

CORPORATE COMPLIANCE AND INVESTIGATIONS PROCEDURES

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POLICY:

The Richmond Behavioral Health Authority (RBHA) shall promptly investigate and respond to reports alleging waste, fraud or abuse related to state and federal regulations and law relating to errors in documentation, lack of documentation, coding or billing, and misuse of agency resources relating to use of supplies, materials, and equipment.

RBHA may compel an employee to respond to questions in an investigation as a condition of that employee's continued employment, provided that the responses given by the employee under such compulsion cannot be used against the employee in a criminal investigation or prosecution.

BACKGROUND:

RBHA recognizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection, and resolution of conduct that does not conform to federal, state, and agency policies, regulations, and laws. The Corporate Compliance Officer is responsible for the overall development, implementation, and evaluation of the Compliance Plan. To support this process of prevention and early detection the agency has assigned the responsibility of investigation of alleged abuse or fraud, as it pertains to compliance issues to the Internal Auditor.

PROCEDURES:

1. When allegations of waste, fraud or abuse, or misuse of resources are made to any employee of the RBHA, that employee shall immediately forward those allegations to the Internal Auditor. The Internal Auditor will:
 - 1.1 Begin investigation of the reported allegations within five (5) work days of receiving the initial report. The first work day is the workday after the issues were received.
 - 1.2 Notify the Board Chair, Chief Executive Officer and the appropriate Director of the report and the plan to investigate.
 - 1.3 Work to ensure that reporter information remains confidential, unless doing so would impede the investigation or appropriate action or would violate any law or regulation requiring that such information be disclosed.
 - 1.4 If someone other than the Internal Auditor is conducting the investigation then he/she will utilize the guidelines and parameters set by the Corporate Compliance Committee.

- 1.5 Conduct a thorough investigation, which at a minimum shall include, but is not limited to, the following:
 - (a) Contact the person/parties making the allegation and set up interviews to gather and document information regarding the alleged incident.
 - (b) Interview any other individuals involved in the alleged misconduct.
 - (c) If appropriate, perform reviews or consumer interviews regarding the allegations.
- 1.6 Determine as early in the investigation as possible whether the report indicates possible criminal conduct and should be referred to and shared with criminal justice authorities. Where such a referral appears to be indicated the Board Chair, Chief Executive Officer and the Agency Attorney's office shall be contacted to review available information and determine (a) the appropriateness of such a referral and (b) the administrative action needed to ensure that prompt and appropriate changes in agency conduct are made to ensure agency compliance. In the event of such a referral, the Internal Auditor may, with the approval of the Board Chair, Chief Executive Officer and the Agency Attorney's office, suspend further investigation so as not to compromise any criminal investigation, but in such event shall also recommend to the Board Chair and Chief Executive Officer any temporary action, including suspension of staff, that should be taken to minimize the possibility of continuing misconduct. The Internal Auditor's investigation shall be promptly resumed once criminal justice authorities confirm that such investigation would not compromise their activities.
- 1.7 Utilize any or all of the procedures identified in the policy regarding Response to Compliance Reporting.
- 1.8 Complete investigations within ten working days of initial report, if possible. Complicated investigations may require additional time.
- 1.9 Create a summary report on findings and relevant information. The report may include interviews, results of chart audits, coding and billing reviews, other pertinent findings and recommendations to address the findings.
- 1.9 Meet with the Board Chair, Chief Executive Officer and other appropriate management staff to discuss findings and recommendations. Work with the management team designated by the Chief Executive Officer to develop a corrective action plan to address the findings and recommendations made.
- 1.10 Work in conjunction with the Board Chair, Chief Executive Officer, appropriate Director, the direct supervisor, and the Director of Human Resources regarding any disciplinary actions necessary.
- 1.12 Address training issues that became apparent during the investigation.
- 1.13 Follow-up on the implementation of the corrective action plan within 60 calendar days of final report.
2. Information gathered during the investigation will be disclosed on a need-to-know basis, or as necessary to complete the investigation or to comply with disclosure laws. All reports and information related to investigations are secured in a locked area and remain on file for five (5) years.

