DEPARTMENT OF VETERANS AFFAIRS
Robert J. Dole VA Medical Center/589A7/
Wichita, Kansas

Center Circular IMC-11- 06
May 24, 2011
Rescission Date: May 24, 2014

COMPLIANCE AND BUSINESS INTEGRITY PROGRAM

1. BACKGROUND: The Veterans Health Administration (VHA) expects that its business operations and health information practices will be known in government and in industry as consistently complying with applicable standards and achieving the highest levels of business integrity. Compliance and Business Integrity (CBI) programs exist at all levels of the organization.

VHA'S business and health information units generate transactions which in the aggregate are material to VHA financial reporting. Revenues generated via first- and third-party billing activity are essential to fund the health care services for veterans; payments to non-VA sources of health care are significant expenditures for the system. VHA's business and health information units also rely on the clinical coding and other data the accuracy of which is essential for both business and clinical purposes.

CBI is an oversight and management process, woven into the fabric of routine operations to assure that business, health information and related clinical transactions occur in operational environments which accurately and reliably initiate, authorize, record, process, and report transactional data to ensure that management will be able to prevent or detect errors in transactions and on financial statements and other significant management reports.

2. PURPOSE: This directive establishes the framework for a Compliance and Business Integrity (CBI) Program at the Robert J. Dole VA Medical Center (Dole VAMC) which supports the operations of the organization's mission and vision through a Medical Center-wide compliance program.

3. POLICY: The policy of the Dole VAMC is that its business activities and health information practices will be conducted in accordance with all laws, regulations, and industry standards which apply and will maintain the highest level of professional and ethical standards in the conduct of its clinical and administrative operations.

Compliance is actual and meaningful adherence to the requirements of any law, regulations, or industry standard applicable to the business activity or health information practice in question.

Business integrity is more than just technical or minimal compliance with the laws and regulations which apply to a business activity or health information practice.

It means actions which not just comply fully with the letter of a particular law, rule or standard, but in addition can be characterized as the actions of an organization as above-board, ethical, and without the intent or effect of being false or misleading.

These standards can be achieved and sustained through the actions and conduct of all staff at the Medical Center.

4. SCOPE: The scope of the CBI Program is oversight of the business operations and health information practices of the Dole VAMC. The scope of the CBI program does not include oversight of:

a. Clinical aspects of care and matters related to the clinical quality of that care from the clinical programs and oversight accountability. Within this Medical Center, these activities are the responsibility of the office of the Chief of Staff, ethics, Behavioral Health, Primary Care, Nurse Executive, Specialty Care, Surgery, Clinical Support, Quality Assurance and patient safety.

b. The clinical and education aspects of graduate medical education and training of clinical professionals, as to which the Office of Academic Affiliations has primary program and oversight accountability. Within this Medical Center, these activities are the responsibility of the Chief of Staff.

c. The clinical aspects of human subjects research as to which the Office of Research and Development has primary program accountability and as to which the Office of Research Oversight has oversight responsibility. Within this Medical Center, these activities are the responsibility of the Chief of Staff.

Note: It is recognized that in each of these areas, there will be overlap between the management of these areas and the business operations and health information practices which result. In these instances of overlap, leadership of clinical, education, research, and CBI program offices must coordinate their activities to meet individual program office needs and to compliment each other's programs.

5. STRUCTURE AND RESPONSIBILITY:

a. Managers of operational units which engage in business operations and health information practices are primarily responsible for ensuring that all business operations and health information practices within their respective operations are being conducted in continuing compliance with the laws, regulations and standards which govern those activities, the reasonable expectations of VHA's business partners, and the highest standards of business integrity.

b. The CBI Officer (CBIO) is delegated the day-to-day operational responsibility for the CBI program and for coordinating CBI activities for the Medical Center.

(1) The CBIO will report to the Medical Center Director.

(2) The CBIO will have resources, authority, and autonomy to conduct CBI activities, and is specifically delegated full authority to access all documents or information necessary to conduct CBI activities, regardless of whether that information is confidential or non-disclosable to the public or VHA employees generally.

(3) The CBIO will not conduct any CBI activity in any situation where the Officer has personal or organization interests which conflict, or might be perceived to conflict, with the CBI responsibilities.

(a) When a situation arises where an actual or apparent conflict might be said to conflict, the CBIO will inform the Director in writing of all pertinent facts and either, (1) state that a conflict exits, or (2) ask the Director to determine in writing that a conflict does not exist.

