

Maricopa Integrated Health System: Administrative Policy & Procedure

Effective Date: 02/00

Reviewed Dates:

Revision Dates: 02/03; 09/06, 2/08

Policy #: 01100 S

Policy Title: Compliance: MIHS Compliance Program

Scope: **District Governance(G)**

System-Wide(S)

Multi-divisions(MD) _____

Division(D) _____

Multi-departments(MT) _____

Department(T) _____

Signature: (Original copy signed and held in MIHS Administrative Policy and Procedure Current Publications)
[John Middleton, Chief Compliance Officer, MIHS]

Purpose:

Maricopa Integrated Health System and its affiliates (“MIHS”) believe that conscientious dedication to the highest ethical standards is essential to its mission, vision, and values. This dedication is important because MIHS is charged with serving the community, and because a significant portion of MIHS services are reimbursed through governmental programs, which properly require that the people’s business be conducted with complete integrity. MIHS is committed to meeting the highest standards of ethics and conduct in all of its business practices.

Constant vigilance is necessary to avoid impropriety and the appearance of impropriety. Consequently, MIHS has developed the MIHS Compliance Program (“Program”) to set standards of conduct and monitor conduct in various areas of MIHS activities. Although the implementation and enforcement will be centrally directed, the responsibility for compliance rests with each department or service. Ultimately, compliance is the responsibility of every MIHS employee and every professional affiliated with MIHS.

Policy:

MIHS is committed to the operation of an effective compliance program in accordance with the “Compliance Program Guidance for Hospitals,” published by the Office of Inspector General, U.S. Department of Health and Human Services (“HHS-OIG”).

Procedure:

Objective of the Program

The objectives of the Program are:

- To assist MIHS in avoiding unsuitable transactions;
- To assist MIHS in avoiding irregularities in payment, reimbursement and other transactions;
- To assist MIHS management in identifying areas of possible concern that might adversely affect MIHS good reputation, its participation in public programs, or its status as the holder of public licenses, certifications, and exemptions; and
- To provide additional oversight of MIHS compliance with laws, regulations, and special conditions imposed upon it by any licensing or regulatory authorities.

Program Elements

The Compliance Program will include the following seven elements that will be regularly monitored to ensure the ongoing effectiveness of the Compliance Program

1. **Designation of the Compliance Officer and Compliance Committees** – The Chief Compliance Officer (CCO) is responsible for operation of the Compliance Program. The CCO shall report directly to the CEO and to the Board of Directors. The Compliance Officer will be provided with resources necessary to fulfill his/her responsibility for operation of the Program. The Compliance Officer may inquire into any matters arising or appearing to arise within the purview of the Program including, but not limited to, matters involving: unethical conduct; irregular billing, claims, or payments; and regulatory compliance. (See Policy 01101 S: Chief Compliance Officer - Duties & Responsibilities)

The MIHS Executive Compliance Committee (“Committee”) provides Executive-level oversight, advice, and general guidance on the operation of the MIHS Compliance Program and on all matters relating to corporate compliance. (See Policy 01102 S: MIHS Executive Compliance Committee)

2. **Code of Conduct and Ethics and Compliance Policies and Procedures** – An MIHS Code of Conduct and Ethics will govern the conduct of MIHS employees, vendors, contractors and volunteers (“Personnel”). In addition, the Medical Staff and Allied Health Professional Staff is required to adhere to the Medical Staff Bylaws, which contain many of the same provisions in the Code of Conduct and Ethics. The Compliance Policies and Procedures will be designed to further compliance throughout MIHS by its employees, vendors, agents, contractors and professional medical staff, and promote a commitment to compliance. (See Policy 01103 S: Code of Conduct and Ethics)
3. **Developing Open Lines of Communication** – Several independent reporting methods shall be available for all employees, agents, contractors and vendors to report potential compliance issues in a free and open manner without fear of retaliation. (See Policy 01105 S: Non-Retaliation, and; Policy 01106 S: Employee Hotline)
4. **Training and Education** – Training and education on the MIHS Compliance Program and compliance issues will be provided to new and current MIHS Personnel to ensure that each individual who functions on behalf of MIHS is fully capable of executing his/her role in compliance with rules, regulations and other standards. (See Policy 01107 S: Compliance Training)
5. **Auditing and Monitoring System** – MIHS will implement an ongoing evaluation and monitoring process using audit plans designed to minimize the risks associated with improper claims, billing practices, and other areas of potential noncompliance.
6. **Enforcement and Disciplinary Actions** – Disciplinary policies and procedures will be in alignment with the MIHS Merit Rules, as well as the Standards of Conduct, as adopted by the Maricopa County Special Health Care District. The disciplinary standards will be followed fairly and uniformly throughout MIHS. (See Maricopa Special Health Care District Employee Merit System Rules, and; MIHS Standards of Conduct)

MIHS will conduct a reasonable and prudent background check—including a reference check—as part of every employment application, and prohibit the employment of individuals and contractors who have been recently convicted of a criminal offense related to health care or who are listed as debarred, excluded, or otherwise ineligible for participation in Federal health care programs. (See Policy #77875 S: Background Checks/Employment References)

7. **Response and Prevention** – Upon reports or reasonable indications of suspected noncompliance, the CCO will initiate steps to investigate the conduct in question to determine whether a material

violation of applicable law or the requirements of the Compliance Program has occurred, and if so, take steps to correct the problem as appropriate. (See Policy 01104 S: Compliance Reporting)

References:

Policy 01101 S: Chief Compliance Officer - Duties & Responsibilities
Policy 01102 S: MIHS Executive Compliance Committee
Policy 01103 S: Standards of Conduct
Policy 01104 S: Compliance Reporting
Policy 01106 S: Employee Hotline
Policy 01107 S: Compliance Training
Policy 01110 S: Operational Compliance Committee Charter
Dept. of Health/Human Services, OIG – Compliance Program Guidance for Hospitals

Keywords: Chief Compliance Officer, Compliance Program, Compliance Program Guidance for Hospitals