

<b>STRONG MEMORIAL HOSPITAL POLICY MANUAL</b>		<b>DATE POSTED</b>
<b>SECTION 9. MEDICAL / LEGAL</b>		3/11/14
9.9.2 Contacts with Health Oversight Agencies Concerning Professional Conduct, Fraud, Billing or Similar Issues		<b>PAGE 1 of 2</b>

**P O L I C Y**

Policy

It is the intent of the hospital to cooperate with the proper efforts of Health Oversight Agencies investigating or auditing the hospital or a health care provider concerning professional conduct, health care fraud, billing or similar issues, to the extent permitted by law, in a manner which is least disruptive to hospital operations and the patient care environment and fully protects the hospital’s legal interests. Requests by representatives of such agencies to contact patients or hospital personnel in the pursuit of official business shall be referred to the Office of Counsel to the Medical Center (758-7600). The Office of Counsel will provide guidance to staff concerning appropriate response to such inquiries.

“Health Oversight Agencies” include the New York State Attorney General’s Office, the New York State Office of the Medicaid Inspector General (OMIG), the Medicaid Fraud Control Unit (MFCU), the Office of Professional Medical Conduct (OPMC), the Office of Professional Discipline (OPD), the United States Attorneys’ Office, the Office of the Inspector General and the Center for Medicare and Medicaid Services (CMS).

Description

1. A staff member who is asked to be interviewed by a Health Oversight Agency or law enforcement agency investigating or auditing the hospital, a health care provider or an issue related to health care fraud or billing should **not** consent to the interview or answer any questions without first consulting with the Office of Counsel.
2. Representatives of Health Oversight Agencies may be allowed access to employees for questioning during working hours, with the employee's consent. Staff members have the right to refuse to submit to questioning, postpone questioning, consent to questioning only in the presence of an attorney, or end questioning at any time. Any questioning should take place in an area which maximizes privacy and minimizes disruption of patient care.

3. Guidelines for Interviews

A staff member being interviewed should:

- i. Decline to answer questions and seek guidance from the Office of Counsel if they are not sure whether the information may permissibly be disclosed.
- ii. Ask for clarification of ambiguous or unclear questions;
- iii. Answer questions as directly, clearly and concisely as possible;
- iv. Provide facts, not personal opinion or judgment;
- v. Provide only direct evidence. Direct evidence is information about matters the witness observed personally;
- vi. Not guess, speculate or make assumptions as to what might have occurred or as to why something might have been done;
- vii. Answer truthfully that they do not know the answer to a question or are unsure about the answer to a question when that is the case.

**References:**

- SMH Policies 9.9.1 Contacts with Law Enforcement Agencies  
9.12 Requests for Medical Information for Legal Purposes  
9.13 Subpoenas

**History:**

- 10/07 Drafted by Office of Counsel, Security, and Health Information Management  
11/07 Approved by Policy Management Team  
12/10 Reviewed and approved by Policy Management Team  
12/10 Reviewed and approved by Clinical Council  
12/13 Reviewed by Office of Counsel

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1/14 Reviewed and approved by Policy Management Team

2/14 Reviewed and approved by Clinical Council