

Investigation of Reported Incidents & Complaints

Effective Date: 10/24/2017

Draft/Review Date: 10/24/2017

Policy

- A. It is the policy of the ACO to fully investigate any reported violations of the ACO's policies and complaints raised by Beneficiaries. Any actual violations will be mitigated, and the violating party will be disciplined as appropriate based on the nature of the violation. All complaints will be investigated, and the appropriate action will be taken to mitigate or eliminate any negative outcomes.

Applicability

This policy and procedure applies to all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities.

Procedure

- A. Any individual may submit reports of noncompliance and/or complaints. Such reports or complaints may be made via any reasonable or appropriate method (e.g., mail/email, phone, fax, or walk-in).
- B. The Compliance Hotline number is posted in various locations throughout the common and meeting areas of the facilities, and is also included on the ACO website. This number may be used to anonymously report suspected violations or complaints.
- C. Quality of Care issues are referred to the Quality Improvement and Care Coordination ("QICC") Subcommittee for review and a plan is established for improvement. Quality of Care issues should be reviewed at a high level without discussing specifics of the individual involved.
- D. The findings and any corrective measures are reported to the appropriate leadership staff, the QICC Subcommittee, the Executive Director (ED), and the Governing Body.
- E. An entry will be created in the Compliance Log.
- F. The Compliance Officer, or his/her designee, will interview all appropriate individuals to determine the relevant facts.
 1. All interviews will be confidential in nature, and will be documented as appropriate.
 2. Where possible, a signed statement will be taken after the interview.
- G. The Compliance Officer, or his/her designee, will determine whether a violation of the ACO's policies has occurred.
 1. If the Compliance Officer, or his/her designee, determines that a violation has occurred, and the offending individual is performing functions or services related to the ACO's activities, the Compliance Officer will:
 - i. Notify the Governing Body.

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- ii. Work with the individual's Supervisor to determine the appropriate response. This response may require disciplinary action up to and including termination, and/or additional training for the individual.
 - H. Once all relevant facts are known, the Compliance Officer, or his/her designee, will determine whether a Reportable Breach (as defined in the Breach Response Plan Policy) has occurred.
 1. If a Reportable Breach has occurred, the Compliance Officer will follow the steps outlined in the Breach Response Plan Policy.
 - I. After all appropriate steps are taken; the incident will be closed in the Compliance Log.

Reporting

- A. N/A

Related Documentation

- A. 45 CFR § 425.300(a)(2)
- B. ACO Terms & Definitions Policy
- C. Breach Response Plan Policy
- D. Reporting Probable Violations of Law Policy