



<b>POLICY TITLE:</b> Potential Referral Sources	<b>SYSTEM POLICY AND PROCEDURE MANUAL</b>
<b>POLICY #:</b> 800.12	<b>CATEGORY:</b> Compliance and Ethics
<b>System Approval Date:</b> 07/22/2025 ❖	<b>Origination Date:</b> 06/2008
<b>Site Implementation Date:</b> 07/22/2025 ❖	<b>Previously Reviewed/Approved:</b> 02/2025
<b>Prepared by:</b> Office of Corporate Compliance	<b>Notations:</b> N/A

## I. GENERAL STATEMENT of PURPOSE

The purpose of this document is to ensure that the process for evaluating and approving agreements for professional services and other business arrangements between Northwell Hospitals and affiliated professional corporations of Northwell Health, Inc. (“Northwell”) and Potential Referral Sources (as hereinafter defined) supports the compensation philosophy of the Committee (as hereinafter defined) and complies with applicable federal and state laws.

The Committee has charged management with ensuring compensation to Potential Referral Sources aligns with the following guiding principles of the compensation philosophy. Compensation to Potential Referral Sources will:

1. Encourage the highest quality of care possible for the patients of Northwell.
2. Comply with applicable state and federal laws.
3. Support the growing community needs within the communities Northwell serves.
4. Recognize the evolving nature of health care reform and reimbursement in the methodologies used to develop compensation programs.

## II. POLICY

Employment, independent contractor, and other compensation arrangements between Northwell and Potential Referral Sources shall be Commercially Reasonable, result from arm’s-length negotiations, and provide for compensation that is Fair Market Value. In the event a Northwell Physician is offered compensation that is contingent upon the achievement of certain performance measures, those performance measures shall be structured to be consistent with the promotion of quality medical care.

### III. SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility; and any other Affected Individual.

### IV. DEFINITIONS

**Affected Individuals:** “Affected Individuals” is defined as all persons who are affected by Northwell Health’s risk areas including, but not limited to, Northwell Health’s employees, the chief executive and other senior administrators, managers, medical staff members, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

**Business Development EVP** – The Executive Vice President of Ambulatory Strategy and Business Development.

**Clinical Physician** – A Physician who provides any clinical services either within or outside the scope of his or her employment or engagement by Northwell.

**Clinical Disqualified Person** – A Disqualified Person who is a Clinical Physician.

**Commercially Reasonable** – “Commercially Reasonable” means that the particular arrangement furthers a legitimate business purpose of the parties to the arrangement and is sensible, considering the characteristics of the parties, including their size, type, scope and specialty. An arrangement may be Commercially Reasonable even if it does not result in profit for one or more of the parties.

**Committee** – The Compensation Committee of the Board of Trustees. The members of the Committee shall include only disinterested individuals who have no conflict of interest with respect to the proposed arrangement.

**Compensation & Contracting Committee** – A committee comprised of the Executive Vice President & Chief Medical Officer, the Senior Vice President & Chief People Officer, the Executive Vice President, General Counsel & Chief Legal Officer, the Senior Vice President & Chief Corporate Compliance Officer, and the Executive Vice President of Ambulatory Strategy and Business Development.

**Disqualified Person** – A Disqualified Person is any individual (and any Family Members of such individual) who was at any time during the 5-year period up to and including the date of proposed employment or engagement, or who shall be after the date of proposed employment or engagement, in a position to exercise substantial influence over the affairs of the organization. For the purposes of this policy, such Disqualified Persons may include, but are not limited to, Trustees, Officers (defined as Executive Vice Presidents, Senior Vice Presidents and above), Regional Executive Directors, Hospital Executive Directors and Clinical Service Line Senior Vice Presidents, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell Academic Chairs and Substantial

Contributors (as hereinafter defined). Department Chairs, Executive Directors and other individuals also may be Disqualified Persons depending on whether they are in a position to exercise such substantial influence, which is a factual determination made on a case-by-case basis.

