

**Samaritan Medical Center, Inc.
as Performing Provider System Lead**

**Delivery System Reform Incentive Payment
Program**

**Compliance Plan Addendum
July 2015**

Executive Summary

The Delivery System Reform Incentive Payment (“DSRIP”) Program is the primary process by which New York State will implement important features of Medicaid Redesign. In general terms, DSRIP’s purpose is to comprehensively restructure the health care delivery system to reduce unnecessary and avoidable use of hospital services, while still improving care to Medicaid beneficiaries. To that end, the DSRIP Program is a collaborative approach to health care with a focus on community-based services. DSRIP Funding for Medicaid services flows through a Performing Provider System (“PPS”), which is an integrated, high performing health care delivery system for Medicaid beneficiaries. North County Initiative, LLC (“NCI”) is the PPS subject to this DSRIP Compliance Plan, along with its Network Partners.

Samaritan Medical Center (“SMC”) is the NCI DSRIP PPS Lead organization. As the PPS Lead, SMC is required to develop and implement compliance program activities relative to the DSRIP Program. As the PPS Lead, SMC Board is the final decision maker related to DSRIP compliance program activities. More specifically, such activities focus on the compliance obligations of the PPS Lead, NCI and the other Network Partners. Accordingly, SMC, NCI and the Network Partners shall follow the specific DSRIP compliance activities explained below as well as the other relevant compliance obligations set forth in SMC’s Compliance Manual. In large part, the ultimate goal of this DSRIP Compliance Plan is to prevent and identify Medicaid payment discrepancies related to DSRIP payments. As needed, the PPS Lead shall evaluate and further develop this DSRIP Compliance Plan on an on-going basis, with considerations made as new phases of the DSRIP Program are implemented. Moreover, successful implementation of SMC’s DSRIP compliance initiatives is largely dependent upon the actions of the Network Partners. Therefore, all Network Partners must demonstrate support of this DSRIP Compliance Plan and fully cooperate in all DSRIP compliance activities. To the extent possible, the PPS Lead’s contracts with its Network Partners shall affirmatively require their support of and compliance with this DSRIP Compliance Plan.

Connectivity: An important distinction between a typical corporate compliance program implemented by health care providers and a DSRIP compliance program is the interconnection among the Network Partners required to implement an effective DSRIP compliance plan. This requires cooperation and communication between the Network Partners as set forth in this DSRIP Compliance Plan, as well as adherence to the written agreements between stakeholders (SMC as PPS Lead, NCI PPS and the Network Partners, all defined below).

This DSRIP Compliance Plan is organized as follows:

- Part I: DSRIP definitions. Part I highlights the terms relevant to the DSRIP Program and the Network.
- Part II: DSRIP Code of Conduct. The DSRIP Code of Conduct, which should be read in conjunction with SMC’s Compliance Code of Conduct, highlights behavioral expectations for the PPS Lead, NCI, the Network Partners and their respective employees, staff, governing boards, and affiliates in relation to the reporting of

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DSRIP Data, distribution of DSRIP funds, and to the quality of health care paid for by such funds.

Part III: Special DSRIP Considerations. Part III is generally arranged in order of the New York State Office of the Medicaid Inspector General's ("OMIG") eight Compliance Plan Elements. Please note, these same elements also serve as the underpinning of SMC's overall Corporate Compliance Program. This DSRIP Compliance Plan focuses on SMC's special DSRIP compliance obligations in carrying out its PPS Lead responsibilities and those of NCI and the Network Partners relative to OMIG's eight compliance elements.

Part I: Definitions

“Board” means the SMC governing board.

“DSRIP PPS Lead” or “PPS Lead” means the safety net provider approved by the New York State Department of Health (“DOH”) and the Centers for Medicare and Medicaid Services (“CMS”) to be the PPS Lead in the NCI PPS, which currently is SMC.

“DSRIP Compliance Committee” or “Compliance Committee” means the joint committee formed by NCI and SMC responsible for oversight of the compliance activities of the Network. The Compliance Committee shall include representatives from the Network Partners. The Compliance Committee will regularly work with the PPS Lead Compliance Officer to implement the DSRIP Compliance Plan.

“DSRIP Compliance Plan” means the duties and obligations set forth in this document describing the PPS Lead’s, NCI’s and Network Partner’s compliance activities and obligations pursuant to participation in the DSRIP program.

