

**AUBURN COMMUNITY HOSPITAL (ACH),
AUBURN MEMORIAL MEDICAL SERVICES (AMMS), ANESTHESIA GROUP, &
THE FINGER LAKES CENTER FOR LIVING (FLCL)
17 LANSING STREET
AUBURN, NEW YORK 13021**

Subject: Compliance Committee/ Compliance Officer	Policy No.: CC: 1
Department: Administration; Corporate Compliance	Page: 1 of 4
	Date Issued: 1/25/2012

Scope:

This policy applies to all persons affected by the organization’s risk areas, including employees, the chief executive officer and other senior administrators, managers, and contractors, agents, subcontractors, independent contractors, governing board and corporate officers of Auburn Community Hospital (“ACH”) and its affiliated entities, including Auburn Memorial Medical Services, P.C. (“AMMS”), Anesthesia Group, and Finger Lakes Center for Living (“FLCL”) (“Affected Individuals”), as appropriate. Note, ACH, AMMS, Anesthesia Group and FLCL are referred to collectively as “Hospital” hereunder.

Purpose:

The purpose of this Policy is to set forth the structure of the ACH, AMMS, Anesthesia Group, and FLCL Compliance Committee, identify the individuals who will serve on the Compliance Committee and as the Compliance Officer, and specify their respective responsibilities.

Policy:

ACH, AMMS, Anesthesia Group, and FLCL have designated a Compliance Officer and Compliance Committee to oversee and implement the Corporate Compliance Program and Ethics Program (“Compliance Program”) to ensure compliance with the relevant laws, rules and regulations and third-party payer requirements (including government and private payers). The Hospital’s Board of Trustees maintains responsibility for approving all changes, amendments and additions to the Compliance Program, based upon recommendations/suggestions from the Compliance Committee and Compliance Officer.

PROCEDURE:

COMPLIANCE COMMITTEE

1. Responsibilities:

The Compliance Committee will provide strategic direction to the compliance program and advise the Compliance Officer. The Compliance Committee will assist in the implementation, evaluation and amendment of the Compliance Program which includes, but is not limited to, the following:

- (a) Analyzing the current health care environment, the legal requirements to which the Hospital, SNF and Physicians Practices are subject, and identification of specific risk areas;

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- (b) Coordinating with the Compliance Officer on review and assessment of existing policies and procedures that address risk areas to ensure they are current, accurate and timely updated;
- (c) Working with Hospital departments to develop standards of conduct and policies and procedures and ensuring standards are current, accurate and timely updated;
- (d) Recommending and monitoring the development of internal systems and controls to implement Hospital standards, policies and procedures and to incorporate them into daily operations;
- (e) Determining the appropriate strategy to promote compliance and detection of potential violations, such as hotlines or other fraud reporting mechanisms;
- (f) Developing a system to solicit, evaluate and respond to complaints and problems;
- (g) Monitoring the status of internal and external audits conducted pursuant to the Compliance Program and implementing corrective and preventive action; and
- (h) Making reports to the Board and keeping the Board apprised of the status of the compliance program;
- (i) Advocating for the allocation of sufficient funding, resources and staff for the Compliance Officer to fully perform their responsibilities; and
- (j) Advocating for adoption and implementation of required modifications to the compliance program.

2. Composition of the Committee:

The Compliance Committee should be comprised of no less than four (4) members, one of whom will be the Compliance Officer, who shall be the Chair of the Committee, and one of whom shall be an individual who is familiar with the Hospital's billing and coding systems and is in a position to monitor and implement change in those areas. The PC Administrator and FLCL Administrator are required attendees that must present information on their compliance with the Corporate Compliance plan and policies.

3. Meetings of the Committee:

The Compliance Committee shall meet on a regular basis, but no less than quarterly, and shall submit a written report to the Board regarding each Compliance Committee meeting. Additionally, the Compliance Committee should be available to meet as requested by the Compliance Officer from time to time and especially in the event of a Report of Suspected Violation. At the end of each year, the Compliance Committee shall submit a formal report to the Board regarding the status of the Compliance Program and any recommended changes or amendments. Compliance Committee meeting documentation shall be retained in accordance with the Hospital's record retention policies.

