

The House of the Good Shepherd

Corporate Compliance Plan

Approved: 2/22/11

By: The House of the Good Shepherd Board of Directors

**Updated on 1/01/20
10/14/22**

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The House of the Good Shepherd CORPORATE COMPLIANCE POLICY

I. Policy

It has been and continues to be the policy of The House of The Good Shepherd (sometimes referred to as the “Agency”) to comply with all applicable federal, state, and local laws, regulations, and payer requirements. It is also the Agency’s policy to adhere to its Compliance Plan adopted by the Board of Directors. The Compliance Plan and related policies provide guidance to all persons who are affected by the Agency’s Compliance Risk Areas (as defined in the “Auditing and Monitoring” section of this Compliance Plan), including the Agency’s employees, contractors, and Board of Directors (the “Board”)¹ on how to conduct themselves when working for Agency.

II. Commitment

We have always been and remain committed to our responsibility to conduct our business affairs with integrity based on sound ethical and moral standards. We will hold our employees, contractors, and Board members to these same standards.

Agency is committed to maintaining and measuring the effectiveness of our Compliance policies and standards through monitoring and auditing systems reasonably designed to detect noncompliance by its employees, contractors, and Board members. We shall require the performance of regular, periodic compliance audits by internal and/or external auditors who have expertise in federal and state health care statutes, regulations, and health care program requirements.

III. Responsibility

All employees, contractors and Board members, including contracted practitioners, caregivers, student interns and vendors, shall acknowledge that it is their responsibility to comply with the Compliance Plan and policies, report any instances of suspected or known unethical or illegal conduct to their immediate supervisor, the Chief Executive Officer or the Compliance Officer, and to refuse to participate in unethical or illegal conduct. Reports may be made confidentially and anonymously without fear of retaliation, intimidation or retribution. Failure to report known or suspected unethical or illegal conduct or making reports which are not in good faith will be grounds for disciplinary action, up to and including termination. Reports related to harassment or other workplace-oriented issues will be referred to Human Resources. Contractor sanctions shall range from written admonition, financial penalties (if applicable), and in the most extreme cases, termination of the contractor’s relationship with the Agency. Board Member sanctions can range from written admonition to, in the most extreme cases, removal from the Board of Directors, in accordance with the Agency’s Bylaws and policies, as well as applicable laws and regulations.

¹ In this Compliance Plan “employees, contractors, and Board members” includes the Agency’s employees, the Executive Officer, senior administrators, managers, contractors, agents, student interns, subcontractors, independent contractors, Board members, and corporate officers who are affected by the Agency’s Compliance Risk Areas, as defined in the “Auditing and Monitoring” section of this Compliance Plan.

IV. Policies and Procedures

Agency will communicate its compliance standards and policies, including its standards of conduct which describes the Agency’s fundamental principles and values and commitment to conducting business in an ethical manner (“Standards of Conduct”)², through required training for employees, contractors and Board members. The standards will be communicated to contractors through the distribution of this policy. We are committed to these efforts through distribution of this Compliance Policy and our Standards of Conduct. The Compliance Plan and policies (including Standards of Conduct) will be reviewed at least annually to address new compliance challenges and maximize the use of the Agency’s resources, and to determine whether:

1. The Compliance Plan, Compliance Program, and Standards of Conduct have been implemented;
2. Employees, contractors, and Board members are following the policies, procedures, and Standards of Conduct;
3. The policies, procedures, and Standards of Conduct are effective; and
4. Any updates are required.

V. Enforcement

This Compliance Policy will be fairly and consistently enforced through appropriate disciplinary mechanisms including, if appropriate, discipline of individuals responsible for failure to detect and/or report unethical or illegal conduct.

VI. Agency Response

Detected noncompliance, through any mechanism, i.e., compliance auditing procedures and/or confidential reporting, will be responded to in an expedient manner. We are dedicated to the resolution of such matters and will take all reasonable steps to prevent further similar violations, including any necessary modifications to the Compliance Plan and policies.

VII. Due Diligence

Agency will, at all times, exercise due diligence with regard to exclusion screening and background and professional license investigations for all prospective employees, contractors and Board members, as applicable.

