



A Guide to
COMPLIANCE
at the
New York City Health
and
Hospitals Corporation

[Compliance Helpline](#)

866 - HELP - HHC

(866 - 435 - 7442)

Confidential - Anonymous - 24 Hours/Day - 7 Days/Week

Revised: April 2015

COMPLIANCE OVERVIEW

What is Compliance?

Compliance is an organizational culture that fosters the prevention, identification and remediation of conduct that fails to comply with applicable law and ethical and business standards of conduct.

What is the focus of the HHC Corporate Compliance Program?

The Corporate Compliance Program is focused on the prevention, detection, and correction of any departure from the Corporation's obligations under legal and regulatory requirements, especially as they relate to coding, billing, and financial transactions.

What are the goals of the HHC Corporate Compliance Program?

- (i) To prevent and deter fraud, waste and abuse and criminal conduct;
- (ii) To promote an organization environment that encourages ethical conduct and business practices and compliance with the law;
- (iii) To create a system of internal controls designed to prevent inappropriate billing and other practices not permitted under Medicaid and Medicare program regulations, guidelines, and conditions of participation.

What are your responsibilities under the HHC Corporate Compliance Program?

All members of the HHC workforce are obligated to participate in the compliance program.

All members of the HHC workforce have an affirmative responsibility to report violations promptly to the Office of Corporate Compliance "OCC". In addition, all members of the HHC workforce must participate and/or cooperate in good faith with any investigation into a reported violation, be truthful with investigators and preserve documentation and/or records relevant to ongoing investigations.

What are the consequences for failure to participate in the HHC Corporate Compliance Program?

HHC is committed to ensuring that there is uniform practices for enforcement and discipline for individuals at all levels of the organization who fail to comply with all federal and state laws, regulations, guidelines and principles. Those who fail to comply with applicable laws and policies will face disciplinary action up to and including termination of employment, and/or other affiliation or contract with HHC.

ALWAYS REMEMBER:
***The Compliance Program will not work
without YOU!***
COMPLIANCE is a TEAM EFFORT
When in doubt, ASK!

HHC COMPLIANCE PROGRAM OVERVIEW

Under NYS Law, required providers such as HHC, shall adopt and implement an effective compliance program. An effective compliance program must contain the following eight (8) elements. Examples of how HHC meets or exceeds these requirements are outlined as such:

1. Written Compliance Policies and Procedures

- ⇒ Corporate Compliance Plan
- ⇒ Principles of Professional Conduct
- ⇒ HHC Operating Procedure 50-1 Corporate Compliance Program
- ⇒ Internal Compliance Policies

2. Designated Employees Responsible for Compliance

- ⇒ Chief Corporate Compliance Officer, Deputy & Senior Executive Corporate Compliance Officers
- ⇒ Network Compliance Officers
- ⇒ Executive Compliance Workgroup ("ECW")
- ⇒ ECW Subcommittee on Compliance and Quality
- ⇒ Network Compliance Committees

3. Training and Education

- ⇒ New Employee Orientation Training
- ⇒ Department – Specific Compliance Training
- ⇒ Periodic Computer-Based and Live Training
- ⇒ Ad hoc and Training Updates, as necessary

** OP 50-1 provides that Compliance Officers are independent, reporting directly to the Chief Corporate Compliance Officer who reports directly to HHC's President.

4. Communication Lines to the OCC

- ⇒ 1-866-HELP-HHC
- ⇒ Compliance@nychhc.org

5. Disciplinary Policies

- ⇒ Unprofessional or unethical conduct and/or violations of applicable law and/or HHCs policies may result in disciplinary action up to and including termination of employment, and/or other affiliation or contract with HHC

6. Identification of Risk Areas

- ⇒ Corporate Work Plan risk items are applicable to all Networks and programs
- ⇒ Network-Specific Work Plan risk items are also considered, assessed, and addressed
- ⇒ Risk Identification process (i.e. self-identified, survey, interviews)

7. System for Responding to Compliance Issues

- ⇒ Systems, policies, and procedures for prompt response to issues reported or discovered

8. Policies of Non-Intimidation or Retaliation

- ⇒ Zero-tolerance policy on retaliation or intimidation for good faith reporting of compliance issues or violations

REPORTING COMPLIANCE ISSUES

How do you report a compliance issue?

