

	<b>Type of Policy:</b> System-Wide (aka Corporate)
	<b>POLICY TITLE:</b> (C5411) Corporate Compliance Program
	<b>Effective Date:</b> (March 17, 2022) (Previous Version Date: April 9, 2019)

**PURPOSE:**

As a tax-exempt organization that participates in the Medicare and Medicaid Program, Children’s Hospital of The King’s Daughters Health System (CHKDHS) and its affiliated organizations must comply with a number of federal and state laws and regulations and must adhere to the standards set forth by various private accreditation bodies. In its continuing commitment to provide quality, comprehensive, well managed and cost-effective services to children, the CHKDHS Board has determined that the organization will provide all services to our patients and the community with the utmost ethical standards, and in compliance with all applicable federal and state laws, regulations, and private accreditation standards.

**POLICY:**

CHKDHS adopts this Corporate Compliance Program to convey to our workforce members and our community our values and commitment to ethical and legal conduct; to provide a foundation for the conduct of any individual who acts on behalf of the organization; and to establish principles of and procedures for ethical and legal conduct. Failure to comply with this policy is a serious matter that may lead to corrective action, up to and including separation of employment.

**PROCEDURE:**

**A. Applicability**

It is the policy of CHKDHS to investigate concerns of improper conduct. CHKDHS’ response to information concerning possible violations of law or the requirements of the Compliance Program is an essential component of its commitment to compliance. Investigations shall be conducted and corrective action directed by the CHKDHS Compliance and Internal Audit Department in accordance with the procedures below.

1. This Corporate Compliance Program applies to CHS, Inc and all its subsidiaries. This program also applies to the CHKD professional staff, vendors and resident physicians.
2. The Corporate Compliance Officer (CCO) shall appoint and chair a Corporate Compliance Committee and will appoint teams to assist the CCO in the implementation, auditing, and monitoring of the Corporate Compliance Program.
3. The CCO and the Corporate Compliance Committee will consult with CHKDHS legal counsel on matters concerning the Corporate Compliance Program.

**B. Corporate Compliance Program Summary**

In 1998, the Office of Inspector General (OIG) of the Department of Health & Human Services (DHHS)/(DHHS-OIG) recommended in its *Compliance Program Guidance for Hospitals* that every effective compliance program should include, at a minimum, the following seven elements. These

elements have been modified and expanded to comprise the core of CHKDHS's Corporate Compliance Program:

1. Written Policies and Procedures: CHKDHS developed and distributed written standards of conduct, as well as written policies and procedures that promote the organization's commitment to compliance and that address specific areas of potential fraud.
  - *Code of Conduct*  
The CHKDHS Board adopted the *Code of Conduct* as a document that explains what CHKDHS stands for and the way we conduct our business. The *Code of Conduct* addresses the complex legal and ethical issues faced by our organization, and provides guidance and overall principles for anyone acting on behalf of CHKDHS. The *Code of Conduct* is available to all workforce members. It is distributed and acknowledged electronically in the learning management system during New Employee Orientation where it can be reviewed at any time. It is also available in the policy management system. The *Code of Conduct* should be treated as a CHKDHS policy, and adherence to its provisions is required.
  - *Policies & Procedures:*  
Applicable CHKDHS policies have been developed or revised to reflect the expectations set forth by the Corporate Compliance Program.
2. Corporate Compliance Officer (CCO) and Corporate Compliance Committee: CHKDHS has designated a CCO and a Corporate Compliance Committee charged with the responsibility of operating and monitoring the Corporate Compliance Program. The CCO has a direct reporting obligation to the Chair of the Compliance Oversight Committee of the CHS Board of Directors and is authorized to communicate personally with the Chair of the Compliance Oversight Committee of the CHS Board of Directors (1) promptly on any matter involving criminal or potentially criminal conduct; and (2) quarterly on the implementation and effectiveness of the CHKDHS Compliance Work Plan.

