



# **AGENCY COMPLIANCE POLICY MANUAL**

2026

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# Family Service League

Restoring Hope. Rebuilding Lives.

## COMPLIANCE PROGRAM COMMITMENT & OVERVIEW



## **Our Commitment to Compliance**

Family Service League, Inc. (FSL) is dedicated to providing its clients and their families with the highest quality services. The purpose of FSL's Compliance Program is to inform all Workforce members, contractors and vendors of their responsibilities and obligations under the law, and to help maintain the highest level of ethical behavior and trust.

In recognition of the importance of that trust, we have adopted a Code of Ethics and Standard of Conduct to promote honest and ethical behavior, ensure compliance with applicable laws and regulations, and foster a culture of integrity and accountability consistent with the mission, goals, and policies, not limited to those found within this Compliance Policy Manual, adopted by the Board of Directors.

To ensure that FSL maintains and promotes the highest standards of ethical and lawful practice, any conduct by its Workforce members, contractors or vendors which is in violation of applicable federal, state or local laws, or FSL's Compliance Program policies, will subject the affected Workforce members, contractors or vendors to corrective action, including the termination of their employment or engagement by FSL, as applicable.

This policy manual sets forth the applicable federal and NYS laws as well as Family Service League's Compliance Program policies and procedures. Contractors and vendors may request a copy of these policies by sending an email to [FSLComplianceOffice@fsl-li.org](mailto:FSLComplianceOffice@fsl-li.org).



# Family Service League

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## COMPLIANCE PROGRAM OVERVIEW





## Policy Name: Compliance Program Overview

Number: 03.02.01 – v2

### Responsible Party:

Craig Greenfield, Chief Compliance and Legal Officer,  
CCLO

Effective Date: 7-1-2019

Last Review Date: 7-23-2024

Approved By: Karen Boorshtein, President & CEO

### I. SCOPE

All Family Service League (“FSL”) Workforce (as defined below) members and others which may be included herein.

### II. PURPOSE

This policy, which is part of a body of compliance policies administered by the Compliance Department, is to provide and promote awareness of the standards of compliance required of all FSL employees and independent contractors with all federal, state, and local statutes and rules, and state and private payer health care program requirements and regulations and where applicable, the standards of any relevant accreditation body.

### III. DEFINITIONS

**Governing Body** – Governing Body means FSL’s Board of Directors, which is responsible for overseeing the overall functioning of its operations.

**Workforce** – A Workforce member is any FSL full or part time employee, volunteer, or intern.

**Compliance Program** – It is a system of processes, policies and procedures, and controls that are developed to ensure compliance with all applicable rules, regulations, contracts, and policies governing the actions of the organization.

In addition, while they are not Workforce members, FSL strives to maintain relationships with compliant third-party entities, including independent contractors, and vendors, specifically those which are involved in any way with FSL’s preparation and submission of bills to any plan or program of reimbursement. The latter of which shall be subject to adherence with FSL’s compliance program.

### IV. POLICY

Family Service League (“FSL”) is dedicated to maintaining excellence and integrity in all aspects of its operations. The organization is firmly committed to the highest ethical standards and compliance with all federal, state, and local statutes and rules, and state and private payer health care program requirements and regulations and where applicable, the standards of any relevant accreditation body, and thus employs the use of a formal Compliance Program (the “FSL Compliance Program”). The FSL Compliance Program encompasses the seven (7) elements identified in written guidance issued by the United States Department of Health and Human Services Office of Inspector General, the New York State Office of the Medicaid Inspector General and in the relevant federal and state statutes and regulations pertaining to fraud, waste, and abuse (collectively, “Guidance”).

### V. PROCEDURE(S)

All FSL Workforce and Governing Body members are responsible for adhering to the standards set forth in the FSL Compliance Program. FSL requires every staff member to honor this commitment, and each understands and agrees to honor that commitment as a condition of his/her employment with FSL.

It is the personal responsibility of each employee to review and understand the components and requirements of: (i) the FSL Employee Handbook; (ii) FSL’s employee policies and procedures; including those that relate to compliance; (iii) FSL’s business policies and procedures; and (iv) any other compliance related documents that may, from time to time, be distributed to Workforce members.

The FSL Chief Compliance and Legal Officer has been delegated authority to implement and administer the FSL Compliance Program. The FSL Chief Compliance and Legal Officer shall ensure that all applicable compliance-related documents are accessible to all personnel.

The Board of Directors has reviewed and approved the FSL Compliance Program. It will be updated as necessary and reviewed at least annually.

