



Origination:	09/2019
Effective:	12/2020
Last Reviewed:	12/2020
Last Revised:	11/2020
Next Review:	12/2022
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Section:	GA-Corporate Compliance
Manuals:	Compliance

GA-004-002 Compliance Office and General Counsel Protocol

I. Purpose

The Department of Health and Human Services (HHS) Office of Inspector General (OIG) Compliance Program Guidance calls for the organization's Compliance Officer to be independent in carrying out the responsibilities of the Corporate Compliance Department. These responsibilities include conducting investigations, internal reviews, and audits. However, the OIG also recognizes the important role that the office of the General Counsel serves in resolving potential violations of law and regulations.

The purpose of this policy is to provide written guidance regarding the relationship between the Corporate Compliance Department and the Office of the General Counsel regarding the investigation and resolution of potential wrongdoing.

II. Key Terms

Chief Compliance Officer (CCO): The individual responsible for overseeing, implementing, and monitoring the compliance requirements of the Broward Health Compliance Program. In addition, this individual also holds the title of Chief Privacy Officer.

Corporate Compliance and Ethics Department: Department under the purview of the Chief Compliance Officer (CCO) tasked with the responsibility of overseeing and investigating allegations of compliance-related matters.

Confidentiality: Refers to those who contact a hotline or any person who reports any alleged wrongdoing via any of Broward Health's reporting mechanisms, and request that information provided through the Compliance or Workforce Diversity, Inclusion and Advocacy hotline be kept confidential. Such information must be kept confidential and be divulged only to those who have a need to know, such as those performing an investigation into the concerns disclosed by the caller. Investigators should work to protect the source of their information, including a caller's name and contact information if these details are provided by the caller.

Office of the General Counsel: Either the General Counsel and/or his/her designee and/or an outside attorney at the direction and approval of the office of the General Counsel acting on behalf of Broward

Health.

Hotline: A confidential communication channel, to the extent allowable by Broward health policy and law, for use by all Workforce Members, patients, and patient families to report suspected or potential violations of law, regulations, standards, Code of Conduct, policies, or other wrongdoing, via a phone line answered by live operators or web-based reporting.

Investigation: For the purposes of this policy, an Investigation is the observation or study of a suspected or alleged Potential Compliance Matter(s).

Potential Compliance Matter: means a matter that may violate Federal, State, and local laws and regulations, the Broward Health Code of Conduct, and/or Broward Health compliance-related policies and procedures.

Workforce Member: Any employee, independent contractor, agent, trainee, or other person who performs work for or on behalf of Broward Health. This includes full-time, part-time, and pool employees; associates; directors; officers; managers; supervisors; members of the Board and members of standing committees; medical staff employed by or otherwise affiliated with Broward Health; and all other affiliated students or others receiving training at any Broward Health facility; and others who provide goods or services to Broward Health.

III. Policy

1. The Corporate Compliance Department and the Office of the General Counsel shall maintain consistent open communications and establish reciprocal reporting obligations to ensure that the appropriate department is notified of issues that are of primary concern to the other. At a minimum, the Corporate Compliance Department shall report to the Office of the General Counsel potential violations of federal, state, or local law(s) or regulation(s), and the Office of the General Counsel shall report to the Corporate Compliance Department potential violations of: (i) federal, state, or local law(s) and regulations, (ii) the Broward Health Code of Conduct; and (iii) Broward Health's policies and procedures.
2. The CCO or designee, shall be responsible for conducting independent Investigations of compliance-related matters, including having the authority to design and coordinate those internal investigations (e.g. responding to reports of problems or suspected violations).
3. To the extent permitted under state or federal law, the CCO or designee is empowered to review all relevant documents and records in order to determine the validity of an allegation, seeking the advice of the Office of the General Counsel as appropriate.
4. If at any point during an inquiry or investigation, the CCO or designee identifies potential legal issues or determines that there is information to support an allegation of violation of law or regulation, the Office of the General Counsel shall be immediately notified and consulted with on what further investigative steps would be appropriate, as well as determining whether the investigation should be conducted by, or at the direction of, the Office of the General Counsel.

IV. Procedures

1. Investigations conducted by the Corporate Compliance Department will be conducted under the direction of the CCO, including responding to complaints received by the Corporate Compliance

Department, Compliance Hotline, referred to the CCO by management, or developed during the ongoing auditing and monitoring process.

2. The CCO has the independent authority to interview Board Members, Workforce Members, and others associated with Broward Health. To the extent permitted under state and federal law, the CCO can review all relevant documents and information, including, but not limited to, patient records, billing records, and records concerning arrangements with other parties.
3. Upon report or notice of suspected non-compliance with any law or regulation, the CCO or designee will promptly conduct an initial inquiry to determine whether there is sufficient information to warrant full investigation.
4. If a full investigation reveals a probable violation of law or regulation, the Corporate Compliance Department will seek the guidance of the Office of the General Counsel. Both shall notify Broward Health senior management, provide a description of the impact of the probable violation to the organization, and advise whether disclosure to the appropriate government authority is warranted pursuant to Broward Health policies and procedures.
5. The Office of the General Counsel shall be consulted on all matters related to potential liability resulting from inappropriate claims submission to assist in determining the extent of liability, as well as to assist in planning the appropriate course of action to correct deficiencies and resolve any liability issues.
6. During any investigation, the Corporate Compliance Department shall ensure that all information and documentation is preserved consistent with [Record, Retention, Storage and Disposal, Policy No. GA-004-135](#).

V. Related Policy and Compliance Documents

- Compliance Investigations, Policy No. GA-004-008
- Record, Retention, Storage and Disposal, Policy No. GA-004-135

VI. References

United States Sentencing Commission. Guidelines Manual. 1 Nov. 2018
<https://www.ussc.gov/guidelines/2018-guidelines-manual>

Department of Health and Human Services Office of Inspector General, OIG Supplemental Compliance Program Guidance for Hospitals. 70 Fed Reg. 19, 4858, 4858 (January 31, 2005).
<http://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf>

Department of Health and Human Services Office of Inspector General. Publication of the OIG Compliance Program Guidance for Hospitals. 63 Fed. Reg. 35, 8987, 8987 (Feb. 23, 1998).
<http://oig.hhs.gov/authorities/docs/cpghosp.pdf>.

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
Final Approver	Brian Kozik: SVP, COMPLIANCE & PRIVACY	12/2020
	Lucia Pizano-Urbina: AVP, COMPLIANCE	12/2020