

 Samaritan <small>Health</small> 830 Washington Street Watertown, NY 13601	Reporting a Compliance Concern and the Investigation and Response Process		Document No. 3501
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Document Owner:	Husenitza, Brandi		
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Business Units:	Medical Center, Samaritan Home Health, Samaritan Keep Home, Samaritan Summit Village Assisted Living, Samaritan Summit Village Skilled Nursing, Centers and Clinics		

This Corporate Compliance Reporting a Compliance Concern and the Investigation and Response Process Policy is applicable to Samaritan Medical Center (SMC) and its Affiliates: Samaritan Keep Home, Samaritan Medical Practice, Samaritan Summit Village, and Samaritan Home Health (collectively, “Samaritan”).

PURPOSE:

Affected Individuals, as well as all Medicaid recipients of services from Samaritan, have the right to ask questions and report compliance concerns without fear of any retaliatory actions. This policy describes the process for reporting potential non-compliant activity and Samaritan’s investigation and response. Samaritan’s governing body delegate’s responsibility for handling such concerns to the Corporate Compliance Department.

SUMMARY:

As part of the Compliance Program, Samaritan has implemented and publicized various mechanisms for 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 (collectively “Contractors”), and governing body and corporate officers of Samaritan (“Affected Individuals”), as appropriate, as well as Medicaid recipients of services from Samaritan, to communicate compliance-related questions and concerns and to report potential non-compliance within the organization anonymously and/or confidentially without fear of retaliation or intimidation, to ensure ongoing compliance with federal and state health care program requirements, including Medicare and Medicaid. Samaritan has the responsibility to promptly perform internal investigations and respond to all compliance questions and concerns as they are raised in an efficient and non-retaliatory manner and as necessary to prevent, detect and correct non-compliance with Medicare and Medicaid requirements and New York and federal fraud, waste and abuse rules.

This policy outlines the reporting, investigation and response process for a compliance concern from intake through resolution, to ensure standardized practices are performed; that all Affected Individuals and Medicaid recipients of services from Samaritan are knowledgeable about the procedures and methods for reporting actual or potential non-compliant activity; and to maintain

an open line of communication to the Chief Compliance Officer and members of the Compliance Oversight Committee and Compliance Core Groups, as appropriate. The compliance reporting system is essential to Samaritan's efforts to prevent, detect and correct non-compliance with Medicare and Medicaid requirements and New York and federal fraud, waste and abuse rules.

POLICY:

Samaritan has established and implemented effective lines of communication which allow for questions regarding compliance issues to be asked and provides a means of reporting concerns of potential violations of its policies and procedures, the Compliance Program, and/or applicable state, federal, and local laws, rules and regulations, including regulations from the fiscal intermediary, the Medicare contractor, Health and Human Services Office of Inspector General (OIG), and Office of Medicaid Inspector General (OMIG). As further discussed in Samaritan's *Non-Intimidation/Non-Retaliation/Whistleblower* policy, any Affected Individual who reasonably believes and who makes a report in good faith shall be protected from retaliation or, in the case of employees, from any adverse employment consequence or threat of an adverse employment consequence for making such a report. Communications can be made anonymously and/or confidentially, and lines of communication are available to all Affected Individuals and all Medicaid recipients of services from Samaritan. Information about Samaritan's Compliance Program, including the Code of Conduct, is available on Samaritan's website, and the Compliance Hotline number and Chief Compliance Officer's email address are posted in the various facilities.

The Chief Compliance Officer will be advised of any reported concerns regarding compliance and will be responsible to promptly review, investigate and make a determination on all concerns of potential non-compliance received, including whether any corrective action is warranted and, if so, promptly implement such corrective action.

This policy does not apply to human resource complaints or patient relations complaints and grievances. Complaints related to human resource issues should be directed to the Director of Human Resources and patient relations complaints and grievances should be reported to the Patient Relations Department.

PROCEDURE:

Methods to Report:

1. Samaritan has implemented various methods for Affected Individuals and Medicaid recipients of services from Samaritan to ask questions and report concerns related to compliance. Reports may be made the following ways:
 - Directly to the Chief Compliance Officer via phone at (315) 779-5186, or
 - Via email to the Corporate Compliance Department at compliance@shsny.com; or,
 - Anonymously and confidentially, to the Compliance Hotline at 315-779-5170 or 1-877-740-7070 (only the Chief Compliance Officer has access to retrieve these calls);
 - Anonymously, on Samaritan's website by submitting a Compliance Concern Online Form; or

