



## **TITLE: COMPLIANCE – INTERNAL INVESTIGATION POLICY**

### **PURPOSE:**

The purpose of this policy is to create a consistent and efficient procedure for responding to incidents of non-compliance and other violations of the Western CT Health Network ("WCHN") Corporate Compliance Program that are brought to the attention of the Corporate Compliance Officer through monitoring and reporting mechanisms.

### **POLICY:**

The Corporate Compliance Officer ("CCO"), assisted by other designated individuals, as deemed appropriate, is responsible for internal investigation procedures. Where there are suspected incidents of non-compliance or other conduct constituting violations of the Corporate Compliance Program, the CCO must investigate these potential violations and oversee corrective actions.

### **PROCEDURE:**

1. The CCO will review all reports received to determine the severity of the potential violation and the extent of further investigation deemed necessary, if any. Reports will be responded to based on the nature and potential severity of the issue raised rather than in the order received.
2. Reports obtained through monitoring and reporting mechanisms should be maintained in written form by the CCO.
3. As deemed appropriate, the CCO will consult with Legal Counsel to assess the extent of severity and liability of the potential violation and liability of the violation.
4. Depending on the details of the report of the potential violation, the CCO may conduct an initial inquiry of parties involved to obtain additional information about the potential violation.
5. Based on this additional information, the CCO will determine whether to seek legal advice from external legal counsel and attorney/client privilege considerations will be made at this time.
6. In cases where the issue raised is clearly a violation, Legal Counsel will be immediately consulted. The matter will be remedied expeditiously by the CCO in collaboration with the Legal Counsel.
7. If external legal counsel is engaged, he/she will direct the investigation efforts through the CCO and other designated WCHN personnel or through external parties as deemed appropriate.
8. If an internal or external investigation is commenced, the CCO will notify the Chief Executive Officer ("CEO") of the nature and extent of the investigation.
9. Investigative techniques may include:
  - Interviews

- Reviews of clinical documentation
  - Review of applicable policies and procedures and other compliance documents
10. The individual responsible for the investigation will review applicable laws and regulations in order to make an initial assessment of whether a violation has occurred.
11. Based on the results of steps #9 and #10 above, the individual responsible for the investigation will prepare a report summarizing the following:
- Documentation of the alleged violation
  - A summary of the investigation process
  - Copies of the interview notes and key documents
  - A log of the individuals interviewed
  - The documents reviewed
  - The results of the investigation including any disciplinary action taken
  - The course of corrective action implemented or to be implemented, including additional training and education.
- If the investigation was conducted under attorney/client privilege, the summary should be labeled as such and provided to Legal Counsel. Under no circumstances should copies be distributed or released by anyone other than Legal Counsel.
12. If overpayments are discovered during the internal investigation, arrangements should be made to repay these overpayments.
13. If it is determined that criminal misconduct has occurred, Legal Counsel will initiate contact with the appropriate law enforcement agency in a timely manner

**ORIGINATOR**  
**DATE OF INCEPTION**  
**REVISION DATE**  
**SCHEDULED REVISION DATE**  
**LATEST REVIEW DATE**  
**APPROVED BY**

**CORPORATE COMPLIANCE**  
**3/21/2001**  
**6/02, 12/11, 02/15**  
**12/18**  
**9/27/2018**  
**EXECUTIVE LEADER**