Corporate Compliance and Ethics Program Toolkit

*State logo added here. If not, delete text box*

Template: Policy and Procedure

**Template: Policy and Procedure**

**\*\*This template serves as a framework and does not represent legal advice and should not be relied upon as advice or supporting documentation from regulatory entities. It is recommended that you design and develop your Corporate Compliance and Ethics Program with your legal counsel.**

**Compliance and Ethics Program**

**(Template – Example)**

**Updated:** <<Insert the date of your document>>

**Introduction**

<<Name of Organization>> is committed to maintaining an environment that promotes ethical conduct and adherence to all local, state and federal laws for health care organizations. In an effort to bring this commitment to everyday practice, the governing body has adopted the following mission, vision, core values, code of conduct and ethics policy.

**Our Mission**

<<Insert Mission>>

**Our Vision Statement**

<<Insert Vision Statement>>

**Our Core Values**<<Insert Core Values>>

**Our Commitment**<<Insert commitment statement>>

**Our Corporate Compliance Philosophy**

<<Name of Organization>> is committed to the highest standards of integrity, ethical practice and compliance as aligned with our Mission. The Governing Body, leadership, medical staff, employees, volunteers, vendors and contractors are expected to adhere to our code of conduct and corporate compliance and ethics program.

**Corporate Compliance and Ethics Program**

<<Name of Organization>> believes that compliance with Federal, State and Local laws, as well as maintaining the highest ethical standards of care, is the responsibility, without exception of every employee including Governing Body members, leadership, management, supervisors, employees, volunteers, medical staff, contractors or anyone who might perform work for, or on behalf of, <<Name of Organization>>. This also includes any affiliated providers and/or healthcare professional operating under <<Name of Organization>>’s control.

A Code of Conduct has been created to clearly communicate these standards to every person working for, or on behalf of, <<Name of Organization>>. Foundational to the spirit and intent of this document is the requirement that each person must perform their duties, regardless of department or affiliation, truthfully, ethically and with full adherence to Federal, State and Local laws.

**Purpose**

The purpose of <<Name of Organization>>’s Compliance Program is multifaceted. It is for the prevention of fraud and/or abuse by employees, contracted vendors or other entities that perform work on behalf of our organization. It is to establish mechanisms and systems to quickly identify and correct issues that may lead to unlawful, unethical, or poor quality of care or service delivery. In addition, it is to develop, implement and maintain a system of enforcement standards, corrective action(s) and prompt remediation to identified areas of concern, misconduct and/or violations.

The Corporate Compliance and Ethics Program is designed to prevent and detect violations and encouraging compliance through various means – education, training, resources, reporting processes, monitoring and auditing processes – in order to fulfill our organization’s compliance responsibilities.

**Ethical Standards**

<<Name of Organization>> is committed not only to providing residents with compassionate care, but also to providing those services pursuant to the highest ethical, business, and legal standards. These high standards must apply to our interactions with everyone with whom we deal. This includes our residents, their families, other health care providers, companies with whom we do business, government entities to whom we report, and the public and private entities from whom reimbursement for services is sought and received.

In this regard, all personnel must not only act in compliance with all applicable legal rules and regulations, but also strive to avoid even the appearance of impropriety. In short, we do not and will not tolerate any form of unlawful or unethical behavior by anyone associated with the organization. We expect and require all personnel to be law-abiding, honest, trustworthy, and fair in all of their business dealings. To ensure that these expectations are met, the Compliance and Ethics Program has become an integral part of our corporate mission and business operations.

**Commitment to Compliance**

<<Name of Organization>> has an ongoing commitment to ensuring that its clinical, financial and operational processes are conducted in accordance with applicable Federal and State law, program requirements of Federal, State and private health plans, and ethical business practice. <<Name of Organization>> is also committed to exercising due diligence to identify, prevent and address violations. <<Name of Organization>> wants its employees to be fully informed about applicable laws and regulations so they do not engage in conduct that may raise compliance issues.

It is the intent of <<Name of Organization>> to comply in good faith and to the best of its ability and knowledge with all State and Federal laws. To assure its commitment to compliance, <<Name of Organization>> has developed this Compliance and Ethics Program, which is designed to conform to the Centers for Medicare and Medicaid Services (CMS) regulatory requirements and guidance concerning such programs, as well as other standards.

<<Note: for a detailed summary of the required elements of a Compliance and Ethics Program, see the *Regulatory Overview and Program Elements* item included in the Compliance and Ethics Toolkit.>>

Many laws affect <<Name of Organization>>’s operations. This document addresses several of the more important legal and ethical principles affecting our activities. By including them we do not intent to minimize the importance of other applicable laws, standards, or principles, and this document is not intended to set forth all of the substantive programs and practices of our organization. <<Name of Organization>> will continue to modify existing practices and develop new programs as part of its overall compliance efforts. This Compliance and Ethics Program will be distributed to all employees, governing body members, volunteers based on scope of commitment, vendors, agents, contractors, subcontractors and other individuals.

**Written Compliance and Ethics Policies and Procedures**

<<Name of Organization>> has developed and adopted policies and procedures designed to assure compliance with applicable law and ethical standards in our business operations while ensuring a high standard of quality care and services for our residents, consumers or to their families. These policies and procedures will educate and alert all employees, physicians, vendors, agents, contractors, and subcontractors to Federal and State laws, rules and regulations as well as Medicare, Medicaid, and other payer requirements. They also will identify potential areas of non-compliance and delineate procedures that should be followed to report problems and adopt changes to prevent any further non-compliance.

