

Title:	Corporate Compliance Reporting & Investigating	Effective Date:	10/27/2003
Author:	Chief Compliance Officer	Last Review Date:	02/28/2022
Location:	All Locations	Last Revision Date:	02/28/2022
Functional Area:	ADMINISTRATION		

POLICY

Liberty is dedicated to facilitating easy and rapid communication of compliance concerns by enabling its Liberty Workforce to report compliance issues through several methods/mechanisms including but not limited to direct report to supervisory personnel, direct report to the Chief Compliance Officer (CCO), and a 24-hour live telephonic Employee Help Line . The CCO has the authority to investigate any potential compliance issues, or to direct others to do so and to report the results thereof. The CCO will promptly initiate an investigation of a potential compliance issue and will make a case-by-case determination as to whether a violation has occurred. The CCO will either personally conduct the investigation or refer the complaint to a more appropriate area either within Liberty or outside, such as outside legal counsel, auditors or health care consultants with necessary expertise. Corrective action plans and remediation will require that compliance issues are dealt within a prescribed manner and appropriate remediation occurs, such as targeted training, restrictions on particular Workforce members, or external disclosure of the event. Liberty believes that easy and confidential communication between Liberty Workforce and compliance authorities are crucial to the success of the Program. Therefore, information concerning potential misconduct or the need to clarify legal and ethical concerns is confidential and will not be discussed except through our compliance process. Once an action or violation has been reported, Liberty must take decisive action to investigate the veracity of the report, and provide a prompt corrective response, which may include sanctions or disciplinary actions. Moreover, it is important to follow-up on the investigation, corrective action plans, remediation and monitoring to ensure that identified risk and problem areas have been resolved and all processes are in full compliance.

PROCEDURE

1. **The Types of Incidents/Issues that Need to be Reported**

A. Corporate Compliance Incidents/Issues

Reportable Corporate Compliance incidents can include:

- Violations of Medicare/Medicaid statues and regulations
- Violations of federal, state, or local laws
- Unethical, unprofessional or immoral conduct by Liberty employees, subcontractors or vendors
- Any criminal conduct or other forms of misconduct by Liberty employees, subcontractors or vendors (whether while working at Liberty or while not working for Liberty).
- Violations of conditions of participation in federal or state health care programs
- Violations of any Liberty policy or procedure
- Violations of any Liberty contract

B. HIPAA Privacy and Security Incidents/Issues

HIPAA privacy and security incidents refer to the improper or unauthorized disclosure or use of personally identifiable information or protected health information.

C. Workforce Accidents or Injuries

Reportable workforce accidents and injuries include any incident that results in harm to the workforce member, even minor injuries, that occurs while the workforce member is on duty. All such accidents and injuries should be reported immediately by the workforce person's supervisor (if available) and the injured person by calling 855-365-7279. Staff will speak with an insurance carrier representative who is available 24/7/365. If Liberty HR feels the accident or injury is a matter that should be referred the CCO as well, Liberty HR shall do so.

These incidents do not require an Incident Reporting Form to be submitted unless the incident also falls within another category of reportable incidents.

D. Violations of Professional and Personal Boundaries

Violations of professional and personal boundaries includes, but is not limited to, the following:

- Sexual Contact or Solicitation of staff members with customers or persons served
- Acceptance of gifts or hospitality from customers or persons served with expectation of preferential treatment
- Inappropriate personal disclosure
- Inappropriate physical touch or physical contact
- Concealing relevant or important information from a treatment team about persons served
- Misuse of money or property by staff in connection with customers or persons served
- Inappropriate relationships by staff members with customers or persons served that are unprofessional
- Personal relationships developed outside of the work environment by staff members with customers or persons served
- Failing to adhere to the treatment plan for a client developed and approved by the treatment team.

E. Legal Matters/Issues

These incidents refer to situations that:

- may reasonably lead to or relate to a claim against Liberty or any of Liberty's employees or subcontractors;
- involve receipt of a subpoena or notice to appear at a deposition or hearing as a representative of Liberty;
- involve receipt of a legal document that requires a response on behalf of Liberty.