- Directly to your supervisor and/or a member of the Compliance Oversight Committee or Compliance Core Groups, as well as other members of senior management, as appropriate (who in turn can seek assistance from the Chief Compliance Officer, if necessary).
2. In the event your concerns are not addressed in a timely manner, concerns may then be brought to SMC's Chief Executive Officer, and if still not addressed, to the Board of Trustees.
 3. Procedures have been established to maintain the confidentiality of the individual for all reports made, including reports made via a confidential method or wherein the individual reporting the concern request confidentiality, unless the matter is subject to a disciplinary proceeding; referred to or is under investigation by MFCU, OMIG or law enforcement, or such disclosure is required during a legal proceeding or otherwise required by law; however, the individual shall be protected under Samaritan's *Non-Intimidation/Non-Retaliation/Whistleblower Policy*.
 4. The Compliance Department will test the Compliance Hotline and Compliance Concern Online Form quarterly to ensure there are no issues submitting a concern. Evidence of this testing will be saved in the format designated by the Chief Compliance Officer and saved in the Compliance shared file for retention. Should any issues be discovered during the testing process, the individual assigned to perform the testing will notify the Chief Compliance Officer and make a request to MIS and/or Marketing to make the appropriate corrections.

What to Expect when Making a Report:

1. Each report is given a Compliance Intake Form. The Compliance Intake Form is a summary of the concern (e.g. parties involved, type of concern being investigated, dates, contact information, etc.).
2. The Chief Compliance Officer or designee will promptly and thoroughly respond to compliance issues as they are raised and investigate all reports, regardless of the method in which they are made. An investigation typically will include, but is not limited to, interviews with staff and other involved in the issue, review of relevant documentation and records, analysis of applicable laws and regulations, and follow-up.
3. No person will be subject to any retribution or disciplinary action by Samaritan who reasonably believes and who, in good faith, reports a perceived issue, even if such allegations are found to be groundless. Persons who engage in retaliatory conduct shall be subject to disciplinary action in accordance with Samaritan's *Non-Intimidation/Non-Retaliation/Whistleblower Policy*.
4. In some cases, after the initial investigation, the Chief Compliance Officer will work with the appropriate leader to further investigate a concern. In those instances, a Record of Warning Form will be issued for the leader to document his/her actions. With guidance from the Chief Compliance Officer or designee, the leader determines whether the incident(s) requires disciplinary action and implements the appropriate corrective action.

Corrective actions are confidential. The leader returns the completed Compliance Record of Warning Form to the Compliance Department where it is included with the original file and secured.

5. In the event an investigation reveals that there has been non-compliance with laws, regulations, or other provisions of Samaritan's Compliance Program, including the Compliance Plan and compliance policies, the Chief Compliance Officer will take appropriate steps to remediate the violation, including changing or implementing new policies and procedures to prevent reoccurrence and ensure ongoing compliance with New York and federal laws, rules and regulations and the requirements of the Medicare and Medicaid programs. Samaritan is committed to returning any overpayment obtained in error from a state or federal health care program or other payer.
6. The results of an investigation may also necessitate a referral to criminal and/or civil law enforcement agencies, including but not limited to the New York State Department of Health, the Office of the Medicaid Inspector General, the Medicaid Fraud Control Unit, the Office of the Inspector General, and/or the Department of Justice. Legal counsel will be consulted, as needed, with respect to such reporting obligations and repayments. Copies of any reports submitted to government entities shall be submitted to the Chief Compliance Officer.
7. On a regular basis, but no less frequently than quarterly, summaries of compliance reports and investigation results are directly reported by the Chief Compliance Officer and presented on a confidential basis for review to each Corporate Compliance Core Group, as well as the Compliance Oversight Committee, the Chief Executive Officer of SMC and the Audit and Compliance Committee of the Board.
8. A record of the investigation will be maintained and shall include any alleged violations, a description of the investigation process, copies of interview notes of the complainant(s) and key documents, a log of any individuals interviewed and documents reviewed, and the results of the investigation, including any disciplinary and/or corrective actions taken.
9. The Chief Compliance Officer will determine when an investigation is closed.

Expectation to Report:

All Affected Individuals are expected to act in accordance with the Code of Conduct, must refuse to participate in unethical or illegal conduct, must report potential issues of non-compliance, and assist in the resolution of compliance issues. Failure to report compliance issues of which an Affected Individual is aware will be viewed as a serious matter and may result in disciplinary action in accordance with applicable Samaritan disciplinary policies which are published and disseminated to all Affected Individuals and included in compliance trainings. With respect to governing board members, disciplinary actions will be taken in accordance with the applicable bylaws of the entity. For Contractors, their agreements with Samaritan will include the right to terminate in the event the Contractor fails to comply with Samaritan's Compliance Program as it relates to the risk areas potentially affected by the Contractor.

RELATED POLICIES:

Corrective Action
Corporate Compliance Plan
Corporate By-laws
Enforcement of Standards

RELATED FORMS:

Compliance Intake Form
Record of Warning Form

REFERENCES:

Office of Inspector General
Office of Medicaid Inspector General
Centers for Medicare and Medicaid
Department of Health and Human Services
45 CFR §164.530(d)(1) and (d)(2)
45 CFR §164.530(f) and (g)
18 NYCRR Subpart 521-1.4

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