

VHA COMPLIANCE AND BUSINESS INTEGRITY (CBI) HELPLINE, COMPLIANCE INQUIRY REPORTING AND TRACKING SYSTEM (CIRTS) AND CONDUCTING A COMPLIANCE INQUIRY (CI)

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook establishes procedures for the use of the Compliance and Business Integrity (CBI) HelpLine, the use of the CBI Compliance Inquiry Reporting and Tracking System (CIRTS), and conducting a Compliance Inquiry (CI). CIRTS is used by Compliance and Business Integrity Officers (CBIOs) when an allegation of non-compliance with VA business practices is identified. Allegations of non-compliance should be reported to CBIOs or to the CBI HelpLine at 866-842-4357.

2. SUMMARY OF CHANGES. This is a new VHA Handbook outlining the process that the Compliance and Business Integrity program at all levels of the organization uses for reporting, monitoring, tracking, and trending alleged non-compliance with VHA standards of business practice and conducting fact-finding inquiries.

3. RELATED DIRECTIVE. VHA Directive 1030.

4. RESPONSIBLE OFFICE. The VHA Office of Compliance and Business Integrity is responsible for the contents of this handbook. Questions may be referred to (202) 461-0637 or (202) 501-1831.

5. RECISSIONS. VHA Directive 2005-063, VHA Compliance and Business Integrity (CBI) Helpline and Compliance Inquiry (CI) Policy is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for recertification on or before the last day of June 2014

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VHA COMPLIANCE AND BUSINESS INTEGRITY (CBI) HELPLINE, COMPLIANCE INQUIRY REPORTING AND TRACKING SYSTEM (CIRTS) AND COMPLIANCE INQUIRY (CI)

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures for the use of the Compliance and Business Integrity (CBI) HelpLine, conducting compliance fact-finding inquiries regarding possible failure of business units to comply with VHA's business quality standards, and the use of the CBI Compliance Inquiry Reporting and Tracking System (CIRTS).

2. BACKGROUND

a. The VHA CBI HelpLine, CIRTS, and compliance inquiries support the processes that ensure integrity of business operations and health information practices within VHA by:

(1) Providing a mechanism for Veterans, Veterans' representatives, Department of Veterans Affairs (VA) employees, and other stakeholders to confidentially raise questions and report concerns pertaining to business and health information compliance and operational integrity.

(2) Recording, trending and tracking responses to such questions or concerns pertaining to business and health information compliance and operational integrity.

(3) Conducting focused inquiries and responsive activities related to alleged compliance failures.

b. For the purpose of this VHA Handbook, 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 (including health information practices), procedures, or practices, or the failure to conduct such practices in accordance with the highest standards of business integrity.

NOTE: "Confidential," as it relates to this VHA Handbook, indicates that an individual reporting the suspected or alleged action of non-compliance with VHA business practice has the option to remain anonymous when filing a report through the VA Central Office CBI HelpLine or directly with the Compliance and Business Integrity Officers (CBIOs) at the Veterans Integrated Service Networks (VISNs) or medical centers, and that the individual will not be subjected to any form of retaliation because an inquiry or allegation is made.

c. **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 Office of Inspector General (OIG) Hotline or the Medical Inspector Hotline. Compliance inquiries may be directly reported to a supervisor, management, the facility or VISN CBIO.

(1) The CBI Central Response Unit (CRU) utilizes the VHA CBI HelpLine Call Referral Protocol, (see Appendix A), for processing calls received. The CRU refers calls to a VA medical center CBIO, a VISN CBIO or to VA Central Office program offices based on specific indications for referral.

(2) Examples of operational areas which can be the subject of questions and concerns using the CBI HelpLine are listed in Appendix B.

d. **Compliance Inquiry Reporting and Tracking System (CIRTS)**

(1) CIRTS is a database and document management system maintained by the VHA Office of Compliance and Business Integrity to provide a tool which collects data arising from calls made to the Helpline, and Compliance Inquiries conducted by CBIOs at the VISNs and VA medical centers.

