HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: CORPORATE COMPLIANCE PLAN **Effective Date: 6/2010**
Policy Number: 106 **Med Staff: 7/2010**
Regulation: HHS & OIG **Admin: 7/2010**

I. POLICY

This plan is an internally developed, self-governing plan that promotes ethical and legal business practices at Hardin County General Hospital (HCGH). It is designed to prevent, detect, correct and, if necessary, report noncompliant or illegal activities to the appropriate Federal and State authorities.

II. DEFINITIONS

HHS = Department of Health & Human Services

OIG = Office of Inspector General

OBJECTIVES:

To reduce the potential for fraud and abuse by:

A. Providing additional oversight of compliance with laws, regulations, and special conditions imposed upon the hospital by licensing and regulatory authorities;

B. Identifying and preventing compliance violations and unethical conduct;

C. Identifying and avoiding transactions or business practices which might result in irregularities in payment or reimbursements;

D. Minimizing the loss to the government from false claims, thereby reducing the hospital's exposure to civil damages and penalties, criminal sanctions, and administrative remedies, such as exclusion from the Medicare and/or Medicaid programs;

E. Encouraging employees to report potential compliance violations;

F. Improving operations; and

G. Maintaining the hospital's commitment to provide quality patient care.

LAWS & TOPICS COVERED BY THE PLAN:

The scope of topics covered by this plan includes, but is not limited to, the following:

- Fraud and Abuse (HW, Billing, Acct., Med Rec.)
- Anti-kickback (HW, Acct.)
- Quality (HW)
- Confidentiality (HW, Emp. Handbook, HR, HIPPA)
- Security (HW, HIPPA)
- Tax exempt status (Acct.)
- Protocols for new or experimental treatments (Nursing, Pharm.)
- Credentialing (MS Rules & Regs.)
- Disposal of medical waste (HW, EC)
- Employee health and safety (HW, EC, HR, Emp. Handbook, IC)
- Sexual Harassment (Emp. Handbook)

- Certification standards (HW)
- Proper collection practices (Billing)
- State laws regarding medical practice (MS Bylaws)
- Environmental laws (HW, EC)
- Drug and narcotics issues (NDR, Pharm., Nursing)
- Fiscal intermediary requirements (Acct., Billing)
- Insurance and other licensure issues (MS Rules & Regs.)
- Wage and hour requirements (HR)
- Document integrity, authentication, and retention (Med. Rec.)
- Patient rights and consent issues (HW, Nursing, SS)
- Americans with Disabilities Act (Emp. Handbook)
- Anti-trust laws (Acct.)
- Finance and Accounting (Billing, Acct., Med. Rec.)
- Copyright law (Acct.)
- Intellectual property (HW)
- Utilization management (HW, UR)
- HCGH policy (HW, Departmental)
- Referrals (HW, Clinic, SS,)
- Equal employment opportunity (HR, Emp. Handbook)

III. RESPONSIBILITY

The Board of Directors, all hospital employees and contractors

IV. EQUIPMENT

N/A

V. PROCEDURES

INFECTION CONTROL: N/A

1. COMPLIANCE POLICY & PROCEDURE DEVELOPMENT:

HCGH's written standards of conduct are contained in the following documents:

- Corporate Compliance Plan
- Policies (Compliance and other Departments)
- Compliance Code of Conduct & Ethics

A. The Corporate Compliance Officer is responsible for developing and maintaining detailed policies and procedures that govern the operations of the Corporate Compliance Plan.

B. Appropriate managers within HCGH are responsible for reviewing and revising current policies and creating new policies to address compliance issues that affect their respective departments.

C. HCGH's Compliance Code of Conduct & Ethics provides guidance to employees in carrying out their daily activities within appropriate ethical and legal standards. Following this Compliance Code of Conduct & Ethics is the means by which compliance will be achieved.

2. COPORATE COMPLIANCE OFFICER & COMMITTEE:

The Corporate Compliance Officer and Committee is designated to oversee the operations of this plan.

A. **The Corporate Compliance Officer (CCO)** is appointed by the hospital administrator (CEO) and is responsible for the development, implementation, and management of this plan and will have the cooperation of all members of the organization.

B. The Board of Directors and senior management will make sure the CCO is provided with appropriate resources to effectively manage and satisfy the elements of this plan.

C. The CCO will have the authority to inquire into any matters arising or appearing to arise within the scope of this plan and may appoint such staff as necessary to assist in the performance of his/her responsibilities. This appointed staff will be treated as the CCO for purposes of cooperation with his/her efforts to perform this plan's functions.