3. Employees shall not take any action that would be likely to compromise the investigation or the status of the employees who may be involved in the investigation. Inappropriate conduct in this regard includes but is not limited to the following: discussing the investigation, the alleged misconduct, or the names of individuals involved, with persons other than those involved in the investigation or having investigative authority. Employees are encouraged to report legitimate concerns about misconduct to those persons or entities which have authority to conduct investigations into misconduct. Employees should contact the Internal Auditor with any questions regarding an investigation or the investigation process.

COMPLIANCE COMMITTEE

The Compliance Committee (“CC”) is an interdisciplinary group of employees and RBHA Board members who provide perspectives of individuals with varying responsibilities in the organization.

The RBHA CC will consist of the:

- ❑ Internal Auditor
- ❑ Board Chair and/or designees
- ❑ Corporate Compliance Officer (Director of Quality and Standards)
- ❑ Director of Human Resources
- ❑ 1 Division Director Representative

The CC will meet at least annually. Minutes of the CC meetings will be taken, routed through the CEO for approval and filed in the Master Compliance File.

TRAINING/EDUCATION

RBHA is committed to compliance and will communicate compliance rules and procedures to **all** staff, physicians, students, volunteers and contract workers through mandatory training programs at orientation and at least annually thereafter. Other means of communicating compliance information include distribution of educational materials, emails, bulletins, etc., as often as needed.

To demonstrate compliance with training/education, employees will sign an agreement of understanding and commitment to the agency’s compliance program. These signed statements will be filed in each employee’s Human Resources file.

The goals of the training/education program are to:

- ❑ Introduce employees to the Corporate Compliance Policy and the role each is expected to play in ensuring compliance. This will include emphasizing the employee’s duty to report violations of the Standards of Conduct, Policies and Procedures, or any aspect of this Corporate Compliance Policy, as well as any suspected illegal conduct, as soon as possible.

- ❑ Introduce and reinforce shared values with regard to ethics and compliance issues.
- ❑ Identify and target employees who work in complex or high-risk areas with frequent, specialized training. Training will be repeated on a monthly basis to accommodate for turnover, new staff, etc.
- ❑ Update all employees/RBHA agents on changes in rules, regulations, law, and policy.
- ❑ Provide resources for current regulations, coding, documentation and billing.

Failure to attend mandatory compliance training and unwillingness/inability to comply with any aspect of the Corporate Compliance Policy will follow the normal process of counseling and discipline as outlined in the RBHA Employee Handbook. The first step will consist of verbal counseling, followed by a written note/letter of warning. If not remedied, suspension and possible termination will occur.

INTERNAL REPORTING/AUDITING/MONITORING

RBHA will take reasonable steps to monitor employees (and other agents) through random audits and by creating a reporting system that is confidential and protects the reporter from retaliation.

A. INTERNAL REPORTING:

It is every RBHA staff person's duty to identify and appropriately report misconduct and/or potential compliance problems (according to a specific chain of command.)

Compliance reporting is not an option; it is an obligation.

To accomplish this, RBHA utilizes "feedback loops." These feedback loops (tools to assist staff in fulfilling their obligation) are designed to provide staff with direct access to the Internal Auditor. The feedback loops consist of:

- ❑ a compliance hotline (888) 320-1440
- ❑ a written confidential Disclosure Form that can be completed and mailed in anonymously to the Internal Auditor
- ❑ a dedicated email line
- ❑ a Quality Improvement request through the Quality Leadership Council

Part of the training/education provided to employees will include informing them of the existence of these feedback loop(s), as well as how to use them.

Staff will be assured that:

- ❑ Concerns will be taken seriously.
- ❑ Reporters will be kept updated on progress (providing they provide information necessary to contact them.)

- ❑ Their identity will be protected for as long as possible, but informed that at some point their identity may no longer be shielded from the government.

B. AUDITS:

Audits ensure that inappropriate practices are identified, monitored and rectified. They improve operational efficiency, improve data quality, protect against legal exposures, and provide reliable data for reporting and research purposes, and correct reimbursement.

Audits will be conducted at regular intervals, but at least annually. Periodic follow-up audits will be conducted, as necessary, to ensure that processes are in place which assess and address issues regarding the quality and accuracy of the coding and billing process.

