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Owner Robyn Whalen:
System Director
of Compliance
Regulatory
Area Compliance
Applicability Logan System

Reporting, Investigation, and Disclosure Program, A329

PURPOSE

To outline the procedure for reporting, investigating, documenting, providing corrective action and training for incidents involving suspected fraud, waste, abuse or other ethical or legal concerns.

POLICY

Logan Health expects employees and contractors retained by Logan Health to report situations involving suspected fraud, waste, abuse or other ethical or legal concerns. Logan Health will investigate each such report in an appropriate manner and take corrective action concerning each reported situation which involves a breach of law or Logan Health Compliance Program. Logan Health will not tolerate any form of retaliation against an employee or contractor who reports a Compliance Matter in good faith and in accordance with this policy and procedure.

PROCEDURE

Internal Reporting

1. To ensure that employees and contractors have ample means to meet their reporting responsibilities with respect to any event or series of events that the employee suspects in good faith to involve fraud, waste, abuse or other ethical or legal concern (**Compliance Matter**), employees and contractors should use one of the following methods to report such matters:
 - A. Contact their immediate supervisor, who will convey the content of the report in full to the Compliance Department.
 - B. Send an email to or call the Chief Compliance Officer (**CCO**) directly, or send an email to (ComplianceOffice@logan.org) or call the Compliance Department directly at 833-594-0321

- C. Make an anonymous report through the Integrity Helpline at 844-760-5833
 - D. Submit a report on the Compliance Intranet page ("The Wire")
 - E. Submit a report via the event reporting software system (e.g. Midas)
2. Logan Health will not tolerate any form of retaliation against an employee or contractor who reports a Compliance Matter in good faith and in accordance with this policy and procedure.

Investigation

1. The CCO will ensure that an appropriate investigation is conducted of each report of a Compliance Matter.
2. Upon receipt of the report of the Compliance Matter, the CCO determines whether the matter actually involves a compliance violation, the cause of the compliance violation and the scope of the investigation to be conducted. In making this determination, the CCO:
 - may involve other members of management and/or members of the Compliance Department, and
 - will determine whether to consult legal counsel for the investigation to include the potential of legal invoking attorney-client privilege.
3. The CCO ensures that the employee assigned primary responsibility for conducting/overseeing the investigation maintains complete written records of the investigation, and logs the results and key findings of the investigation in the electronic compliance event reporting system.

Corrective Action

1. If, following an investigation conducted pursuant to this policy and procedure, the CCO determines that a compliance violation exists, the CCO will ensure that appropriate action is taken with respect to the violation.
2. Corrective action may include changes to systems, practices and procedures, disciplinary action, including dismissal of any offending employee, or termination of the applicable contractor agreement and disclosure to governmental authorities of violations of law. In all events, no corrective action is to be taken until appropriate internal personnel from Logan Health are consulted. Corrective action is expected to be taken within 30 days of the completion of the investigation.
3. In all cases, the CCO will provide the Board Compliance and Audit Committee and the Compliance Committee with a report on the corrective action ultimately taken.

Maintenance of Disclosure Log

The CCO or delegate maintains a log of each complaint in the event tracking software. The CCO or delegate records each disclosure in the log within two business days of receipt of the disclosure. Before final closure the log will include:

1. Incident description
2. Entity and facility where the potential compliance matter occurred;
3. If attorney-client privilege is invoked;

4. Any obligation of reporting to a state or federal government agency;
5. Root Cause;
6. Resolution Summary;
7. Outcome (Substantiated, Partial Substantiated or Unsubstantiated);
8. Any corrective action taken, including under Code of Conduct, was it reported according to policy, any education or training provided, policies or procedures that were violated or need updating, any monitoring or auditing and disciplinary action.
9. Close date
10. Close out meeting date and final communication

Violations of Policy and Procedure

Violations of this policy and procedure will result in appropriate disciplinary action, including possible dismissal or termination, against the offending employee or contractor, as recommended by the CCO and, in the case of an employee, carried out under the direction and authority of the CEO or COO and Human Resources.

Distribution and Training

1. The CCO will ensure that appropriate employees are aware, through training and distribution of descriptive materials, of the contents of this policy and procedure.
2. The CCO will review this policy and procedure at least once per fiscal year to ensure that it remains current in light of legal and regulatory developments and any changes to Logan Health's operations. If substantive revisions to this policy and procedure are made as a result of this review, Logan Health's will distribute the revisions to appropriate employees and contractors within 30 days of the revision date and the CCO will ensure that these employees and contractors are aware, through training and distribution of descriptive materials, of the contents of the revisions.
3. Employees are encouraged to direct questions to the CCO regarding this policy and procedure.

REFERENCES

DHHS, OIG General Compliance Program Guidance Page <https://oig.hhs.gov/compliance/general-compliance-program-guidance/>

DHHS, OIG, Publication of the OIG Compliance Program Guidance for Hospitals, 63 CFR 8987

DHHS, OIG, Supplemental Compliance Program for Hospitals, 70 CFR 4858

US Sentencing Commission, Guidelines Manual, Ch. 8

Related Policies

Compliance with Stark and Anti-Kickback Laws, A325

Compliance Hotline, A332

Nonretaliation/ Nonretribution Policy, A333

Overpayments from Federal Health Care Programs, A534

Corrective Action, HR500

Privacy Breach Corrective Action, HR501

Approval Signatures

Step Description	Approver	Date
Final Admin Approval	Robyn Whalen: System Director of Compliance Regulatory	06/2024
Policy Committee	Kelly Stimpson: Associate General Counsel	06/2024
Reviewer 2	Amber Simonds: System Director Privacy	05/2024
Owner	Robyn Whalen: System Director of Compliance Regulatory	05/2024

Applicability

Logan Health (locations excluding LHMC), Logan Health Chester, Logan Health Conrad, Logan Health Cut Bank, Logan Health Medical Center, Logan Health Shelby, Logan Health Whitefish