The FSL Compliance Program is an integrated, enterprise-wide set of policies, practices, and internal controls designed to prevent, detect, and correct illegal, unethical, or other improper activity. It is designed and intended to promote compliance with federal, state, and local laws and regulations, company policies and, where applicable, the standards of any relevant accreditation body.

It is the Compliance Program's ultimate goal to promote a culture of commitment to the prevention, detection, practices.

By having an effective compliance program, FSL gains the benefits of:

- Providing a concrete example to its employees and the community at large of the organization's strong commitment to honest and responsible conduct;
- Providing a mechanism for FSL to react quickly and accurately to its employees' operational compliance concerns and describing the process to effectively target resources to address those concerns;
- Improving the efficiency and consistency of providing quality services and supplies;
- Actively promoting a culture of compliance;
- Encouraging employees to report potential problems or concerns without fear of retaliation;
- Initiating immediate, appropriate, decisive corrective action when compliance violations are identified;
- Reducing FSL's exposure to civil damages and penalties, criminal sanctions, administrative remedies, and program exclusion; and
- Demonstrating to the community and regulatory bodies a workforce that possesses the knowledge and skills needed to maintain compliant program operations.

### **Elements of the Compliance Program**

The FSL Compliance Program includes the following seven elements:

1. Written Policies and Procedures and a Code of Conduct
2. Compliance Officer and Compliance Committee
3. Education and Training
4. Lines of Communication
5. Compliance Auditing and Internal Monitoring
6. Disciplinary Guidelines
7. Responding to Detected Compliance Issues and Corrective Actions Taken

The FSL Compliance Program consists of multiple written policies, refer to the [FSL Policy Manual](#) located on The Hive, and documents including the Employee Handbook, written policies and procedures governing the duties, activities, and responsibilities of all Workforce members, and training material associated with corporate compliance.

The Employee Handbook, among other things, addresses the ethical conduct of Workforce members and provides an overview of the company’s philosophy, culture, mission statement, and general corporate statements of ethical and compliance principles.

The FSL Compliance Program policies, including the Code of Ethics and Standards of Conduct, contained in the FSL Employee Handbook, are dynamic “living” documents and will be reviewed, revised and updated as necessary and as applicable statutes, regulations, and federal, state, and private third-party payer health care program requirements are changed, modified or clarified or as deemed necessary. All policies that are a part of the FSL Compliance Program shall, when updated and/or revised, be included in this compendium and FSL staff shall be made aware of their implementation.

FSL employees are responsible for reviewing changes to the FSL Compliance Program. FSL employees and managers are expected to adhere to all elements of the FSL Compliance Program as a condition of their employment. FSL abides by these policies and procedures for all compliance activities.

Upon hire and annually, all Workforce members are provided with access to these policies as well as to training materials on the FSL Compliance Program to ensure that every employee understands his/her role in compliance. Refer to the [Policy Manual](#) and [Compliance](#) site on The Hive. Governing Body members also receive annual compliance training. In addition, in the event that FSL uses independent contractors, all such contractors are expected to adhere to the principles contained in the FSL Code of Ethics and Standards of Conduct and to act in compliance with all applicable laws. FSL shall provide any individualized follow-up training and instruction as may be required.

## VI. CONTACT

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# Family Service League

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## OVERVIEW OF RELEVANT LAWS



## Relevant Laws

It is the policy of FSL to detect and prevent fraud, waste, and abuse. This policy manual provides an overview of (1) Section 6032 of the Federal Deficit Reduction Act of 2005; (2) Federal False Claims Act (31 U.S.C. §§3729 – 3733), (3) the Administrative Remedies for False Claims (31 U.S.C. §§3801-3812), (4) the New York State False Claims Act (State Finance Law §§187-194) and other federal and state laws concerning false statements or claims and protections against retaliation or intimidation.

This policy manual also sets forth the policies FSL has put into place to detect and prevent any violations of federal or state laws regarding fraud, waste or abuse in its programs. These policies are outlined later in this policy manual.

### 1. [The Deficit Reduction Act of 2005:](#)

Section 6032 of the Deficit Reduction Act of 2005 requires that health care entities receiving or making \$5 million or more in direct Medicaid payments during a federal fiscal year:

- a) establish written policies for all employees of the entity (including management), and of any contractor or agent of the entity, that provide detailed information about the False Claims Act, administrative remedies for false claims and statements established under 31 U.S.C. Chapter 38, any State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs;
- b) include as part of such written policies, detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse; and
- c) include in any employee handbook for the entity, a specific discussion of the laws described above, the rights of employees to be protected as whistleblowers, and the entity's policies and procedures for detecting and preventing fraud, waste, and abuse. At FSL, the aforementioned is captured in this Compliance Policy Manual.

