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Applicability:	Edward Elmhurst Health System (All Locations)

Potential Compliance Issues – Reporting, Investigation and Corrective Action, CMPR_G001

Policies and procedures are guidelines and are not a substitute for the exercise of individual judgment. .

Purpose / Policy Statement:

To foster a just culture and environment of open communication that encourages individuals to report concerns or suspected problems without retaliation or harassment, the purpose of this policy is to establish a process to report, investigate and implement corrective action for potential compliance issues. This policy supplements the System's Human Resources policies, Corporate Compliance Program and Standards of Conduct/Code of Conduct.

Definitions:

Downstream Entity: Any party that enters into an acceptable written arrangement below the level of the arrangement between a Medicare Advantage organization and a first tier entity.

First Tier Entity: Any party that enters into a written arrangement with a Medicare Advantage organization to provide administrative or health care services for a Medicare eligible individual.

Lead Investigator/Investigating Department: An individual from the Legal, Human Resources, or Corporate Compliance Departments and others as designated responsible for triaging and investigating the Potential Compliance Issue and implementing and monitoring corrective action if necessary. Because of the many situations or problems which are possible, the process and method of investigation is left to the sound judgment and discretion of the Lead Investigator who will seek appropriate counsel. The Lead Investigator is responsible for informing the appropriate Vice President(s) and the President as appropriate. Compliance issues related to Sentinel Events and Patient Complaints/Grievances will be investigated according to this policy.

Overpayment: The amount of money the System has received in excess of the amount due and payable under any Federal health care program requirements

Potential Compliance Issue: any of the following which may be the result of an isolated issue or a systemic problem –

- a matter that a reasonable person would consider a probable violation of the criminal, civil, or

administrative laws applicable to any Federally funded health care program, or

- a violation of the obligation to provide items or services of a quality that meets professionally recognized standards of health care, or
- any other suspected violation of the Code of Conduct/Standards of Conduct, System policies and procedures, or laws and regulations relating to Federally funded health care programs or otherwise.

For purposes of this policy, Potential Compliance Issues will include but are not limited to the issues listed on the "Examples of Reportable Potential Compliance Issues" (Exhibit A).

Compliance Hotline: is operated by a third party company which is in the business of providing anonymous, toll-free telephonic answering, reporting and tracking of telephone calls of compliance concerns. This Hotline is an integral component of the Edward-Elmhurst Healthcare Corporate Compliance Program ("Compliance Program") and is designed to assist in the identification of possible unethical, illegal or questionable behavior by employees, Board Members, physicians, individuals or organizations with whom the System does business.

OIG: the Department of Health & Human Services Office of Inspector General.

Procedure:

I. REPORTING POTENTIAL COMPLIANCE ISSUES

A. *Responsibility and Procedure for Reporting Issues*

Individuals are encouraged to report Potential Compliance Issues immediately upon discovery or notification of the same either in writing, online or verbally. Reporting can be made by following the Chain of Command (i.e. supervisor, department director or designee) or contacting one of the Lead Investigating Departments, the Hotline (web entry or phone call) or through the online safety event reporting system found on the Intranet (privacy and information security events). To the extent possible, the System will protect the identity of the individual making the report, disclosing the identity only if necessary and appropriate in the conduct of the investigation. (See Exhibit B for a description of the process followed when Hotline calls are received). Any Individual who receives a report of a Potential Compliance Issue is expected to immediately forward the report to a Lead Investigating Department.

B. *Anonymity*

Every effort will be made to respect and implement requests by reporting individuals for anonymity. Individuals involved in or responding to the investigation will refrain from seeking the identity of the reporting individual through independent questioning, investigation or otherwise, unless such information is necessary in order to resolve the reported concern

C. *Retaliation*

Retaliation against an individual reporting a Potential Compliance Issue is prohibited. If an employee believes that he or she is being subjected to retaliation or harassment based on reporting a concern, he or she should contact Human Resources or the Corporate Compliance Department. An investigation will be conducted and appropriate action taken.

D. *Questions about Potential Compliance Issues*

Questions regarding whether a concern represents a Potential Compliance Issue should be directed to an employee's immediate supervisor, one of the Lead Investigating Departments or the Hotline. Exhibit A is a list of examples of Potential Compliance Issues.

II. INVESTIGATION OF POTENTIAL COMPLIANCE ISSUES

- A. The Lead Investigating Department is responsible for coordinating the investigation of the alleged

situation or problem. In undertaking investigations, the Lead Investigator may utilize other employees, counsel, accountants and auditors or other consultants or experts for assistance or advice.