**Fair Market Value** – “Fair Market Value” means (1) General. The value in an arm’s-length transaction, consistent with the General Market Value of the subject transaction. (2) Rental of equipment. With respect to the rental of equipment, the value in an arm’s-length transaction of rental property for general commercial purposes (not taking into account its intended use), consistent with the General Market Value of the subject transaction. (3) Rental of office space. With respect to the rental of office space, the value in an arm’s-length transaction of rental property for general commercial purposes (not taking into account its intended use), without adjustment to reflect the additional value the prospective lessee or lessor would attribute to the proximity or convenience to the lessor where the lessor is a potential source of patient referrals to the lessee, and consistent with the General Market Value of the subject transaction.

**Family Member** – A Family Member is any of the following family members of a Potential Referral Source: spouse; parent, child, (including a legally adopted child), or sibling; stepparent, stepchild, or stepsibling; parent-in-law, child-in-law, or sibling-in-law; grandparent or grandchild; and grandparent’s or grandchild’s spouse.

**General Market Value** - “General Market Value” means (1) Assets. With respect to the purchase of an asset, the price that an asset would bring on the date of acquisition of the asset as the result of bona fide bargaining between a well-informed buyer and seller that are not otherwise in a position to generate business for each other. (2) Compensation. With respect to compensation for services, the compensation that would be paid at the time the parties enter into the service arrangement as the result of bona fide bargaining between well-informed parties that are not otherwise in a position to generate business for each other. (3) Rental of equipment or office space. With respect to the rental of equipment or the rental of office space, the price that rental property would bring at the time the parties enter into the rental arrangement as the result of bona fide bargaining between a well-informed lessor and lessee that are not otherwise in a position to generate business for each other.

**HR SVP** – Senior Vice President & Chief People Officer

**Lower Limit FMV Benchmark** - The Lower Limit FMV Benchmark may be calculated as the sum of the following components: (1) projected clinical productivity (wRVUs or net collections) multiplied by the market 50th percentile productivity ratio (compensation per wRVU or compensation to collections), and (2) administrative compensation at the market 75th percentile adjusted to administrative FTE (administrative market benchmark is selected based on physician’s specific administrative duties).

**Medical School Chair** – The Chair of an Academic Department at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell.

**Northwell Hospital** – A member hospital of Northwell.

**Northwell Physician** – A Physician who is employed by a Northwell Hospital or an affiliated professional corporation of a Northwell Hospital, on a full-time, part-time or per diem basis.

**Physician** – A Physician is a:

- (a) licensed or registered:
  - (i) doctor of allopathic medicine or osteopathy,
  - (ii) doctor of dental surgery or dental medicine,
  - (iii) doctor of podiatric medicine,
  - (iv) doctor of optometry, or
  - (v) chiropractor; or
- (b) professional corporation owned or controlled by one or more persons described in (a).

**Physician Compensation & Contracting Services** – A Northwell business group managing and coordinating compensation and contracting between Northwell and Potential Referral Sources.

**Potential Referral Sources** – A Physician, to the extent that any such individual/entity is in a position to make a referral to Northwell or direct another person or entity to make such a referral to Northwell, or receive such a referral from Northwell provided, however, anesthesiologists who make no referrals to a Northwell Hospital and receive no referrals from a Northwell Hospital (perform inpatient services only) shall not be deemed a Potential Referral Source for the purposes of this policy. A Potential Referral Source also includes a Family Member (compensation arrangements with such individuals shall be developed in accordance with the procedure set forth below). For the purposes of this policy, a Potential Referral Source shall include a Clinical Disqualified Person.

**Professional Services Agreement** – A Professional Services Agreement is any agreement for professional services between Northwell and Potential Referral Sources, including, but not limited to: (a) full-time employment agreements, (b) part-time employment agreements, (c) administrative employment agreements, (d) per diem employment agreements, (e) on-call agreements, (f) clinical, administrative and teaching services agreements, and (g) leased employee agreements.

**Quorum** – A quorum of the Compensation & Contracting Committee shall consist of the Senior Vice President & Chief People Officer, the Executive Vice President, General Counsel & Chief Legal Officer and the Executive Vice President of Ambulatory Strategy and Business Development.