These policies and procedures shall encompass our organization’s clinical, financial and administrative functions including the following risk compliance and risk areas:

* Quality of care
* Resident Rights
* Billing and Cost Reporting
* Employee Screening
* Kickbacks, Inducements and Self-referrals
* Submission of Accurate Claims
* Anti-Supplementation
* Medicare Parts C & D
* HIPAA Privacy and Security Rules (including Breach Notification)
* Inclusion of corporate compliance knowledge, adherence into job descriptions, performance evaluations, promotions, supervision duties
* Reporting of fraud, waste, abuse or other actions deemed a potential or actual violation without fear of retaliation
* Reporting process(es) that support anonymity and open communication
* Required and ongoing training related to corporate compliance and ethics, roles and responsibilities
* Creation and Retention of Records

<<Tailor the list above to describe your applicable policies and procedures and priority areas of focus for your organization.>>

The Compliance Officer, with the approval of the Quality Assurance and Performance Improvement (QAPI)/Compliance Committee and the governing body, shall issue written policies, procedures, and instructions relating to the Compliance and Ethics Program. These policies, procedures and instructions will be communicated periodically to <<Name of Organization>> employees (including management), governing body members, volunteers, contractors, subcontractors and agents, as appropriate. At least annually, the Compliance Officer and QAPI/Compliance Committee shall assess these policies and procedures and update them as necessary.

**Responsibility for Corporate Compliance**

The parties listed below share responsibility for the Compliance and Ethics Program. It is the intent of the organization not to assign any individual as Compliance Officer, a member of the QAPI/Compliance Committee or another position of substantial authority, without first exercising due diligence to verify that such individual does not have a history of engaging in criminal, civil, or administrative violations or other conduct inconsistent with this Compliance and Ethics Program. Such due diligence includes taking the following actions before hiring an employee:

* an initial OIG check of the List of Excluded Individuals and Entities (“LEIE”),
* a pre-employment background check, criminal records history background check,
* license verification,
* certification verification,
* education verification, employment verification,
* and a Social Security number validation.

<<Name of Organization>> will search OIG’s exclusion list on a monthly basis of all staff, suppliers and vendors as well as monitoring applicable Medicaid exclusion lists, and the System for Award Management (SAM).

**A. Compliance Officer/Lead**

Primary responsibility for implementing and managing <<Name of Organization>> Compliance and Ethics program shall be with the Compliance Officer/Lead:

Name of Compliance Officer/Lead: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Compliance Officer will report to the <<insert applicable reporting structure>>. The Compliance Officer has direct access to the QAPI/Compliance Committee members and the governing body members.

The Compliance Officer will, with the assistance of the QAPI/Compliance Committee, perform the following responsibilities:

1. Oversee and monitor implementation of the Compliance and Ethics program;
2. Develop and implement, in conjunction with clinical and administrative departments, policies and procedures ensuring compliance with government laws and regulations affecting organization operations;
3. Help the governing body, Administrator, Directors, and Managers establish methods to improve <<Name of Organization>>’s efficiency and quality of services and reduce vulnerability to fraud, waste and abuse;
4. Complete the annual Compliance and Ethics Program review, including but not limited to compliance training efforts, potential compliance issues, investigative actions taken, resolution of issues identified and recommendations for improvement of the program;
5. Analyze and revise the Compliance and Ethics Program as necessary in light of the annual review and changes in <<Name of Organization>>’s organizational priorities, and changes in the law and policies of Government and private payers;
6. Develop, coordinate, implement, and participate in a multifaceted compliance education and training program for all employees and governing body members;
7. Provide compliance updates to organization leadership, governing body and all employees;
8. Conduct the baseline risk assessment in conjunction with the facility assessment
9. Review risk assessment results, correlating data and work with the Compliance Committee to prioritize areas of risk, review with leadership for final determination
10. Ensure independent contractors and agents who furnish health care services to

the organization residents are aware of residents’ rights as well as requirements of <<Name of Organization>>’s Compliance and Ethics Program applicable to the services they provide;

1. Coordinate personnel requirements, recommendations and guidelines:
2. An initial OIG check of the List of Excluded Individuals and Entities (“LEIE”) and a pre-employment background check, criminal records history background check has been checked for all employees including volunteers, Governing body members, medical staff, third party vendor and independent contractors;
3. License verification for personnel, as applicable;
4. Certification verification for personnel, as applicable;
5. Education verification for personnel;
6. Employment verification for personnel; and
7. Social Security number validation.
8. Search OIG’s exclusion list monthly of all staff, suppliers and vendors as well as monitoring applicable Medicaid exclusion lists and checking the System for Award Management (SAM).
9. Independently receive, investigate and act on instances of suspected compliance and ethics issues;
10. Develop corrective action plans for suspected compliance and ethics issues;
11. Work with the organization’s legal counsel on appropriately reporting violations of the Compliance and Ethics Program;
12. Coordinate systematic ongoing audit reviews;
13. Share auditing and monitoring results with the Administrator, the QAPI/Compliance Committee and the governing body;
14. Keep a dated log of compliance hotline reports and employee questions about compliance, and the Compliance Officer’s response
15. Share the information with other team members in order to update standards and improve employee training;
16. Seek to ensure that all employees understand and comply with pertinent Federal and State standards;
17. Provide the Compliance and Ethics Program and Code of Conduct, as set forth below, to <<Name of Organization>>’s employees, contractors and Governing body members; make information concerning the Compliance and Ethics Program and Code of Conduct available to residents and their families upon request;