1. Talk to your supervisor or a member of management*
2. Call, write, or visit a member of the OCC staff
3. Call the Compliance Helpline at 1-866-HELP-HHC*
4. Visit the Compliance Intranet at <http://compliance.nychhc.org> to submit a Fraud and Abuse Form
5. Email the OCC at compliance@nychhc.org

*If you feel uncomfortable speaking to your supervisor or a member of management or if you feel that your issue has gone unresolved, you may choose any of the methods to report. You may remain anonymous when calling the Helpline.

Other Important Numbers

HHC Inspector General: 212-676-0942
NYC Conflicts of Interest Board: 212-442-1400



REPORTING PROTECTIONS

HHC's Policy on Retaliation

HHC strictly prohibits intimidation or retaliation, in any form, against any individual who in good faith participates in the compliance program, including but not limited to reporting potential issues, self-evaluations, audits and remedial actions and reporting to appropriate officials as provided in New York State Labor Law Sections 740 and 741.

Any attempt to intimidate or retaliate against a person for participating in the compliance program in good faith will result in disciplinary action up to and including termination of employment, and/or other affiliation or contract with HHC.

- ◆ "In good faith" means that you believe the information reported to be true.
- ◆ Acts of retaliation are subject to discipline, up to and including dismissal from employment or termination of the business relationship with HHC.
- ◆ Employees cannot, however, exempt themselves from disciplinary action by reporting their own misconduct.

*Supervisors are required by Operating Procedure 20-43 (Change #2) to create a work environment that encourages the reporting of compliance issues without fear of retaliation .

COMPLIANCE TRAINING

The following workforce members must complete **General Compliance/Fraud, Waste and Abuse** training on a periodic basis:

- ◆ All Group 11 employees
- ◆ All HHC and affiliate physicians
- ◆ All healthcare professionals licensed under Title VIII of the Education Law (and others as determined by the OCC)
- ◆ All Group 12 employees designated by their supervisor and/or as determined by the OCC
- ◆ All other workforce members designated by the Chief Corporate Compliance Officer
- ◆ All members of the HHC Board of Directors and their designees

The frequency and content of such periodic training shall be determined by the OCC however; such training shall occur no less than every two (2) years.

To access and complete the training, go to the PeopleSoft-ELM Login page at:
<https://elm.nychhc.org/>

**For affiliates who do not have access, alternate methods will be made available.*

Complete the modules that are listed as 'Required'. Be sure to print a copy of your certificate. If you have any questions, contact your Central Office or Network Compliance Team.

Information on the latest training period may be accessed by way of the OCC Intranet webpage at:
<http://compliance.nychhc.org>

FEDERAL and STATE ENFORCEMENT

U.S. Department of Health and Human Services Office of Inspector General (“OIG”)

OIGs mission is to protect the integrity of Department of Health & Human Services (HHS) programs as well as the health and welfare of program beneficiaries. Since its 1976 establishment, OIG has been at the forefront of the Nation's efforts to fight waste, fraud and abuse in Medicare, Medicaid and more than 300 other HHS programs. A majority of OIG's resources goes toward the oversight of Medicare and Medicaid — programs that represent a significant part of the Federal budget.

New York State Office of the Medicaid Inspector General (“OMIG”)

OMIGs mission is to enhance the integrity of the New York State Medicaid program by preventing and detecting fraudulent, abusive, and wasteful practices within the Medicaid program and recovering improperly expended Medicaid funds while promoting a high quality of patient care. OMIG works closely with the Attorney General's Medicaid Fraud and Control Unit (MFCU) and works to strengthen partnerships with federal and local law enforcement agencies.

Recovery Audit Contractors (“RACs”)

The Recovery Audit Program's mission is to identify and correct Medicare improper payments through the efficient detection and collection of overpayments made on claims of health care services provided to Medicare beneficiaries, and the identification of potential underpayments to providers so that the Centers for Medicare and Medicaid Services can implement actions that will prevent future improper payments in all 50 states.



FRAUD, WASTE and ABUSE

What is Fraud, Waste and Abuse?

Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

An example of fraud is knowingly billing for services that were not furnished, including billing Medicare for appointments that a patient failed to keep.