VIII. Whistleblower Provisions and Protections

Agency prohibits intimidation and taking any retaliatory action against an employee, contractor, or Board member for good faith participation in the Compliance Program, including for reporting potential issues, investigating issues, and reporting to appropriate

² The Standards of Conduct are found in a separate but related Corporate Compliance policy document (Policy #2500.02).

officials. No employee, contractor, or Board member who files a report of actual or suspected fraud, waste, abuse, or other illegal or unethical conduct in good faith will be subject to retaliation or intimidation by the Agency in any form.

Expectations

We ensure that all aspects of consumer care and business conduct are performed in an ethical manner and in compliance with our mission/vision statement, policies and procedures, professional standards, applicable governmental laws, rules, and regulations, and other payer standards. Agency expects every person who provides services to our consumers to adhere to the highest ethical standards and to promote ethical behavior. Any person whose behavior is found to violate ethical standards will be disciplined appropriately.

Employees may not engage in any conduct that conflicts – or is perceived to conflict – with the best interest of Agency. Employees must disclose any circumstances where the employee or his or her immediate family member is an employee, consultant, owner, contractor, or investor in any entity that (i) engages in any business or maintains any relationship with Agency; (ii) provides to, or receives from, Agency any consumer referrals; or (iii) competes with Agency. Employees may not, without permission of the Compliance Officer, or in accordance with Agency policy, accept, solicit, or offer anything of value from anyone doing business with Agency. Board members must comply with the Agency’s Conflict of Interest Policy and submit annual conflict of interest disclosure statements.

Employees are expected to maintain complete, accurate, and contemporaneous records as required by Agency. The term “records” includes all documents, both written and electronic, which relate to the provision of Agency services or provide support for the billing of Agency services. Records must reflect the actual service provided. Any records to be appropriately altered must reflect the date of the alteration, the name, signature, and title of the person altering the document, and the reason for the alteration, if not apparent. No person shall ever sign the name of another person to any document. Signature stamps shall not be used. Backdating and predating documents is unacceptable and will lead to discipline up to and including termination.

When any person knows or reasonably suspects that the expectations above have not been met, this must be reported to immediate supervisors, the Compliance Officer (CO) or the Chief Executive Officer, so each situation may be appropriately dealt with, or, in the alternative, reports may also be made anonymously as described in the “Effective Confidential Communication” section of the Compliance Plan.

The Compliance officer (CO) Virginia Whitford may be reached:

- By phone at (315) 235-7793; or
- By email at virginiaw@hgs-utica.com.

Compliance Program Oversight

I. Compliance Officer

The Board of Directors of The House of the Good Shepherd designates the Compliance Officer (CO) and Compliance Committee. The Compliance Officer shall report directly and be accountable to Agency's Chief Executive Officer, provided that the CO also has direct lines of communication to the Compliance Committee, the Board of Directors, and Agency counsel.

II. Compliance Officer Responsibilities

The CO is directly obligated to serve the best interests of our Agency, consumers and employees and to carry out the day-to-day activities of Agency's Compliance Program. Responsibilities of the CO include but are not limited to:

- Reviewing, implementing, and revising the compliance program, including the compliance policies and procedures (P&P) and Standards of Conduct, to incorporate changes based on Agency's organization experience and promptly incorporate changes to federal and state laws, rules, regulations, policies and standards.
- Overseeing and monitoring the adoption, implementation, and maintenance of the compliance program and evaluating its effectiveness.
- Drafting, implementing, and updating no less frequently than annually, or as otherwise necessary, to conform to changes to federal and state laws, rules, regulations, policies and standards, a compliance work plan which shall outline Agency's proposed strategy for meeting applicable statutory and regulatory requirements for the coming year.
- Directing Agency internal audits established to monitor effectiveness of compliance standards.
- Providing guidance to management, medical/clinical program personnel, and individual departments regarding P&P and governmental laws, rules, and regulations.
- Updating, periodically, the Compliance Plan as changes occur within Agency, within the law and regulations, or governmental and third party payers.
- Overseeing efforts to communicate awareness of the existence and contents of the Compliance Plan.
- Coordinating, developing, and participating in the educational and training program.
- Guaranteeing independent contractors (consumer care, vendors, billing services, etc.) are aware of the requirements of Agency's Compliance Plan.
- Actively seeking up-to-date material and releases regarding regulatory compliance.
- Maintaining a reporting system and responding to concerns, complaints, and questions related to the Compliance Plan.

