



Corporate Compliance Policy

Purpose

RCIL and LIFE (also referred to as the Agency) is committed to providing services of the highest quality and to being in full compliance with all federal, state and local laws and regulations. As part of that commitment, the Agency has adopted this Compliance Policy as the basis of its efforts in fostering an organizational culture that promotes responsible and honest conduct, transparency in all business transactions, and adherence to the laws and regulations of the government oversight agencies and funders.

Policy

It has been and continues to be the policy of the Agency to comply with all applicable Federal, State, and local laws and regulations, and payer requirements. It is also the Agency's policy to facilitate the prevention of improper or illegal activities, to provide mechanisms to detect any violations of laws and regulations and work to prevent, detect, and investigate issues related to fraud, waste, and abuse. To ensure this, the Agency has established this Compliance Policy and commits to maintaining an effective Compliance Program.

For purposes of this Policy, the term "Affected Individuals" includes all employees, volunteers, interns, vendors, contractors, and Board Members (hereafter referred to as "Affected Individuals").

I. Commitment

The Agency is and will remain, committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold all Affected Individuals to these same standards.

The Agency is committed to maintaining and measuring the effectiveness of our Compliance Program and Standards of Conduct through monitoring and auditing systems reasonably designed to detect noncompliance by Affected Individuals.

The Agency is committed to the prevention of improper or illegal activities and to provide mechanisms to detect noncompliance, including but not limited to, any violations of laws and regulations, the Standards of Conduct and the Agency's policies and procedures. The Agency is committed to prompt investigation and resolution of reported or detected noncompliance.

The Agency is committed to the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in Federal and State healthcare statutes, regulations, and healthcare program requirements.

II. Responsibility

All Affected Individuals shall acknowledge that it is their responsibility to report any instances of suspected or known noncompliance to their immediate supervisor, the Chief Executive, or the Compliance Officer without fear of retaliation, retribution, or intimidation. Failure to report known noncompliance or making reports that are not in good faith will be grounds for disciplinary action, up to and including termination of employment, contract, assignment, or appointment. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources.

III. Policies and Procedures and Standards of Conduct

The Agency will communicate its compliance standards and policies through required training and communication initiatives and distribution of this Corporate Compliance Policy to all applicable Affected Individuals.

IV. Compliance Officer and Compliance Committee

The Agency has appointed a Compliance Officer who is responsible for the overall operation of the Compliance Program. A Compliance Committee works with the Compliance Officer to implement and maintain an effective Compliance Program.

V. Discipline/Enforcement

This Compliance Policy will be consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of Affected Individuals responsible for failure to detect and/or report noncompliance.

VI. Organization Response

Detected noncompliance, discovered through any mechanism, such as compliance auditing procedures and/or confidential reporting of noncompliance, will be responded to in an expedient manner. The Agency is dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Plan and policies and procedures.

VII. Non-Retaliation, Non-Intimidation, and Whistleblower Protections

The Agency will not take any retaliatory action against an Affected Individual who, in good faith, reports actual or suspected noncompliance or illegal activities or for good faith participation in the Compliance Program.

The Agency will not take any retaliatory action against an employee if the employee discloses certain information about the Organization's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that the Organization is in violation of a law that creates a substantial and specific danger to the public health and safety; or that constitute healthcare fraud under the law; or that assert that the employee, in good faith, believes constitutes improper quality of care.

VIII. Key Elements of RCIL's Compliance Program

The Agency follows the below seven (7) elements of the Compliance Program based on New York Codes, Rules and Regulations (18 NYCRR Part 521).

Element 1- Policies and Procedures and Standards of Conduct:

To support the operation of the Agency's Compliance Program, policies and procedures are established to provide direction to applicable Affected Individuals and address various components of compliance including but not limited to the Agency's Corporate Compliance Plan, Whistleblower Policy, and Standards of Conduct. The policies can be accessed on the Agency's website at rcil.com.

The Standards of Conduct serves as a foundational document that describes the Agency's fundamental principles and values, and commitment to conduct its business in an ethical manner. The Standards of Conduct provides Affected Individuals with guidance on requirements for conduct related to their employment, contract, assignment or association with the Agency.