F. Incidents That Require Reporting Directly to Clients/Programs

There are incidents where Liberty's contracted client or program requires Liberty to report certain incidents directly them, in addition reporting them to Liberty.

G. Other Incidents/Issues

Any incident that impacts or might impact the safety of employees or customers or the operation of a Liberty program that does not fall within the other incident descriptions.

2. Mechanisms to facilitate reporting compliance issues and concerns.

The Compliance Program (Program) encourages a culture that promotes prevention, early detection and resolution of suspected and actual compliance violations and concerns. Liberty offers several mechanisms to facilitate rapid, easy and confidential reporting of compliance concerns by Liberty Workforce, including a confidential Employee Help Line and direct communication through the traditional chain of command, Human Resources, or the CCO. Ultimately, the CCO is responsible for responding to compliance issues that are raised through any one of the various communication channels.

a. Traditional Chain of Command:

If a supervisor, manager or Contract Manager is approached directly; they will gather the details of the compliance issue and document the detailed information that was provided to them. The supervisor, manager or Contract Manager will forward the detailed documentation to the CCO. If someone affirms that "I am aware of a known or suspected violation(s)" during the annual review of the Code of Conduct, they are required to provide a brief written description. The Supervisor/Manager/Contract Manager must then forward the detailed information that was provided during the annual review to the CCO.

b. Direct communication with the CCO:

Liberty Workforce members may also communicate directly with the CCO, who will gather the necessary information, process the information and initiate the inquiry process. Specifically

- Report directly to the Chief Compliance Officer via:
 - mail: 401 E. City Ave. Suite 820, Bala Cynwyd, PA 19004
 - email: john.beck@libertyhealth.com or corporatecompliance@libertyhealth.com
 - phone: (610) 668-8800 ext. 405
- Via the [Corporate Compliance Incidents/Issues Form](#) and email to the CCO to either of the above email addresses

c. **Employee Help Line:**

The Employee Help Line (1-800-653-7174) is a completely confidential resource that can be used anonymously by Workforce members, subcontractors, health care professionals, and other staff to voice concerns over any situation that may impact compliance. Therefore, Liberty uses an impartial, independent company to record information reported by callers and communicates this information to the CCO and/or his/her designee so that appropriate and timely verification, investigation and resolution can take place. A unique code is assigned to each individual call by an anonymous caller for follow-up communication. A log is maintained of all Employee Help Line calls, the results of investigations, and any continued monitoring, if applicable. Reports of Employee Help Line calls, summarized by category and by operational area, will be provided at least semi-annually to management for purpose of identifying any significant trends or patterns.

3. **CCO and/or designee reviews compliance related issues in an initial inquiry.**

All complaints from the Employee Help Line are forwarded to the CCO for review and determination of the appropriate course of action. All Employee Help Line reports will be subject to a good-faith preliminary inquiry by the CCO to determine whether a more thorough internal investigation is necessary. The initial inquiry may include document review, interviews, audits or other investigative techniques. The CCO or designee will conduct a fair impartial review of all relevant facts, restrict the inquiry to those necessary to resolve the issues, and conduct the inquiry with as little visibility as possible while gathering pertinent facts relating to the issue. The CCO and/or designee will endeavor to meet the following objectives while conducting the initial inquiry:

- a. Interview complainant and provide a full debriefing with the complainant to ensure that the details of the suspected compliance issue are fully understood;
- b. Notify appropriate internal parties;
- c. Identify cause of problem, desired outcome, affected parties, applicable guidelines, and possible regulatory or financial impact;
- d. Provide a complete list of findings and recommendations to the appropriate managers as well as corporate management;
- e. Consider potential corrective action measures, such as policy changes, operational changes, system changes, personnel changes or training/education; and
- f. Document the inquiry.