(b) In situations where a conflict is found to exist, the VISN CBIO will be informed in writing and will be requested to designate a CBIO from anther VAMC to perform the duties of the CBIO.

(4) The CBI Officer will provide training and education to organizational leadership and to members of the CBI Committee.

(5) The facility must demonstrate a written review of the effectiveness of the CBI program on a fiscal year basis.

(6) After the review of effectiveness has been concluded, the CBI Officer must author a report for the Medical Center Directive and the CBI Committee detailing: the performance of the program, including all work completed; the results of the risk assessment; and the contents of the program's various planning documents. The report is to include a description of how future CBI program activities will mitigate current compliance risks and failures.

(7) The Compliance and Business Integrity Officer is a member of the VISN 15 Compliance Advisory Board.

6. PROCEDURES:

a. The following additional Standard Operating Procedures are adopted:

(1) Attachment A: Executive Compliance and Business Integrity Committee.
(2) Attachment B: CBI Training and Education Standard Operating Procedure
(3) Attachment C: CBI Communications Standard Operating Procedure
(4) Attachment D: CBI Enforcement, Discipline and Recognition Standard Operating Procedure
(5) Attachment E: CBI Monitoring and Auditing Standard Operating Procedure
(6) Attachment G: CBI Investigation and Response Standard Operating Procedure

b. The CBIO and Executive CBI Committee will coordinate the preparation of an annual formal CBI Risk Assessment which will be used to identify business processes to be monitored, the business processes and health information practices to be audited, and the areas to be the subject of focused training and education. The Risk Assessment will include:

(1) A description of the risk identified,

(2) The basis for identifying areas of identified risks, including assessment of:

(a) The VA OIG Summary Report of Combined Assessment Program Reviews at Veterans Health Administration Medical Facilities,
(b) The Joint Commission Reviews and the HHS OIG Work Plan.
(c) Results from the Medical Center's or VISN's monitoring activities and auditing activities.
(d) System-Wide Ongoing Assessment and Review Strategy (SOARS) Reviews

(3) A rating of the risk (for prioritization purposes) and

(4) A plan to mitigate or minimize each risk other than those categorized as minimal, which includes:
(a) Business process redesign, including documentation of standard operating procedures.
(b) Training and Education.
(c) Enhanced, focused, and repeated monitoring or audits to confirm the effectiveness of the mitigation plan.

7. DEFINITIONS:

a. Business Unit. The business unit is the entity that is performing the operational functions in question. For instance, where billing issues are concerned, the business unit would be the medical facility or Consolidated Patient Account Center (CPAC) billing department; where accuracy of insurance information is a cause of concern, the business units are likely the patient intake and insurance verification departments.

b. CBI Helpline. VHA maintains a CBI Helpline to receive questions and reports of potential noncompliance, and to implement procedures to protect a caller's anonymity when requested. The CBI Helpline is a reporting opportunity which is separate from the VA OIG Hotline or the Medical Inspector Hotline. Compliance inquiries may be directly reported to a supervisor, other management, or the facility or Veterans Integrated Service Network (VISN) CBI Officer.

c. Compliance Inquiry Reporting and Tracking System (CIRTS). CIRTS is a database and document management system maintained by the VHA CBI Office to provide a tool which collects data arising from calls made to the Helpline, and compliance inquiries conducted by CBI Officers at the VISNs and VA medical facilities.

d.* Causation and Corrective Action Plan.** A causation and corrective action plan is specific to an identified risk or CBI revenue and purchased care organizational failure. Its purpose is to identify the cause of the risk or failure, and to lay out the specific steps the organization will take to minimize the likelihood of a risk actually occurring, or to halt the compliance failure and implement prevention mechanisms to ensure the failure does not resurface. ***NOTE: *The VHA CBI Office has developed a standard causation and corrective action plan, which can be found at: http://vaww.cbi.va.gov/metrics_list.asp. This is an internal web site and is unavailable to the public.*

e. Excluded Parties List System (EPLS). EPLS provides a single comprehensive list of individuals and firms excluded by Federal government agencies from receiving federal

contracts or federally approved subcontracts and from certain types of federal financial and non-financial assistance and benefits. The EPLS is used to keep agencies abreast of administrative, as well as, statutory exclusions taken throughout the Federal Government. Actions may be taken under the Federal Acquisition Regulation (FAR) or supplements thereto, under specific agency regulations or under the Government-wide Nonprocurement Suspension and Debarment Common Rule (68 Federal Register (FR) 66533), or other specific statutory authority.

f. Internal Controls. Internal controls are an integral component of management that provides reasonable assurance that the following objectives are being achieved: effectiveness and efficiency of operations, reliability of transactions affecting financial reporting and of the reports which result, and compliance with applicable laws and regulations.

