

Maricopa Integrated Health System Administrative Policy & Procedure

Effective Date: 01/10

Reviewed Dates: 11/11, 02/17, 09/18

Revision Dates: 08/05, 02/08, 01/10, 02/17

Policy #: 01104 S

Policy Title: Compliance: Compliance Reporting

Scope: [] **District Governance (G)**
[X] **System-Wide (S)**
[] **Division (D)**
[] **Multi-Division (MD)**
[] **Department (T)**
[] **Multi-Department (MT)**

Purpose:

The Maricopa Integrated Health System (MIHS) Chief Compliance Officer is responsible for coordinating the investigation of actual or potential compliance violations. This policy is established to ensure a consistent process for conducting such compliance investigations.

Policy:

- The Chief Compliance Officer shall respond to compliance issues and concerns in a timely and consistent manner, seeking to discover the specific facts and circumstances while maintaining confidentiality to the extent legally permissible.
- The Chief Compliance Officer shall maintain documentation of the steps taken to investigate and resolve compliance issues.
- At the discretion of the Chief Compliance Officer, Legal Counsel will be notified of compliance violations that involve potential criminal liability or potential substantial civil liability to MIHS.
- Nothing in this Policy and Procedure in any way waives, limits or nullifies any legal defense, right or legal remedy to which MIHS is entitled under any existing applicable laws, statutes or regulations.

Procedure:

1. Because of their unique circumstances, compliance issues and concerns vary significantly according to scope, complexity and severity. At the direction of the Chief Compliance Officer, investigations of compliance issues and concerns may be conducted by a number of entities, including but not necessarily limited to: Compliance Office staff; Human Resources; the department in which the compliance issues or concerns may have occurred; or, with the approval of the Chief Compliance Officer and the CEO, after discussion with Legal Counsel, external investigators, i.e. non-MIHS investigators, deemed necessary to maintain the objectivity and integrity of an investigation.
2. Compliance issues and concerns involving Compliance Office staff, other than the Chief Compliance Officer, shall be referred immediately to the Chief Compliance Officer for investigation. Compliance issues or concerns involving the Chief Compliance Officer shall be referred immediately to the CEO, or Legal Counsel as determined by the CEO.
3. Upon receipt of compliance issues or concerns, the Chief Compliance Officer shall:
 - a. As deemed necessary by the Chief Compliance Officer, report the investigation of actual or potential violations of criminal, civil or administrative law to the CEO, and Legal Counsel. This includes discussion of violations that may require self-reporting to third party law enforcement and/or regulatory agencies.
 - b. Coordinate a Plan of Action to include: scope and objectives of the investigation; the person or entity designated to complete the investigation; the timeframe for the completion of the investigation; a schedule for timely submission of information to the Office of Compliance; responsibilities of any managers or supervisors charged with overseeing the investigation; type and extent of documentation required, including adherence to MIHS Records Retention Schedule; and confidentiality requirements.
4. **Internal Investigations.** MIHS staff assigned to investigating a compliance issue or concern shall review the referral and determine if additional information is needed to develop the investigative plan outlined by the Chief Compliance Officer. If additional information is required to investigate the issue or concern effectively, the following actions shall be taken:
 - a. If identified, the reporting party and/or other responsible/knowledgeable persons will be contacted to obtain such information.
 - b. If the identity of the reporting party is unknown and other responsible/knowledgeable persons cannot be identified, the issue or concern will be returned to the Chief Compliance Officer to determine what, if any, further action is required. Until additional needed information about the issue or concern becomes known to the Compliance Office, the investigation will be documented as "suspended".
 - c. Upon completion of the investigation, assigned staff shall report to the Chief Compliance Officer whether or not the compliance issue or concern was substantiated by the investigation and what, if any, actions were taken or are

planned to resolve the issue or concern. The post-investigation report shall be submitted to the Chief Compliance Officer in written form.

- d. All recommendations involving disciplinary actions of employees shall be referred to Human Resources.
5. **External Investigations.** If approved by the CEO and the Chief Compliance Officer, with concurrence from Legal Counsel, external investigators may be used to inquire into compliance issues and concerns. If such investigators are used, they shall:
 - a. Develop and submit to the Chief Compliance Officer, for approval, a Plan of Investigation consistent with the compliance issue or concern outlined by the Compliance Officer.
 - b. Complete the investigation within the timeframe established by the Chief Compliance Officer.
 - c. Report the findings of the investigation, including all required documentation, to the Chief Compliance Officer.
 6. **Privileged Investigations.** Investigations undertaken at the direction of legal counsel for the purpose of providing legal advice are protected pursuant to the attorney-client privilege. Either District Counsel or External Counsel can direct such investigations at the request of the CEO and the Chief Compliance Officer. Counsel shall determine whether compliance investigations are protected by the attorney-client privilege.

Documentation

1. The Chief Compliance Officer shall maintain a log of all compliance issues raised to it. The log will include all information deemed necessary by the Chief Compliance Officer to track and report all concerns about non-compliance. In all cases, the documentation will include a summary of the action to be taken to investigate and/or address all compliance issues raised.
2. The Chief Compliance Officer shall provide a summary report of the compliance issues to the Finance, Audit and Compliance Committee (FACC) and the Board of Directors on a periodic, but not less than quarterly, basis.

References:

**MIHS Policy & Procedure - Approval Sheet
(Before submitting, fill out COMPLETELY.)**

POLICY RESPONSIBLE PARTY: Chief Compliance Officer

DEVELOPMENT TEAM(S):

Policy #: 01104 S

Policy Title: Compliance Reporting

e-Signers: L.T. Slaughter, Chief Compliance Officer

Place an X on the right side of applicable description:

New -

Retire -

Reviewed - 09/18

Revised with Minor Changes -

Revised with Major Changes -

Please list revisions made below: (Other than grammatical changes or name and date changes)

Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):

Committee: System-wide P&P	09/18
Committee:	00/00
Committee:	00/00
Reviewed for EPIC:	00/00
Other:	00/00
Other:	00/00
Other:	00/00