- Acting as a resourceful leader regarding regulatory compliance issues, including assisting the Agency in establishing methods to improve the Agency's efficiency, quality of services, and reducing the Agency's vulnerability to fraud, waste, and abuse.
- Investigating and independently acting on matters related to the Compliance Program, including designing and coordinating internal investigations and documenting, reporting, coordinating, and pursuing any resulting corrective action with all internal departments, contractors, agents, independent contractors, and the State on issues related to compliance.
- Reporting directly, on a regular basis, but no less frequently than quarterly, to the Agency's Board of Directors, Chief Executive Officer, and Compliance Committee on the progress of adopting, implementing, and maintaining the Compliance Program

The Agency shall ensure the Compliance Officer is allocated sufficient staff and resources to satisfactorily perform their responsibilities for the day-to-day operation of the Compliance Program based on the Agency's risk areas and organizational experience. The Agency shall ensure the Compliance Officer and appropriate compliance personnel have access to all records, documents, information, facilities and employees, contractors, and Board members that are relevant to carrying out their compliance program responsibilities.

The Structure, Duties, and Role of the Compliance Committee

Reporting Structure and Purpose

Compliance Committee (CC) members are appointed by the Chief Executive Officer (CEO) and approved by the Executive Committee of the Board of Directors. The CO shall serve as Chair of the CC. The CC shall, at a minimum, be comprised of senior leadership. The CC shall meet no less frequently than quarterly and shall, no less frequently than annually, review and update the CC charter. Compliance issues are reported by the CC to the CEO and Board, where appropriate. The CC purpose is to advise, assist, and coordinate with the CO on implementation of the Compliance Plan and to ensure the Agency is conducting its business in an ethical and responsible manner, consistent with the Compliance Program. The CC shall report directly and be accountable to Agency's CEO and Board of Directors.

Function

The roles of the Compliance Committee include:

- Analyzing the environment where Agency does business, including legal requirements with which it must comply.

- Coordinating with the CO to review and assess existing P&P and Standards of Conduct to ensure they are current, accurate, and complete, and that the training topics required by law and regulation are timely completed.
- Working with departments to develop standards and P&P that address specific risk areas and encourage compliance according to legal and ethical requirements.
- Advising and monitoring appropriate departments relative to compliance matters.
- Developing and ensuring the Agency has effective internal systems, processes and controls to identify compliance program risks, overpayments and other issues and to carry out compliance standards and policies.
- Monitoring internal and external audits to identify potential non-compliant issues.
- Implementing corrective and preventive action plans.
- Developing a process to solicit, evaluate, and respond to complaints and problems.
- Coordinating with the CO to ensure communication and cooperation by employees, contractors, and Board members on compliance related issues, internal or external audits, or any other compliance function or activity.
- Ensuring that the CO is allocated sufficient funding, resources and staff to fully perform their responsibilities
- Enacting required modifications to the Compliance Program

Delegation of Substantial Discretionary Authority

Requirement

Any employee or prospective employee who holds, or intends to hold, a position with substantial discretionary authority for Agency is required to disclose any name changes and any involvement in non-compliant activities including health care related crimes. In addition, Agency performs reasonable inquiries into the background of employees, contractors, and Board members, which shall include confirming their identity and determining their exclusion status.

The following organizations will be queried with respect to potential employees, contractors, and Board members:

- a) General services administration: list of parties excluded from federal programs. The URL address is <https://sam.gov/content/exclusions>.
- b) HHS/OIG List of Excluded Individuals and Entities. The URL address is <https://exclusions.oig.hhs.gov/>.

- c) NYS Office of the Medicaid Inspector General Exclusion List. The URL address is currently <https://omig.ny.gov/medicaid-fraud/medicaid-exclusions>.
- d) Licensure and disciplinary record with NYS Office of Professional Medical Conduct (Physicians, Physician Assistants) (the URL address is <http://www.health.state.ny.us/nysdoh/opmc/main.htm>) and/or New York State Department of Education (other licensed professionals) (the URL address is <http://www.op.nysed.gov/rasearch.htm#name>).

Exclusion checks of these State and Federal databases under (a) through (c) shall be reviewed at least every thirty (30) days. The OP licensure database under (d) should be checked upon hire and license renewal, and any professional who has a contract should have a provision in it that requires them to notify the Agency if they are subject to any licensure action. Agency shall require contractors to comply with these exclusion check requirements.

Education and Training

I. Expectations

Education and training are critical elements of the CP. Every employee, contractor, and Board member is expected to be familiar and knowledgeable about Agency's Compliance Plan and have a solid working knowledge of their responsibilities under the plan. Compliance policies and standards will be communicated to all employees, contractors, and Board members through required participation in training.