4. **Determination of resolution or need for further investigation.**

If resolution of the compliance issue is agreed upon by the COO and/or General Counsel/Contract Manager at this step of the initial inquiry, then the affected individuals will be notified by the CCO of its resolution. If a preliminary review of the matter suggests that a substantial violation of applicable law or of other requirements may have occurred, a full investigation will promptly be conducted to determine its veracity. Legal counsel may be consulted in connection with such investigations. The CCO and/or designee may request assistance in the investigation from the person or persons who filed a complaint, other personnel or external sources, as appropriate. Investigations may involve other departments, as appropriate, for advice or further examination. In the event that the CCO is not, in good faith, satisfied that a matter brought before the aforesaid departments was appropriately addressed and resolved, the CCO will be responsible for and is authorized to take the matter to other persons in positions of authority.

In all cases, if in the opinion of the CCO that a compliance issue was reported, then the CCO will enter it and open a Compliance Incident on Compliance Line.

5. **Procedure for investigations of compliance complaint.**

- a. When it is determined that a more thorough internal investigation is necessary, the CCO may involve the respective Contract Manager in the initial investigation phase.

- b. The CCO will enter the incident and open a Compliance Incident on Compliance Line and shall update the matter until it is closed.
- c. The CCO, Contract Manager, or appropriate and qualified designee, will conduct a full investigation of the complaint, including review of the documents, interview of witnesses and other parties, and will provide a written report to the CCO in a timely manner. The CCO will review and issue his/her own that will be communicated to Executive Management. The written report will include the names and titles of all individuals interviewed, a description of all documentation reviewed, a summary of findings, a conclusion whether the complaint was founded or not, and recommendations for remediation or system improvement.

6. Reporting misconduct.

If there is credible evidence of a violation of criminal, civil or administrative law, the CCO will report misconduct to the appropriate federal and/or state authority within a reasonable time period. The CCO will also work with relevant areas within Liberty to ensure return of identified overpayments to the relevant government programs or third-party payor, if there was an overpayment.

7. Corrective action plan process.

- a. The CCO will determine if a corrective action plan or remediation plan is warranted and inform the respective Contract Manager. The CCO will determine or designate a facility/director/manager/supervisor as the onsite representative (“Designated Executive”).
- b. The Contract Manager will notify the Designated Executive, who will review the summary from the CCO, and the results of additional investigation information, if any.
- c. Based on this information, the Designated Executive will identify the desired outcome(s), determine the possible regulatory or financial impact of the issue, and determine the corrective actions necessary to address and/or resolve the issue.
- d. The Designated Executive, in collaboration with the Contract Manager, will complete the Corrective Action Plan and forward a copy back to the CCO within the timeline established by the CCO. The Corrective Action Plan is approved by the CCO and respective Contract Manager via email.
- e. At a minimum, the Designated Executive will include the following elements in designing the corrective action plan:

Action Plan at the site:

- 1. Describe the action taken on each finding or explain the basis for each nonoccurrence with any finding or recommendation.
 - 2. Identify the target dates for implementation of corrective actions on deficiencies or weaknesses.
 - 3. Provide sufficient detail to satisfy a reviewer that the findings were appropriately resolved.
 - 4. Describe the department’s or site’s implementation of actions to correct deficiencies until the deficiencies are corrected.
- f. As applicable, the Designated Executive will also consider each of the following elements in developing the Corrective Action Plan:
- 1. Generalization of corrective action to other similar situations in the operation.
 - 2. Disciplinary action of identified individuals, if appropriate.
 - 3. Return of any overpayments, if appropriate.
 - 4. A report to the Government, if appropriate.
 - 5. A referral to law enforcement authorities, if appropriate.
 - 6. Possible modifications to the Program if existing procedures failed to anticipate or prevent the detected problem.
 - 7. Monitoring to ensure that corrective actions on significant deficiencies are being adequately implemented to resolve the problem and ensure that it does not recur.
 - 8. Verification that the corrective actions are operating effectively.