D. The CCO reports directly to the hospital Board of Directors on Corporate Compliance matters.

E. In the event that fraudulent or abusive practices are discovered through compliance investigations or otherwise, the CCO shall have the authority to terminate the operation of any department or function with HCGH in order to prevent further harm or damage to government programs, commercial payors, other external entities, and/or HCGH.

F. **The Corporate Compliance Committee (CCC)** is established to advise the CCO and assist in the implementation of this plan.

G. The CCC reviews and evaluates compliance activities and reports to and consults with the hospital Board of Directors and its appropriate committees, as necessary.

H. The CCC will consist of the CCO, who will plan and chair the committee meetings, the CEO, the Chief Financial Officer (CFO), the Quality Improvement Coordinator (QIC), Information Technician (IT), Health Information Technology Manager (HIT), the Patient Accounts Manager, the Director of Ancillary Services (DAS), and such other members as the CEO deems appropriate.

I. The CCC will meet at least quarterly, but any member of the committee may call a special meeting. Meeting discussions will include, but is not limited to:

1. Internal and external "clinical" audit report findings and recommendations
2. Hotline and other compliance calls and resolutions
3. Recovery Audit Contractor activities
4. Governmental inquiries and information requests.

3. COMPLIANCE TRAINING:

It is important that all employees of HCGH's workforce are knowledgeable about this plan. The recommended amount of employee training in Corporate Compliance or in related compliance topics is as follows:

- Hospital Board of Directors – 1 hour per year
- Department Heads and Supervisors – 2 – 4 hours per year
- All other employees – 1 hour per year

A. All new employees and contractors will receive orientation to this plan within the first 90 days of employment then annually thereafter.

B. Managers and employees working in high-risk areas for compliance violations (Business Office, Medical Records, Laboratory, etc.) will receive additional education and training as necessary.

C. Documentation of this education and training will be maintained in Human Resources, to include, but is not limited to, copies of training materials and schedules.

4. OPEN LINES OF COMMUNICATION:

HCGH has established means for all employees to confidentially report actual or potential compliance violations and/or to ask compliance related questions. These reports are made, by law, without fear of retaliation in any way from HCGH. These questions and/or reports are encouraged and may be made in the following ways:

A. All staff has access to a member of the CCC and may contact them at any time; or

B. Call the hospital **Corporate Compliance Hotline @ 877-356-6630.** This line will be answered only by the CCO or designee during working hours, Monday – Friday. If no one answers you may leave a message on the attached answering machine and someone will respond as soon as possible; or

C. Go to our webpage at **www.ilhcgh.org** and click on "Compliance" then click on **ethicalconcerns@ilhcgh.org** to send a confidential e-mail directly to the CCO; or

D. Just send an e-mail to **ethicalconcerns@ilhcgh.org**; or

E. Simply write or type out your concern, place it in a sealed envelope addressed to "Compliance Officer", and place it in any of the locked confidential "Survey Collection" boxes located in the hospital and Clinic. The survey boxes are emptied only by the CCO, or designee, and on a regular basis.

5. ENFORCEMENT OF THE PLAN:

A. Willfully violating HCGH's Corporate Compliance Plan will result in disciplinary action, which will be appropriate for the severity of the activity.

B. Fraudulent activity will not be tolerated and will result in immediate termination.

C. Employees are expected to adhere to this plan and Compliance Code of Conduct & Ethics as a condition of their employment at HCGH. Failure to do so will result in disciplinary action.

D. Sanctions could range from oral warnings to suspension, privilege revocation (subject to applicable peer review procedures), and termination.

6. AUDITING & MONITORING:

A. Periodic audits will be undertaken in order to identify deficiencies in HCGH operations, particularly with regard to the claims development and submission process. The CCO, along with the CCC will:

1. Establish appropriate procedures for conducting such audits and identify and prioritize the risk areas to be audited; and
2. Develop an annual audit work plan that identifies the risk areas to be audited for each fiscal year.

B. The CCO and other reviewers will have access to all documents necessary to perform compliance functions, to include, but not limited to, the following:

Business records	Employee records
Cost reports	Schedules
Patient records	E-mail
Pricing and cost data	The contents of computers
Those related to claim development and submission	

7. <u>CORRECTIVE ACTION</u>:

A. After a violation has been detected and confirmed, the CCO, along with the CCC will:

a. institute steps to prevent reoccurrence of the violation and make any necessary modifications to HCGH policy,

b. take appropriate action, including prompt and proper restitution of any over payment to the affected payor, and

c. take proper disciplinary action as necessary.

B. When appropriate, corrective action may include reporting suspected violations to appropriate government agencies.

VI. DOCUMENTATION

A. All activities of the CCC will be maintained through meeting minutes and kept in the CCO's office.

B. All reports of actual or potential compliance violations and sanctions will be maintained by the CCO in an appropriate log which will be kept confidentially in his/her office.