

 Kaleida Health POLICY	Title: Corporate Compliance Program	# IAC.20
	Owner: Chief Compliance Officer	Issued: 7/1/98
Keywords: compliance, fraud, waste, abuse, non-retaliation		

I. Statement of Purpose

Kaleida Health is dedicated to achieving the highest standards of conduct, honesty, and reliability in its business practices. To that end, Kaleida Health has developed the Kaleida Health Corporate Compliance Program (“the Program”) to prevent, detect, and correct fraud, abuse, or waste in federally, state, and privately funded health care programs. To ensure effectiveness, the Program contains eight basic elements as described in Federal and State compliance program guidance:

- A. Written policies and procedures
- B. Designation of a compliance officer
- C. Training and education
- D. Lines of communication to the compliance officer
- E. Disciplinary guidelines
- F. Auditing and monitoring
- G. Responding to compliance issues
- H. Non-intimidation and non-retaliation

The Kaleida Health Corporate Compliance Program facilitates compliance in the workplace with all applicable laws and regulations, as well as Kaleida Health’s policies and procedures. Actions by individuals that violate such laws, regulations, policies or procedures are outside the scope of one’s employment with, or authority from, Kaleida Health.

II. Audience

Chief Compliance Officer, Internal Audit and Corporate Compliance Department, Audit and Corporate Compliance Committee of the Board of Directors, all workforce members

For the purposes of this policy, the term “workforce member” means Medical Staff members, hospital, home care, clinic and nursing home staff, including employees, students, interns, residents, fellows and volunteers.

III. Instructions – (Outline necessary steps for consistent completion of process/ procedure)

A. Assignment of Responsibilities

1. Audit & Corporate Compliance Committee of the Board of Directors

- a. The Audit & Corporate Compliance Committee (“the Committee”) has been established, in part, to assist the Board of Directors (“the Board”) in the oversight of Kaleida Health’s Corporate Compliance Program.
- b. The Committee is comprised of independent directors of the Board.
- c. Kaleida Health’s Chief Compliance Officer and designated senior executives are also members of the Committee.
- d. The Committee Chair is appointed by the Board.

2. Chief Compliance Officer

- a. The Committee, working in consultation with Kaleida Health executive management, appoints the Chief Compliance Officer (CCO) who is responsible for the continued development, implementation, and operation of the Program.

- b. The CCO reports directly to the Committee.
- c. The CCO and staff of the Internal Audit & Corporate Compliance Department work closely with General Counsel, clinical and non-clinical departments, and billing personnel to foster and enhance compliance with applicable legal and institutional requirements.

B. Reports of Compliance Concerns

- 1. Any workforce member who in good faith believes that an activity may not comply with any applicable law, regulation, or applicable policies and procedures of Kaleida Health, must report the activity by:
 - a. Submitting a STARS report; or
 - b. Calling the compliance hotline number (859-8559) which is available 24hours/day, 7 days/week; or
 - c. Submitting a written report addressed to the CCO; or
 - d. Contacting a staff member of Internal Audit & Corporate Compliance; or
 - e. Contacting a member of the Audit & Corporate Compliance Committee; or
 - f. Contacting Det Norske Veritas Healthcare, Inc. (DNV) or Community Health Accreditation Program (CHAP); or
 - g. Contacting an appropriate State or Federal government agency.
- 2. Internal Audit & Corporate Compliance will maintain documentation of all reported compliance concerns, including investigations and corrective actions resulting from the report. This documentation will be retained for a period of ten (10) years from the date of resolution/closure of the concern.
- 3. All records related to reported compliance concerns will be preserved in accordance with law and in a manner that assures maximum protection under the attorney-client privilege and attorney work product doctrines.
- 4. All reports will be kept confidential to the extent possible, though absolute confidentiality cannot be guaranteed. It is possible that disclosure of the reports to other Kaleida Health departments/individuals and/or to governmental authorities would be required.

C. Investigation of Compliance Concerns

- 1. All reported compliance concerns will be investigated.
- 2. No promises will be made to the party reporting the concern regarding his/her liability or what steps will be taken in response to the report, other than the assurance that Kaleida Health will not take any type of retaliatory action against the individual for having filed the report.
- 3. If it is determined that the allegation, if true, would or possibly could constitute a violation of State or Federal law, the CCO will report the allegation immediately to General Counsel. The CCO and General Counsel will determine whether the allegations have a basis in fact, whether remedial action is to be imposed, and whether disclosure to outside authorities is required by law.
- 4. The CCO will report to the Audit & Corporate Compliance Committee all credible reported compliance concerns, including the results of the investigations and any subsequent action taken.

