

REFUAH COMMUNITY HEALTH COLLABORATIVE
(A Program of Refuah Health Center)

Manual Section: Compliance-DSRIP	DSRIP-COMP-05
Subject: Report of Wrongdoing and Corrective Action Policy	Page: 1 of 3

POLICY: It is the policy of Refuah Community Health Collaborative (“RCHC”) to obey all DSRIP Program rules and regulations, federal and state laws, and to implement and enforce procedures to detect and prevent fraud, waste, and abuse regarding payment to RCHC from the DSRIP Program, or any other federal or state healthcare programs, and to provide protections for those who report actual or suspected wrongdoing. Any person who has knowledge of, or, in good faith, suspects or is aware of the preparation or submission of a false claim, report, or any other potential fraud such as in the documenting or billing for services, equipment, or supplies, in RCHC’s financial practices, or in violation of the Standards of Conduct, has a duty to report it internally so that an investigation can be conducted and appropriate action can be taken. Retaliation or intimidation against anyone for such a report is strictly prohibited. The Chief Compliance Officer shall be responsible for administering this Policy.

DEFINITION:

Wrongdoing: In addition to a violation of DSRIP Program rules and regulations, federal or state law, wrongdoing includes a violation of RCHC’s Standards of Conduct and policies and procedures.

IMPLEMENTATION:

1. Anyone who becomes aware of or in good faith suspects wrongdoing by RCHC personnel¹, PPS Partner, board member, vendor, contractor, or volunteer should report it to the Chief Administrative and Medical Officer and/or the Chief Compliance Officer immediately.
2. The individual making the report may do so by reporting the concern in person, directly to the Chief Administrative and Medical Officer, or the Chief Compliance Officer at extension 1257, through the organization’s compliance hotline at (844) 280-0009, or in writing at www.lighthouseservices.com/refuahhealthcenter. Anyone who reports such information will have the right and opportunity to report anonymously through the Compliance Hotline or in writing at www.lighthouseservices.com/refuahhealthcenter. Anyone making an anonymous report should be aware that the Chief Compliance Officer will not be able to ask additional questions nor advise the person reporting of the outcome. The Chief Compliance Officer will maintain the confidentiality of the person reporting the concern to the extent permitted by law.

¹ For purposes of this policy, “personnel” includes temporary, part-time and full-time employees; independent contractors, and officers of RCHC.

3. Self-reporting is encouraged. Anyone who self-reports wrongdoing or a violation of law will be given due consideration in mitigation of any disciplinary action that may be taken.
4. Upon a report of wrongdoing, the Chief Compliance Officer will commence an investigation into the allegations to determine the nature, scope, and duration of wrongdoing, if any. The investigation shall commence not more than three (3) business days following receipt of the information. The investigation shall include, as applicable, but need not be limited to:
 - i. Interviews of all persons who may have knowledge of the alleged conduct and/or who appear to have played a role in the suspected activity.
 - ii. Review of the applicable laws, regulations and standards to determine whether or not a violation has occurred.
 - iii. Identification and review of relevant documentation to determine the nature and scope of the violation.
 - iv. Preparation of a report that defines the alleged conduct, summarizes the investigation, identifies those involved, and assesses the nature and extent of liability.
5. The Chief Compliance Officer may involve RCHC's legal counsel in the investigative process, if warranted.
6. If the charges are substantiated, the Chief Compliance Officer will develop a plan for corrective action, which may include initiating appropriate disciplinary action, reviewing RCHC policies and procedures, conducting appropriate training and education to prevent reoccurrence, and conducting, as appropriate, follow-up monitoring and auditing. The Chief Compliance Officer shall notify the Project Management Office (PMO) and/or the Executive Governing Body (EGB) of the corrective action taken.
7. Personnel will be protected against retaliation for coming forward with such information. Retaliation or intimidation in any form against anyone who makes a report of wrongdoing, cooperates in an investigation, or participates in RCHC's Compliance Program is strictly prohibited. If any personnel believe that an adverse action in the form of intimidation or retaliation has been taken against him or her as the result of making a report or cooperating in an investigation pursuant to this or any compliance policy, he/she should report it to the Chief Compliance Officer.
7. The Chief Compliance Officer shall maintain a confidential log in a secure place of all reports of compliance concerns and shall update the Executive Governing Body accordingly.
8. Anyone who makes a report of wrongdoing maliciously, frivolously, or in bad faith will be subject to disciplinary action up to and including termination.
9. RCHC seeks to investigate all non-frivolous claims of wrongdoing internally so that corrective action can be instituted. RCHC encourages all personnel to report

to the Chief Administrative and Medical Officer and/or the Chief Compliance Officer so that appropriate corrective action can be instituted.

10. A copy of this Policy shall be distributed and accessible to all personnel, board members, the PMO, and volunteers who provide substantial services to RCHC.

Responsible Party: Azizza Graziul, Esq., Chief Compliance Officer

Approved: 3/2016

Reviewed: 3/2016, 4/2017

Revised:

This policy and procedure shall be periodically reviewed and updated consistent with the requirements and standards established by the Executive Governing Body and Federal and State law and regulations.