



**VCU**Health

VCU Health System

## **Compliance Program**

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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 the laws that govern our business. The Compliance Program includes VCU Health System's clinical enterprise. 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.

An effective compliance program is central to preventing compliance infractions by offering guidance to team members in understanding their obligations related to integrity and ethics. Compliance Services promotes the effectiveness of the program by providing compliance training sessions, encouraging the good faith reporting of compliance concerns, responding to compliance concerns timely, promoting appropriate remedial action, and making a commitment to the standard of integrity promoted by the Compliance Program.

Compliance Services is responsible for routinely evaluating the ethical and legal merits of VCU Health System business activities. 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 probable violations of regulations and law to the appropriate regulatory or law enforcement agency.

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 emphasized 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 establishing written policies and procedures. VCU Health System is committed to following applicable laws and regulations. Compliance Services supports this commitment by assisting in establishing 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, HIPAA, Stark, Anti-Kickback, 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. 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 and Standards of Behavior and Performance. It is the expectation of the Health System that each team member embraces both the Code of Conduct and Standards of Behavior and Performance 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. They assist the Chief Compliance Officer in the following responsibilities:

- Implementing the compliance and privacy programs throughout the clinical enterprise
- Obtaining senior leader 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 risk to the enterprise

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

The Committee assists the Board of Directors in fulfilling responsibility in the areas of:

- Soundness of the Health System’s internal controls and processes
- Integrity of the Health System’s financial accounting and reporting practices
- Independence and performance of the internal and external audit functions
- Assure the credibility and integrity of the compliance program
- Approve the departmental annual work plans
- Effectiveness of the Health System’s Compliance Program

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 meet at least four times annually. Additional meetings may be required depending on the circumstances. Minutes are maintained for meetings.

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 as needed
- Review and approve the annual Compliance Services’ work plan and any significant changes to the plan
- Review the qualifications of the Compliance Services staff and the level of staffing
- 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
- 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
- Require Compliance Services to report on processes and procedures that provide assurance that the Health System’s mission, values, and Code of Conduct are properly communicated to team members
- Review the Health System’s code of conduct annually and direct management to establish a system reasonably designed to assure compliance with the code

### **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 (the Compliance Program). This person is the lead administrator for the program and reports to the Executive Director of Audit

and Compliance Services. The Chief Compliance and Privacy Officer is assigned responsibility for the Compliance Helpline and is available to address concerns and questions regarding the Compliance Program.

Team members should feel comfortable contacting the Chief Compliance and Privacy Officer for any reason relating to the Compliance Program. The 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 about Compliance Program matters
- 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 chair 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 attorney, 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

## Compliance Services

The purpose of VCU Health System Compliance Services is to support the mission of the Health System by promoting a culture of compliance by preventing, correcting, and investigating issues 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
- Establish and support the VCU Health System Compliance Committee
- Report on the status of the Compliance Program to the Board of Directors on 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 execute a compliance and privacy auditing and monitoring work plan based on the organization's identified risk
- Monitor compliance with billing regulations
- Monitor changes in regulations and provide guidance as requested 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
- Routinely assess and monitor the effectiveness of the program

