

WESTFIELD MEMORIAL HOSPITAL, INC.

SUBJECT:

**CORPORATE COMPLIANCE
COMMUNICATION / REPORTING
AND INVESTIGATION; ACCESS TO
CORPORATE COMPLIANCE OFFICER;
USE OF COMPLIANCE HOTLINE**

POLICY#: 1.29

accompanied by an illegal inducement or provided as the result of a prohibited referral, or for services that were provided at substandard quality where the government would not pay.

2. Westfield Memorial Hospital requires anyone with knowledge of an actual or suspected submission of a false claim to notify the department leader or the Corporate Compliance Officer.
3. A Person who knows a False Claim was filed for payment may file a lawsuit in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government's attention. New York also has a False Claims Act that allows a similar lawsuit in state court if a False Claim is filed with the state for payment, such as under Medicaid or Workers Compensation.
4. Westfield Memorial Hospital requires that anyone reporting a potential or actual False Claim be protected from reprisal. The federal and state False Claims Acts also protect anyone who files a False Claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit.

Investigation

1. The Corporate Compliance Officer will maintain a log of reported violations, suspected violations, or requests for educational programming.
2. The Corporate Compliance Officer will determine the scope and methodology of any investigation, and approve audit parameters and corrective action plans.
3. During the course of investigation, the Corporate Compliance Officer or his/her designee may conduct interviews and review policies and records. Appropriate measures will be taken to secure or prevent the destruction of documents or other evidence, including removal of staff members from work responsibilities or activities if necessary.

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4. Results of investigations will be reported to the Corporate Compliance Steering Committee and the Board of Directors for determination of corrective or disciplinary action, and/or disclosure to a government agency.
- * Anonymity will be maintained unless otherwise required by regulatory authorities.

Department Origin: Corporate Compliance
Revise/Review Date: 10/07
Replaces:
Original Date:
Pages: 3 of 3

APPROVAL: _____

CORPORATE COMPLIANCE PROGRAM REPORT FORM

CASE#: _____

INITIAL CONTACT OR INTAKE

Date: _____

Name of person completing report:

Format: _____ Phone _____ E-mail _____ US Mail

_____ Inter-Office Mail _____ Personal Conversation

Anonymity/Confidentiality Conditions and Limitations reviewed with reporter? **YES/NO**

Reporter Name/Dept./Phone:

Nature of report::

_____ Informational

_____ Consultative

_____ Complaint or Allegation of Improper Action/Practice

Description:

Action Taken:

_____ Reporter referred to policy or procedure

_____ Reporter referred to responsible department: _____

_____ Investigation Initiated (attach summary)

Issue Reported to:

_____ Department Leader

_____ CEO/CFO

_____ BOD

_____ Legal Counsel

_____ Corporate Compliance Steering Committee

_____ Other: _____

CORPORATE COMPLIANCE PROGRAM REPORT INVESTIGATION

ISSUE# _____

Date of documentation: _____

Investigative Proceedings:

Disposition:

- _____ Key facts or substance of concern could not be substantiated.
- _____ No pattern or trend noted to warrant follow-up action.
- _____ Action taken (describe below-including recommended or actual discipline/disclosures; corrective action plan; monitoring plan)
- _____ Person responsible for follow up/implementation: _____

Resolution reported to:

- _____ Department Manager
- _____ CEO/CFO
- _____ BOD
- _____ Legal Counsel
- _____ Corporate Compliance Steering Committee
- _____ Other: _____

ATTACHMENT A: CORPORATE COMPLIANCE COMMUNICATION/REPORTING AND INVESTIGATION FLOW CHART

