



DOCUMENT TITLE: Corporate Compliance Investigative Resolution Process and Principles of Investigation	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: 800.06	CATEGORY: Compliance and Ethics
System Approval Date: 07/22/2025❖	Origination Date: 05/2004
Site Implementation Date: 07/22/2025❖	Previously Reviewed/Approved: 01/2025
Prepared by: Office of Corporate Compliance	Notations:

GENERAL STATEMENT of PURPOSE

The purpose of this document is to establish a culture within the organization that promotes prevention, detection, and resolution of fraud, waste and abuse and other unethical conduct. Pursuant to Northwell Health policy, team members are encouraged to report compliance-related problems and concerns. The Office of Corporate Compliance is responsible for investigating and otherwise responding to compliance-related issues that are raised by team members and/or other individuals and that become known to the Office of Corporate Compliance by other means. This policy establishes a framework for investigating compliance related issues, as appropriate, through the Corporate Compliance Investigations Committee. It further sets forth underlying investigative principles and processes that guide the Office of Corporate Compliance in its work to ensure that Northwell Health is following its policies and procedures and complying with all relevant state and federal laws governing health care.

POLICY

1. The Chief Corporate Compliance Officer is responsible for coordinating compliance related issues. Team members and/or other individuals shall not be discouraged from using any available communication channel to report compliance related concerns. However, where appropriate, team members who report non-compliance related issues will be redirected to the appropriate department representative.
2. Retaliation against and/or intimidation of any employee or other individual who makes a good faith report of an actual or potential compliance issue or who assists, participates or otherwise is involved in the investigation and/or resolution of a compliance related issue are strictly prohibited. Any individual who engages in any such conduct will be subject to disciplinary action up to and including termination of employment. See also, *Northwell Health Policy 800.01 - Non-Intimidation and Non-Retaliation Policy*.

3. The Chief Corporate Compliance Officer is responsible for the Corporate Compliance Program. Issues related to the operation of the Corporate Compliance Program should be referred directly to the Chief Corporate Compliance Officer/designee.
4. Corporate Compliance will conduct investigations with honesty, integrity, and respect. To the extent practical, information provided to the Chief Corporate Compliance Officer/designee, shall be kept confidential.
5. Corporate Compliance Investigations Committee shall be used to assist in responding to compliance issues as deemed appropriate by the Chief Corporate Compliance Officer/designee.
6. Disciplinary action in response to compliance violations are enforced fairly and consistently across all levels of personnel.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility; and any other Affected Individual.

DEFINITIONS

Affected Individuals: “Affected Individuals” is defined as all persons who are affected by Northwell Health’s risk areas including, but not limited to, Northwell Health’s employees, the chief executive and other senior administrators, managers, medical staff members, contractors, agents, subcontractors, independent contractors, and governing body and corporate officers.

PROCEDURE

Compliance Related Inquiries and Issues:

Compliance related inquiries and issues reported to the Office of Corporate Compliance shall be recorded in the tracking database, which is maintained by the Chief Corporate Compliance Officer/designee.

1. Calls and online reports received by the Employee HelpLine will be handled in accordance with *Northwell Health Policy #800.08 – Corporate Compliance HelpLine*.
2. Issues received by the Office of Corporate Compliance that are determined to be exclusively non-compliance related will be referred to the appropriate department. That department shall be responsible for the resolution of the issue(s). Such referrals will be noted in the Compliance tracking database. At a minimum, the inquiring individual will be assisted in their efforts to report a compliance or non-compliance related concern.
3. Complaints alleging intimidating and disruptive behavior by a physician shall be handled in

accordance with the Medical Staff Policy on Professionalism.

4. Issues received by the Office of Corporate Compliance that contain insufficient information to investigate will be closed. Such closures will be noted in the Compliance tracking database.
5. When the Chief Corporate Compliance Officer determines that a compliance related issue requires preliminary review, the Chief Corporate Compliance Officer/designee, will conduct an initial inquiry, which may include document review, interviews or other investigative techniques. The Chief Corporate Compliance Officer/designee shall involve employees as necessary and appropriate in order to investigate and resolve the issue. The Chief Corporate Compliance Officer/designee also may use the Corporate Compliance Investigation Committee or similar committees at individual facilities as necessary.
6. When the Chief Corporate Compliance Officer/designee determines that an issue requires legal consultation, the Chief Corporate Compliance Officer/designee shall consult with the Office of Legal Affairs.
7. To the extent applicable, the Chief Corporate Compliance Officer/designee shall ensure, to the extent possible, that the following objectives are accomplished:
 - Inform the complainant about the status of the complaint;
 - Notify appropriate internal parties;
 - Identify cause of problem, desired outcome, affected parties, applicable guidelines, possible regulatory or financial impact;
 - Establish the expectation that Affected Individuals will act in accordance with Northwell Health's Code of Ethical Conduct, that such individuals may refuse to participate in unethical or illegal conduct, and that such individuals must report any unethical or illegal conduct to the Office of Corporate Compliance.
 - Provide a summary of findings and recommendations;
 - Determine and report the necessary corrective action measures (e.g., policy changes, operational changes, system changes, training/ education) which include assigned implementation dates; and
 - Follow-up with confirmation of implementation of corrective action plan.
8. Throughout the investigative process the Chief Corporate Compliance Officer/designee shall ensure, to the extent, possible, that the following investigative principles/standards of conduct are followed:
 - To uphold a high-standard of integrity and ethics;
 - To objectively assess each report without any personal bias or conflict;
 - To act within the best interests of Northwell Health;
 - To comply with all applicable laws, regulations, and organization policies;
 - To work in conjunction with other departments (where appropriate);
 - To respect the rights of all investigative participants;
 - To maintain the confidentiality of persons reporting compliance issues unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit, U.S. Department of Health and Human Services (HHS), Office for Civil Rights, HHS, Office of Inspector General, Office of Medicaid Inspector General or law enforcement, or disclosure is required during a

legal proceeding, and such persons shall be protected under Northwell's policy for non-intimidation and non-retaliation. Violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and in the Bylaws, Rules and Regulations of the Medical Staff and an Affected Individual's contract with Northwell Health.

