

**KING'S DAUGHTERS MEDICAL
CENTER**

ADMINISTRATIVE POLICY

*** POLICY AND PROCEDURE**

**EFFECTIVE DATE: FEBRUARY 8,
2016**

**SUPERSEDES ADMINISTRATIVE
POLICY: NOVEMBER 24, 2014 AND
COMPLIANCE & INTEGRITY POLICY:
JUNE 5, 2014; DECEMBER 17, 2013**

FILE: SECTION A(12)

**SUBJECT: COMPLIANCE AND
INTEGRITY GOVERNANCE**

POLICY. At the direction of the Board of Directors, King's Daughters Medical Center ("Medical Center") established a comprehensive compliance program through the establishment of the Compliance & Integrity Department.

The Compliance & Integrity Program ("Program") aligns with the Office of Inspector General (OIG) Guidelines and the Federal Sentencing Guidelines. The Program contains the following seven elements: (i) written policies, procedures and Code of Conduct; (ii) compliance officer and compliance committee; (iii) training and education; (iv) effective lines of communication for reporting concerns; (v) enforcement and discipline of policies and procedures; (vi) internal monitoring and auditing program; and (vii) response and prevention program to detect, deter and prevent offenses and violations of fraud, waste and abuse.

PROCEDURE.

1. **Program Oversight.** The Compliance & Integrity Department consists of the following integrated functions:
 - 1.1. **Audit.** Provide an independent approach to evaluate and improve the effectiveness of compliance, control and governance processes.
 - 1.2. **Compliance.** Provide information and training, develops and monitors Program policies and procedures, oversees and monitors compliance activities, and identifies and resolves compliance concerns.
 - 1.3. **Ethics.** Provide guidance with adhering to and supporting the Code of Conduct and "*doing the right thing.*"
2. **Program Structure.** The Compliance & Integrity Department shall have a Vice President/Chief Compliance Officer (VP, CCO) and a Compliance Officer (CO). The VP, CCO and CO are responsible for implementation and compliance with the Program, along with ensuring the requirements of the Corporate Integrity Agreement are met.

3. Compliance & Integrity Committee. The Compliance & Integrity Committee (Committee) reports directly to the Medical Center's Board Planning and Finance Committee. The Committee is responsible for assisting the Medical Center with overseeing its compliance program and implementing additional compliance principles identified by the OIG in its hospital model compliance program guidance. More specifically, the Committee is charged to:
- * a. Identify and prioritize compliance risks at the Medical Center;
 - b. Assist with the development of compliance policies and procedures;
 - c. Develop tools and other resources to assist the Medical Center staff in learning and complying with compliance and ethical standards, policies, procedures, rules and regulations;
 - d. Assist with identifying and monitoring compliance risks, including those found within billing, coding, quality and risk management;
 - e. Track and trend reports of potential compliance issues;
 - f. Ensure prompt investigation of potential compliance issues and implementation of appropriate corrective action;
 - g. As appropriate, recommend and/or implement solutions to address potential or actual identified risks;
 - h. Prevent, detect, and respond fraud, waste and abuse;
 - i. Create and implement a variety of methods for team members to report concerns; and
 - j. Assist in compliance activities and reporting necessary to fully meet the requirements of the Corporate Integrity Agreement (CIA) and comply with all Federal health care program requirements.

President/CEO