



UPSTATE
CARING PARTNERS
Empowering People

CORPORATE COMPLIANCE PROGRAM

Revised 3-2026

Upstate Caring Partners' Corporate Compliance Program provides an overarching overview of its Corporate Compliance function and reflects the organization's dedication to sustaining a robust and effective system of compliance. The program details the structure as well as its strategic priorities, including key focus areas identified through continuous auditing, monitoring, investigations, and risk assessment activities. This document is publicly accessible on Upstate Caring Partners' website.

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Upstate Caring Partners Corporate Compliance Program

I. Overview

Chapter 442 of the Laws of 2006 established the New York State Office of the Medicaid Inspector General (OMIG) in statute. It created a new Social Services Law 363-d which requires that Medicaid providers develop and implement Compliance Programs aimed at detecting fraud, waste and abuse in the Medicaid program.

In addition, the False Claims Act (FCA) imposes liability on any person who knowingly submits a false claim to the government. The purpose of the FCA is to recover taxpayer's money that was fraudulently paid to individuals who deceived the government (*effective: January 1, 2007*).

The Upstate Caring Partners ("UCP") Corporate Compliance Program ("Compliance Program") is grounded in the seven (7) core elements of an effective Compliance Program as established by the New York State Office of the Medicaid Inspector General. The applicable standards set forth by OMIG under 18 NYCRR Subpart 521-1 are addressed throughout this document, though not necessarily reproduced in full. Each element is accompanied by an explanation of the measures and controls UCP will implement to meet or surpass these requirements. The document also outlines the ten (10) compliance risk areas identified by OMIG, along with UCP's approach to conducting risk assessments.

II. Detecting and Preventing Waste, Fraud and Abuse

UCP is committed to being a good corporate citizen of our community, state, and nation. The overall objective of UCP's Compliance Program is to provide for an agency-wide culture in which continued regulatory and ethical compliance is part of the daily course of business. In order to assure that its operations are being conducted in compliance with law, the Board appointed a Compliance Officer and instituted a Department of Compliance Review to oversee UCP's Compliance Program. The Compliance Program is designed to effectively detect, disclose and prevent errors by incorporating measures to train staff, contractors and volunteers, conduct risk assessments, monitor programs, and conduct regularly scheduled internal compliance reviews. The Compliance Program is an integral part of the agency's efforts for continued excellence in service provision.

The NYS Office of Medicaid Inspector General (OMIG), in particular, the Medicaid Fraud Unit in NYS, requires providers to have an effective Compliance Program that addresses, at a minimum, the following:

- Billings
- Payments
- Medical Necessity and Quality of Care
- Governance
- Mandatory Reporting
- Credentialing (of physicians and providers)
- Other risk areas that should, with due diligence, be identified by the provider

These areas are incorporated into the applicable section of this compliance manual. In addition, how UCP monitors the effective operations of these particular topics are written in detail in the Compliance plan and agency policies.

New York State Medicaid providers are required to certify that they have adopted, implemented, and maintain an effective Compliance Program consistent with New York Social Services Law Section 363-d and 18 NYCRR Part 521. In accordance with current guidance from the New York State Office of the Medicaid Inspector General, this certification is no longer submitted through a standalone annual filing. Instead, providers attest to compliance program requirements as part of the “Certification Statement for Provider Billing Medicaid.” This certification is completed annually on the anniversary date of the provider’s enrollment in Medicaid and must be submitted by an authorized senior official. The certification affirms that the provider maintains an effective compliance program in operation. Additionally, providers must maintain and implement written policies addressing the requirements of the Federal Deficit Reduction Act of 2005, including provisions related to the False Claims Act, as part of their overall compliance obligations. The provider certifies that the provider and its affiliates have established and maintain written policies in accordance with 42 USC 1396a(a)(68), and include such policies in any existing employee handbook if maintained by the provider and/or its affiliates, and that they have been properly adopted and published by the provider and/or its affiliates, and disseminated among employees, contractors and agents, and that the written policies and any employee handbook shall be retained for a period of six years from the latter of the due date or the actual date of submission of the certification.

