

TRUST IN PRINCIPLED PERFORMANCE

the Compliance Program for

*Albany Med Health System,
Columbia Memorial Hospital,
Glens Falls Hospital,
The Saratoga Hospital,
Albany Visiting Nurse Home Care Services Group, Inc.
and affiliated entities*

Adopted: July 10, 2019

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Adopted by the Committee on Audit & Compliance,
Board of Directors, Albany Med Health System
Board of Trustees, The Columbia Memorial Hospital
Board of Trustees, Glens Falls Hospital
Board of Trustees, The Saratoga Hospital
Board of Directors, Albany Visiting Nurse Home Care Services, Group, Inc.

Revised by: AMHS Committee on Audit & Compliance

As aptly described in the bestselling book “The Tipping Point,” what often makes the difference between success and failure are the people, the relationships among them and the environment surrounding them.

In an academic health science system, where complexity and change might otherwise overwhelm efforts to achieve excellence in medical education, biomedical research and patient care, our ability to succeed rests with the people who serve on behalf of our collective mission. Their individual efforts, in concert with others, allow our constituents to Trust in the Principled Performance of the Albany Med and its affiliates, thus creating the foundation for our achievements and future success.

The purpose of this Program is to ensure we deserve that trust.

OUTLINE:

- I: INTRODUCTION
- II: GOALS & RESPONSIBILITIES
- III: ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM
- IV: GOVERNANCE & STRUCTURE

I: INTRODUCTION

Trust in Principled Performance

the Compliance Program for Albany Med and its affiliates

To fulfill its mission as an academic health sciences system that provides excellence in medical education, biomedical research, and patient care, Albany Med and its affiliates must operate such that people who rely on the System can *trust in its principled performance*. Whether education, research, or patient care; the System serves people who must rely on the competence and integrity of System to act in their best interests. The goal of this Program is to enhance their *trust in our principled performance*.

Principles – The ability to act consistently and collectively in ways deserving of trust requires a comprehensive plan to articulate our principles, our practices and our prohibitions. Our ability to maintain a written plan of policies and procedures that integrates the expectations of both community and constituents, while ensuring effective delivery of our mission is the cornerstone of all our efforts. This requires we constantly reevaluate the adequacy of this plan to remain responsive to changing circumstances and risks confronting the System.

Performance – While a comprehensive plan is required to define our principles, in the final analysis our actions are what define our mission. To embody these principles in our actions requires a plan that is useful and understood, requires education that enhances comprehension and awareness, and requires systems that ensure our actions are consistent with our principles.

Trust – Increasing awareness, understanding and support for a comprehensive plan that effectively anticipates events and risks confronting the System will promote, but not attain, trust in the excellence of our performance. No plan anticipates every circumstance, leaving certain that some events will fall outside the written plan and some risks will arise unexpectedly. For these reasons, developing a culture willing to confront these limitations and individuals willing to embrace the multi-faceted responsibilities of their role with the System is essential if trust in our principled performance is the goal.

No program can ensure perfect performance. However, an effective compliance program can ensure we measure our actions against our aspirations – rigorously, methodically and with the purpose to be better tomorrow than we are capable of today.

II: GOALS & RESPONSIBILITIES

Goals:

- to always act ethically, and to comply with the legal, regulatory, and other requirements to fulfill our mission of medical education, biomedical research and patient care by:
 - o fostering a culture of integrity and compliance
 - o ensuring the consistency of our actions with our principles
 - o responding to changing circumstances while preserving core System values
 - o detecting and preventing criminal or unethical conduct including fraud, waste, and abuse

Responsibilities:

To achieve these goals requires we act in unison with integrity, honesty, and commitment to engender trust that our actions reflect our stated aspirations. In this endeavor, we can only succeed collectively, but can fail by a single act. For this reason, all individuals acting on behalf of Albany Med and its affiliates have the responsibility to achieve the goals outlined by this Program, each according to their rights and role with the System, and each responsive to those they serve and those with whom they serve.

