



ST. JOHN'S MEDICAL CENTER

Title: **Compliance Program**

Date Approved: 11/07/2016

Document Owner: Richelle Heldwein (CRO) (CCO)

Approver(s): Board of Trustees, Richelle Heldwein (CRO)

Version #: 4

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Policy:

The St. John's Medical Center ("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 including patient/employee safety, accurate documentation and billing, quality of care, human resources, and other areas.
- 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.
- To integrate existing policies, standards, and guidelines into the Compliance Program to avoid duplication and to promote compliance. The Compliance Program will complement and coordinate, not duplicate, existing Hospital policies.

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' Compliance Committee.

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' Compliance Committee on a quarterly basis. The Board Compliance Committee Chair reports quarterly to the entire 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;
- 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;
- Maintaining a log of reported compliance issues and reporting the trends and statistics to the Board and CEO; and

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- Developing, distributing, and ensuring adherence to the Hospital's Code of Conduct.

B. Board Compliance Committee

The Board of Trustees Compliance Committee is comprised of three Board members, the CEO, CFO, CNO and the CCO. The Committee serves as the oversight body for the Compliance Program. The Committee ensures the Hospital has an adequate system in place (the Compliance Program) to bring appropriate information to the Board's attention in a timely manner and in the ordinary course of business. The Committee reports to the Board of Trustees on, at minimum, a quarterly basis.

III. Code of Conduct and Policies

The Hospital's Code of Conduct further articulates the Compliance Program's Core Goals and demonstrates the Hospital's commitment to compliance. The Compliance policies and procedures implement the Code of Conduct.

A. Code of Conduct

The Code of Conduct outlines the Hospital's commitment to comply with all applicable federal and state rules and regulations. All 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. A copy of the Code of Conduct will also be maintained on the Hospital's internal and external websites.

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 reporting system.

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 make employees feel safe to report concerns without the fear of retaliation.

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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 (739-7HOT) is posted on the Hospital intranet and is checked daily 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 benefits and the operations of the Compliance Program as well as to promote internalization of the responsibilities, processes and underlying policies.

The CCO will provide compliance and HIPAA education to all newly hired employees at the new employee's orientation and annual training for retained employees, physicians, volunteers, and other personnel who are part of our operations. The CCO will develop specific training to increase awareness in specific identified risk areas. The CCO will provide education on compliance topics to the Board of Trustee members at least annually.

VI. Auditing and Monitoring**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 monthly 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 guidance 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

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corresponding written policy. All reports made to the CRO will be thoroughly investigated, logged into a database and tracked.

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

Or by contacting the Chief Compliance Officer:

D. Richelle Heldwein, CRO, CCO
1-307-739-7286
rheldwein@tetonhospital.org

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*

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