8. REFERENCES: VHA Directive 1030, Compliance and Business Integrity (CBI) Programs, dated July 31, 2006; VHA Handbook 1030.01, Compliance and Business Integrity (CBI) Program Administration, dated July 31, 2006; VHA Handbook 1030.02, Compliance and Business Integrity (CBI) Program Standards, dated November 8, 2010; VISN 15 Compliance and Business Integrity (CBI) Program, dated March 1, 2011; CBI System of Records, Federal Register, November 2001, volume 66, number 231. 38 CFR 1.200-1.201, Referrals of Information Regarding Criminal Violations. Social Security Act, Sections 1128 and 1156; US Sentencing Commission, Sentencing Guidelines, Ch 8, Sentencing of Organizations at http://www.ussc.gov/guidelines/2004 guidelines/manual/Chap8.pdf; Public Law 107-174, Notification of Federal Employee Antidiscrimination and Retaliation Act of 2002, also known as the NO FEAR Act.

9. RECISIONS: Center Directive IMC-09-06, Compliance and Business Integrity Program, dated September 14, 2009.

10. FOLLOW-UP RESPONSIBILITY: The CBIO, 316-681-5580, is responsible for follow-up of this Directive.

Tom Sanders

THOMAS J. SANDERS, FACHE
Director

Phyllis M. Hilger

PHYLLIS HILGER, MHS, CCP
Chair, Executive CBI Committee
Chair, Information Management Council

Attachments: 7

Distribution: Code 3

Attachment A

EXECUTIVE COMPLIANCE AND BUSINESS INTEGRITY COMMITTEE STANDARD OPERATING PROCEDURE

1. PURPOSE: This Standard Operating Procedure (SOP) establishes an Executive Compliance and Business Integrity (CBI) Committee at the Robert J. Dole VA Medical Center to assist in the design and implementation of CBI program activities. This Committee serves in an advisory role to senior leadership regarding the CBI function.

2. BACKGROUND:

a. The Guidelines of the United States Sentencing Commission defines the characteristics of an effective compliance program. Among these is the need for organizational boards and leadership to be knowledgeable about the content and operation of the compliance and ethics program, and the need to exercise reasonable oversight with respect to the implementation and effectiveness of the compliance and ethics program. Recent revisions to the Sentencing Commission Guidelines make clear that all management and leadership shares responsibility with the compliance officer for leading the organization to achieve compliance and ethical behavior.

b. Veterans Heath Administrative (VHA) Directive 1030.02, Compliance and Business Integrity (CBI) Program Standards, establishes CBI Committees at the facility and VISN level, as well as a national Compliance Advisory Board (CAB).

3. POLICY: The policies of the Dole VAMC is that an Executive CBI Committee will be established to provide guidance to local leadership as to whether the organization's business operations and health information practices are being conducted in accordance with applicable laws, regulations and industry standards and the highest standards of business integrity.

4. ACTION:

a. Director**:** The Director is responsible in establishing the Executive CBI Committee and:

(1) Appointing appropriate members of the Committee
(2) Reviewing and approving minutes and recommendations.
(3) Delegating necessary authority to the Executive CBI Committee to complete its functions.
(4) Providing CBI Program oversight.

b. CBI OFFICER (CBIO): The CBIO is responsible for:

(1) Serving as the Chair of the Executive CBI Committee.
(2) Ensuring minutes of the Executive CBI Committee are provided to the Director for review, discussion, and approval.
(3) Developing the agenda prior to each meeting.
(4) Providing reports at each Executive CBI Committee meeting describing the actions and initiatives of the CBI program
(5) Providing or arranging to provide education to Executive CBI Committee members regarding its role and CBI oversight functions through training and education refresher courses.
(6) Soliciting guidance and advice from the Executive CBI Committee regarding the activities and direction of the CBI program.
(7) Ensuring minutes are forwarded to VISN CBIO monthly.

