



Investigation of Compliance Violation Reports

Subject: Responding to Compliance Issues

Policy Number: BPS RCI-003

PURPOSE

The purpose of BPS RCI-003 is to provide (1) a statement of Bluestone's (BPS) policy with respect to its investigation of reports of suspected non-compliance, and (2) procedures to ensure that Bluestone's practices are consistent with its stated policies.

SCOPE

This policy applies to all *covered persons of Bluestone Physician Services, P.A., Bluestone National, LLC, and Bluestone Physician Services Wisconsin, and its subsidiaries and affiliates, (collectively, Bluestone Physician Services (BPS)).

DEFINITION

*Covered persons means: (a) all owners who are natural persons, officers, board members, and employees of Provider; (b) all contractors who furnish patient care items or services or perform billing or coding functions on behalf of Provider; and (c) all physicians and other non-physician practitioners who are members of Provider's active medical staff.

POLICY

BPS shall appropriately investigate reports of any suspected noncompliance with applicable laws or regulations, the Compliance Plan, Bluestone Code of Conduct, Policies and Procedures, or other applicable requirements, and document the findings of those investigations.

PROCEDURE

A. Preliminary Evaluation.

1. Upon receipt of a report concerning a compliance-related review, a Confidential Compliance report, or other information suggesting a possible compliance issue, the



Investigation of Compliance Violation Reports

Subject: Responding to Compliance Issues

Policy Number: BPS RCI-003

BPS Compliance Officer (or his/her designee) shall record the information in the Compliance tracking system.

2. The Compliance Officer (or his/her designee) must (a) make a preliminary, good faith inquiry into all reported allegations of non-compliance with applicable laws or regulations, the Compliance Program, Bluestone Code of Conduct, Policies and Procedures, or other applicable requirements, and (b) determine whether further review is necessary. If the Compliance Officer determines that no additional review is necessary, this decision shall be documented (with a brief explanation for the determination) in the Compliance tracking system.

3. For any disclosure that is sufficiently specific so that it (a) reasonably permits a determination of the appropriateness of the alleged improper practice, and (b) provides an opportunity for taking corrective action, the Compliance Officer shall conduct an internal review of the allegations set forth in the disclosure and ensure that proper follow-up is conducted, as set forth below.

B. Investigators.

1. The internal investigation of suspected non-compliance shall be initiated and overseen by the Compliance Officer. The Bluestone Compliance Committee shall be available to provide assistance to the Compliance Officer, as needed.

2. Depending on the nature and severity of the suspected non-compliance, the Compliance Officer may utilize outside legal counsel to assist in conducting an internal investigation.

C. Investigation. In conducting an internal investigation, investigators shall, as necessary:

1. take steps to secure, and prevent the destruction of, documents and other evidence relevant to the investigation;

2. review relevant documents;

3. review all applicable policies, procedures, laws, and regulations;

4. interview persons with relevant information; and



Investigation of Compliance Violation Reports

Subject: Responding to Compliance Issues

Policy Number: BPS RCI-003

5. take all reasonable and necessary steps to stop any ongoing misconduct.

D. Documentation.

1. Upon conclusion of the investigation, written documentation will be prepared by the Compliance Officer (or his/her designee) that includes:

- a. the nature of the problem;
- b. the investigation scope and procedures;
- c. consistent with policy, the identity of the persons involved and the degree of culpability of said individuals; and
- d. any findings and recommended corrective actions, discipline, or programmatic corrections.

2. BPS shall maintain written reports, copies of any work papers, interview notes, and any other key documents related to the investigation in Compliance Program files, consistent with the BPS document retention policy.

3. In connection with any internal investigation, BPS shall maintain in a confidential and secure fashion any documents, whether electronic or hard copy, that are attorney-client communications or covered by the attorney work-product privilege. Any such documents should be appropriately labeled or stamped as attorney-client privileged or attorney work product and maintained consistent with the BPS document retention policy. However, failure to label such documents in this manner will not mean the documents are not protected under the attorney-client privilege or attorney work-product doctrine.

ENFORCEMENT

All staff whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination.



Investigation of Compliance Violation Reports

Subject: Responding to Compliance Issues

Policy Number: BPS RCI-003

Related Policies and Procedures

- [BPS Code of Conduct](#)
- [BPS CMO- 002](#) - Reporting Suspected Non-Compliance, Subject: Compliance Monitoring & Oversight
- [BPS RCI-001](#) - Responding to Compliance Issues, Subject: Responding to Compliance Issues
- [BPS HE-004](#) - Duty to Report Suspected Non-Compliance, Subject: Hiring, Employment, & Contracting

RESOURCES

[1] 42 C.F.R. 425.300.

[2] The OIG provides detailed compliance program advice, including "best practices" at its website, www.oig.hhs.gov/compliance , including specific advice for separate types of entities. A review of compliance guidance posted here should regularly be undertaken to ensure a complete, up-to-date understanding of compliance requirements.

[3] 42 C.F.R. 425.314.

[4] Established under Section 3022 of the ACA, amending Title 18 of the Social Security Act by adding Section 1899, et seq.

[5] 76 Fed. Reg. 19528 (April 7, 2011), 76 Fed. Reg. 67802 (Nov. 2, 2011), 79 Fed. Reg. 72760(Dec. 8, 2014), 80 Fed. Reg. 32692 (June 9, 2015), and 81 Fed. Reg. 37950 (June 6, 2016).

[6] Located at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/index.html?redirect=/sharedsavingsprogram/> .



Investigation of Compliance Violation Reports

Subject: Responding to Compliance Issues

Policy Number: BPS RCI-003

Approval History

Date (MM/YYYY)	Stakeholders	Name/Title
10/2/24	Exec. Compliance Committee	

Revision History

Date (MM/YYYY)	Revisions	Name/Title	Version
8/7/24	DRAFT	Nanc MacLeslie, Compliance Team	DRAFT
10/2/24	Approved	ECC	1

1

¹ Prepared at the direction, request, and in furtherance of the purposes of a review organization and any and all information and documentation prepared in furtherance of this policy is confidential and should not be shared outside of Bluestone Physician Services or its Affiliates. Protected under Wis. Stat. 146.38 and Minn. Stat. 145.61et seq. and FL Stat 766.101. The information contained herein is provided for informational purposes only and does not constitute legal, medical, or professional advice. Further, these policies and procedures are subject to change without prior notice, and Bluestone makes no representation to reliance on users of outdated information. Users should check back here for updates regularly.