UCP must also comply with the Office of Inspector General (OIG). The OIG has developed a number of Compliance Program Guidances for many health care industry segments from 1988 to current date. There are similarities with all the Guidance; all are structured with the eight elements of a Compliance Program and all have topics that the OIG has designated as high risk areas for potential healthcare fraud and abuse. The Compliance Program Guidance illustrates the specific areas that the OIG’s believes there could be healthcare fraud. The OIG Guidance provides “guidance” for health care providers on methods to decrease the instances of healthcare fraud and abuse.

III. Department of Compliance and Review

The Compliance Review department is comprised of a Executive VP of Legal and Corporate Compliance, who serves as the Corporate Compliance Officer, and a team of Compliance Review Specialists.

Key responsibilities of the Compliance Officer include coordination of the activities of the Corporate Compliance Committee, working cooperatively and provide needed supports to the Compliance Review Department for overall corporate compliance excellence, and reporting to the Board of Directors on the Compliance Program.

The Executive VP, in cooperation with key executives and program leadership within the organization, has developed the Code of Conduct (see attachment) and an initial set of Compliance Guidelines. Additionally, a reporting system has been established to allow any

individual, employee, volunteer, contractor, or family member to bring issues or concerns regarding compliance to the attention of the Compliance Officer. Finally, a Mandatory Reporting Policy has been developed to ensure that suspected violations of UCP's Code of Conduct, Compliance Guidelines, operational policies or any other law or regulation are brought to the Compliance Officer and/or the Executive VP's attention so that they can be investigated and/or corrected as necessary.

In order to assure compliance with the many laws and regulations that govern UCP's business, from time to time, the Executive VP will distribute Compliance Guidelines for review and inclusion in the corporate compliance manual. Additionally, UCP will (a) provide written policies for all employees, contractors and members of the governing board; (b) audit its operations in an effort to ensure that it's Code of Conduct and Compliance Guidelines as well as regulatory requirements are adhered to; and (c) investigate any reports of suspected non-compliance. If necessary, UCP will take disciplinary action up to and including termination if it finds that employees have failed to fulfill the objective of the Corporate Compliance Program.

UCP's Vice Presidents will work closely with UCP's employees to make every effort to establish systems, which enhance each employee's ability to understand and adhere to the complex laws and regulations that govern our business. In doing so, the VP will report his or her activities directly to executive leadership and the Board of Directors.

The Compliance Review Department is responsible for the coordination and implementation of internal compliance reviews, annual completion of risk assessments of all programs and ongoing monitoring procedures to ensure regulatory compliance, overseeing agency compliance with records documentation and the coordination of external audits.

IV. Corporate Compliance Program

To underscore and enhance the commitment of UCP and to better assist staff, physicians, healthcare providers, clinical staff and billing staff in understanding compliance issues and focus, UCP has implemented a Compliance Program for service provision and fee billing. The specific required elements of a Corporate Compliance Program have been issued by the Federal government, the Office of Inspector General (OIG) and the State government, Office of Medicaid Inspector General (OMIG) who are charged with detecting, monitoring and preventing health care fraud and abuse.

UCP has communicated this corporate Compliance Program to all employees through training at New Employee Orientation, Corporate Compliance training within each program, and inclusion and distribution within the Employee Handbook. UCP has demonstrated a commitment to compliance by adopting the key elements of a Corporate Compliance Program through the following actions:

- The development and distribution of a written code of conduct and a Conflict of Interest reporting form, as well as specific Compliance Program related policies and procedures that promote UCP's commitment to compliance and provide guidance and expectations for all employees to reduce the prospect of criminal conduct.

