



	<u>Effective Date</u>		
	<b>July 2007</b>		
	<u>Number</u> <b>CP 001</b>	<u>Replaces Policy</u>  <b>NEW</b>	
<u>Title</u> <b>Compliance Plan Oversight</b>	<u>Date Revised</u> <b>July 2007</b>	<u>Date Reviewed</u>	<u>Next Scheduled Review Date</u> <b>July 2010</b>
<u>Signature</u>  _____	<u>Scope of Responsibility</u>  <b>Compliance</b>		
<b>Chief Compliance Officer</b>			

**Purpose:** To establish guidelines regarding oversight of Ivinson Memorial Hospital’s Compliance Program.

**Policy:** Ivinson Memorial Hospital must implement an effective Compliance Program that outlines the purpose and composition of the Program. Oversight of the program must include detailing the duties and responsibilities of each involved entity to ensure an effective process. Accountability for IMH’s Compliance Program rests with the Board of Trustees.

**Composition:**

1. Board Compliance Committee

1.1 **Purpose:** The purpose of the Board Compliance Committee (BCC) is to oversee the implementation and operation of the Compliance Program (Program). The BCC reviews reports and recommendations of the Chief Compliance Officer (CCO) and Executive Compliance Committee (ECC) regarding compliance activities, including data regarding compliance generated through audit, monitoring, and individual reporting. Based on these reports, the BCC will make recommendations to the Ivinson Memorial Hospital (IMH) Board of Trustees (Board) regarding the efficacy of the Program. The BCC shall carry out other duties as described in this Plan.

1.2 **Composition and Chair:** The BCC shall be composed of at least three Board Trustees designated by the Board Chair and the CCO as an ex officio member. The Board Chair shall designate the Trustee to fulfill the position of Chair of the BCC. Upon resignation or termination of any committee member, for any reason, the Board Chair shall appoint a replacement member to fill the position. Members shall serve on the committee for two years. The terms for this Committee shall be staggered to allow for committee continuity. A simple majority of the members shall constitute a quorum for voting purposes. In addition to the regularly scheduled meetings, the BCC Chair shall have the authority to call meetings as warranted by the situation.

1.2.1 **Meetings:** The BCC shall meet at least quarterly and may meet monthly at predetermined times and dates.

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1.2.2 Record: The CCO shall make and retain a summary of the items addressed and actions taken at each meeting. All minutes are confidential.

1.3 **Duties:** The duties of the BCC shall include, but are not limited to:

1.3.1 Overseeing the implementation and operation of the Program;

1.3.2 Receiving and acting upon reports and recommendations from the CCO;

1.3.3 Serving as appellate body for IMH Team Members contesting compliance reports;

1.3.4 Evaluating, reviewing, and approving the Program and Program budget, making recommendations to the Board accordingly;

1.3.5 Evaluating the CCO's performance, including making recommendations about the CCO's performance to the Board. As the need arises, the BCC shall evaluate candidates for the position of CCO and make recommendations to the Board;

1.3.6 Reporting actions and making recommendations to the Board based on audits, monitoring, investigations, or any other source of reporting;

1.3.7 Engaging independent counsel and other advisors as it determines necessary to carry out its duties; and

1.3.8 Performing other functions reasonably necessary to fulfill the BCC's responsibilities and purpose.

1.4 **Member Responsibilities:**

1.4.1 BCC members are expected to regularly attend the scheduled and called BCC meetings; however, an absence may be excused by the Chair for good cause;

1.4.2 Chronic absenteeism (absence from two (2) consecutive meetings or three (3) meetings per year) without good cause shall be reported to the Board Chair; and

1.4.3 Any sensitive information regarding individuals or the Hospital, or information identified as confidential or proprietary learned by a member during his/her tenure on the BCC, shall be considered confidential, and the BCC members shall not disclose such information unless otherwise directed by IMH General Counsel.

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1.4.4 Upon appointment to the Board Compliance Committee, the Committee members shall sign the IMH Compliance Committee Confidentiality Statement attached.

## 2. Chief Compliance Officer

2.1 **Purpose:** The CCO is responsible for the implementation, administration, and oversight of the Program. The CCO is an employee/staff member of the Board of Trustees whose exclusive duties are the operation of the Compliance Program. The CCO is the lead for the Program and reports to the Board of Trustees Chair or designee. The Board vests the CCO with the authority to carry out her/his duties with the full cooperation of all IMH Team Members.