<<Note: Operating organizations with 5 or more facilities are also required to have designated compliance liaisons located at each of the operating organization's facilities, responsible for assisting the compliance officer with his or her duties under the operating organization’s program at their individual facilities. Insert applicable content if this requirement applies.>>

**B. Compliance Committee**

The QAPI/Compliance Committee will advise and assist the Compliance Officer in the development and implementation of the Compliance and Ethics Program. The QAPI/Compliance Committee will include employees holding the following positions:

Administrator, Compliance Officer, Medical Director, Director of Finance, Director of Nursing, and Director of Social Services.

* Assist with training, dissemination of compliance information and program information about the code of conduct and compliance and ethical obligations
* Monitor education and training activities related to compliance and ethics
* Serve as a resource on regulatory, legal and matters of compliance to the organization
* Monitor compliance activities - policies, procedures, training, education and auditing functions
* Support the anonymous reporting process per program requirements
* Assist in action plan development
* Assist with investigations, enforcement and remediation processes as indicated
* Review and revise the risk-based compliance and ethics plan
* Assist with communication efforts per plan

**C. Employees**

Each employee has a duty to promptly report actual or suspected violations of the Compliance and Ethics Program. See Reporting Non-Compliance, below.

**D. Vendors and Contractors**

All persons and entities with which <<Name of Organization>> contracts will receive a copy of the Compliance and Ethics Program and Code of Conduct and will be asked and expected to comply with it. This includes physicians, physician groups, other health care providers, suppliers, vendors, agents, contractors and subcontractors. At the time a contract is signed, these parties will also be expected to sign an Acknowledgment, which will be kept on file at <<insert applicable location or department>>.

**Education and Training**

The Compliance Officer, with the support of the Compliance Committee, is responsible for ensuring the Compliance and Ethics Program is distributed to all employees, governing body, vendors, agents, contractors, subcontractors and other individuals. When the Compliance and Ethics Program is reviewed in orientation and mandatory training times, recipients will review the Compliance and Ethics Program and be given an opportunity to ask questions. Similar opportunity will be afforded to all new employees, governing body members, vendors, volunteers, agents, contractors, subcontractors, and other individuals. Recipients will be expected to complete the attached Acknowledgment, which will be kept on file at the organization.

Employees will participate in annual compliance training. The organization will also provide periodic training and updates to maintain employee and Governing body awareness of compliance policies and procedures, including reports of compliance activities and regulatory updates.

Employees who work in highly regulated areas such as medical records, coding, billing, cost reporting and contracting will receive additional training specific to their job functions, which may include the Medicare Parts C and D General Compliance Training course available through the Medicare Learning Network®, a registered trademark of the U.S. Department of Health & Human Services (HHS) or similar content. Attendance at all training sessions will be documented.

**Effective Lines of Communication/ Reporting Compliance Issues**

* **Questions are encouraged**

Employees are encouraged to ask their supervisors, the Compliance Officer or Compliance Committee members any questions they have about compliance. Supervisors who are unable to answer employee compliance questions will seek guidance from the Compliance Officer.

* **Reporting Non-Compliance**

Employees are required to report any and all known or suspected violation of applicable state or federal law, ethical standards or <<Name of Organization>>’s policies, no matter how minor the issue may seem, so that it may be identified and corrected as needed. Reporting may be done the following ways:

1. Contacting your immediate supervisor, either verbally or in writing
2. Contacting the Compliance Officer, either verbally or in writing
3. Calling the confidential telephone hotline mailbox at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The hotline will also be available and communicated to vendors, residents and their families, and posted \_\_\_\_\_\_\_\_.

All reports will be kept confidential to the fullest extent reasonably possible. Under certain circumstances the name of the individual making the report will be communicated to the Compliance Officer, if the report is made originally to the employee's supervisor, to an individual responsible for conducting an investigation of the suspected violation or to a governmental agency investigating any such suspected violation. Any such disclosure will only be made on a bona fide need to know basis.

Employees may make reports anonymously. When possible, and when the identity of the individual making the report is known, the organization will follow up with the reporter to inform him or her of the results of the investigation.

Employee training and ongoing dissemination of communications will promote the use of the hotline telephone voice mail box to report potential compliance issues. The hotline telephone number will also be listed in the employee newsletter, and on the <<Name of Organization>> website.

**Notices/Messages/Bulletin**

The employee bulletin <<insert technology of other communication areas>> are used as a means of keeping employees better informed of activities. Notices, messages, and items of interest are posted and changed frequently. Employees should check the <<\_\_\_\_\_>> and bulletin for special announcements, notices of meetings, safety posters, new items pertaining to the organization, and community activities.

<<Name of Organization>> will post in public view the names, addresses and telephone numbers for the State survey and certification agency, State licensure office, State ombudsman program, State protection and advocacy network, State Medicaid fraud control unit, and U.S. Department of Health and Human Services (HHS) OIG hotline number, and future required numbers.