Individuals – to serve in the best interests of our patients, our students, and the public; must always act in ways deserving the trust of those constituents. For this reason: the party primarily responsible for compliance with System policies, procedures, and directives; and with regulatory rules, regulations and requirements is each individual¹. Individuals acting on behalf of the System are required to comply with all legal, ethical, and organizational expectations. These include, among others to:

- undertake all duties and activities on behalf of the System with best efforts to comply with the goals of the Compliance Program, including,
 - o remaining knowledgeable of the ethical and legal requirements of their role and responsibilities,
 - o exercising necessary care and diligence, and
 - o refusing to participate in unethical or illegal conduct.
- abide by all applicable written policies and procedures, standards, laws, and regulations including, but not limited to the AMHS Policy on Fraud, Waste,

¹ Defined on page 15 of this document.

and Abuse in Federal Health Care Programs, and the Code of Conduct – and seek understanding of those policies and procedures, when necessary,

- act only as authorized by the Responsibility and Authority to Act Guidelines, applicable governance actions, approved System policy and procedure, or as directed by the terms of a duly authorized contract,

- actively support a culture necessary to promote trust in principled performance by exceeding minimum expectations of ethical behavior and the requirements of responsible conduct,

- cooperate fully with the Chief Compliance Officer and other authorized individuals to achieve the goals of this Compliance Program, including responding completely and honestly to all requests for information or insights regarding matters related to the operation of the Compliance Program and achievement of the Program's goals,

- timely report all instances of suspected noncompliance to the appropriate supervisory personnel, to the Chief Compliance Officer, or designee,
 - o including use of the Compliance Hotline to allow individuals to report suspected instances of noncompliance with written policies and procedures or matters that may be considered fraud, waste or abuse of government funds.
 - reports to the Hotline may be made on a confidential or anonymous basis, however
 - reports made anonymously may limit the ability of the System to fully investigate and respond to reported instances of possible noncompliance.
 - The confidentiality of individuals reporting possible instances of noncompliance will be protected to the extent possible. However, confidentiality cannot be assured when doing so would allow an imminent threat to public or personal safety, affect a disciplinary process, or would be required to fulfill legal requirements, or would be required to rectify or prohibit the noncompliant behavior.

 - o failure to report suspected instances of noncompliance may result in disciplinary action for persons who knew or should have known of the noncompliant behavior,

 - o individuals making reports based on a good faith assessment of available facts will be protected against retaliation and intimidation

for having made the report regardless of whether the alleged acts occurred,

- cooperate with all investigations or inquiries by the Chief Compliance Officer or his designee into matters of potential noncompliance,
 - o acts of retaliation or intimidation resulting from involvement in an investigation of potential instances of noncompliance are prohibited
 - all suspected acts of retaliation or intimidation should be reported immediately to the Chief Compliance Officer
 - o individuals involved in or the subject of investigations of potential noncompliance will be informed of their duties to assist in the investigation, maintain the confidentiality of all persons and matters related to the investigation, and to refrain from and report any instances of suspected retaliation or intimidation.

Supervisors – to lead others; must consistently make choices that attain our goals and promote individual well-being within the context of the System’s mission. For this reason: persons who direct or oversee the actions of others also assume the responsibility to determine that the actions of those individuals comply with all expectations of their duties on behalf of the System. Each supervisor must:

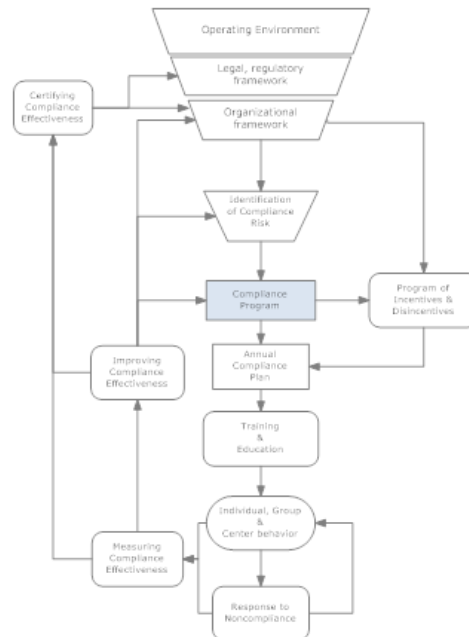
- implement a written compliance program and plan of sufficient detail to insure the detection of group or individual instances of noncompliance,
- provide each person with clearly delineated duties, responsibilities and expectations to complete their tasks,
- insure each person is able to perform their duties by virtue of education, training or other skills required of the position,
- monitor individual performance in sufficient detail to assess individual competence and effectiveness, and
- enforce compliance with System directives and other applicable laws, rules and regulations.