“DSRIP Data” means any information provided to, or used by the NCI PPS and/or PPS Lead, to make reports, evaluate performance under the DSRIP program and/or achievement of milestones or goals related to your entity.

“NCI PPS” or “Network” means the North Country Initiative, LLC Performing Provider System, which is the integrated, high performing health care delivery system for Medicaid beneficiaries through DSRIP.

“Network Partner” or “Provider” means a duly licensed physician, podiatrist, dentist, psychologist, certified nurse practitioner, physician assistant, certified registered nurse anesthetist, allied health professional, behavioral health provider, substance abuse provider, pharmacy, hospice, hospital, skilled nursing facility, federally qualified health center or other health or community based organization providers that have executed a DSRIP Participation Agreement with the NCI PPS.

“PPS Lead Compliance Officer” means the SMC employee tasked with day-to-day oversight of the DSRIP Compliance Program.

“Verification Procedure” means the duty of each Network Partner to annually verify to the PPS Lead Compliance Officer the accuracy and completion of the following:

1. Annual OMIG Compliance Certification and Deficit Reduction Act (“DRA”) Certification, as appropriate (verification must occur within thirty (30) days of certification);
2. Training and education sessions based on materials developed and disseminated by the PPS Lead;
3. Monthly exclusion checks of personnel, providers, contractors and vendors;
4. Communications to the PPS Lead Compliance Officer regarding any disciplinary actions taken by the Network Partner relevant to such entity’s obligations under the DSRIP Compliance Plan.

5. Adherence to the DSRIP Provider Participation Agreement.

Provider will cooperate with the DSRIP Compliance Officer regarding disciplinary action necessary, up to and including termination related to non-compliance or failure to cooperate or report matters related to or involving DSRIP compliance activities.

Part II: DSRIP Code of Conduct

Introduction: NCI, the PPS Lead and all other Network Partners and their respective employees, staff, governing boards and affiliates (collectively referred to in the following Code of Conduct as “person” or “you”) must conduct themselves in an honest, ethical and lawful manner, and in conformity with this DSRIP Compliance Plan, including the Code of Conduct. This Code of Conduct reflects the Network’s core values of promoting excellent, safe and efficient health care, accurate reporting of DSRIP related data to the Network and/or PPS Lead, and the appropriate distribution of DSRIP funds. To that end, this DSRIP Code of Conduct includes the following expectations relevant to the DSRIP Program. In addition, these expectations are incorporated into the special DSRIP compliance policies, procedures and expectations discussed in Part III of this DSRIP Compliance Plan.

- a. *Lead by example.* This means that the leadership of the PPS Lead, NCI and other Network Partners must engender a corporate-wide culture that supports the DSRIP Compliance Program and this DSRIP Code of Conduct. An important means to accomplish this is through open lines of communication, including between compliance personnel and senior management and the governing boards of the Network Partners, and by leadership’s genuine and effective response to suspected and/or actual DSRIP-related compliance issues. Also, leadership must endorse a policy of non-retaliation for good faith reporting of DSRIP-related compliance issues.
- b. *Compliance is everyone’s business; if you see something- say something.* This means that if you are concerned that there is a compliance issue involving the reporting of DSRIP Data and/or distribution of DSRIP funds, or the quality of care provided, you must tell your organization’s compliance personnel or the PPS Lead’s Compliance Officer. To the extent applicable, cooperate with compliance investigations. Note that compliance issues and complaints may be made anonymously as explained below in Element 4. This also means that Network Partners must communicate all compliance-related issues having to do with the DSRIP Program directly to the PPS Lead Compliance Officer.
- c. *There is zero tolerance for retaliation for good-faith reporting.* This means that if you report in good faith concerns relative to the DSRIP Program, including how DSRIP Data is reported and/or DSRIP funds are distributed, no one is permitted to retaliate against you for doing so. This DSRIP Compliance Plan contains a policy in Element 8 to protect whistleblowers and to prohibit such retaliation. Conversely, you may not retaliate against another person who reports in good faith any suspected or actual compliance issues related to the DSRIP Program.
- d. *Take an active role in compliance education.* As explained in Element 3 of this DSRIP Compliance Plan, compliance training and education will be provided to all persons involved in the DSRIP Program who are affiliated with the PPS Lead, NCI and other Network Partners. However, you have a personal obligation to fully participate in compliance education and to seek clarification from your organization’s compliance personnel or the PPS Lead Compliance Officer as needed.

