



POLICY SUBJECT:

EFFECTIVE DATE: 8/12/2011

*Addressing Inquiries and
Reported Claims*

*To be reviewed every three years by
Compliance & Ethics Committee*

Addressing Inquiries and Reported Concerns

POLICY: The Sound Physicians Compliance Department is responsible for responding to reported compliance questions and concerns. Initial reports are referred to as Inquiries. These concerns may be raised by Sound Physicians' providers, staff, contractors, and others. Inquiries may be received in writing, in person, or by telephone. This policy and the procedure set forth below concur the process for how the Compliance Department will process Inquiries in a timely manner.

PURPOSE: The purpose of this policy is to establish the Sound Physicians standards for receiving, investigating, and resolving reported compliance concerns.

PROCEDURE:

I. When an Inquiry is Received

When an Inquiry is received, Compliance Department personnel record the following:

- A. Author of Report
- B. Date of Report
- C. Identity of Reporter or Request for Anonymity
- D. Description of Inquiry
- E. Risk Level of Inquiry (see below)
- F. Action on the Inquiry
- G. Closure Date (e.g., the process into which the Inquiry is placed, the date resolved, including all relevant documentation.)

As appropriate, the individual receiving the Inquiry or making contact with the reporter explains the process for investigating and evaluating concerns to the individual making the Inquiry.

II. Communication of the Inquiry

The Compliance Director communicates the fact of an Inquiry so as to ensure that responsible parties are able to respond quickly to, and plan for, potential changes in clinical practices, documentation, or revenues. If an issue is specific to a Department or

location, the Chief will be notified. If the issue involves a Chief, the Regional Medical Officer (“RCMO”) will also receive notice. When an inquiry is assessed to be High Risk, the Compliance Director will promptly notify the CEO, President, General Counsel, the Chief Compliance Office (“CCO”), the RCMO, and to the Chair of the Ethics and Compliance Committee.

III. Options for Addressing Inquiries

Inquiries may be addressed through the following:

- A. Issuance of an advisory bulletin;
- B. Opening an investigation;
- C. Creation of a policy defining a business or compliance standard;
- D. Redirecting the Inquiry to a more appropriate Department (e.g., complaint regarding employment matters may be routed to Human Resources, etc.); and
- E. Other appropriate action, including voluntary disclosures to the enforcement officials and regulators.

IV. Risk Assessment of Potential Impact

When an Inquiry is received, the Compliance Director evaluates the Inquiry and assigns an initial risk assessment of potential impact based upon the facts known at the time. This initial risk assessment will be used to prioritize Compliance Department resources. Risk categories are defined as high, moderate and low. For those matters that are addressed more appropriately by another Department, the Compliance Department will document the Inquiry and communicate with the receiving Department and participate in follow up, as appropriate.

Level of Risk	Defining Elements	Estimated Timeline
High	<ul style="list-style-type: none"> • High volume billing activity, • Risk of damage to Sound Physician’s public image, • The issue is a recurring issue that was thought to have been adequately addressed in the past, • The evidence points to a potential systemic problem, or • May cause considerable disruption to the billing operations or clinical practice. 	<p>Resolution within 15 days, or focused review with written work plan.</p> <p>When an inquiry is determined to be high risk, immediate notice is provided to the CEO, President, General Counsel, CCO, RCMO, Chair of the Ethics and Compliance Committee.</p>
Moderate	<ul style="list-style-type: none"> • There is no information substantiating a systemic concern, • The issue has not been the subject of prior compliance activity, or • Existing controls currently mitigating risk. 	Resolution within 30 days, or focused review with written work plan.
Low	<ul style="list-style-type: none"> • Low or infrequent volume of billing activity, 	Resolution within 60 days, or focused review with written

	<ul style="list-style-type: none"> • The information indicates an isolated event with no evidence of ongoing risk, or • Historical issue because of system or practice change. (*Note, depending on the nature of the Inquiry, a historical issue could also be of moderate or high risk). 	work plan.
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As the review progresses, Compliance Director may revise the risk assessment as appropriate. Timelines may require adjustments to assure that compliance issues are thoroughly resolved.

V. Escalation when barriers are present

Irrespective of the lack of risk assigned to the matter, if the Compliance Director is not able to advance a compliance investigation or resolution in a timely manner because of delay or other barriers, the Compliance Director will elevate the matter to the CCO and the RCMO. These individuals will review the matter, collect information directly from those involved in the perceived delay or barrier, and resolve the dispute in a manner that supports the investigation and timely resolution of the matter.