



**VCU**Health

VCU Health System

# **Compliance Program**

Updated October 2020

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## **I. PURPOSE OF THE COMPLIANCE PROGRAM**

The VCU Health System Compliance Program was developed to support VCU Health System's ethical standards, principles and values, and to provide guidance in complying with certain laws that govern our business, as specified by the Office of the Inspector General of Health and Human Services (OIG). The Compliance Program includes VCU Health System team members and affiliates. Compliance Services supports the mission of the Health System by providing guidance in preventing, correcting, and investigating compliance related issues and providing consultation, education, auditing, monitoring, and enforcement. The mission of Compliance Services is to promote a culture of integrity and accountability by providing collaborative, risk-based, and objective services. Compliance Services will partner with departments of the Health System in the implementation and management of the Compliance Program.

Compliance Services promotes and supports the effectiveness of the program by providing compliance training sessions, encouraging the good faith reporting of all concerns, responding to the OIG related compliance concerns timely, promoting appropriate remedial action, and making a commitment to the standard of integrity promoted by the Compliance Program.

Compliance Services routinely evaluates the ethical and organizational risks of VCU Health System business and clinical activities for those areas outlined below in section B, Compliance Services. Compliance Services team members have the responsibility to keep themselves informed of updates and revisions related to the compliance industry in order to be an effective resource to the Health System.

An organization with an effective compliance program in place at the time of a violation may avoid more severe penalties imposed by the Federal Sentencing Guidelines. The Health System will investigate suspected noncompliance and report all confirmed violations of regulations and law to the appropriate regulatory or law enforcement agency, as well as plan sponsors in the Medicare Part C program.

The benefits of this program are to establish a structure to:

- Facilitate conduct of operations in compliance with laws and regulations;
- Advise on regulatory and policy changes in a timely manner, responding to identified compliance needs;
- Increase organization-wide vigilance of legal and regulatory requirements;
- Respond appropriately to investigations, audits and other compliance issues; and
- Decrease the likelihood of wrongdoing or recurrence which could lead to criminal and civil liability.

## **II. ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM**

The Compliance Program is based on the elements of an effective compliance program of the Federal Sentencing Guidelines as provided by the U. S. Department of Health and Human Services, Office of Inspector General (OIG). This program addresses each of the elements.

### **A. STANDARDS, POLICIES AND PROCEDURES**

An effective compliance program defines the expected conduct of the Health System's team members through written policies and procedures. VCU Health System is committed to following applicable laws and regulations. Compliance Services supports this commitment by creating and maintaining appropriate policies and procedures to guide team members in their work environment. Policies and procedures are developed to reflect laws and regulations that include, but are not limited to those laws and regulations that address health care fraud, waste, and abuse; for example, the Federal False Claims Act, Stark Law, Anti-Kickback Statute, HIPAA, and HITECH. The policies are developed under the direction of the Compliance Committee, Executive Leadership, and other key stakeholders and are provided to team members and independent contractors. The Health System's policies and procedures are maintained on the hospital intranet in a searchable database and are made accessible to all Health System Team Members. Policies and procedures are revised to reflect changes in law, regulations, or identified risks of the Health System.

In support of the Health System's commitment to an environment of uncompromising integrity and ethical conduct, the Health System has established a Code of Conduct. It is the expectation of the Health System that each team member embraces the Code of Conduct in support of STAR Service.

### **B. COMPLIANCE STRUCTURE AND OVERSIGHT**

The development and management of the compliance program is a collaborative effort between the VCU Health System Compliance Committee and Compliance Services.

#### **VCU Health System Compliance Committee**

The primary function of the VCU Health System Compliance Committee is operational oversight. The committee assists the Chief Compliance and Privacy Officer in the following responsibilities:

- Implementing the compliance and privacy program throughout the clinical enterprise
- Obtaining senior management support and partnership
- Gaining business unit support and partnership
- Reviewing proposed documents for board level approval
- Providing review and discussion of departmental annual work plans
- Assisting in identifying key risks to the enterprise

## **VCUHSA Board of Directors - Audit and Compliance Committee**

The Audit and Compliance Committee is composed of individuals with diverse experiences and backgrounds. The Committee is comprised of four or more Directors. The majority of the Directors are external with no financial, family, or other material personal relationships that would infringe on their independent oversight of compliance activities. Internal Directors are also a part of the committee. The committee is governed by a charter, which is updated annually.