(2) CIRTS also provides a tool for CBIOs in VISNs and VA medical centers to record responses to calls, document, and track progress and results which are identified through fact-finding inquiries, appropriate action, and resolution. CIRTS provides national, VA medical center, and VISN leadership with a tool to assist in the effective oversight of business activities, and the CBI program.

(3) CIRTS is a Privacy Act System of Records, and is covered under the “Compliance Records, Response, and Resolution of Reports of Persons Allegedly Involved in Compliance Violations—VA” (106VA17) system of records notice. A copy of the CIRTS system of records notice is available at http://www.va.gov/oit/egov/rms/sor_records.asp.

(4) An individual has a right to obtain a copy of his or her record maintained in CIRTS. An individual’s request for a copy of his or her record must be submitted in writing and must be signed and dated. The individual does not have to state a reason or provide justification for wanting to see or to obtain a copy of the requested information maintained on his or her, allegation of non-compliance with VA business practices, incident in CIRTS. A written request for copies of records pertaining to a Veteran and maintained in CIRTS must be submitted through the local VA medical center Health Information Management (HIM) office and processed as outlined in the local VA medical center established privacy policies and procedures.

e. **Compliance Inquiries.** Uncorrected failures of compliance and business integrity standards endanger the mission, reputation, and status of VHA as a reliable, honest, and trustworthy business partner in health care commerce.

(1) Upon receiving a report or reasonable indication of a suspected or alleged compliance failure in any business transaction or process, the CBIO, acting on behalf of the VISN or facility Director, must promptly initiate a compliance inquiry. The affected business process owners must collaborate with the CBIO to efficiently and effectively conduct compliance inquiry fact-finding.

(2) If as a result of the compliance inquiry fact-finding a determination is made that a compliance failure has occurred, prompt action is required by the business process owners to correct any affected transactions and to remediate the causes for the failure.

3. SCOPE

The processes for receiving inquiries about, or information regarding, alleged compliance failures, the use of the CIRTTS system, compliance inquiries and other fact-finding activities involving alleged compliance failures, must be performed in accordance with this VHA Handbook.

4. RESPONSIBILITIES OF THE CHIEF CBI OFFICER

The Chief CBI Officer, or designated staff within the Office of Compliance and Business Integrity, is responsible for:

- a. Operating the CBI HelpLine and overseeing its management.
- b. Disseminating to the field reports of “alleged compliance failures” using CIRTTS.
- c. Tracking and trending of CIRTTS information.
- d. Reviewing trends, aggregating data, and monitoring the status of all “open cases” within CIRTTS.
- e. Providing summary reports of substantiated allegations and corrective actions as reflected in CIRTTS to the VHA Compliance Advisory Board.
- f. Ensuring that CIRTTS data is utilized in national risk and vulnerability assessment development, and risk mitigation and evaluation processes.
- g. Presenting national findings to VISN and VA medical center directors.
- h. Identifying national requirements for IT support as related to management of the CIRTTS software.
- i. Eliminating duplicate efforts by ensuring that allegations are timely referred (see Appendix A) for appropriate action, and the referral is recorded within CIRTTS.
- j. Ensuring that the system of records notice for CIRTTS is accurate and updated as needed.

NOTE: *Occasionally, circumstances may necessitate parallel inquiries with other programs. In instances of overlap, leadership of other programs and the CBI must coordinate their activities to meet individual program needs and to complement each others' programs.*

5. RESPONSIBILITIES OF VISN DIRECTOR

The VISN Director is responsible for effective oversight of business activities and the CBI program, for ensuring that the CIRTS system is used, and for ensuring that compliance inquiries are performed, all in accordance with the provisions of this VHA Handbook.