* **Non-Retaliation**

Employees who ask compliance questions or report potential compliance issues to

<<Name of Organization>> or who participate in an investigation of a suspected violation will not be subject to retaliation or harassment by <<Name of Organization>> as a result of the report or participation. Concerns about potential retaliation or harassment should be reported to the Compliance Officer. Any reports of retaliation or harassment will be immediately and thoroughly investigated, and if retaliation or harassment is found, disciplinary action will be taken.

<<Name of Organization>> welcomes reports of non-compliance and views these reports as essential to improving operations. Harassment and retaliation in response to reporting will not be tolerated.

* **Documentation**

The Compliance Officer will keep a log reflecting any compliance issues raised and the results of the investigation of those issues. The Compliance Officer will use this log to update policies and procedures and improve training, as necessary.

**Auditing and Monitoring**

* **Baseline Risk Review**

To inform the implementation of the Compliance and Ethics Program, and when it is reviewed at a minimum on an annual basis, the Compliance Officer, in conjunction with the QAPI/Compliance Committee, will coordinate a baseline risk audit, in conjunction and coordination of the facility assessment, to assess <<Name of Organization>>’s performance in all compliance risk areas. The results of the baseline audit will be shared with the governing body and the QAPI/Compliance Committee; used to implement standards and goals, and policies and procedures specific to risk areas identified in the baseline audit; and incorporated into <<Name of Organization>>’s quarterly compliance reporting.

* **Ongoing Review**

Ongoing internal compliance auditing and monitoring is performed through the coordination of activities administered by appropriate personnel under the direction of the Compliance Officer. Areas of concern or vulnerability are addressed, when applicable, by way of a corrective action plan with appropriate follow-up.

<<Name of Organization>> will establish an audit compliance calendar on an annual basis that includes monitoring activities as well as informal and formal routine audit activities. <<Name of Organization>> also recognizes the need for ongoing external auditing and monitoring to assure our employees, residents and their families, governing body members, agents, contractors, subcontractors and other individuals that our commitment to compliance is supported objectively. Compliance monitoring and auditing will be conducted externally through payer audits, external accreditation agency review, if applicable, and through independent third-party examination of annual financial reports and compliance activity.

* **Annual Review**

The Compliance Officer will coordinate an annual comprehensive audit to evaluate <<Name of Organization>>’s performance in all areas of the Compliance and Ethics Program. Additional audits will be conducted if the organization identifies a high-risk program or operation, or a deviation from its baseline compliance status.

The purpose of compliance monitoring and auditing is to measure performance, identify problem areas, improve processes, and ensure compliance with Federal and State laws and regulations, program requirements, ethical standards, and payer rules. The Compliance Officer will document the procedures and findings of each audit and share the results with the QAPI/Compliance Committee and Governing body. If an audit identifies potential compliance issues, the Compliance Officer will handle the matter according to <<Name of Organization>>’s policies and procedures for investigating compliance matters. Any weaknesses or deficiencies identified in the Compliance and Ethics Program will be promptly corrected. The Compliance Officer and QAPI/Compliance Committee will use the audit results to improve and update the Compliance and Ethics Program, including changes to current policies and procedures as appropriate. Employees will be promptly trained on policy and procedure changes.

In addition to evaluating each component of the Compliance and Ethics Program, the annual review will assess the overall effectiveness of the Compliance Program using the following measures:

* Have adequate resources been allocated to compliance initiatives?
* Is there a reasonable timetable for implementation of the compliance measures?
* Have the Compliance Officer and QAPI/Compliance Committee been vested with sufficient autonomy, authority, and accountability to implement and enforce appropriate compliance measures?
* Do compensation structures create undue pressures to pursue profit over compliance?
* Do employees understand the policies and procedures applicable to their job functions?
* Do employees feel they can report compliance issues without retaliation?
* Is discipline for non-compliance imposed consistently?
* **Quarterly Reporting**

In order to foster an organizational culture and leadership that understands and promotes compliance, <<Name of Organization>> will prepare quarterly reports to communicate compliance related information to the governing body, such as resident and customer satisfaction, financial measures, staffing and nursing hours, and hotline reports. In order to involve the governing body in quality improvement initiatives, the reports will be used to track and improve compliance related measures. The reporting will also communicate quality of care information to the governing body, such as \_\_\_\_\_ <<insert specific areas of focus for your organization, such as increases in the number of patient falls, pressure ulcers, use of restraints, outcomes in the management of diabetic patients, etc.>>, CMS quality indicators, and complaints.

**Compliance as an Element of Employee Performance/ Disciplinary Action**

Compliance with this program is a condition of employment at <<Name of Organization>>. Employees who fail to comply with the Compliance and Ethics Program will be subject to disciplinary action, regardless of their level or position. Directors, managers and supervisors have a responsibility to discipline employees who violate the Compliance and Ethics Program, in a fair and consistent manner. Directors, managers and supervisors should discuss with employees, contractors and subcontractors the compliance policies and legal requirements relevant to their functions, and the disciplinary consequences for failing to comply.

Disciplinary action will be taken for:

* Participation in or authorization of actions that violate Federal and/or State laws and regulations, the Compliance and Ethics Program (including the Code of Conduct), or <<Name of Organization>>’s policies and procedures.
* Deliberate failure to report a violation or suspected violation of Federal and/or State laws or regulations, the Compliance and Ethics Program, or <<Name of Organization>>’s policies and procedures.
* Refusal to cooperate in an investigation of a potential violation.
* Retaliation against an individual for reporting a compliance violation.
* Failure to participate in required training programs.