- e. *Safeguard DSRIP funds and DSRIP Data.* This means that you have an obligation to protect the assets supported by the DSRIP Program, and to immediately report to your organization's compliance personnel or to the PPS Lead Compliance Officer any suspected or actual misuse of DSRIP funding and/or resources or creation of, or reporting of inaccurate or incomplete DSRIP Data. Safeguarding funds and DSRIP Data also means that the PPS Lead, NCI and the Network Partners shall on an on-going basis conduct, and/or cooperate with, proper auditing and monitoring of the distribution of DSRIP funds and the creation and use of DSRIP Data. You will report and refund any overpayments of DSRIP funds to the PPS Lead and/or the Director of the PPS Lead to DOH within ten (10) days of identification.
- f. *Help to ensure medically necessary and quality care.* The Network's mission is to foster the provision of quality patient care while also reducing avoidable hospital services. Providers who are directly involved in patient care must have the proper credentials, skills, expertise and competency to care for such patients. All practitioners should promptly and efficiently fulfill any personal responsibility they may have concerning the delivery of patient care. Care must be medically necessary, appropriate to the situation, safe and in conformity with applicable standards of care, including without limitation, proper documentation of services. As appropriate, the patient's family should be kept informed of important aspects of the patient's care.
- g. *Ensure proper credentials and licensure.* You must have the proper credentials to do your job. This means that if your job requires certain licensure, current registration, appropriate education, continuing education credits and/or other credentials, you must be aware of and ensure that you meet any such requirements. If you have questions or concerns about these requirements, you should contact your organization's compliance personnel or the PPS Lead Compliance Officer. If your professional license and/or credentials are in jeopardy, you must immediately notify your organization's compliance personnel or the PPS Lead Compliance Officer.
- h. *No exclusion from government health care programs.* Under applicable federal and state law, you may not provide services paid for by government health care programs, such as Medicare or Medicaid (which includes DSRIP funds) if you are disqualified or excluded from such programs. If you become disqualified or excluded from Medicare, Medicaid or another government program, you must immediately notify your organization's compliance personnel or the PPS Lead Compliance Officer.
- i. *Avoid conflicts of interest.* This means that you must avoid activities and relationships that might impair your ability to objectively perform your job as it relates to the distribution of DSRIP funds and/or creation of, or reporting of DSRIP Data. You must not gain personally from a decision you make as an employee, staff member, board member or other affiliate of a Network Partner, the PPS Lead or NCI. If a question arises whether or not a conflict of interest exists, or appears to exist, promptly notify your organization's compliance personnel or the PPS Lead Compliance Officer.

j. *Protect patient confidentiality; other business information.* You have a duty to safeguard confidential information concerning patients, other staff members within your organization, and business matters related to the Network's activities. With respect to patient information, including all information about a Medicaid recipient or applicant, including enrollment information, eligibility data and protected health information, you must comply with the following laws and regulations which are briefly summarized below. If you want more information about any of these laws or regulations please contact your organization's compliance personnel or the PPS Lead Compliance Officer.

a. New York Social Services Law Sections 367-b(4) and 369(4) (Information relating to persons applying for or receiving Medicaid, including all information received by social services and public health officials and service officers concerning applicants and recipients);

b. New York Public Health Law Article 27-F and 18 NYCRR 360-8.1 (HIV and AIDS-related information). Please note, any disclosure of HIV and/or AIDS-related information must contain the following notice.

“This information has been disclosed to you from confidential records, which are protected by state law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of state law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is NOT sufficient authorization for the release for further disclosure.”

c. 42 U.S.C. 1396a(a)(7) and 42 C.F.R. 431.302 (Federal requirement for safeguards to restrict the use or disclosure of information concerning Medicaid applicants and recipients, including purposes directly related to State plan administration);

d. 42 C.F.R. part 2 (Confidentiality of alcohol and drug abuse patient records for Federally funded substance abuse programs); and

e. The Health Insurance Portability and Accountability Act (“HIPAA”) at 45 C.F.R. Parts 160 and 164 (Federal privacy and security regulations governing the use and disclosure of protected health information).

