" is designed to permit any person to call, anonymously or in confidence, to report problems and concerns or to seek clarification of compliance related issues.
- e. Millennium employees, participants, participating providers or Medicaid beneficiaries who, in good faith, report a potential violation of law, regulation, policy, procedure, Conflict of Interest, the Code of Conduct, or other instances of potential wrongdoing within Millennium will not be subjected to retaliation, retribution or harassment. No Millennium staff, participants, participating providers or whistleblower is permitted to engage in retaliation, retribution or any form of harassment against a whistleblower for reporting a compliance related concern. Any Millennium senior management, participants, participating providers or employee who conducts or condones retribution, retaliation, or harassment in any way will be subjected to the appropriate disciplinary and corrective action, which may include removal from the initiative and/or DSRIP.
- f. Millennium shall not permit retaliation against Millennium employees, participants or participating providers for:
- f.i. Exercising any right under, or participating in, any process established by federal, state, local law, regulations, or policy;
- f.ii. Filing a complaint with Millennium and/or the Department of Health and Human Services or other government agency;
- f.iii. Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing;
- f.iv. Opposing in good faith any act or practice made unlawful by federal, state or local law, regulation, or policy, provided that the manner of the opposition is reasonable and does not itself violate law.
- g. All necessary procedures will be followed to protect against any retaliation toward any Millennium employee, participants or participating providers for exercising their rights or participating in any process pursuant to internal policies, applicable law, and/or regulation.
- h. Millennium employees, participants or participating providers or (individuals) cannot exempt themselves from the consequences of wrongdoing by reporting their own wrongdoing, although self-reporting may be taken into account in determining the appropriate course of action.

#### **IV. Procedure**

- a. All Millennium Collaborative Care management, participants, participating providers and employees must understand that any incident where retaliation or reprisal can be related to an employee raising/reporting a problem, either at the organization level or through the compliance program, will not be tolerated. Reports of this nature must be investigated thoroughly and expeditiously, and may be subjected to the appropriate disciplinary and corrective action, which may include removal from the initiative and/or DSRIP.
- b. Millennium employee, participants, participating providers and Medicaid beneficiaries responsibilities
- b.i. Knowledge of misconduct, wrongdoing, unethical activities including actual or potential violations of law, regulation, policy, procedure, or the Code of Conduct must be immediately reported by employees to:
- b.i.1. Compliance office (716- 898-5880),
- b.i.2. Compliance hotline (716- 898-6555), or
- b.i.3. E-mail [compliance@millenniumcc.org](mailto:compliance@millenniumcc.org)
- c. Failure to report or concealing knowledge of a potential violation may be subjected to the appropriate disciplinary and corrective action, which may include removal from the initiative and/or DSRIP.

#### **d. Participants, Participating Providers Responsibilities**

- d.i. All participants and participating providers must take aggressive measures to assure their staff that the organization truly encourages the reporting of problems and that whistleblowers will not "get into trouble" for doing so.
- d.ii. All participants and participating providers must promote an "open door" attitude about whistleblowers compliance problems and concerns at all times and receive all whistleblowers concerns, problems and opinions.

- d.iii. Compliance must be informed of all concerns and problems raised by whistleblowers that fall within their area of responsibility.
- d.iv. The confidentiality of whistleblowers concerns and problems must be respected and protected at all times, insofar as legal and practical, informing only on a need to know.

#### **e. Compliance Responsibilities**

- e.i. The Millennium Collaborative Care Compliance Officer will be responsible for the investigation and follow-up of any reported retaliation against whistleblowers, working closely with the ECMCC Director of Corporate Compliance.
- e.ii. The Millennium Collaborative Care Compliance Officer will report the results of an investigation of suspected retaliation to the ECMCC Director of Corporate Compliance,
- e.iii. Millennium Senior Leadership, Board of Directors Compliance Committee or ECMCC's legal counsel for determination of next steps.

### **7. Fraud Waste and Abuse**

#### **Fraud, Waste and Abuse**

##### **I. Purpose of Policy**

Millennium is committed to complying with the requirements of Section 6032 of the Federal Deficit Reduction Act of 2005 (DRA) and to detecting and preventing fraud, waste or abuse. This policy is intended to comply with the DRA and will be modified, as necessary, based upon any Federal or State guidance promulgated regarding Section 6032.

##### **II. Statement Policy**

Millennium prohibits the knowing submission of a false claim for payment from a Federally or State funded health care program. This policy provides information regarding Federal & State statutes pertaining to false claims and statements, whistleblower protections under these laws and Millennium policies and procedures for detecting and preventing fraud, waste and abuse.

A. Federal and State Statutes & Whistleblower Protections- Detailed information regarding these laws are Millennium Policies & Procedures- Millennium maintains a comprehensive Compliance Program which sets forth, in detail, its compliance policies and processes for detecting and preventing fraud, waste and abuse. Information regarding Millennium Compliance Program is provided to Participants and is available on the Millennium Collaborative Care PPS's website [www.millenniumcc.org/resources/](http://www.millenniumcc.org/resources/)

B. Education- Millennium will provide education to Millennium employees and participants on fraud and abuse laws, accuracy of reports to the Federal and State governments, as well as complying with all elements of Millennium's Compliance Program (Training is required for employees, participants is based on need and want, i.e. if a participant has a certified Compliance Program they may not need Millenniums).

##### **III. Procedure**

###### **A. Dissemination of Information**

1. Millennium Education and Training- The Millennium training contains specific discussion of the Federal & State fraud and abuse laws, as well as whistleblower protections.