The Standards of Conduct includes but is not limited to the following:

- Follow all Agency policies, rules, or directives;
- Comply with all applicable laws, rules, and regulations that affect the Agency's various programs;
- Refuse to participate in unethical or illegal conduct;
- Report any suspected fraud, waste, and abuse; illegal or unethical acts; actual and suspected violations of Federal or State laws and regulations as outlined by RCIL's Corporate Compliance Policy; and,
- Report actual or suspected violations of the Standards of Conduct, the Corporate Compliance Policy, and the Agency's policies and procedures.

Policies and procedures will be reviewed at a minimum annually.

The Agency also adheres to Operational Standards including but not limited to the following:

- The Agency utilizes an Organizational chart to clearly outline administrative overview, lines of communication and authority hierarchy. The Agency's Compliance Program is supported by RCIL's Leadership.
- A written policy for non-intimidation and non-retaliation for good faith participation in the compliance program.
- All assets of the Agency are for the purpose and use of the agency. Any employee using agency assets for temporary personal use must have prior supervisor approval.
- To avoid any conflict of interest, no employees should accept (or permit family members to accept) gifts, payments or services from businesses and individuals that sell (or are seeking to sell) goods and services to the Agency and/or to participants.
- All employees will adhere to the Agency Standards of Conduct, and any employee who has access to cash or checks will not embezzle or otherwise misappropriate funds from the Agency or participants.
- All reports (financial, board of director or otherwise) will be represented accurately and thoroughly and without willful or purposeful misrepresentation.
- Agency practices will adhere to the Equal Employer Opportunity Policy to discourage any discrimination practices.
- No employees will engage in any Medicaid fraud, waste or abuse.
- Agency will conduct its business by following the terms of the grant contracts as intended for each program.
- All employees will adhere to the HIPAA Federal Law to assure individuals' confidentiality when maintaining, discussing or disclosing Protected Health Information (PHI) as it relates to agency business, Board Officers and workers.
- The Agency will adhere to Medicare/Medicaid Anti-Kickback rules and no employees will engage in any knowing or willful offers, payments, solicitations, or receipts of remuneration in order to induce business reimbursed under the Medicare or Medicaid programs.
- The Agency will not engage in any activity that will jeopardize or violate its tax-exempt status.
- There will be no force or coercion used over someone to solicit contributions.
- The Agency will uphold all policies and procedures and adhere to all legal and ethical obligations.

Element 2 - Compliance Program Oversight:

The Agency's Compliance Officer is the designated employee vested with responsibility for the day-to-day operation of the Agency's Compliance Program.

The Compliance Officer's primary responsibilities include but are not limited to:

- Overseeing and monitoring the adoption, implementation, and maintenance of the Compliance Program;
- Developing and implementing Compliance Program policies and procedures and Standards of Conduct;
- Reviewing and revising Compliance policies and procedures as changes occur within the Agency and/or in the law, regulations, or governmental and third-party payers.
- Evaluating the effectiveness of the Agency's Compliance Program, policies and procedures, and Standards of Conduct.
- Developing, implementing, and monitoring the annual Compliance Work Plan.
- Reporting, no less frequently than quarterly, to the Board of Directors, Chief Executive, and Compliance Committee on the progress of implementation of the Compliance Program.
- Assisting the Chief Executive, Senior Leadership, Management, and the Compliance Committee in establishing methods to improve the Agency's quality of service and to reduce vulnerability to fraud, abuse, and waste.
- Developing, coordinating, and participating in a training program that focuses on the elements of the Compliance Program and seeks to ensure that all Affected Individuals, consistent with roles and any associated risk areas, are knowledgeable of, and comply with, pertinent Federal and State standards and the Agency's Standards of Conduct.
- Directing the Agency's internal audits established to monitor effectiveness of compliance standards and the Compliance Program.
- Independently investigating and acting on matters related to compliance, including the flexibility to design and coordinate internal investigations.
- Coordinating internal investigations and implementing corrective action(s).
- Maintaining a reporting system, including an anonymous means to report, and responding to concerns, complaints, and questions related to the Compliance Program.
- Overseeing efforts to communicate awareness of the existence and contents of the Agency's Compliance Program.
- Ensuring that contractors are aware of the requirements of the Agency's Compliance Program.
- Acting as a resourceful leader regarding regulatory compliance issues. Actively seeking up-to-date material and releases regarding regulatory compliance issues.
- Continuing the momentum of the Compliance Program and the accomplishment of its objectives.