II. Training Topics - General

All employees, contractors, and Board members (including the CO) shall participate in training on the topics identified below, as applicable or relevant to their role at the Agency:

- Government and private payer reimbursement principles (including, if applicable, requirements specific to Agency's categories of service; coding and billing requirements and best practices; and claim development and the submission process);
- Government initiatives;
- History and background of Corporate Compliance;
- The Agency's risk areas and organizational experience
- Legal principles regarding compliance and Board responsibilities related there to;
- General prohibitions on paying or receiving remuneration to induce referrals and the importance of fair market value;

- Prohibitions against submitting a claim for services when documentation of the service does not exist to the extent required;
- Prohibitions against signing for the work of another employee;
- Prohibitions against alterations to medical records and appropriate methods of correction/addendum;
- Prohibitions against rendering services without a signed physician's order or other prescription, if applicable;
- Proper documentation of services rendered;
- How individuals can ask questions and report potential compliance-related issues to the CO and senior management, including the duty to report suspected illegal or unethical conduct and the procedures for submitting such reports; and the protection from intimidation and retaliation for good faith participation in the Compliance Program;
- Disciplinary standards, with an emphasis on those standards related to Agency's Compliance Program and prevention of fraud, waste and abuse; and
- How the Agency responds to compliance issues and implements corrective action plans.

Agency shall develop and maintain a training plan, which shall, at a minimum, outline the subjects or topics for training and education, the timing and frequency of the training, which individuals are required to attend, how attendance will be tracked, and how the effectiveness of the training will be periodically evaluated.

IV. Orientation and Annually Thereafter

The CO and all employees, contractors, and Board members shall complete compliance training program no less frequently than annually. As part of their orientation, each employee, contractor, and Board member shall receive a written copy of the Compliance Plan, policies, and specific standards of conduct that affect their position and receive training promptly upon hiring or association with the Agency. Training and education shall be provided in a form and format accessible and understandable, consistent with federal and state language and other access laws, rules or policies.

Contractors must participate in compliance training either prior to contracting with Agency or within thirty (30) days of contracting with Agency. Such training may consist of Agency providing the contractor with a copy of the Compliance Plan or a link to access the Compliance Plan and related policies, including those policies covering fraud prevention and whistleblower protections.

V. Attendance

All education and training relating to the Compliance Plan will be verified by attendance and a signed acknowledgement of receipt of the Compliance Plan and standards.

Attendance at compliance training sessions is mandatory and is a condition of continued employment, service on the Board, or status as an Agency contractor.

Effective Confidential Communication

I. Expectations

Open lines of communication ensuring confidentiality for every employee, contractor and Board member subject to this Plan are essential to the success of our Compliance Program. Every employee, contractor, and Board member has an obligation to refuse to participate in any illegal or unethical course of action and to report the actions according to the procedure listed below.

II. Reporting Procedure

If an employee, contractor, or Board member witnesses, learns of, or is asked to participate in any unethical or illegal activities that are potentially in violation of this Compliance Plan, they should contact the CO, their immediate supervisor, the Chief Executive Officer, or report such issue anonymously by mailing such report without a return address or any identifiers to “100 Lomond Court, Utica, NY 13502, Attn: Compliance Officer”. The Compliance officer (CO) Virginia Whitford may be reached:

- By phone at (315) 235-7793; or
- By email at virginiaaw@hgs-utica.com.

Reports may also be made in person or by calling a telephone line dedicated for the purpose of receiving such notification at (315) 235-7794 that is monitored by the CO, provided however calls made internally to this phone number at the Agency could be identifiable. These lines of communication are available to all employees, contractors, Board members, and service recipients.

Upon receipt of a question or concern, any supervisor, officer, or director shall document the issue at hand and report to the CO. Any questions or concerns relating to potential non-compliance by the CO should be reported immediately to the Chief Executive Officer or any member of the Compliance Committee.

The CO or designee shall record the information necessary to conduct an appropriate investigation of all complaints. If the employee was seeking information concerning the Standards of Conduct or its application, the CO or designee shall record the facts of the call and the nature of the information sought and respond, as appropriate.

Agency will make available on its website, information concerning its compliance program, including its Standards of Conduct.

