NOYES HEALTH
CORPORATE COMPLIANCE POLICY/PROCEDURE

SUBJECT: Compliance Monitoring and Investigation  POLICY: CC-08
EFFECTIVE DATE: September, 2012  ISSUED BY: Administration
TJC REF: None  PAGE: 1 of 3

Policy:

The Corporate Compliance Officer has been assigned the task of overseeing the monitoring of the various activities and operations of Noyes Health. The Corporate Compliance Officer's duties include providing an assessment of the effectiveness of the Corporate Compliance Plan and identifying the areas where the Plan may need to be revised or improved. To the extent that the Corporation's monitoring activities reveal conduct which could potentially constitute violations of the Corporate Compliance Plan, failure to comply with applicable state or federal law, and other types of misconduct, the Corporation has an obligation to investigate the conduct in question immediately to determine whether any such violation has occurred, take action to discipline the person or persons involved, and correct the problem.

Procedure:

Monitoring:

1. Noyes Health believes that thorough and ongoing evaluation of the various aspects of the Corporate Compliance Plan is crucial to its success. In order to evaluate the effectiveness of the Corporate Compliance Plan, the Corporation will employ a variety of monitoring techniques, including but not limited to, one or more of the following:

   - An annual review of billing and operational systems, in conjunction with the Corporate Compliance Committee, based upon the current Annual Workplan of the Office of the Inspector General for the federal Medicare program ("OIG"), and the Office of the New York State Medicaid Inspector General ("OMIG"), as well as internal risk assessments and identified community compliance risks. This annual review shall be concluded by December 31st of each calendar year. The workplan developed as a result of this review shall be presented, for approval, to the Board of Directors at its next regularly scheduled meeting.
   - Periodic interviews with management personnel regarding their perceived levels of compliance within their departments or areas of responsibility.
   - Periodic written reports of department managers utilizing assessment tools developed to track specific areas of compliance.
   - Audits designed and performed by internal and/or external auditors utilizing nationally accepted auditing guidelines and practices, such as recommended standards and practices of the Health Care Compliance Association (HCCA).
   - Investigations of alleged noncompliance reported in accordance with the Corporate Compliance Plan or other means.
   - Exit interviews for departing employees.
2. Information obtained through monitoring efforts will be retained in written form by the Corporate Compliance Officer, and if necessary or desirable, the office of the President/Chief Executive Officer.

3. The Corporate Compliance Officer will also evaluate, no less than annually, the effectiveness of the Corporate Compliance Workplan and other compliance policies and provide the results of such evaluation to the Board of Directors at regularly scheduled meetings of the Board on a quarterly basis.

Investigation:

1. Reports received through either the Compliance Hotline or by direct report to the Corporate Compliance Officer, or through some other monitoring mechanism shall be initially assessed by the Corporate Compliance Officer.

If the initial assessment indicates that there is a basis for concluding that the conduct reported constitutes noncompliance with the Corporate Compliance Plan, applicable state or federal law, or other corporate policy, the matter shall be referred to the Corporate Compliance Committee for review and investigation.

The Corporate Compliance Officer, in conjunction with the Corporation’s legal counsel, will be responsible for directing the investigation and may solicit the support of internal and external resources to conduct the investigation.

2. The following steps should be undertaken when any report or activity giving rise to an investigation occurs:

- Notify the President/Chief Executive Officer regarding the nature of the complaint.
- Commence the investigation as soon as reasonably possible, but in no event more than thirty (30) days following the receipt of the report, information, or complaint regarding the potential noncompliance.
- Interview the person or persons involved in or having knowledge of the potential noncompliance.
- Review the statutes, regulations, and policies involved.
- Prepare a summary report with recommendations on corrective actions, including recommended disciplinary measures to be taken against the person or persons whose activities or conduct is the subject of the investigation.
- Correct the problem and initiate disciplinary action and appropriate education/training to prevent recurrence of the problems.
- Repay any overpayments uncovered during an investigation (with interest, if appropriate).
- Determine, in conjunction with legal counsel, whether any pattern of noncompliance exists that would require reporting to an appropriate government agency within 60 days of the discovery of the credible evidence of noncompliance or fraud.
In the event of a reportable noncompliance and/or repayment event, follow the current guidelines for self-reporting as published by the Office of the Inspector General (HHS) or the Office of the Medicaid Inspector General (New York State).

References:
- OIG Supplemental Compliance Program Guidance for Hospitals (2005)

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 Committee Approval: Corporate Compliance Committee
 Distribution: Original – Administration; Copy – Via Meditech

Signature: [Signature]
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