The Compliance Officer has direct lines of communication to the Chief Executive, the Board of Directors, the Compliance Committee, and the Agency's legal counsel.

The Agency's Compliance Committee also provides Compliance Program oversight and assists the Compliance Officer with the implementation of the Compliance Program. The Compliance Committee reports directly to the Chief Executive and Board of Directors.

The Agency's Compliance Committee meets on a regular basis, but not less than quarterly. The Compliance Committee Charter outlines the responsibilities of the Compliance Committee.

The Agency's Compliance Officer also ensures that excluded individuals and entities are not employed or retained by the Agency, which is completed through initial and monthly exclusion checks.

The following resources are utilized when conducting screening:

- The System for Award Management (SAM) available on the SAM website. The URL address is: <https://www.sam.gov>
- HHS/OIG List of Excluded Individuals and Entities. The URL address is: <http://exclusions.oig.hhs.gov/>.
- Medicaid Exclusions | Office of the Medicaid Inspector General. The URL address is: <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>
- Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is <http://www.health.state.ny.us/nysdoh/opmc/main.htm>) and/or New York State Department of Education (other licensed professionals) (the URL address is <http://www.op.nysed.gov/opsearches.htm>).

Element 3 - Training and Education for all Affected Individuals:

Education and training are critical elements of the Compliance Program. All Affected Individuals are expected to be familiar with and knowledgeable about RCIL's Compliance Program and have a solid working knowledge of their responsibilities under the Compliance Program. Compliance Program Policies and Procedures and Standards of Conduct will be communicated to all Affected Individuals through required participation in training programs.

All Affected Individuals shall participate in training on the topics identified below:

- Compliance Plan;
- Standards of Conduct;
- Federal False Claims Act;
- New York False Claims Act;
- Deficit Reduction Act;
- Whistleblower Protections;
- Risk areas and organizational experience;

- The role and responsibilities of the Compliance Officer and the Compliance Committee;
- Communication channels (reporting mechanisms)
- RCIL’s expectations for reporting known or suspected fraud, waste, and abuse; illegal or unethical acts; actual or suspected violations of Federal or State laws and regulations; actual or suspected violations of the Standards of Conduct, the Compliance Program, and RCIL’s policies and procedures; improper acts in the delivery or billing of services; and other wrongdoing (collectively referred to as “compliance concerns”) and how the Organization responds to such reports.

All Affected Individuals will complete the Compliance Program training initially and no less frequently than annually.

The Agency will maintain an annual training plan. The training plan will, at a minimum, outline the subjects or topics for compliance training and education, the timing and frequency of the training, which Affected Individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated. The training plan will be reviewed by the Compliance Officer and Compliance Committee and updated as needed, but at minimum on an annual basis.

In addition to the above, targeted training will be provided to all managers and any other employees whose job responsibilities include activities related to compliance topics, such as documentation of services. Managers shall assist the Compliance Officer in identifying areas that require specific training and education.

Attendance will be tracked in collaboration with the Compliance Department, the Agency’s Staff Development Trainer, the Human Resources Department and designated Program Department staff.

The effectiveness of the training will be evaluated through various measures including post training quizzes, evaluations, and one to one discussion.

Attendance at compliance training sessions is mandatory and is a condition of continued employment / contract / appointment / assignment with RCIL.

Element 4 - Lines of Confidential Communication:

Open lines of communication between Management, the Compliance Officer, and each Affected Individual subject to this Compliance Policy are essential to the success of the Agency’s Compliance Program and commitment to comply with all applicable laws and regulations and the prevention of fraud, waste, and abuse.

