

POLICY INFORMATION

Policy Title: Management Certification Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: March 7, 2025

Last Reviewed: March 7, 2025

SCOPE

This policy applies to the following individuals and/or groups:

☒ All of the below categories

☐ All Employees ☐ CT Employees ☐ NY Employees ☐ Remote Employees ☐ Contractors ☐ Volunteers ☐ Students/Interns ☐ Vendors

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

☒ All of the below entities

☐ Nuvance Health Systems

☐ Danbury Hospital (including New Milford Hospital Campus)

☐ Northern Dutchess Hospital

☐ Norwalk Hospital

☐ Putnam Hospital

☐ Sharon Hospital

☐ Vassar Brothers Medical Center

☐ Health Quest Systems, Inc. ("HQS")

☐ Health Quest Home Care, Inc

☐ Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) ("HVC")

☐ Other HQS-affiliated Entities Not Listed

☐ Western Connecticut Home Care, Inc ("WCHN")

☐ Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

☐ Western Connecticut Home Care, Inc

☐ Other WCHN-affiliated Entities Not Listed

☐ Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVC)

POLICY STATEMENT/PURPOSE

The purpose of this policy is to require that certain senior management individuals ("Certifying Employees") and their designated direct/indirect reports ("Sub Certifiers") certify on a periodic basis but no less than semi-annually, in writing, compliance with: (i) applicable Federal and State law and Federal healthcare program requirements; (ii) Nuvance Health's standards of conduct; and (iii) Nuvance Health's compliance policies and procedures.

DEFINITIONS

For purposes of this policy, the terms listed below shall have the following meanings:

Certifying Employee: The President/Chief Executive Officer ("CEO"), Chief Compliance Officer ("CCO"), Chief Physician Executive ("CPE"), Chief Financial Officer ("CFO"), Chief Risk Officer ("CRO"), Chief Operations Officer ("COO"), Chief Information Officer ("CIO"), Chief Human Resources Officer ("CHRO"), and Chief Strategy Officer ("CSO").

Sub Certifiers: Certain management positions held by an individual responsible for directing day-to-day operations that reports directly or indirectly to a Certifying Employee.

Routine Management Certification: A written certification of compliance, within a scope of responsibility, that is routinely made by a Certifying Employee to Nuvance Health on a schedule established by the Compliance Office and reported to the Executive Compliance Committee ("ECC").

Routine Management Sub-Certifications: A written certification of compliance, within a scope of responsibility, that is routinely made by a Sub Certifier to the Compliance Office on a schedule established by the Compliance Office and reported to the ECC. The sub-certifications are shared with respective Certifiers for awareness and follow up, as necessary.

POLICY

- A. Certifying Employees and Sub Certifiers are expected to be trained and understand compliance, to take steps to assure and promote compliance, to report compliance concerns or potential non-compliance to the CCO and to monitor and oversee activities for compliance within their scope of responsibility on an ongoing basis. All unreported actual or potential issues should be reported during the certification process.
- B. Certifying Employees and Sub Certifiers must ensure that statements contained in the Routine Management Certifications and Routine Management Sub-Certifications accurately reflect the activities in their areas of responsibility.
- C. The CCO shall implement and maintain, with the ECC's concurrence, a process that:
 - a. Supports routine submission of Routine Management Sub-Certifications and Routine/Annual Management Certifications by Sub Certifiers and Certifying Employees.

PROCEDURE

- A. The Compliance Office shall annually, or sooner as appropriate, approve a list of positions designated as Certifying Employees and Sub Certifier positions and approve a schedule for submitting Routine Management Certifications and Routine Management Sub-Certifications to the CCO.
- B. Certifying Employees and Sub Certifiers shall periodically certify that their scope of responsibility is in compliance with applicable Federal or State law and healthcare program requirements, the Nuvance Health standards of conduct, and compliance policies and procedures.
 - 1. Certifying Employees and Sub Certifiers will be trained and understand compliance in order to report compliance concerns or potential compliance infractions to the CCO, and to monitor and oversee activities for compliance within their scope of responsibility on an ongoing basis.
 - 2. Examples of compliance categories that the Certifying Employees and Sub Certifiers are expected to consider when determining compliance include, but are not limited to:
 - a. Billings, coding, claims preparation and submission, claims reimbursement, patient collections, cost reporting, and payments (including Overpayments)
 - b. Physician and/or referral sources (including Stark Law/Anti-Kickback Statute, Referral Sources, and Federal Civil Monetary Penalties Law)
 - c. Quality of care
 - d. HIPAA privacy, organizational privacy, and/or Information Security, including data incidents, violations of employee and patient privacy rights or data breaches
 - e. Corporate Governance, conflicts of interest, and violations of New York or Connecticut not-for-profit law
 - f. Ordered services
 - g. Professionally recognized standards of care, patient safety, credentialing, privileging, and peer

- review requirements
 - h. Medical necessity and medical record documentation
 - i. Violations of policies, procedures, or processes (including violations of Nuvance's Corporate Compliance policies)
 - j. Non-routine correspondence with Government Agencies
 - k. Excluded or Ineligible Persons or Vendors
 - l. Standards of Conduct
 - m. Other topics that may arise
- C. The Routine Management Sub-Certifications and Management Certifications shall contain language appropriate for the certifying employee to acknowledge that:
- 1. He/she has been trained and understands compliance requirements and responsibilities;
 - 2. His/her responsibilities include assuring compliance within the scope of the certification;
 - 3. He/she has taken steps to promote compliance;
 - 4. He/she is reporting and providing explanation of compliance exceptions;
 - 5. His/her area of responsibility is in compliance, except as noted; and
 - 6. He/she understands that the certifications will be relied upon:
 - (a) by Nuvance, for Routine Management Sub-Certifications, or
 - (b) by Nuvance for Routine Management Certifications.
- D. The CCO shall implement and maintain, with the ECC's concurrence, a process that:
- 1. Supports routine submission of Routine Management Sub-Certifications and Routine Management Certifications by Sub Certifiers and Certifying Employees.
 - 2. Certifying Employees and Sub Certifiers must ensure that statements contained in the Routine Management Certifications and Routine Management Sub-Certifications accurately reflect the activities in their areas of responsibility.
 - 3. Reconciles differences among Routine Management Sub-Certifications exceptions, Routine Management Certifications exceptions, and the Compliance Office disclosure log.
- E. Sub Certifiers shall submit Routine Management Sub-Certifications to the Compliance Office in the format and due date established by the Compliance Office.
- F. Certifying Employees shall submit Routine Management Certifications to the Compliance Office in the format and due date established by the Compliance Office. In the event of a vacancy in a Certifying Employee position, an individual will be assigned to complete the requirements of this policy.

DOCUMENT RETENTION

Nuvance will retain all documents relating to this process for a period of seven years after their creation.

ENFORCEMENT

All individuals whose responsibilities are affected by this process are expected to be familiar with the basic procedures and responsibilities created by this process.

REFERENCES

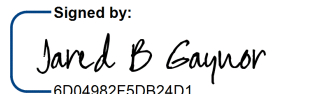
Department of Health and Human Services, Office of Inspector General, Publication of the OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987 (Feb. 23, 1998).

Department of Health and Human Services, Office of Inspector General, OIG Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (Jan. 31, 2005).

United States Sentencing Commission, Guidelines Manual, Ch. 8 (Nov. 2015).

APPROVAL

Signed by:


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Signature

3/7/2025

Date