



# Compliance Plan

## INTRODUCTION

Purpose

Compliance Program Goals

### I. COMPLIANCE PROGRAM ELEMENTS

#### A. Written Policies and Procedures

1. Code of Conduct
2. Policies and Procedures

#### B. Designation of a Compliance Officer and a Compliance Committee

1. Chief Compliance Officer
2. Corporate Compliance Committee

#### C. Conducting Effective Training and Education

1. Initial Compliance Training
2. Annual Compliance Training
3. Chief Compliance Officer and Corporate Compliance Staff

#### D. Developing Effective Lines of Communication

1. Access to the Chief Compliance Officer
2. Methods of Reporting

#### E. Enforcing Standards through Well-Publicized Guidelines

1. Non-Retaliation
2. Progressive Discipline
3. District Performance Management Policy

#### F. Auditing and Monitoring

1. Compliance Auditing
2. Monitoring

#### G. Responding to Detected Offenses and Developing Corrective Action Initiatives

1. Prevention and Detection
2. Investigations and Reporting
3. Corrective Actions
4. Overpayments

### II. REPORTING

#### A. Reporting Suspected Violations

#### B. Reporting to the Compliance Committee and Board of Commissioners

### III. COMPLIANCE PROGRAM EFFECTIVENESS

#### A. Regular Review of Compliance Program Effectiveness

### IV. RISK ASSESSMENT PROCESS

#### A. Corporate Compliance Department Responsibility

#### B. Executive Management Input

### V. COMPLIANCE WORKPLAN

### VI. INDEPENDENCE

## INTRODUCTION

### Purpose

Broward Health is an organization that strives to be fully compliant with all of the complex rules and regulations governing the healthcare industry and Broward Health. As government health care regulations and their enforcement are extremely complex areas of the law and because Broward Health is committed to full compliance with these rules and regulations, Broward Health has implemented a Corporate Compliance Program.

The purpose of the program is twofold. First, the Program is designed to aid all Broward Health employees in complying with the increasingly complex rules and regulations governing the health care industry by providing uniform policies and procedures. As such, the Corporate Compliance Program is an ongoing, concerted effort across the system. Broward Health will continue to issue various policies and procedures from time to time as part of the Corporate Compliance Program. Second, Broward Health is committed to identifying, resolving situations in which suspected fraud, waste, or abuse has occurred

### Compliance Program Goals

Our program is committed to maintaining compliance with state and federal laws. This is accomplished by detecting, investigating, correcting and reporting fraud, waste and abuse. We educate our employees, physicians and vendors on the expectations of the compliance program and empower them to fulfill their roles and responsibilities.

## I. COMPLIANCE PROGRAM ELEMENTS

### A. Written Policies and Procedures

#### 1. Code of Conduct

Broward Health's Code of Conduct provides an overview of our guiding principles of how we conduct business and comply with the law. It addresses behaviors that our employees, physicians and vendors must follow.

Our Code of Conduct reinforces Broward Health's commitment to:

- Provide quality patient care
- Treat others with respect
- Comply with applicable laws, regulations and policies
- Abide by privacy regulations
- Submit complete, accurate and truthful claims for reimbursement
- Prohibit both making and accepting payments for referrals of patients and/or business
- Avoiding conflicts of interest

#### 2. Policies and Procedures

The Chief Compliance Officer is responsible for developing written policies and procedures governing the Compliance Program. The policies and procedures are available to our employee partners, physicians and vendors via the Broward Health Intranet.

## **B. Designation of a Compliance Officer and Compliance Committee**

### **1. Chief Compliance Officer**

The Chief Compliance Officer is responsible for developing written policies and procedures governing the Compliance Program subject to Board Approval. Corporate Compliance policies shall be reviewed at least annually. To ensure an effective compliance program, Broward Health will designate a Chief Compliance Officer who has oversight over the operations of the compliance program. The Chief Compliance Officer will have a reporting relationship to both the Board of Commissioners and the President/Chief Executive Officer.

