



Origination	N/A	Owner	Sheree Jackson: Vice President Of Compliance
Last Approved	N/A	Policy Area	Compliance
Effective	Upon Approval	Applicability	Detroit Wayne Integrated Health Network
Last Revised	N/A		
Next Review	1 year after approval		

Compliance Investigation Standards

POLICY

The Detroit Wayne Integrated Health Network (DWIHN) Compliance Department shall conduct investigations of alleged fraud, waste, abuse, misconduct, regulatory violations, and breaches of DWIHN policies in a consistent, objective, and legally compliant manner.

Compliance investigations shall be conducted in accordance with applicable federal and state laws, contractual requirements, and DWIHN policies. The Vice President of Compliance, Special Investigations Unit Administrator, Compliance Specialists and Investigators are responsible for conducting investigations that are thorough, impartial, properly documented, and supported by credible evidence.

Compliance investigations shall be conducted with the highest degree of integrity and professionalism. Investigators shall follow all established policies, procedures, and investigative standards to ensure that investigations produce accurate, reliable, and defensible findings.

PURPOSE

The purpose of this policy is to establish standardized requirements for conducting compliance investigations to ensure:

- Allegations of fraud, waste, abuse, or misconduct are investigated promptly and appropriately.
- Investigations are conducted in a consistent and defensible manner.
- Investigative findings are supported by evidence and applicable laws, regulations, and policies.
- Corrective actions are implemented to prevent future violations.

- Investigations protect the integrity of the Medicaid program and other publicly funded programs administered by DWIHN.

This policy supports DWIHN's commitment to maintaining an effective Compliance Program and protecting federal and state health care program funds.

APPLICATION

This policy applies to:

1. DWIHN Compliance Department Staff
2. Compliance Specialists
3. Special Investigations Unit (SIU) Staff
4. Contractors or consultants assisting in compliance investigations

Compliance investigations may involve:

1. DWIHN employees and Board of Directors
2. Network providers
3. Contractors or vendors
4. Members or beneficiaries
5. Any individual or entity conducting business with DWIHN

KEYWORDS

Compliance Investigation

Investigation Plan

Case Intake

Case Triage

Evidence Collection

Investigation File

Investigative Findings

Corrective Action Plan (CAP)

Program Integrity

Claims Analysis

Investigative Documentation

Regulatory Referral

Investigator Independence

Investigation Oversight

Compliance Case Log

1. INVESTIGATION AUTHORITY

The Compliance Department has the authority to initiate and conduct investigations involving suspected violations of:

(See Investigation Standards for Standard Operating Procedures)

1. Federal or state laws
2. Medicaid program requirements
3. DWIHN policies and procedures
4. Fraud, waste, and abuse standards
5. Ethical conduct requirements
6. Compliance investigators may review records, conduct interviews, analyze data, and obtain documentation necessary to complete investigations.

2. CASE INTAKE AND ASSESSMENT

All allegations of misconduct or compliance concerns shall be documented and assessed upon receipt. (See Investigation Standards for Standard Operating Procedures)

Initial case assessment shall include:

1. Identification of the allegation
2. Source of the complaint
3. Potential regulatory or financial impact
4. Risk to beneficiaries or the Medicaid program
5. Determination of investigative jurisdiction
6. Cases shall be prioritized based on risk and potential program impact.

3. INVESTIGATION PLANNING

Compliance investigators shall develop an investigation plan which may include: (See Investigation Standards for Standard Operating Procedures)

1. Review of relevant laws, regulations, and policies

2. Identification of witnesses or involved parties
3. Identification of documentation or data to be reviewed
4. Identification of claims or financial transactions requiring analysis
5. Investigations shall be conducted in a manner that preserves evidence and maintains the integrity of the investigative process.

4. EVIDENCE COLLECTION

Compliance investigators may collect and review various forms of evidence including: (See Investigation Standards for Standard Operating Procedures)

1. Medical records
2. Claims and billing data
3. Provider documentation
4. Electronic communications
5. Internal records and reports
6. All evidence shall be maintained in the investigation file and documented in accordance with record retention requirements.

5. INTERVIEWS

Investigators may conduct interviews with individuals relevant to the investigation including:

(See Investigation Standards for Standard Operating Procedures)

1. Complainants
2. Witnesses
3. Subjects of the investigation
4. Interview summaries shall be documented and maintained as part of the investigative record.

6. INVESTIGATION ANALYSIS

Investigators shall analyze investigative findings using an objective and structured methodology. This may include the use of analytical frameworks such as:

(See Investigation Standards for Standard Operating Procedures)

1. Issue identification
2. Applicable rule or regulation
3. Analysis of evidence

4. Determination of findings
5. Investigation conclusions must be supported by evidence and applicable regulatory standards.

7. INVESTIGATION FINDINGS

Investigative outcomes may include the following determinations:

(See Investigation Standards for Standard Operating Procedures)

1. Substantiated
2. Unsubstantiated
3. Inconclusive
4. Where violations are identified, appropriate corrective actions shall be recommended.