6. RESPONSIBILITIES OF VISN CBI OFFICER

The VISN CBIO is responsible for:

a. Reviewing all “alleged compliance failures” as referred by the HelpLine and CIRTS, as identified by the VISN CBIO’s activities, or identified by the activities of any facility CBIO within the VISN.

b. Assisting facility CBIOs with conducting a compliance inquiry and fact-finding as needed. Providing oversight to ensure that facility CBIOs are performing as required by Paragraph 8 of this VHA Handbook.

c. Conducting a compliance inquiry if the VISN CBIO determines either:

(1) The alleged compliance failure has implications for more than one VA medical center in the VISN, or

(2) A facility is not properly conducting a compliance inquiry.

d. Conducting all compliance inquiries in accordance with Paragraph 8 of this VHA Handbook.

e. Reporting the results of all compliance inquiries and fact-finding conducted within the VISN with appropriate detail to leadership and to the Compliance Committee.

NOTE: *Patient-identifiable information (PII) should not be reported to the Compliance Committee.*

f. Providing oversight to ensure that, when a compliance failure has been confirmed by fact-finding, responsive activities to remedy any failure have occurred and that the responsive activities have been effective to remedy both the affected transactions, as well as the cause for the failure.

g. Providing oversight to ensure that before an alleged compliance failure is closed in CIRTS, supporting documents which include the investigation process, auditing and monitoring results, findings, and any corrective action(s) have been uploaded into CIRTS.

h. Ensuring that CIRTS data is utilized in VISN and VA medical center risk and vulnerability assessment development, and risk mitigation and evaluation processes.

- i. Seeking the advice of Regional Counsel as needed.
- j. Communicating CIRTS or compliance inquiry identified issues across the VISN and proposing resolution efforts to other VISN facilities to minimize repetition at other VISN facilities.

7. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for:

- a. Providing effective oversight of business activities and the CBI program.
- b. Ensuring that reports of “alleged compliance failures” are investigated promptly and adequately through the compliance inquiry process, and that prompt and effective remedial action is taken if a compliance failure is confirmed by compliance inquiry fact-finding.
- c. Ensuring that “alleged compliance failures” are entered into CIRTS using an initiating entry into the CIRTS system at the start of any inquiry, progress toward conclusion of the inquiry is entered in CIRTS until completion, and that all required documents are uploaded into CIRTS as the compliance inquiry proceeds and before the CIRTS case is closed.
- d. Ensuring that all processes related to the HelpLine, the use of CIRTS, compliance inquiries, and responsive activities are performed in accordance with VA policies and procedures.

8. RESPONSIBILITIES OF THE FACILITY CBIO

The facility CBIO is responsible for:

- a. Conducting a compliance inquiry fact-finding review whenever leadership or the CBIO receives credible information from any source, including CIRTS, that any business activities may not have been conducted in accordance with applicable laws, regulations or industry standards or the highest standards of business integrity.

NOTE: Occasionally, circumstances may necessitate parallel inquiries with other programs. In instances of overlap, leadership of other programs, and the CBIO must coordinate their activities to meet individual program needs and to complement each others' programs.

- b. Making an initiating entry into the CIRTS system at the start of any inquiry and tracking progress toward conclusion of the inquiry in CIRTS until completion.
- c. Making every effort to protect a reporting individual's identity (if requested and applicable) while at the same time warning individuals bringing information forward that preserving anonymity might not always be possible.
- d. Suspending fact-finding if the CBIO comes to a conclusion during fact-finding that a criminal act may have occurred or that waste, fraud, or abuse may have occurred. In this case,

the CBIO must immediately suspend fact-finding, which may impair investigation by the VA Inspector General, and must report such conclusion to their supervisor, to management officials, and to the Office of Inspector General.

e. Maintaining in CIRTIS at least the following documentation about each CBI fact-finding inquiry. The documentation must be uploaded at the time it is created or received:

- (1) Background and allegation(s).
- (2) Description of the fact-finding which was conducted.
- (3) Copies of documents reviewed.
- (4) Copies of all interview notes.
- (5) Results of the fact-finding and copies of all reports.
- (6) Corrective action plan as implemented, if needed.

f. Reporting the results of all fact-findings, with appropriate detail to leadership and to the Compliance Committee.