Leaders – to direct others towards a common mission; must anticipate future trends and adapt System strategies and tactics to take best advantage of both constraints and opportunities. For this reason: individuals who exercise significant decision-making discretion or direction within the System have the added duty to actively identify and assess potential compliance risks currently facing the

System, now or in the future. When significant risks for noncompliance are identified appropriate parties should be notified in a timely manner and in sufficient detail to allow the consequences of the threat to be adequately considered and effective responses implemented that assure continued success of the System.

III: ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM

A compliance program, whether for a department, an entity or the System will include several elements to improve operating effectiveness methodically, while simultaneously ensuring compliant behaviors and the timely identification of noncompliant acts. At a minimum, the Program must apply to regulatory risk areas including: (1) billings, (2) payments, (3) ordered services, (4) medical necessity, (5) quality of care, (6) governance, (7) mandatory reporting, (8) credentialing, and to other areas indicated by Organization Experience.² These elements include a thorough risk analysis to identify and understand potential compliance risks, a written plan to ensure compliant behaviors including written policies and procedures, programs to promote compliance and to respond to instances of noncompliance, and a disciplined approach for evaluating the effectiveness of the compliance program and improving it when possible.



² Organizational Experience : mean the (1) knowledge, skill, practice, and understanding acquired in operating its compliance program, (2) issues or risk areas identified in the course of its internal monitoring and audit activities, (3) experience ,knowledge, skill, proactive, and understanding of its participation in government health programs and the results of any audits, investigations, or reviews it has been the subject of, or (4) any issues it should reasonable become aware of for its categories of service.

A brief introduction to each element follows:

Routine Identification of Compliance Risk:

Compliance risk includes the inability to meet mission objectives, instances of noncompliance with written policies and procedures, and inadequacies in organizational culture necessary to promote quality, compliance with organizational objectives, applicable laws, rules, and regulations. These risk areas include, but are not limited to areas identified by regulation such as:

- a) billings,
- b) payments,
- c) ordered services,
- d) medical necessity,
- e) quality of care,
- f) governance,
- g) mandatory reporting,
- h) credentialing, and
- i) other risks identified by Organizational Experience.

To implement an effective compliance program a thorough risk analysis is required to establish program requirements and priorities. This should be conducted at least annually to improve the effectiveness of the Compliance Program.

Additionally, appropriate systems should be in place to anticipate potential future compliance risks and to identify emerging threats in a timely manner. These processes allow the System to prevent instances of noncompliance, remediate them effectively when necessary, and provide leadership with a comprehensive assessment of current and future risk of noncompliance.

Written Policies and Procedures:

A comprehensive plan is required to provide the System community with clear direction on how to respond to foreseeable events and circumstances in service of a multidimensional mission. This plan must anticipate foreseeable events that would be expected to contribute to or detract from our efforts to provide services in a manner that complies with all applicable laws, rules and regulations.

The written policies and procedures of the System depend on legal and regulatory guidance, as well as the organizational structure of the System for authority. Central to this Plan is the commitment of the System to comply with all applicable federal and state standards.³ Key foundational policies include the

³ These standards include, among others: U.S. Federal Sentencing Guidelines, Chapter 8, Part B-2, Effective Compliance and Ethics Program, NYS Social Service Law, Section 363-d, and 18 NYCRR § 521, False Claim Act 31 USC §§ 3729-3733, Prohibition on Certain Physician Referrals 42 USC § 1395nn,

TiPP Compliance Program, the Code of Conduct, the Conflict of Interest Policy, the Responsibility and Authority to Act Policy, the Policy on Fraud, Waste, and Abuse in Federal Health Care Programs, and disciplinary policies required to respond to instances of non-compliance. However, for a plan to be effective, it must provide more than a structurally sound framework for decision-making; it must also be cogent, available, and responsive to the needs of people expected to comply with its directives.

A central outcome of an effective compliance program is the continued improvement of an effective plan of written policies and procedures. It is within these complementary frameworks of legal, regulatory, and organizational guidance that the discretion of an organization rests and the responsibility of an organization is defined.