Generally, you must only access and use the information necessary to perform your work-related duties and should only disclose information as authorized to others having an official need to know. You must abide by the PPS Lead's HIPAA policies and procedures, as well as those of your organization, with respect to protected health information.

k. *Provide accurate and truthful information.* You must provide accurate and truthful information in patient records, financial records and/or in other business records related to your job responsibilities. All patient records, financial and accounting reports, research reports, expense accounts, time sheets and any other documentation must accurately and

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clearly represent the relevant facts and the true nature of a transaction. No one may alter or falsify information on any business record or document. If you suspect inaccurate documentation and/or record keeping, notify your organization's compliance personnel or the PPS Lead Compliance Officer.

Part III: Special DSRIP Considerations: Note, as with the Code of Conduct, the following compliance requirements apply to NCI, the PPS Lead and all other Network Partners and their respective employees, staff, governing boards and affiliates.

Element 1: Policies and Procedures. SMC as PPS Lead must have policies and procedures describing expectations specifically related to the compliance issues involving the DSRIP Program. Such policies and procedures identify how Performing Providers will communicate identified DSRIP related compliance issues to the PPS Lead Compliance Officer. This communication mechanism is described below in Element 4. With respect to such policies, SMC is committed to ensuring the following:

- a. The Network will dedicate resources and develop systems to take all reasonable steps to ensure the Medicaid funds distributed as part of DSRIP are not connected with fraud, waste or abuse. To that end, the PPS Lead has developed the foregoing **DSRIP Code of Conduct** (see Part II), and is developing and implementing policies and procedures to ensure communication (and connectivity) of DSRIP compliance activities of Network Partners.
- b. Compliance program risk assessments will focus on risks specifically associated with the current phase of DSRIP Program and reports and payments made pursuant to that phase.
- c. Network Partners shall be individually responsible for compliance within their respective entities, in addition to required compliance activities of the Network, which are focused on compliance related to distribution of DSRIP funds, creation and use of DSRIP Data and the quality of care provided.
- d. To the extent an individual Network Partner’s compliance policy is inconsistent with this DSRIP Compliance Plan, this Plan shall prevail with regard to DSRIP-related activities.

Element 2: Compliance Officer. With respect to the PPS Lead Compliance Officer, SMC, as Lead PPS requires the following:

- a. Designation: The PPS Lead Compliance Officer must be a SMC employee (“W-2 Employee”) and not an independent contractor. The PPS Lead Compliance Officer is appointed by SMC upon notice to the NCI Board of Managers. Currently, the PPS Lead Compliance Officer is Heidi Baker.
- b. Reporting:
 1. The PPS Lead Compliance Officer shall report directly to SMC’s Chief Executive Officer (“CEO”) or other senior administrator, and to the SMC Compliance Officer (if not the same individual);
 2. The PPS Lead Compliance Officer shall also report to the SMC Audit and Compliance Committee, and shall regularly report to and work with the

NCI Compliance Committee related to activities necessary to implement the DSRIP Compliance Plan.

3. The PPS Lead Compliance Officer must periodically directly report, but no less than quarterly, to SMC's Board of Trustees on the DSRIP Compliance Program and identify risk areas and compliance issues throughout the Network. Such report shall include, but not be limited to, any identified issues related to the distribution of DSRIP funds and the creation of and use of DSRIP Data. The PPS Lead Compliance Officer shall consider DOH's requirements for DSRIP Measure Specification and Reporting in making such reports. This document can be accessed here: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/dsrip_specif_report_manual.pdf
 4. With the assistance of SMC's financial services personnel, the PPS Lead Compliance Officer shall ensure that SMC maintains an accounting of all DSRIP funds received and distributed and provide a copy thereof to the NCI's Board of Managers.
 5. The SMC Board, as the governing body of PPS Lead, is the final decision maker related to this DSRIP Compliance Program.
- c. DSRIP Compliance Committee: SMC, as Lead PPS, shall appoint a DSRIP Compliance Committee which shall have the same membership as the NCI Compliance Committee including if not otherwise on the NCI Compliance Committee, the compliance officers of all hospital Network Partners. With leadership from the PPS Lead Compliance Officer, the DSRIP Compliance Committee shall be responsible for the following:
1. Developing policies and procedures describing compliance expectations specifically related to the compliance issues involving the DSRIP Program and DSRIP funds and Data;
 2. Reporting and auditing functions to monitor distribution of DSRIP funds and creation and use of DSRIP Data;
 3. Development of reports and performance evaluations;
 4. Ensure the PPS submits on a quarterly basis those reports required to be submitted to the Independent Assessor (DOH's DSRIP monitoring vendor), including the PPS Lead's actual distributions in the following five categories which shall be subject to audit to confirm the distributions:
 - i. Project implementation costs;
 - ii. Costs for delivery of services not reimbursed or under-reimbursed by Medicaid;
 - iii. Provider performance payments;
 - iv. Compensation for revenue loss; and
 - v. Those administrative and other costs not included in the previous categories.
 5. Compliance with state and federal fraud and abuse laws, antitrust laws and MRT Waiver Amendment Special Terms and Conditions;
 6. Monitoring legal waivers obtained by the Network related to DSRIP;

