

 <b>Samaritan</b> Health 830 Washington Street Watertown, NY 13601	<b>Auditing and Monitoring Policy</b>		<b>Document No.</b> 3508
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<b>Effective Date:</b>	3/1/2023	<b>Approved by:</b>	Carman, Thomas
<b>Document Owner:</b>	Husenitza, Brandi		
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<b>Business Units:</b>	Medical Center, Samaritan Home Health, Samaritan Keep Home, Samaritan Summit Village Assisted Living, Samaritan Summit Village Skilled Nursing, Centers and Clinics		

This Corporate Compliance Auditing and Monitoring Policy is applicable to all persons affected by Samaritan’s risk areas, including employees, the chief executive officer of SMC and other senior administrators, managers, and contractors, agents, subcontractors, independent contractors, and governing body and corporate officers of Samaritan Medical Center (“SMC”) and its Affiliates: Samaritan Keep Home, Samaritan Medical Practice, Samaritan Summit Village, and Samaritan Home Health (collectively, “Samaritan”), as applicable (“Affected Individuals”).

#### **PURPOSE:**

The purpose of this policy is to establish Samaritan’s auditing and monitoring practices utilized to assist in the reduction of identified problem areas, including those risk areas identified in 18 NYCRR 521-1.3(d); to recognize trends; and measure corrective actions.

#### **SUMMARY:**

This policy describes Samaritan’s commitment to routinely review, audit and monitor Samaritan’s compliance and operating policies and procedures and systems for purposes of assessing the overall effectiveness of its Compliance Program, as well as preventing, detecting and correcting non-compliance with applicable federal and state laws, rules and regulations, including New York State and federal fraud, waste and abuse rules, and Medicare and Medicaid requirements.

#### **POLICY:**

It is the policy of Samaritan to comply with applicable federal and state laws, rules and regulations, as well as Samaritan’s compliance standards, policies and procedures by, among other things, utilizing routine internal and external auditing and monitoring techniques throughout the entire organization for purposes of assessing the overall effectiveness of Samaritan’s Compliance Program, and to prevent, identify and correct potential issues, violations and/or errors of non-compliance with federal and state compliance program requirements, including fraud, waste and abuse most likely to occur for Samaritan’s risk areas and organizational experience. A summary

of applicable federal and state fraud and abuse laws and your right to be protected as a “whistleblower”, including employees’ protections, rights and obligations under Sections 740 and 741 of the New York State Labor Law is available in Samaritan’s “*Non-Intimidation/Non-Retaliation/Whistleblower*” policy.

## **PROCEDURE:**

1. Under the direction of the Chief Compliance Officer and in collaboration with other internal designees, including members of the Compliance Oversight Committee and Compliance Core Groups, and department leaders, ongoing periodic risk assessments will be performed to identify high risk areas that require monitoring activities, which may include, but is not limited to, review of medical and financial records and other source documents as deemed necessary that support claims for reimbursement in order to ensure accuracy and medical necessity of claims.

2. Samaritan shall conduct routine auditing and monitoring of its operations and systems to determine the effectiveness of internal controls designed to prevent or detect errors and to ensure its compliance with internal policies and procedures, as well as applicable federal and state laws, rules and regulations, with a focus on those risk areas identified in 18 NYCRR § 521-1.3(d).

3. Auditing and monitoring activities will be based on periodic risk assessments and scheduled proactive audits, self-evaluation of identified risk areas, and/or changes in the regulatory environment that may affect Samaritan’s obligations under its Compliance Program. Examples of potential monitoring criteria include, but are not necessarily limited to:

- Physician relationships;
- Coding;
- Claims development and submission;
- Access to information systems;
- Areas of increased federal or state enforcement;
- Contracts with independent contractors; and
- Areas that have been identified internally as high risk.