The responsibilities of the CCO include:

- Overseeing and monitoring the Corporate Compliance Program, including maintenance of documentation of all transactions that involve or implicate the Program;
- Reporting on a regular basis to the organization's governing body, CEO (Chief Executive Officer), and Corporate Compliance Committee, the progress of the program, methods to improve efficiency and quality of services and processes designed to detect, prevent and reduce vulnerability to fraud, abuse and waste;
- Periodically revising the Program in light of changes in the needs of the organization, and in the law and policies and procedures of government and private payor health plans;
- Developing, coordinating, and participating in a multifaceted educational and training program that focuses on the elements of the Corporate Compliance Program, and seeking to ensure that all appropriate workforce members and management are knowledgeable of, and comply with, pertinent federal and state standards;
- Ensuring that independent contractors and agents who furnish medical services to the Health System are aware of the requirements of the CHKDHS Corporate Compliance Program with respect to coding, billing, and marketing;
- Coordinating with Human Resources to ensure the use of a reasonable and prudent background investigation of new employees, volunteers, medical staff and independent contractors;

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- Assisting the organization's financial management in coordinating internal compliance review and monitoring activities, including periodic and annual reviews;
- Independently investigating and acting on matters related to compliance, including designing and coordinating internal investigations and any resulting corrective action with all CHKDHS departments, providers and sub-providers, agents and, if appropriate, independent contractors; and
- Developing policies and programs that encourage managers and workforce members to report suspected fraud and other improprieties without fear of retaliation.

The Corporate Compliance Committee has been established to advise the CCO and assist in the implementation of the Corporate Compliance Program. The Committee reports to the CCO. The responsibilities of the Corporate Compliance Committee include:

- Ongoing analysis of the organization's industry environment, the legal requirements with which it must comply, and specific risk areas;
- Ongoing assessment of existing policies and procedures that address these risk areas;
- Working with appropriate CHKDHS departments to develop standards of conduct and policies and procedures to promote compliance with the organization's program;
- Recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out the organization's standards, policies and procedures as part of its daily operations;
- Determining the appropriate strategy/approach to promote compliance with the program and detection of any potential violations, such as through Hotlines and other fraud reporting mechanisms; and
- Soliciting, evaluating, and responding to complaints and concerns.

The Corporate Compliance Committee consists of members of administration and management, including the Director of Compliance and Internal Audit, that have knowledge of potential corporate compliance risk areas and have the authority to make system-wide changes as well as a member of the Bioethics Advisory Committee to provide guidance on ethical issues and principles of conduct.

The Corporate Compliance Committee meets no less than quarterly. Activities include, but are not limited to:

- Reviewing new statutes, regulations, pronouncements, or directives;
- Reviewing DHHS-OIG Special Fraud Alerts;
- Reviewing details and outcomes of lawsuits on other health care organizations;
- Reviewing any Hotline reporting, reports to Human Resources, and reports to the CCO;
- Reviewing audit reports;
- Identifying new potential areas of compliance risk;
- Recommending new audits/monitoring;
- Developing and implementing interventions to prevent violations.

The Corporate Compliance Committee has delegated elements of the Compliance Work Plan and auditing and monitoring activities to seven (7) subcommittees that are comprised of multiple areas of the Health System. The subcommittees report their activities and any findings into the Corporate Compliance Committee on a quarterly basis. The subcommittees are as follows:

1. 340B Drug Discount Oversight

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2. Billing and Coding Practices
3. Business Conduct and Tax
4. Human Resources and Education
5. Physician Arrangements
6. Privacy and Security
7. Research

Each subcommittee performs a portion of the Compliance Work Plan and reports throughout the year on progress and any necessary improvements, changes in regulation, or any issues that may affect the Health System.

3. Effective Education and Training: CHKDHS has developed and conducts regular, effective education and training programs for all affected workforce members.