- The designation of a Corporate Compliance Officer, Executive VP of Compliance Review and a Corporate Compliance Committee who are charged with the responsibility of operating and monitoring the Corporate Compliance Program. The Executive VP is primarily responsible for the day-to-day operations of the Compliance Program. In addition, the Program Planning Review and Evaluation Committee (PPREC), which includes Board Members, is the governing body over the Compliance Program.
- The development and implementation of general compliance-related training and education of programs for all employees and other agents. Ensuring that additional specialized compliance training is conducted for specific departments (that are deemed as having higher risk operations such as coding and billing functions).
- The implementation of a “reporting and response mechanism” to receive reports of potential non-compliance or concerns and a procedure for the Executive VP of Compliance to address them accurately and timely. Included within this process is a procedure to provide feedback to those who raise concerns or questions. See the Mandatory Reporting policy at the end of this document.
- The implementation of a process to respond to any allegations of potential non-compliance, whether intentional or not. In addition, UCP will follow disciplinary policies against employee and the other agents who have violated internal Compliance Program, regulations, and Federal or State Medicaid Program requirements.
- The use of periodic monitoring activities and conducting internal audits to determine the rate of compliance with specific regulations, to decrease the risk of non-compliance and encourage employees and other agents to report substandard conduct without fear of reprisal.
- The implementation of a process that verifies that UCP has no employees or contracted with physicians, providers (nurse practitioners, physician assistants, etc), vendors and independent contractors that are listed on the OIG or OMIG exclusion website as excluded providers from the Federal and State Medicaid program. This means UCP cannot receive reimbursement from Medicare or Medicaid for any physicians, providers or vendor services if they are listed as OIG excluded or OMIG excluded.
- Due diligence in delegating substantial discretionary authorities. Appropriate timely responses to detected offenses in such a manner as to diminish reoccurrence of the offense. A process to refund any overpayments that UCP may have received inadvertently from Medicare, Medicaid or third-party payer is in place.
- Adopting accurate and compliant billing and coding practices. All claims submitted to Medicaid or other payers must be supported by complete and appropriate

documentation and must accurately reflect the services provided. Staff involved in billing and coding must follow applicable state and federal regulations, official coding guidelines, and payer-specific requirements. Regular audits and training are conducted to ensure ongoing compliance and to prevent billing errors or fraudulent claims.

- Ensuring that all billed services are supported by thorough and timely documentation that clearly demonstrates medical necessity. Providers are responsible for ensuring that patient records accurately reflect the rationale for tests, treatments, and procedures, and are consistent with Medicaid and clinical standards. Documentation must be completed contemporaneously and maintained in accordance with applicable laws and regulations.
- UCP strives to promptly identifying, reporting, and returning overpayments received from Medicaid or any other payor through OMIG self-disclosure process or other appropriate means. Overpayments must be refunded within the timeframes required by law. Staff must report potential overpayments immediately to the compliance officer, who will oversee the investigation, coordination of repayment, and any required disclosures to OMIG or other authorities.
- We require all contractors, agents, and vendors who provide Medicaid-related services on our behalf to comply with applicable laws, our Compliance Program, and the terms of their agreement. Prior to engagement, contractors are subject to exclusion screening and compliance due diligence. Ongoing oversight includes monitoring performance, documentation, and compliance with applicable regulations, with corrective action required for any identified deficiencies
- The organization is committed to protecting the privacy and security of patient health information in compliance with the Health Insurance Portability and Accountability Act (HIPAA) and state confidentiality laws. All staff and contractors must safeguard protected health information (PHI), access only the minimum necessary data to perform their duties, and report any suspected breaches to the compliance officer immediately. Training on HIPAA requirements is mandatory and provided annually.
- Medical, billing, and compliance-related records shall be retained in accordance with federal and New York State requirements, including Medicaid-specific regulations. Records must be stored securely, accessible for audits or investigations, and maintained for a minimum of six years, or longer if required by law or contractual obligations. Destruction of records must follow approved procedures and be documented appropriately.

