

POLICY AND PROCEDURE

Title: Compliance Reporting and Response

Department: Compliance

Effective Date: 1/2012

Annual Review Date: 2/2014, 2/2015, 2/2018

Date Revised: 2/2014, 2/2015, 8/2015, 2/2017

Policy

It is the Policy of Adirondack Health Institute (AHI) to encourage prompt reporting, at the earliest reasonable opportunity, by workforce members of any activity or conduct in violation of any AHI compliance policy or any federal, state or local laws or regulations pertaining to compliance related matters. Examples include, but are not limited to:

- Financial wrongdoing, including fraud or suspected fraud;
- Federal and state healthcare programs or other third-party payor concerns, such as questionable billing or coding activities;
- Falsification of client records;
- Favoritism or bias in contractual matters;
- Any form of retaliation against employees, contractors, agents or others reporting a potential violation in good faith;
- A cover up involving any of the above; and
- Any good faith concern

As part of its corporate compliance program, AHI encourages individuals to pose compliance related questions and/or report potential violations or perceived “non-compliance” by others within the organization. Such reports may be made anonymously and/or confidentially without fear of retribution or retaliation. This policy describes the process AHI will follow in response to any reports made through its reporting system.

Definitions

Good Faith: A belief in the truth of an alleged potential violation that is based upon facts. Any allegation made with reckless disregard or deliberate ignorance of factual matters is not made in good faith.

Non-compliance: The failure to comply with applicable federal and state laws and regulations, the requirements of federal and state healthcare programs, or AHI policies and procedures.

Potential Violation: Reported conduct that, if true, may (i) result in determination that AHI entity has received an overpayment from a third party payor or payors; or (ii) constitute a violation of AHI policies or applicable laws, regulation or rules.

Retaliatory Actions: Unfavorable employment actions taken as a payback or to penalize those who report a potential violation in good faith or against those who participate in the investigation of or any proceeding related to such reports. Retaliatory actions may include discharge, suspension, demotion,



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penalization, harassment, discrimination or other adverse employment actions in the terms and conditions of employment of the reporter or participant.

Workforce member: Employees, board members, volunteers, interns, independent contractors, vendors, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.

Procedure

Reporting

- A. All employees, board members, independent contractors and vendors are encouraged to promptly report all instances of perceived non-compliance, potential violations or concerns related to the violation of Federal or State laws and regulations or AHI policies and procedures.
- B. Reports may be made by doing any of the following:
- C. **Calling the compliance hotline at 1-844-386-2242 (externally) or x109 or x110 (internally).** Hotline posters are located in employee break rooms. All calls received on the hotline are confidential and messages may be left anonymously. Individuals leaving an anonymous message are encouraged to provide as many details as possible in order for AHI to conduct a proper investigation.
- D. **Contacting any Supervisor, Manager, Director or a Senior Manager.** Reports received by these employees will be forwarded to the Chief Compliance Officer for investigation and follow up.
- E. **Emailing a report to ahicomplianceteam@ahihealth.org.** Please leave as many details as possible in order for AHI to conduct a proper investigation.
- F. **Completing a Compliance Report Form and returning by mail or completing an Online Compliance Report Form on AHI's website.**
- G. To the extent allowed by law and practicality, AHI will make every effort to treat all reports as confidential. The identity of the person who makes a report will only be revealed if it is absolutely required to conduct the investigation and will be revealed only to those who have a clear need to know.
- H. Individuals who report problems or concerns in good faith will be protected from retaliation, retribution or harassment. Employees who engage in retribution, harassment or any other type of retaliatory action will be subject to disciplinary action up to and including termination of employment.

Response

- A. The Chief Compliance Officer will take every report seriously and consider it objectively, thoroughly and fairly, bearing in mind that the reporter may have found it difficult to raise the issue.
- B. The Chief Compliance Officer will enter details of each report into a log and will retain the related records and reports in confidence to the extent allowed by law and practicality.
- C. Chief Compliance Officer shall promptly investigate any reports of potential violations or non-compliance. Where necessary and/or appropriate available evidence will be reviewed with the relevant Supervisor, Manager, Director or Senior Management and the Audit and Compliance Committee of the governing board.
- D. If the individual making the report identifies him/herself, the Chief Compliance Officer will respond to the individual within ten (10) business days after receiving the report and the individual will be notified of the outcome to the extent deemed appropriate by the Chief Compliance Officer.
- E. Investigations shall be conducted in an objective and thorough manner, provided however, that where there is any risk or any perception of unfairness or partiality in the internal investigatory



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process, the investigation shall be turned over to outside counsel. All information related to the investigation shall be held in strict confidence. Every effort will be made to preserve the attorney-client and work product privileges, in connection with any investigation conducted under the direction of the counsel.

- F. Upon completion of the investigation, the Chief Compliance Officer shall prepare a confidential report containing (a) a clear statement of the issue and conclusion; (b) a summary of all information used to arrive at the conclusion; and (c) a recommendation for corrective action. The Chief Compliance Officer shall provide a summary of investigations to the Audit and Compliance Committee of the governing board at least four (4) times per year.
- G. If investigation reveals that disciplinary action is warranted, the discipline process will proceed per policy.
- H. The Chief Compliance Officer, along with relevant Supervisors, Managers, Directors, Senior Management and the Audit and Compliance Committee of the board, is responsible for evaluating training and education needs and ongoing monitoring activities to prevent any reoccurrence.
- I. If the investigation reveals that an overpayment or a probable violation of the law has occurred, such matters will be promptly disclosed to the appropriate agency or authority and any overpayment received will be repaid.

Employee Whistleblower Protections (41 U.S.C. 4712)

- A. Employers are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed in paragraph (B) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.
- B. *Entities to whom disclosure may be made.*
 - (1) A Member of Congress or a representative of a committee of Congress.
 - (2) An Inspector General.
 - (3) The Government Accountability Office.
 - (4) A Federal employee responsible for contract oversight or management at the relevant agency.
 - (5) An authorized official of the Department of Justice or other law enforcement agency.
 - (6) A court or grand jury.
 - (7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.
- C. An employee who initiates or provides evidence of employer misconduct in any judicial or administrative proceeding relating to fraud, waste, or abuse on a Federal contract shall be deemed to have made a disclosure.

An employee who believes that he or she has been discharged, demoted, or otherwise discriminated against contrary to the policy of this section may submit a complaint with the Inspector General of the



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agency concerned. Procedures for submitting fraud, waste, abuse, and whistleblower complaints are generally accessible on agency Office of Inspector General Hotline or Whistleblower Internet sites.

Contact Person: Corporate Compliance and Privacy/Security Specialist

Responsible Person: Chief Compliance Officer

Approved by: CEO/Board of Directors