
Policy Number: CC 16-1

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Revised: 10/09/08, 12/18/09, 06/04/12, 12/26/12,
03/12/13, 02/24/14, 5/18, 8/18, 2/21, 4/23

Reviewed: 6/13/08, 6/16, 05/24

Subject/Title: Compliance Reporting System

Policy: It is Oneida Health Hospital's (OHH) policy that all persons affected by OHH's risk areas, including employees, the chief executive officer of OHH and other senior administrators, managers, and contractors, agents, subcontractors and independent contractors (collectively "Contractors"), and governing body and corporate officers of OHH ("Affected Persons"), as appropriate, as well as all Medicaid recipients of services from OHH, have the ability to pose compliance-related questions and/or report actual or potential non-compliance within the organization anonymously and/or confidentially without fear of retribution (intimidation). As part of our Corporate Compliance Program, OHH has a developed and publicized reporting system for this purpose. Non-compliance is defined as failure to comply with applicable federal and state laws, and the requirements of federal and state health programs, including regulations from the fiscal intermediary, the Medicare contractor, Office of Inspector General (OIG), Office of Medicaid Inspector General (OMIG), and OHH's policies. As further described in the *Whistleblower Protection Policy CC 16-33*, any individual who reasonably believes and/or who, in good faith, makes a report shall be protected from retaliation or any adverse employment consequence (or threat of an adverse employment consequence) for making such a report.

Purpose: This *Compliance Reporting System Policy* describes the process for reporting actual or potential incidents of non-compliance to ensure that all Affected Persons are knowledgeable about the procedures and methods for reporting and feel comfortable with the process, to maintain an open line of communication to the Corporate Compliance Officer, members of the Corporate Compliance Committee, and the Compliance Liaisons. The Compliance Reporting System is essential to OHH efforts to prevent, detect and correct non-compliance with Medicare and Medicaid requirements and New York and federal fraud, waste and abuse rules.

Scope: This policy applies to all Affected Persons of OHH, including the hospital and all of its departments and health centers, the Extended Care Facility, OHH's affiliated physician practices (Oneida Medical Services, PLLC (OMS), Oneida Medical Practice, P.C.(OMP), and Genesee Physician Practice, PLLC (GPP)), and any other department or entity which is part of OHH.

Procedure:

1. Methods Available to Report:

Reports can be made in person to the Corporate Compliance Officer (COO) via email, phone, the corporate compliance hotline, or Compliance Reporting Form. The CCO is responsible for responding to all reports. Reports may also be made to a member of the Corporate Compliance Committee or the Compliance Liaisons for OMP, OMS, or GPP.

Corporate Compliance Officer: Renee Olmsted, RHIA

Corporate Compliance Liaisons, OMP: Eileen Kilgore/ Ashley Matson/ Maureen Mosack/ Kim Sabatino /
Danielle Hewitt / Heather Stiles

Corporate Compliance Liaisons, OMS: Eileen Kilgore / Heather Stiles

Corporate Compliance Liaison, GPP: VP, MPN and CMO

Corporate Compliance Liaisons, Article 28 Health Centers¹: Danielle Hewitt / Maureen Mosack / Heather Stiles

Since many of the laws and regulations that apply to OHH are complex, individuals may have questions or concerns. If you have a question or concern, or want to report a potential circumstance of non-compliance, you can:

- A. Discuss the question or concern with one of the Compliance Liaisons, a member of the Corporate Compliance Committee, or with your direct supervisor (who in turn can seek assistance from the Compliance Officer, if necessary).
If the concern deals with your direct supervisor or Department Director, or if you feel uncomfortable going to your direct supervisor, or if your past reports to your direct supervisor remain unresolved, you can also use any of the other reporting methods identified in this policy.
- B. Call the CCO directly at extension 2117 or phone at 315-361-2117.
- C. Call the OHH Corporate Compliance Hotline at extension 2116 or phone at 315-361-2116, where you can leave a detailed voicemail that only the CCO has access to and it is password protected. You are encouraged to leave your name and contact phone number, which may be your home or cell phone number, if you prefer. You may also use this method to confidentially and/or anonymously report a concern.
- D. Complete the [Compliance Reporting Form \(#01209\)](#) and submit the completed form directly to the CCO (via inter-office mail, regular mail or in person).

The Compliance Reporting Form is located (i) outside of the ACF Human Resources office, (ii) in the ECF hallway near the nursing offices, and (iii) on the OHH Intranet. In addition, the report form is located on Oneida Health Hospital's external <https://www.oneidahealth.org/wp-content/uploads/Compliance-Reporting-Form-Staff-01209-rev-071318.pdf> to provide greater accessibility to report potential compliance issues to the Corporate Compliance Officer.