This Policy furthers the requirements of the Deficit Reduction Act of 2005.

### 2. [The False Claims Act \(31 U.S.C. §§3729-3733\):](#)

The False Claims Act is a federal law designed to prevent and detect fraud, waste, and abuse in federal health care programs, including Medicaid and Medicare. Under the False Claims Act, anyone who “knowingly” submits false claims to the Government is liable for damages including up to three times the amount of the erroneous payment plus mandatory civil monetary penalties for each false claim submitted.

The definition of “knowingly” includes a person who:

- a) Has actual knowledge of falsity of information in the claim;
- b) Acts in deliberate ignorance of the truth or falsity of the information in the claim; or
- c) 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.

Some examples include:

- a) Knowingly making false statements;
- b) Falsifying records;
- c) Submitting claims for services never performed or items never furnished;
- d) Double-billing for items or services;

- e) Using false records or statements to avoid paying the Government;
- f) Falsifying time records used to bill Medicaid; or
- g) Otherwise causing a false claim to be submitted.

The “reverse false claims” provision (31 U.S.C. §3729(a)(1)(G)) of the False Claims Act creates liability if one who “knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government.” An “obligation” includes the established duty arising from the retention of an overpayment. The Affordable Care Act established that if a person has received an overpayment—meaning any funds that a person receives or retains under **Medicare or Medicaid** to which the person, after applicable reconciliation, is not entitled—the person must report and return the overpayment within **60 days after the overpayment is identified**, or else face False Claims Act liability.

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

The Government, or an individual citizen acting on behalf of the 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 U.S. 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.

The False Claims Act (specifically, 31 U.S.C. Section 3730(h)) prohibits discrimination by FSL against any employee contractor, or agent 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 attorneys’ fees.

### **3. Administrative Remedies for False Claims (31 U.S.C. §§3801-3812):**

This federal statute allows for administrative recoveries by federal agencies including the Department of Health and Human Services, which administers 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 agency receiving the claim or statement may impose a monetary penalty per claim or statement 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. Also, unlike the False Claims Act, the determination of whether a claim is false, and imposition of fines and penalties is made by the administrative agency, and not by prosecution in the federal court system.

### **4. Exclusion of Certain Individuals and Entities from Participation in Medicare and State Health Care Programs (42 U.S.C. 1320a-7)**

The Office of Inspector General (OIG) has been given the authority to exclude from participation in Medicare, Medicaid and other Federal healthcare programs individuals and entities who have engaged in fraud, waste or abuse, and to impose civil monetary penalties (**CMPs**) for certain misconduct related to federal healthcare programs (sections **1128** and **1156** of the Social Security Act). Any items and services furnished by, or at the direction of, an excluded individual or entity are not reimbursable under Federal healthcare programs. This prohibition applies even when the federal payment itself is made to another provider, practitioner or supplier that is not excluded.

It is the policy of FSL that all FSL employees, including the President and Chief Executive Officer, members of Executive Management and the Board of Directors, and interns, have an affirmative responsibility to notify the Chief Legal and Compliance Officer (CCLO), and Chief Human Resources Officer (CHRO) immediately or by their next scheduled workday if they have been charged with a criminal offense related to a healthcare program or are found to be subject to exclusion from a federal healthcare program. Failure to notify the CLCO and CHRO in accordance with this policy may result in immediate termination of employment.

## 5. New York State Laws:

### A. *Civil and Administrative Laws:*

- i. [New York State False Claims Act \(N.Y. State Finance Law §§187-194\)](#). 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 health care programs such as Medicaid. It also has a provision regarding reverse false claims similar to the federal False Claims Act such that an individual or entity will be liable for knowingly concealing or knowingly and improperly avoiding or decreasing an obligation to pay or transmit money or property to the state or a local government. The penalty for filing a false claim is \$6,000 - \$12,000 per claim and the recoverable damages are between two and three times the value of the amount falsely received.

The 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 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 relief necessary to make the employee whole.