The Audit and Compliance Committee meets at least four times annually. Additional meetings may be required depending on the circumstances.

The Audit and Compliance Committee is responsible, but not limited to the following duties:

- Be notified of investigations into any matters within the Audit and Compliance Committee's scope of responsibilities.
- Monitor the Health System's conflict of interest policies and related procedures.
- Review and approve the compliance program document on an annual basis.
- Review and approve the annual Compliance Services work plan and any significant changes to the plan.
- Review annually the qualifications of the Compliance Services staff, and the level of staffing and the departmental budget.
- Assess the effectiveness of the Compliance Services function, including its independence and reporting relationships.
- Review completed compliance reports and progress reports on executing the approved work plan.
- Require management to report on procedures that provide assurance that the Health System's Code of Conduct and Health System compliance and privacy policies are available to all team members.
- Review results of compliance reviews to ensure system and controls are designed to reasonably ensure compliance with laws and regulations, Health System policies and the code of conduct consistent with OIG requirements and privacy laws.
- Inquire of the Executive Director of Audit and Compliance Services regarding any difficulties encountered in the course of the compliance reviews, including any restrictions on the scope of work or access to required information.

## **Chief Compliance and Privacy Officer**

VCU Health System has a designated Chief Compliance and Privacy Officer to oversee the Compliance Program. The Chief Compliance and Privacy Officer is a senior level individual responsible for the implementation, administration and oversight of the VCU Health System Compliance Program. This person is the lead administrator for the program and reports to the Executive Director of Audit and Compliance Services.

Team members should feel comfortable contacting the Chief Compliance and Privacy Officer for any reason relating to the Compliance Program. The Chief Compliance and Privacy Officer, or designee, is a neutral point-of-contact with whom team members can confidentially, to the fullest extent of the law and/or Health System policy,

discuss their concerns and questions regarding the compliance process and/or report suspected compliance violations.

The Chief Compliance and Privacy Officer may recommend changes, as needed, to the Compliance Program to improve the compliance process based on information provided by management, the Audit and Compliance Committee and communications with team members.

The Chief Compliance and Privacy Officer is responsible for the following:

- Implementation of the Compliance Program, which includes supervision, monitoring, auditing and reporting activity within the scope of the program.
- Providing leadership for the Health System's compliance efforts, to include serving as the authority on risks associated with billing for hospital and professional services.
- Developing policies and procedures for implementation and operation of the Compliance Program.
- Encouraging awareness among health care providers and other team members about compliance matters and the importance of adherence to the Code of Conduct by developing, coordinating, and participating in a training program that focuses on compliance-related issues.
- Maintaining a retaliation-free system for reporting non-compliance or concerns related to federal and state regulations, Health System policies and the Code of Conduct.
- Assisting in the development of corrective action plans.
- Serving as the Privacy Officer of the Health System and the VCU Affiliated Covered Entities.
- Collaborating with Director of Information Security on privacy and information security matters.
- Serving as a member of the Health System Compliance Committee.
- Reporting results of monitoring, auditing, and reporting activity to the VCU Health System Board of Directors - Audit and Compliance Committee, the Health System Compliance Committee, the MCVP Board of Directors and the MCVP Compliance and Audit Advisory Committee.
- In collaboration with the Office of General Counsel, retaining the services of attorneys, accountants, consultants and other professionals as needed.
- Investigating reports of possible wrongdoing and compliance related issues, and reporting in a timely manner to the appropriate authorities.
- Monitoring the Compliance Helpline and ensuring that issues are resolved in a timely and appropriate manner.

### **Compliance Services**

Compliance Services supports the mission of VCU Health System by promoting a culture of compliance through consultation, education, monitoring and enforcement.

Health System Departments and team members will cooperate with the Chief Compliance and Privacy Officer (and designees) in implementing the Compliance Program.