Waste means the extravagant, careless, or needless expenditure of funds or consumption of property. The term includes improper practices not involving prosecutable fraud or rising to the level of abuse.

An example of waste is needlessly overstocking medication on a unit and being unable to use it all before it expires.

Abuse means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost.

An example of abuse is providing and billing for services that were not medically necessary.

Additional Information

A more detailed overview of policies, procedures and applicable laws concerning fraud, waste, abuse may be accessed by way of the OCC Intranet webpage at:

<http://compliance.nychhc.org>

BILLING RISK AREAS

The U.S. Department of Health and Human Services Office of Inspector General has identified areas of billing risk and concern as it pertains to hospital services. These risk areas include but are not limited to:

Billing for services not rendered: involves submitting a claim that represents that the provider performed a service, all or part of which was simply not performed.

Unbundling: the practice of submitting bills piecemeal or in fragmented fashion to maximize the reimbursement.

Upcoding: the practice of using a billing code that provides a higher payment rate than the billing code that actually reflects the service furnished to the patient.

DRG Creep: the practice of billing using a Diagnosis Related Group (DRG) code that provides a higher payment rate than the DRG code that accurately reflects the service furnished to the patient.

Billing for Services without Medical necessity: the practice of submitting reimbursement for a service that is not warranted by the patient's current and documented medical condition.

Duplicate billing: occurs when the hospital submits more than one claim for the same service or is submitted to more than one primary payor at the same time.

Patient dumping: all Medicare participating hospitals with an emergency department must: [1] Provide for an appropriate medical screening examination to determine whether or not an individual requesting such examination has an emergency medical condition; and [2] if the person has such a condition, [a] stabilize that condition; or [b] appropriately transfer the patient to another hospital.

REGULATIONS and GUIDANCE

Deficit Reduction Act (“DRA”)

Under the Deficit Reduction Act of 2005 HHC is required to establish written policies and procedures that inform its employees, contractors, agents, and other persons about HHC’s internal policies covering fraud, waste, and abuse; the federal False Claims Act and any similar law under the State of New York that governs false claims and statements; and whistleblower protections under Federal and State laws.

HHC has several written policies and procedures designed to address fraud, waste and abuse. HHC’s Corporate Compliance Plan outlines and explains the structural and operational elements of its Corporate Compliance Program (the “Program”) and HHC’s goal of preventing fraud, waste, and abuse and deterring criminal conduct. The Plan also references numerous written policies and procedures related to HHC’s commitment to compliance such as:

- (i) HHC Operating Procedure 50-1 - Corporate Compliance Program (“OP 50-1”), which details the Program’s functions and operations pursuant to New York’s mandatory compliance program regulations;
- (ii) HHC’s Principles of Professional Conduct (“POPC”), which establishes HHC’s prohibition of fraudulent billing and other improper business practices; and
- (iii) HHC’s A Guide to Compliance at the New York City Health and Hospitals Corporation (“Guide to Compliance”), which provides a summary of important compliance issues and standards at HHC.

Each of these documents made be found may be accessed by way of the OCC Intranet webpage at: <http://compliance.nychhc.org>
OR by way of HHC’s public website at:
<http://www.nyc.gov/html/hhc/html/about/About-PublicInfo-Compliance.shtml>

False Claims Act (“FCA”)

Under the FCA It is illegal to submit claims for payment to Medicare or Medicaid that you know or should know are false or fraudulent. Filing false claims may result in fines of up to three times the programs’ loss plus \$11,000 per claim. The fact that a claim results from a kickback or is made in violation of the Stark law also may render it false or fraudulent, creating liability under the civil FCA as well as the AKS or Stark law. The FCA defines “knowing” to include not only actual knowledge but also instances in which the person acted in deliberate ignorance or reckless disregard of the truth. Further, the FCA contains a whistleblower provision that allows an individual to file a lawsuit on behalf of the U.S. and entitles that whistleblower to a percentage of any recoveries. *Whistleblowers could be current or ex-business partners, hospital staff, patients, or competitors.* An individual who commences an action is protected against threats and harassment, as well as any adverse employer action with regard to the conditions of employment, that arise as a result of said individual’s commencement of an action or other measures to stop violations of the FCA. In general, relief includes: (i) reinstatement; and (ii) “2 times the amount of back pay, interest on back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys’ fees.”

