

# **Compliance Program Policy – XYZ Health Center**

## **Policy**

XYZ Health Center (XYZ) is committed to conducting its business ethically and maintaining and promoting an enterprise-wide culture that emphasizes integrity through individual and institutional acceptance of responsibility and effective self-policing as well as transparency in the relationships between the organization and its key stakeholders, including government officials and agencies. In furtherance of this commitment, the organization has established a Compliance Program and abides by its requirements.

## **Procedure**

1. The Compliance Program is a dynamic program that provides a flexible framework for adapting to the changing environment in which XYZ operates. It is continually evaluated by the chief compliance officer (CCO), the chief executive officer (CEO), the Compliance Committee (CC), and the Board to ensure that it enables the organization to meet its high standards and commitment to compliance.
2. The Compliance Program encompasses the following elements:
  - A. Program oversight and administration
    1. The organization has appointed a CCO who operates and monitors the Compliance Program. The CCO reports directly to the Board and the CEO and can engage outside resources as necessary. The CCO regularly informs the CEO, the ECC, the Board, and applicable stakeholders on the Compliance Program and compliance risks, concerns, issues, or violations quarterly or, if urgent, when they come to the CCO's attention
    2. The organization has established the CC to advise and assist the CCO with the Compliance Program.
    3. The Board has established a standing committee of the Board to assist in oversight of the operations and efficacy of the Compliance Program.
  - B. Written standards, policies, and procedures
    1. The organization maintains and periodically updates a written Code of Conduct (The Code) articulating its commitment to ethical behavior. The Code is the foundation of the Compliance Program and details the fundamental principles, values, and framework that guide everyday practice. Personnel must abide by the terms of the Code and periodically certify to such.
    2. The organization has developed policies and procedures detailing its commitment to compliance and compliance obligations. The policies and procedures also document specific areas for compliance risks relevant to this healthcare organization. These policies and procedures are reviewed every two years, revised as warranted, and made available to all personnel.

3. Compliance with The Code and all applicable policies and procedures is a condition of employment and an element in evaluating the performance of all employees.
- C. Training and education: The organization has developed and implemented quarterly compliance training and education for all personnel, including the Board. Compliance training and education are targeted by function and topic to maximize effectiveness. Completion of required compliance training is a condition of continued employment. Failure to comply with training requirements will result in disciplinary action, including termination.
- D. Risk assessment, auditing, and monitoring
1. XYZ conducts quarterly compliance risk assessments to evaluate the compliance-related risks that have the potential for legal, financial, and operational damage and implements appropriate mitigation strategies as warranted.
  2. XYZ has established a comprehensive auditing and monitoring program that will support the prevention, detection, and correction of instances of noncompliance.
  3. Auditing and monitoring activities are based on the results of quarterly compliance risk assessments, previous auditing and monitoring activities, and compliance investigations.
- E. Disclosure Program
1. XYZ has established and maintains a Disclosure Program that sets forth the duty of the organization's personnel to report potential compliance issues, including any identified concerns or questions regarding suspected violations of The Code, policies and procedures, and/or applicable laws and regulations.
  2. The Disclosure Program is well publicized and emphasizes our strict nonretaliation policy. The organization does not retaliate or take disciplinary action against any individual for reporting concerns in good faith, including acting as a whistleblower by the federal False Claims Act or other laws.
  3. The Disclosure Program includes reporting channels that enable individuals to disclose potential compliance issues to the CCO through an anonymous reporting mechanism to maintain appropriate confidentiality.
  4. Upon receipt of a disclosure, the CCO will promptly assess to determine the type of response and/or action warranted, including an internal or external review or investigation of the allegations outlined in the disclosure.
  5. The organization shall maintain a log summarizing each disclosure and the disposition, including any corrective actions taken.
- F. Enforcement and corrective actions
1. XYZ will take appropriate disciplinary action for established compliance violations and will identify corrective actions to help prevent the recurrence of similar violations. These may include, but are not limited to:
    - a. Addressing gaps in policies, practices, and training and any misinterpretation of policies, practices, or training that may have contributed to a violation;
    - b. Imposing a range of disciplinary measures, up to and including termination of employment; and

