

Stony Brook Medicine Administrative Policy and Procedures

Subject: ELD0071 Reporting of Compliance Violations or Suspected Violations and Non-Intimidation/Non-Retaliation	Published Date: 03/18/2021
Leadership	Next Review Date: 02/24/2024
Scope: SBM Eastern Long Island Campus	Original Creation Date: 05/16/2019

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Responsible Department/Division/Committee:

Office of Compliance and Audit Services

Policy:

Stony Brook University Hospital and its campuses (collectively "SBUH") recognize that a critical aspect of the SBUH Corporate Compliance Program is to establish a culture that promotes prevention, detection and resolution of instances of conduct that do not conform to federal and state laws, rules and regulations, the SBUH Corporate Compliance Code of Conduct or SBUH Policies and Procedures. The goal of reporting compliance violations is to afford SBUH the opportunity to identify, investigate, correct and prevent inappropriate conduct. SBUH is committed to encouraging the disclosure of any known or suspected wrong doing and prohibits intimidation or retaliation against any Hospital Representative who reports such known or suspected violations in good faith.

Definitions:

Hospital Representatives - Employees; volunteers; trainees; medical staff members, including state, research foundation, professional employer organization, personnel employed through contracted agencies; the governing body; contracted or subcontracted agents; vendors or consultants who furnish products or services on behalf of SBUH; and other individuals affiliated with SBUH regardless of whether the individual is paid by SBUH.

Reportable Actions - The following are actions that may be inappropriate, illegal, unethical or may adversely impact the integrity of SBUH: patient care and rights violations; failure to maintain patient privacy or confidentiality; breach of information systems security; environmental health and safety issues;

bribery; kickback; theft; receipt of improper gifts or gratuities; harassment; employment discrimination; conflicts of interest including a Public Officer's Law violation; inappropriate disclosure of confidential information; fraudulent financial transactions; improper recording or accounting; inaccurate billing; creation and/or submission of a false claim for reimbursement; instances of fraud, waste or abuse; violations of professional standards of practice or business ethics; and any violation of federal and state laws, rules and regulations, the SBUH Corporate Compliance Code of Conduct or SBUH Policies and Procedures.

Procedures:

- A. Hospital Representatives are required to report any activity they know or reasonably believe is inappropriate, illegal, unethical or may adversely impact the integrity of SBUH or that violates any federal and state laws, rules and regulations, the SBUH Corporate Compliance Code of Conduct or SBUH Policies and Procedures. Hospital Representatives need not be certain a violation has occurred in order to report it. Reasonable belief that a violation occurred is sufficient to make a report.
- B. Hospital Representatives are required to come forward with any such information without regard to the identity or position of the suspected offender.
- C. Hospital Representatives may report actual or suspected violations anonymously or by name. Reports made in good faith are protected from intimidation or retaliation.
- D. Hospital Representatives are not permitted to engage in intimidation or retaliation against another individual for reporting compliance-related concerns in good faith. SBUH addresses any such intimidation or retaliation with disciplinary action up to and including dismissal consistent with the applicable collective bargaining agreement, if any.
- E. SBUH has the right to take appropriate action against any Hospital Representative who participates in any action that is inappropriate, illegal or unethical or that adversely impacts the integrity of SBUH, or that violates any federal and state laws, rules and regulations, the SBUH Corporate Compliance Code of Conduct or SBUH Policies and Procedures.
- F. Hospital Representatives cannot exempt themselves from the consequences of wrongdoing by self-reporting; however, SBUH may take it into account when determining the appropriate course of action.
- G. While it is most effective for Hospital Representatives to discuss concerns with their immediate supervisor, if a Hospital Representative prefers not to,

or is unable to, they may report the matter in any of the ways defined in section H.