- ii. [N.Y. Social Services 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 Services district or State may recover three times the amount incorrectly paid. In addition, the Department of Health may impose other penalties.
- iii. [N.Y. Social Services Law §145-c, Sanctions](#). Any person who applies for or receives public assistance, including Medicaid, by intentionally making a false or misleading statement, may be subject to sanctions for a period of up to five years, depending on the severity of the offenses. These sanctions shall be in addition to, and not in substitution for, any other sanctions which may be provided for by law with respect to the offenses involved, except that the social services official or court official assessing penalties against a recipient for an act of fraud or misrepresentation described in this subdivision may consider whether to impose such penalties based upon the existence of the sanctions described herein.
- iv. [N.Y. 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:

- 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 that presents a substantial and specific danger to the public health or safety, or which constitutes health care fraud (for example, knowingly filing, with intent to defraud, a claim for payment that intentionally has false information or omissions);
- 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 the employer; or

- c) 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. 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. If the employer is a health care 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.

- v. [N.Y. Labor Law §741](#). Under this law, a health care 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, 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. Protected disclosures are those that assert that, in good faith, the employee believes constitute improper quality of patient care.

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. 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 health care 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.

#### *B. Criminal Laws:*

- I. [N.Y. Social Services 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.
- II. [N.Y. Social Services 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 he/she is 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.

- III. [N.Y. 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.**
- IV. [N.Y. 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 agency'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 A misdemeanor or a Class E felony.

- V. [N.Y. Penal Law Article 176, Insurance Fraud.](#) This Article applies to claims for insurance payment, including Medicaid or other health insurance. The six crimes in this Article involve intentionally filing a false insurance claim. Under this article, a person may be guilty of a felony.
  
- VI. [N.Y. 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), he/she knowingly and willfully provides materially false information or omits material information for the purpose of requesting payment for a health care item or service and, as a result of such information or omission, he or she or another person receives payment in an amount that he, she or such other person is not entitled to under the circumstances. Health Care Fraud is punished with fines and jail time based on the amount of payment inappropriately received due to the commission of the crime.
  
- VII. [N.Y. SSL 363d, Mandated Compliance Programs for Medicaid Providers.](#) This Article mandates compliance programs for many Medicaid providers and enhances the ability of OMIG to impose penalties upon healthcare providers which fail to maintain effective compliance programs.



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## **FSL COMPLIANCE PROGRAM AND POLICIES**



# Compliance Program and Policies

In accordance with Federal, State and Local Government best practice guidelines, FSL's Compliance Program encompasses the Seven Elements of an Effective Compliance Program. Through trainings, policies, diverse reporting methods and open lines of communication, the FSL Compliance Program is committed to the prevention of fraud, waste, and abuse. The following FSL Compliance Program policies listed below outline these efforts.

Additionally, compliance policies are located in the FSL-Employee Handbook. All FSL Workforce members are expected to know, attest to, and comply with compliance, and all other policies in the FSL Employee Handbook. FSL's Code of Ethics and Standards of Conduct is posted on FSL's website at [www.fsl-li.org](http://www.fsl-li.org)

Non-Workforce member can request a copy of FSL's Compliance policies by contacting Lynda Wilson at [FSLComplianceOffice@fsl-li.org](mailto:FSLComplianceOffice@fsl-li.org)

## The Seven Elements of an Effective Compliance Program:

### Element 1: Written Policies and Procedures and Code of Conduct (Ethics)

FSL recognizes that written policies and procedures that describe compliance expectations, as embodied in the Organization's Code of Ethics and Standards of Conduct, are the foundation of an Effective Compliance Program. Key compliance policies and procedures are listed in this section and categorized by the Seven Elements of an Effective Compliance Program. All compliance policies and procedures are reviewed according to their scheduled review date or as indicated, so that each remains relevant.

Compliance Program Policies:

- [Compliance Program Overview # 03.02.02 v2](#)
- [Code of Conduct Policy # 03.02.01 v2](#)
- [Development and Maintenance of Compliance Policies v1](#)

### Element 2: Designated Compliance Officer and Compliance Committee

FSL recognizes the designation of a compliance professional, and their ongoing relationship with the Board of Directors, as vital to the success of its Compliance Program. FSL's Chief Compliance and Legal Office (CCLO) and/or designee work closely with the Compliance Committee and oversee the daily operations of FSL's Compliance Program. The FSL Compliance Program works closely with all levels of FSL's Workforce members to support compliance efforts, deliver solutions, train, educate and mitigate risks.

