

	Policy Title	Compliance Investigation & Resolution Process
	Policy Number	1.03
	Department	Compliance and Privacy Office
	Effective Date	April 13, 2023
	Last Reviewed	
	Approved By	
	Approval Date	April 13, 2023

Policy

1. The Chief Compliance Officer is responsible for coordinating compliance-related issues. WCM representatives and/or other individuals shall not be discouraged from using the available communication channel to report compliance related concerns including reporting to the Chief Compliance Officer, a Manager or Supervisor, Human Resources, Office of General Counsel, or the Compliance Hotline.
2. Retaliation against and/or intimidation of any WCM employee and/or other individual who makes a good faith report of an actual or potential compliance issue or who assists, participate, or otherwise is involved in the investigation and/or resolution of a compliance related issue are strictly prohibited. Any individual who engages in any such conduct will be subject to disciplinary action up to and including termination of employment. See *also*, WCM Non-Intimidation and Non-Retaliation Policy.
3. The Chief Compliance Officer is responsible for the effectiveness of the Compliance Program. Issues related to the operation of the Compliance Program should be referred directly to the Chief Compliance Officer.
4. The CPO will conduct investigations with honesty, integrity, and respect. To the extent practical, information provided to the Chief Compliance Officer and CPO staff shall be kept confidential.
5. Disciplinary action in response to compliance violations are enforced fairly and consistently across all levels of personnel.

Purpose

The purpose of this policy is to describe the standards and processes used by Weill Cornell Medicine (WCM) to conduct compliance investigations; and to establish a culture within the organization that promotes prevention, detection, and resolution of fraud, waste and abuse and other misconduct.

Pursuant to this policy, WCM representatives are encouraged to report compliance related problems and concerns. The Compliance and Privacy Office (CPO) is responsible for investigating and otherwise responding to compliance related issues that are raised by WCM representatives and/or other individuals. This policy establishes a framework for investigating compliance related issues and the underlying investigative principles and processes that guide the CPO in its work to ensure that WCM is following its policies and procedures and complying with all relevant state and federal laws governing healthcare.

Scope

The scope and applicability of this policy includes all WCM representatives. The policy outlined a guide for all WCM representatives, including executive officers, trustees, faculty, staff, students, volunteers, collaborators, applicants,

referring professionals, and vendors/contractors or consultants doing business with or seeking to do business with WCM. The CPO oversees all aspects of this policy.

Definitions

Procedure

WCM has developed and implemented procedures and a system for detecting, investigating, and responding to compliance issues promptly. All reported issues will be reviewed and if appropriate, investigated. If the compliance issue is substantiated, appropriate corrective action will be taken (this may include notification to the payer, refund of overpayment, and disciplinary action).

1. Compliance related inquiries and issues reported to the CPO shall be recorded in the tracking database, which is maintained by the Chief Compliance Officer.
 - When the Chief Compliance Officer determines that a compliance related issue requires preliminary review, the Chief Compliance Officer will conduct an initial inquiry, which may include document review, interviews, or other investigative techniques. The Chief Compliance Officer shall involve CPO, Office of General Counsel, Internal Audit, Information Technology, Human Resources, and other staff as necessary and appropriate to investigate and resolve the issue.
 - When the Chief Compliance Officer determines that an issue requires legal consultation, the Office of General Counsel will be engaged.
2. To the extent applicable, the Chief Compliance Officer shall ensure that the following objectives are accomplished in a timely manner:
 - Inform the complainant about the status of the complaint;
 - Notify appropriate internal parties;
 - Identify cause of problem, desired outcome, affected parties, applicable guidelines, possible regulatory or financial impact;
 - Establish the expectation that all affected individuals will act in accordance with the University's Standards of Ethical Conduct, that such individuals may refuse to participate in unethical or illegal conduct, and that such individuals must report any unethical or illegal conduct to the CPO.
 - Provide a summary of findings and recommendations;
 - Determine and report the necessary corrective action measures (e.g., policy changes, operational changes, system changes, training and/or education) which include assigned implementation dates; and
 - Follow-up with confirmation of implementation of corrective action plan.
 - If applicable, conduct follow up audit reviews to ensure corrective action plan is effective.
3. Throughout the investigative process the Chief Compliance Officer shall ensure, to the extent, possible, that the following investigative principles/standards of conduct are followed:
 - To uphold a high standard of integrity;
 - To objectively assess each report without any personal bias or conflict;
 - To act within the best interests of WCM;
 - To work in conjunction with other departments (where appropriate);
 - To respect the rights of all investigative participants;
 - To protect the confidentiality of the investigation to the fullest extent possible;
 - To be honest and truthful with participants (where appropriate);

- To safeguard the information collected during the course of the investigation;
 - To establish the expectation that all affected individuals will act in accordance with the university's Standards of Ethical Conduct;
 - To assess any claims of reported retaliation and/or intimidation; and
 - To reach a conclusion based upon truth and facts.
4. Nothing in this policy limits the authority of WCM or any external regulatory organization from conducting an investigation. If contacted by any government agency regarding a compliance matter, department personnel will be immediately notified by the CCO. Departments are required to notify the CPO of compliance inquiries requested, when received, but no later than five (5) days upon receipt of request.
 5. Compliance investigations will be resolved within a reasonable timeframe and reports to the CCOC at each scheduled meeting. Internal investigations are conducted with guidance from the Office of General Counsel and under attorney-client privilege when necessary.
 6. Issues received by the CPO that are determined to be exclusively not related to issues over which the CPO has jurisdiction will be referred to the appropriate department.
 7. All investigative documentation will be maintained in the CPO during the investigation and a final report, including the findings, recommendations, and corrective action (if applicable) will be documented and filed securely in the CO.
 8. WCM's Workforce who, in good faith, report potential compliance issues will not be subject to retaliation or harassment because of their report. Concerns about possible retaliation should be reported directly to the Associate Dean of Clinical Compliance, the CCO, a CO Director or Manager, or the WCM Office of General Counsel.

Compliance with this Policy

WCM's commitment to the highest standard of ethical conduct is an integral part of its mission and therefore requires compliance with applicable Federal and State laws and regulations. WCM's compliance program is designed and implemented to prevent, detect, and correct potential non-compliance with the Federal and State mandated compliance program requirements, including fraud, waste and abuse guidelines/regulations related to the rendering of healthcare services.

Contact Information

Direct any questions about this policy to the Compliance Office:

- Telephone: (646) 962-6930
- Email: Compliance@med.cornell.edu

Anyone with knowledge of an actual or suspected compliance violation is required to report the issue to the Compliance and Privacy Office, or anonymously through the reporting hotline at (866) 293-3077 or www.hotline.cornell.edu.

References

- OMIG Compliance Program Guidance, Title 18 NYCRR, Part 521 (March 28, 2023)
- United States Sentencing Commission, Guidelines Manual, §8B2.1 (2021)

- Compliance Program Guidance for Individual and Small Group Physician Practices, 65 Fed. Reg. 59434 (October 5, 2000)
- Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858 (January 31, 2005)
- WCM Annual Compliance Program, Revised FY23
- WCM Non-Intimidation and Non-Retaliation Policy
- Policy 4.6 – Standards of Ethical Conduct
- Policy 4.17 – Whistleblower Protection

Policy Approval

The Compliance Office will review and update this Policy in the normal course of its review of the Organization’s Compliance Program, at least annually.

Version History

Date	Author	Revisions
		Initial draft completed. Original date of issue.