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 health care provider or department. The Chief Compliance and Privacy Officer or designee may restrict billing of health care provider 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 within 24 hours of such notification.
  - **Medical Necessity for Services:** Claims will be submitted to payors only for services that were medically necessary or that otherwise constituted a covered service. Medical necessity is to be determined and documented by the responsible physician or other licensed individual. Medical necessity is defined as a service that was 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:** Billing must be based on supporting documentation that accurately reflects the service rendered to the patient. Documentation must be in compliance with applicable regulations. A bill should not be submitted for payment if the documentation or scope of service is unclear.
- **Correct Coding:** Regulations, rules and policies governing billing procedures are to be followed and team members responsible for billing will be trained in the appropriate rules governing billing, coding and documentation.
- **Upcoding:** This occurs when a billing code with a higher level of payment rate is used rather than the billing code that reflects the actual service provided to the patient. Team members responsible for billing must not engage in any form of upcoding.
- **Duplicate Billing:** Reflects the practice of submitting claims more than once for the same service or a bill is submitted to more than one primary payor at the same time. While duplicate billing may be seen as a billing error, repeated double billing can 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, Medicare intermediary or carrier within 60 days of identifying the overpayment. In addition, overpayments identified through cost reports will be returned within the required 60 days.
- **Anti-Kickback:** The Health System will comply with laws and regulations relating to the prohibition of improper or excessive 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 payors, 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 interests or perceived conflicts must be disclosed in order to maintain the Health System’s culture of integrity. 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 Exclusion List (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 providing training on the laws, regulations and best practices that relate to the areas team members will encounter during their employment with the Health System. 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 noncompliance
- 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 remain for the entire course to receive credit. Computer-based training requires completion of an electronic attestation statement.

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, Basic HIPAA Training, False Claims Act Training, Deficit Reduction Act and Reporting Compliance Concerns. Additional HIPAA training is required within the first 30 days of employment.

- **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 Exchange 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 that is presented by MCVP Coding Services. This training includes an overview presentation regarding the Compliance Program; basic documentation requirements; MCVP policies 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 will periodically audit the training and process to assure completion.

Team members in the roles of department administrators, billing managers and MCVP coders are also required to attend an initial Documentation Training session within 30 days from their date of hire. The focus of this training is from a coding and administrative perspective and includes an overview of MCVP policies and basic documentation requirements.

- **Continuing Billing Provider Training:** All billing providers are required to participate in an annual training update organized and presented by MCVP Coding Services. The training will be based on audit results, 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 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.
- **Role-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**

Auditing and monitoring standards are fundamental to the Compliance Program. Auditing and monitoring provide an effective means for determining the success of the program. Compliance Services will conduct monitoring activities to measure compliance effectiveness. Monitoring activities are routine (day to day, weekly or monthly) and are used to measure compliance in every day 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).

### **Annual Audit Work Plan**

Compliance Services will prepare an annual Compliance Audit Work Plan that reflects consideration of the annual OIG Work Plan, other enforcement activities, regulatory changes and previous compliance audits. Internally identified potential risk areas may include claim submissions for new locations, new providers, new procedures, new charge capture processes, assessment of billing systems, and evaluation of data analytics, e.g. high utilization of services. Compliance Services audits are conducted following the VCU Health System Provider Documentation Audit Plan and the Compliance Hospital Auditing and Monitoring Plan.

### **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.

#### **Auditing Activities**

Auditing is a more detailed assessment of the environment's compliance with standards and regulations. Auditing may be from internal or external sources and includes a variety of methods. Audits include written reports with findings, recommendations and potential next steps.

## **E. ROUTINE RISK ASSESMENT**

VCU Health System is committed to assessing the risks of non-compliance and misconduct in the environment and monitoring on a regular basis. Compliance Services takes appropriate steps to review the compliance program annually for needed changes to assist in mitigating non-compliance through this process. 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

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

Compliance Services helps to maintain a transparent environment in which team members are expected to report concerns 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 LD.RM.002 Compliance Reporting.

If a team member is concerned about a potential compliance concern, 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 team members may also send a concern 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

Team members may also send a concern through 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.

## **Reportable Event**

A reportable event is any matter that a reasonable person would consider as: fraud, waste, or abuse; violation of the Compliance Program; violations of the Code of Conduct; violations of VCU Health System policy or procedure; or violations 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 can be investigated by Compliance Services or if other department subject matter expertise should be requested.

Responsibility for conducting the investigation will be decided on a case-by-case basis, with 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, if 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 noncompliance. 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.

Compliance Services will cooperate with law enforcement authorities and regulatory agencies in connection with the investigation and prosecutions 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.

#### **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 the 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. 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)