### 2.2 **Duties:**

- 2.2.1 Administer the Compliance Program;
- 2.2.2 Become the IMH authority on standards of conduct and legal risks associated with billing for professional services;
- 2.2.3 Develop policies and procedures for implementation and operation of the Program;
- 2.2.4 Coordinate efforts by all IMH Departments to implement the Program;
- 2.2.5 Encourage an awareness among all IMH Team Members about compliance matters and the importance of adherence to the Code of Conduct, Compliance Plan, Compliance Program Manual and all associated policies;
- 2.2.6 Supervise monitoring, audit, and reporting of activity within the scope of the Program;
- 2.2.7 Investigate all alleged noncompliance issues;
- 2.2.8 Establish and maintain a retribution-free system for reporting of noncompliance or concerns about compliance matters;
- 2.2.9 Assist in the development of corrective action plans;
- 2.2.10 Serve as ex officio member of the BCC;
- 2.2.11 Routinely report results of monitoring, audit, and investigative activity to the BCC;
- 2.2.12 Chair the Executive Compliance Committee;
- 2.2.12 Provide leadership for IMH's compliance effort; and

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2.2.13 With the assistance of IMH General Counsel, retain the services of attorneys, accountants, consultants, and other professionals as needed.

2.3 **Specific Authority:** The CCO shall have specific authority to enter into any area under IMH control for the purposes of investigations, audits, monitoring, and reviews. Additionally, the CCO has the authority to request any records, hardcopy or electronic, related to any investigation of alleged wrongdoing by IMH Team Members. The CCO has direct access to the CEO, IMH General Counsel, and the Chair of the IMH Board of Trustees.

### 3. Executive Compliance Committee

3.1 **Purpose:** The Executive Compliance Committee provides advice, consultation and assistance to the CCO in the implementation and ongoing management of the IMH Compliance Program. The Executive Compliance Committee will assist the CCO in Compliance Program activities generated through ongoing risk assessments, monitoring, auditing and individual reporting.

3.2 **Composition and Chair:** The Executive Compliance Committee (ECC) is composed of senior leaders of IMH. The members include the following:

- 3.2.1 Chief Compliance Officer, Chair
- 3.2.2 Chief Executive Officer
- 3.2.3 Chief Financial Officer
- 3.2.4 V.P. of Quality
- 3.2.5 Chief Nursing Officer or V.P. of Clinical Services
- 3.2.6 Human Resources Director
- 3.2.7 Health Information Management Director
- 3.2.8 Patient Financial Services Director

3.3 **Duties:** The committee's functions, in conjunction with the CCO, include:

3.3.1 Assisting with the implementation and operation of the Compliance Program;

3.3.2 Analyzing IMH industry environment, the legal requirements with which it must comply (federal, state, and local laws and regulations), and specific risks areas;

3.3.3 Assessing existing policies and procedures addressing risk areas for possible amendment, revision, deletion, or correction;

3.3.4 Recommending and monitoring, in conjunction with relevant departments, the development of internal systems and controls to carry out the IMH Compliance Program, to include standards, policies and procedures, as part of its daily

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operations;

3.3.5 Considering and recommending the appropriate strategies/ approaches to promote compliance and to detect any potential violations, to include fraud reporting mechanisms;

3.3.6 Reviewing, in conjunction with the Compliance Officer, all Fraud alerts, special fraud alerts, advisory bulletins and advisory opinions;

3.3.7 Receiving and acting upon reports and recommendations from the Chief Compliance Officer; and

3.3.8 The Executive Compliance Committee shall meet at least quarterly and may meet more often at predetermined times and dates. The CCO shall furnish the Agenda in advance of the meeting. The CCO, CEO or any of the committee members may call special meetings of the Executive Compliance Committee. Committee members are expected to attend the schedule and called Executive Compliance Committee meetings.

#### 3.4 **Member Responsibilities:**

3.4.1 Committee members shall take appropriate actions to carry out their roles. Members shall use meetings to resolve open issues, announce new initiatives, review new rules, regulations, and policies and procedures, develop work plans and assign responsibilities for meeting compliance program requirements.

3.4.2 The presence of at least a majority of the appointed members of the committee shall constitute a quorum. Once actions are approved the appropriate officers, managers and other employees will be advised as necessary.

3.4.3 ECC members are expected to regularly attend the scheduled and called ECC meetings; however, an absence may be excused by the Chair for good cause;

3.4.4 Any sensitive information regarding individuals or the Hospital, or information identified as confidential or proprietary learned by a member during his/her tenure on the ECC, shall be considered confidential, and the ECC members shall not disclose such information unless otherwise directed by IMH General Counsel. All minutes are confidential.

3.4.5 Upon appointment to the Executive Compliance Committee, the Committee members shall sign the IMH Compliance Committee Confidentiality Statement attached.

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## Compliance Committee Confidentiality Statement

I, \_\_\_\_\_, a Member of the Board/Executive Compliance Committee, agree to abide by Ivinson Memorial Hospital's Compliance Plan Oversight Plan Policy (CP001, Section 1.4.3 or 3.4.4) concerning confidentiality of information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date