III. Protections

The Agency will ensure the confidentiality of persons reporting compliance issues is maintained unless the matter is subject to a disciplinary proceeding, referred to, or under

investigation by, MFCU, OMIG or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under Agency's policy for non-intimidation and non-retaliation.

IV. Guidance

Any employee and agent may seek guidance with respect to the Compliance Plan or Standards of Conduct at any time by following the reporting mechanisms outlined above to ask any compliance-related questions.

Enforcement of Compliance Standards

I. Disciplinary Action - General

To encourage good faith participation in the Compliance Program, employees, contractors, and Board members who fail to comply with Agency's compliance policy and standards, or who have engaged in illegal or unethical conduct in violation of the Compliance Program will be subject to disciplinary action, up to and including termination. Any discipline will be appropriately documented in the employee's personnel file, along with a written statement of reason(s) for imposing such discipline. The CO shall maintain a record of all disciplinary actions involving the Compliance Plan and report to the Board of Directors regarding such actions. The P&P establishing disciplinary standards and procedures for taking such actions shall be published and disseminated to all employees, contractors and Board members and shall be incorporated into Agency's training plan. Agency shall enforce its disciplinary standards fairly and consistently, and the same disciplinary action should apply to all levels of personnel.

II. Performance Evaluation - Supervisory

Agency's Compliance Program requires that the promotion of, and adherence to, the elements of the Compliance Program be a factor in evaluating the performance of Agency employees and contractors. They will be periodically trained in new compliance policies and procedures. In addition, all managers and supervisors will:

- a. Discuss with all supervised employees, volunteers, contracted practitioners and caregivers that the compliance policies and legal requirements applicable to their function.
- b. Inform all supervised employees, volunteers, contracted practitioners and caregivers that strict compliance with these policies and requirements is a condition of employment or service with the Agency.
- c. Disclose to all supervised employees, volunteers, contracted practitioners and caregivers that Agency will take disciplinary action up to and including termination or revocation of privileges for violation of these policies and requirements.

III. Disciplinary Action - Supervisory

Managers and supervisors will be disciplined for failure to adequately instruct their subordinates or failure to detect illegal or unethical conduct in violation of applicable Agency policies and legal requirements where reasonable diligence on the part of the manager or supervisor would have led to the earlier discovery of any problems or violations and would have provided Agency with the opportunity to correct them.

Identification of Compliance Risk Areas; Auditing and Monitoring of Compliance Activities

The Agency seeks to identify compliance issues at an early stage before they develop into significant legal problems by establishing a system for routine identification and evaluation of compliance risk areas. The Agency's compliance risk areas include, but are not limited to the following (the "Compliance Risk Areas")³:

- Billing for individuals not actually served by the Agency;
- Billing for services rendered to individuals that are not properly documented;
- Billing at a rate in excess of the rate permitted under the applicable program;
- Billing for services that are knowingly also being billed to the government by another health care provider;
- Failing to properly coordinate an individual's benefits among Medicaid and other third party payers;
- Submitting cost reports that are inaccurate or incomplete;
- Employing an excluded individual or company or billing for services provided by an excluded individual or company; and
- Failing to properly oversee contractors, subcontractors, agents, and independent contractors.

I. Internal Audits

Ongoing evaluation is critical in detecting non-compliance and will help ensure the success of Agency's Compliance Program. An ongoing auditing and monitoring system, implemented by the CO and in consultation with the CC, is an integral component of our auditing and monitoring systems. This ongoing evaluation shall include the following:

- Review of relationships with third-party contractors, specifically those with substantive exposure to government enforcement actions;
- Compliance audits of compliance policies and standards; and
- Review of documentation and billing relating to claims made to federal, state, and private payers for reimbursement, performed internally or by external consultants who have expertise in state and federal compliance requirements

³ These Compliance Risk Areas include the areas identified in 18 NYCRR Part 521, including: (1) billings; (2) payments; (3) ordered services; (4) medical necessity; (5) quality of care; (6) governance; (7) mandatory reporting; (8) credentialing; (9) contractor, subcontractor, agent, or independent contractor oversight; and (10) other risk areas that are or should reasonably be identified by the Agency through its organizational experience.

and applicable laws, rules and regulations, or have expertise in the subject area of the audit, as determined by CO and CC.