As part of the Corporate Compliance Program, employees are required to receive initial and periodic education utilizing a variety of instructional methods. Training includes review of state and federal fraud and abuse laws, as well as CHKDHS standards, policies and procedures relating to corporate compliance. Workforce members are given an explanation of their obligation to actively participate in the program, including the duty to report suspected violations.

Participation in Corporate Compliance education is a condition of employment of all CHKDHS employees. Employees failing to comply with educational requirements of the Program will be subject to corrective action, up to and including separation of employment.

- **Initial Education**

- Initial education is provided during orientation to introduce the Corporate Compliance Program. As a part of initial education, new employees electronically receive the *Code of Conduct* handbook. This handbook serves as a reference guide stating performance expectations for all affected employees. It is intended to provide general guidance and direction regarding legal and ethical business practices and behavior. The handbook is updated periodically to apply to the changing conditions of CHKDHS. Annually, employees sign the Corporate Compliance acknowledgment form provided by CHKDHS, which evidences receipt and understanding of the *Code of Conduct* and agreement to participate in and abide by the Corporate Compliance Program elements.

- **Ongoing Education**

- CHKDHS employees participate in Corporate Compliance education on an annual basis by completing the Corporate Compliance computer-based-training program in the education training and tracking system or alternative method approved by the Corporate Compliance Committee. Annual education is documented through an education tracking system.

- **Independent Contractors**

- Members of CHKDHS workforce engaged through an employment agency, contractors associated with CHKDHS (such as vendors, and contracted physicians and their staff) will have available the CHKDHS *Code of Conduct* handbook informing of CHKDHS's commitment to the Corporate Compliance Program and allowing recourse for action should they become aware of a potential violation of the program.

- **New Managers/Supervisors**

- Direct supervisors of newly hired managers/supervisors are accountable for providing instructions to the new manager/supervisor on handling their staff's corporate compliance concerns/issues. This includes such topics as no-retaliation, confidentiality, employee protection, promotion and adherence to elements of the Corporate Compliance Program.

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### **Target Education**

- Additional training is provided for those workforce members whose actions affect the accuracy of the claims submitted to the government, such as workforce members involved in the coding, billing, cost reporting and marketing processes. Target education groups receive a minimum of three hours annually in compliance-related education.
4. Developing Effective Lines of Communication/Reporting: CHKDHS maintains a process to receive complaints, and has adopted procedures to protect the anonymity of complainants and to protect them from retaliation.

If individuals performing services on behalf of CHKDHS have questions or concerns regarding a compliance or ethics related issue, they should contact their manager or obtain information from the appropriate facility resource such as the CHKDHS *Code of Conduct* handbook, Corporate Compliance Program policy, Employee Handbook, or applicable policies and procedures.

Managers receiving information from a workforce member regarding potential or suspected violations must report the concern to their director, the CCO, the Compliance and Internal Audit Department, or the Human Resources Department so that the appropriate department (i.e., Human Resources or CCO) may respond.

Individuals not comfortable discussing their questions or concerns with their manager or who feel their concern has not been adequately addressed may contact the following persons until the issue is resolved to their satisfaction: Corporate Compliance Committee member, CCO, Compliance and Internal Audit Department Representative, Human Resources Representative, or CHKDHS legal counsel.

CHKDHS has a confidential Corporate Compliance Hotline for workforce members who have compliance concerns or problems and wish to discuss them anonymously. The Hotline may also be used for reporting suspected violations of CHKDHS policies and procedures, the Corporate Compliance Program and other laws and regulations. Anonymous callers are assigned a tracking number for future reference to the caller's original report. The Corporate Compliance Hotline number is 1-877-373-0128. This line does not utilize caller ID or any other caller tracking mechanism.

Additionally, a publicly accessible reporting form has been established on the [www.chkd.org](http://www.chkd.org) website to provide for reporting by the public as well as workforce members. The form is located on the "About Us" page of the website and is found under "Corporate Compliance" section. The form allows for all pertinent information to be completed and reported to the Compliance and Internal Audit Department. The form allows for the reporter to remain anonymous if they so choose.