Compliance Program Policies:

- [Compliance Officer and Compliance Committee Policy # 03.02.03 v2](#)
- [Compliance Resources # 03.02.17 v1](#)

### Element 3: Training and Education

FSL is committed to and believes that an educated workforce is the best defense against acts of wrongdoing. It is the policy of FSL to provide employees with training, as may be reasonably necessary and appropriate, to ensure material compliance with the documentation of services and the submission of claims, as well as other applicable laws and regulations. All FSL new employees at orientation, and annually thereafter, will undergo mandatory training and education concerning compliance matters.

Compliance Program Policies:

- [Compliance Education and Training Policy # 03.02.05 v2](#)

Element 4: Lines of Communication (Reporting)

All FSL Workforce members, contactors and agents are expected to report suspected misconduct or potential violations of the Compliance Program by one of the mechanisms listed below *or* by reporting directly to their Program Director. Note, if a Confidential Hotline is not answered, calls go directly to voicemail. The identity of the reporting person will be kept confidential, to the extent possible, consistent with the need to investigate the issue raised.

Compliance Program Policies:

- [Lines of Communication Policy # 03.02.06 v2](#)

**Confidential Hotline:**

**For reporting Fraud, Waste and Abuse, General Compliance and HIPAA Privacy and Security concerns:**

**631-907-2067**

**Submitting Incidents in Writing or by Phone:**

**For reporting Fraud, Waste, Abuse and General Compliance Matters:**

[Compliance Incident Report](#)

**Craig Greenfield, Chief Compliance and Legal Officer, [craig.greenfield@fsl-li.org](mailto:craig.greenfield@fsl-li.org)**

**For reporting HIPAA Privacy and Security Incidents:**

[HIPAA Incident Report](#)

**Lynda C. Wilson, Director of Compliance, Privacy Official, 631-299-1335**

**Faisal Shah, Chief Information and Security Officer, 631-470-6789**

**FSL Website:**

**The above links for written submissions are accessible from the FSL's website by scrolling to the bottom of the homepage and clicking on [Commitment to Compliance and Privacy](#)**

## Element 5: Disciplinary and Enforcement Guidelines

At FSL, we believe that everyone has a role to play in compliance and as such, awareness is key. In conjunction with the policies listed throughout this policy manual, and the FSL Employee Handbook, FSL's Disciplinary Guidelines policy is designed to promote, for example, awareness and expectations for reporting suspected incidents, assisting in resolutions, and summarizing sanctions for non-compliant behavior. Collectively, FSL's Compliance Policies are designed to educate and promote good faith participation by all FSL employees and others. It is FSL's intention that employees who in good faith report suspected fraud, illegal activity or unethical behavior are protected from repercussion, retaliation, or punishment.

### Compliance Program Policies:

- [Disciplinary Guidelines Policy # 03.02.08 v2](#)
- [Whistleblower and non-retaliation # 03.02.15 v1](#)

## Element 6: Compliance Auditing and Internal Monitoring

In promotion of its obligations as a participant in Medicaid, Medicare and other government-funded healthcare payment programs, FSL will conduct ongoing audits to assist in its efforts to monitor the accuracy of claims and other information reported to our payers. These policies are adopted to ensure that claims and reported information are periodically reviewed in a manner which will enable FSL to promptly identify deficiencies in the claim development and submission process, or the data collection and reporting process that may result in inaccuracies.

### Compliance Program Policies:

- [Compliance Auditing and Internal Monitoring Policy # 03.02.07 v2](#)
- [Complete and Accurate Billing \(False Claims Act\) Policy # 03.02.04 v2](#)
- [Anti-Kickback and Self-Referral \(Stark Law\) Concerns Policy # 03.02.14 v2](#)
- [Selection of Appropriate Billing Codes Policy # 03.02.11 v2](#)
- [Use of Modifiers Policy # 03.02.12 v2](#)
- [Routine Waiver of Deductible, Co-payments, and Co-Insurance Policy # 03.02.10 v2](#)
- [Exclusion from Federal Healthcare Programs and Screenings Policy # 03.02.18](#)

## Element 7: Investigation and Remedial Measures

Lastly, FSL recognizes the importance of an effective and efficient response system. FSL stands ready to respond to compliance issues, as they are raised by Workforce members, or others. FSL's various reporting mechanisms are designed to trigger swift notification and investigation of compliance matters by the compliance staff and thereby mitigating and implementing resolutions quickly.

### Compliance Program Policies:

- [Responding to Detected Compliance Issues and Corrective Actions Policy # 03.02.09 v2](#)
- [Compliance Investigations Policy # 03.02.13 v2](#)