- To safeguard the information collected during the course of the investigation;
 - To establish the expectation that Affected Individuals will act in accordance with Northwell Health's Code of Ethical Conduct, that such individuals may refuse to participate in unethical or illegal conduct, and that such individuals must report any unethical or illegal conduct to the Office of Corporate Compliance;
 - To assess any claims of reported retaliation and/or intimidation; and
 - To reach a conclusion based upon truth and fact.
9. The Office of Corporate Compliance shall maintain all records of inquiries, issues and investigations in the Compliance tracking database. Paper records shall be housed in a secure location. The documentation of an 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 the required provider may retain outside experts, auditors, or counsel to assist with the investigation. Documentation of the investigation will also include any disciplinary action taken and the corrective action implemented. If Northwell identifies credible evidence or credibly believes that a State or Federal law, rule or regulation has been violated, the required provider shall promptly report such violation to the appropriate government entity, where such reporting is otherwise required by law, rule or regulation. The compliance officer shall receive a copy of any reports submitted to governmental entities.

Corporate Compliance Investigation Committee

1. The Corporate Compliance Investigation Committee is a component of the Corporate Compliance Program and meets on a periodic basis as needed to address investigatory matters.
 - a. The Corporate Compliance Investigation Committee is comprised of representatives of the following departments:
 - Internal Audit;
 - Corporate Security;
 - Corporate Human Resources;
 - Enterprise Digital Services;
 - Research Compliance;
 - Corporate Compliance; and
 - Legal Affairs
 - b. The Corporate Compliance Investigation Committee will investigate compliance related issues including, but not limited to, the following areas:
 - Theft of assets;
 - Suspected criminal activity;
 - Identity Theft;
 - Fraud, Waste and Abuse; and
 - Privacy and Security

- c. The members of the Corporate Compliance Investigation Committee assigned to the issue will investigate it, as appropriate, and report back to the Chief Corporate Compliance Officer/designee and to the other members of the Committee.
- d. The members of the Corporate Compliance Investigation Committee shall involve employees, as necessary and appropriate, in order to resolve issues.
- e. In addition, parties of the Investigation Committee meet periodically to discuss individual investigation matters.
- f. If applicable, the Corporate Compliance Investigation Committee shall ensure, to the extent possible, that the following objectives are accomplished:
 - Inform the complainant about the status of the complaint;
 - Notify appropriate internal parties;
 - Identify cause of problem, desired outcome, affected parties, applicable guidelines, possible regulatory or financial impact;
 - Provide a summary of findings and recommendations; and
 - Determine and report the necessary corrective action measures (e.g., policy changes, operational charges, system changes, training/education).

REPORTING AND ENFORCEMENT

- All violations of this policy shall be reported to the appropriate manager/supervisor/director or to the Office of Corporate Compliance (516-465-8097) for appropriate resolution of the matter. The HelpLine is available 24 hours a day, seven days a week at (800) 894-3226 or online at www.northwell.ethicspoint.com, is accessible to all Affected Individuals and allows for questions regarding compliance issues to be asked and for compliance issues to be reported. Reports of potential fraud, waste and abuse and compliance issues also may be made directly to the Chief Corporate Compliance Officer or designee in person, in writing, via email, mobile device via a QR code, or by telephone. All reports received by the Office of Corporate Compliance are investigated and resolved to the fullest extent possible. The confidentiality of persons reporting compliance issues shall be maintained unless the matter is subject to a disciplinary proceeding, referred to, or under investigation by Medicaid Fraud Control Unit, U.S. Department of Health and Human Services (HHS), Office for Civil Rights, HHS, Office of Inspector General, Office of Medicaid Inspector General or law enforcement, or disclosure is required during a legal proceeding, and such persons shall be protected under Northwell Health's policy for non-intimidation and non-retaliation. Violations of this policy will be subject to disciplinary action as outlined in the Human Resources Policy and Procedure Manual and *Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees*.



REFERENCES to REGULATIONS and/or OTHER RELATED POLICIES

- OMIG Compliance Program Guidance, Title 18 NYCRR, Part 521 (March 28, 2023)
- Northwell Health Policy #800.00 – Corporate Compliance Program
- Northwell Health Policy #800.01 – Non-Intimidation and Non-Retaliation Policy
- Northwell Health Policy #800.08 – Corporate Compliance HelpLine
- Northwell Health Policy #800.73 – Compliance Program Disciplinary Standards for Non-Employees
- Northwell Health Policy #100.76 – Professional Behavior
- Northwell Health Human Resources Policy and Procedure Manual, Part 5-4 – Workforce Conduct/Progressive Discipline

ATTACHMENTS

N/A

FORMS

N/A

<u>CURRENT REVIEW/APPROVALS:</u>	
Service Line/Department Review	07/03/2025
Northwell Health Policy Committee	07/22/2025❖
System PICG/Clinical Operations Committee	07/22/2025❖

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Approvals: * =Northwell Health Policy Committee; ** = PICG/Clinical Operations Committee; ✖ = Provisional; ❖ = Expedited

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