

**ECONOMIC OPPORTUNITY COUNCIL OF SUFFOLK, INC. (EOC)
POLICY FOR IDENTIFYING AND INVESTIGATING COMPLIANCE CONCERNS**

This policy provides guidance on the requirements for identifying, and investigating alleged fraud, waste, or abuse, and other compliance concerns. It describes the activities that should be performed to ensure proper investigation of any reported and non-reported concerns. It also articulates the expectations for assisting in the resolution of compliance issues for all affected individuals.

POLICY

EOC's Corporate Compliance Program includes routine self-evaluation, risk assessment, internal audit and other activities designed to identify compliance risk areas specific to the organization as well as a process for investigating and addressing potential or actual non-compliance as a result of these self-evaluations and audits.

Routine Identification of Risk Areas

Regardless of whether a complaint or other concern has been received, the following Compliance Investigation activities occur on an annual basis, except where noted below:

- Completion of Office of the Medicaid Inspector General Assessment form;
 - Certifying at year-end to OMIG;
 - Risk Assessment (at intervals determined by the compliance officer, programmatic lead agency (in cases of Health Homes services), or funding source;
 - Annual completion of the Medicaid Billing Self-Assessment tool for a random sample of Medicaid claims;
 - Review of a random sample of Medicaid claims at least quarterly using Federal OIG guidelines;
 - Updating of the Medicaid Compliance Work Plan.

Investigations

Investigations conducted pursuant to the Corporate Compliance Program are conducted with the following goals:

- To identify situations in which there is reasonable cause to believe applicable federal and state laws, including those related to Medicaid programs, or EOC policies, may not have been followed;
- To identify individuals who may have knowingly or inadvertently violated the law or agency policies;
- To facilitate the correction of any violations or misconduct;
- To implement procedures necessary to ensure future compliance;
- To identify and eliminate potential threats of fraud, waste, or abuse;
- To protect the organization in the event of civil or criminal enforcement actions; and/or
- To preserve and protect the assets of the organization.

Reporting Requirements for Program Directors and Managers

Each program director and manager is responsible for promptly reporting any incident reasonably believed to be a violation of the Corporate Compliance Program, Code of Conduct,

other policy of the organization, or any violation of applicable law or regulation by employees or others within their supervision. Any report or reasonable indication of a violation of the Corporate Compliance Program, applicable law, or regulations must be reported to the compliance officer prior to initiation of any investigation. In the case of other violations, program directors and managers should consult with the Director of Programs. Serious or otherwise sensitive matters or investigations shall be conducted by, or under the direction of, legal counsel in coordination with the compliance officer/CEO.

Requirement of Investigation

The compliance officer shall have an obligation to investigate any report or reasonable indication of a violation of the Corporate Compliance Program, Code of Conduct, or any applicable laws or regulations.

Requirement of Cooperation

The compliance officer may utilize other organization employees (consistent with appropriate confidentiality), outside attorneys, outside accountants and auditors or other consultants or experts for assistance or advice. All affected individuals are expected to assist in the investigation and resolution of compliance issues at the request of the compliance officer.

Relationship of Compliance Investigations to General Disciplinary Procedures

The investigation by the compliance officer shall be preliminary to the initiation of disciplinary proceedings under government regulations. In the event there is reasonable cause to believe a violation exists, the compliance officer or respective program director or manager shall coordinate with Executive staff regarding the appropriate action to be taken in accordance with the applicable policies and procedures of the organization.

Access to Information

The compliance officer (or designee), may conduct interviews with any employee or other person who may possess relevant information and may review any document relevant to the investigation, including, but not limited to, those related to claim development and claim submission, participant records, e-mail, and other paper or electronic records in whatever form.

Documentation

Upon the completion of any investigation initiated pursuant to the Corporate Compliance Program, the compliance officer prepares a report which includes the following:

- Defines the nature of the situation or problem;
- Summarizes the investigation process, findings, and corrective action taken;
- Identifies any person whom the investigator believes to have acted deliberately or with reckless disregard or intentional indifference, particularly toward the Medicaid laws, regulations and policies;
- If there is a potential overpayment, estimates the nature and extent of the resulting overpayment by the government or another entity, if possible.

Response to Violations

Discipline

If an investigation initiated pursuant to the Corporate Compliance Program results in a determination that a violation and/or criminal activity has occurred, appropriate disciplinary

action shall be recommended by the compliance officer. Such disciplinary action shall be consistent with the policy in this manual entitled Disciplinary Action and Sanctions.

Policy Review

Following any investigation initiated pursuant to the Corporate Compliance Program, the compliance officer may determine whether a review of applicable portions of the Corporate Compliance Program is appropriate and if so, whether revisions to existing policies or the development of new policies and/or procedures are needed to minimize future risk of noncompliance.

Billing

If the conduct underlying the investigation is related to billing, all affected billing is reviewed for correctness by the compliance officer or designee and remediated as soon as possible. Such remediation may include, as necessary:

- Discontinuance of fraudulent billing practices;
- Correction of a defective practice or procedure; and/or
- Repayment of duplicate or improper payments to the appropriate payer or Fiscal Intermediary.

Additional education will be undertaken with appropriate employees to prevent future similar problems.

All investigations shall be conducted in accordance with this policy and the Non-Retaliation Non-Retribution and Non-Intimidation (Whistleblower) Policy.

