



# Stony Brook Medicine Administrative Policy and Procedures

<b>Subject:</b> ELD0039 Corporate Compliance Code of Conduct	<b>Published Date:</b> 03/23/2023
Leadership	<b>Next Review Date:</b> 03/23/2024
<b>Scope:</b> SBM Eastern Long Island Campus	<b>Original Creation Date:</b> 05/16/2019

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

## Responsible Department/Division/Committee:

Compliance

## Policy:

Stony Brook University Hospital and its campuses (collectively "SBUH") has a Corporate Compliance Code of Conduct ("Code of Conduct") that provides written guidance on principles and expectations related to workplace conduct. The Code of Conduct reflects the mission, vision, and values of SBUH and complies with applicable federal and state laws, rules and regulations, SBUH policies and procedures, and appropriate standards of ethical conduct. SBUH representatives ("Hospital Representatives") in their activities for and on behalf of SBUH have an affirmative duty to abide by the Code of Conduct in their personal and professional conduct as a condition of association with SBUH.

## Definitions:

**Anti-Kickback Statute ("AKS")** – refers to a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the federal health care programs (e.g., drugs, supplies or health services for Medicare or Medicaid patients).

**Gifts** – refer to anything of value an individual receives where that individual did not pay or perform services in a manner consistent with routine commercial transactions. Examples of gifts include, but are not limited to, money, services, loans, travel, lodging, meals, refreshments, entertainment, discounts, or a forbearance of an obligation or a promise that has monetary value.

**Hospital Representatives** – employees, volunteers, trainees, medical staff members, including state, research foundation, professional employer organization, personnel employed through contracted agencies, the governing body, contracted or subcontracted agents, vendors or consultants who furnish products or services on behalf of SBUH and other individuals affiliated with SBUH regardless of whether the individual is paid by SBUH.

**Immediate Family Member** - shall include spouse; birth and adoptive parents, children and siblings; stepparents, stepchildren and stepsiblings; fathers-in-law, mothers-in-law, brothers-in-law, sisters-in-law, sons-in-law and daughters-in-law; and grandparents and grandchildren. (NY PHL §238. Definitions)

**Nominal Value** - is considered such a small amount that acceptance could not reasonably be interpreted or construed as intending to influence a Hospital Representative. Items that have a fair market value of \$15 or less are deemed to be of nominal value. Alcoholic beverages, cash, and cash equivalents (e.g. gift cards) regardless of value are not allowed.

**Protected Health Information** - A patient's oral, written or electronic health information created or received by a Covered Entity, that is identifiable or for which there is a reasonable basis to believe that the information can be used to identify the patient, and relates to 1) the past, present, or future physical or mental health condition of a patient, or 2) the provision of health care or payment for health care to a patient. HIPAA details the below 18 identifiers that render health information identifiable:

1. Names
2. All geographic subdivisions smaller than a [State](#), including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code in certain situations.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. [Health plan](#) beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol (IP) address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and

18. Any other unique identifying number, characteristic, or code.

**Research misconduct** - is fabrication, falsification, or plagiarism, in proposing, performing, or reviewing research or in reporting research results. (Federal Research Misconduct Policy available at <https://ori.hhs.gov/federal-research-misconduct-policy>)

- (a) Fabrication is making up data or results and recording or reporting them.
- (b) Falsification is manipulating research materials, equipment, or processes or changing or omitting data or results such that the research is not accurately represented in the research record.
- (c) Plagiarism is the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Note: Unless the activity in question is funded by the National Science Foundation (NSF), this statement of policy and procedures does not apply to authorship or collaboration disputes. These exclusions from the Plagiarism definition are consistent with the federal Office of Research Integrity's position on the matter. See <http://ori.hhs.gov/ori-policy-plagiarism>

Research misconduct may include the destruction, absence of, or respondent's failure to provide research records where these actions constitute a significant departure from accepted practice of the relevant research community. Honest errors or differences of opinion are not considered to be research misconduct.