**Service Line SVP** - The Senior Vice President of a Northwell clinical service line.

**Space/Equipment Agreements** – A Space/Equipment Agreement is any agreement relating to the lease, sublease, licensing of space or the sale of equipment between Northwell and Potential Referral Sources, including, but not limited to (a) leases, (b) subleases, (c) sessional license agreements, (d) assignments of leases, subleases and license agreements and (e) bills of sale.

**Stark Law** – The Federal Ethics in Patient Referrals Act, 42 U.S.C. § 1395nn.

**Sub-Committee** – A sub-committee on physician compensation of the Committee.

**Substantial Contributor** – A Substantial Contributor is any person who contributed or bequeathed an aggregate amount of more than \$5,000 to a Northwell Hospital, if such amount is more than two percent (2%) of the total contributions and bequests received by such Northwell Hospital before the close of the taxable year of such Northwell Hospital in which the contribution or bequest is received by such Northwell Hospital from such person.

**Total Cash Compensation** – Total Cash Compensation includes all cash compensation provided by Northwell to a Potential Referral Source or all compensation provided by a Potential Referral Source to Northwell, including but not limited to salary, incentive compensation, and bonuses. Benefits are typically analyzed separately. If a Potential Referral Source has more than one agreement for the provision of professional services with Northwell, Total Cash Compensation includes the aggregate compensation paid pursuant to all agreements. If a Potential Referral Source has Professional Services Agreements and Space/Equipment Agreements, the compensation for the Space/Equipment Agreements shall be separately reviewed by Ambulatory Services and/or Corporate Real Estate for Fair Market Value and Commercially Reasonable business justification.

**Upper Limit FMV Benchmark** – The Upper Limit FMV Benchmark is calculated as the sum of the following components: projected clinical productivity (wRVUs or net collections) multiplied by the market 60th percentile productivity ratio (compensation per wRVU or compensation to collections) and/or administrative compensation at the market 90th percentile adjusted to administrative FTE (administrative market benchmark is selected based on physician's specific administrative duties.)

## **V. PROCEDURES FOR PROFESSIONAL SERVICES AGREEMENTS**

### **A. Arrangements with Independent Contractors**

If Northwell is engaging a Potential Referral Source as an independent contractor to provide services, or the Potential Referral Source is engaging Northwell to provide services as an independent contractor, Northwell shall not (a) permit a Potential Referral Source to provide services, (b) provide services to a Potential Referral Source, (c) make a payment to a Potential Referral Source, or (d) accept payment from a Potential Referral Source prior to the full execution of a final written agreement among the parties, unless the Stark Law otherwise so permits.

Arrangements between Northwell and Potential Referral Sources engaged as independent contractors shall have a written agreement setting forth the terms and conditions of such arrangement. No written agreement engaging a Potential Referral Source as an independent contractor shall be effective prior to the date on which it is executed by the parties unless the Stark Law otherwise so permits.

### **B. Arrangements with Employees**

Arrangements between Northwell and Potential Referral Sources for employment by Northwell should have a written agreement setting forth the terms and conditions of such arrangement. Such an agreement may specify an effective date earlier than the execution date provided that the agreement does not include a directed referral requirement, as described by the Stark Law. The approval of the Business Development EVP is required for any employment agreement with a Northwell Physician specifying an effective date earlier than the execution date.

### **C. Written Agreements**

All written agreements with Potential Referral Sources shall be prepared by Physician Compensation & Contracting Services. All such written agreements shall include the services to be provided and the compensation arrangement. The agreements shall be reviewed by Human Resources for Fair Market Value and supported by Commercially Reasonable business justifications. Such agreement shall be

signed by (1) the Potential Referral Source, (2) the Business Development EVP on behalf of Northwell, and (3) the Service Line SVP, Medical School Chair, or an officer of the affiliated professional corporation, if applicable. An original or electronic copy of all agreements with a Potential Referral Source shall be maintained in Human Resources. Electronic access to copies of these signed contracts shall be provided to Human Resources, Office of Legal Affairs and Office of Corporate Compliance.

**D. Commercial Reasonableness Assessment**

Compensation paid by Northwell to all Potential Referral Sources and received by Northwell from all Potential Referral Sources shall be Commercially Reasonable. Assessing and documenting whether there are Commercially Reasonable business justifications to enter into the proposed arrangement is the responsibility of the Business Development EVP.

