

December 13, 2005

**VHA COMPLIANCE AND BUSINESS INTEGRITY (CBI) HELPLINE AND  
COMPLIANCE INQUIRY (CI) POLICY**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes policies and procedures for the use of the Compliance and Business Integrity (CBI) HelpLine and conducting a Compliance Inquiry (CI).

**2. BACKGROUND**

a. The CBI HelpLine is an integral component of a confidential disclosure program designed to ensure VHA activities are conducted in compliance with public law, established regulations, and recognized standards of business practice. For the purpose of this Directive, the term “alleged compliance failure” means an alleged deviation(s) from a standard, rule, policy, regulation, or law that applies to VHA business-related matters, procedures, or practices.

*NOTE: A confidential disclosure program, as it relates to this Directive, indicates that the individual reporting the suspected and/or alleged actions of non-compliance with VHA business practice has the option to remain anonymous when filling a report through the National Hot Line Service (NHS) or directly with the Compliance Officers at the Veterans Integrated Services Network (VISN) or medical centers, and that the individual should not be subjected to any form of discrimination because of the report filed.*

b. VHA maintains a CBI HelpLine to receive questions and reports of potential non-compliance, and to implement procedures to protect a caller’s anonymity. The CBI HelpLine is an additional reporting source separate from the existing Office of Inspector General (OIG) Hotline or the Medical Inspector Hotline. Compliance inquiries may be directly reported to a facility or VISN Compliance Officer.

c. A contracted vendor utilizes the VHA CBI HelpLine Call Referral Protocol, (see Att. A), for processing calls received. The HelpLine vendor refers calls to VHA Central Office, Office of CBI based on specific indications for referral. Substantiated issues are resolved through the existing procedures or programs within the organization. The VHA CBI Program serves as the primary receiver of CBI HelpLine call reports and is responsible for maintaining the system to track and monitor reports.

d. The primary goal of the VHA CBI HelpLine and CI Policy is to ensure the integrity of business and operational processes within VHA by providing a mechanism for employees to raise questions and report concerns pertaining to the following topical areas:

**THIS VHA DIRECTIVE EXPIRES MAY 31, 2008**

**VHA DIRECTIVE 2005-063**  
**December 13, 2005**

Enrollment	Excluded individuals and/or entities screening and sanctions listing
Insurance identification and verification	Information protection, record retention, managing request for information
Means Testing	Provider documentation
Eligibility	Staff education and training on compliance
Pre-certification and certification and/or utilization review	Management of CBI Helpline and database tracking system
Standards pertaining to billing, coding and documentation	Management of overpayments
Audits, reviews, inquiries and remediation	Alleged violation(s) of rules, standards, policy, regulation or law by managers or supervisors pertaining to compliance business processes
Accounts receivable and payable	Any matter relating to the business integrity of VHA operations

**3. POLICY:** It is VHA policy that the process for initiating and managing calls is made in conjunction with a confidential disclosure program.

*NOTE: Occasionally circumstances could necessitate the need for parallel inquiries with other offices. CIs take precedence over all other inquiries dealing exclusively with “alleged compliance failures;” however, if a report also concerns a matter that falls within the investigatory or subject matter jurisdiction of another office or VA component, the CI is to be secondary, and the CI is not to be initiated until so directed by the other office or component.*

**4. ACTION**

a. **Director, CBI.** The Director, CBI, is responsible for:

(1) Operating the CBI HelpLine and overseeing its management. CBI Helpline staff is responsible for following the protocols outlined in the contractual agreement and maintaining a tactful, friendly, and helpful approach, and a professional demeanor.

(2) Disseminating to the field all reports of “alleged compliance failures” utilizing the Compliance Incident Reporting and Tracking System (CIRTS) software.

(3) Tracking and trending of CIRTS information.

(4) Reviewing trends, aggregating data, and monitoring the status of all “open exceptions” within CIRTS.

(5) Generating monthly and quarterly management reports.

(6) Providing quarterly summary reports of substantiated allegations and corrective actions.

b. **VISN Director.** The VISN Director is responsible for oversight authority for all compliance-related field activities and promoting objectives, standardization, and accountability regarding compliance initiatives.

c. **VISN Compliance Officer.** The VISN Compliance Officer is responsible for:

- (1) Reviewing “alleged compliance failures” referred by the HelpLine.
- (2) Communicating with the facility Compliance Officers.
- (3) Acting as a resource for facility Compliance Officers.
- (4) Reporting substantiated allegations, actions, and resolution(s) to the appropriate VISN officials.
- (5) Providing periodic reports to the local and VISN Compliance Committees.
- (6) Seeking the advice of Regional Counsel as needed.

d. **Facility Director.** The facility Director is responsible for ensuring that:

- (1) Reports of “alleged compliance failures” are investigated promptly and adequately.
- (2) All processes related to the investigation of HelpLine issues is in accordance with VA policies and procedures.
- (3) All CBI exceptions are entered into the CIRTS tool by medical center and/or VISN CBI Officers at the time that the allegation is first brought to their attention.

e. **Facility Compliance Officer.** The facility Compliance Officer is responsible for:

- (1) Reviewing “alleged compliance failures” referred by the HelpLine.
- (2) Coordinating substantiated allegations and issues through the existing procedures or programs within the organization.
- (3) Documenting actions taken during the investigation of the “alleged compliance failure” called into the HelpLine.
- (4) Referring substantiated allegations and issues to the responsible facility official(s) for appropriate action.
- (5) Notifying the facility Director, or designee, and VISN CBI Officer of alleged non-compliance with established standards of business conduct at the VISN and medical center levels.

**VHA DIRECTIVE 2005-063**

**December 13, 2005**

(6) Completing accurate and timely documentation to ensure the callers can be provided with the most current information on status of the caller's case.

(7) Retaining pertinent documentation regarding compliance inquiries.

(8) Providing monthly and/or quarterly reports to the local Compliance Committees.

(9) Entering relevant data into CIRTS.

(10) Seeking the advice of Regional Counsel as needed.

(11) Educating employees about the purpose of the VHA Compliance Program, including the CBI HelpLine.

**5. REFERENCES**

a. VHA Directive 2003-028, Compliance and Business Integrity (CBI) Program, May 29, 2003.

b. Department of Health and Human Services (HHS) OIG Compliance Program Guidance for Hospitals, 63 Federal Register (FR) 8987 (February 23, 1998).

c. Department of Health and Human Services (HHS) Office of Inspector General (OIG) Supplemental Compliance Program Guidance for Hospitals, 70 Federal Register 4858 (January 31, 2005).

d. VA Handbook 6300.1.

**6. FOLLOW-UP RESPONSIBILITY:** The VHA CBI Office (10B3), is responsible for the contents of this Directive. Questions may be referred to (202) 501-1831.

**7. RECISSIONS:** VHA Directives 2001-048 and 2001-051 are rescinded. This VHA Directive expires May 31, 2008.

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Under Secretary for Health

Attachments

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**ATTACHMENT A**

**COMPLIANCE AND BUSINESS INTEGRITY HELPLINE  
CALL REFERRAL PROTOCOL**

*NOTE: Allegations pertinent to the compliance review process are detailed in Attachment B.*

The Compliance and Business Integrity (CBI) Central Response Unit (CRU) must refer calls to CBI Officers in the field, based on the referral criteria cited in Attachment C. Responsibilities of the CBI Helpline vendor, the CRU, the Department of Veterans Affairs (VA), the Veterans Integrated Services Network (VISN), and the VA medical center CBI Office vary, depending on the call type and the severity level of the call.

1. **Call Types:** Calls will be classified by the following three call types

a. **Informational.** Caller seeking guidance.

(1) The vendor generates a call report and forwards it to the CBI CRU for informational purposes only.

(2) The CBI CRU may forward the report to the VISN CBI Officer and/or VA medical center CBI Officer for informational purposes if appropriate.

b. **Compliance Allegation.** This call type falls within the parameters of the VHA CBI Helpline.

(1) The caller reports a perceived violation of law, regulation, policy, procedure or standards of conduct.

(2) The vendor generates a call report, conducts a caller interview, and forwards that information to the CBI CRU.

(3) The CBI CRU assesses the call report, and forwards the report to the appropriate VISN CBI Officer and/or VA medical center CBI Officer for follow-up and action.

(4) The CBI CRU may receive compliance allegations from another program office. The CBI CRU coordinates the investigation and documentation, as appropriate.

(5) Compliance allegations are assigned unique identification numbers for tracking purposes, and entered into the Compliance Inquiry Reporting and Tracking System (CIRTS). Documentation in the tracking system includes: the investigation process, findings, corrective action(s), and resolution in accordance with the System of Records, "Compliance Records, Response, and Resolution of Reports of Persons Allegedly Involved in Compliance Violations--VA" (106VA17).

## **VHA DIRECTIVE 2005-063**

**December 13, 2005**

(6) If the integrity of the investigation at the facility level may be compromised, the CRU may refer the allegation solely to the VISN CBI Officer. If the integrity of the investigation at the VISN level may be compromised, the CRU may coordinate the investigation.

(7) At any time during the inquiry or investigation process, a determination may be made that a given allegation is more appropriate for another program office, or it may point to the discovery of additional information that warrants a parallel investigation.

c. **Referral.** These calls do not fall within the parameters of the VHA CBI Helpline as another established program office already exists to review these allegations.

