

RESPONSIBLE DEPARTMENT: Corporate Compliance	SUBJECT: Compliance Officer, Compliance Program Structure, and Compliance Committee
NUMBER OF PAGES: 6	REPLACES POLICY: 03/2023
EFFECTIVE DATE: APRIL 2024	POLICY ID. ADM-CC

SCOPE:

This policy applies to all employees at Community Memorial Hospital (CMH), Family Health Centers (FHC), and Specialty Clinics.

PURPOSE:

The purpose of this policy is to set forth the structure of the hospital’s Compliance Program and Compliance/Revenue Cycle Committee, and describe the composition and responsibilities of both the department and the committee.

POLICY STATEMENT:

It is the policy of Community Memorial Hospital that the hospital has a designated Compliance Officer (“CO”) and committee to oversee and implement the hospital’s Code of Conduct and Compliance Program (“Compliance Program) and to ensure compliance with relevant laws, rules and regulations, government (including Medicare and Medicaid) and private payer requirements. The Revenue cycle committee will meet, at least monthly and Compliance Committee will meet, at least quarterly.

The Corporate Compliance department consists of the following members:

- Compliance Officer
- Compliance Auditors/ Specialists
- HIPAA Security Officer

PROCEDURE:

A. Compliance Officer’s Responsibilities:

The Compliance Officer, who reports directly to the Hospital’s President/CEO, shall be responsible for the day to day operation and oversight of the Compliance Program. The CO is also responsible for overseeing and monitoring the adoption, implementation and maintenance of the compliance program and evaluating its effectiveness.

The CO may designate as he or she deems appropriate, an individual, such as the Corporate Compliance Specialist and/or the HIPAA Security Officer, to assist in the day to day operation and duties of the CO which may include, without limitation, the following:

- i. Reporting at least quarterly to the Board of Directors, the President/CEO, and the Committee on the progress of adopting, implementing and maintaining the Compliance Program;
- ii. Administrating the Compliance Program;

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- iii. Developing, reviewing and revising the Compliance Program, including the Compliance Handbook, Code of Conduct and policies and procedures to incorporate changes based on the hospital's organizational experience and promptly incorporate changes to Federal and State laws, rules, regulations, policies and standards;
- iv. Drafting, implementing and updating annually, the compliance work plan;
- v. Reviewing and revising the Compliance Program, as necessary, to address changes in the hospital and in the applicable laws, policies and procedures of government and private payer health plans;
- vi. Assisting in establishing methods to improve efficiency, quality of services and reducing vulnerability to fraud, waste and abuse;
- vii. Developing and participating in a multifaceted educational and training program focusing on the elements of the Compliance Program and ensuring all affected individuals are knowledgeable of and comply with pertinent federal, state, and local laws;
- viii. Ensuring that employees and affected individuals who furnish medical, billing and coding services to the hospital are aware of the requirements of the hospital's Compliance Program;
- ix. Coordinating efforts by hospital departments to implement the Compliance Program;
- x. Coordinating personnel issues with the hospital's Human Resources Department and Medical Staff Office to ensure that the National Practitioner Data Bank and the excluded provider lists are regularly reviewed with respect to all employees, medical staff and independent contractors;
- xi. Supervising, coordinating and/or conducting internal compliance review, audit and monitoring activities, including annual or periodic review of hospital departments to determine compliance and coordinating any resulting corrective action;
- xii. Independently investigating matters related to compliance, including the design and coordination of internal investigations, the initiation of a response to reports of problems or suspected violations, documenting, reporting, coordinating and pursuing any resulting corrective action with all hospital departments, contractors and the State;
- xiii. Developing policies and programs that encourage affected individuals to report suspected fraud and other improprieties without fear of retaliation;

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- xiv. Recommending disciplinary action for those affected individuals found to be in violation of the Compliance Program;
- xv. Meeting with the hospital’s legal counsel to help ensure that the hospital remains in compliance with all applicable federal and state laws and regulations with respect to its business arrangements and relationships.

B. Compliance Officer’s Authority:

- a. The Compliance Officer (CO) and Compliance department personnel shall have the authority to review all documents and other information relevant to compliance activities, including, but not limited to, patient records, billing records, marketing records, and contracts with other parties, including employees, staff professionals, independent contractors, suppliers, agents, and hospital-based physicians.
- b. The CO shall have the authority to review all contracts and obligations of the hospital, seek the advice of legal counsel where appropriate, with a particular concern for referral and payment issues that may violate the anti-kickback statute, as well as the physician self-referral prohibition and other legal or regulatory requirements.
- c. The CO should be an employee of the hospital who is familiar with the operations of the hospital, has the authority to recommend and implement operational changes within the hospital and is someone who is regarded as being approachable by all employees of the hospital.
- d. The CO shall have the authority to stop the processing of claims for services that he or she believes are problematic until such time as the issue in question has been resolved.