The CCO will maintain all reports submitted in a confidential manner, including those reports wherein the individual reporting an issue of non-compliance requests confidentiality, unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by, MFCU, OMIG or law enforcement, or such disclosure is required during a legal proceeding or other required by law. It is helpful for you to allow reported matters to be handled confidentially rather than anonymously so that the CCO can contact you with any questions and/or with the outcome of the investigation. Reports can also be made anonymously if you wish. However, if you choose to remain anonymous, the CCO will not be able to contact you and may not be able to further investigate the matter or notify you of the outcome of any investigation. However, you may contact the CCO directly at extension 2117 or by phone at 315-361-2117 to provide further information or if you have any questions.

Note: For employee related matters such as performance evaluations, pay rate increases, time off, benefits, etc., please contact the Human Resource Department as you normally would.

2. What to Expect when Making a Compliance Report:

- A. The CCO will promptly initiate a response to all reports, regardless of the method in which they are made, within a reasonable time frame. Reports will not necessarily be responded to on a first-come, first-served basis, but rather by the nature and extent of potential non-compliance. If necessary, the CCO may seek advice from external legal counsel based on the severity of allegations.

¹ OHH's "Article 28 Health Centers" as used herein include OHH's Article 28 outpatient departments and health centers, including Oneida Health Cancer Care in affiliation with Roswell Park, Cardiology Specialists, Wound Care and Hyperbaric Medicine, Chittenango Family Care, Canastota Lenox Health Center, and Verona Health Center.

- B. The internal investigation may include interviews, review of relevant documents and consultation with external legal counsel. Records of the investigation shall include, but are not limited to, documentation of the alleged violation, key documents, findings and results of the investigation, corrective actions implemented and disciplinary actions taken. The results of the investigation may necessitate a referral to criminal and/or civil law enforcement agencies, including the New York State Department of Health or Office of the Medicaid Inspector General, and/or the development of a corrective action plan.
- C. If the incident(s) requires disciplinary action, the disciplinary process will proceed in accordance with OHH policy, Human Resources Progressive Disciplinary Policy HR-11, as well as the Progressive Disciplinary and Sanction Policy for Compliance Program Policy CC 16-30.
- D. In cases where the reporter is known, he or she will be notified in writing of the outcome of their report, to the extent deemed appropriate, by the CCO.
- E. If it is determined that **criminal** misconduct has occurred, the matter will immediately be referred to external legal counsel to initiate contact with the appropriate law enforcement agency.
- F. In the event a compliance issue relates to billing errors or non-compliance, OHH is committed to returning any overpayment obtained in error from a state or federal health care program or other payer.
- G. The CCO and Compliance Liaisons, along with relevant department managers and members of the Corporate Compliance Committee, are responsible for evaluating OHH's training and education needs and ongoing monitoring activities to prevent the reoccurrence of any incidents of non-compliance.
- H. A Compliance Report Follow-up Form (#01364) will be initiated and completed by the CCO.

3. Expectation to Report:

All Affected Persons must refuse to participate in unethical or illegal conduct, report unethical or illegal conduct, including potential issue of non-compliance, and are expected to assist in the investigation and resolution of compliance issues. Therefore, it is expected that all Affected Persons will report compliance issues according to the policies and procedures of OHH. Failure to report compliance issues of which an Affected Person is aware will result in such individual being subject to discipline in accordance with OHH policies, *Human Resources Progressive Disciplinary Policy HR-11 and Progressive Disciplinary and Sanction Policy for Compliance Program CC 16-30*, which describe sanctions for failing to comply with the Compliance Program, including (i) failing to report suspected compliance issues, (ii) participating in (or refusing to participate in)_or facilitating illegal, unethical or non-compliant behavior, and (iii) encouraging, directing, facilitating or permitting active or passive non-compliant behavior.

Other related Policies/Procedures: All Corporate Compliance Policies, including:

- [Human Resources Progressive Disciplinary Policy HR-11](#)
- [Internal Investigations and Response CC 16-2](#)
- [Progressive Disciplinary and Sanction Policy for Compliance Program CC 16-30](#)
- [Whistleblower Protection Policy CC 16-33](#)

Previous Policy #: NA

References:

Standards: NA

Forms: [Compliance Reporting Form \(#01209\)](#)
[Compliance Report Follow Up Form \(#01364\)](#)

Approved By: Corporate Compliance Committee 8/18; 3/15/21; 6/23