The Compliance and Internal Audit Department utilizes a general compliance email inbox for workforce members to report concerns. The address, [compliance@chkd.org](mailto:compliance@chkd.org), or [privacy@chkd.org](mailto:privacy@chkd.org) should be used to report compliance or HIPAA privacy concerns. This method of reporting is not anonymous. Workforce members may request to be kept anonymous, to

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which the Compliance and Internal Audit Department will make every reasonable effort to maintain their anonymity.

Workforce members have an obligation to report any suspected violation of CHKDHS policies and procedures, the Corporate Compliance Program, and other laws and regulations to their manager, director, CCO, Compliance and Internal Audit Department, CHKDHS Legal Counsel or the Corporate Compliance Hotline.

No CHKDHS employee will be disciplined or terminated for reporting in good faith a suspected violation. See *Harassment in the Employee Handbook and System-Wide Policy C6133*.

5. Enforcing Standards Through Corrective Action: CHKDHS has developed and maintains a system to respond to allegations of improper/illegal activities, adopt procedures for appropriate corrective action against workforce members who have violated internal compliance policies, applicable statutes, regulations or federal health care program requirements.

The CHKDHS Corporate Compliance Program includes corrective action guidance for all CHKDHS workforce members where a suspected violation of the Corporate Compliance Program occurs.

Commitment to the Corporate Compliance Program applies to all CHKDHS workforce members including management, employees, volunteers, medical staff, vendors, independent contractors and other health care professionals performing services for CHKDHS.

- **Corrective Action**
- CHKDHS will not tolerate the behavior of those who engage in wrong doing which has the potential to impair our status as a provider of quality, reliable and honest health care services. Failure to comply with CHKDHS standards, policies and procedures, the Corporate Compliance Program, or federal and state laws will result in the strict enforcement of this policy. The *System-Wide Progressive Discipline Policy, C6141* outlines the corrective action process that will be used for corporate compliance issues.

Managers are held accountable for failure to comply with the Corporate Compliance Program or for the foreseeable failure of their reporting staff to comply. All managers will be evaluated on their effectiveness in educating and enforcing the standards of the Corporate Compliance Program.

- **Employment Verification**
  - Human Resources will conduct a reasonable and prudent background investigation for new hires who will have discretionary authority to make decisions that may involve compliance with the law or compliance oversight. See the *Employment Verification, Criminal Background Investigation* policy in the Employee Handbook.
6. Auditing and Monitoring: CHKDHS will use audits and/or other evaluation techniques to monitor compliance and assist in the reduction of risk to the Health System.

An evaluation process is critical to the success of the Corporate Compliance Program. A periodic evaluation of the Corporate Compliance Program will be performed to determine that elements of the Program are being met. Audits will be performed by internal and external auditors who

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have experience in federal and state health care statutes, regulations, and health care program requirements. Audits will be proactively performed to detect and prevent potential violations, and reduce or eliminate potential areas of vulnerability.

Audit results will be reported to the CCO and the Corporate Compliance Committee for (1) review and determination of any variances from established acceptable baselines, and (2) recommendations for action. A report of audit results and program evaluation will be prepared and submitted to the Compliance Oversight Committee of the CHS Board of Directors by the CCO at least annually.

Audit areas of focus include, but are not limited to:

- Coding
- Claim development and submission
- Reimbursement
- Cost reporting
- Marketing
- Physician practices

In addition to audits, ongoing review of areas of specific focus will include the OIG Special Fraud Alerts, OIG audits and evaluations, law enforcement initiatives, government sanction reports, OIG Work Plan, and state Medicaid work plans, offering current trends to guide CHKDHS corporate compliance practices.

Monitoring techniques to identify variation from established baseline may include:

- Identifying frequency and/or percentile levels of certain critical factors such as diagnosis codes, length of stay, denied claims;
- Use of trend analysis or longitudinal studies that seek deviations, positive or negative, in specific areas over a given period;
- Reviews of medical and financial records and other documents that support claims for reimbursement and Medicare/Medicaid cost reports;
- Questionnaires developed to solicit impressions of a broad cross-section of CHKDHS workforce members;
- Interviews with workforce members involved in management, operations, coding, claim development and submission, patient care, and other related activities;
- On-site visits.