4. Department leaders of high risk areas, as determined in collaboration with the Chief Compliance Officer, will develop monitoring procedures, monitoring criteria, recommended monitoring frequency, scoring mechanism, and acceptable accuracy thresholds, and will submit monitoring plans to the Chief Compliance Officer for input and review prior to implementation. Department leaders will promptly share the results with the Chief Compliance Officer and appropriate Compliance Department personnel.

5. On an annual basis, or as otherwise necessary to comply with any changes in federal and state laws, rules, regulations and/or policies, the Chief Compliance Officer develops a work plan for each Samaritan Affiliate outlining plans to assess and monitor compliance with compliance program requirements using a variety of sources, including, but not limited to, published

governmental work plans such as the OIG work plan; claim denials; self-identified risk areas, including consideration of new reimbursement methodologies; past internal investigations and audits; and internal and external risk assessments. Authoritative publications from federal and state agencies may also be referenced as appropriate.

6. Periodic results of auditing and monitoring activities will be documented and promptly submitted to the Chief Compliance Officer through the applicable Corporate Compliance Core Groups. Any suspected incidents of non-compliance discovered through the auditing and monitoring process shall immediately be brought to the attention of the Chief Compliance Officer and/or a member of the Compliance Oversight Committee or Compliance Core Groups for further inquiry/investigation.

7. If a department's monitoring results fall below the acceptable threshold, a corrective action plan developed by the department leader must be submitted to the Chief Compliance Officer.

8. In the event any auditing and monitoring reveals potential violations or areas for improvement, the Chief Compliance Officer shall take appropriate and immediate corrective action measures in accordance with Samaritan's compliance policies, including without limitation, conducting an investigation, imposition of disciplinary action if warranted, development of a corrective action plan, modification of Samaritan's compliance standards and policies, reporting to applicable government agencies, including the NYSDOH and OMIG, and refunding any overpayments, if applicable, to Medicare, Medicaid, or other third-party payors.

9. Reviews/audits shall include routine internal and external audits, and the Chief Compliance Officer may utilize, as necessary, external auditors or consultants having expertise in state and federal compliance program requirements and applicable laws, rules and regulations, or in the subject area of the audit, to assist with monitoring activities. The results of all internal or external audits, including results of any audits conducted by New York State or federal governments, will be reviewed for inclusion of risk areas in Samaritan's work plan and updates to the Compliance Program.

10. The Chief Compliance Officer will oversee the design, implementation and results of any internal or external auditing and monitoring activities and report the results to the Compliance Oversight Committee on a regular basis. The Compliance Oversight Committee meeting minutes document the compliance topics that are reported and addressed, and will be shared with Samaritan's Audit and Compliance Committee. The Audit and Compliance Committee minutes are subsequently provided to the Boards of Directors of each Affiliate for review and submitted to SMC's Board of Trustees (the "Board") for approval.

11. An annual compliance program review will be performed, which shall include, but not be limited to, interviews with Affected Individuals, record reviews, and on-site visits by external reviewers when applicable. The design, implementation and results of the annual compliance review, including any corrective action that may be taken as a result thereof, shall be documented

by the Chief Compliance Officer and the results shared with the Chief Executive Officer of SMC, Samaritan's senior management, the Compliance Oversight Committee, the Audit and Compliance Committee and the Board of Trustees of SMC and each of the Affiliates.

12. It will be the responsibility of the Chief Compliance Officer to regularly monitor developments in all applicable laws that might affect Samaritan's legal duties under the Compliance Program, and to revise and update the Compliance Program as necessary. The Chief Compliance Officer will work with legal counsel, as necessary, to identify those legal duties and obligation that might require change in the design or implementation of the Compliance Program or any services and operations at Samaritan.

**RELATED POLICIES:**

Non-Intimidation/Non-Retaliation/Whistleblower

**REFERENCES:**

Office of Inspector General  
Office of Medicaid Inspector General  
Centers for Medicare and Medicaid  
Department of Health and Human Services  
SSL § 363-d

**EFFECTIVE:** 11/30/2012

**REVISED:** 3/2018; 2/2022; 2/20/2023