To carry out this mission, Compliance Services will:

- Develop and maintain the Compliance Program for VCU Health System.
- Routinely assess and monitor the effectiveness of the program.
- Establish and support the VCU Health System Compliance Committee.
- Report on the status of the Compliance Program to the Board of Directors on at least an annual basis.
- Perform compliance and privacy risk assessments as needed.
- Provide compliance and privacy education for team members, as appropriate to their responsibilities, on an annual basis.
- Develop and implement a compliance and privacy auditing and monitoring work plan based on the organization's identified risk.
- Monitor the implementation of billing regulations and guidelines.
- Monitor changes in regulations and provide guidance as needed to the appropriate operational areas.
- Develop and implement appropriate updates to policies and procedures regarding patient privacy and compliance matters related to fraud, waste and abuse.
- Serve as a resource to operational departments regarding patient privacy issues and the prevention and detection of fraud, waste and abuse.

Compliance Services will provide guidance, as needed, in the areas identified by the Office of Inspector General to include:

- **Billing:** Compliance Services will have specific authority to review the billings and billing practices for compliance with health care program requirements of any enterprise facility, department or health care provider. The Chief Compliance and Privacy Officer (or designee) may restrict billing of any health care services if he/she believes that the billing would not comply with applicable laws and regulations and may require billing to be performed in a specific manner. Health System Departments will notify the Chief Compliance and Privacy Officer before engaging any external billing consultant not affiliated with the Health System. Additionally, any Health System Department that receives or is made aware of an external audit or inquiry relating to billing must notify the Chief Compliance and Privacy Officer in a timely manner.
  - **Medical Necessity for Services:** Claims will be submitted to payers only for medically necessary services ordered by an appropriately licensed medical professional. Medical necessity is to be determined and documented by the responsible provider or other licensed individual. Medical necessity is defined as a service that is reasonable and necessary for the diagnosis or treatment of an illness, disease or injury, or to improve the functioning of a malformed body member.
  - **Billing for Items or Services Actually Rendered:** Claims that are submitted must be representative of an actual service performed by the provider. Only those medical services to patients that are consistent with acceptable standards of medical care may be billed. VCU Health System will only bill for those actual services provided and will comply with applicable rules and regulations.
  - **Billing with Adequate Documentation:** All documentation supporting claims must be complete and accurately reflect the service rendered to the patient. Documentation must be in compliance with all applicable

regulations and policies. A bill should not be submitted for payment if the documentation or scope of service is unclear.

- **Correct Coding:** The OIG recognizes inaccurate coding as a longstanding risk. Regulations, rules and policies governing billing procedures are to be followed and team members responsible for billing and coding will be trained in the appropriate rules governing billing, coding, and documentation.
- **Overcoding:** This occurs when a billing code representing a higher level of service and payment rate is used rather than the billing code that reflects the appropriate, medically necessary service provided to the patient. Team members responsible for providing and/or coding must not engage in any form of upcoding.
- **Duplicate Billing:** Reflects the practice of submitting more than one claim for the same service or submitting a claim to more than one primary payer at the same time. While duplicate billing may be seen as a billing error, repeated double billing could be viewed as a false claim, especially if the overpayment is not properly refunded.
- **Cost Reporting:** Cost reports will be prepared in compliance with applicable regulations. Cost reports must be prepared with appropriate and accurate documentation. Unallowable costs will not be claimed for reimbursement. In addition, all costs will be allocated to the appropriate accounting unit.
- **Overpayments:** Improper or excess payments as a result of patient billing or claims processing errors will be returned to the patient, Medicaid or Medicare Administrative Contractor (MAC) within 60 days of identifying the overpayment. In addition, overpayments identified through cost reports will be returned by the later of 60 days from when the overpayment is identified, or the date of the corresponding cost report.
- **Anti-Kickback:** The Health System will comply with laws and regulations relating to the prohibition of improper payments, bribes, kickbacks, interest-free loans, free or below market rents or fees for administrative services. Team members may not offer, provide, accept, or ask for anything of value to influence or be influenced by patients, their families, suppliers, contractors, vendors, physicians, third-party payers, managed care organizations, or government officials. Team members may not offer or accept anything of value in exchange for referrals for services covered by Medicare, Medicaid or any other federal health care programs.
- **Self-Referrals:** Stark Law is a self-referral law prohibiting physicians from referring Medicare or Medicaid patients for certain "designated health services" where the physician or immediate family member has a financial relationship or financial interest. An example of a prohibited relationship would include ownership or investment interest, or a compensation agreement.
- **False Claims Act:** The prohibition against false claims arises under both the Federal False Claims Act and the Virginia Fraud Against Tax Payers Act. The False Claims Act encompasses health care fraud, false claims and false statements of material fact and allows any person who discovers fraud against the federal or state government, to report it through specialized procedures, known as Whistleblower Protections. Under the provisions of the False Claims Act,

whistleblowers are afforded protection from retaliation or retribution for reporting dishonest or illegal activities. The Health System also encourages and provides team members procedures for communicating fraud or abuse through the Compliance Helpline, 1-800-620-1438 or via the web at <https://www.compliance-helpline.com/welcomePageVCUHS.jsp>.