All Affected Individuals must report all compliance concerns. Also, every Affected Individual has an obligation to refuse to participate in any wrongful course of action and to report identification

of such actions. These concerns should be reported to their immediate supervisor, the Chief Executive Officer, or the Compliance Officer.

The Chief Executive Officer and Compliance Officer can be reached at 315-797-4642. Also, information can be provided to the Agency's Compliance Hotline and designated email account. RCIL's Compliance Hotline Number is 315-272-2905 and dedicated compliance email is Compliance@rcil.com. Information can also be mailed to RCIL, P.O. Box 210, Utica, NY 13503, Attention Compliance Officer. All information provided is treated as confidential as possible to the extent permitted by law. If you wish to remain anonymous enter *67 before calling the hotline number.

Failure to report known noncompliance or making reports that are not in good faith will be grounds for disciplinary action, up to and including termination of employment, contract, assignment, or appointment.

The Compliance Officer or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the Affected Individual was seeking information concerning the Standards of Conduct or its application, the Compliance Officer or designee shall record the facts of the inquiry and the nature of the information sought and respond as appropriate.

The Agency will not take any retaliatory action against an Affected Individual who, in good faith, reports a compliance concern, as defined by this Plan or for good faith participation in the Compliance Program. Any threat of retribution, retaliation, or intimidation against a person who acts in good faith pursuant to their responsibilities under the Compliance Plan is acting against the Agency's Compliance Policy. Discipline, up to and including termination of employment, contract, appointment, or assignment, will result if such retribution, retaliation or intimidation is proven.

Affected Individuals who believe they have been subject to retribution, retaliation and/or intimidation for reporting a compliance concern or for good faith participation in the Compliance Program shall report the actions to the Compliance Officer who shall investigate the allegation in accordance with Element 7 of this Compliance Plan (Response to Compliance Issues).

Any Affected Individual may seek guidance about the Compliance Plan or Standards of Conduct at any time by following the reporting mechanisms outlined above.

Element 5 - Discipline and Enforcement of Compliance Standards:

Affected Individuals who fail to comply with the Agency's Compliance Plan and Standards of Conduct, or who, upon investigation, are found to have committed illegal or unethical acts or violations of applicable Federal and State laws and regulations, the Compliance Program, the Standards of Conduct, or RCIL's policies and procedures, will be subject to appropriate

disciplinary action, up to and including termination of employment, contract, assignment, or appointment with the Organization.

All identified affected individuals are expected to fully cooperate in any investigation of a potential compliance concern.

When the determination is made that a compliance violation occurred involving a contractor or vendor, the Compliance Officer will notify the Chief Executive Officer and work collaboratively to determine and execute the appropriate corrective action.

RCIL will apply progressive discipline consistent with the violation. Examples of the disciplinary action that may be taken in accordance with the nature and scope of the infraction include but are not limited to: (a) verbal counseling or warning; (b) counseling with written warning; (c) retraining; (d) reassignment or demotion; (e) suspension without pay; and (f) termination of employment, contract, assignment, or appointment. RCIL will consider intentional or reckless behavior as being subject to more significant discipline.

The following actions will result in more significant disciplinary action:

- Authorization of or participation in actions that violate Federal or State laws, regulations, the Compliance Program, Standards of Conduct, or any related policies and procedures;
- Failure to comply with RCIL's policies governing the prevention, detection, or reporting of fraud and abuse;
- Falsification of records;
- Submitting or causing to submit a false claim;
- Failure to report a violation;
- Failure to cooperate in an investigation; and
- Retaliation/intimidation against an individual for reporting a possible violation or participating in an investigation.

Any discipline will be appropriately documented in the Affected Individual's file. Such documentation will be considered during an employee's regular and promotional evaluations.

The Compliance Officer will maintain a written record of all disciplinary actions taken against Affected Individuals related to non-compliance and violations and will reference these records when necessary to ensure consistency in application of disciplinary measures. The Compliance

Officer will also include in reporting to the Compliance Committee and Board of Directors a summary of disciplinary actions taken.