Criminal Healthcare Fraud Act

An additional federal law where any person who knowingly and willfully executes, or attempts to, a scheme or artifice to defraud (or by means of false pretenses obtain money, property or control of) any health care benefit program; or in connection with the delivery of or payment for health care benefits, items, or services, shall be fined or imprisoned, or both. If the violation results in serious bodily injury or death such person shall be fined under this title or imprisoned for longer terms (including a life sentence). **Under this law, a person need not have actual knowledge of this or specific intent to commit a violation to be considered in violation.*

Physician Self-Referral Law (“Stark Law”)

The Physician Self-Referral Law, commonly referred to as the Stark law, prohibits physicians from referring patients to receive “designated health services” payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship, unless an exception applies. Financial relationships include both ownership/investment interests and compensation arrangements. For example, if you invest in an imaging center, the Stark law requires the financial relationship to fit within an exception or you may not refer patients to the facility. The Stark law is a strict liability statute, which means proof of specific intent to violate the law is not required. Penalties for physicians who violate the Stark law include fines as well as exclusion from participation in the Federal health care programs.

Anti-Kickback Statute (“AKS”)

The AKS is 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 care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

This statute covers the payers of kickbacks—those who offer or pay remuneration— as well as the recipients of kickbacks—those who solicit or receive remuneration. Each party’s intent is a key element of their liability under the AKS. Criminal penalties and administrative sanctions for violating the AKS include fines, jail terms, and exclusion from participation in the Federal health care programs.

Exclusionary Statute

The OIG is required to exclude an individual or entity from participation in all federal health care programs for those convicted of the following types of offenses: (1) Medicare / Medicaid fraud, as well as any other offenses related to the delivery of items or services; (2) patient abuse or neglect; (3) felony convictions for other health-care-related fraud, theft, or other financial misconduct; (4) felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances. OIG has discretion to exclude individuals and entities on several other grounds. If you are excluded by OIG from participation in the federal health care programs, the programs will not pay for items or services that you furnish, order, or prescribe.

Civil Monetary Penalties Law

The OIG may seek civil monetary penalties for violations of law. There are extensive penalties range which range per violation. Some examples of violations include:

- ◆ presenting a claim that the person knows or should know is for an item or service that was not provided as claimed or is false or fraudulent; or for which a person knows or should know is payment should not be made;
- ◆ failing to provide an adequate medical screening examination for patients who present to a hospital emergency department with an emergency medical condition or in labor; and
- ◆ making false statements or misrepresentations on applications or contracts to participate in the federal health care programs.

Patient Protection and Affordable Care Act ("PPACA")

PPACA put in place comprehensive health insurance reforms that put consumers back in charge of their health care. PPACA is working to make health care more affordable, accessible and of a higher quality. PPACA contains numerous provisions increasing federal and state enforcement initiatives to fight health care fraud and abuse.

CONFLICTS OF INTEREST

NYC “Conflicts of Interest Law”

Chapter 68 of the Charter of the City of New York, commonly referred to as the Conflicts of Interest Law, was enacted to preserve the public trust, to promote public confidence in government, to protect the integrity of government decision-making, and to enhance efficiency.

Chapter 68 applies to **all HHC employees as well as members of the HHC Board of Directors.**

The NYC Conflicts of Interest Board (“COIB”) manages potential conflicts of interest. It established a basic set of rules regarding, among other things:

Gifts; Moonlighting/Part-Time Jobs; Volunteer Activities; Post-City Employment; Use of Confidential Information; Political Activities; Use of City Position for Personal Gain; Ownership Interest in Firms Doing Business with the City; and Relationships Between Employees & Supervisors.

***Special Notice on Gifts at HHC:** You are not permitted to accept gifts, gratuities or any remunerations from vendors or patients. In some cases, vendors may provide financial support for Continuing Medical Education. HHC OP 20-55 details specific restrictions and allowances.

If you feel that a conflict may exist, please contact the OCC or request approval by the COIB (“waiver”) by submitting an online form which can be found on the COIB website at:

http://www.nyc.gov/html/conflicts/html/legal_advice/get_waiver.shtml

*Once the online form is completed and the employee clicks 'submit', the form will automatically be submitted to HHC's COIB liaison & Deputy General Counsel, for further handling.