The Chief Compliance Officer will:

- Oversee and monitor the implementation of the Compliance Program
- Review the program to ensure relevance and compliance with current state and federal laws
- Ensure the components of the Compliance Program are implemented to reduce fraud, waste and abuse
- Have authority to review all documents and other information relevant to compliance activities
- Assist and conduct internal reviews of activities in compliance reviews, including reviews of Broward Health departments.
- Investigate issues related to compliance
- Recommend corrective action, document compliance issues as necessary and work with the appropriate leadership team member
- Encourage reporting of suspected fraud, waste and abuse (without fear of retaliation) through training and other means of communication
- Report the results of any audits, fraud, waste and abuse investigations, and any resulting employee discipline.

### **2. Corporate Compliance Committee**

The Corporate Compliance Committee will assist the Chief Compliance Officer in the oversight of the Compliance Program. This includes ensuring that the Compliance Program effectively prevents and/or detects violations of applicable laws, regulations and ethical guidelines.

The Corporate Compliance Committee's specific functions are as follows:

- Provide leadership for Broward Health's Corporate Compliance Program by promoting and supporting a culture that builds compliance consciousness into the daily activities of Broward Health employees.
- Review, discuss and make recommendations relative to Broward Health's Corporate Compliance Program which includes risk assessment, compliance training programs, auditing and monitoring program, compliance policies and procedures, compliance hotline and adherence to the Federal Sentencing Guidelines seven elements of an effective compliance program.
- Review reports on concerns, risks, trends and enforcement activities.
- Review regular internal reports on compliance audits, investigations control systems and risk areas.
- Ensure appropriate corrective actions are when issues are identified.
- Monitor activities of the Regulatory Compliance Subcommittee and the Privacy and Security Subcommittee listed below.

## **C. Conducting Effective Training and Education**

### **1. Initial Compliance Training**

All new employees will receive an initial training session that will cover topics and guidance set forth in this plan before they begin their assigned duties. A statement acknowledging employee's commitment to and receipt of the Code of Conduct will be signed, dated and maintained in the employee's transcript.

### **2. Annual Compliance Training**

All employees will participate in compliance training on an annual basis including appropriate training in state and federal statutes, regulations and guidelines. Sessions will emphasize the organization's commitment to compliance with these legal requirements and policies, compliance program, summarizing fraud and abuse statutes and regulations coding requirements, claim submission processes and employee conduct. A statement acknowledging employee's commitment to and receipt of the Code of Conduct will be signed, dated and maintained in the employee's transcript.

### **3. Chief Compliance Officer and Corporate Compliance Staff**

The Chief Compliance Officer and Corporate Compliance Staff shall receive training on an annual basis. Training will focus on compliance issues, including matters pertaining to fraud and abuse issues, relevant to government funded programs in which Broward Health participates including but not limited to Medicare and Medicaid programs. Training shall be obtained from outside resources such as compliance or fraud, waste and abuse seminars.

## **D. Developing Effective Lines of Communications**

### **1. Access to the Chief Compliance Officer**

The Chief Compliance Officer will make every attempt to be visible for any employee of Broward Health that needs assistance in determining potential compliance issues. In addition the Chief Compliance Officer is available by appointment, telephone call, email or contacting the compliance hotline. As an advocate of compliance related issues and conduct, the Chief Compliance Officer works and communicates closely with the chain of command to ensure the organization is operating with the state and federal laws.

### **2. Methods of Reporting**

Effective and timely communication is the foundation of an effective compliance program. The prompt identification of potential compliance issues related to fraud, waste and abuse will allow to Broward Health to provide quality services to its patients by instituting timely corrective actions. Employees are expected to report any actual or suspected issues of non-compliance to their immediate supervisor and the Chief Compliance Officer upon discovery.