Element 6 - Auditing and Monitoring:

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of the Agency's Compliance Program. An ongoing auditing and monitoring system, implemented by the Compliance Officer and in consultation with the Compliance Committee, is an integral component of the Agency's auditing and monitoring systems.

On an annual basis, the Compliance Officer will develop an internal audit plan.

This ongoing auditing and monitoring will evaluate at minimum, the following risk areas:

- Billings;
- Payments;
- Quality of care;
- Mandatory reporting;
- Contractor, subcontractor, agent, or independent contract oversight;
- Review of contracts and relationships with contractors, specifically those with substantive exposure to government enforcement actions;
- Review of documentation and billing relating to claims made to Federal, State, and third-party payers for reimbursement;
- Compliance training and education;
- Effectiveness of the Compliance Program: and
- Other risk areas that are or should reasonably be identified by the Agency through its organizational experience .

Results of all auditing and monitoring activities will be reported to the Compliance Committee and Board of Directors.

The Compliance Officer will be notified immediately in the event of any visits, audits, investigations, or surveys by any Federal or State agency or authority and shall immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing the Organization and/or administering a Federally or State-funded program or county-funded program with which the Organization participates.

Element 7 - Response to Compliance Issues:

The Agency maintains a formal confidential and anonymous compliance reporting process to encourage the reporting of any compliance concerns. Affected Individuals must promptly report any compliance concerns to their supervisor, Executive Vice President of Corporate Resources, Chief Corporate Compliance Officer or the Chief Executive Officer. Service recipients, vendors,

and any party conducting business with RCL may also report compliance concerns to the Compliance Officer through the confidential or anonymous reporting process.

As part of its Compliance Program, RCIL will ensure that all reports of compliance concerns are immediately and objectively investigated and resolved promptly. Such investigations may be conducted by the Compliance Officer or designated Compliance staff recommended by the Compliance Officer or Chief Executive Officer.

The Compliance Officer will take immediate measures to secure relevant evidence or documentation and will ensure the confidentiality of any information obtained from a report, interview or through an investigation, unless otherwise required by law.

Unless a potential conflict of interest exists, the Compliance Officer will inform the Chief Executive of any pending investigations.

The results of the investigation and remedial actions will be communicated confidentially to the Chief Executive Officer, the Compliance Committee, members of the Board of Directors, and other employees based on a need-to-know basis.

If the Compliance Officer identifies credible evidence or credibly believes that a State or Federal law, rule, or regulation has been violated, the Compliance Officer will promptly report such violation to the appropriate governmental entity, where such reporting is otherwise required by law, rule, or regulation.

If the Agency identifies that an overpayment was received, this will be reported and refunded in accordance with the appropriate self-disclosure protocols and required time frames.

Regardless of whether a report is made to a governmental agency, the Compliance Officer shall maintain a record of the investigation, including copies of all pertinent documentation. The Compliance Officer will organize the information so that the Agency can determine if an infraction occurred. The Compliance Officer will securely maintain all notes of the interviews, all evidence and review of documents as part of the investigation file. This record will be considered confidential and not released without the approval of the Chief Executive Officer.

VIII: Laws and Regulations

The Agency operates in compliance with all relevant state and federal laws and regulations.

Overview of Relevant Laws

The False Claims Act (31 USC Chapter 37, §§ 3729-3733)

The False Claims Act is a Federal law designed to prevent and detect fraud, waste, and abuse in Federal healthcare programs, including Medicaid and Medicare. Under the False Claims Act, anyone who “knowingly” submits false claims to the Federal Government is liable for damages up to three times the amount of the erroneous payment plus mandatory penalties of approximately \$12,000 to \$25,000¹ for each false claim submitted.

The law was revised in 1986 to expand the definition of “knowingly” to include a person who:

- Has actual knowledge of falsity of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in the claim;
- and
- Acts in reckless disregard of the truth or falsity of the information in a claim.

False Claims suits can be brought against individuals and entities. The False Claims Act does not require proof of a specific intent to defraud the Government. Providers can be prosecuted for a wide variety of conduct that leads to the submission of a false claim.