c. Executive CBI Committee:
(1) The following are appointed members of the Executive CBI Committee:

(a) Compliance and Business Integrity Officer (CBIO)
(b) Chief, Health Information Management (HIM)
(c) Human Resource (HR) Manager
(d) Chief, Information Technology (IT)
(e) Patient Accounts Manager (MCCF)
(f) Primary Care Representative
(g) Surgery Service Representative
(h) Specialty Care Representative
(i) Mental Health Representative
(j) Compliance Auditor
(k) Compliance Coding Auditor
(l) Quality Manager (QM)
(m) Chief of Staff (Ex-Officio)
(n) Chief, Health Administrative Service (HAS)
(o) Fee Manager
(p) Financial Manager or designee
(q) Union Representative

(2) The Executive CBI Committee will meet monthly, and may meet an *ad hoc* basis at the call of the Chair if an issue needs immediate attention.

(3) The Executive CBI Committee will establish documented standards and processes for executing its compliance oversight responsibilities. These standards and processes will include:

(a) The Executive CBI Committee will assist in developing and/or reviewing the facility's Risk Assessment, Monitoring Plan, Auditing Plan and Training and Compliance Education Plan.

(b) CBIO, in concert with the Executive CBI Committee, reviews referrals from other VAMC programs and functions that influence business integrity.

(c) The CBIO will inform the Executive CBI Committee of investigations, program reviews, external inspections or other recurring or episodic program assessment efforts that involved CBI issues.

(d) The Executive CBI Committee will review the results of all revenue cycle quality monitoring, CBI-related audits and investigations.

(e) Promotion of the CBI Program and reporting mechanisms for potential violations. This includes use of Compliance Inquiry Reporting and Tracking System (CIRTS), the CBI HelpLine, and other reporting mechanisms.

(4) The following will be standing agenda items at every Executive CBI Committee meeting:

(a) Review of updates to Risk Assessments, Training and Education Plans, Monitoring Plans, and Auditing Plans.
(b) Review of referrals from other VAMC programs and functions.
(c) Review of results of investigations, program reviews, external inspections or other recurring or episodic program assessment efforts.
(d) Review of results in findings of all compliance-related business quality monitoring, audits, investigations, fact-finding efforts, progress and outcomes of CBI Action Plans.
(e) Review of results of Training and Education programs.
(f) Review of results of EPLS screening and background checks.
(g) Review of CBI Metrics.
(h) Review of CIRTS entries with length of activity as well as more detailed reports when necessary.
(i) Review of rates and causes for nonpayment (denial) of MCCR billings.
(j) Review of results of investigations regarding misconduct related to compliance.
(k) Review of CBI Policies.

(5) The Executive CBI Committee's minutes will be forwarded to:

(a) The Director, who will sign them to show they are reviewed.
(b) The VISN CBIO.

(6) On an annual basis, the Executive CBI Committee will provide a written report to the Director on significant work performed during the year and upcoming focus areas, as well as the Dole VAMC's CBI program alignment with the requirements of the national CBI Annual report.

(7) The VISN CBIO is promptly informed of issues of significant importance or compliance exceptions.

Attachment B

COMPLIANCE TRAINING AND EDUCATION
STANDARD OPERATING PROCEDURE

Ask about when to incorporate CPAC stuff

1. PURPOSE: This Standard Operating Procedure (SOP) establishes policy for training and education in support of the Compliance and Business (CBI) initiatives within the Robert J. Dole VA Medical Center (Dole VAMC).

2. POLICY: The following policies govern all CBI-related training:

a. CBI awareness training will be provided for new employees within 60 days of hire and recurrent CBI awareness training will be provided to all employees on an annual basis. CBI awareness training will cover at least the following subjects:

(1) The VHA CBI Program, the necessity of integrity in all business operations, and the importance of these to the Center's mission.

(2) Applicable laws and regulations.