(1) The vendor writes a full report and forwards the report to the CBI CRU.

(2) The CBI CRU refers the call to the appropriate program office (example: the Department of Health and Human Services (HHS) and/or the Office of the Inspector General (OIG)).

(3) The CBI CRU forwards the report to the VISN CBI Officer and/or medical center CBI Officer for informational purposes, if appropriate.

(4) If a case is in any way covered by the "Compliance Related Allegation," but is referred to another office for action, then the case must be tracked and kept in an "open" status until resolved.

(5) If a case is covered by the "Compliance Related Allegation" only (see Att. C)) then it needs to be referred to the appropriate program office. The individual making the referral determination is to set the case to "closed" and is to make comments in CIRTS to reflect the referral action.

### **d. Tracking Open Cases**

(1) Case file status must be designated as "open" or "closed." All initial case reviews need to be completed and a comment entered at the Inquiry Screen of the CIRTS system within 15 calendar days of the initial call.

(2) If CIRTS has not been updated within the initial 15 calendar days, the CBI CRU must make contact with the assigned individual to determine the status of the case. If CIRTS has not been updated within 30 calendar days, the CBI CRU must notify the VISN CBI Officer of the situation. If CIRTS has not been updated within 45 calendar days, the medical center and/or VISN Director must be notified.

(3) The CBI CRU generates management reports based on the aging of open-status cases, identifying the percentage of open cases, and those that remain open at 30, 60, and 90 calendar day intervals.

**2. Level of Severity Calls Will be Classified by the Following Levels of Priority**

a. **Level 1.** An immediate threat to person, property, or environment.

(1) The vendor immediately contacts the VA medical center operator by telephone, requesting to speak with the VA medical center Director, if the VA medical center Director not available, then vendor requests to speak to the Administrator on Duty (AOD).

(2) Vendor electronically mails the call report to the CBI CRU. The CBI CRU forwards the report to the VISN Director, VA medical center Director, VISN CBI Officer, and VA medical center CBI Officer, for notification, follow-up, and action as indicated.

(3) The CBI CRU follows-up by telephone and email with the affected office within 1 business day of the initial call, and documents all findings.

b. **Level 2.** Situation requiring prompt attention.

(1) The vendor electronically mails the call report to the CBI CRU within 24 hours of receipt.

(2) The CBI CRU sorts the call report and distributes it to the VISN CBI Officer and/or VA medical center CBI Officer for follow-up and action within 1 business day of receipt from the vendor.

c. **Level 3.** Situation not requiring prompt attention. Only use with informational and referral types of calls.

(1) Users are urged to use this level only for rare cases where one wishes to leave a case in an "open" status, but the matter is considered of low priority.

(2) Open Level 3 cases must still be tracked using a 15-30-45 calendar days tracking cycle.

## **ATTACHMENT B**

### **EXAMPLES OF COMPLIANCE INCIDENT REPORTING AND TRACKING SYSTEM (CIRTS) EXCEPTIONS**

This attachment provides examples of Compliance Incident Reporting and Tracking System (CIRTS) exceptions that the Compliance and Business Integrity (CBI) Officers need to track within CIRTS; and to assist Veterans Integrated Services Networks (VISN) and medical center CBI Officers in identifying types of alleged non-compliance concerns that require compliance reviews, monitoring, tracking, and trending with the CIRTS tool.

#### **1. Billing**

- a. Billing for items or services not actually rendered.
- b. Billing for services not medically necessary.
- c. Upcoding and downcoding.
- d. Diagnosis Related Group (DRG) Creep which is described as a variety of upcoding for inpatient services involving the practice of billing using a DRG code that provides a higher reimbursement rate than the DRG code that accurately reflects the patient or veteran.
- e. Outpatient services rendered in conjunction with inpatient stays.
- f. Teaching physician and resident requirements for teaching hospitals. This includes guidance in VHA Handbook 1400.1, Centers for Medicare and Medicaid Services (CMS), and Joint Commission on the Accreditation of Healthcare Organization (JCAHO) requirements for a teaching facility.
- g. Duplicate billing.
- h. Unbundling refers to unfairly maximizing reimbursement by separately coding services, diagnostic and procedure codes that do not conform to Current Procedural Terminology (CPT) basic coding principles.
  - i. Billing for discharge in lieu of transfer.
  - j. Billing for services without supporting documentation.
  - k. Billing for services without identifying the attending physician or other physicians providing the service.
  - l. Billing for patients included in research activity.

#### **2. Documentation**

- a. Insufficient documentation,
- b. Delinquent documentation,
- c. No documentation,
- d. Evaluation and management code not supported by documentation provided, and
- e. Inappropriate cutting and pasting of electronic information.