Identified monitoring data and audit results will be documented in written reports and reviewed by the CCO and the Corporate Compliance Committee and Subcommittees. With these reports, the Corporate Compliance Committee and Subcommittees will make recommendations to CHKDHS management for necessary steps to correct past problems and prevent them from recurring. If called for, subsequent reviews or studies will be conducted to ensure that recommended corrective actions have been implemented successfully.

The Corporate Compliance Committee will periodically evaluate the effectiveness of the Corporate Compliance Program, *Code of Conduct*, Corporate Compliance policy and other compliance related policies, and provide the results of such evaluation to the Compliance Oversight Committee of the CHS Board of Directors. The Corporate Compliance Committee will

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review, revise, and issue modifications and/or updates to the Corporate Compliance Program and distribute them to all workforce members based upon the results of such evaluation.

7. Responding to Detected Offenses and Developing Corrective Action Initiatives: CHKDHS will investigate and correct identified systemic problems using the process outlined in CHS Billing & Reimbursement Overpayment Review Process Flowchart below and as summarized:

**a. Intake and Investigations**

Upon receiving a report, including a compliance hotline report, or other reasonable indication of suspected non-compliance, the Compliance and Internal Audit Department will initiate prompt steps to investigate the conduct in question and determine whether a material violation of applicable law or the requirements of the Program has occurred.

Intake and investigation will be conducted with one or several of the following:

- Reviewing the report in conjunction with the affected department(s), and/or other appropriate staff who may have information about what might have occurred;
- Interviewing of individuals with potential knowledge of the matter;
- Review of the relevant documents;
- Contacting the Legal Department.

Upon receipt of information concerning suspected non-compliance, the Compliance and Internal Audit Department will, at a minimum, take the following actions:

1. Complete or request the Compliance Report Intake Form (See related document);
2. Notify the CCO;
3. In conjunction with the Office of General Counsel, determine whether the Legal Department will direct the investigation;
4. Ensure the investigation is initiated as soon as reasonably possible. The investigation shall include, as applicable, but need not be limited to:
  - a) Interviews of all persons who may have knowledge of the matter and a review of the applicable laws, regulations and standards to determine whether or not a violation has occurred, consulting with the Legal Department as necessary.
  - b) Identification and review of relevant documentation including, where applicable, representative bills or claims submitted to determine the specific nature and scope of any potential overpayments and the duration and potential financial magnitude, consulting with the Patient Financial Services Department and/or Central Business Office as necessary.
  - c) Interviews of persons who appear to play a role in the matter. The purpose of the interviews is to determine the facts surrounding the conduct, and may include, but shall not be limited to:
    - (i) The affected department's understanding of the applicable laws, rules and standards;
    - (ii) Identification of relevant supervisors or managers;
    - (iii) Training that the department personnel received.
  - d) Preparation of a summary report for the Compliance file that (1) makes a determination if further investigation and/or corrective action is needed, (2) if non-compliance is identified, defines the nature of the non-

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compliance, (3) identifies individuals and departments involved, (4) assesses the nature and extent of potential liability, and (5) where applicable, identifies the potential for any overpayment by the government.

5. Establish a due date for summary report or otherwise ensure that the investigation is completed in a reasonable and timely fashion and the appropriate corrective action is taken as warranted.
6. Communicate with affected individuals and departments, including the individual or department that initiated the report, regarding action steps, if any.