Incentives & Discipline:

An integral component of a culture that strives towards strategic goals while also assuring compliance with applicable laws, rules and regulations is the interplay of incentives and disincentives towards those mutually desirable but potentially competing aims. An effective compliance program includes an understanding of the impact and interplay among these various incentives and disincentives; and uses both.

Incentives and disincentives take various forms and affect the System in a variety of ways; each acts to influence the behavior of individuals, which in turn results in actions on behalf of the System. The source may be external to the System in the form of government regulation, accrediting body standards of performance, or other guidance setting mechanisms. Alternatively, internal incentives and disincentives may result from compensation policies, formal or informal rewards systems, or other cultural norms that define accepted behaviors. They may result from policy or be embedded in various systems of the System. The Compliance Program needs to assess the impact these influences and structures have on decision-making and actions taken on behalf of the System.

A program of individual and group incentives is required to promote the goals of the Compliance Program. Conversely, the Compliance Program includes disciplinary policies and practices that also promote the goals of the Compliance Program. These disciplinary policies and practices are designed to promote compliance and to prohibit future occurrences of noncompliance. Disciplinary actions shall include increased responses to non-compliance because of intentional or reckless behavior as well as other factors affecting the severity of non-compliance and the likelihood of recurrence. Responses to instances of noncompliance may vary depending on the facts and circumstances up to and including termination of employment or other relationship with the System.

Criminal Penalties for Acts Involving Federal Health Care Programs 42 USC §1320a-7b(b), NYS Social Services Law §145 Penalties, NYS False Claims Act (State Finance Law § 191.

Training & Education:

All individuals are responsible to seek the training and education required to fulfill their responsibilities to the System in a manner that meets applicable standards of good practice, accepted ethical behavior and relevant legal requirements. Attaining that training and education is a shared responsibility among each individual, their supervisor, and System leadership. Failure to meet minimum training and education requirements may subject the individual to disciplinary action up to and including terminating their relationship with the System.

Supervisors must determine if additional training and education are required for their unit(s) to successfully fulfill their duties and responsibilities. A thoughtfully conceived training and education program is necessary to support the achievement of individual and group goals in a manner consistent with the System mission and the goals of the Compliance Program.

Education programs will be provided to supplement the efforts of individuals and supervisors in attaining the goals of the Compliance Program. These programs will include developing the awareness and understanding of basic core competencies shared across System activities, specific compliance skills required by multiple units within the System, required regulatory and legal requirements, and understanding of the operation of the Compliance Program.

Responding to Instances of Potential Noncompliance:

Reported instances of potential noncompliance will be evaluated to determine the likelihood that the alleged acts reflect actual instances of noncompliance. All persons who have knowledge of potential instances of noncompliance are required to report those concerns to appropriate System officials in a timely manner. The System provides various avenues for reports alleging non-compliance with legal requirements, internal policies, and practices, and with ethical standards. The avenues include reports to supervisors and leaderships up to and including the Chief Executive Officer. In addition, individuals may make reports directly to a Compliance Officer in person or by other means including use of the System Hotline phone (518-264-TIPP) or the web-based tool available at <https://amc.complytrack.com/Portal>.

The Chief Compliance Officer will initiate actions consistent with Human Resource and other applicable governance policies to remove individuals temporarily from the System when required to insure the integrity of an investigation. Further, the Chief Compliance Officer reserves the right to take all necessary actions to prohibit the submission of false claims or other unlawful acts.

When appropriate, the Chief Compliance Officer will refer matters to General Counsel for clarification or disposition. In those instances, the Chief Compliance Officer and his designees may act on behalf of and as staff at the direction of General Counsel.

Unless otherwise directed by General Counsel, the Chief Compliance Officer will direct efforts to collect sufficient evidence to make a reasonable determination regarding the existence of, and the facts and circumstances resulting in noncompliance. The analysis will include an assessment of the circumstances that allowed noncompliant actions to occur, the role of responsible parties, and a reliable estimate of impact of the noncompliance on the System.

