**Compliance Program Policy & Procedure Template**

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| **SUBJECT**:  Investigations | **EFFECTIVE DATE**: | **REVISION DATE**: |
| **APPROVAL**: | **DATE**: |  |

**PURPOSE:** To establish a consistent approach to investigating and reporting inquiries/allegations involving the Medicare Program.

**POLICY:**  (“the Company”) shall conduct a timely, reasonable investigation into any situation where evidence suggests that there has been misconduct related to payment or medical services. All inquiries/allegations plans are investigated and brought to a logical resolution within a timely manner.

Any inquiries/allegations that involve Medicare are considered potentially high risk to the company and are to be brought to the attention of the Company’s Compliance Officer immediately upon identification.

Inquiries/allegations are identified through various means including the Compliance Hotline.

**PROCEDURE:**

1. The Company will promptly investigate any situation where evidence suggests that there has been misconduct related to Medicare plans.
2. The staff member investigating the case investigates the specific issues cited in the allegation and, in doing so, may contact other departments, e.g., human resources, department management, audit services, special investigations, legal, etc., as appropriate, to best establish the facts of the inquiry/allegation.
3. Upon conclusion of the investigation, the staff member will provide his/her investigative findings to the Company’s Compliance Officer.
4. Cases are reviewed to identify trending that may necessitate a process change.
5. Appropriate corrective action will be taken in response to potential violations.
6. A tracking log will be made available to CMS, IHP ACO, the applicable sponsor or their designee upon request.