



NYU MEDICAL CENTER POLICIES

APPROVED: 10/05/04
Compliance Steering Committee

REFERENCE NUMBER:

EFFECTIVE DATE: 10/05/04

TITLE: Investigating Compliance Concerns

**SCOPE: NYU School of Medicine
NYU Hospitals Center**

PURPOSE: To provide guidance on the requirements for investigating and reporting compliance concerns.

POLICY:

A. Requirement for Managers and Directors.

Each manager and director is responsible for investigating promptly any report or reasonable indication of violations of this Program, the Code of Ethical Conduct, Medical Center policies or procedures or violations of applicable law or regulation by employees or others within his or her supervision. Any report or reasonable indication of a violation of law or regulations must be reported to the Compliance Officer prior to initiation of any investigation. In the case of other violations, the managers and directors should consult with the Office of Human Resources, or the Dean’s Office, in the case of faculty, medical students or residents.

B. Compliance Office Investigation.

In any case where there is a report or reasonable indication of a violation of applicable laws or regulations, the Compliance Office shall have the primary responsibility for conducting the investigation of the alleged situation or problem under the direction of the General Counsel. In undertaking investigations, the Compliance Officer shall consult with the respective manager and/or member of the Steering Committee who has responsibility for the unit. The Compliance Officer may utilize other Medical Center employees (consistent with appropriate confidentiality), outside attorneys selected by the General Counsel, outside accountants and auditors or other consultants or experts for assistance or advice. The purpose of the investigation is to determine whether or not there is reasonable cause to believe an individual(s) may have knowingly or inadvertently participated in violations of applicable laws or regulations; to facilitate corrective action; and to implement procedures necessary to ensure future compliance.

C. Relationship of Compliance Investigations to the New York University General Disciplinary Regulations Applicable to Faculty Members and Students.

The investigation by the Compliance Officer shall be preliminary to the initiation of disciplinary proceedings under New York University regulations. In the event reasonable cause to believe a violation exists, the Compliance Officer or respective manager or director shall initiate a complaint against the faculty member or student and the adjudication of such complaint shall proceed in accordance with the applicable policies and procedures of New York University.



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D. Process.

The Compliance Officer, or his or her designee, may conduct interviews with any Medical Center employee and with other persons and may review any Medical Center document including but not limited to those related to the claim development and submission process, patient records, e-mail and the contents of computers and word processors, and may undertake other processes and methods as the Compliance Officer deems necessary.

E. Documentation.

At the direction of the General Counsel, the Compliance Officer may prepare a report which

1. Defines the nature of the situation or problem
2. Summarizes the investigation process
3. Identifies any person whom the investigator believes to have acted deliberately or with reckless disregard or intentional indifference, particularly toward the Medicare/Medicaid laws, regulations and policies,
4. Estimates the nature and extent of the resulting overpayment by the government or another entity, if this is possible..

F. Response.

The response to an investigation will be determined by the type of noncompliant activity that is suspected.

1. **Possible Criminal Activity.** In the event the investigation reveals or uncovers what appears to be criminal activity on the part of any employee, the following action will be taken:
 - a. All billing involved in the situation or problem will be discontinued until such time as appropriate corrections are made.
 - b. A summary of the results of the investigation shall be sent for appropriate disciplinary action to the department director or manager (or the appropriate assistant or associate administrator if the director or manager is implicated) of any employee whose conduct appears to have been intentional, willfully indifferent or with reckless disregard for Medicare/Medicaid or other applicable laws and regulations. Pending disciplinary action, any such employee may be removed from any position with oversight of or impact upon the claims development and submission process.
 - c. State and federal agencies will be notified as deemed appropriate by legal counsel, the Administrator and the Board. Medical Center may attempt to negotiate a voluntary disclosure agreement prior to the disclosure.



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2. **Other Non-Compliance.** In the event the investigation reveals claims development and submission problem, which do not appear to be the result of criminal activity on the part of any employee, the following action will be taken:

- a. If duplicate payments have been made by Medicare/Medicaid or other health care program or excessive payments made because of coding or other Medical Center errors or mistakes (i) the defective practice or procedure will be corrected as quickly as possible; (ii) the duplicate or improper payments will be calculated and repaid to the appropriate payor or fiscal intermediary; and (iii) a program of education will be undertaken with appropriate employees to prevent future similar problems.
- b. If no duplicate or excessive payments have been made because of Medical Center errors or mistakes (i) the defective practice or procedure will be corrected as quickly as possible; (ii) a program of education will be undertaken with appropriate employees to prevent future similar problems.
- c. A summary of the results of the investigation shall be sent for appropriate disciplinary action, if any, to the department director or manager (or the appropriate assistant or associate administrator if the director or manager is implicated) of any employee whose conduct may be wrongful or inappropriate under the circumstances.

3. **Voluntary Disclosures.**

All voluntary self-disclosures will be guided by the OIG's Provider Self-Disclosure Protocol 63 Fed. Reg. 58399 (October 21, 1998).

G. **Reports by Compliance Officer.**

The Compliance Officer periodically shall furnish information (bearing in mind issues of confidentiality) about such investigations to the Dean and CEO, the Steering Committee at its regular meetings and periodically to the Audit and Compliance Committee of the Board of Trustees.