It is Broward Health's expectation that all employees should be able to communicate their concerns freely to the Chief Compliance Officer. Broward Health shall maintain a Compliance hotline that employees may call to report potential violations. Broward Health will treat any such reports confidentially to the maximum extent consistent with the fair and rigorous enforcement of the Compliance Program. In addition, to further encourage reporting; Broward Health has established a Compliance Hotline

888.511.1370 to which employees can report issues anonymously. Issues reported through this method must contain enough information for the Corporate Compliance Department to conduct a thorough investigation of the alleged issues.

The Chief Compliance Officer will maintain a database of the reported compliance concerns. This database will record the compliance issues reported. The database will be used to manage the development and resolution of action plans to improve the quality of health care provided by Broward Health. The database will be treated as a confidential document whereby access will be limited to those persons at Broward Health with specific responsibility for compliance issues.

## **E. Enforcing Standards through Well Publicized Disciplinary Guidelines**

### **1. Non Retaliation Policy**

No employee shall be disciplined or suffer any adverse employment action or other retaliation by Broward Health solely for making a compliance report in good faith where there has been a known or suspected compliance violation. However, discipline may be imposed if Broward Health reasonably determines that any complaint or report was knowingly fabricated or knowingly exaggerated, distorted or minimized so as to injure another or protect the reporting party or others who might be subject to discipline for a compliance violation.

### **2. Progressive Discipline**

Corrective, remedial and disciplinary action will be applied to all employees within Broward Health who fail to comply with their obligations. When there is information of potential violations or misconduct, the Chief Compliance Officer has the responsibility of conducting an investigation. An internal investigation may include interviews and a review of medical records, billing, and other relevant documents.

### **3. District Performance Management Policy**

Broward Health's Performance Management policy outlining progressive disciplinary actions against Broward Health employees who do not follow the policies and procedures of Broward Health's Compliance Plan/Program is located on PolicyStat.

## **F. Auditing and Monitoring**

### **1. Compliance Auditing**

As an integral part of its commitment to preventing fraud, waste or abuse, Broward Health has developed, and shall continue to develop and refine, procedures for effective compliance auditing and monitoring for fraud, waste and abuse. Auditing and monitoring may be both routine or at random. In addition, the Corporate Compliance Department may conduct focused audits based on investigations, follow-up or requests from the Executive Team members.

Auditing is an essential component of our Compliance Program. Broward Health conducts compliance audits to detect deficiencies and irregularities. Compliance audits of each selected department/area will be conducted on a periodic basis. Due to the complex nature of the various provisions that generate compliance issues, the areas to be audited will likely change over time in response to revisions on statutes, regulations, program bulletin and other relevant resources.

## **2. Monitoring**

The Chief Compliance Officer shall monitor the implementation of the Compliance Program through effective training regarding compliance issues, investigation and enforcement of compliance reports and complaints as well as periodic audits. The Chief Compliance Officer will provide updates on the monitoring results to the Compliance Committee as well as the Board of Commissioners.

## **G. Responding to Detected Offenses and Developing Corrective Action Initiatives**

### **1. Prevention and Detection**

Opportunities for preventing and detecting fraud, waste and abuse may be identified through the following means:

- a. Employee training
- b. Management Team Referrals
- c. Patient Complaints
- d. Reports to the Compliance Hotline
- e. Other sources (external referral Office of Inspector General, Agency for Healthcare Administration, etc.)

### **2. Investigations and Reporting**

An investigation of a particular practice or suspected violation shall involve a review of the relevant document and records, interviews with staff, and analysis for applicable laws and regulations. The results of any investigations shall be thoroughly documented and maintained in the Corporate Compliance Department incidents database. Investigation records shall include a description of the investigative process, copies of interview notes and key documents, a log of individuals interviewed and documents reviewed; the results of the investigation, and any disciplinary or corrective actions taken. Documents will be retained in accordance with statutory guidelines regarding retention.

**Negligence and/or Inadvertent Conduct:** If it is determined, after investigation that non-compliant conduct occurred because of negligence or inadvertence, the matter shall be handled by the appropriate supervisor, who shall inform the Chief Compliance Officer for corrective action. The Chief Compliance Officer shall determine the response and appropriate corrective action, in conjunction with the appropriate management team member along with Human Resources in light of all available information.