(3) The CBI Helpline.

b. Job-specific compliance and business integrity training will be provided to all employees on an annual basis. Job-specific training covers, as appropriate to the job function, clinical documentation and documentation standards.

c. Volunteers assisting in revenue cycle operations or health information practices will receive the same initial and recurrent CBI training as the employees with whom they work.

d. Employees of independent contractors engaged in revenue cycle activities will be required by contract to receive initial and annual recurrent CBI awareness and job-specific training approved by the CBI Officer.

e. Targeted education will be provided to affected employees, volunteers, and contractor's employees based on monitoring results, audit results, the Risk Assessment, or after a compliance exception are detected.

f. Regional Counsel will be invited to participate in, or approve the content of, education involving government ethics and conflicts of interest.

g. CBIO will have access to a system which will track the education each employee receives (i.e., LMS).

h. The effectiveness of the training will be evaluated.

i. Training will be conducted pursuant to a formal Training and Education Plan which is reviewed and approved by the Executive CBI Committee. The Plan will:

(1) Provide, with respect to each CBI training and education program:

(a) The target audience or employee group.
(b) The syllabus, i.e., a detailed discussion of the content to be taught.
(c) The method of education (i.e., lecture, video, web-based, etc.)
(d) The time, frequency or scheduling of the program.
(e) The methods of tracking the education each employee receives, and
(f) The methods for evaluating the effectiveness of the training.
(g) The Plan will include the following:
(1) Basic compliance awareness training
(2) Annual refresher training
(3) Job-specific training for employees in positions that affect the revenue cycle
(4) Consolidated Patient Accounts Centers (CPAC)
(5) Purchased care activities
(6) Excluded Parties List System (EPLS)
(7) Compliance Inquiry and Reporting Tracking System (CIRTS)
(8) CBI HelpLine

(2) Provide for job-specific CBI training and education for at least the following categories of employees, volunteers, or contractors.

(a) That enters, reviews, or validates clinical codes.
(b) Who produce, review, or monitor the quality of billings for clinical goods or services or co-payments related to clinical goods or services.
(c) Who process any other activity related to the revenue cycle, including patient registration, insurance identification and verification, accounts receivable, claims appeals or reconsiderations.
(d) Physicians and Residents.
(e) Clinical providers other than physicians as indicated by the risk assessment or auditing and monitoring results.
(f) Executive Leadership.
(g) Clinic Directors and Supervisors.
(h) Executive CBI Committee members.
(i) Employees engaged in contracting for or administering contracts for clinical services.

Attachment C

CBI COMMUNICATIONS
STANDARD OPERATING PROCEDURE

1. PURPOSE: This Standard Operating Procedure (SOP) establishes policies related to communication involving matters related to Compliance and Business Integrity (CBI) initiatives with the Robert J. Dole VA Medical Center (Dole VAMC).

2. POLICY: The following are policies of the Dole VAMC:

a. The following items will be communicated to the executive leadership and managers of each department identified for focused compliance activity:

(1) The Risk Assessment.
(2) The Training and Education Plan
(3) The Monitoring and Auditing Plan
(4) Any compliance risks identified throughout the year, as well as the plan to mitigate that risk.

b. The CBI Officer (CBIO) will be involved in entrance and exit interviews conducted by the VA OIG, SOARs, TJC, any health benefit plan or third party payer, or other agency which evaluates business compliance or health information practices.

c. Clinical providers will be informed of changes to documentation standards which may affect coding or billing.

d. Directors and supervisors of all business operations will immediately forward to the CBIO copies of any correspondence that suggests significant or systemic deficiencies in patient registration data, clinical documentation, coding, billing, refunds, or overpayments.

e. The CBIO will be promptly informed of issues of significant importance or compliance exceptions.

f. The CBIO will receive reports of monitoring by internal business units.

g. The CBIO will have ready access to assistance from Regional Counsel and will consult with Counsel when serious compliance exceptions are suspected or detected.

h. The Compliance Inquiry Reporting Tracking System (CIRTS) will be used to report compliance issues to the national CBI office.

i. CBI Posters will be displayed in employee and other appropriate areas such as patient waiting areas, break rooms, revenue office, etc.

j. The CBIO will be a member of the following multi-disciplinary committees:

(1) VISN Compliance Committee.
(2) MCCR or Revenue Committee which is the Information Management Council.
(3) HIMS Committee which is the Information Management Council.

CBI ENFORCEMENT, DISCIPLINE AND RECOGNITION STANDARD OPERATING PROCEDURE

1. **PURPOSE:** This Standard Operating Procedure (SOP) establishes policies related to the enforcement of standards relating to Compliance and Business Integrity (CBI) initiatives within the Robert J. Dole VA Medical Center (Dole VAMC), recognition of those employees who identify compliance and business integrity issues, and discipline of those employees and directors who fail to comply with these policies.