Compliance Officer

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1. Responsibilities:

The Compliance Officer shall be responsible for the day-to-day operation of the Compliance Program. The Compliance Officer's responsibilities shall be set forth in a job description included in **Attachment A** to this policy and pursuant thereto shall include, without limitation, the following:

- (a) Reporting on a regular basis to the Board of Trustees, the President, and the Compliance Committee on the progress of implementation, oversight and monitoring of the Compliance Program;
- (b) Administering the Compliance Program;
- (c) Developing policies and procedures to implement and improve the Compliance Program;
- (d) Revising the Compliance Program as necessary in light of changes in the Hospital and in the applicable laws, policies and procedures of government and private payer health plans;
- (e) Developing and participating in a multifaceted educational and training program that focuses on the elements of the Compliance Program and seeks to ensure that all employees and management are knowledgeable of and comply with pertinent federal, state and local laws;
- (f) Ensuring that Affected Individuals who furnish medical, billing and coding services to the Hospital are aware of the requirements of the Hospital's Compliance Program with respect to coding, billing, and marketing, among other Hospital functions;
- (g) Coordinating personnel issues with the Hospital's Human Resources Department and Medical Staff Office to ensure that the National Practitioner Data Bank and Cumulative Sanction Report are regularly reviewed with respect to all Affected Individuals;
- (h) Supervising, coordinating and/or conducting by him/herself or through his/his designee internal compliance review, audit and monitoring activities, including annual or periodic review of Hospital departments to determine compliance with the program and coordinating any resulting corrective action;
- (i) Independently investigating and to acting on matters related to compliance, including the design and coordination of investigations, the initiation of a response to reports of problems or suspected violations, and the application of necessary corrective action with all Hospital departments, providers, agents and independent contractors;
- (j) Developing policies and programs that encourage Affected Individuals to report suspected fraud and other improprieties without fear of retaliation;
- (k) Recommending disciplinary action for those Affected Individuals found to be in violation of the Compliance Program; and

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- (1) Meeting with the Hospital’s legal counsel to help ensure that the Hospital remains in compliance with all applicable federal and state laws and regulations with respect to its business arrangements and relationships.

2. Authority of the Compliance Officer:
The Compliance Officer shall:

- (a) Be an employee of the Hospital who is familiar with the operation of the Hospital, has the authority to recommend and implement operational changes within the Hospital and is someone who is regarded as being approachable by all Affected Individuals;
- (b) Have the authority to review all documents and other information that is relevant to compliance activities, including, without limitation, patient records, billing records, marketing records, personnel files and records, and all contracts and business arrangements involving third parties, including employees, staff, professionals, independent contractors, suppliers, agents and Hospital-based physicians;
- (c) Have the authority to review all contracts and obligations of the Hospital, and to seek the advice of legal counsel where appropriate with a particular concern for referral and payment issues that may violate the anti-kickback statute, as well as the physician self-referral prohibition and other legal or regulatory requirements;
- (d) Have the full authority to stop the processing of claims that he or she believes are problematic until such time as the issue in question has been resolved; and
- (e) Be someone whose non-compliance functions, if any, do not conflict with pursuit of compliance duties. For example, the Compliance Officer shall not also serve as the chief financial officer or administrator over the billing function.

Approved: John W. Bagenski, MT(ASCP) Corporate Compliance Office 10/29/2024
Name Title Date

Approved: John W. Bagenski Corporate Compliance Officer 10/23/2023
Name Title Date

Approved: John W. Bagenski Corporate Compliance Officer 12/11/2018
Name Title Date

Revised: 12/11/2018, 10/24/2023, 7/10/2024

Reviewed: 6/15/14, 8/30/2016, 12/11/2018, 10/24/2023, 7/10/2024, 10/29/24

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Attachment A

Corporate Compliance Officer Job Description

- (1) The compliance officer's primary responsibilities shall include:
- (i) overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness;
 - (ii) drafting, implementing, and updating no less frequently than annually or, as otherwise necessary, to conform to changes to Federal and State laws, rule, regulations, policies and standards, a compliance work plan which shall outline ACH's proposed strategy for meeting the requirements of this 18 NYCRR Part 521-1 for the coming year, with a specific emphasis on 18 NYCRR 521-1.4 (a), (d), (g), (h);
 - (iii) reviewing and revising the compliance program, and, in accordance with 18 NYCRR 521-1.4(a)(3), the written policies and procedures and standards of conduct, to incorporate changes based on ACH's organizational experience and promptly incorporate changes to Federal and State laws, rules, regulations, policies and standards;
 - (iv) reporting directly, on a regular basis, but no less frequently than quarterly, to the ACH Board of Trustees, chief executive, and compliance committee on the progress of adopting, implementing, and maintaining the compliance program;
 - (v) assisting ACH in establishing methods to improve ACH's efficiency, quality of services, and reducing the required provider's vulnerability to fraud, waste and abuse; and
 - (vi) investigating and independently acting on matters related to the compliance program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors and the State.
- (2) The compliance officer shall report directly and be accountable to ACH's CEO.