C. Overview of Compliance Department Staff Responsibilities:

- a. **Corporate Compliance Officer** - Develops, plans and evaluates short, mid and long-term goal setting and goal achievement through facilitation and guidance consistent with the strategic plan. Maintains current industry knowledge serving as a subject matter expert; ensures compliance with all federal/state/local laws, regulatory/accrediting guidelines and professional standards within all areas of responsibility.
- b. **Compliance Auditors/Specialist** – Performs compliance audits related to both oversight agencies and department work plans, performs follow up of compliance auditing and monitoring including written reports (includes evaluation of risk, root cause and scope of impact on the findings), education and presentations necessary to all levels of management.
- c. **HIPAA Security Officer** – Oversees the development, execution and maintenance of the disaster recovery, IT risk management, back up, physical security, and emergency mode plans. Develops and enforces HIPAA HITECH standards, documentation requirements and policies and procedures.

D. Responsibilities of the Compliance Committee:

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The purpose of the Compliance Committee is to assist the Board of Directors of Community memorial Hospital in fulfilling its oversight of quality and performance initiatives and progress of services and system improvements. It shall include review of quality indicators and encourage open discussion on both clinical and non-clinical system improvement. From the Compliance and risk perspective, the Committee will focus on the detection and prevention of fraud, waste and abuse, violations involving laws, regulations or policies, and in meeting its fiduciary duties.

The Committee’s responsibilities shall generally include: overseeing the Hospital’s Corporate Compliance program and its performance; fostering and maintaining a culture of compliance throughout the organization; evaluating strategic compliance issues and making recommendations regarding proposed action and corrective action plans; monitoring appropriate follow up and improvement; reviewing potential revenue and reimbursement concerns and issues, and providing updates on department revenue goals. The committee shall report directly and be accountable to the hospital’s President/CEO and governing body. Additional duties of the Compliance/Revenue Cycle Committee include:

Compliance Standards and Policies

- Oversee the development or modification, issuance, distribution and review of the Code of Conduct and appropriate Compliance policies.
- Oversee the development and implementation of employee communication and training regarding the Code of Conduct, policies and ethics and compliance issues.
- Receive and act upon reports and recommendations of the Corporate Compliance Officer, or his/her designee;
 - Work with hospital departments to develop standards of conduct and policies and procedures to ensure effective implementation of the Compliance Program;
 - Monitor internal systems and controls implementing the Compliance Program’s standards, policies and procedures and incorporate them into daily hospital operations;
 - Maintain appropriate strategies to promote compliance and the detection of potential violations, including the hotline or other fraud reporting mechanisms;
 - Ensure effective systems and processes are in place to identify compliance program risks, overpayments and other issues, and effective policies and procedures for correcting and reporting such issues;
 - Monitor the status of internal and external audits conducted pursuant to the Compliance Program and implementing corrective and preventive action;
 - Submit an annual work plan to the Board of Directors regarding the activities of the Compliance Program and any recommended changes or amendments; and
 - Enact required modifications to the compliance program.

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- Review current revenue cycle issues, barriers, successes, projects;
- Present results of ongoing charge audits and discuss process improvements.
- The Committee shall also:
 - Review and discuss issues brought to the attention of compliance (i.e. hotline calls, etc.);
 - Review and discuss patient complaints in regard to compliance;
 - Review and discuss HIPAA Privacy issues & activities;
 - Review and discuss HIPAA Security issues & activities;
 - Review and make recommendations on compliance auditing and monitoring activities.
 - Receive and discuss updates and status on rules and regulations that govern the hospital;
 - Review and discuss any physician compliance issues;
 - Review and approve the annual compliance work plan;
 - Ensure policies and procedures and Compliance Handbook are current, accurate and complete and that compliance training is completed timely;
 - Review and approve annually the Compliance Handbook, Code of Conduct and Charter of this Committee.

E. Composition of the Compliance Committee

The Composition of the Compliance meeting includes the following:

- Chief Medical Officer
- VP of Nursing and Clinical Services
- VP of Physician Services
- VP of Human Resources
- Executive Director of Community Relations
- Revenue Cycle Manager
- Senior Director of Business Development
- Corporate Compliance Officer (Chair of Committee)
- Director of Radiology
- Manager of Laboratory Services
- Director of Nursing- Emergency Department
- Director of Case Management
- Director of Rehabilitation
- Manger of the Operating Room
- VP of Finance
- Manager of Patient Access
- Senior Billing Analyst

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- Director of Data Analytics
- Senior Director of Facilities and Procurement
- Manager of Family Health Centers
- Manager of Environmental Services
- Director of Cardio-Pulmonology
- Team Lead of Health Information Management
- Senior Director of Ancillary Services
- Director of Infection Control and Employee Health Services
- Director of Inpatient Services
- HIPAA Security Officer

F. Meetings of the Compliance/Revenue Cycle Committee

- a. The Committee shall meet every 60 days or more frequently as circumstances dictate, and will report to the Board on a quarterly basis.

DOCUMENTATION: Applies to Compliance/Revenue Cycle Committee, Director of Compliance/Compliance Officer, and his/her designees(s)

DEFINITIONS:

- Affected Individuals: All persons who are affected by the provider's risk areas including employees, chief executive and other senior administrators, managers, contractors, agents, subcontractors, independent contractors and governing and corporate offices.

REFERENCES: NOT APPLICABLE

Approved by:



Jeffery Coakley
President and Chief Executive Officer



Cindy Pelky, BS RN
Corporate Compliance Officer