7. Auditing DSRIP fund distribution, DSRIP Data and investigating potential compliance matters.
- d. Additional Duties of the PPS Lead Compliance Officer: In addition to those tasks set forth above, the PPS Lead Compliance Officer shall be responsible for the following:
1. Evaluating reports from Network Partners required pursuant to each Provider's NCI Participation Agreement;
 2. Receiving copies of annual OMIG compliance program certifications and DRA certifications, if any, from Network Partners;
 3. Verifying and completing an annual certification of compliance program effectiveness for the Network's compliance activities;
 4. Ensuring Network Partners conduct monthly screening to ensure facilities and licensed providers continue to be enrolled in Medicare and Medicaid, and to ensure no excluded or disqualified persons provide services paid for by DSRIP funds;
 5. Developing education and training materials for Network Partners relevant to distribution of DSRIP funds, DSRIP Data, and confirming that education and training activities are undertaken by compliance personnel for each of the Network Partners;
 6. Maintaining communication with compliance personnel from each Network Partner and the NCI Compliance Officer;
 7. Ensuring that Network Partners complete the Verification Procedure annually.

Element 3: Training and Education. The PPS Lead is responsible for ensuring training and education of all affected employees and persons associated with PPS Lead in its role as a provider (e.g. medical staff, governing board and executives), as well as Network Partners and the NCI. In its role as PPS Lead, SMC will develop training and education materials to be disseminated to compliance personnel for Network Partners and may, as necessary, directly provide training and education sessions for Network Partners and NCI. Training materials may include in-person sessions, live and recorded webinars, or self-learning materials. Training and education materials shall include, at a minimum, the following topics:

- a. Compliance expectations related to the DSRIP program;
- b. Network Partner roles in DSRIP projects;
- c. How to report fraud, waste and abuse related to the DSRIP Program.

Where training and education duties are delegated to respective compliance personnel of the Network Partners and NCI, such personnel are responsible for tracking evidence of completion. The PPS Lead Compliance Officer will confirm that such training and education materials are provided to each Network Partner by requiring each to complete the Verification Procedure annually. Training on DSRIP compliance shall be provided during orientation and periodically thereafter to affected persons as deemed necessary by the PPS Lead Compliance Officer.

Element 4: Reporting Compliance Issues. As set forth in the Code of Conduct, NCI and Network Partners and their employees and staff are required to immediately report incidents related to violations of the DSRIP Compliance Program, including violations of creation of and reporting of DSRIP Data, unethical conduct, or incidents of potential fraud and abuse related to the Network's DSRIP activities. Such reports shall be made directly to such Provider's respective compliance personnel who will refer the report to the PPS Lead Compliance Officer, or directly to the PPS Lead Compliance Officer. In addition, any reports received by the NCI Compliance Officer related to DSRIP shall be immediately forwarded to the PPS Lead Compliance Officer. Reports may be made by e-mail, phone or in writing to the PPS Lead Compliance Officer at the following addresses:

E-mail: hbaker@shsny.com

Phone: 315-276-6727

Postal Address: 830 Washington Street, Watertown, NY 13601

- Reports may also be made on an anonymous basis by calling ***SMC's Compliance Hotline at 1-800-253-2856***. Please identify the matter as being related to DSRIP and provide sufficient detail to enable investigation.

Reports will be treated as confidential to the extent reasonably possible or permissible under the law. There shall be no retaliation against individuals who submit good faith reports of actual or potential misconduct solely based upon the making of such reports.

As set forth above, the process for reporting compliance issues will be part of the training and education materials developed by the PPS Lead and PPS Lead Compliance Officer.