2. **POLICY:** The following are policies of the Dole VAMC:

a. All employees are required to understand and comply with the laws, regulations and industry standards which apply to their job functions and to perform those functions with the highest standards of business integrity.

b. Directors of business functions are to operate their programs in compliance with the laws, regulations and industry standards which apply to those functions and with the highest standards of business integrity.

c. Performance standards for directors and employees of business functions will measure both quantity and quality of work performed, the compliance of that work with the laws, regulations and industry standards which apply, and whether the work was performed in accordance with the highest standards of business integrity.

d. Directors and supervisors will be disciplined for failure to adequately train employees in compliance and business integrity matters; or for failure to adequately detect, disclose, and correct non-compliance with applicable laws, regulations o industry standards, where reasonable diligence on the part of the director or supervisor would have led to the earlier detection, reporting, or correction of the CBI problem.

e. The facility will demonstrate equitable enforcement of disciplinary procedures at all levels of the organization.

f. Actual or possible violations of law are to be reported to the Inspector General and other proper authorities as required by 38 CFR 1.201.

g. Employees will be trained, provided access to and understand their roles and responsibilities under the “Standards of Ethical Conduct for Employees of the Executive Branch”. In VHA, these standards are supported and carried out by the Designated Agency Ethics Officials (DAEO), and the General and Regional Counsels. The CBI Officer is expected to promote the standards in cooperation with Regional Counsel and the Integrated Ethics Committee.

h. Employees are to receive appropriate recognition for values-based behavior when they identify compliance or business integrity issues. Recognition will occur through existing incentive and award mechanisms and via annual performance appraisals. Employees who request anonymity when identifying compliance and business integrity issues will receive recognition only if they waive anonymity.

i. There will be no retaliation or adverse action of any kind against any employee who identifies or reports a compliance or business integrity issue to management, to the CBI Officer (CBIO), or through the CBI Helpline.

j. Actual or possible violations of law are to be reported to the Inspector General and other proper authorities as required by 38 CFR 1.201.

k. All employees, all without-compensation (WOC) employees, all volunteers, and all contractors will be screened against the HHS OIG List of Excluded Individuals and Entities (LEIE) and EPLS at the time of employment or engagement.

Attachment E

CBI MONITORING AND AUDITING STANDARD OPERATING PROCEDURE

1. **PURPOSE:** This Standard Operating Procedure (SOP) establishes policies related to the monitoring and auditing of operations within the Robert J. Dole VA Medical Center (Dole VAMC) to assist in confirming that business operation and health information practices are conducted in accordance with applicable laws, regulations and industry practices or to identify where they do not, so that causes for non-compliance can be identified and resolved.

2. **POLICY:** The following are policies of the Dole VAMC:

a. Internal controls and quality monitoring is the responsibility of business units actually carrying out the business activity.

b. The CBI Officer will review internal controls in place as part of periodic audits within business units and make a determination as to their adequacy in preventing CBI, revenue, or purchased care operational failures. Any audit report to leadership must include such an assessment.

c. On an annual basis, formal, written plans will be developed for auditing and monitoring business activities which have been identified as actual or potential sources of compliance failures, revenue, and purchased care operational failures, or by the risk assessment.

d. Auditing and monitoring plans must be endorsed by both the CBI Committee and organizational leadership.

e. Auditing will be completed in accordance with industry standards and appropriate VHA guidance provided in VHA Handbooks, VHA Directives, and policies.

f. When an audit or established monitor finds that practices are inconsistent with VHA standards and policies, a CBI causation and corrective action plan (CCAP) will be developed and implemented.

g. Audit reports will demonstrate a review of internal controls (monitoring) within the business units to determine if internal controls are implemented and effective in maintaining adequate performance.

h. When CBI activities identify a compliance failure, the facility must demonstrate that a retrospective review was conducted to determine the origin of the failure.

Attachment F

CBI INVESTIGATION AND RESPONSE STANDARD OPERATING PROCEDURE

1. PURPOSE: This Standard Operating Procedure (SOP) establishes policies related to the investigation of allegations or concerns that business operations with the Robert J. Dole VA Medical Center (Dole VAMC), including health information practices, are not being conducted in accordance with applicable laws, regulations and industry practices and the resolution of causes of any findings of non-compliance.