If Northwell is employing a Potential Referral Source as an employee to provide services or if Northwell is engaging a Potential Referral Source as an independent contractor to provide services, one or more commercially reasonable business justifications shall be documented prior to the employment of any Potential Referral Source as an employee or engagement of any Potential Referral Source as an independent contractor. Commercially reasonable business justifications may include, but are not limited to, the following:

1. Fulfills Northwell mission;
2. Fulfills community needs;
3. Replacement for an existing position;
4. New budgeted position that is necessary to satisfy Northwell's need for clinical services, administrative services, research services and/or teaching services.

If the Potential Referral Source is engaging Northwell to provide the services of an employed Northwell Physician as an independent contractor to the Potential Referral Source, one or more Commercially Reasonable business justifications shall be documented prior to such engagement. Commercially Reasonable business justifications may include, but are not limited to, the following:

1. Northwell Physician is underutilized at Northwell facilities;
2. The Potential Referral Source has specifically requested a specific Northwell Physician based on their prior clinical relationship;
3. Northwell Physician would gain expertise in providing clinical services to a different patient population than he or she customarily treats as an employee of Northwell;
4. Northwell Physician would provide services to an underserved population.

In addition, the Business Development EVP may also utilize Northwell internal equity benchmarks to justify whether the proposed arrangement with a Potential Referral Source is Commercially Reasonable.

**E. Volume or Value of Referrals**

Compensation paid by Northwell to all Potential Referral Sources and received by Northwell from all Potential Referral Sources shall not take into account the volume or value of referrals between the parties. This requirement does not prohibit productivity-based incentive compensation on the basis of

their personally performed services or similar incentive compensation programs for which there is an exception under the Stark Law.

**F. Fair Market Value**

Compensation paid by Northwell to all Potential Referral Sources and received by Northwell from all Potential Referral Sources shall be consistent with Fair Market Value. Fair Market Value shall be determined and documented pursuant to the following procedure and prior to the execution of final documents evidencing the arrangement between Northwell and the Potential Referral Source.

First, an appropriate compensation model that is consistent with the compensation philosophy of the Committee and Northwell's business purposes in entering the arrangement shall be selected and documented.

Second, the considerations supporting the determination of the compensation level shall be documented in each Potential Referral Resource's contract file. Determination of the compensation level must take into account either the Total Cash Compensation that Northwell would pay to the Potential Referral Source or the Total Cash Compensation that the Potential Referral Source would pay to Northwell and shall be based upon external benchmarks (described below).

The external benchmarks upon which Fair Market Value determinations shall be based shall align with the compensation arrangement selected and consist of survey data from reliable, industry-recognized independent third-party sources (if available), including but not limited to the following:

- Medical Group Management Association (MGMA)
- Sullivan, Cotter & Associates, Inc.
- American Medical Group Association (AMGA)

Conducting an analysis to determine whether the proposed compensation is Fair Market Value based on external benchmarks is the responsibility of Human Resources.

**G. Approval of Compensation**

**Below the 25<sup>th</sup> Percentile Approval Process for Part-Time, Per Diem and Contractor Arrangements with Potential Referral Sources**

If the Total Cash Compensation to be provided to a Potential Referral Source who is either employed by Northwell on a part-time or per diem basis or engaged by Northwell as a contractor falls below the 25<sup>th</sup> percentile of appropriate comparable market data as established by external benchmark surveys, the Business Development EVP may approve proceeding with the proposed arrangement. In addition to documenting the Fair Market Value, if the Business Development EVP approves proceeding with the proposed arrangement, the Business Development EVP shall document the assessment; provided, however, additional documentation of an assessment shall not be necessary for Clinical Physicians (i) who have no alternate employer, (ii) who are solely hospital-based or (iii) who have a change in their full-time equivalent status and are currently paid below the 25<sup>th</sup> percentile.