In instances where non-compliant actions are found to have occurred management will develop a comprehensive corrective action plan to respond appropriately to the effects of past noncompliance and to prohibit future reoccurrences. Recommendations for disciplinary actions or other responses necessary to remediate the effects of noncompliance and/or prohibit future reoccurrence of noncompliance will be made to the appropriate parties utilizing the authorized administrative and governance processes of the System and its affiliates.

Measuring to Improve:

All individuals holding supervisory or leadership levels of responsibility are required to foster a culture that promotes compliance and to implement the necessary systems to reliably insure that actions of the System are consistent with organizational directives, and applicable laws, rules, and regulations,

To achieve this goal, the Chief Compliance Officer is required to: *implement necessary systems to:*

- Develop an institutional methodology and reporting system to collect and analyze the effectiveness of compliance efforts across all System activities that promotes risk identification, measures levels of compliance and monitors the results of improvement efforts,
- Develop and apply analytic techniques to prospectively identify potential compliance risk areas or issues.
- Report periodically to System leadership and to the Committee on Audit & Compliance regarding the identification of potential compliance risks, the levels of compliance and results from improvement efforts.
- Assist management in implementing compliance programs appropriate to the level and scope of activity that incorporates at a minimum plan development, implementation, data collection, evaluation and analysis,

error identification processes, improvement planning and measurement, reporting and plan revisions.

Measure improvement:

- on compliance efforts and activities to assess the value of compliance activities and to provide another means to evaluate compliance across the System. While each unit should strive to identify those measures most meaningful to leadership in achieving System goals, at a minimum each activity will be evaluated for:
 - Variation from 100% compliance,
 - Projected potential impact of noncompliant actions,
 - Impact of changes implemented to controls and compliance goals;
- on the overall effectiveness of the Compliance Program in fostering a culture that promotes compliance with organizational directives and with applicable laws, rules, and regulations. These measures include:
 - Knowledge and awareness of expectations of compliance,
 - Increased reliance on electronic systems to automate process controls by the System,
 - Decreased variation in compliance of actions and outcomes within the System,
 - Decreased time from initiation of Compliance Program activities to the implementation of resulting improvements expected to result in a substantial majority of benefit.

IV: GOVERNANCE & STRUCTURE

Governance:

Authority:

- The Compliance Program is required and authorized by the Boards of the Albany Med Health System, Columbia Memorial Hospital, Glens Falls Hospital, The Saratoga Hospital, Albany Visiting Nurse Home Care Services Group, Inc., and by the President and Chief Executive Officer of the Albany Med Health System in pursuit of a shared interest in:
 - o developing a culture that promotes compliance with the authorized directives, policies and procedures of the System, and with all applicable laws, rules and regulations,
 - o developing a culture that promotes quality in decision-making, in our actions, and in our outcomes, and
 - o detecting and preventing unethical or criminal acts in the conduct of System activities or by others under the guise of System activities

- oversight of the Compliance Program is the responsibility of the Albany Med Health System Board of Directors through its Committee on Audit and Compliance

- responsibility for the operation and improvement of the Compliance Program is the duty of the Chief Compliance Officer of the Albany Med Health System in consultation with members of executive leadership, the President and Chief Executive Officer of the Albany Med Health System, and with other individuals as appropriate.

- In order to accomplish these goals, the Chief Compliance Officer shall:
 - o (i) overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness,
 - o (ii) drafting, implementing, and updating no less frequently than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rule, regulations, policies and standards, a compliance work plan,
 - o (iii) reviewing and revising the compliance program, the written policies and procedures and standards of conduct, to incorporate changes based on the required provider's "Organizational Experience,"
 - o (iv) reporting directly, on a regular basis, but no less frequently than quarterly, to the governing body, chief executive, and System Compliance Committee on the progress of adopting, implementing, and maintaining the compliance program,

- (v) assisting in establishing methods to improve efficiency, quality of services, and reducing the vulnerability to fraud, waste and abuse,
 - (vi) investigating and independently acting on matters related to the compliance program, including internal investigations and pursuing any resulting corrective action with internal departments, contractors and the State, and
 - (vii) coordinating the fraud, waste, and abuse prevention program with any applicable Medicaid Managed Care Organizations, if applicable.
- Certain functions of the System are required to implement mandated compliance programs in addition to the System Compliance Program. This requirement may result externally from regulatory action or internally at the discretion of the Chief Compliance Officer of the Albany Med Health System.
- In all instances, the requirements of these Compliance Programs are additional to and subsidiary to the System Compliance Program.
 - Approval of the Chief Compliance Officer is required for all compliance programs and compliance plans enacted under the auspices of the System.
 - Results of all activities implemented under these programs and instances of noncompliance are to be reported to the Chief Compliance Officer at a minimum semi-annually and as soon as possible where instances of potential noncompliance have been identified that may represent a material risk to the System or a related entity.