NOTE: Patient-identifiable information (PII) should not be used on reports to leadership or to the Compliance Committee. PII data shall be redacted by the CBIO from any and all results of fact-finding documents shared with leadership and the Compliance Committee.

g. Overseeing responsive activities to remedy findings that indicate business activities were conducted in a manner which did not comply with any applicable law, regulation or industry standard, or that business activities were conducted inconsistent with the highest standards of business integrity. These activities will include at least the following:

- (1) The owners of the affected business processes must take prompt corrective action to remedy any identified transactions (including making refunds of overpayments, if any).
- (2) A cause analysis must occur to assess affected business systems, which will be corrected as necessary to ensure that they are sufficient in the ordinary course of business to prevent non-compliance from occurring, to detect non-compliance when it occurs, and to correct non-complying transactions and the causes.

h. Ensuring that information on the CBI HelpLine, its purpose, and availability is communicated to all employees during CBI Awareness Training held within 60 days from the date of hire, and also during CBI Awareness Refresher Training provided to all employees on an annual basis. This may also involve ensuring that printed materials such as posters, handouts, contact information, and the CBI HelpLine telephone number are provided by the CBIO to stakeholders.

- i. Ensuring that CIRTS data is considered in the VA medical center's business integrity risk and vulnerability assessment development, risk mitigation and evaluation processes.
- j. Entering into CIRTS coding and billing errors that are identified during CBI audits or through other methods of identification.

9. REFERENCES

- a. VHA Handbook 1030.01.
- 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. Department of Veterans Affairs System of Records 2001 GPO Compilation: 106VA17 Compliance Records, Response, and Resolution of Reports of Persons Allegedly Involved in Compliance Violations-VA.
- e. VHA Compliance and Business Integrity Website at: <http://vaww.vhaco.va.gov/cbi/>
- f. Department of Veterans Affairs – Privacy Act of 1974; System of Records: “Compliance Records, Response, and Resolution of Reports of Persons Allegedly Involved in Compliance Violations–VA” (106VA17).
- g. VHA Handbook 1605.1.
- h. Title 38 CFR 1.201 and 1.204.
- i. Section 508 of the Rehabilitation Act of 1973.

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

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

The Compliance and Business Integrity (CBI) Central Response Unit (CRU) refers CBI HelpLine calls to Compliance and Business Integrity Offices (CBIOs) in the field or to other VA Central Office program offices, based on the referral criteria cited in Appendix C. Responsibilities of the CRU, the Department of Veterans Affairs (VA), the Veterans Integrated Service Network (VISN), and the VA medical center CBIO 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 CRU generates a call report for informational purposes only.

(2) The CRU may forward the report to the VISN CBIO or VA medical center CBIO 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 CRU generates a call report, and conducts a caller interview.

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

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

(5) Compliance allegations are automatically 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).

(6) If the integrity of the investigation at the facility level is compromised, the CRU may refer the allegation solely to the VISN CBIO. If the integrity of the investigation at the VISN level is 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.** Calls not falling within the parameters of the VHA CBI Helpline are referred to the appropriate program office. However, for all calls referred to another program office, the CRU, VISN, or VA medical center CBIO must provide a document detailing the issue for referral, the reason for referral, the person or office receiving the referral, and the name of the person or program office making the referral. This document is stored in CIRTS.

(1) The CRU writes a full report and forwards the report to the VA medical center and VISN CBIO.

(2) The CRU, VISN and VA medical center CBIOs refer calls to the appropriate program office (for example: VA Office of the Inspector General (OIG), Information Security Officer (ISO), Health Information Management (HIM), and VA Privacy Service).

(3) The CRU must forward national program office reports to the VISN CBIO or medical center CBIO 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 Appendix 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.

2. TRACKING OPEN CASES

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

b. 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 CBIO of the situation. If CIRTS has not been updated within 45 calendar days, the medical center or VISN Director are notified.

c. Prior to closing an incident within CIRTS, the CBIO shall indicate whether or not the allegation was substantiated within the Referral/Response tab in CIRTS. All substantiated calls and incidents reported in CIRTS are not to be closed without the supporting documentation.

d. The 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.