**b. Corrective Action Plans, Follow Up Meeting and Corrective Action**

1. Corrective Action. In the event the investigation identifies non-compliance, the Compliance and Internal Audit Department and the affected department(s) will draft a corrective action plan using the template Compliance Corrective Action Plan (See related document) or similar document, which includes the following steps:
  - a. Immediately cease the offending practice. If the conduct involves the improper submission of claims for payment, immediately cease all billing potentially affected by the offending practice until a correction is put into effect.
  - b. Consult with legal counsel to determine whether voluntary reporting of the non-compliance to the appropriate governmental authority is warranted.
  - c. If applicable, the Compliance and Internal Audit Department will work with the Patient Financial Services Department or the appropriate billing staff to calculate and repay any duplicate or improper payments made by a federal or state government program as a result of the non-compliance and will analyze repayment obligations under commercial payor contracts.
  - d. When appropriate, the Patient Financial Services Department or the appropriate billing staff will handle identified overpayments through the administrative billing process by informing the billing staff and making appropriate adjustments via software used for billing.
  - e. Initiate disciplinary action as appropriate in conjunction with the Human Resources Department.
  - f. Promptly undertake appropriate training and education to prevent a recurrence of the non-compliance.
  - g. Conduct a review of applicable CHKDHS Policies and Procedures to determine whether revisions or the development of new policies and/or procedures are needed to minimize future risk of non-compliance.
2. Follow Up Monitoring and Record Keeping
  - a. The affected department(s) will conduct, as appropriate, follow-up monitoring and/or auditing to ensure effective resolution of the offending practice.
  - b. The affected department(s) shall provide to the Compliance and Internal Audit Department a completed corrective action plan documenting the completion of the corrective activity.

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- c. The affected department(s) will provide the Compliance and Internal Audit Department with documentation of education and follow-up monitoring and/or auditing.
  - d. The Compliance and Internal Audit Department will retain such documentation in its files.
3. Overpayment Refund Requirements

The Overpayment Refund Review Committee (ORRC) will review and approve proposed overpayment refunds in excess of an established threshold amount. The ORRC will consist of the CEO, Chief Financial Officer (CFO), and Chief Operating Officer (COO) in collaboration with General Counsel as needed.

The Compliance and Internal Audit Department together with Patient Financial Services or other billing department staff will maintain appropriate tracking systems and procedures to track and confirm compliance with applicable overpayment refund timelines and requirements.

Patient Financial Services or other billing department staff will provide a copy of the check or documentation evidencing repayment of an overpayment to the Compliance and Internal Audit Department for its file.

**c. Conflicts**

If an investigation of an alleged violation is undertaken and the CCO believes the integrity of the investigation may be at stake because of the presence of workforce members under investigation, those workforce members will be removed from their current work activity until the investigation has been completed. This action, if required, will be taken in connection with the Human Resources Department.

**d. External Resources**

The Compliance and Internal Audit Department and/or the Legal Department may solicit the support of internal and external resources to conduct an investigation.

**e. Confidentiality**

All investigations will be treated as confidential to promote full, candid disclosure by witnesses, individuals reporting suspected violations and individuals suspected of violations. Communication to or with persons outside the organization or who have no need to know is prohibited.

**f. Records**

Records of the investigation will be maintained by the Compliance and Internal Audit Department and may contain documentation of the alleged violation, a description of the investigative process, copies of interview notes, any other key documentation, a log of the witnesses interviewed, the documents reviewed, the results of the investigation, any disciplinary action taken, and the corrective action implemented.

**g. Self-Reporting**

After an investigation, if there is reason to believe that the misconduct has triggered a self reporting obligation, CHKDHS will promptly report the misconduct to the appropriate governmental authority within the applicable timeframe established by law after determining that there is credible evidence of a violation. Prompt reporting demonstrates CHKDHS's good faith and willingness to correct and remedy the problem.

When reporting misconduct to the government, CHKDHS will provide all evidence relevant to the alleged violation and potential reimbursement impact. The organization will take appropriate corrective action, including prompt identification and restitution of any overpayment to the affected payor and the imposition of proper corrective action. All reports shall be made in coordination with the Legal and Compliance and Internal Audit Departments. This Corporate Compliance Program emphasizes that overpayments obtained from any source, should be promptly returned as appropriate to the payor that made the erroneous payment.