#### **3. Business Integrity Issues**

- a. Self-referrals,
- b. Patient privacy,
- c. Security,
- d. Medical necessity, and
- e. List of Excluded Individuals and/or Entities (LEIE) matches.

**ATTACHMENT C**

**PROGRAM OFFICE REFERRAL CRITERIA**

This Program Office Referral Criteria is to assist Veterans Integrated Services Networks (VISN) and medical center Compliance and Business Integrity (CBI) Officers with identifying the appropriate services and/or programs to contact to address specific matters concerning exceptions entered into Compliance Incident Reporting and Tracking System (CIRTS).

**1. Office of Acquisition and Materiel Management (OA&MM)**

- a. Contractual, and
- b. Prosthetics.

**2. Health Administration Center (HAC)**

- a. Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) Health Benefits Program,
- b. CHAMPVA In-house Treatment Initiative (CITI) Program,
- c. Foreign Medical Program,
- d. Spina Bifida Program, and
- e. Persian Gulf Program.

**3. Health Eligibility Center (HEC).** Eligibility.

**4. Human Resource Management Group (HRMG).** Senior Leadership.

- a. Chief VISN Officer,
- b. VISN Director,
- d. Medical Center Director,
- e. Associate Medical Center Director,
- f. Chief of Staff, and
- g. Assistant Director.

**5. Human Resources (Local).** Personnel.

**6. Office of the Inspector General (OIG) (1-800-488-8244)**

- a. **Waste**
  - (1) Mismanagement of resources or quarters,
  - (2) Misuse of equipment, and
  - (3) Travel misuse.

**VHA DIRECTIVE 2005-063**  
**December 13, 2005**

**b. Fraud**

- (1) Misappropriation of funds;
- (2) Compensation and pension fraud;
- (3) Theft of government funds, equipment, or supplies;
- (4) Sale or use of illicit drugs;
- (5) Illegal activities; and
- (6) Gambling.

**c. Abuse**

- (1) Time and attendance abuse,
- (2) Patient abuse (physical),
- (3) Patient abuse (verbal),
- (4) Patient death,
- (5) Nepotism,
- (6) Substance abuse and/or narcotics and controlled substances, and
- (7) Informed consent.

**d. Conflict of Interest**

- (1) Gifts from outside sources,
- (2) Gifts between employees,
- (3) Conflicting financial interests,
- (4) Impartiality in performing official duties,
- (5) Seeking other employment, and
- (6) Misuse of position.

**e. Criminal Activity.**

**7. Office of the Medical Inspector (OMI)**

**a. Patient Care**

- (1) Sentinel events,
- (2) Inadequate care,
- (3) Medication, and
- (4) Long wait and/or delay in care.

**b. Patient Rights**

- (1) Research consent, and
- (2) Dignity.

**c. Provider Care Competencies**

- (1) Credentialing and privileging,
- (2) Licensure, and
- (3) Appointment and reappointment of staff.

**d. Evaluation of Resident Supervision.**

**e. Evaluation of Non-VA Health Services Contracts.**

**f. Clinical Staff Performance**

- (1) Compromised provider, and
- (2) Potential tort activity.

**g. Unsafe Working Conditions.**

**h. Health Violation.**

**8. National Cemetery Administration (NCA). Cemetery and Burial Eligibility Issues.**

**9. National Enrollment Center (NEC). Enrollment.**

**10. Privacy Act and Freedom of Information Act Compliance (HIPAA)**

- a. Privacy, confidentiality (forward to VA medical center Privacy Act Officer), and
- b. Data security (forward to VA medical center Information Security Officer).

**11. Office of Research Oversight (ORO)**

- a. Laboratory animal welfare,
- b. Research plagiarism,
- c. Research falsification of the research record,
- d. Research fabrication of data,
- e. Conducting research without appropriate review,
- f. Informed consent in research,
- g. Receipt of research money (physician and/or researcher conflict),
- h. Human subjects and/or Institutional Review Boards (IRBs),
- i. Violation of confidentiality in research, and
- j. Conflict of interest in research activities.

**12. Office of Resolution Management (ORM) (1-800-RES-EEO1)**

- a. Discrimination,
- b. Sexual harassment,

**VHA DIRECTIVE 2005-063**

**December 13, 2005**

- c. Harassment,
- d. Reprisal for prior ORM complaint, and
- e. Violence in the workplace.

**13. Resource Allocation.** Workload – Veterans Equitable Resource Allocation (VERA).

**14. Office of Special Counsel (OSC) (1-800-572-2249).** Reprisal for whistle blowing.

**15. Office of Security and Law Enforcement (OSLE)**

- a. Personal theft, and
- b. Threat unrelated to reprisal.

**16. VET Centers.** Readjustment counseling related allegations.

**17. Veterans Benefit Administration (VBA).** Veterans benefits related allegations.