3. CLOSING OPEN CASES

a. The CBIO, at the VISN or the VA medical center, must complete three tabs within CIRTS. These tabs are: (1) Incident Details, (2) Conclusions/Outcomes/Date Closed, and (3) Referral/Response.

(1) **The Incident Details (ID) Tab.** The ID tab contains the information provided by the caller when reporting an alleged non-compliance with VA business practices concern for the first time. This is also referred to as a CIRTS incident. The ID tab contains several mandatory fields identified by a red asterisk. The fields on the ID tab have the following titles: Subject Category, Summary and Details of the Incident, Contact Individual (the individual can chose to remain anonymous), the VISN and Medical Center Numbers, Responsible CBIO, and the Priority Level of the Incident. These mandatory fields must be completed prior to moving to the next tab, Conclusions/Outcomes/Date Closed, and closing a CIRTS incident.

(2) **The Conclusions or Outcomes or Date Closed Tab.** The Conclusions or Outcomes or Date Closed tab contains the following fields: Outcome Summary and Date Closed. Within the Outcome Summary, the CBIO must provide an overview of the information shared during the course of an investigation performed to address the CIRTS incident. Although there are no red asterisks on this tab, all of the fields must be completed prior to closing the CIRTS incident.

(3) **The Referral or Response Tab.** The Referral or Response tab is used to specify, by the CBIO, when a call comes into the CBI HelpLine. The first field on the tab is the Response to Caller. The CBIO must enter any and all information that will be read back to the caller, and the CRU reads or shares this data with the caller when he or she calls back to the HelpLine for an update. Also on this tab are the following fields: Referred To and Date of the Referral. CIRTS incident referred by the CBIO must identify the name of the service receiving the CIRTS incident, and the date the incident was referred to the service for action.

b. It is determined upon the CRU review if that the supporting documentation is not sufficient, the CRU must re-open the case and re-assign it back to the CBIO for completion.

4. LEVEL OF SEVERITY CALLS

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 CRU must inform the VA medical center's CBIO by telephone of the level 1 incident called into the HelpLine. The medical center CBIO must follow local VA medical center protocol for reporting threats to person, property, or the environment.

(2) The CRU creates the incident report within CIRTS and forwards the report to the medical center and VISN CBIO.

(3) The CRU follows-up by telephone and email with the affected VISN and VA medical center CBIO within 1 business day of the initial call, and documents all findings.

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

The CBI CRU records the call/incident report and distributes it to the VISN CBIO and VA medical center CBIO for follow-up and action within 1 business day.

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.

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 Officers (CBIOS) need to track within CIRTS; and to assist Veterans Integrated Service Network (VISN) and Veterans Affairs medical center CBIOS in identifying types of alleged non-compliance concerns that require compliance reviews, monitoring, tracking, and trending with the CIRTS tool.

NOTE: All supporting documentation to substantiate an allegation must be uploaded into CIRTS. If a review or investigation is conducted, all copies of the report or investigation and any supporting documentation must be uploaded into CIRTS. If a case is referred to another office for resolution, any documentation to support the referral must be uploaded into CIRTS.

1. BILLING/ACCOUNTS RECEIVABLE

- a. Billing for items or services not actually rendered.
- b. Billing for services not medically necessary.
- c. Billing and not appropriately using the GR modifier.
- d. Outpatient services rendered in conjunction with inpatient stay.
- e. Duplicate billing.
- f. Service line(s) that are not in compliance with teaching physician and resident requirements outlined in VHA Handbook 1400.1, Center for Medicare and Medicaid Services (CMS), and The Joint Commission requirements for teaching facilities.
- g. Billing for discharge in lieu of transfer.
- h. Billing for services without supporting documentation.
- i. Billing for services without identifying the attending physician or other physicians providing the service.
- j. Billing for care provided during a research visit.
- k. Inappropriately billing for the Veteran's service connected (SC) conditions.
- l. Refunds – Per VHA Directive 2008-037, requests for refunds over \$25,000 for both third party payers and veterans should be tracked in CIRTS.

