

Title: Compliance Program**Date Approved:** 05/26/2021

Policy

Document Owner: Richelle Heldwein (CRO) (CCO)**Approver(s):** Board of Trustees, Richelle Heldwein (CRO)**Version #:** 7**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

Policy:

The St. John's Health ("the "Hospital") Compliance Program helps prevent and deter violations of law, regulation and internal policy. The Compliance Program confirms the Hospital's commitment to corporate integrity and compliance.

I. Core Goals for the Hospital's Compliance Program

- To ensure the Hospital's compliance with State and Federal laws and regulations.
- To heighten awareness and sensitivity to areas of high legal risk through education and communication.
- To empower employees, physicians, contractors, and our community to voice concerns related to the Hospital's operations.
- To emphasize proactive procedures and self-review.
- To provide guidance through the development of a Code of Conduct and procedures to be followed in identified risk areas, and self-review and audits to monitor compliance with these standards and procedures.
- To appoint high-level personnel to implement and monitor the Compliance Program.
- The Compliance Program will complement and coordinate with existing Hospital policies, standards, and guidelines.

II. Compliance and Privacy Program Structure

The Hospital's Compliance Program is overseen and implemented by the Chief Compliance Officer (the "CCO") and the Board of Trustees' Joint Committee on Quality and Compliance (JCQC).

A. Compliance and Privacy Officer:

The CCO oversees the implementation and day-to-day operations of the Hospital's Compliance Program. The CCO reports to the Hospital's Chief Executive Officer and to the Board of Trustees' JCQC on a quarterly basis. The Board JCQC Chair reports quarterly to the Board of Trustees. The CCO has direct access to report to the Board of Trustees on issues that might be of concern to the Hospital. The CCO's responsibilities include but are not limited to:

- Conducting compliance investigations and audits, monitoring trends and reporting to JCQC of the board;
- Drafting and implementing the Hospital's annual compliance audit and work plan;
- Educating new and existing Hospital employees, contractors and volunteers on their Compliance Program responsibilities;
- Developing, and ensuring adherence to the Hospital's Code of Conduct.

B. Board JCQC

The Board of Trustees JCQC is comprised of three Board members, the CEO, CFO, CNO, CIO, and CCO. The Committee provides oversight, input, and reports to the Board of Trustees on a routine basis.

III. Code of Conduct and Policies

The Hospital's Code of Conduct further articulates and demonstrates the Hospital's commitment to

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compliance.

A. Code of Conduct

The Code of Conduct outlines the Hospital's commitment to insuring employees comply with all applicable federal and state rules and regulations.

New employees will receive a copy of the Code of Conduct at their initial orientation.

Medical staff members will be given a copy of the Code of Conduct during the credentialing process.

Volunteers will receive a copy of the Code of Conduct during volunteer orientation.

The Board of Trustees also receives the Code of Conduct and signs the Board Conflict of Interest Attestation.

A copy of the Code of Conduct will also be maintained on the Hospital's website.

B. Policies and Procedures

The policies and procedures directly relating to the Hospital's Compliance Program will address:

- Health Insurance Portability and Accountability Act (HIPAA)
- Non-retaliation as it relates to good faith reporting
- Emergency Medical Treatment and Active Labor Act
- Conflict of Interest
- Reporting of fraud and abuse and false claims

IV. Reporting and Communication**A. Communication with the CCO**

The CCO serves as a resource for anyone seeking clarification of compliance related issues or anyone who wishes to report a suspected compliance violation in good faith. The CCO will be responsible for overseeing investigations of all issues surfaced through the incident reporting system and the compliance hotline.

B. Maintaining open lines of communication

Open and honest communication is essential for creating and sustaining a culture of compliance. The CCO will work to educate employees in feeling safe to report concerns without the fear of retaliation. Employees should seek clarification and guidance regarding their concerns by consulting with their respective Chain of Command. The Hospital has designated the CCO as a resource for employees and management to ask questions and if necessary, investigate potential non-compliance issues. The confidential Compliance Hotline (307-739-7HOT) is posted on the Hospital intranet and is checked Monday through Friday. The Hospital CCO extension is also listed.

V. Training and Education

The intent of compliance education is to heighten awareness of the operations of the Compliance Program as well as to promote staff responsibility for compliance with policies, laws, regulations, and reporting of any issues identified.

The CCO will provide compliance and HIPAA education to all newly hired employees at the new employee's orientation and annual training for staff. The CCO will develop specific training, as needed, to increase awareness in specific identified risk areas. The CCO will provide education on compliance topics to the Board of Trustee members on a regular basis.

VI. Auditing and Monitoring**Next Review Date:** 05/26/2024**Originating Department:** Risk
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Title: Compliance Program**Date Approved:** 05/26/2021**A. Auditing**

At the beginning of each fiscal year, the CCO will develop an auditing and monitoring plan, based on the most recent OIG annual work plan, and other identified risk areas. The purpose of performing audits is to help prevent and/or detect non-compliance that may result in poor quality, inefficiency and/or overpayment. The intent of auditing and monitoring key areas is not to uncover all non-compliance but to minimize potential risk and to give a level of comfort that the Hospital is committed to compliance to the best of its ability.

B. Monitoring

The CCO will at a minimum, monitor the following:

- The OIG excluded provider checks
- Potential vendor exclusions
- Federal healthcare regulatory updates to ensure compliance
- Internal risk assessments

VII. Responding to offenses

The Hospital's Compliance Program includes collaboration with HR and the JCQC regarding disciplinary action for corporate officers, managers, employees, physicians, and other health-care professionals who have failed to comply with the Hospital's Code of Conduct, policies and procedures, or federal and state laws, or those who have otherwise engaged in wrongdoing, which have the potential to impair the Hospital's status as a reliable, honest, and trustworthy health-care provider. The potential disciplinary action for violations of Federal and State law and the Hospital's policy includes termination; such information is noted in the corresponding HR policies. All reports made to the CCO will be thoroughly investigated and tracked.

Any compliance issue may be reported through the Compliance Hotline (307-739-7HOT).

Or by contacting the Chief Compliance Officer:

D. Richelle Heldwein, CRO, CCO
1-307-739-7286
rheldwein@stjohns.health

References used to revise compliance program:

Department of Health and Human Services, Office of Inspector General, *Compliance Program Guidance for Hospitals* and *Supplemental Compliance Program Guidance for Hospitals*