Scope:

- the *Compliance Program* applies to all activities conducted under the control or authority of the System or a related entity and to any activities where a person would reasonably infer the activity was conducted under the auspices of the System or a related entity. The Program operates continuously throughout each Plan year and from year-to-year as directed by the Albany Med Health System Committee on Audit and Compliance.
- *Albany Med and its affiliates (System)* includes the Albany Med Health System and other entities over which the Albany Med Health System, directly or indirectly, has direction and control: Albany Medical Center Hospital, The Columbia Memorial Hospital, Glens Falls Hospital, The Saratoga Hospital, Saratoga Care, Inc., Albany Medical College, Albany Medical Center Foundation, Inc., Albany Medical Center Auxiliary, Albany Medical Center Kidskeller, Albany Med Health System Staffing Alliance, LLC, the Center for Donation and Transplant, the Madison Avenue Services Corporation, and the Albany Visiting Nurse Home Care Services Group, Inc. inclusive of Visiting Nurse Association of Albany, Inc., Visiting

Nurses Foundation, Inc., and Visiting Nurse Association of Albany Home Care Corporation.

- *Individuals* or persons covered under this Program include all Board and committee members, employees, credentialed physicians, licensed independent practitioners, faculty members, agents, independent contractors, subcontractors, or volunteers acting on behalf of or in the name of the System or a related entity. This relationship extends to include corporations, partnerships, or other legal entities, whether directly or indirectly appointed, whether formally or informally authorized, that are engaged in activities on behalf of the System. Each entity and individual are subject to the requirements of this program, to the extent of their role, responsibility, and actions on behalf of the Albany Med Health System, its affiliates, and other ventures subject to the direction and control of any of those entities.

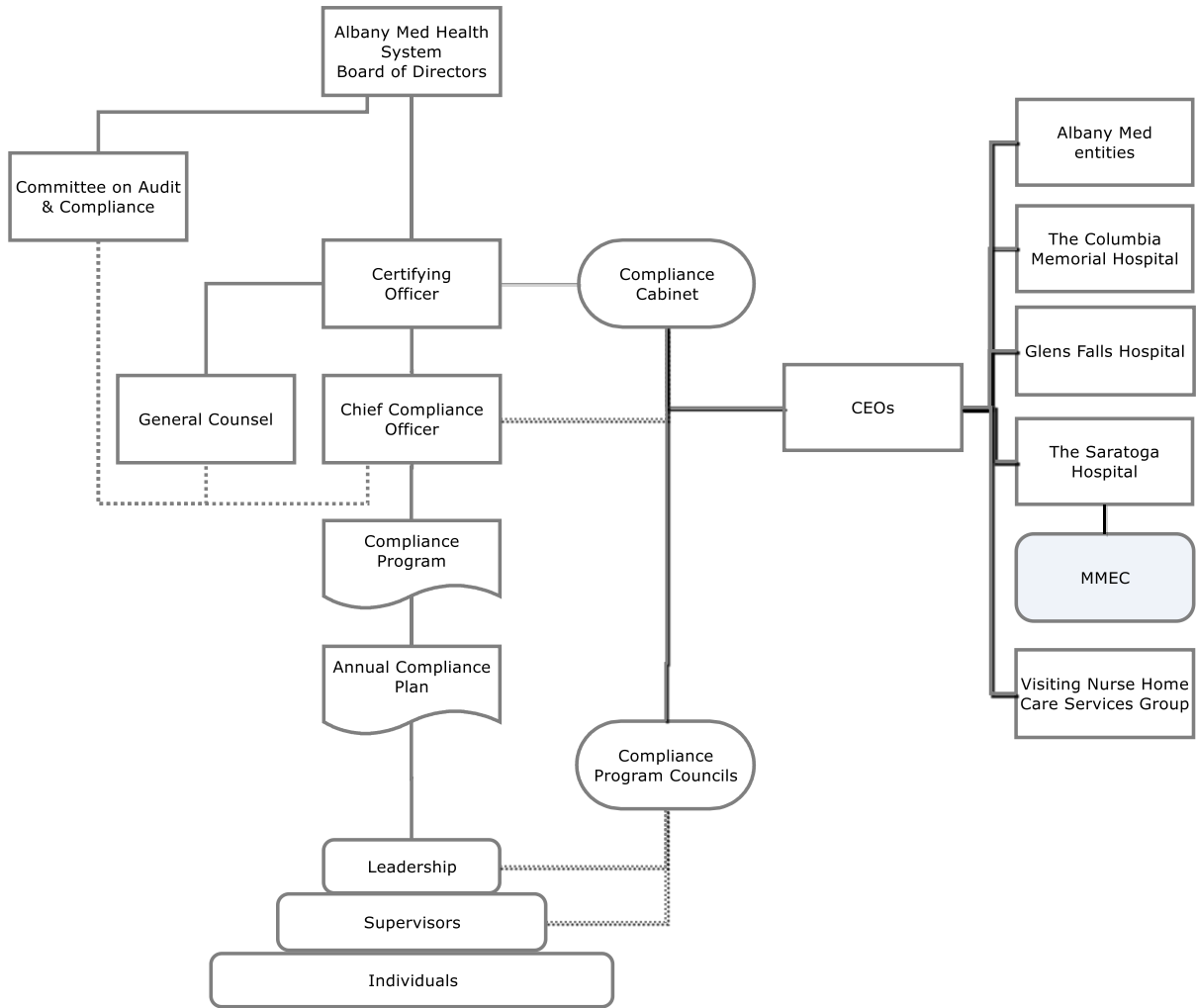
Structure:

- The Chief Compliance Officer of the Albany Med Health System is delegated the duty to implement an effective compliance program necessary to achieve the goals jointly held by the Board of Directors, and the President and Chief Executive Officer. The Albany Med Health System is responsible for maintaining an effective compliance program for Albany Med and its affiliates. The Chief Compliance Officer designated by the Albany Med Health System is responsible for supporting the CEO and Boards of each affiliate in successful integration and operation of the Compliance Program and other related fiduciary duties.
- In executing those duties, the Chief Compliance Officer reports directly to the President and Chief Executive Officer of the Albany Med Health System. Additionally, the Chief Compliance Officer is responsible for providing the Committee on Audit & Compliance with periodic updates, and at other times as necessary, on the performance of the Compliance Program and other relevant matters. The Chief Compliance Officer is responsible to the Committee on Audit & Compliance for the continuing operation and improvement of the Compliance Program and any related activities. The Chief Compliance Officer acts on behalf of the Committee on Audit & Compliance in their efforts to actively foster a culture that promotes quality, compliance with organizational directives and with all applicable laws, rules and regulations.
- The Chief Compliance Officer will be allocated sufficient staff and resources to satisfactorily perform the responsibilities as Chief Compliance Officer and have access to all records, documents,

information, facilities, and affected individuals that are relevant to carrying out compliance program responsibilities. To that end, the Chief Compliance Officer directs the efforts of the Corporate Compliance and Audit Department and other Compliance Resources in executing the annual Compliance Plan and other activities to execute and Effective Compliance Program, a Privacy Program, a Research Compliance Program, and other duties as assigned.

- An Annual Compliance Plan for the System, including the planned activities to implement this Compliance Program, will be developed by the Chief Compliance Officer for review and approval by the Committee on Audit & Compliance. The Annual Compliance Plan will be developed utilizing available public sources regarding regulatory areas of interest or instances of noncompliance among other similar institutions and the results of the risk identification activities under this Program. The Annual Compliance Plan will provide the Boards with an assessment of potential compliance risks facing the System and a plan of action to respond to those potential risks.