2. DOCUMENTATION

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

3. BUSINESS INTEGRITY ISSUES

- a. Self-referrals.
- b. Violation of Patient privacy.
- c. Violation of Security.
- d. Insufficient documentation of Medical necessity.
- e. Violation of Enrollment / Eligibility practices.

4. REGULATORY ISSUES

- a. List of Excluded Individuals and Entities (LEIE) match.
- b. Violation of the Emergency Medical Treatment and Labor Act (EMTALA).

5. CODING

- a. Upcoding and under coding.
- b. 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 episode of care of the patient or veteran.
- c. Inappropriately unbundling diagnostic and procedure codes to unfairly maximize reimbursement.
- d. Violation of coding rules, standards, policies, regulation or law.

PROGRAM OFFICE REFERRAL CRITERIA

This Program Office Referral Criteria will assist Veterans Integrated Service Network (VISN) and Veterans Affairs medical center Chief Business Integrity Officers (CBIOS) with identifying the appropriate services and programs to contact to address specific matters concerning exceptions entered into Compliance Incident Reporting and Tracking System (CIRTS).

1. OFFICE OF ACQUISITION AND LOGISTICS

Contracting for non-Clinical Services

2. PROSTHETICS AND CLINICAL LOGISTICS SERVICES

- a. Prosthetics.
- b. Contracting for Clinical Services.

3. HEALTH ADMINISTRATION CENTER (HAC) (1-800-733-8387)

- 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.
- e. Persian Gulf Program.

4. HEALTH ELIGIBILITY CENTER (HEC)

- a. Eligibility.
- b. Enrollment.
- c. Benefits.

5. HUMAN RESOURCE MANAGEMENT GROUP (HRMG).

Any matter involving senior leadership, including:

- a. Deputy Under Secretary for Health for Operations and Management.

- b. VISN Director.
- c. Medical Center Director.
- d. Associate Medical Center Director.
- e. Chief of Staff.
- f. Assistant Director.

6. HUMAN RESOURCES (LOCAL)

7. VA OFFICE OF THE INSPECTOR GENERAL (OIG) (1-800-488-8244)

a. **Waste**

- (1) Mismanagement of resources or quarters.
- (2) Misuse of equipment.
- (3) Travel misuse.

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.
- (6) Gambling.
- (7) Fraudulent in billings sent to VA by external providers or vendors.

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.
- (7) Informed consent.

d. **Conflict of Interest.** (Allegations of conflict of interest should be reported to the OIG, and the Assistant General Counsel (023) or designated Agency Ethics Official)

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

e. **Criminal Activity**

8. OFFICE OF THE MEDICAL INSPECTOR (OMI)

a. **Patient Care**

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

b. **Patient Rights**

c. **Provider Care Competencies**

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

d. **Evaluation of Resident Supervision**

e. **Clinical Staff Performance**

(1) Compromised provider.

(2) Potential tort activity.

f. **Unsafe Working Conditions**

g. **Health Violation**

9. NATIONAL CEMETERY ADMINISTRATION (NCA)

10. NATIONAL ENROLLMENT CENTER (NEC)

11. PRIVACY ACT AND FREEDOM OF INFORMATION ACT COMPLIANCE (HIPAA)

a. Privacy, confidentiality (forward to VA medical center Privacy Act Officer).

b. Data security (forward to VA medical center Information Security Officer).

12. 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.

j. Conflict of interest in research activities.

13. OFFICE OF RESOLUTION MANAGEMENT (ORM) (1-888-737-3361)

- a. Discrimination.
- b. Sexual harassment.
- c. Harassment.
- d. Reprisal for prior ORM complaint.
- e. Violence in the workplace.

14. OFFICE OF SPECIAL COUNSEL (OSC) (1-800-872-9855)

Reprisal for whistle blowing.

15. OFFICE OF SECURITY AND LAW ENFORCEMENT (OSLE)

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

16. VET CENTERS

Readjustment counseling related allegations.

17. HEALTH INFORMATION MANAGEMENT (HIM)

- a. VA Medical Records Coding.
- b. VA Medical Records documentation.