- **Conflicts of Interest:** The Health System is committed to maintaining the highest quality of care, treatment and services unhindered by financial interest. A conflict is determined to be situations involving team members or their immediate families where activities may compromise or appear to compromise a team member or team member's immediate family's judgment in performing any of their job duties. All conflicts of interest or perceived conflicts must be disclosed in order to maintain the Health System's culture of integrity and transparency. Additionally, team members deemed in a position of trust are required to complete additional reporting.
- **Excluded Individuals and Entities:** The Health System is prohibited from employing or contracting with any individual or entity excluded from participation in federally funded health care programs. The OIG has exclusion authority pursuant to Sections 1128 and 1156 of the Social Security Act. All new hires are checked against the OIG List of Excluded Individuals and Entities (LEIE) prior to being hired and team members are checked each month. Contractors are required to attest that neither their organization nor any of their employees have been excluded by a federally funded program.

### C. EDUCATION AND TRAINING

Compliance Services is committed to provide training on the laws, regulations and best practices that relate to the areas described in section B, Compliance Services. After initial training, supplemental training will vary depending on the position. Should a team member feel they have not received adequate training on the laws, rules or policies that govern their area of responsibility, they are expected to notify their supervisor, the Chief Compliance and Privacy Officer, HR4U, or call the Compliance Helpline, at 1-800-620-1438. Team members may also send a request to [complianceservices@vcuhealth.org](mailto:complianceservices@vcuhealth.org).

Training courses will be conducted on compliance and privacy related topics designated by the Chief Compliance and Privacy Officer based on feedback from the Compliance Committee, Executive Leadership, and other key stakeholders, as well as regulatory changes, and/or issues identified through internal audits and risk assessments.

Training content will include, but is not limited to:

- Identification and explanation of acceptable standards of practice defined by applicable regulatory authorities, including, but not limited to, health care compliance, billing procedures, coding, privacy safeguards and associated documentation requirements.
- Identification and explanation of unacceptable compliance and privacy practices and improper activities.
- Explanation of the regulatory and institutional penalties for non-compliance.
- Explanation of the Compliance Program, its elements, auditing guidelines,

- monitoring activities, investigation protocols and reporting procedures.
- Periodic updates will be given to health care providers and other team members about the Compliance Program, as well as important changes in policy, procedure, or law.

Compliance Services will be given the opportunity to review training material(s) from outside vendors with adequate time for review prior to presentation. This includes materials related to general compliance, privacy, coding, or billing documentation.

**Mandatory Training:** New Team Member, Annual Privacy and Annual Compliance trainings are mandatory. These trainings are intended to establish and thereafter reinforce “doing the right thing” in our environment. Attendance will be taken for each training and/or compliance-related course provided. Team members are required to sign in and complete the entire course to receive credit. Computer-based training requires completion of an electronic attestation statement. In addition to the mandatory training, Compliance Services will identify, where necessary, specific training to address previous misconduct, and lessons learned from prior compliance incidents. Compliance Services will evaluate the extent training has an impact on team member’s behavior or operations.

Mandatory training will include, but may not be limited to:

- **New Team Member Compliance Training:** This is currently delivered during New Team Member Orientation or via self-study packages for those who do not attend New Team Member Orientation. Current topics include: Compliance Program Overview, Code of Conduct, Basic HIPAA Training, False Claims Act Training, Deficit Reduction Act and Reporting Compliance Concerns.
- **Compliance with Deficit Reduction Act:** The Deficit Reduction Act of 2005 requires health care organizations receiving \$5 million or more in Medicaid payments to educate their employees about the Federal False Claims Act. To meet this requirement, appropriate training will be provided to employees as part of New Team Member Orientation, and an overview of the Federal False Claims Act will be contained in the VCU Health System Compliance and Privacy Manual, to also include a description of the VCU Health System policies and procedures for detecting and preventing fraud, waste and abuse. In addition, team members will complete an online Annual Compliance Refresher course on the Learning Management System (LMS) that will reinforce education as required by the Deficit Reduction Act described above.
- **Billing Process Documentation Training:** Billing providers new to VCU Health System are required to participate in an initial Provider Documentation Training session coordinated by Revenue Cycle Administration. This training includes an overview presentation regarding the Compliance Program; basic documentation requirements; VCU Health System policies and procedures that relate to documentation requirements; and online training modules as applicable to the provider’s clinical practice. Training occurs in the environment within the first 30 days of employment. Compliance Services collaborates with the development and assesses the content of the education.
- **Continuing Billing Provider Training:** All billing providers are required to participate in annual training updates organized and presented by Cycle Administration. The training will be based on the clinical documentation team’s

review of individual provider documentation, audit findings, applicable regulatory changes and relevant, timely compliance issues associated with the health care industry. Compliance Services will periodically audit the training program.

- **Privacy Training:** HIPAA requires team members to receive privacy training. Compliance Services offers training within New Team Member Orientation materials and includes an overview of the regulation and guidance on how to report a privacy related concern. Team members whose job responsibilities require access and use of Protected Health Information (PHI) must also complete additional training within the first 30 days of hire. This training may include, but is not limited to, related Health System policies specific to the job role and consequences for non-compliance.
- **Risk-Based Compliance Training:** Specialty training may be required depending on job specific requirements and identified risks. Appropriate training will be initiated as identified by the Chief Compliance and Privacy Officer (or designee) in consultation with Health System leadership.

#### **D. AUDITING AND MONITORING**

Compliance Services will conduct compliance auditing and monitoring activities to detect violations of laws and regulations within its scope of work. Auditing and monitoring are both fundamental components of the Compliance Program and provide a means for determining measuring its effectiveness. Compliance Services collaborates with third party vendors as related to these activities.

Auditing and monitoring activities utilize a standard methodology to identify, analyze and address risks and are included in the yearly Compliance Work Plan. The Compliance Audit Work Plan is reviewed on a quarterly basis for continued relevance and reflects the dynamic OIG Work Plan, other enforcement activities, regulatory changes and previous compliance audits.

Auditing is a detailed assessment of the environment's compliance with standards and regulations. Auditing may be from internal or external sources and either prospective or retrospective. Audits include written reports with findings, recommendations and potential next steps. Compliance Services audits are conducted following the VCU Health Clinical Enterprise Compliance Audit & Monitoring Plan (Appendix A).

##### **Monitoring activities**

Monitoring activities are routine (weekly, monthly or quarterly) and are used to measure compliance in everyday operations. Team members and associates are expected to cooperate fully with any monitoring activity. Such monitoring is used to collect data on a regular basis to assess compliance with the established standards of practice, specifically regarding billing guidelines, elements necessary to meet HIPAA Requirements, and those topics given special attention by the Office of the Inspector General (OIG).

##### **Examples of monitoring include:**

##### **Privacy Monitoring**

Compliance Services monitors the organization's compliance with HIPAA requirements by using system-based tools to detect privacy violations. The

information is collected and analyzed to identify risk areas and detect potential vulnerabilities to patient privacy that may be minimized with additional training or other internal controls.

### **Incident Management and Monitoring**

Compliance Services documents incoming questions and concerns using an incident management system. This system allows the department to proactively detect potential concerns in the environment that may be mitigated using training, policy update or compliance consultation. While the information is documented, it remains confidential and team members retain the right to anonymity.

## **E. ROUTINE RISK ASSESMENT**

An effective Compliance Program can be evaluated by the organization's identification and assessment of risks and the degree to which attention and resources are utilized to address such risks. Risk assessments are data driven based upon operational data and information across functions. Compliance Services is committed to assessing the risks of non-compliance and misconduct in the environment and monitoring on a regular basis, paying special attention to high-risk areas. Compliance Services has developed a methodology to assess risks, and takes appropriate steps to review the compliance program annually for needed changes to assist in mitigating non-compliance through this process. The department utilizes lessons learned from prior risk related issues, as well as issues identified to teaching hospitals. Risk assessments may include evaluating concerns identified by OIG, the Centers for Medicare and Medicaid Services (CMS) or the Office of Civil Rights (OCR.) These steps include the following:

- Conducting risk-based audits;
- Aggregating and reviewing data obtained through incident management;
- Conducting question-based risk reviews;
- Updating the compliance work plan based on incident management and audit data; and
- Recommend updates to policies, procedures and controls

## **F. OPEN LINES OF COMMUNICATION AND REPORTING**

Compliance Services helps to maintain a transparent environment in which team members are expected to bring forth concerns as well as reportable events, as described below, regarding conduct that is inconsistent with applicable laws, regulations, policies and procedures. Team members have the responsibility to report actual or suspected misconduct. For more information on reporting obligations, see policy Compliance Reporting.