These commitment statements follow the recommended structure for the elements of a Corporate Compliance Program as promulgated by the OIG Compliance Program Guidance and the seven

elements of a Provider Compliance Program from Title 18 of the Codes, Rules and regulations of the State of NY, Part 521(c) “Provider Compliance Programs”, *effective March 28, 2023*.

V. Compliance standards and procedures

UCP is committed to conducting all service provision, operational policies and procedures and billing practices in accordance with applicable regulations. To reduce the prospect of criminal conduct, UCP has established compliance standards and procedures, which address acceptable and ethical behavior, as well as defining consequences of unacceptable actions by employees and contractors. Direction is given to employees and contractors in the following areas:

- Code of Conduct
- Conflict of Interest
- Mandatory Reporting Policy
- Whistleblower Policy
- Disciplinary Policy
- Non-retaliation and non-intimidation
- Compliance Program education and training;

UCP Vice Presidents shall be responsible for disseminating and explaining UCP’s policies and procedures to internal and external customers concerning billing, regulatory compliance and service documentation. To accomplish this objective, there are written policies for all employees of UCP (including management), and for all employees of any contractor or agent of Upstate Cerebral Palsy, providing information about false claims, false statements, whistleblower protections under applicable federal and state fraud and abuse laws and about UCP’s corporate Compliance Program, code of conduct, and applicable federal and state laws regarding billing policies, service documentation standards, and regulatory compliance.

Training shall be mandatory for all new employees. Training will ensure that every employee knows and understands the code of conduct, compliance guidelines, policies and procedures, laws and regulations that govern UCP’s operation and the employee’s specific job. Training will occur at the start of employment as a section of New Employee Orientation and thereafter through retraining at the program. Any changes in the Compliance Program, regulation changes or changes that result from an internal audit or investigation will also be relayed to pertinent staff through additional trainings. The Executive VP or program administrators may require that individuals attend additional training sessions on particular issues. Board Members will receive annual compliance training and be afforded the opportunity to ask questions to ensure an understanding and application of UCP’s Compliance Program.

Responsibility for developing, implementing and monitoring the compliance training program will rest with the Executive VP of Compliance and Program VPs. UCP will be responsible for

maintaining all training materials and documentation of training sessions. Documentation of employee training will be maintained in the Employee Training Database and/or by the program. Documentation of contractors/agents training of the compliance policies and procedures will be maintained in their personnel files. Human Resources will also maintain documentation of volunteers training. The Executive Administrative Assistant will maintain records in support of the Board of Directors training on the compliance policies and procedures.

The education provided to each employee will vary depending upon his or her specific job duties and will include, but not be limited to:

- Code of Conduct
- Compliance guidelines
- Policies and procedures
- Ethical standards
- Federal and State laws, regulations and guidelines
- Identification of circumstances which require notification to, or consultation with the Executive VP. In particular, the obligation of each employee to report incidents of noncompliance will be addressed
- Use of UCP's confidential reporting system
- Consequences of noncompliance

VI. Due Diligence in Delegating Substantial Discretionary Authority

Personnel with substantial discretionary authority include positions with “substantial control” over the organization such as President & Chief Executive Officer, Chief Officers, Executive VPs, Vice Presidents, Board Members and positions in charge of major business units of the organization. Persons in such positions have authority to set policy; can negotiate prices, contracts, etc. Due diligence with hiring for a position that involves substantial discretionary authority within UCP will include a reasonable inquiry into the status of such applicant to determine whether he/she has ever been convicted of a crime including health care related crimes. UCP will implement procedures to remove from direct responsibility or involvement in any federally or state funded health care program any personnel in the above-mentioned positions with pending criminal charges related to health care or proposed exclusion from participation in federally or state funded health care programs.

VII. Procedure for Compliance with Standards by Monitoring and Auditing Agency Activities

Under the supervision of the Compliance Review Department, a sample of program service records and corresponding bills for such services shall be regularly reviewed on a post-billing and pre-billing (selected programs) basis for compliance with UCP's service documentation standards, billing policies as well as state and federal regulatory requirements. Pre-billing deficiencies will be corrected, if possible, prior to submitting billing to the payor. Compliance Review Department staff, under the supervision of the Executive VP, will conduct internal compliance reviews. Annual Risk Assessments are completed by the Executive VP of Compliance and program leadership.