Element 5: Disciplinary Policies and Procedures. All Network Partners and NCI must understand that failure to fulfill the compliance obligations set forth in this DSRIP Compliance Plan may subject one to progressive sanctions, ranging from warning and retraining, up to and including limitation or removal from the Network. Violations may include, but are not limited to:

- a. Failure to attend required trainings;
- b. Failure to provide information required for an audit, or failure to submit required reports;
- c. Failure to create and/or provide accurate and complete DSRIP Data;
- d. Failure to report systemic or fraudulent billing practices;
- e. Participating directly or indirectly in actions that are in violation of any applicable local, state or federal law/regulation or this DSRIP Compliance Plan, or the compliance plan for the Provider's respective organization;
- f. Failure to assist in the resolution of DSRIP-related compliance issues, including, without limitation, timely repayment of DSRIP overpayments;

- g. Encouraging, directing, facilitating or permitting behavior that violates this DSRIP Compliance Plan.

The PPS Lead Compliance Officer will ensure that disciplinary actions will be applied fairly and consistently by the PPS Lead and throughout the Network, which may include an audit of Network Partners' disciplinary practices, as necessary. Network Partners are required to annually report on disciplinary actions taken relevant to this DSRIP Compliance Plan as part of the Verification Procedure. Network Partners should involve the PPS Lead Compliance Officer in disciplinary matters related to the DSRIP Program as necessary.

Element 6: System of Routine Identification of Risk Areas.

- a. The PPS Lead shall ensure the DSRIP Compliance Plan is properly implemented through periodic monitoring and auditing. This shall include the establishment of an annual Work Plan that will list audit priorities based on risk areas identified by OMIG, DOH or the PPS Lead relevant to the Network's activities, as may include items identified in NCI's annual risk assessment plan. The audit plan may coincide with DOH requirements for measuring performance and reporting on the flow of funds related to DSRIP projects. Other principal activities evaluated through the Work Plan may include:
 - 1. Adherence to the Network's DSRIP Implementation Plan;
 - 2. Medical necessity and quality of care;
 - 3. Governance;
 - 4. Accuracy of information and data included in reports;
 - 5. Billing and payment issues;
 - 6. Evaluation of Network Partners' credentialing activities, including whether or not the Network Partners appropriately conduct exclusion checks to ensure no services are provided by excluded individuals;
 - 7. Evaluation of mandatory reporting requirements.
- b. Each Network Partner shall provide the PPS Lead with general auditing rights and access. Whenever information is requested by the PPS Lead pursuant to an audit or for a report, the Network Partner shall certify that any data provided is accurate, truthful and complete.
- c. The PPS Lead Compliance Officer is responsible for coordinating formal audits, but may require the audits to be performed by the Network Partner's compliance personnel, or with assistance of such personnel. If necessary, external auditors with expertise in federal and state health care statutes, regulations and policies may be asked to audit certain activities within the Network. Such auditors will be granted the same access rights as the PPS Lead, subject to the execution or proper data-sharing and confidentiality agreements.

Element 7: System of Responding to Compliance Issues. The PPS Lead shall develop and implement a system for responding to DSRIP-related compliance issues that are raised. By way of example, misappropriation of DSRIP funds and false representations to obtain DSRIP funds are considered DSRIP compliance issues. SMC, as PPS Lead, shall facilitate:

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- a. a mechanism for Network Partners to correct any activities that are in violation of this DSRIP Compliance Plan and/or applicable law;
- b. the refunding of overpayments related to the DSRIP program by Network Providers; and
- c. the reporting of DSRIP compliance issues to DOH and/or OMIG as required by law, including SSL 363-d and the regulations at Part 521.

Element 8: Non-Intimidation and Non-retaliation. SMC has adopted a policy of non-intimidation and non-retaliation for good faith participation in the DSRIP Compliance Program. SMC, as PPS Lead, shall work with the Network Partners and NCI to facilitate their cooperation and support of a culture of non-intimidation and non-retaliation throughout the Network. It is the responsibility of all Network Partners and NCI to abide by, and to ensure their staff abide by, applicable laws and regulations and support the PPS Lead's compliance efforts, including reporting their good faith belief of any violation of applicable local, state or federal law or applicable policies and procedures, including, without limitation, this DSRIP Compliance Plan. In accordance with applicable local, state and federal laws, the Network shall comply with all applicable whistleblower protections.