HHC CODE OF ETHICS

HHC Code of Ethics

The Corporation has promulgated its own “Code of Ethics” which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties.

The Code of Ethics applies to **all members of the Corporation Community Advisory Boards and its auxiliaries, HHC affiliates, and all other personnel not covered under Chapter 68.**

Similar to NYC Charter Chapter 68, the Code of Ethics embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited. The Code of Ethics establishes a basic set of rules regarding, among other things:

Gifts; Post HHC relationship activities; Volunteer Activities; Use of Confidential or Corporate Information; Political Activities; Use of Position for Personal Gain; Interest in Firms Doing Business with HHC; and Nepotism.

If you feel that a conflict may exist, please contact the OCC. Additional information may be found:

By way of the OCC Intranet webpage at:

<http://compliance.nychhc.org>

OR

by way of HHC’s public website at:

<http://www.nyc.gov/html/hhc/html/about/About-PublicInfo-Compliance.shtml>

PRINCIPLES OF PROFESSIONAL CONDUCT

Principles of Professional Conduct (“POPC”)

The POPC is a guide to direct HHC workforce members to conduct official business in a manner that is both lawful ethical and lawful manor.

The POPC applies to **all members of the HHC workforce including but not limited to employees, members of the Board of Directors, and those affiliated with HHC.**

All employees, affiliates, and vendors are required to know and understand all the rules and policies that apply to their work and function at HHC, and to ask for guidance if they are unsure.

Some examples of violations of professional conduct outlined in the POPC include (but are not limited to):

- ⇒ improper billing practices;
- ⇒ accepting gifts from a vendor;
- ⇒ inappropriate patient referrals;
- ⇒ breaches of patient confidentiality; and
- ⇒ failure to adhere to HHC policies concerning patient care.

If you feel that a violation of the POPC may exist, please contact the OCC. Additional information may be found:

By way of the OCC Intranet webpage at:

<http://compliance.nychhc.org>

OR

by way of HHC’s public website at:

<http://www.nyc.gov/html/hhc/html/about/About->

HIPAA PRIVACY and SECURITY

Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

HIPAA and New York State confidentiality laws require that all HHC workforce members maintain the confidentiality and security of patient information. These requirements are outlined in HHC Operating Procedure Series 240 and 250. Workforce members who are given access to confidential information as part of their work functions must ensure that the use, access and/or disclosure of such information is done in compliance with applicable confidentiality laws.

The HIPAA **Privacy Rule** provides federal protections for individually identifiable health information held by covered entities such as HHC and their business associates and gives patients an array of rights with respect to that information. At the same time, it is balanced so that it permits the disclosure of health information needed for care and other purposes. The HIPAA **Security Rule** specifies a series of administrative, physical, and technical safeguards for covered entities and their business associates to use to assure the confidentiality, integrity, and availability of electronic protected health information.

Some examples of violations include (but are not limited to):

- ◆ accessing electronic medical record information not necessary for your role, function, or patient;
- ◆ disclosing health information to individuals/entities not authorized by the patient or by law;
- ◆ taking/posting photographs of patients, incidents and/or procedures; and
- ◆ emailing/faxing/mailling health information to the wrong individuals/entities.

Contact HHC’s HIPAA Privacy and Security Officers with any questions, concerns or reports of possible violations.

DOCUMENTATION & RECORD KEEPING

Medical Record Documentation

HHC employed and affiliated Physicians and Healthcare Providers should maintain accurate and complete medical records and documentation of the services they provide. They also should ensure that the claims they submit for payment are supported by the documentation. Good documentation practice helps ensure that your patients receive appropriate care. It also helps you address challenges raised against the integrity of bills and claims submitted. The medical record should include (at minimum):

- i. Physical examination including health history;
- ii. Diagnosis/clinical impressions (admitting & final);
- iii. Results of all consultative evaluations of the patient;
- iv. Documentation of all complications;
- v. Patient progress and changes in care or treatment;
- vi. Properly executed consents for care;
- vii. All orders, nursing documentation, reports of treatment, medication records, radiology and laboratory reports, vital other patient monitoring information; and
- viii. Discharge summary with outcomes and follow-up care.

