

Compliance Monitoring and Evaluation

Shore Memorial Hospital Shore Rehab Shore LifeCare Shore Health Care at Home
 Lingle/Goldstein Surgical Assoc. MMC Orthopedic Assoc.

Written: 2/ 99

Revised: 3-05

Reviewed:

Adopted by the Board 4/28/2000, 3/05

President / CEO

Chairman of Board

Compliance Officer

Purpose: Provide a mechanism for monitoring the various activities and operations of Shore Health Services, Inc., to aide in the assessment of the effectiveness of the Compliance Plan, and to indicate areas where the Plan may need to revised or improved.

Policy: Shore Health Services, Inc will implement an ongoing monitoring process to provide a mechanism for the assessment of the effectiveness of the Plan and to indicate areas where the plan may need to be revised or improved.

In the event that the **organization's** monitoring activities reveal conduct which potentially constitutes *a* violations of the Corporate Compliance Plan, failure to comply with applicable state or federal law, *or* other types of misconduct, the **organization** will investigate the conduct in question immediately. *The investigation should* determine *if* any such violation has occurred. *When necessary, the organization will take appropriate* action to discipline the person or persons involved, and otherwise correct **any policy, procedure, or system failures associated with said findings.**

Monitoring

Shore Health Services, Inc. believes that a thorough and ongoing evaluation of the various aspects of the Corporate Compliance Plan is crucial to its success. In order to evaluate the effectiveness of the Corporate Compliance Plan, the Organization will employ a variety of

monitoring techniques including, but not limited to:

- Periodic interviews with management personnel regarding the perceived levels of compliance within their departments or areas of responsibility;
- Questionnaires developed to poll personnel regarding compliance matters including the effectiveness of individual training / educational techniques;
- Periodic written reports of department managers utilizing assessment tools developed to track specific areas of compliance;
- Audits designed and performed by internal and / or external *auditors*; utilizing guidelines developed by the Compliance Officer or external consultant
- Investigations of alleged non-compliance reported through the Reporting Policy or other means;
- Exit interviews for all employees.

All information obtained through monitoring efforts should be retained in written form and provided to the Compliance Officer and, if necessary or desirable, the Corporate Compliance Committee.

The Compliance Officer will also evaluate, **at minimum** annually, the effectiveness of the Code of Conduct and other compliance policies (i.e training, reporting, etc). The results of such evaluation will be reported to the Compliance Committee and the Board of Directors. The Compliance Committee will review, revise, and issue the necessary modifications and / or updates ~~to~~ of the Compliance Plan to all employees based upon the results of such evaluation.

Investigation

All reports received through *a* Reporting Policy mechanism, or some other monitoring mechanism, shall be initially assessed by the Compliance Officer and the Compliance Committee. If the initial assessment indicates that the conduct reported *is suspect to* non-compliance with the Compliance Plan, applicable state or federal law, or other organization policy; the Compliance Officer will consult with Legal Counsel as appropriate for additional investigation and guidance.

In addition, the following steps shall be taken when any report or activity *prompts* an investigation:

- Notification of the Board of Directors regarding the nature of the complaint, and *creation* of a memorandum from the Board authorizing *an* investigation by legal counsel
- Commencement of the investigation as soon as reasonably possible, but in no event more than thirty (30) days following the receipt of the report, information, or

- complaint regarding the potential non-compliance;
- Interviewing ~~of~~ the person or persons involved in, or having knowledge of, the potential non-compliance;
- Review of the *associated* statutes, regulations, *and* policies
- Preparation of a Summary Report with recommendations on corrective actions including recommended disciplinary measures to be taken against the person(s) whose activities or conduct is subject to investigation.
- Correction of problem, initiation of disciplinary action; appropriate education / training to prevent recurrence of problem.
- *Refund* of any overpayments uncovered during an investigation (with interest if appropriate); and
- Reporting ~~of~~ any verifiable fraud (as confirmed by legal counsel) to the appropriate government agency within sixty (60) days of the discovery of the credible evidence of fraud.

References:

“The Virginia Insurance Recipricol: Guidelines for a Hospital Corporate Compliance Plan,” Crews & Hancock, PLC. POB 1474, Richmond Virginia 23218-1474. Adapted from copyrighted materials, used with specific permission.

SHS Policy COO-COO1, Cooperating with Government Investigations

SHS Policy REP-COO1, Reporting Policy: Non-retaliation and Non-retribution for Reporting

Report on Medicare Compliance, July 12,2004. AIS Publishing, Inc.

US Code: Title 18, Section 1347, “Health Care Fraud”