If a team member is concerned about a reportable event, they should discuss the situation with their supervisor, HR4U or the Chief Compliance and Privacy Officer (or designee). A report may also be made to any Compliance Services team member. They also may contact the VCU Health System Compliance Helpline at 1-800-620-1438, or through the compliance web-based reporting system at <https://www.compliance-helpline.com/welcomePageVCUHS.jsp>. All calls to the Compliance Helpline will be treated fairly and communications will be kept in confidence. If a team member is not comfortable with making a report in person or by telephone, written concerns may be sent to:

Chief Compliance and Privacy Officer  
Compliance Services  
Box 980471  
Richmond, VA 23298-0471

Concerns may also be sent by email to [complianceservices@vcuhealth.org](mailto:complianceservices@vcuhealth.org). In the event an investigation reveals a violation of legal or compliance standards, the impacted department or operational unit will be responsible for taking necessary and appropriate responsive and corrective actions. Compliance Services will provide consulting and monitoring assistance to the department or operational unit, as needed, in conjunction with other VCU Health System departments, such as the Office of General Counsel, Human Resources, Financial Services and/or Patient Relations. Compliance Services, in partnership with the Office of General Counsel, will assist with appropriate disclosure of reportable events. The effectiveness of the Compliance Helpline is measured through periodic surveys and tracking calls from start to finish.

### **Reportable Event**

A reportable event is any matter that a reasonable person would consider as: fraud, waste, or abuse; violation of the Compliance Program; violation of the Code of Conduct; violation of VCU Health System policy or procedure; or violation of applicable law or regulation for which penalties or exclusions may be authorized.

### **Types of violations that should be reported may include, but are not limited to:**

- Billing and documentation concerns
- Conflicts of interest
- Anti-kickback or self-referral concerns
- Fraud, waste, and abuse concerns
- False statements to a government agency
- Falsification of any documents
- Privacy Concerns
- Actual or potential criminal violations

The Health System has a zero-tolerance policy of retaliation for reporting compliance and privacy concerns. For information regarding non-retaliation, see policy HR.SC.001 Standards of Behavior and Performance. Incidents involving this behavior will be immediately reported to Compliance Services.

Reported acts of retaliation, harassment or intimidation against any individual who is a party to an investigation will be investigated promptly and appropriate corrective action implemented as necessary.

## **G. RESPONDING TO COMPLIANCE CONCERNS**

Upon receiving notification of an allegation, the Chief Compliance and Privacy Officer (or designee) will make a preliminary determination whether the allegation involves an issue that should be investigated by Compliance Services or if it should be forwarded to another department with subject matter expertise.

Responsibility for conducting the investigation will be decided on a case-by-case

basis. Those assigned to Compliance Services will result in written status and resolution reports provided to the Chief Compliance and Privacy Officer in accordance with the compliance reporting and investigations procedure.

A summary report of all Compliance Helpline calls will be provided annually to the Board of Directors' Audit and Compliance Committee.

Upon completion of an investigation performed by Compliance Services and a corrective action plan is required, the Chief Compliance and Privacy Officer has the responsibility to monitor for resolution and report outcomes to Health System Leadership. Corrective action plans will be in writing with consultation from the appropriate administrative or clinical senior level official.

Results of investigations requiring a corrective action plan will be reported to the appropriate leadership. The Chief Compliance and Privacy Officer will also report the results of the investigation to the VCU Health System Board of Directors, Audit and Compliance Committee, the Health System Compliance Committee, and the MCVP Compliance and Audit Committee as appropriate.

In the event an investigation reveals a violation of legal or compliance requirements, Compliance Services, in conjunction with other appropriate areas, will take necessary and appropriate responsive action and corrective action, including the disclosure of reportable events to appropriate federal and state authorities.