Document Retention and Destruction

HHC's Operating Procedure (OP) 120-19 sets forth the policy and procedure governing the retention period and destruction schedule of all HHC records regardless of form or medium (i.e. paper, electronic, voice, e-mail, etc.) generated by all HHC Workforce members in the normal course of business. The OP also provides guidance concerning the preservation of records for archival and legal purposes. All records must be retained and destroyed in accordance with applicable law and HHC's record retention policy.

DATA TRANSMISSION

HHC is committed to appropriately maintaining the records it creates and receives in the normal course of its business operations and ensuring the confidentiality and security of electronic information (e.g. protected health information (“E PHI”), HHC business information, etc.). While the motivation behind the following prohibited practices may be centered on admirable and laudable purposes such as working on HHC related matters at home or from other remote locations, such methods of transmission and/or uploading of information are impermissible because they violate HHC’s internal policies and applicable federal and state law. The following practices are strictly prohibited under HHC Policies and/or applicable law:

- ◆ Transmitting confidential information (whether encrypted or not) from corporate e-mail accounts (current Groupwise/Outlook) to or from any personal and/or non-corporate e-mail accounts (e.g. AOL, Yahoo, G-mail) of workforce members or others;
- ◆ Transmitting confidential information (whether encrypted or not) from corporate e-mail accounts to the outside e-mail accounts of HHC’s vendors/business partners or regulatory bodies without using an approved method of secure file transmission; and
- ◆ Transmitting or uploading HHC information (whether confidential or not) to non-HHC operated or contracted cloud-based storage systems (e.g. Dropbox and Google Drive) without the prior written approval of HHCs EITS.

It is important to note that HHC does have procedures to facilitate the proper transmission of this information. Specifically OP 250-19 (HHC Security Policy-Transmission Security) which may be accessed through the HHC intranet sets forth policy and guidelines for this.

OFFICE OF CORPORATE COMPLIANCE

Office of Corporate Compliance
160 Water Street, Suite 1129
New York, N.Y. 10038
(646) 458-5632
COMPLIANCE@nychhc.org

Corporate Offices

Wayne A. McNulty, Esq., CHC, CIPP
Senior Assistant Vice President &
Chief Corporate Compliance Officer
Wayne.McNulty@nychhc.org

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Deputy Corporate Compliance Officer &
HIPAA Privacy & Security Officer/Records Management Officer
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Raquel.Acevedo-Malave@nychhc.org

Each HHC Network is staffed by Compliance Officers who are charged with carrying out the functions of the Office of Corporate Compliance. You can utilize the information provided below to contact the OCC staff within your Network, facility, or program.

South Manhattan Health Network

Tim Gorton, MPA, CHC
Senior Compliance Officer
212-562-6570
Timothy.Gorton@nychhc.org

Ashley Schilling
Assistant Compliance Officer
212-562-6570
Ashley.Schilling@nychhc.org

Generations +/Northern Manhattan Health Network

Gail Rosenblatt, MS, CHC
Executive Compliance Officer
718-579-4643
Gail.Rosenblatt@nychhc.org

Queens Health Network

Frank Caria, MPA, CHC
Senior Compliance Officer
718-883-2019
Frank.Carria@nychhc.org

Shaquadah Hawkins, RN, CHC
Associate Compliance Officer
718-334-2502
Hawkinss@nychhc.org

North Bronx & Home Health Network

Petal Martindale, Esq., CHC
Associate Compliance Officer
718-963-8920
Petal.Martindale@nychhc.org

Lori-Ann Velez, CHC
Associate Compliance Officer
718-918-3457
Lori-Ann.Velez@nychhc.org

North & Central Brooklyn Health Network

Sydney Morris, MA, CHC
Executive Compliance Officer
718-245-1095
Sydney.Morris@nychhc.org

South Brooklyn/Staten Island Health Network

Joanne DeSarlo, Esq., MPA, CHC
Executive Compliance Officer
718-616-4924
Joanne.Desarlo@nychhc.org

[Compliance Intranet Website](http://compliance.nychhc.org)
<http://compliance.nychhc.org>

**Find out more about the HHC Compliance Program and the
Compliance Staff**

You can also print out or complete a
Suspected Fraud or Abuse Form online