Disciplinary action may also be taken against any supervisory personnel who direct or approve an employee's actions which result in a violation of a standard, is aware that an employee's actions which violate a standard but fails to take appropriate corrective action or who otherwise fails to exercise appropriate supervision.

Disciplinary action may include oral or written warning, probation, suspension, demotion, termination from employment or suspension or termination of staff privileges. Disciplinary action will be taken in accordance with <<Name of Organization>>’s personnel policies and procedures. Disciplinary action will be taken on a fair, equitable and consistent basis.

Disciplinary action will be appropriate to the level of the employee's conduct, that is, the more serious the level of conduct (intentional conduct or reckless non-compliance) will result in more significant disciplinary action. Notwithstanding the foregoing, this statement is not a guaranty of progressive discipline and <<Name of Organization>> reserves the right to terminate an employee at any time for any lawful reason.

In addition to imposing discipline, <<Name of Organization>> will implement other remedial measures as appropriate. Employees’ non-adherence to the Compliance and Ethics Program will be considered as a criterion in performance reviews. Prompt and complete self-disclosure of one’s own non-compliance may be considered a mitigating factor in determining an employee’s discipline or sanction. Likewise, employees’ adherence to the Compliance and Ethics Program and efforts to advance compliance initiatives within <<Name of Organization>> will be considered as a positive criterion in performance reviews.

**Responding to Non-Compliance and Taking Corrective Action**

* **Investigating Compliance Issues**

<<Name of Organization>> will promptly and thoroughly investigate any suspected violation. Investigations may be conducted internally by the Compliance Officer or externally by either accountants or lawyers engaged by <<Name of Organization>>.

<<Name of Organization>> employees should cooperate fully with all Compliance and Ethics Program investigations. To the extent possible, the inquiries and all information gathered will remain confidential. If <<Name of Organization>> contemplates discipline of an employee due to an alleged violation of the Compliance and Ethics Program, the disciplinary procedures contained in the applicable policy will be followed. If the Compliance Officer determines the integrity of the investigation could be compromised by the presence of employees under investigation, those employees may be put on administrative leave until the investigation is complete.

The investigative file should contain a completed Compliance Report Intake Form (attached). All reports will be investigated unless the information provided by the report contains insufficient information to permit a meaningful investigation. The Compliance Officer will attempt to obtain additional information if possible. If not possible, the Compliance Officer will document the

reason an investigation did not take place. The Compliance Officer will include all compliance reports and their results in his or her reports to the QAPI/Compliance Committee and the Governing body.

* **B. Corrective Action Plans**

Once an investigation has identified non-compliance, the Compliance Officer shall have the responsibility and authority to take or direct appropriate action to address the issue. In developing the corrective action plan, the Compliance Officer should consult with the Administrator, legal counsel, QAPI/Compliance Committee, Human Resources and appropriate clinical and administrative personnel, as appropriate. The corrective action plan will be provided to the QAPI/Compliance Committee and Governing body. The corrective action plan should be designed to ensure not only that the specific issue is addressed, but also that similar problems do not recur. Possible corrective actions include:

* Returning overpayments
* Self-reporting to law enforcement, the OIG, or other authorities
* Updating the Compliance and Ethics Program
* Modifying policies and procedures
* Re-Training employees to improve adherence to policies and procedures

**Abuse**

All alleged incidents of mistreatment, neglect or abuse (including injuries from an unknown source), exploitation through technology/social media, and misappropriation of resident property, must immediately be reported to the Administrator, Director of Nursing and to the local and State authorities.

**Code of Conduct**

**<<Insert organization code of conduct – the below sections provide examples of issues an organization might address in a code of conduct>>**

This Code of Conduct is part of <<Name of Organization>>’s Compliance and Ethics Program. It provides guidance to all organization employees, governing body members, agents, contractors and subcontractors, and assists us in maintaining appropriate ethical and legal standards. These obligations apply to our relationships with residents, affiliated physicians, third-party payers, vendors, consultants and each other. This Code of Conduct does not represent a change from <<Name of Organization>> prior practices but is a compilation of these practices. The Code of Conduct is available for review by employees, residents and their families, vendors, volunteers, agents, physicians, contractors and subcontractors.

It is the intent of <<Name of Organization>> to comply in good faith and to the best of its ability and knowledge with all State and Federal laws. This Code of Conduct is not intended to be a comprehensive summary of facility standards, but instead to provide a framework for <<Name of Organization>>’s Compliance and Ethics Program policies and procedures. Many standards set forth in this Code of Conduct are expanded in detail in policies and procedures. Employees should familiarize themselves with <<Name of Organization>>’s Compliance and Ethics Program and policies and procedures applicable to their job functions and seek guidance from their supervisor and/or the Compliance Officer, as needed.

It is not expected that each employee will be fully versed in all laws of permissible activities involved in their work. When an employee is unsure whether an activity or practice is illegal or inappropriate, the employee should the employee should seek guidance from his or her supervisor or from the Compliance Officer before taking any action. Employees will not be penalized for asking compliance-related questions. <<Name of Organization>> strives to create a culture in which every individual is comfortable asking questions about how to conform their job duties to the Compliance and Ethics Program.