## **H. ENFORCEMENT AND DISCIPLINE**

VCU Health System is committed to an environment of integrity and "doing the right thing." Team members are to perform their job duties in a manner that upholds the Code of Conduct and Compliance Program philosophy. In addition, team members are to display STAR Service in their daily work environment.

VCU Health System policies and procedures should govern a team member's behavior and decisions while at the Health System. Team members must be familiar with these policies and be sensitive to any situation that could lead them to engage in actions that would violate the policy. Ignorance, good intentions or bad advice will not be accepted as excuses for non-compliance. Team members who fail to comply with these requirements are subject to disciplinary action, up to and including dismissal.

The Health System has a policy of progressive discipline for committed infractions. The form of discipline imposed will be case specific. Compliance Services will partner with Employee Relations regarding recommended forms of discipline and ensure that disciplinary action is fair and consistent across the Health System.

Compliance Services will cooperate with law enforcement authorities and regulatory agencies in connection with the investigation and prosecution of any team member who violates applicable laws and regulations governing the Health System. Probable violations of law will be reported to the appropriate law enforcement agency.

## **I. Evaluation of Compliance Program Effectiveness**

Maintaining an effective compliance program is an essential process as outlined by the OIG and Department of Justice (DOJ). Compliance Services recognizes the importance of measuring the effectiveness of the compliance program. The department has developed and implemented metrics that assist in the consistent measure of the program. The following are examples, but not all inclusive, of metrics and other mechanisms to assess program effectiveness:

- Measure the effectiveness of incident responses per 100 team members by the type of incident;
- Conduct policy and procedure assessments to measure effectiveness in the environment (i.e. Statement of Economic Interests and exclusion reviews);
- Measure the ethical culture of the Health System through surveys utilizing the seven elements of compliance; and/or
- Measure the effectiveness of education and training based on completion rates and the volume of incidents received.

## **III. CONCLUSION**

The Compliance Program was created to support the ethical standards, principles and values of the Health System. In addition, it provides guidance to aid in complying with certain laws and regulations that govern our business. The Compliance Program is based on the model compliance program recommended by the U. S. Department of Health and Human Services, Office of the Inspector General.

The Compliance Program is an evolving program that responds to changes in laws and regulations governing the Health System, as well as identified risks through internal monitoring and formal audits. Such laws and regulations refer to billing, coding, documentation rules, results of audits, or suggestions by the leadership team and Compliance Committee. Compliance Services is responsible for keeping team members informed of updates and revisions as they relate to industry standards.

**Where to Share a Concern**

Compliance Helpline (available 24 hours a day): ..... 1-800-620-1438

Compliance e-mail:.....complianceservices@vcuhealth.org

Compliance Services: .....(804) 828-0500  
830 East Main Street, Suite 1800  
Box 980471  
Richmond, VA 23298-0471

Chief Compliance and Privacy Officer: .....(804) 828-0500

General Counsel  
Vice President, VCU Health System :.....(804) 828-9010

HR4U - Employee Relations.....(804) 628-HR4U (4748)

Approved 11/04; 3/07; 10/07; 11/08; 10/09; 10/10; 10/11; 8/12; 10/13; 9/14; 8/15;  
9/16; 8/17; 10/18; 12/20

## **IV. Appendix**

### **SECTION I: ESTABLISHMENT AND PURPOSE OF THE VCU HEALTH CLINICAL ENTERPRISE COMPLIANCE AUDIT & MONITORING PLAN.**

#### **A. PURPOSES OF THE COMPLIANCE AUDIT & MONITORING PLAN:**

1. The purpose of the Compliance Audit & Monitoring Plan is to align with the OIG's expectation of a standardized auditing and monitoring process, which is one of the seven elements of an effective compliance program;
2. To evaluate correct documentation, coding and billing for all health care services and compliance with applicable laws, regulations, policies and manual instructions pertaining to Medicare, Medicaid and federal health care programs;
3. To detect and mitigate fraud, waste and abuse;
4. To mitigate financial and reputational risk to the VCU Health System and its affiliated entities;
5. To promote timely and efficient compliance auditing and monitoring coordination among the VCU Clinical Enterprise;
6. To implement the compliance guidance recommendations of the Office of the Inspector General (OIG) and the Department of Justice (DOJ).