### **3. Corrective Actions**

Corrective Action will be taken promptly following completion of the investigation. If an audit or investigation reveals a material violation of the Compliance Plan including Medicare or Medicaid regulations and guidelines, the Chief Compliance Officer and General Counsel will draft a corrective plan of action, and establish deadlines by which corrective action must take place. Possible corrective actions include, but not limited to, refunds of any overpayment received, employee disciplinary action up to and including termination, and reporting to federal or state authorities. All corrective actions will be documented and include progress reports with respect to each error identified and maintained in the Corporate Compliance Department database.

#### **4. Overpayments**

A prompt refund will be made to Federal Health Care Program (i.e. Medicare, Medicaid, etc.) if any overpayment has occurred including those determined by the Corporate Compliance Department. Additionally, any required disclosures will be made by the Chief Compliance Officer, in collaboration with others as needed.

Corrective actions taken by the departments will be followed up by the Corporate Compliance Department to ensure that they are adequate. If the Corporate Compliance Department identifies the need for repayment as a result of over-billing, or if another department identifies other significant incorrect receipt of revenue, the Corporate Compliance Department will be notified and will receive a copy of the accounting documentation supporting the repayment. The Chief Compliance Officer will determine if further review is needed.

## **II. REPORTING**

### **A. Reporting Suspected Violations**

The Corporate Compliance Department in conjunction with General Counsel and other departments will coordinate activities to report programs fraud, waste and abuse to the appropriate government agencies and respond to all inquiries from law enforcement agencies, including but not limited to, providing administrative, financial and medical records as requested.

### **B. Reporting to the Compliance Committee and Board of Commissioners**

The Chief Compliance Officer will report compliance issues to the Chair of the Board of Commissioners and the Compliance Committee Members immediately if an urgent matter arises. Periodic reporting of Compliance issues and activities will occur at least quarterly to the Compliance Committee as well as the Board of Commissioners. The report will include at minimum; hotline activity, results of any audits/reviews and any identified risks to the organization.

## **III. COMPLIANCE PROGRAM EFFECTIVENESS**

### **A. Regular Review of Compliance Program Effectiveness**

This Compliance Plan is intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system as a whole. This plan shall be reviewed annually and modified, as necessary.

## **IV. RISK ASSESSMENT PROCESS**

### **A. Corporate Compliance Department Responsibility**

The Corporate Compliance Department will be responsible for conducting an annual risk assessment. The annual risk assessment is a process to develop the annual compliance work plan to focus on significant risk areas first. A variety of sources are utilized to identify compliance risks for the District departments and its programs. The following factors are to be considered in performing the risk assessment.



## **B. Executive Management Input**

Consultations held with Executive Management to obtain input about their compliance concerns, suggested areas of compliance emphasis and any significant changes to business operations, programs, systems or controls; Results from previous compliance reviews; Results from previous Compliance Hotline calls; Published OIG initiatives, including the OIG Annual Work Plan; Benchmarking; Changes in regulations; new interpretations of regulations; Major changes in operations, programs, systems and/or controls; Opportunities to achieve operating benefits; and, Input from the Compliance Committee and Board Members.

## **V. COMPLIANCE WORK PLAN**

The Corporate Compliance Department will develop an annual work plan that addresses associated risks in conjunction with other departments. The work plan will include information regarding all the components and activities needed to perform auditing and monitoring such as audit schedule and methodology along with types of auditing.

## **VI. INDEPENDENCE**

To permit the rendering of impartial and unbiased judgment essential to the proper conduct of Broward Health's Compliance Program, the Chief Compliance Officer and staff will be independent of the activities they review. In performing the Compliance function, the Corporate Compliance Department cannot have any direct responsibility for or authority over, any of the activities reviewed. Therefore, Corporate Compliance Program review process does not in any way relieve other persons in the organization of the responsibility assigned to them.