This Code of Conduct summarizes <<Name of Organization>>’s commitment to meet ethical standards and to comply in good faith and to the best of its ability and knowledge with laws, statutes and regulations in the following areas:

1. Provision of quality health care services

2. Protection of resident rights

3. Integrity of billing and coding

4. Conforming business practices to laws and regulatory requirements

5. Cultivation of an ethical culture

<<Your organization may choose to insert additional detail about the issues addressed below; or to include content concerning other compliance areas or expected standards of conduct; or to refer to other policies and procedures applicable to your overall Compliance & Ethics program, such as personnel policies, reporting protocols, billing policies, etc. Tailor the content to your specific policies/procedures and compliance priorities for your organization.>>

1. **Provision of Quality Health Care Services**

All employees shall:

* Use professional skill and judgment when providing health care services.
* Provide high quality health care services in a responsible, reliable manner, in accordance with all applicable Federal and state regulatory requirements and recognized standards of care.
* Provide health care services that are individualized for the specific needs of each resident and that attain and maintain each resident’s highest practicable medical, mental, and psychosocial needs, based on a comprehensive and accurate assessment of the resident's functional capacity.
* Document the provision of health care services in a complete and accurate medical record.
* Maintain, dispense and transport all drugs and controlled substances in conformance with all applicable laws and regulations.
* Continually work to improve the quality of resident care.

**2. Protection of Residents’ Rights**

All employees shall:

* Promote the resident’s right to a dignified existence that emphasizes freedom of choice, self-determination, and reasonable accommodation of individual needs.
* Provide treatment to residents without discrimination as to race, color, religion, sex, national origin, disabilities, source of payment, sexual orientation, or age, or as to any other class now or in the future protected by Federal or state law.
* Provide residents with considerate and respectful care in a clean and safe environment free of unnecessary restraints.
* Provide residents information in order to make decisions about their services. This includes information about <<Name of Organization>> and its policies, procedures and charges, and who will provide services on behalf of <<Name of Organization>>.
* Respect the right of all residents to make their own health care decisions if able. Family and/or durable power of attorney or health care agent will be consulted on behalf of residents who are unable to make their own decisions.

**3. Integrity of Billing and Coding**

All employees involved with billing and/or coding shall:

* Bill only for medically necessary items and services actually rendered, which are fully documented in the medical record. Employees will not knowingly engage in any form of up-coding of any service or a resident’s condition in violation of any law, rule or regulation.
* Ensure their billing and/or coding work is accurate, timely, and complies with 1) Federal and state laws and regulations; 2) billing requirements imposed by Federal and state programs and other third-party payers; and 3) <<Name of Organization>> policies and procedures.
* Ensure no claims for payment or reimbursement of any kind that are known or suspected to be false, fraudulent, inaccurate or fictitious are submitted. No falsification of medical, time or other records that are used in the billing process will be tolerated.
* Promptly investigate and correct billing issues (including making any required repayments) if errors are discovered.
* Maintain complete and thorough medical and billing records.
* Be knowledgeable of the billing policies and procedures established by government programs and private third-party payers and remain current on all applicable billing requirements by attending training seminars sponsored by <<Name of Organization>>, payers, and/or professional organizations.

1. **Conforming Business Practices to Laws and Regulatory Requirements**

<<Name of Organization>> is committed to conducting its business affairs with integrity, honesty and fairness, and without conflict with personal interests. All employees shall adhere to the following standards of conduct:

1. **Books and Records**

* All books, records and accounts, such as financial transactions, cost reports, and documents used in the ordinary course of business, must accurately reflect transactions and payments.
* No false or artificial entries or misstatements may be made.
* <<Name of Organization>> shall not give or receive any payments (or anything else of value), or agree to a purchase price, with an intention or understanding that part of that payment will be used for any purpose other than what is listed in the document supporting the payment.

1. **Gifts**

* Employees shall not accept or provide any benefits that could be viewed as a conflict between personal interests and <<Name of Organization>>’s business interests.
* Employees shall not accept gifts or benefits in exchange for referrals; or in exchange for the purchasing, leasing, ordering, arranging, or recommending an item or service. This includes accepting expensive meals, gifts, refreshments, transportation, or entertainment provided or received in connection with <<Name of Organization>> business activity. This policy applies to relationships with vendors, physicians, residents and their families, referral sources, and others.
* Tips or Gifts from Residents: Tips or gifts shall not be accepted by employees from residents, their families, or visitors, unless an exception is approved by the Administrator. The organization will accept gifts in honor of residents or memory of the deceased.

1. **Conflicts of Interest**

* No employee or governing body member may enter into any joint venture, partnership or other risk sharing arrangement with a potential or actual referral source unless the arrangement has been reviewed and approved by the <<Name of Organization>> Governing body and legal counsel.
* All employees, governing body members, contractors and subcontractors should avoid any activity that conflicts with the interests of <<Name of Organization>> or its residents. This includes involvement in outside commercial activities with potential customers, competitors or contractors or placing business with any entity in which there is a family relationship, ownership interest, or financial interest. All such interests or relationships must be immediately disclosed to the Compliance Officer.
* All employees and governing body members who are in positions to influence business decisions must submit an annual Conflicts of Interest Disclosure Statement, disclosing all business and familial interests that compete with or are associated with <<Name of Organization>>.