CHKDHS will document all inquiries made to government agencies or other entities when advice regarding compliance is being sought. All documentation related to the Corporate Compliance Program will be retained by the CCO or designee consistent with System-Wide Policy C3405 Record Retention.

**h. Performance Improvement**

If the Compliance and Internal Audit Department identifies through an investigation a potential performance improvement opportunity, it will provide the Performance Improvement Department as appropriate, with information that may be applicable to such departments' activities.

**i. Reporting**

The Compliance and Internal Audit Department will report the outcomes of investigations and corrective action plans to the Corporate Compliance Committee and the Compliance Oversight Committee of the CHS Board of Directors on a quarterly basis.

**C. Response to Detected Criminal Conduct**

If criminal conduct is detected, CHKDHS will implement reasonable remediation efforts to: (1) take steps to remedy the harm caused by the criminal conduct, including but not limited to reporting as appropriate and cooperating with authorities and (2) conduct an assessment of the organization's existing compliance program, including modifications to the program as may be appropriate to prevent the occurrence of similar conduct. In addition, CHKDHS will promptly self report, as appropriate, under Section 7(g) above.

**D. Information about federal and state False Claims Acts:**

CHKDHS prohibits all forms of false claims activity. The Federal False Claims Act, the Virginia Fraud Against Taxpayers Act and the North Carolina Medical Assistance Provider False Claims Act also prohibit this illegal conduct and protect workforce members who report false claims. CHKDHS expects and requires the cooperation and assistance of all its workforce members to protect against false claims activity

All workforce members are responsible for adhering to this policy. A workforce member who believes false claims activity has occurred shall immediately report all relevant information about the conduct to his or her immediate supervisor. If the workforce member believes the supervisor is involved with or otherwise has knowledge of the suspected fraudulent activity, the workforce member must immediately report the information to the next level supervisor or the CHKDHS CCO or utilize the Corporate Compliance Hotline by calling 1-877-373-0128.

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**For additional information regarding compliance policies and procedures relating to the detection and prevention of fraud, waste, abuse, and false claims, please see System-Wide Policy C5423 Coding and Billing Compliance, False Claim Prevention and Compliance with the Federal Deficit Reduction Act of 2005.**