8. CORRECTIVE ACTIONS

Corrective actions resulting from investigations may include:

(See Investigation Standards for Standard Operating Procedures)

1. Corrective Action Plans
2. Policy or procedural revisions
3. Training or education
4. Financial recoupment
5. Provider sanctions
6. Disciplinary action
7. Referral to regulatory or law enforcement agencies
8. Corrective actions shall be implemented to address the root cause of identified violations.

9. INVESTIGATOR INTEGRITY AND PROFESSIONAL CONDUCT

Compliance Specialists and Investigators are expected to perform their duties with the highest standards of integrity, professionalism, and accountability. Investigators shall:

1. Conduct investigations objectively and without bias
2. Follow all DWIHN policies and investigative procedures
3. Ensure investigative findings are supported by credible evidence

4. Maintain accurate and complete documentation
5. Protect the confidentiality of investigative information
6. Avoid conflicts of interest that may compromise investigative integrity
7. Investigators are prohibited from falsifying investigative records, misrepresenting investigative findings, or failing to follow established investigative protocols. Failure to adhere to these standards may result in disciplinary action, up to and including termination of employment.

10. REPORTING AND OVERSIGHT

Significant investigation findings shall be reported to appropriate leadership, which may include:

(See Investigation Standards for Standard Operating Procedures)

1. Compliance leadership
2. Executive leadership
3. Compliance Committee
4. Governing Board when appropriate
5. Investigations involving potential fraud or significant regulatory violations may be referred to appropriate governmental authorities.

QUALITY ASSURANCE/IMPROVEMENT

The Compliance Department shall monitor investigation activities to ensure adherence to investigative standards and to promote continuous improvement.

Monitoring activities may include:

- Review of investigation documentation
- Review of case closure timelines
- Assessment of investigative quality
- Identification of trends or systemic compliance risks

Investigation processes shall be periodically reviewed to ensure alignment with regulatory requirements and best practices.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWIHN staff, board of directors, network providers, contractors, and subcontractors involved in investigative activities shall comply with all applicable federal, state, and local laws, including requirements governing Medicaid program integrity, fraud prevention, and confidentiality of information.

LEGAL AUTHORITY

The Detroit Wayne Integrated Health Network (DWIHN) Compliance Department conducts investigations pursuant to applicable federal and state laws governing fraud, waste, abuse prevention, program integrity, and protection of public health care funds. These authorities include, but are not limited to:

Federal Authorities

- **False Claims Act, 31 U.S.C. §§ 3729–3733** – Prohibits the submission of false or fraudulent claims for payment to the federal government and establishes liability for entities that knowingly submit false claims.
- **Social Security Act, Section 1128A (42 U.S.C. § 1320a-7a)** – Establishes civil monetary penalties for fraud, waste, abuse, and improper billing practices involving federal health care programs.
- **42 CFR 438.608** – Requires Medicaid managed care organizations and prepaid inpatient health plans to implement compliance programs that include procedures for preventing, detecting, and investigating fraud, waste, and abuse.
- **42 CFR 455.2** – Defines fraud, waste, and abuse in Medicaid programs.
- **45 CFR 164** – Establishes privacy and security requirements for the protection of protected health information under HIPAA.

State Authorities

- **Michigan Medicaid False Claim Act, MCL 400.601–400.615** – Establishes liability for individuals or entities that knowingly submit false claims to the Michigan Medicaid program.
- Michigan Mental Health Code, MCL 330.1001 et seq. – Governs the administration and oversight of Michigan’s public mental health system.
- Michigan Social Welfare Act, MCL 400.1 et seq. – Establishes the legal framework for administration of public assistance programs including Medicaid.

Contractual and Program Requirements

- Michigan Department of Health and Human Services (MDHHS) Medicaid Managed Care Contract requirements relating to compliance programs, fraud prevention, and program integrity.
- Michigan Medicaid Provider Manual requirements related to fraud, waste, abuse prevention, and compliance oversight.

RELATED POLICIES AND PROCEDURES

1. [Compliance Plan](#)
2. [Investigation Policy](#)

CLINICAL POLICY

NO

INTERNAL/EXTERNAL POLICY

INTERNAL

Approval Signatures

Step Description	Approver	Date
Risk Management Full Committee	Stacie Durant: Vice President Of Finance	Pending
Risk Management Full Committee	Erik Hutchison: Vice President of Clinical Operations	Pending
Risk Management Full Committee	Monifa Gray: Associate Vice President Legal Services	03/2026
Risk Management Full Committee	Brooke Burch: Vice President Of Governmental Affairs	03/2026
Risk Management Full Committee	Jody Connally: Vice President Of Human Resources	03/2026
Risk Management Full Committee	Manmohan Singla: Deputy Chief Executive Officer	03/2026
Risk Management Full Committee	April Siebert: Director of Quality Improvement	03/2026
Risk Management Full Committee	Dhannetta Brown: Associate Vice President of Finance	03/2026
Risk Management Full Committee	Polly McCalister: Director of Recipient Rights	03/2026

Applicability

Detroit Wayne Integrated Health Network

Standards

No standards are associated with this document

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