8. Reporting and tracking requirements.

- a. Incident Reporting Form: At a minimum, the Designated Executive will submit a report to the appropriate Contract Manager and the CCO regarding the actions taken to resolve significant findings and the status of each

open finding. These reports will be reviewed, and appropriate steps taken to improve performance where warranted.

- b. The CCO established a compliance incident/complaint tracking system in ComplianceLine. The tracking system maintained by the CCO will provide for a complete record of actions taken in response to audit, review findings, and recommendations. The Contract Manager, Director of Operations or Program Director will maintain a copy of the Corrective Action Plan and remediation sent from the CCO. The CCO may also request additional information such as audits and reviews as applicable.
- c. The CCO will establish and maintain an access tracking system for monitoring adequacy of corrective active plans.
- d. Annual Summary Report to corporate management: The CCO will make an annual report to the Corporate Management group on the compliance incidents and complaints and the accomplishments of the Program.

9. Follow-up review for resolution.

The CCO and/or designee retains the right to order an independent Follow-up Review to verify that corrective actions have been successful.

- a. Resolution is considered achieved when the corrective action plan has been instituted and its effectiveness has been evaluated by the respective Contract Manager to ensure a satisfactory outcome. For this reason, significant deficiencies will not be considered resolved until the CCO, in collaboration with the Contract Manager and General Counsel, have completed a follow-up review and determined which actions were, in fact, taken and resulted in adequate correction of the identified deficiencies.
- b. The Contract Manager may conduct this follow-up review personally or may request that it be conducted by another qualified and capable party (e.g., Director of Operations, Program Manager etc.).
- c. The Contract Manager is ultimately responsible for assuring that the review has been conducted and determining whether the deficiencies were adequately corrected.
- d. The review should be initiated as soon as possible after the implementation date with identified corrective actions.
- e. If the follow-up review shows that the program has not completed all actions needed to appropriately correct the deficiencies, the Contract Manager will notify the CCO and provide a written description regarding what additional actions are needed and proposed completion dates. The Contract Manager will continue to monitor the situation until they are satisfied that the department or site has fully and effectively corrected the deficiencies.
- f. If the incident was not reported anonymously, the CCO will let the reporter of the incident know what was found and, in general, what actions were taken.

10. Documentation of inquiries, reviews and investigations.

The CCO and/or designee prepares entry in ComplianceLine and each actual compliance inquiry, review and investigation. The ComplianceLine will include documentation of the issue and, as appropriate, a description of the investigative process, copies of interview notes and key documents, a log of the personnel interviewed and the documents reviewed, the results of the investigation and if it was determined to be a compliance issue, any disciplinary actions taken, and the corrective action implemented to prevent recurrence.

Approved By: _____

Revision History

Version	Date	Author	Summary of Changes
#1	10/27/2003	Judith Ann Shields	Attorneys Reviewed Policy Created
#2	08/20/2004	Judith Ann Shields	Attorneys reviewed no changes
#3	01/18/2005	Judith Ann Shields	Attorneys reviewed no changes
#4	12/22/2006	Judith Ann Shields	Attorneys reviewed no changes

#5	12/22/2007	Judith Ann Shields	Attorneys reviewed no changes
#6	12/22/2008	Judith Ann Shields	Attorneys reviewed no changes
#7	11/15/2009	Judith Ann Shields	Attorneys reviewed no changes
#8	08/20/2010	Judith Ann Shields	Attorneys reviewed no changes
#9	01/18/2011	Judith Ann Shields	Attorneys reviewed no changes
#10	12/22/2012	Judith Ann Shields	Attorneys reviewed no changes
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#17	11/13/2019	Judith Ann Shields	Attorneys reviewed no changes
#18	11/03/2020	Judith Ann Shields	© LHC; Author Title not name; Policy Title
#19	12/21/2021	John Beck	Annual update and minor edits/changes
#20	02/28/2022	John Beck	Made changes to various sections to make them more accurate and consistent with practice