The audits and reviews will examine the Agency's compliance with specific rules and policies through on-site visits, personnel interviews, general questionnaires (submitted to employees and contractors), and consumer record documentation reviews and shall focus on the Compliance Risk Areas described in this Compliance Plan. The results of all internal or external audits, or audits of Agency conducted by the State or Federal government, shall be reviewed for Compliance Risk Areas that can be included in updates to Agency's Compliance Program and compliance work plan.

The design, implementation, and results of any internal or external audits shall be documented, and the results shared with the CC and the Board of Directors. Any overpayments identified shall be reported, returned, and explained in accordance with applicable laws and regulations and Agency shall promptly take corrective action to prevent recurrence.

II. Plan Integrity/Annual Compliance Program Review

Agency shall develop and undertake a process for reviewing, at least annually, whether Compliance Program requirements under applicable federal and state laws and regulations have been met. The purpose of such reviews shall be to determine the effectiveness of Agency's Compliance Program, and whether any revisions or corrective action is required. Agency shall document the design, implementation and results of the effectiveness review, and any corrective action implemented. The results of Compliance Program reviews shall be shared with the CEO, senior management, CC, and the Board. Steps to ensure the integrity of the CP will include:

- Annual review by the CO, CC, external auditors, or other staff designated by Agency, in consultation with legal counsel, as appropriate, of all records of communications and reports by all employees, contractors, and Board members maintained in accordance with this Plan. Any individuals carrying out such reviews shall have the necessary knowledge and expertise to evaluate the effectiveness of the components of the Compliance Program they are reviewing and be independent from the functions being reviewed. The review should include on-site visits, interviews, review of records, surveys, or any other comparable method Agency deems appropriate, provided that such method does not compromise the independence or integrity of the review.
- The CO will be notified immediately in the event of any visits, audits, investigations, or surveys by any federal or state, or county agency /authority. The CO shall immediately receive a photocopy of any correspondence from any regulatory agency charged with licensing Agency and/or administering a federally or state-funded program or County-funded program with which Agency participates that addresses mandatory requirements, regulatory change or is related to visits, audits, investigations or surveys.
- Establishment of a process detailing ongoing notification by the CO to all appropriate personnel of any changes in laws, regulations, or policies, as well as appropriate training to assure continuous compliance.

Detection and Response

I. Violation Detection

Upon detection of potential compliance risks and compliance issues, whether through reports received or as a result of auditing, the CO or their designee shall take prompt action to investigate the conduct in question and determine, in consultation with the CC as necessary, what, if any, corrective action is required, and likewise promptly implement such corrective action.

Where appropriate, the matter shall be referred to legal counsel who, after review shall advise the Corporate Compliance Officer of the appropriate action and investigation procedure. Where appropriate, legal counsel with the assistance of the CO shall direct a more detailed investigation.

Agency shall document its investigation of the compliance issue which shall include any alleged violations, a description of the investigative process, copies of interview notes and other documents essential for demonstrating that Agency completed a thorough investigation of the issue. An investigation may include, but is not limited to, the following:

- Interviews with individuals having knowledge of the facts alleged;
- A review of documents; and
- Legal research and contact with governmental agencies for the purpose of clarification.

If advice is sought from a governmental agency, the request and any written or oral response shall be fully documented. Agency shall document any disciplinary action taken and the corrective action implemented.

II. Reporting

At the conclusion of an investigation a report shall be issued by the investigating individual or body. Where appropriate, this report may be prepared by Legal Counsel. The report will be distributed to the Chief Executive Officer, the Compliance Committee, and, if prepared by legal counsel, the CO; and will summarize findings, conclusions, and recommendations and, where appropriate, will render an opinion as to whether a violation of the law has occurred.

If appropriate, the report will be reviewed with legal counsel in attendance and any additional action will be made on the advice of counsel.

The CO shall report to the CC regarding each investigation conducted.

III. Rectification

Agency cannot retain any overpayments. If the Agency identifies that an overpayment was received from any third party payer, the appropriate regulatory (funder) and/or prosecutorial (attorney general/police) authority will be appropriately notified with the advice and assistance of counsel. In instances where it appears an affirmative fraud may have occurred, appropriate amounts shall be returned after consultation and approval by involved regulatory and/or prosecutorial authorities. Systems shall also be put in place to prevent such overpayments in the future.

IV. Record Keeping

Regardless of whether a report is made to a governmental agency, the CO shall maintain a record of the investigation, including copies of all pertinent documentation. This record will be considered confidential and privileged and will not be released without the approval of the Compliance Officer, Chief Executive Officer or legal counsel.