2. POLICY: The following is the policy of the Dole VAMC:

a. Formal and informal investigation processes and procedures will be conducted in accordance with applicable VHA Handbooks, VHA Directives, and policies.

b. If it is determined that a failure found during CBI program activities was caused by improper procedures, misunderstanding of the rules, or systemic problems, the facility must demonstrate prompt steps are taken to correct the problem.

c. When CBI program activities identify that failures were not detected in a timely manner due to inadequate, or lack of, internal controls, appropriate modifications to those internal controls must be implemented.

d. Identified or potential issues of fraud, waste, and abuse need to be immediately referred to the VA OIG. Other violations of law not related to fraud, waste, or abuse must be referred to the VA Police. Any investigation by organization staff outside of these parties may taint the eventual investigation.

e. The facility will demonstrate processes and procedures for monitoring and auditing following the organizational failure to determine if corrective actions were appropriate.

f. The findings of investigations and response activities, along with the associated causation and corrective action plan, are to be reviewed and approved by both the CBI Committee and the Medical Center Director

Attachment G

RECORDS MANAGEMENT FOR COMPLIANCE DOCUMENTS
STANDARD OPERATING PROCEDURE

Field-based Compliance and Business Integrity Programs - General Requirements					
General Administration					
Field/VISN CBI Program	Reports File (General/Miscellaneous)	*CBI Officer/Staff*	Ad hoc	RCS 10-1, Item No. 23 (a-c)	**a)** Destroy original after 1 year from completion of summary or study. Field facilities to destroy their copies after 1 year. **b)** Destroy after two years. **c)** Destroy after two years.
Field/VISN CBI Program	Administrative Reports	*CBI Officer/Staff*	Ad hoc	RCS 10-1, Item No. 64	Destroy after 3 years.
Field/VISN CBI Program	CBI Officer Position Description File	*HR*	Ad hoc	RCS 10-1, Item No. 28	Destroy 2 years after position is abolished or description superseded.
Field/VISN CBI Program	Committee, Board and Conference File	*CBI Officer*	Monthly	RCS 10-1, Item No. 00-6	Destroy when 3 years old or when no longer needed for reference, whichever is sooner.
Field/VISN CBI Program	Management Control Records: Review Files: Correspondence, reports, action copies of audit findings, and other records that identify program internal control weaknesses, and corrective actions taken to resolve such problems.	*CBI Officer*	Ad hoc	General Record Schedule 16, Item 14(f)(1-2)	Cut off when no further corrective action is necessary. Destroy 5 years after cutoff.
CBI Committee					
Field/VISN CBI Program	Compliance Committee Policy	*CBI Officer/Staff*	As Updated/Revised	RCS 10-1, Item No. 19E1	**Permanent.** Retire to the Washington National Records Center in 5 year blocks when latest record is 10 years old, e.g., 1970-75 in 1985. Transfer to the National Archives in 5 year blocks when 20 years, e.g., 1970-75 in 1995.
Field/VISN CBI	CBI Committee Files	*CBI Officer/Staff*	Ad hoc	RCS 10-1, Item No. 8	*See RCS 10-1, Item No. 8 (a)(2)-(b)*

Program				(a)(2)-(b)	
Training, Education and Outreach					
Field/VISN CBI Program	Training and Education Policy	*CBI Officer/Staff*	As Updated/Revised	RCS 10-1, Item No. 19E1	**Permanent.** Retire to the Washington National Records Center in 5 year blocks when latest record is 10 years old, e.g., 1970-75 in 1985. Transfer to the National Archives in 5 year blocks when 20 years, e.g., 1970-75 in 1995.
Field/VISN CBI Program	Training and Education Files	*CBI Officer/Staff*	Ad hoc	RCS 10-1, Item No. 25 (a-b)	**a)** Destroy when 5 years old or 5 years after completion of a specific, training program. **b)** Destroy when 5 years old or when superseded or obsolete, whichever, is sooner. *NOTE: Records excluded from this item must be scheduled by submission of an SF 115 to NARA.*
Field/VISN CBI Program	Information and outreach materials including papers, publications, pamphlets, newsletters, presentations, exhibits, and/or other electronic media describing or clarifying established CBI activities, functions, or responsibilities.	*CBI Officer/Staff*	Ad hoc	RCS 10-1, Item No. 16	Destroy when obsolete, rescinded or superseded unless needed longer for reference purposes.
Communications					
Field/VISN CBI Program	CBI Communications Policy	*CBI Officer/Staff*	As Updated/Revised	RCS 10-1, Item No. 19E1	**Permanent.** Retire to the Washington National Records Center in 5 year blocks when latest record is 10 years old, e.g., 1970-75 in 1985. Transfer to the National Archives in 5 year blocks when 20 years, e.g., 1970-75 in 1995. See local/VISN Records Control Officer.
Field/VISN CBI Program	Compliance Inquiry Recording and Tracking System (CIRTS)	*VA OI&T*	*Maintained by VA OI&T.*	VA Privacy Act System of Records - 106VA17 - Compliance Records,	*All compliance inquiries, as defined by VHA Handbook 1030.04 and as official federal records, must be*