Examples include, but are not limited to, the following:

- Knowingly making false statements;
- Falsifying records;
- Submitting claims for services never performed or items never furnished;
- Double billing for items or services;
- Upcoding;
- Using false records or statements to avoid paying the Government;
- Falsifying time records used to bill Medicaid; or
- Otherwise causing a false claim to be submitted.

Whistleblower or “Qui Tam” Protections

In order to encourage individuals to come forward and report misconduct involving false claims, the False Claims Act contains a “Qui Tam” or whistleblower protection.

The United States Government, or an individual citizen acting on behalf of the United States Government, can bring actions under the False Claims Act. An individual citizen, referred to as a whistleblower or “Relator,” who has actual knowledge of allegedly false claims may file a lawsuit on behalf of the United States Government. If the lawsuit is successful, and provided certain legal requirements are met, the whistleblower may receive an award ranging from 15% - 30% of the amount recovered.

More information can be found at [31 USC 3730: Civil actions for false claims \(house.gov\)](#)

Employee Protections

The False Claims Act prohibits discrimination by the Agency against any employee for taking lawful actions under the False Claims Act. Any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in False Claims actions is entitled to all relief necessary to make the employee whole. Such relief may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorney fees.

More information can be found at [31 USC 3729: False claims \(house.gov\)](#)

Administrative Remedies for False Claims (31 USC Chapter 38, §§3801-3812)

The Federal False Claims Act allows for administrative recoveries by Federal agencies including the Department of Health and Human Services, which operates the Medicare and Medicaid Programs. The law prohibits the submission of a claim or written statement that the person knows or has reason to know is false, contains false information, or omits material information. The Federal agency receiving the claim may impose a monetary penalty of up to \$5,500 per claim and damages of twice the amount of the original claim.

Unlike the False Claims Act, a violation of this law occurs when a false claim is submitted, not when it is paid.

More information can be found at [31 USC Chapter 38 - Administrative Remedies for False Claims and Statements](#).

New York State Laws

A. Civil and Administrative Laws

New York State False Claims Act (State Finance Law §§187-194)

The New York State False Claims Act closely tracks the Federal False Claims Act. It imposes fines on individuals and entities that file false or fraudulent claims for payment from any State or local government, including healthcare programs such as Medicaid. The penalty for filing a false claim is \$6,000 - \$12,000² per claim and the recoverable damages are between two and three times the value of the amount falsely received. In addition, the false claim filer may be responsible for the government's legal fees.

The New York State Government, or an individual citizen acting on behalf of the Government (a "Relator"), can bring actions under the New York State False Claims Act. If the suit eventually concludes with payments back to the government, the party who initiated the case can recover 15% - 30% of the proceeds, depending upon whether the government participated in the suit.

The New York State False Claims Act prohibits discrimination against an employee for taking lawful actions in furtherance of an action under the False Claims Act. Any employee who is

discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the False Claims Act is entitled to all relief necessary to make the employee whole.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under FIS/Financial Services Law.

Social Service Law §145-b False Statements

It is a violation to knowingly obtain or attempt to obtain payment for items or services furnished under any Social Services program, including Medicaid, by use of a false statement, deliberate concealment, or other fraudulent scheme or device. The State or the local Social Services district may recover up to three times the amount of the incorrectly paid claim. In the case of non-monetary false statements, the local Social Service district or State may recover three times the amount incorrectly paid. In addition, the Department of Health may impose a civil penalty of up to \$2,000 per violation. If repeat violations occur within five years, a penalty up to \$7,500 may be imposed if they involve more serious violations of the Medicaid rules, billing for services not rendered, or providing excessive services.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

Social Service Law §145-c Sanctions

If any person applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, or intending to do so, the person's and the person's family needs are not taken into account for a period of six months to five years, depending upon the number of offenses.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

B. Criminal Laws

Social Service Law §145 Penalties

Any person who submits false statements or deliberately conceals material information in order to receive public assistance, including Medicaid, is guilty of a misdemeanor.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

Social Service Law § 366-b, Penalties for Fraudulent Practices

Any person who, with intent to defraud, presents for payment any false or fraudulent claim for furnishing services or merchandise, knowingly submits false information for the purpose of obtaining Medicaid compensation greater than that to which they are legally entitled to, or knowingly submits false information in order to obtain authorization to provide items or services shall be guilty of a Class A misdemeanor.

