



Policy & Procedure

CORPORATE COMPLIANCE PROGRAM
INVESTIGATION AND CORRECTION OF CENTER-LEVEL REPORTS OF NON-COMPLIANCE WITH LAWS AND REGULATIONS

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FUNCTION	Administration
NUMBER	VI.F
ISSUED	June 2000
REVISED	1/06; 12/13

PURPOSE

- To provide procedure for center-level investigation and correction of reported instances of possible non-compliance with federal, state or local laws and regulations

POLICY

The Evangelical Lutheran Good Samaritan Society shall strive to remain in compliance with all applicable federal, state and local laws and regulations and shall take reasonable steps to investigate indications of non-compliance with such laws and regulations and to correct identified instances of non-compliance that may include the return to the government any health program payments which can reasonably be determined to have been paid inappropriately.

PROCEDURE

Employees who have a concern that the Society may not be meeting government compliance standards shall notify their supervisor, the center's administrator, the corporate compliance officer and/or report the concern through the Society's Compliance Hotline.

When center-level compliance concerns are identified through the center-level or National Campus monitoring processes, the corporate compliance officer in consultation with the center administrator and/or director of operations will determine whether a concern represents an isolated incident [which can be remedied by additional training for the employee(s) involved], or indicates a possible system-wide problem.

Possible system-wide problems at the center level may be addressed through the Continuous Quality Improvement (CQI) process described in our **QUALITY MANUAL**. Where appropriate, this may involve the Quality Assurance/Continuous Quality Improvement (QA/CQI) Committee. Examples of compliance concerns typically addressed by the center QA/CQI Committee include, but are not limited to, OBRA survey-related issues, resident-care issues, health information privacy or security issues (HIPAA), routine claims payment adjustments, and/or pre-billing and pre-payment MDS accuracy.

Possible system-wide compliance problems requiring more confidential investigation (e.g. to protect identities or situations best addressed only by those most closely involved) should be addressed with the corporate compliance officer. The corporate compliance officer may enlist the cooperation of others (e.g., director of operations, department directors, National Campus consultants) to help investigate and correct identified problems.

The administrator and/or director of operations should consult the corporate compliance officer prior to initiating an investigation whenever reports of non-compliance involve:

1. possible repayment of government funds (other than routine billing adjustments);
2. possible federal and/or state healthcare program fraud and abuse violations; or
3. false or inaccurate information being given directly to a government agency (e.g., cost report information, billing or claims information other than routine adjustments).

The administrator, with the guidance from the corporate compliance officer, may appoint a team to assist in investigating the alleged non-compliance.