1. **Compliance with State and Federal Fraud and Abuse Laws**

It is a violation of State and Federal law to solicit or accept, or to offer, pay or give, anything of value to an individual, provider, or vendor to induce or reward referrals (Stark Law (Physician Self-Referral Law) and Anti-Kickback Statute Issues). All employees shall adhere to the following standards of conduct:

* The selection of physicians, contractors, subcontractors, suppliers, and vendors shall be made on the basis of objective criteria that include quality, technical excellence, price, delivery, timeliness, service, and maintenance. <<Name of Organization>> will not pay incentives to employees, physicians, contractors, subcontractors, suppliers, vendors, or referring parties based on number of referrals.
* Financial relationships with entities that refer patients to <<Name of Organization>> will be based on the fair market value of the items or services provided and will not be in any way related to the value or volume of referrals or contain an inducement to refer.
* Employees of <<Name of Organization>> who are in a position to make referrals must make such referrals based on the preferences of the individual seeking treatment/services or, if the individual does not express a preference for a particular provider, what is best for the individual.
* <<Name of Organization>> will not waive insurance co-payments or deductibles, or otherwise provide financial or non-cash benefits to individuals in order to induce such individuals to obtain health care services from the organization.
* <<Name of Organization>> expects all contractors to be familiar with and comply with all applicable federal and state regulatory requirements and to conduct all business in an ethical manner.

1. **Confidentiality**

All employees shall:

* Ensure the confidentiality, integrity, and availability of all protected health information, electronic or otherwise (“PHI”) that V creates, receives, maintains, or transmits; protect against any reasonably anticipated threats or hazards to the security or integrity of PHI; protect against any reasonably anticipated uses or disclosures of PHI that are not permitted by federal or state privacy law; and notify the Compliance Officer immediately of any potential privacy or security breaches involving PHI.
* Protect residents’ rights to privacy and confidentiality of their medical records (including electronic records), in accordance with Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and its regulations, state law, accreditation standards, and V policies and procedures.
* Refrain from engaging in unauthorized review or disclosure of medical records.
* Refrain from disclosing confidential or proprietary information of V (such as resident lists, development plans, marketing strategies, business deals, and financial information), during or after employment.

1. **Employee Screening**

* Background checks will be performed on all employees as required by law.
* All potential employees will certify that they are not excluded from participation in the Federal health care programs. All employees have an ongoing duty to notify the <<Name of Organization>> Administrator, Director of Nursing or Human Resources if they become excluded.
* <<Name of Organization>> will not employ or continue to employ individuals who have been excluded from participation in Federal health care programs, or convicted of crimes of neglect, violence, abuse, theft, dishonesty, financial misconduct, or other offenses relevant to the job for which they are applying.
* The OIG’s List of Excluded Individuals/Entities (LEIE) and the System for Award Management (SAM) list of barred contractors will be checked to verify that employees, vendors, and contractors are not excluded from participating in the Federal health care programs.
* <<Name of Organization>> will require temporary employment agencies to ensure their temporary staff has undergone background checks that verify they have not been (1) convicted of an offense that would preclude them from employment in the facility; or 2) excluded from participation in Federal health care programs.

1. **Cultivation of an Ethical Culture**

All employees shall:

* Perform their duties in good faith and to the best of their ability.
* Refrain from illegal conduct in both personal and business matters. Comply with <<Name of Organization>>’ s records policies and procedures, including document retention. Employees shall not alter or destroy <<Name of Organization>> documents in anticipation of or in response to a request for documents by a government agency or a court of competent jurisdiction.
* Participate in training regarding the Compliance and Ethics Program and policies and procedures.
* Immediately report all suspected violations of the law, this Code of Conduct, the Compliance and Ethics Program, or any <<Name of Organization>> policy or procedure, to the Compliance Officer or compliance hot line number.
* Follow <<Name of Organization>> policy and procedure regarding mandatory reporting of incidents and events to the proper authorities.
* Immediately notify their supervisor upon receipt of an inquiry, subpoena or other government request for information regarding <<Name of Organization>>.

**Conclusion**

The Program described in this document is intended to establish a framework to assure

Compliance. It is not intended to set forth all of the substantive programs, policies, procedures,

and standards that <<Name of Organization>> established to achieve compliance.

Those current and future program, policies, procedures, andstandards are and will be a part of <<Name of Organization>> overall legal and regulatory compliance enforcement program.

**SAMPLE: Employee Acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of employee), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received a copy of the <<Name of Organization>> Compliance and Ethics Program, including the Code of Conduct, and read it in its entirety. I was also given a meaningful opportunity to ask questions about the Compliance and Ethics Program.

I agree to comply with the Compliance Program, and to report any violations or suspected violations of the Compliance and Ethics Program to my immediate supervisor, the Compliance Officer, and/or via the confidential hotline voicemail box. I further agree that if I have questions about the Compliance and Ethics Program at any time, I will seek guidance from <<Name of Organization>> Compliance and Ethics Program and policies and procedures; my immediate supervisor; and/or the Compliance Officer, as appropriate.

Except as written below or on the attached document, as of this date I have no knowledge of any transactions or events that appear to violate the Compliance and Ethics Program. I understand that compliance with the Compliance and Ethics Program is a condition of employment, and violation of the Compliance and Ethics Program will result in discipline up to and including possible termination. I also acknowledge that the Compliance and Ethics Program does not represent an employment agreement and that my employment is “at will.”

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

**SAMPLE: Contractor Acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of contractor or subcontractor), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received a copy of the <<Name of Organization>> Compliance and Ethics Program, including the Code of Conduct, and read it in its entirety. I was also given a meaningful opportunity to ask questions about the Compliance and Ethics Program.