Audits will include a review of data and other functions that have potential to place RBHA at risk of noncompliance. Generally, audits will cover three areas:

- ❑ Compliance with coding and claim development laws (to identify miscoding, duplicate billings, etc.)
- ❑ Policies that affect appropriate and efficient coding, including documentation.
- ❑ Reimbursement losses from improper or missing documentation (such as documentation of medical necessity.)

Each error will be classified by type or severity. Errors will be tracked to determine whether a pattern or practice of the same type of errors is recurring. If a pattern is evident, steps will be taken to get back into compliance as soon as possible. Examples of steps to be taken include self-reporting (including paybacks to Department of Medical Assistance Services if necessary), staff training, disciplinary action, etc. If repayment is necessary, it will be made as soon as possible.

When a potential problem or problematic trend is identified, a thorough investigation will be conducted as soon as possible to determine the seriousness and scope of the problem.

Documentation of the investigation will include:

- ❑ A full description of the process
- ❑ Notes from interviews with involved individuals
- ❑ Copies of guidelines, procedures, etc.
- ❑ Final results of the investigation

If a pattern of coding errors is revealed, the record sample will be enlarged to include a larger population to determine the true extent of the problem, number of coders involved, and number of records.

Measures taken as a result of the investigation may include:

- ❑ Immediately educating staff to obliterate the problem.
- ❑ Identifying the source of the problem, the reason and corrective action taken.
- ❑ Consulting agency legal counsel, and reporting the problem to payer(s) if advised to do so. If the investigation uncovers violation(s) of the law, we will self-report. To which federal authorities the violation(s) are reported depend upon the nature of the infraction.
- ❑ Reassigning involved employees to comparable positions, which will protect both the employee and RBHA
- ❑ Taking necessary disciplinary action in accordance with policy. Serious infractions will carry serious penalties, up to and including dismissal.

Follow-up audits will be conducted within a few months to ensure resolution of problem.

C. MONITORING:

While auditing is a structured, formal process usually performed retrospectively, monitoring is less formal and closer to a concurrent review of the coding process.

RBHA MIS, Internal Auditor, Reimbursement, and/or Quality and Standards' staff will generally conduct monitoring functions in an effort to remain in compliance as well as to enhance data. Any clinical data to which a code is assigned has the 'potential' to be monitored.

Examples of activities monitored at RBHA include:

- ❑ Researching claims denials and trending reasons for the denials (to allow rebilling any appropriate claims within time limits)
- ❑ Trending the top 10 diagnostic categories
- ❑ Reviewing financial reports and comparing overall billings with normal usage
- ❑ Trending the number and type of incidents reported by staff
- ❑ Testing staff's knowledge of, or attitudes toward, the Corporate Compliance Policy
- ❑ Trending employee evaluations of training
- ❑ Reviewing disciplinary actions taken because of compliance issues.

Sampling techniques will include random samples (to identify problems before they become "practices" or "patterns") as well as focused samples which are driven by deficiencies revealed during the last audit (deficiencies will be tracked until it is determined with certainty they're not likely to reappear) or current investigations.

ENFORCEMENT OF STANDARDS

All employees (and agents) have an affirmative duty and responsibility for reporting, in good faith, perceived misconduct, including actual or potential violations of laws, regulation, policies, procedures, or agency Standards of Conduct. This includes employees/agents who violate policy; employees who did not report violations of policy; or employees who should have known or who supervised the violators. Any employee/agent who commits or condones any form of retaliation will be subject to disciplinary action up to and including termination.

RBHA will actively discipline individuals who engage in misconduct or fail to detect/report misconduct. This includes supervisors of staff who violate standards. All employees are subject to the same disciplinary action, in accordance with the RBHA Employee Handbook, for committing similar offenses. All contractual arrangements require the contractors to comply with RBHA's Standards of Conduct, Policies and Procedures, and all applicable state and federal laws and regulations.

Persons terminating employment at RBHA will be asked several questions with regard to their evaluation of RBHA's Compliance Program. Information gleaned from these interviews will be forwarded to the Compliance Officer for tracking, etc.

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& Investigating Procedures

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Date: _____