The Executive VP of Compliance Review along with the Compliance Officer will identify the departments/programs to be reviewed utilizing the program risk assessments, administrative input and executive leadership input and guidance. The Executive VP of Compliance Review is responsible for establishing the review schedule. The Executive VP, in conjunction with program leadership, will design the internal compliance review protocol and establish the documentation/data collection process. Staff completing the internal compliance review will prepare a report of findings and recommendations and assign a score to the review, as applicable. The Executive VP of Compliance Review will maintain copies of all internal compliance reviews. In addition, the Compliance Officer and Executive VP of Compliance Review will monitor the effectiveness of the Compliance Program and report to executive leadership, PPREC, and the Board of Directors.

It is the policy of UCP that all claims for professional fees and program services reimbursement use the proper code for the service provided, that the documentation in the medical or program service record support the billing claim and that the claim is submitted in the name of the appropriate provider.

If any reviews identify possible instances of non-compliance with UCP's service documentation standards, billing policies or regulatory requirements, the Executive VP of Compliance Review and Corporate Compliance Officer shall report the matter to executive leadership. The President/CEO shall determine if report and consultation with UCP's legal counsel is warranted. If legal counsel is warranted, the executive leadership will review the particular matter with counsel to determine whether there has been any activity inconsistent with UCP's billing policies, service documentation standards or legal requirements.

UCP and affiliate corporations' policy is as follows: once an inappropriate payment is discovered that may warrant a self-disclosure or if the situation is remedied through administrative billing processes, UCP will make a timely determination and act in accordance with all OMIG Self Disclosure guidelines.

VIII. Mandatory Reporting Policy

Corporate Compliance Reporting System

UCP has both an anonymous hotline and mandatory reporting system. UCP provides several different mechanisms by which employees, volunteers or contractors may report non-compliance. Issues may be reported anonymously through the UCP Anonymous Compliance hotline (315) 724-6907 EXT 7006. Issues may also be reported directly to supervisors, the Executive VP Compliance Review or the Compliance Officer.

Any employee who suspects that another employee (including a supervisory or managerial employee) has violated the Code of Conduct, Compliance Guidelines, policies, procedures, or any applicable state or federal law, should immediately report his/her suspicion to the Compliance Officer/ Executive VP of Compliance Review. An employee, who for any reason is

uncomfortable reporting a suspected violation to the Compliance, is encouraged to call UCP's Hotline.

All reports of suspected violations will be treated confidentially. Employees who report possible compliance issues will not be subject to retaliation or harassment as a result of the report. In addition, no employee who participates in an investigation of an alleged violation will suffer any retaliation or reprisal for such report or participation. Concerns about possible retaliation or harassment will be reported to the Compliance Officer or Executive VP Compliance Review.

UCP's Hotline

The UCP hotline is a dedicated voice mail system, accessible 24 hours, 7 days per week. The Executive VP Compliance Review checks the hotline on a regular basis. To access the hotline dial 724-6907 and use voice mailbox # 7006 to leave a detailed message. UCP's Hotline is a voluntary reporting system, which can be accessed by anyone including employees, agents, consumers of services, families, volunteers and contractors.

Thorough Investigation following a Compliance Concern:

The Compliance Officer or Vice President Compliance Review will promptly and thoroughly investigate any suspected violation in as confidential a manner as possible and take appropriate disciplinary action if warranted. Investigations will be completed by the Compliance Officer or Executive VP Compliance Review within 5 working days of the receipt of the complaint, whenever possible.

It is important to the integrity of our operation that all claims of suspected violations be thoroughly reviewed and investigated so that appropriate action can be taken as necessary.