- c. Reporting the violation to the appropriate government authorities when warranted.
  2. The organization will enforce its compliance standards through well-publicized disciplinary guidelines.
  3. Decisions regarding appropriate disciplinary action(s), if any, will be determined by the CCO, CEO, and HR representative.
  4. As part of routine hiring and retention processes, the organization will not hire, contract with, use the items or services of, nor extend privileges to an individual or entity who is (a) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal healthcare programs or (b) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7a(a) (collectively, “ineligible persons”).
    - a. The organization conducts required regular screening of individuals and entities to identify ineligible persons.
    - b. Such individuals and entities have an affirmative duty to promptly notify the Compliance Department of any debarment, exclusion, suspension, or other event that makes the individual or entity an ineligible person.
3. Responsibilities
  - A. The CEO, CC, and Board are responsible for:
    1. Exemplifying a culture of compliance and ethics throughout the organization;
    2. Setting the expectation for compliance and as a core responsibility for all personnel;
    3. Ensuring that the CCO and Compliance Department have sufficient staffing, resources, and financial support to perform their responsibilities under this policy;
    4. Advising the CCO on compliance matters and supporting the effective operation of a Compliance Program;
    5. Coordinating with the CCO and Compliance Department to evaluate annually the Compliance Program to ensure that it enables the organization to meet its high standards and commitment to compliance.
    6. Promoting and maintaining a work environment where concerns can be raised, openly discussed, and reported without fear of retaliation; and
    7. As organization personnel, comply with all the requirements outlined in Section 4(C).
  - B. The CCO is responsible for:
    1. Designing, implementing, and overseeing an effective Compliance Program that meets the expectations outlines in the United States Sentencing Guidelines and Office of Inspector General’s Compliance Program Guidance;
    2. Staffing and leading a Compliance Department responsible for ensuring the performance of the Compliance Program components enumerated in Section 3;
    3. Keeping informed of developments and trends in healthcare compliance and using such information to enhance the Compliance Program;

4. Keeping the CEO, the members of the CC, and the Board regularly informed of Compliance Program developments, as well as industry best practices and government enforcement actions related to the Compliance Program; and
  5. Periodically assess the effectiveness of the Compliance Program to determine that it enables the organization to meet its high standards and commitment to compliance.
- C. Staff are responsible for:
1. Acting in compliance with the performance of their duties and in their conduct, and otherwise supporting the Compliance Program (supervisors have a heightened responsibility to do so);
  2. Reading, understanding, and complying with The Code and all other policies and procedures;
  3. Completing all required compliance training promptly;
  4. Reporting potential compliance issues and
  5. Cooperating with the Compliance Department in compliance investigations, auditing, and monitoring activities.
  6. Supervisors have additional responsibilities to:
    - a. Demonstrate and emphasize the importance of compliance;
    - b. Model behaviors in support of compliance;
    - c. Assess compliance as part of performance measurement for all employees;
    - d. Maintain an environment where individuals can comfortably ask questions or raise compliance concerns without fear of retaliation;
    - e. Provide appropriate and timely responses to questions or concerns, in consultation with the Compliance Department, as needed; and
    - f. Maintain communication with the Compliance Department about potential compliance concerns.

## **Definitions**

When used in this policy, these terms have the following meanings:

*Compliance:* A term that shall encompass compliance with all applicable federal and state laws, regulations, and other requirements, including but not limited to federal healthcare program requirements, industry-recognized compliance guidance and standards, XYZ policies and procedures, and The Code.

*Compliance Program:* The program developed by the organization to promote compliance with the Code, policies, procedures, and all relevant federal and state laws and regulations.

*Federal Healthcare Program:* Any plan or program that provides health benefits, directly or indirectly, through insurance or otherwise, and is funded, in whole or in part, by the United States government, including, but not limited to, Medicare and Medicaid.

*Personnel:* Board members; officers; employees; residents and physicians who are members of the medical staff; other nonphysician practitioners; and contractors, subcontractors, vendors, and agents who perform services or act on behalf of the organization.