

**CAPITAL HEALTH CHS  
CORPORATE COMPLIANCE PROGRAM  
POLICY AND PROCEDURE**

<b>TITLE:</b> Investigation and Resolution of Reports of Potential Non-Compliance		<b>NO:</b> CCP-CO-005
<b>ORIGINATING SOURCE:</b> Corporate Compliance		<b>EFFECTIVE DATE:</b> February 1, 2007
<b>APPROVALS:</b>  Al Maghazehe, Ph.D., CHE President and CEO  Stephen A. Miller, JD Chief Compliance and Privacy Officer	<b>PERSONNEL:</b> All CHS Personnel	<b>SUPERSEDES:</b> June 1, 2004
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**I. PURPOSE**

To establish protocols for the investigation of credible reports of suspected non-compliance made to the Chief Compliance Officer.

**II. FORMS/EQUIPMENT**

None

**III. POLICY**

Capital Health System is dedicated to identifying and remedying instances of non-compliance and to preventing instances of non-compliance from recurring in the future. CHS will take appropriate steps to identify, investigate and remedy instances of non-compliance with Federal healthcare program laws, regulations and standards, CHS' Code of Ethics and its Corporate Compliance Polices and Procedures.

**IV. PROCEDURE**

**A. Reporting Suspected Non-Compliance.**

1. Anyone who has a reasonable suspicion that a potential violation of a Federal healthcare program law, regulation, standard, CHS' Code of Ethics or its Corporate Compliance Polices and Procedures has occurred, must report the suspected violation to the Corporate Compliance Office (See Corporate Compliance Policy CCP-AD-005).

2. Reports of suspected non-compliance may be made either directly to a member of the Compliance Office or through the Compliance Hotline.

**B. Review of Reports of Non-Compliance.**

1. Upon receiving a report of suspected non-compliance, the Chief Compliance Officer will review the report to determine whether the report is credible, and whether a credible report involves a potential violation of civil or criminal law.
2. Where the Chief Compliance Officer determines that the error potentially involves a violation of civil or criminal law, the Chief Compliance Officer will notify CHS' General Counsel.
3. Where a credible report does not involve a potential violation of civil or criminal law, the Chief Compliance Officer will either, conduct an investigation of the report, or request the assistance of appropriate CHS personnel in conducting an investigation of the issue.

**C. Investigation of Credible Reports Not Involving Violations of Law.**

1. Investigations of compliance issues not involving a potential violation of civil or criminal law should begin within 48 hours of the Compliance Office receiving the report.
2. The Chief Compliance Officer will determine the appropriate scope and extent of the investigation and assign a time frame for completion of the investigation.
3. Investigations of issues not involving substantial questions of policy or reimbursement rules should be completed within 60 days. Investigations of issues involving substantial questions of policy or reimbursement rules should be completed within 90 days.
4. Upon the completion of each investigation, the individual conducting the investigation will document:
  - a. The identity of the individual making the report (identity excluded where reporting individual has requested confidentiality);
  - b. The reported allegations;
  - c. A summary of interviews conducted, including the date, time and substance of the interview;

- d. Copies of all documents reviewed during the investigation;
- e. A list of relevant authorities involved in the investigation (policy manuals, code of ethics, etc.);
- f. Any identified instances of non-compliance;
- g. The identity of individuals involved in instances of non-compliance;
- h. Recommendations for corrective and/or disciplinary action.

**D. Reports Involving Potential Violations of Civil or Criminal Law.**

- 1. The General Counsel will, as appropriate, direct an investigation of the report or engage outside counsel to direct the investigation.

**E. Resolution of Identified Non-Compliance.**

- 1. Upon completion of an investigation, the Chief Compliance Officer will provide written recommendations to appropriate CHS personnel for appropriate corrective measures to remedy the non-compliance.

**V. COMMITTEE APPROVAL**

Corporate Compliance Steering Committee

**VI. REFERENCES**

Federal Sentencing Guidelines, Sentencing Manual, Chapter 8, Sentencing Organizations, U.S.S.G. §8, November 1, 2006

United States Department of Health and Human Service, Office of Inspector General's Supplemental Compliance Guidance to Hospital, January 27, 2005, 70 F.R. 4858

United States Department of Health and Human Service, Office of Inspector General's Compliance Guidance to Hospital, February 23, 1998, 63 F.R. 8987

Deficit Reduction Act of 2005, S. 1932 (February 8, 2006)