IX. Whistleblowers Policy

Protecting Employee Whistleblowers Under: Section 6032 of DEFRA; New York Labor Law § 740

UCP shall not take any retaliatory personnel action against an employee because such employee does any of the following:(a) 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 which violation creates and presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud;(b) 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 such employer; or (c) objects to, or refuses to participate in any such activity, policy

The employee may commence an action in a court of competent jurisdiction under the same terms and conditions as set forth in article 20-C, 740 (4) and (5) of the New York Labor Law, which applies to public and private sector whistleblowers.

X. Employee Discipline Policy

All employees are expected to adhere to the Code of Conduct and Compliance Guidelines outlined in the UCP compliance manual, in addition to all other policies, procedures and guidelines issued by the Agency. Employees must adhere to all applicable local, state and federal law. An employee who violates any work rule, assists, participates, facilitates or ignores fraud abuse or waste, or standard of performance outlined in the compliance manual otherwise issued by the Agency or Medicaid Program, or who fails to satisfactorily perform his/her job, is subject to discipline, up to and including discharge.

Employees must cooperate fully with any investigation undertaken by the Compliance Officer /Executive VP Compliance Review. Failure to cooperate in an investigation will result in disciplinary action up to and including termination.

Generally, UCP will impose progressive discipline, including a verbal and written warning, corrective action plan, demotion, suspension, and termination. However, the agency reserves the right to determine, in its sole discretion and judgment, the nature and level of discipline, if any, depending on the circumstances. This policy is not a guarantee of progressive discipline, and the Agency reserves the right to terminate an employee at any time, for any lawful reason, with or without notice.

XI. Designation of a Compliance Officer:

The Compliance Officer, has overall responsibility to oversee compliance with established standards. The Compliance Officer will function within the UCP organizational structure reporting to the President & Chief Executive Officer and provide reports, both oral and written, to the Board of Directors or an appropriate committee thereof.

The Compliance Officer will chair the Corporate Compliance Committee comprised of personnel from Administrative, Financial, clinical and program service department's representative of the organization.

The Compliance Officer will work closely with the department leadership and oversee the Compliance Review Department to foster and enhance compliance with all applicable program service regulations, operational policies and procedures and billing requirements. The authority of the Compliance Officer shall extend to all billing functions, clinical service and program service practices, whether on a fee-for-service basis or otherwise, provided by Upstate Cerebral Palsy employees.

XII. Corporate Compliance Committee

The role of the committee is to advise and assist the Compliance Officer/Executive VP of Compliance Review with the implementation of the Compliance Program. The committee is

comprised of personnel from administrative, financial, clinical and program service departments and is representative of employees at different levels across the organization.

Functions:

- Work with appropriate departments to develop standards of conduct and policies and procedures to promote compliance with legal and ethical requirements.
- Recommend and monitor the development of internal systems and controls to carry out UCP's standards, policies and procedures.
- Develop a system to solicit, evaluate and respond to complaints and problems.
- Monitor internal and external audits for the purpose of identifying potential non-compliant issues, and review recommendations from the Compliance Officer/ Executive VP of Compliance Review for implementing corrective and preventive action.
- Make recommendation for the revision of the Compliance Plan as needed.
- The Compliance Officer/Executive VP of Compliance Review will ensure that meeting minutes are recorded and a copy maintained in their office in a secure area.

XIII. Revisions to the Program

This Compliance Program is intended to be flexible and readily adaptable to changes in regulatory requirements. The program shall be reviewed and modified as necessary but no less frequently than annually. Revisions to the corporate Compliance Program require review and approval by the Corporate Compliance Committee and/or the Board of Directors.

XIV. Closing Statement

The Compliance Program detailed in this document is intended to establish a framework for effective regulatory and billing compliance by the Upstate Cerebral Palsy. It is not intended to set forth all the substantive programs and policies of UCP that are designed to achieve compliance. UCP has already established various compliance policies and these policies, as well as future polices will be a part of its overall compliance enforcement program.

Upstate Caring Partners
Corporate Compliance Program