

Investigating Potential Compliance Violations

Updates Approved by Compliance Committee: 9.6.2023

Reviewed w/ No Changes: 9.4.2024; 9.3.2025

Revised:

Purpose:

Cayuga Health System (CHS) realizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection, and resolution of conduct that does not conform to federal or state regulations, or Cayuga Health System policies.

Policy:

The Compliance Officer will promptly investigate and respond to reports of alleged misconduct, waste, fraud, or abuse related to state and federal regulations.

- All suspected violations shall be investigated by the Compliance Department.
- The Compliance Officer will conduct a preliminary investigation to ascertain the basic facts surrounding the incident.
- If the Compliance Officer determines that a violation has occurred, appropriate corrective measures will be taken, and a report of the violation will be submitted to the Compliance Committee during its bi-monthly meetings.

Procedure:

Upon report of a possible Compliance violation the following steps will be taken to investigate:

1. Identify and document the potential violation.
 - A) Provide factual list of events, being as specific and detailed as possible.
 - B) Document date and time of events to the extent possible.
2. Gather and document the following information pertinent to the possible violation.
 - A) Means by which the Compliance Dept. became aware of the violation.
 - B) Identify individuals involved and level of involvement.
 - C) Identify sources for information regarding the issue.
 - i. Which departments were affected?
 - ii. Interview the individuals with information on what occurred.
 - iii. Take steps to ensure an impartial and unbiased investigation.
 - D) Identify any internal systems involved, i.e. EPIC.
 - E) Identify and describe how the conduct does NOT conform to regulatory requirements.
 - i. Examination of records to determine which rules or regulations apply.
 - F) Determine the effects of the violation.
 - i. Costs
 - ii. What outside agencies need to be notified, if any:
 1. State
 2. Federal
 - iii. What outside companies need to be notified, if any:
 1. Insurance payers
 2. Harris-Beach Law Firm
3. Notify the Human Resources Department.
4. Save all materials, notes, and documents regarding each compliance violation investigation in its own folder on the Compliance drive.
5. Include the issue on Compliance Committee agenda for next meeting.
 - A) Report the current status and relevant information of investigation.

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6. Document the outcome.

A) Corrective action(s):

- i. Action(s) to correct the current incident.
- ii. Improvements to avoid a repeated violation.
- iii. Who will be responsible for making the corrective action.

B) Was the violation willful, negligent error, or innocent error?

- i. Disciplinary actions to be taken, if required, per CHS's disciplinary policy.