2. Millennium Collaborative Care PPS Compliance Program- A Compliance Program Manual is posted on the Millennium Collaborative Care website at [www.millenniumcc.org/resources/](http://www.millenniumcc.org/resources/) and includes the following information:

- i. Compliance Program
- ii. Code of Conduct;
- iii. Disciplinary Policies;
- iv. Communication;
- v. Responding to Compliance Issues; and
- vi. Non-intimidation and non-retaliation
- vii. Fraud, Waste, and Abuse

B. Reporting of Potential Fraud, Waste or Abuse- To assist Millennium in meeting its legal and ethical obligations, any participant, participating provider, Millennium staff, or Medicaid beneficiary, who reasonably suspects or is aware of the preparation or submission of a false report or any other potential fraud, waste or abuse related to a Federally or State funded health care program is required to report such information.

1. Reporting Process A participant, participating provider, Millennium staff, or Medicaid beneficiary who suspects a violation should report concerns to:

- i. Millennium Compliance Officer; or

- ii. Millennium Compliance Hotline: 716-898-6555 or
- iii. Email: [compliance@millennium.org](mailto:compliance@millennium.org)

2. Non- Retaliation- Any participant, participating provider, Millennium staff, or Medicaid beneficiary, who reports information regarding potential fraud, waste or abuse will have the right and opportunity to do so anonymously and will be protected against retaliation for coming forward with such information both under internal Millennium Compliance policies, as well as under Federal and State law.

3. Investigations- Millennium commits itself to investigate any suspicions of fraud, waste or abuse swiftly and thoroughly and will initiate the appropriate action against any, participant, participating provider Millennium staff, or Medicaid beneficiary who has committed a violation with Millennium Compliance Program.

C. Compliance Monitoring- In accordance with Millennium's Compliance Program, the Millennium Compliance Officer will monitor Millennium's compliance with Federal and State statutes.

#### **IV. Responsibilities**

The Millennium Compliance Officer is responsible for administering the Millennium Compliance Program. It is the responsibility of all participant, participating provider, Millennium staff, and Medicaid beneficiary, to comply with the Millennium Compliance Program and related policies and to report any suspicious of fraud, waste or abuse via the appropriate reporting process.

#### **APPENDIX A:**

FEDERAL DEFICIT REDUCTION ACT OF 2005 (DRA)- FEDERAL & STATE STATUTES  
FEDERAL & NEW YORK STATUTES RELATING TO FILING FALSE CLAIMS  
FEDERAL LAWS

- Federal False Claims Act (31 USC §§3729-3733)
- NEW YORK STATE LAWS
- CIVIL AND ADMINISTRATIVE LAWS
  - New York False Claims Act (State Finance Law §§187-194)
  - Social Services Law, Section 145-b-False Statements
  - Social Services Law, Section 145-c-Sanctions
- CRIMINAL LAWS
  - Social Services Law, Section 145 – Penalties
  - Social Services Law, Section 366-b- Penalties for Fraudulent Practices
  - Social Services Law, Section 145-c-Sanctions
  - Penal Law Article 175 – False Written Statements
  - Penal Law Article 176 – Insurance Fraud
  - Penal Law Article 177 – Health Care Fraud
- WHISTLEBLOWER PROTECTION
  - Federal False Claims Act (31 U.S.C. §3730(h))
  - New York State False Claim Act (State Finance Law § 191)
  - New York State Labor Law, Section 740
  - New York State Labor Law, Section 741

### **8. Updating Policies & Procedures**

#### **Updating Policies & Procedures**

##### **I. Purpose of Policy**

Millennium Collaborative Care has adopted a series of policies establishing requirements related the Delivery System Reform Incentive Payment (DSRIP) program (the "Policies"). As the DSRIP program continues to evolve, Millennium must ensure that the Policies are updated to reflect any changes to the DSRIP program or to Millennium operation.

##### **II. Scope of Policy**

This policy applies to all Policies adopted by the board of managers of Millennium Collaborative Care PPS and the board of directors of ECMCC.

##### **III. Statement of Policy**



**Annual Review of All Policies**

The Policies shall be reviewed by the Compliance Officer of Millennium and such other individuals as may be identified by the board of managers of Millennium PPS at least annually. The Compliance Officer and any designee of the board of managers may elect to review all Policies simultaneously or may review the Policies on a rolling basis (so long as each of the Policies is reviewed at least once in a twelve month period). The Compliance Officer and any designee of the board of managers shall develop recommended changes to the Policies, for review and approval by the Millennium board of managers and the board of directors of ECMCC.

**Immediate Review of Policies Affected By Changes in State Law or Policy**

In the event that the State modifies or clarifies any aspect of the DSRIP program, the Compliance Officer shall evaluate whether the State's modification or clarification affects any existing Policy or warrants the adoption of a new policy. The Millennium Compliance Officer shall propose any changes to a Policy that he or she thinks is appropriate in response to a modification or clarification by the State. In the alternative, the Compliance Officer may draft a new policy to address such modifications or clarifications. All proposed Policy change or new policies shall be reviewed and approved by the Millennium board of managers and the board of directors of ECMCC.

**Review at the Request of Board of Managers**

At any time, the board of managers may exercise its authority to revise (or request that the Compliance Officer develop recommended revisions to) any Policy.

**Modification at Request of Millennium Organization**

Any Millennium participant or participating provider may at any time request an amendment to an existing Policy or the adoption of a new policy. The Compliance Officer shall consider all such requests and recommend revisions to a Policy or the adoption of a new policy, as appropriate.