**Below the 75<sup>th</sup> Percentile Approval Process for Full-Time Arrangements and Between the 25<sup>th</sup> and 75<sup>th</sup> Percentile Approval Process for Part-Time, Per Diem or Contractor Arrangements**

If the Total Cash Compensation to be provided to a Potential Referral Source (a) falls below the 75<sup>th</sup> percentile of appropriate comparable market data as established by external benchmark surveys for a full-time arrangement, or (b) falls between the 25<sup>th</sup> and the 75<sup>th</sup> percentile of appropriate comparable market data as established by external benchmark surveys for part-time, per diem and contractor arrangements, then the Business Development EVP may approve proceeding with the arrangement. In appropriate circumstances as determined by the Business Development EVP, the arrangement also shall be reviewed by the HR SVP and/or by the Office of Legal Affairs.

### **Above the 75<sup>th</sup> Percentile and Clinical Disqualified Person Approval Process**

If a proposed arrangement involves (a) a Clinical Disqualified Person, (b) Total Cash Compensation to be provided to a Potential Referral Source that falls above the 75<sup>th</sup> percentile of appropriate comparable market data as established by external benchmark surveys, or (c) any other circumstance as deemed appropriate at the discretion of the Business Development EVP, then the Business Development EVP will submit the proposed arrangement together with all material supporting documentation and a formal valuation opinion obtained from an independent third-party consultant for review to the Compensation & Contracting Committee; provided, however, certain exceptions to the foregoing may apply as specifically set forth in the immediately following paragraph. If a Quorum of the Compensation & Contracting Committee approves proceeding with the arrangement, then it shall submit the proposed arrangement for review by the President, Strategic Initiatives and Chief Operating Officer; provided, however, full-time arrangements with proposed Total Cash Compensation less than \$500,000 annually that either falls below the 90<sup>th</sup> percentile of market data or below the Upper Limit FMV Benchmark shall not require further review and approval beyond the Compensation & Contracting Committee. If the President, Strategic Initiatives and Chief Operating Officer approves proceeding with the proposed arrangement, then the arrangement shall be submitted to the Committee or to the Sub-Committee for final approval. In reviewing the arrangement, the Sub-Committee or the Committee, as the case may be, shall be provided and rely upon all previously prepared supporting documentation and the formal valuation opinion received from the independent third-party consultant, inclusive of appropriate comparability data. The basis for the decision of the Sub-Committee or Committee shall be fully and contemporaneously documented in the minutes of the meeting.

Except with respect to a Clinical Disqualified Person, if the Total Cash Compensation to be provided to a Potential Referral Source falls between the 75<sup>th</sup> and the 90<sup>th</sup> percentile of appropriate comparable market data as established by external benchmark surveys and (i) the proposed arrangement includes productivity-based compensation that includes a formula for a reduction in compensation if certain productivity targets are not achieved (either based on work relative value units or collections for personally provided services) with a salary guarantee, if any, of less than two (2) years and the ratio of Total Cash Compensation to productivity falls below the 60<sup>th</sup> percentile of appropriate comparable market data as established by external benchmark surveys, (ii) a full-time Potential Referral Source devotes eighty percent (80%) or more of his/her full-time efforts to the performance of non-clinical duties (e.g. administrative, teaching or research) on behalf of a Northwell Hospital, or (iii) the Potential Referral Source is being employed by Northwell as a hospital-based physician pursuant to a compensation model previously approved by the Compensation & Contracting Committee, then a formal valuation opinion obtained from an independent third-party consultant and review by the Compensation & Contracting Committee shall not be required and the Business Development EVP may approve proceeding with the proposed arrangement. Further, if the arrangement was reviewed by an independent third-party consultant and the consultant issues a supportive benchmarking



memorandum (for example, which includes an analysis that the Total Cash Compensation either falls below the Lower Limit FMV Benchmark or falls below the 75<sup>th</sup> percentile of market data based on the consultant's FMV methodology), then review by the Compensation & Contracting Committee shall not be required and the Business Development EVP may approve proceeding with the proposed arrangement.

### **Compensation Received by Northwell from a Potential Referral Source Approval Process**

Compensation received by Northwell from a Potential Referral Source for services shall be at least the value of the cost to Northwell of the applicable services (e.g., salary and benefits of the outsourced team member(s)) as determined by Physician Compensation & Contracting Services. If the compensation to be paid by a Potential Referral Source to Northwell falls below Northwell's cost of the applicable services, then the Business Development EVP will submit the proposed arrangement together with all material supporting documentation for review to the Compensation & Contracting Committee. A Quorum of the Compensation & Contracting Committee shall be required to approve proceeding with the arrangement.