The following chart depicts the general structure of the Compliance Program:




































To accomplish these responsibilities the Chief Compliance Officer, assisted directly by the Office of Corporate Compliance & Audit and by other individuals required by this Compliance Program will:

- Faithfully administer the Compliance Program as authorized by the Committee on Audit & Compliance,
- Develop and execute effective plans and activities necessary to achieve the goals of the Compliance Program with an emphasis on progressive improvements in the levels of compliance over time
- Lead efforts to promote and enhance a culture that will consistently achieve organizational goals consistent with the key foundations policies of the Program⁴ and the direction of System leadership while adhering to all applicable ethical, legal and regulatory requirements
- Collaborate with other responsible parties to codify and clarify written policies and procedures of the System
- Work with the Compliance Program Councils to develop and implement programs that effectively enhance System quality, integrity and compliance.
 - The Compliance Program Councils consists of individuals who because of their position with the System or their professional expertise are instrumental to identifying or reporting potential compliance risks, improving the culture and control environment of the System, or improving the awareness, education or training of System staff related to potential compliance issues.
- Assist leadership in efforts to ensure compliance including programs to:
 - facilitate increased awareness and understanding of ethical, legal, regulatory and organizational expectations,
 - standardize and coordinate the institutional assessment and reporting of compliance risk,
 - promote proven practices to enhance system reliability and control in providing consistently compliant actions and results utilizing evidence-based methodologies where possible, and
 - insure integrity of information systems and records
- Support the Senior Compliance Officer and Entity Compliance Officer in integrating the Compliance Program into System operations.

⁴ The foundational policies include the TiPP Compliance Program, the Code of Conduct, the Conflict of Interest Policy, the Policy on Fraud, Waste, and Abuse in Federal Health Care Programs, the Responsibility and Authority to Act Policy, and Disciplinary Policies relating to corrective actions required to respond to instances of non-compliance.

Compliance Policies – available on AMHS intranet

Name	Date modified
 1.1 Compliance Program Expectations	12/4/2023 4:54 PM
 1.2 Changes to Compliance Program Poli...	12/6/2023 11:52 AM
 1.4 Compliance Program Assessment an...	12/6/2023 11:52 AM
 1.5 Deficit Reduction Act Compliance	12/6/2023 11:54 AM
 1.7 Non-Intimidation and Non-Retaliation	12/6/2023 11:54 AM
 1.9 Compliance Document Retention	12/6/2023 11:55 AM
 2.1 Committee on Audit and Compliance	12/6/2023 11:56 AM
 2.2 Chief Compliance Officer	12/6/2023 11:56 AM
 2.3 Certifying Official	12/6/2023 11:57 AM
 2.4 Entity Compliance Officer	12/6/2023 11:58 AM
 2.5 System Compliance Committee	12/6/2023 11:58 AM
 2.6 Compliance Program Council	12/6/2023 11:59 AM
 2.7 Compliance TIPP TOK Meetings	12/6/2023 12:00 PM
 3.1 Compliance Program Training and Ed...	12/6/2023 12:00 PM
 4.1 Reporting Instances of Potential Non...	12/6/2023 12:01 PM
 4.2 Contacting Compliance with Questions	12/6/2023 12:02 PM
 5.1 Compliance Disciplinary Action	12/6/2023 12:03 PM
 6.1 Routine Identification of Compliance ...	12/6/2023 12:03 PM
 6.2 Compliance Audits	12/6/2023 12:05 PM
 6.3 Compliance Probes	12/6/2023 12:05 PM
 6.5 Electronic Access Monitoring	12/6/2023 12:06 PM
 7.1 Responding to Instances of Potential ...	12/6/2023 12:06 PM
 7.3 Compliance Investigations	12/6/2023 12:07 PM
 7.4 Compliance Corrective Actions	12/6/2023 12:08 PM
 7.5 Returning Overpayments of Governm...	12/6/2023 12:13 PM
 7.9 Reporting to Federal and State Author...	12/6/2023 12:13 PM
 9.0 Compliance Standards Overview	12/6/2023 12:14 PM
 9.1 Compliance Standard - ESP	12/6/2023 12:14 PM
 9.2 Compliance Standard - BAR	12/6/2023 12:15 PM
 9.3 Compliance Standard -Value-At-Risk ...	12/6/2023 12:16 PM
 9.4 Compliance Standard - FIPS	12/6/2023 12:17 PM
 10.1 Mandated Compliance Programs	12/6/2023 12:17 PM
 11.1 Compliance Policy re COI Process	12/6/2023 12:18 PM