Any person who obtains or attempts to obtain, for himself or others, medical assistance by means of a false statement, concealment of material facts, impersonation, or other fraudulent means is guilty of a Class A misdemeanor.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under SOS/Social Services.

Penal Law Article 155, Larceny

The crime of larceny applies to a person who, with intent to deprive another of property, obtains, takes, or withholds the property by means of a trick, embezzlement, false pretense, false promise, including a scheme to defraud, or other similar behavior. This law has been applied to Medicaid fraud cases.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under PEN/Penal.

Penal Law Article 175, Written False Statements

There are four crimes in this Article that relate to filing false information or claims. Actions include falsifying business records, entering false information, omitting material information, altering an organization's business records, or providing a written instrument (including a claim for payment) knowing that it contains false information. Depending upon the action and the intent, a person may be guilty of a Class E felony.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under PEN/Penal.

Penal Law Article 177, Health Care Fraud

This Article establishes the crime of Health Care Fraud. A person commits such a crime when, with the intent to defraud Medicaid (or other health plans, including non-governmental plans), they knowingly provide false information or omits material information for the purpose of requesting payment for a healthcare item or service and, as a result of the false information or omission, receives such a payment in an amount to which they are not entitled. Prosecution under Health Care Fraud is determined by the amount of payment inappropriately received.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under PEN/Penal.

New York Labor Law §740

An employer may not take any retaliatory personnel action against an employee if the employee discloses information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official.

This law offers protection to an employee who:

- Discloses, or threatens to disclose, to a supervisor or to a public body an activity, policy, or practice of the employer that is in violation of law, rule, or regulation that presents a substantial and specific danger to the public health or safety;
- Provides information to, or testifies before, any public body conducting an investigation, hearing, or inquiry into any such violation of a law, rule, or regulation by the employer; or
- Objects to, or refuses to participate in, any such activity, policy, or practice in violation of a law, rule, or regulation.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, with certain exceptions. The law allows employees who are the subject of a retaliatory action to bring a suit in State court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under LAB/Labor.

New York Labor Law §741

Under this law, a healthcare employer may not take any retaliatory action against an employee if the employee discloses certain information about the employer's policies, practices, or activities to a regulatory, law enforcement, or other similar agency or public official. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care or improper quality of workplace safety.

This law offers protection to an employee who:

- Discloses or threatens to disclose to a supervisor, to a public body, to a news media outlet, or to a social media forum available to the public at large, an activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety; or

- Objects to, or refuses to participate in any activity, policy, or practice of the employer or agent that the employee, in good faith, reasonably believes constitutes improper quality of patient care or improper quality of workplace safety.

The employee's disclosure is protected under this law only if the employee first brought up the matter with a supervisor and gave the employer a reasonable opportunity to correct the alleged violation, unless the danger is imminent to the public or patient and the employee believes in good faith that reporting to a supervisor would not result in corrective action. Certain exceptions apply. If the employer takes a retaliatory action against the employee, the employee may sue in State court for reinstatement to the same, or an equivalent position, any lost back wages and benefits and attorneys' fees. If the employer is a healthcare provider and the court finds that the employer's retaliatory action was in bad faith, it may impose a civil penalty of \$10,000 on the employer.

More information can be found at <http://public.leginfo.state.ny.us/lawssrch.cgi?NVLWO>: under LAB/Labor.

Regulatory References:

Federal False Claims Act (31 U.S.C. §§ 3729 – 3733)

Administrative Remedies For False Claims (31 USC Chapter 38 §§3801-3812)

New York State False Claims Act (State Finance Law §§187-194)

Social Service Law 363-D

18 NYCRR Part 521

X: Record Retention

The Agency will retain this policy and all subsequent revisions, and any related documentation will be retained for a period of, at minimum, six years.