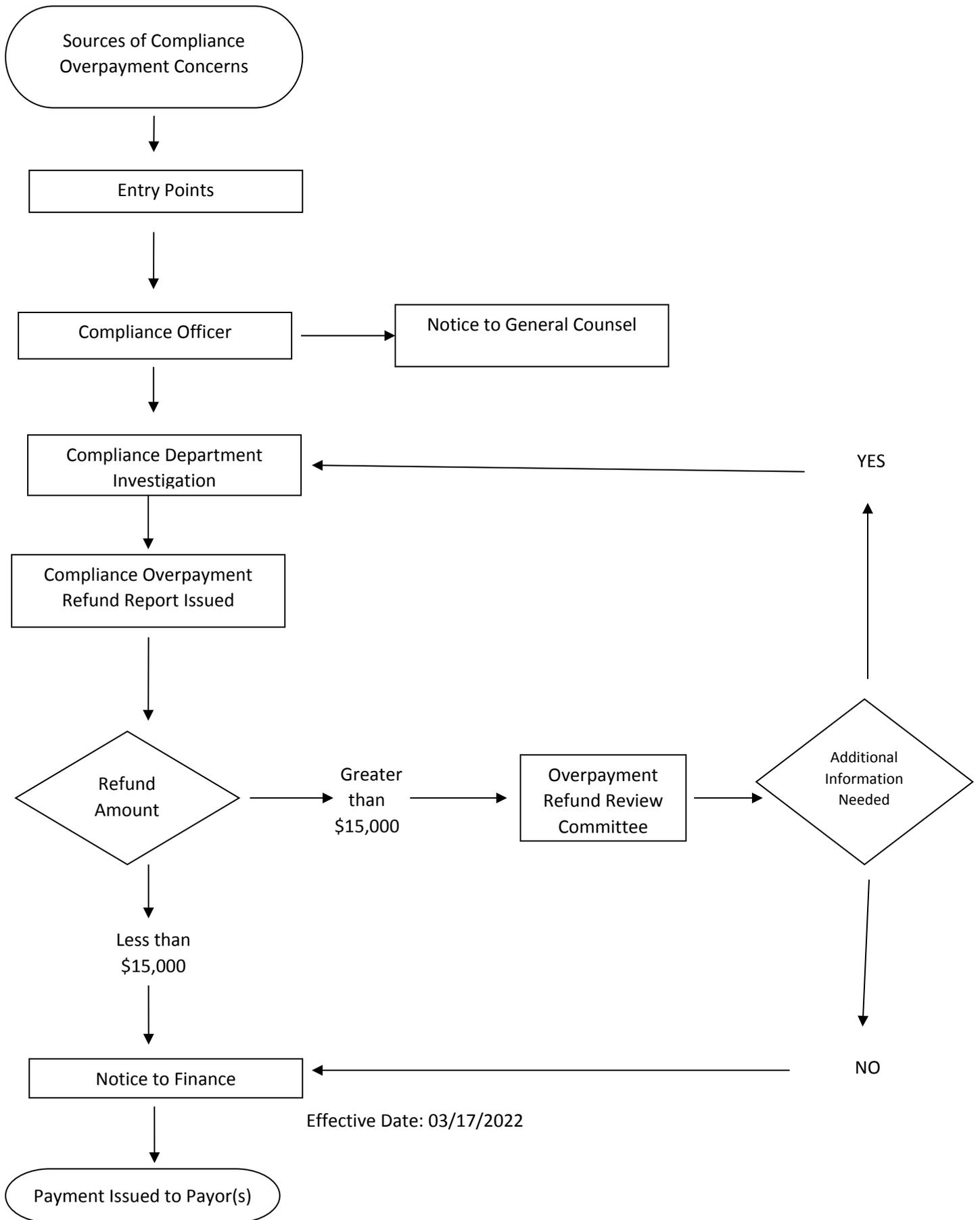
**All violations or suspected violations of this policy, the Corporate Compliance Program, or the Centers for Medicare and Medicaid Services Conditions of Participation must be reported in accordance with this policy, and may require corrective action, up to and including separation of employment.**

**REFERENCES:**

U.S Department of Health and Human Services Office of Inspector General:

- Supplemental Compliance Program Guidance for Hospitals (70 Fed. Reg. 4858; January 31, 2005)
- Compliance Program Guidance for Hospitals (63 Fed. Reg. 8987; February 23, 1998)

**CHS BILLING & REIMBURSEMENT  
OVERPAYMENT REVIEW/DETERMINATION PROCESS**



**RELATED DOCUMENTS:**

Compliance Report Intake Form

Compliance Corrective Action Plan

Code of Conduct

Employee Handbook CHKDHS

C3405 Record Retention

C5423 Coding and Billing Compliance, False Claim Prevention and Compliance with the Federal Deficit Reduction Act of 2005

C6133 Harrassment

C6141 Progressive Discipline

**INDIVIDUALS REVIEWING:**

**James D. Dahling, President & CEO**

Kimberly Day, Esq., Vice President & General Counsel

Dennis Ryan, SVP, Finance/CFO

John Harding, COO

Tina Allen, Director, Compliance & Internal Audit/Corporate Compliance & Privacy Officer

Joseph Black, Director, Enterprise Risk Management & Regulatory

**This policy is in effect for Children's Hospital of The King's Daughters Health System (CHKDHS) to include the following subsidiaries:** Children's Hospital of The King's Daughters, Incorporated (CHKD), Children's Medical Group, Inc., and CMG of North Carolina, Inc. (CMG), and Children's Surgical Specialty Group, Inc. (CSSG).

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