### **Potential Referral Source Family Member Approval Process**

If a proposed arrangement involves a Family Member who is not a Physician, then Human Resources will submit the proposed arrangement together with all material supporting documentation and a Fair Market Value based on appropriate comparable market data as established by external benchmark surveys for review to the HR SVP. The HR SVP shall determine whether to proceed with the proposed arrangement.

### **Modification**

Whenever there is a proposed modification to the compensation or responsibilities of a Potential Referral Source either during the term of the arrangement or at the time of renewal of any arrangement, the Business Development EVP and Human Resources shall review each such arrangement to ensure that such compensation arrangement is consistent with Fair Market Value and the procedures set forth in this policy. Such modification shall be subject to review and approval as described above.

## **VI. PROCEDURES FOR SPACE/EQUIPMENT AGREEMENTS**

### **A. Written Agreement**

If Northwell is contracting with a Potential Referral Source to provide space or equipment, or make available space or equipment to a Potential Referral Source, Northwell shall not permit a Potential Referral Source to provide space or equipment, or make space or equipment available, nor payment to be made to a Potential Referral Source, or accept payment from a Potential Referral Source, prior to the execution of a final written agreement by the Potential Referral Source and authorized signatory of Northwell, who shall approve the arrangement.

### **B. Fair Market Value/Commercial Reasonableness**

Space/Equipment Agreements between Northwell and a Potential Referral Source shall be consistent with Fair Market Value and Commercially Reasonable.

## REPORTING AND ENFORCEMENT

All violations of this policy shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516-465-8097) for appropriate resolution of the matter. The HelpLine is available 24 hours a day, seven days a week at (800) 894-3226 or online at [www.northwell.ethicspoint.com](http://www.northwell.ethicspoint.com), is accessible to all Affected Individuals and allows for questions regarding compliance issues to be asked and for compliance issues to be reported. Reports of potential fraud, waste and abuse and compliance issues also may be made directly to the Chief Corporate Compliance Officer or designee in person, in writing, via email, mobile device via a QR code, or by telephone. All reports received by the Office of Corporate Compliance are investigated and resolved to the fullest extent possible. The confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit, U.S. Department of Health and Human Services (HHS) Office for Civil Rights, HHS Office of Inspector General, Office of Medicaid Inspector General or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under Northwell Health's policy for non-intimidation and non-retaliation. Violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and *Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees*.



## REFERENCES TO REGULATIONS AND/OR OTHER RELATED POLICIES

- Ethics in Patient Referrals Act, also known as the Stark Law, 42 U.S.C. § 1395nn
- N.Y. Pub. Health Law § 238
- Code of Ethical Conduct
- Federal Anti-kickback statute, 42 U.S.C.A. § 1320a-7b
- Civil Monetary Penalties, 42 U.S.C.A. § 1320a-7a(b)(1)
- OMIG Compliance Program Guidance, Title 18 NYCRR § 521 – Fraud, Waste and Abuse Prevention (March 28, 2023)
- Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees
- Northwell Health Human Resources Policy and Procedure Manual, Part 5-3 – Workforce Conduct – Progressive Discipline
- Clinical Laboratory Self-Referral Law (Conn. Gen. Stat. § 20-7a)
- Clinical Laboratory Unethical Practices (Conn. Gen. Stat. § 19a-30(f))

## CLINICAL REFERENCES/PROFESSIONAL SOCIETY GUIDELINES

N/A

## ATTACHMENTS

N/A

## FORMS

N/A

<b><u>CURRENT REVIEW/APPROVALS:</u></b>	
Service Line/Department Review	07/03/2025
Northwell Health Policy Committee	07/22/2025❖
System PICG/Clinical Operations Committee	07/22/2025❖

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Approvals: \* =Northwell Health Policy Committee; \*\* = PICG/Clinical Operations Committee; ☒ = Provisional; ❖ = Expedited

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