### **SECTION II: COMPLIANCE RISK ASSESSMENT & WORK PLAN**

- A. Compliance Services has a routine risk assessment process and written fiscal year work plan describing the audit and monitoring activities intended to be undertaken by the Clinical Enterprise per quarter.
- B. The work plan is reviewed by the VCU Health System Chief Compliance Officer (CCO) for final approval.
- C. The Compliance Coordinators of each entity participate in the risk assessment process and development of a work plan based upon data analysis, regulatory guidance and/or changes, special requests, past audits and identified potential compliance risks faced by the organization.
- D. The work plan identifies the individual or individuals responsible for undertaking the plan's activities, which may include internal team members or external reviewers.
- E. Compliance Coordinators of each entity collaborate on a quarterly basis to identify opportunities, potential risks and other concerns to promote efficiency and consistency in results and reporting.
- F. As risk assessment is an ongoing and evolving process, the audit and monitoring work plan is assessed quarterly for updates and modification.

- G. At times, the risk assessment may not result in an audit. In these occasions, Compliance Services works with the entity to mitigate identify risks. Mitigations efforts include process development and/or process improvement.

### **SECTION III: AUDITING**

#### **A. Resources**

1. Compliance Services will maintain sufficient resources to coordinate and/or carry out the auditing activities of the Clinical Enterprise taking into account working with individual entities to engage in self-auditing and monitoring activities;
2. Upon request of the Compliance Coordinator of each entity, the VCU Health CCO may approve the utilization of external auditors based on need. The persons or entities responsible for conducting the audit or review will have knowledge of health care compliance requirements in the specific audit area and must have valid VCU Health contractual agreements in place.

#### **B. Audit Scope**

1. Provides structure and clarity around the issue and outlines the breadth of the review and sampling methodology;
2. Utilizes the data analytics tools available to the organization e.g. auditing software, internal data metrics;
3. Assesses the risk to the Clinical Enterprise of non-compliance to the process under review;
4. Includes the audit or monitoring rationale, sample size, dates of service, target completion date and as applicable all procedure billing codes and processes under review;
5. Must be approved by Compliance Services prior to the initiation of all scheduled audits and ongoing monitoring activities.

#### **C. Procedure**

1. It is the expectation that management of areas under audit will cooperate fully and respond in a timely manner to an auditor's request for necessary documents or information.
2. Audits are conducted from a representative, judgmental or statistically valid sample as appropriate and outlined in the audit scope.
3. Audits are routinely conducted retrospectively but may also be prospective at the discretion of the VCU Health CCO as necessary for risk mitigation.
4. As applicable to the audit scope, documentation is reviewed to confirm:
  - i. Services rendered are supported and accurately billed as per AMA coding guidelines;

- ii. Adherence to applicable VCU Health System policies and procedures;
  - iii. Adherence to CMS requirements, National and Local Coverage Determinations (NCDs and LCDs)
5. If during the course of the audit process the potential need for attorney privilege is identified by the entity's Compliance Coordinator, he/she consults Compliance Services. The VCU Health CCO, or his/her designee, initiates the appropriate legal counsel consultation if necessary.
  6. Corrective Action Plans (CAPs) are required follow-up actions to any audit that does not meet the accuracy expectation established by the VCU Health CCO.

### **SECTION III: MONITORING**

1. Routine monitoring activities are conducted retrospectively by Compliance Services.
2. Regularly scheduled monitoring of high-risk areas is performed by Compliance Services through data analytics on a monthly basis or as individually outlined in ongoing CAPs).
3. Compliance Services will review each entities' ongoing CAP monitoring activities for effectiveness.
4. Departmental prospective monitoring may be required when a high-risk area is identified.

### **SECTION IV: REPORTING**

1. At the conclusion of each audit, a timely summary report will be provided to Compliance Services and individual departmental stakeholders as applicable.
2. Routine monitoring activities are recorded on a monthly basis with a summary provided to the VCU Health CCO each quarter.
3. Compliance Services reports each affiliated entity's auditing and monitoring activities to the Compliance and Audit Committee of the VCU Health Board on a quarterly basis:
  - i. current status, outcomes, identified trending and monitoring of CAPs of all internal audit activities;
  - ii. current status of ongoing data monitoring and investigations related to billing activities; and
  - iii. evaluation and results of all audits conducted by external government entities.