

**AUBURN COMMUNITY HOSPITAL &
THE FINGER LAKES CENTER FOR LIVING
17 LANSING STREET
AUBURN, NEW YORK 13021**

Subject: Compliance Reports and Investigation	Policy No.: CC: 8
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, 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 protocols for how the Hospital will internally receive documents and handle reports of suspected violations or compliance concerns. Sources of potential compliance issues include calls from Employees and others to the Compliance Hotline, telephone or written reports to the Compliance Officer made via the Compliance Intranet Form or through internal or external auditing activities.

Regardless of the source of the complaint or concern, the Hospital takes potential compliance issues seriously and investigates compliance issues promptly. The purpose of an investigation is to identify those situations in which applicable laws and regulations may not have been followed; to facilitate corrective action as necessary; and to implement procedures to ensure future compliance.

POLICY:

It is the policy of the Hospital to respond to compliance-related concerns and complaints and to investigate possible violations of applicable laws, regulations, Hospital policies, procedures and standards, including the Hospital’s Compliance Program and the Code of Conduct. Such response will include Investigation, Documentation, Discussion, Response, and Follow-up in the manner laid out below;

PROCEDURES:

Investigation

- 1) The Compliance Officer has responsibility for conducting or overseeing investigations of potential compliance concerns and/or complaints. All potential compliance concerns and/or complaints should be investigated in a timely and prompt manner, and every effort will be made to ensure an investigation be concluded prior to any federal or state reporting requirements or guidelines.
- 2) All Employees are required to promptly report issues of suspected or actual noncompliance, and may be subject to discipline for failing to report. This is explicitly conveyed to staff at orientation, annual training session(s), and on the hospital intranet. The Hospital has a strict non-retaliation policy for good faith reporting of suspected or actual compliance problems which is explicitly conveyed to staff at orientation, annual training session(s), and hospital intranet. (See Hospital's Non-Retaliation and Participation and Discipline Compliance Policies).
- 3) The Compliance Officer, or his/her designee, shall log all complaints in a form and manner as determined by the Compliance Officer.
- 4) All compliance issues will be investigated by the Compliance Officer or his/her designee having a sufficient level of expertise/knowledge with regard to the issue presented and may be investigated in conjunction with other appropriate individuals as determined by the Compliance Officer (use of the Quality Department expertise as an example). The Compliance Officer will determine the appropriate personnel to investigate a particular matter.
- 5) If necessary, outside legal counsel should be retained. Thereafter, the Compliance Officer and Compliance Committee, under the guidance of outside legal counsel, may conduct the investigation. If any matter that appears to involve criminal liability or substantial civil liability, the investigations should be brought to the attention of the Compliance Committee, the President of the Hospital as well as legal counsel immediately.
- 6) The Compliance Officer will develop a detailed investigative plan and is authorized to perform the following:
 - a. Conduct interviews with any Hospital employee or other person whose activities or work obligations pertain to the potential compliance matter;
 - b. Identify and review relevant documents and materials, including without limitation, bills and claims for services, patient records, business records, email and other forms of communications, and any other document or record necessary for the investigation;
 - c. Seek out individuals, internal or external to the Hospital, whose expertise may assist the investigation; and

- d. Undertake other processes as deemed necessary by the Compliance Officer to fully investigate the compliance issue raised.

Documentation

- 7) The Compliance Officer will document the information received in a manner as determined by the Compliance Officer. At the discretion of the Compliance Officer, such documentation may be developed under the guidance of the Hospital's legal counsel. The Compliance Officer's report should include the following:
 - a. A summary of the investigation process;
 - b. The relevant facts and identification of involved persons;
 - c. Whether a systems error was involved;
 - d. Whether there is evidence of intentional wrongdoing;
 - e. An estimate of potential overpayments, if any;
 - f. Any other information relevant to the investigation.

Discussion

- 8) The results of the investigation should be documented and forwarded to the members of the Compliance Committee, the Hospital's administration, the Board of Trustees or any other departments or individuals as necessary to ensure proper mitigation and prevention of future compliance issues. On a periodic basis, the Compliance Officer shall report a summary of compliance investigations to the Compliance Committee and the Board of Trustees.
- 9) All documentation will be maintained in accordance with the Hospital's document retention program.
- 10) Following discussion with the members of the Compliance Committee, the Hospital's Administration, the Board of Trustees and/or internal or outside legal counsel.

Response

- 11) The Hospital's response to an investigation will be determined by the type of noncompliant activity that is suspected and/or verified.
- 12) Disciplinary or corrective action in response to substantiated allegations will be an integral part of the Compliance Program. The Hospital's response shall be designed to correct the problem promptly and thoroughly, and to implement procedures and systems to prevent recurrence of the problem. To the extent feasible for complaints and concerns that are not made on an anonymous basis, the Compliance Officer or his/her designee shall respond to the individual who initially raised the compliance issue, within the limits of applicable confidentiality laws and regulations.
- 13) The Compliance Officer, in conjunction with the Compliance Committee and, legal counsel, if necessary, will carefully evaluate all allegations of wrongdoing to determine whether the allegation warrants reporting to enforcement authorities.
- 14) The following are examples of responses to specific compliance issues (this is not a complete list, but is intended to provide an idea of the variety of possible considerations).

- a. Billing Issues. Once a billing problem is identified, all billing involved in the compliance situation, if any, will be discontinued until such time as appropriate corrections are made.
- b. Potential Duplicate/Incorrect Payments by Payer. If duplicate or incorrect payments have been made, or could have been made, by a payer, including Medicare, Medicaid and commercial insurers, because of a coding or systems error i) the defective practice or procedure will be corrected as quickly as possible; ii) overpayments, if any, will be calculated and promptly repaid to the appropriate payer; and iii) an education program will be undertaken with the appropriate employees or affiliated persons to prevent future similar events.
- c. Possible Criminal Behavior. If criminal behavior is suspected by an Employee or other Hospital affiliate, the Compliance Officer shall immediately inform the Hospital's CEO/President, and shall proceed under the guidance of legal counsel. The Hospital shall initiate appropriate disciplinary procedures, which may result in termination. If deemed necessary and appropriate to the situation, under the guidance of legal counsel the Hospital shall inform the appropriate law enforcement or government agency

Follow-up

15) Internal audits will be performed on those issues (Billing, coding, etc...) with the potential to reoccur to assure corrective action was appropriate and compliance maintained.

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

Revised: 1/23/2019

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