H. Reporting Mechanisms

1. SBUH has communication channels for Hospital Representatives to report any potentially inappropriate, illegal or unethical behavior or other behavior that may adversely impact the integrity of SBUH. To report a compliance concern or to make a compliance inquiry contact the Chief Compliance Officer, at (631) 444-5876. Reporting of compliance concerns or inquiries can also be made to:
 - your Supervisor who is then required to report the suspected violation to the Chief Compliance Officer;
 - the Office of Compliance and Audit Services (631) 638-4349;
 - the Corporate Compliance Helpline (866) 623-1480 or <https://www.compliance-helpline.com/sbuh.jsp> (which is available 24 hours a day, 7 days a week) to report anonymously or by name;
 - via fax (631) 444-5791 with correspondence marked "CONFIDENTIAL"
2. By mail to the Office of Compliance and Audit Services located at 7 Flowerfield, Suite 36, St. James, New York 11780-1514, Z-6062. Hospital Representatives who know of, or suspect, any inappropriate, illegal, unethical or questionable activity have the option of reporting compliance concerns via the Corporate Compliance Helpline which is available 24 hours a day, 7 days a week. Reports made to the Corporate Compliance Helpline are not traced. Hospital Representatives making reports have the option to remain anonymous or may report by name.
3. In certain circumstances, SBUH may advise Hospital Representatives that his/her concerns cannot be addressed unless certain information is revealed that may also reveal his/her identity.
4. Reports are handled in a confidential manner, to the extent reasonably possible, to protect the identity of the individual making the report.
5. Reports pertaining to issues outside the purview of OCAS are referred to the appropriate Department or Division including but not limited to Human Resources, Labor Relations, Office of Equity and Access, and/or General Counsel.
6. All reports are investigated. Information received is used to investigate and verify whether or not inappropriate, illegal, unethical or questionable activity occurred. Based on the findings, investigations may transition into audits.

7. If a Hospital Representative feels that their concern is not being addressed in an appropriate manner, they may report their suspicions to any government office.

- I. Thorough investigations are conducted and, if necessary, management implements corrective action to prevent subsequent reoccurrence of the identified issue. If focused compliance training is required, the OCAS facilitates the training. The Chief Compliance Officer is responsible for follow-up to ensure corrective action eliminates the problem. If administrative action is taken it may include discipline, consistent with the applicable collective bargaining agreement, if any.
- J. Supervisors and managers must implement appropriate measures to facilitate reporting, expedite the investigation process and safeguard employees from intimidation and retaliation including, but not limited to, the following:
 - 1. Maintain an open-door policy to support and encourage staff to report problems and concerns.
 - 2. Ensure all Hospital Representatives understand they may, without fear of intimidation or retaliation, discuss questions or concerns with their supervisor or manager.
 - 3. Ensure that Hospital Representatives understand if they feel uncomfortable with reporting to their supervisor or manager, they may report directly to the Chief Compliance Officer, the OCAS, the Corporate Compliance Helpline, or any other reporting mechanism discussed in section H.
 - 4. Meet regularly with staff and discuss mechanisms to report compliance issues or concerns and other applicable Corporate Compliance Program policies.
 - 5. Ensure that reports of actual or potential violations are handled as confidentially as possible.
 - 6. Promptly report any known instances of intimidation or retaliation to the Chief Compliance Officer or the OCAS.
- K. The Chief Compliance Officer ensures prompt investigation and follow-up of any reported instances of intimidation or retaliation against an individual for reporting a suspected or actual inappropriate, illegal, unethical or other concern.
- L. The Chief Compliance Officer has responsibility and authority to ensure that any matter requiring external reporting, such as to regulatory or law enforcement agency, is properly reported.
- M. The Chief Compliance Officer regularly reports the types of concerns received and acted upon, including the general results and status of

corrective actions, to the Chief Executive Officer and the Compliance and Audit Committee of the Governing Body.

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

[ELD0039 Corporate Compliance Code of Conduct](#)

[ELD0070 Responsibilities for Preventing and Detecting Fraud, Waste and Abuse Related to Federal and State Funded Health Care Programs](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

OIG Model Compliance Program Guidance for Hospitals, 63 FR §8987-8998 (2/23/98); OIG Supplemental Compliance Program Guidance for Hospitals, 70 CFR §4858-4875 (1/31/05); False Claims Act, 31 U.S.C. §3730(h); New York False Claims Act (Senate Finance Law Section 191); NYS Labor Law §740; NYS Social Services Law §363-d; NYS Public Officer's Law, §73 and §74

References and Resources:

None