| Subject: **Compliance Reporting System** | Policy No.: CC: 7 |
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| Department: Administration: Corporate Compliance | Page: 1 of 3 |
|  | 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, and 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 establish and implement an effective compliance reporting system for use by Affected Individuals, including Medicaid recipients of services from the Hospital, to communicate with the Compliance Officer if they have any questions regarding the Hospital’s Corporate Compliance and Ethics Program (“Compliance Program”) and to report potential non-compliance matters within the organization anonymously and/or confidentially without fear of retribution or intimidation.

**POLICY:**

Affected Individuals have a responsibility to immediately report any illegal or unethical activity within the Hospital, including any activity that violates or appears to violate federal or state laws and regulations, the requirements of federal and state health care programs, the Compliance Program, the Code of Conduct, or any Policy. The Hospital has established and implemented a compliance reporting system for potential violations of non-compliance or any questions about the Compliance Program to be addressed. Within the limitations of the law, the Hospital will ensure the confidentiality of all reports made pursuant to this Policy. Intimidation and retaliation against those who report compliance concerns will not be tolerated.

**PROCEDURE:**

1. Required Reporting. Affected Individuals must refuse to participate in unethical or illegal conduct, are required to report misconduct, including any violation, or suspected violation, of applicable local, state or federal law and/or regulations, Hospital policies and procedures, the Compliance Program and/or the Code of Conduct, and to assist in the investigation and resolution of compliance issues.
2. Non-Retaliation. There is no intimidation or retaliation in the terms and conditions of employment (e.g., no adverse employment consequence or threat of an adverse employment consequence) or affiliation against any individual who reasonably believes and who, in good faith, reports a perceived violation or suspected violation. (Refer to Hospital’s Non-Retaliation Policy (#10) for more detail).
3. Methods to Submit Reports. Questions, compliance concerns and/or reports of suspected or actual violations may be made in a number of ways as described below.
4. Orally or in writing to your director/supervisor, who in turn can seek assistance from the Compliance Officer, if necessary (unless you are not comfortable going to your director/supervisor, or if your past reports to your director/supervisor remain unresolved, in which case you may use any of the other reporting means listed in this Policy);
5. By calling the Compliance Hotline at 253-1719 which is anonymous;
6. By contacting any member of the Compliance Committee or other members of senior management, as appropriate (who in turn can seek assistance from the Compliance Officer, if necessary); or
7. By mailing a written concern or complaint to the Compliance Officer at:

Compliance Officer

##### Personal and Confidential

Auburn Community Hospital

17 Lansing Street

Auburn, New York 13021

In the event your questions or concerns are not addressed in a timely manner, they may then be brought to the Hospital’s Chief Executive Officer, and if still not addressed, to the Board of Trustees.

1. Detailed Information: Regardless of the method of reporting, you should provide as much detail as possible, including names, dates, times, places and the specific conduct you question or believe may violate the law or Hospital policy. While communications may be made anonymously, you are encouraged to provide your name and contact information, including telephone number (which may be your home or cell phone number) and address, if you wish to be contacted or if you are willing to answer questions.
2. Confidentiality and Anonymous Reporting. The Hospital shall ensure the confidentiality of all reports made, including those reports made wherein the reporter requests confidentiality, unless the matter is subject to a disciplinary proceeding; referred to, or under investigation by, the Medicaid Fraud Control Unit (MFCU), the Office of Medicaid Inspector General (OMIG) or law enforcement, or such disclosure is required during a legal proceeding or otherwise required by law. In the event the Hospital must take a course of action that could reveal the identity of the reporter, the Hospital shall, to the extent reasonably feasible, notify the individual of such intended course of action. Anonymous reports are permissible; however, it is helpful for you to allow reported matters to be handled confidentially rather than anonymously so the Compliance Officer will be able to contact you with any questions and/or provide feedback regarding the outcome of any investigation.
3. Compliance Officer Response.
4. The Compliance Officer will check the Compliance Hotline on a regular basis for any questions or reports and will maintain an incident report of the time and date of all questions or reports that have been made. The Compliance Officer will reduce all reports to writing using the attached “Compliance Program Intake Form” and will promptly initiate a response to all reports as they are raised.
5. The Compliance Officer will also document and record all calls, interviews, and other investigative techniques in a log. The information generated will provide necessary facts to investigate the allegations.
6. If, after investigation, credible evidence has been identified or if the Hospital reasonably believes that a state or federal law, rule or regulation has been violated, the Hospital shall promptly report such violation to the appropriate government entity where such reporting is otherwise required by law, rule or regulation, including the NYSDOH and OMIG.

Approved: Corporate Compliance Officer 10/29/2024 

Name Title Date

Approved: John W. Bagenski Corporate Compliance Officer 7/11/2024 

Name Title Date

Revised: 1/22/2019, 12/14/2023, 7/9/2024

Reviewed: 6/15/14, 8/30/2016, 1/22/2019, 12/14/2023, 7/9/2024, 10/29/2024

**COMPLIANCE PROGRAM INTAKE FORM**

Name/Employee ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Description of possible violation:

2. When did this occur?

3. Person(s) involved:

4. How did you come to learn of the incident/practice described above?

5. Do you have any evidence to prove the above allegations? If so, please describe:

6. Would you be willing to discuss the above allegations with the Compliance Officer, member of the Compliance Committee, an attorney for the Hospital or anyone else? If so, please indicate.

7. Have you discussed the above allegations with anyone else? If so, whom?

8. Do you have any further information to provide, or any suggestions for verifying the allegations described above?

9. Are you aware of any other individuals who may be able to provide further information regarding the above allegations?

*Note: The Hospital will take every measure to ensure the confidentiality of the above information. However, there may be circumstances where disclosure of this information may become necessary.*