**Remuneration** - includes the transfer of anything of value, directly or indirectly, overtly or covertly, in cash or in kind.

### **Procedures:**

- A. Hospital Representatives shall be provided with a copy of the [SBELIH Code of Conduct](#) upon hire and annually. The [SBELIH Code of Conduct](#) will also be made available on the Office of Compliance and Audit Services intranet and public facing internet sites and upon request made to the Office of Compliance and Audit Services.
  - a. Upon Hire, all Hospital Representatives shall participate in compliance training which incorporates the [SBELIH Code of Conduct](#). A copy of the [SBELIH Code of Conduct](#) will be provided with the training. Hospital Representatives are required to review and attest to compliance with the [SBELIH Code of Conduct](#).
  - b. Annually, all Hospital Representatives will participate in training that includes a review of the Code that shall, at a minimum, address critical areas such as compliance with laws and regulations, prevention of fraud, waste and abuse, non-intimidation and non-retaliation, human resource practices, quality of care and service, conflicts of interest, proprietary rights, privacy and confidentiality, and appropriate use of SBUH assets.

- B. The Acknowledgement of review and attestation with the [SBELIH Code of Conduct](#) shall be maintained by Human Resources.
- C. The [SBELIH Code of Conduct](#) is reviewed, no less than annually, by the Chief Compliance Officer, and or designee, to determine whether revisions are warranted. Updates are reported to the Compliance and Audit Committee and Governing Body.
- D. All contracts with outside contractor and vendors providing services directly to SBUH business must specify that the organization has a similar [SBELIH Code of Conduct](#).
- E. The Compliance Officer (CO) in conjunction with the hospital's Chief Executive Officer and/or Chief Administrative Officer, as applicable, and senior leadership have responsibility for reviewing and updating the [SBELIH Code of Conduct](#), no less than annually.
- F. Hospital Representatives who are subject to the requirements under the Protection of People with Special Needs Act are additionally required to comply with the requirements under the Protection of People with Special Needs Act.
- G. Failure to comply with the requirements of review and attestation of the [SBELIH Code of Conduct](#) may result in adverse action consistent with the appropriate collective bargaining agreement, as applicable.

**Forms:**

Attestation of Code of Conduct

**Policy Cross Reference:**

[ELD0109 Gifts](#)

[ELD0071 Reporting of Compliance Violations or Suspected Violations and Non-Intimidation/Non-Retaliation](#)

[ELD0101 Conflict of Interest](#)

[ELD0070 Responsibilities for Preventing and Detecting Fraud, Waste and Abuse Related to Federal and State Funded Health Care Programs](#)

[ELD0005 Certificate of Need Assessment and Applications \(CON\)](#)

[ELD0038 Policy and Procedure for an Employee Responding to Governmental Investigations](#)

[EEC0026 Regulated Medical Waste Disposal](#)

[EEC0045 Hazardous Chemical Waste Management](#)

[EEC0054 Hazardous Chemical Materials Spill Plan](#)

[EMM0084 Pharmaceutical Waste Management](#)

[EIM0044 Security of Information Technology Resources](#)

[ERC0006 Retention of Health Information](#)

[ERC0081 Uses and Disclosures of Protected Health Information](#)

**Relevant Standards/Codes/Rules/Regulations/Statutes:**

Title 18 NYCRR 504.3

Title 18 NYCRR 504.8

Title 18 NYCRR Parts 514, 515, 516, 517, 518, 519, 520, 521

Title 19 NYCRR Part 934;

New York State Public Officers Law §73, §74, §80, §94

42 USC § 1396a(a) (68)

31 USC §§ 3729-3733

31 USC Ch. 38

NY Labor Law § 740

NY Labor Law § 741

NY State Finance Law §§ 187-194

### **References and Resources:**

[SBELIH Code of Conduct](#)