				Response, and Resolution of Reports of Persons Allegedly Involved in Compliance Violations-VA	*entered into CIRTS per VHA Handbook 1030.04. Retention/disposition requirements fulfilled by VA OI&T.*
Field/VISN CBI Program	Correspondence File (non-IT)	*CBI Officer/Staff*	Ad hoc	RCS 10-1, Item No. 9	Destroy after 2 years old.
Enforcement, Discipline and Recognition					
Field/VISN CBI Program	Enforcement and Discipline Policy	*CBI Officer/Staff*	As Updated/Revised	RCS 10-1, Item No. 19E1	**Permanent.** Retire to the Washington National Records Center in 5 year blocks when latest record is 10 years old, e.g., 1970-75 in 1985. Transfer to the National Archives in 5 year blocks when 20 years, e.g., 1970-75 in 1995. See local/VISN Records Control Officer.
Auditing and Monitoring, Risk Assessment					
Field/VISN CBI Program	Auditing and Monitoring Policies	*CBI Officer/Staff*	As Updated/Revised	RCS 10-1, Item No. 19E1	**Permanent.** Retire to the Washington National Records Center in 5 year blocks when latest record is 10 years old, e.g., 1970-75 in 1985. Transfer to the National Archives in 5 year blocks when 20 years, e.g., 1970-75 in 1995. See local/VISN Records Control Officer.
Field/VISN CBI Program	Risk Assessment (Analysis) Files (incl. working papers, notes, reports and supporting materials used to document review of program areas for susceptibility to loss or unauthorized use of resources, errors in reports and information, and illegal and unethical actions.)	*CBI Officer/Staff*	As Updated/Revised	General Record Schedule 16, Item 14(c)	Cut off closed files annually. Destroy after next review cycle.
Field/VISN CBI Program	Audit Case File(s)	*CBI Officer/Staff*	Ad hoc	RCS 10-1, Item No. 39	Retire when case is closed. Destroy 8 years after cut off.

Field/VISN CBI Program	Monitor Case (Review) Files (incl. working papers, notes, reports, etc. related thereto)	*CBI Officer/Staff*	Ad hoc	General Record Schedule 16, Item 14(f)(1-2)	Cut off when no further corrective action is necessary. Destroy 5 years after cutoff.
Investigation and Response					
Field/VISN CBI Program	Investigation and Response Policy	*CBI Officer/Staff*	As Updated/Revised	RCS 10-1, Item No. 19E1	**Permanent.** Retire to the Washington National Records Center in 5 year blocks when latest record is 10 years old, e.g., 1970-75 in 1985. Transfer to the National Archives in 5 year blocks when 20 years, e.g., 1970-75 in 1995. See local/VISN Records Control Officer.
Field/VISN CBI Program	Board of Investigation Policy	*CBI Officer/Staff*	As Updated/Revised	RCS 10-1, Item No. 19E1	**Permanent.** Retire to the Washington National Records Center in 5 year blocks when latest record is 10 years old, e.g., 1970-75 in 1985. Transfer to the National Archives in 5 year blocks when 20 years, e.g., 1970-75 in 1995. See local/VISN Records Control Officer.
Field/VISN CBI Program	Investigations (Case) Files	*CBI Officer/Staff*	Ad hoc	RCS 10-1, Item No. 00-7	Destroy when 2 years old.
Annual Program Assessment					
Field/VISN CBI Program	Evaluation and Review Reports File (incl. all submitted documentation for CBI Annual Program Assessment)	*CBI Officer*	Yearly	RCS 10-1, Item No. 00-11	Destroy 3 years after receipt of subsequent report.