D. Corrective Action

- 1. The CCO will ensure that appropriate corrective action is taken, including reporting violations promptly to government authorities, identifying and making necessary financial adjustments, and imposing appropriate disciplinary or corrective action.
- 2. If a workforce member fails to comply with the Program, including failure to comply with applicable laws and regulations and/or policies and procedures, management

- will take disciplinary or other corrective action, up to and including termination of employment or contract.
3. Circumstances in which disciplinary or corrective action may be taken include:
 - a. Noncompliance with laws, regulations, policies or procedures;
 - b. Encouragement or assistance of another to engage in noncompliance;
 - c. Failure to report noncompliance;
 - d. Failure to detect noncompliance by an individual who should have detected such noncompliance;
 - e. Failure of a supervisor or manager to assure that their subordinates understand the requirements of the Program;
 - f. Intimidation of or retaliation against a workforce member who in good faith reports a concern relating to possible noncompliance.
 4. A workforce member who admits wrong doing will not be guaranteed protection from disciplinary or corrective action. The weight to be given to the admission will depend on all the facts known at the time that Kaleida Health makes its disciplinary or corrective decision.
- E. Monitoring and Auditing**
1. Kaleida Health regularly will monitor and audit compliance risks, focusing on areas that pose a potential risk of legal, financial, business continuity or reputational harm, including but not limited to billings, payments, medical necessity and quality of care, governance, mandatory reporting, credentialing, and other risk areas that are identified by the provider.
 2. The Internal Audit and Corporate Compliance Department is authorized to have full, free and unrestricted access to all information including records, books, computer files, documentation, property and personnel throughout the organization in order to carry out their monitoring and auditing activities.
 3. The CCO will oversee the monitoring and auditing process and present written reports to the Audit & Compliance Committee at regularly scheduled meetings.
- F. Education and Training**
1. The CCO will oversee the compliance education and training process, which involves communication of applicable compliance policies and procedures to workforce members.
 2. The education and training will involve basic education about the Program as well as specialized education for certain groups of employees who have unique responsibilities.
 3. Training and education are the responsibility of Kaleida Health management, including administrators, directors and managers.
- G. Government Inquiries**
1. Kaleida Health occasionally receives inquires from government agencies and departments in the form of letters, telephone calls, or personal visits.
 2. Kaleida Health complies with all applicable laws and cooperates with any lawful request for information from Federal, State and Local authorities.
 3. All non-routine requests for information from any government agency must be forwarded to the CCO or to any legal counsel in the Office of General counsel.
 4. Except in the normal course of business, no workforce member may answer questions, produce information or hold any discussion with any government representative without the prior approval of the CCO or legal counsel.

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5. In the event of an attempted service of a subpoena, search warrant, summons or other legal process, the CCO or legal counsel must be immediately notified.

IV. Approved by - (Include date)
 Office of General Counsel 6/12, 9/13, 9/15, 8/16
 Corporate Policy Approval Committee 7/13/12, 9/13, 9/15

V. References
 NYS: False Claims Act; Social Services Law § 363-d; Title 18 NYCRR Part 521
 Federal: Deficit Reduction Act; False Claims Act
 HHS *OIG Compliance Program Guidance for Hospitals*
 HHS *OIG Compliance Program Guidance for Nursing Facilities*
 HHS *OIG Compliance Program Guidance for Home Health Agencies*
 HHS *OIG Corporate Responsibility and Corporate Compliance: A Resource for Health Care Boards*
 (04-02-03)
 HHS *OIG Supplemental Compliance Program Guidance for Hospitals (01/31/05)*
 NYS *OMIG Compliance Program Assessment Tool*
 NYS Nonprofit Revitalization Act of 2013

- [ADM.18](#) - Business Associate Agreement
- [HR.16](#) - Conflict of Interest
- [LE.5](#) - Code of Conduct and Business Ethics
- [LE.6](#) - Policy on Regulatory Agency and Other Access/Service of Process
- [LE.12](#) - HIPAA Privacy and Security Sanctions
- [LE.13](#) - Fraud, Waste, and Abuse Compliance including Federal and New York State False Claims Act Information
- [LE.15](#) - Exclusion/Sanction Screening
- [LE.16](#) - Notification of Breach of Protected Health Information
- [MR.13](#) - Availability of Clinical Laboratory Results
- [MR.14](#) - Release of Patient Protected Health Information
- [PT.9](#) - Interpreter/Translation/Teletypewriter (TTY) Services

Version History:

Effective Date:	Reviewed/ Revised
9/12/16	Revised
9/22/15	Revised
9/13	Revised
6/12	Revised
5/05	Revised

Kaleida Health developed these Policies, Standards of Practice, and Process Maps in conjunction with administrative and clinical departments. These documents were designed to aid the qualified health care team, hospital administration and staff in making clinical and non-clinical decisions about our patients' care and the environment and services we provide for our patients. These documents should not be construed as dictating exclusive courses of treatment and/or procedures. No one should view these documents and their bibliographic references as a final authority on patient care. Variations of these documents in practice may be warranted based on individual patient characteristics and unique clinical and non-clinical circumstances. Upon printing, this document will be valid for 9/12/2016 only. Please contact Taylor Healthcare regarding any associated forms.