I agree to comply with the Compliance and Ethics Program, and to report any violations or suspected violations of the Compliance and Ethics Program to <<Name of Organization>> Compliance Officer, and/or via the confidential hotline voicemail box. I further agree that if I have questions about the Compliance and Ethics Program at any time, I will seek guidance from <<Name of Organization>> Compliance and Ethics Program and policies and procedures; and/or the Compliance Officer, as appropriate.

Except as written below or on the attached document, as of this date I have no knowledge of any transactions or events that appear to violate the Compliance and Ethics Program. I understand that compliance with the Compliance and Ethics Program is a condition of doing business with the Organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

**SAMPLE: Governing Body Member Acknowledgement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of governing body member), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received a copy of <<Name of Organization>> Compliance and Ethics Program, including the Code of Conduct, and read it in its entirety. I was also given a meaningful opportunity to ask questions about the Compliance and Ethics Program.

I agree to comply with the Compliance and Ethics Program, and to report any violations or suspected violations of the Compliance and Ethics Program to the Compliance Officer, and/or via the confidential hotline voice mailbox. I further agree that if I have questions about the Compliance and Ethics Program at any time, I will seek guidance from <<Name of Organization>> Compliance and Ethics Program and policies and procedures; and/or the Compliance Officer, as appropriate.

Except as written below or on the attached document, as of this date I have no knowledge of any transactions or events that appear to violate the Compliance and Ethics Program. I understand that compliance with the Compliance and Ethics Program is a condition of Governing body participation, and violation of the Compliance and Ethics Program will result in my removal from the Governing body.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name

**SAMPLE: Compliance and Ethics Program Concern Reporting Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please state the nature of your concern. Be as specific as possible. Attach extra sheets if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is an explicit violation of <<Name of Organization>> policy to retaliate in any way against any person, who, in good faith, reports an actual or potential violation of applicable laws, rules, regulations, or Code of Conduct.

No person is obligated to submit this Compliance and Ethics Program Concern Reporting Form with his or her name attached to it. Any person may submit this Compliance and Ethics Program Concern Reporting Form anonymously.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please submit this Compliance and Ethics Program Concern Reporting Form to <<insert appropriate recipient>> located at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLE: Compliance Report Intake Form**

Date of report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual filling out this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of individual making report (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of reporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of time incident has been going on (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other people who are aware of this incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of report (Please provide all details regarding the alleged violation, including the locations of witnesses and any other information that could be valuable in the evaluation and ultimate resolution of this situation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the investigation, including objectivity of investigators and methodologies used: Please attach interview notes and other key documents, a witness log, and all documents reviewed. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Results of internal investigation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the investigation reveal a billing problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, describe next steps for investigating billing history in order to determine if any false claims were submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Compliance Report Intake Form Continuation**

Corrective action implemented, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discipline imposed, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this matter need to be referred to legal counsel? (Legal counsel should be notified if the complaint involves potential abuse or other harm or potential harm; fraud and abuse

or other violation of federal law; criminal activity; or a potential overpayment) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SAMPLE: Log of Compliance Reporting Process**

**Reports and employee questions about compliance, and the Compliance Officer’s response**

|  |  |  |
| --- | --- | --- |
| **Date (m/d/y) /Time** | **Concern/Question** | **Response** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SAMPLE: Compliance Auditing and Monitoring Tool**

| **Type of Audit** | **Time Period** | **Responsible Party** | **Completion Date** | **Comments** |
| --- | --- | --- | --- | --- |
| **Admissions** | Quarterly | Admissions/  Social Services |  |  |
| **Bad Debts Reporting** | Annually | Finance |  |  |
| **Bed Hold Audit** | Quarterly | Admissions/Finance |  |  |
| **Billing and Record Audit** | Annually | External Consultant |  |  |
| **Billing Systems Audit** | Quarterly | Finance |  |  |
| **Credit Balances** | Monthly | Finance |  |  |
| **Complaint Log** | Bi-annually | Compliance Officer |  |  |
| **Discharge Review** | Quarterly | Social Services/ Nursing |  |  |
| **Employee Credentials** | Quarterly | Human Resources |  |  |
| **HIPAA Review** | Bi-annually | Privacy Officer |  |  |
| **Human Resource Records** | Quarterly | Human Resources |  |  |
| **In-service Review** | Quarterly | Nursing |  |  |
| **Medical Record Review** | Quarterly | Nursing/  Medical Director |  |  |
| **Medicare Part A MDS** | Quarterly | Nursing |  |  |
| **Policies and Procedures** | Quarterly | Department Director |  |  |
| **Provider Agreements** | Quarterly | Administrator |  |  |
| **Quality Assurance Survey** | Annually | External Consultant |  |  |
| **Quality Indicators** | Bi-annually | QA/QAPI |  |  |
| **Report to Compliance Committee/Gov. Body** | Quarterly | Compliance Officer |  |  |
| **Report to Gov. Body** | Annually | Compliance Officer |  |  |
| **Resident Rights Policies** | Annually | Social Services |  |  |
| **Resident Satisfaction Surveys** | Quarterly | Nursing/  Medical Director |  |  |
| **Survey Results** | Annually | Administrator/  Nursing |  |  |
| **Vendor Agreements** | Quarterly | Purchasing |  |  |
| **Vendor Credentials** | Quarterly | Purchasing |  |  |