- B. The Lead Investigator or his/her designee, may:
1. conduct interviews with any employee and or other persons;
 2. may review any document or communication created or retained in any form including but not limited to those related to the billing and coding processes, patient records, quality reports, phone records, voicemail, e-mail, the contents of computers and electronic data in any form and may inspect any physical location/property owned or leased by the System.
- C. The initial purpose of the investigation is to determine if the report has merit. If the report has merit, further investigation will be conducted to identify:
1. those situations involving fraud or abuse, relevant violations or unacceptable conduct;
 2. individuals who may have knowingly or inadvertently caused or participated in such situations or may need further training and education;
 3. corrective action and to implement procedures necessary to ensure future compliance.
- D. The Lead Investigator will provide a report to his/her chain of command either in writing or verbally which:
1. defines the nature of the situation or problem;
 2. summarizes the investigation process;
 3. identifies any individuals whom the investigator believes to have acted deliberately or with reckless disregard or intentional indifference;
 4. estimates the nature and extent of the resulting overpayment by the government if any, and
 5. recommends corrective action and clearly assigns recommended responsibility for implementing corrective action.

III. IMPLEMENTING AND MONITORING CORRECTIVE ACTION AND REPORTING TO COMMITTEES OF THE BOARD OF TRUSTEES

The Lead Investigating Department is responsible for monitoring corrective action. Corrective action may include, but is not limited to, refunding payors, specialized training, process redesign, discipline for employees and termination of contract for non-employees. The extent to which monitoring is necessary is governed by the nature of the non-compliance. Refer to Exhibit C for the steps to be taken when the non-compliance requires reporting to third parties. Refer to Exhibit D for the steps to be taken when the non-compliance does not require reporting to third parties

The Lead Investigator and his/her supervisor will at their discretion share the report and the implementation status with the Compliance Officer and the Corporate Compliance Committee. Reports of investigations and the status of corrective action reported to the Compliance Department will be shared periodically as appropriate with the Corporate Compliance Committee or others as determined necessary.

EXHIBITS:

See below attachment for Exhibit A – EE Health Potential

Compliance Issues Reportable to Appropriate Department or Compliance Officer

EXHIBIT B

HOTLINE PROCESS

- A. All calls or online reports are received by the Hotline Company via a dedicated number or website which is publicized. To the extent possible and allowed by law, the anonymity of the reporter will be protected. The Hotline Company can be reached by calling 800-901-7422 or by submitting a report online using the following web address <https://www.integrity-helpline.com/emhc.jsp>.
- B. The Hotline Company categorizes the issues as they are received and reports all calls to the Compliance Department, the CFO and Deputy General Counsel within 24 hours. Each call is given a priority level. The priority levels govern the response time.
- C. The Compliance Department will be designated as the primary contact with the Hotline Company. Upon receipt of the documentation from the Hotline Company, the Compliance Department will determine the issues involved and request assistance from personnel with the required knowledge and expertise to perform an effective investigation in accordance with section II of this policy.

EXHIBIT C

ACTIVITY IDENTIFIED REQUIRES REPORTING TO THIRD PARTIES

In the event the investigation reveals or uncovers what appears to be activity that requires reporting to third parties, the following action will be taken:

- A. All operations generating the situation or problem will be suspended or tracked until such time as appropriate corrections are made. Any employee may be suspended pending investigation.
- B. A summary of the results of the investigation will be reported as appropriate and will include the recommendations for corrective action.
- C. In consultation with the Legal, Compliance and/or Human Resources Departments, as appropriate, the supervisory and management personnel (or the president, appropriate vice president or associate vice president if the director or manager is implicated) of any employee whose conduct appears to have been intentional, willfully indifferent or with reckless disregard for Medicare/Medicaid or other applicable laws and regulations will use the summary of the results of the investigation for the purpose of determining appropriate disciplinary action. .
- D. State and federal agencies and payors will be notified as required by applicable law or contractual obligation with the payor.

EXHIBIT D

NON-COMPLIANCE NOT REQUIRING THIRD PARTY REPORTING

If warranted, the following action will be taken:

- A. A summary of the results of the investigation will be reported as appropriate and will include the

recommendations for corrective action.

- B. In consultation with the Legal, Compliance and/or Human Resources Departments, as appropriate, the supervisory and management personnel (or appropriate vice president or associate vice president if the director or manager is implicated) of any employee whose conduct may be wrongful or inappropriate under the circumstances will use the summary of the results of the investigation for the purpose of determining appropriate disciplinary action.

CROSS REFERENCE(S)

Edward-Elmhurst Health Standards of Conduct

Current Policy Replaces:

Edward Hospital GENL_061 Potential Compliance Issues – Reporting, Investigation and Corrective Action

Elmhurst Memorial Hospital A.10 Reporting Compliance Concerns

All revision dates:

12/5/2017, 11/7/2017, 4/7/2015

Attachments

[Exhibit A: Potential Compliance Issues Reportable to Appropriate Department or Compliance Officer](#)

Approval Signatures

Approver	Date
Margaret Cross: Clinical Education Mgr	1/6/2021
Laura Morgan: Sys Dir, Int Audt & Compliance	12/9/2020
Kristen Sanchez: Coord Compliance	12/9/2020

Applicability

Ambulatory, Edward Elmhurst Health System, Edward Hospital, Elmhurst Hospital, Linden Oaks Hospital, Plainfield Lab