

## Maricopa Integrated Health System Administrative Policy & Procedure

**Effective Date:** 02/00

**Reviewed Dates:** 03/10, 1/12, 11/17, 09/18

**Revision Dates:** 02/03, 09/06, 02/08, 03/10, 04/13, 07/15, 11/17

**Policy #: 01100 S**

**Policy Title: Compliance: MIHS Compliance Program**

**Scope:** [ ] **District Governance (G)**  
[X] **System-Wide (S)**  
[ ] **Division (D)**  
[ ] **Multi-Division (MD)**  
[ ] **Department (T)**  
[ ] **Multi-Department (MT)**

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### **Purpose:**

Maricopa County Special Health Care District Compliance Program (District) and Maricopa Integrated Health System (MIHS), believes that conscientious dedication to the highest ethical standards is essential to its mission, vision, and values. This dedication is specifically important to MIHS because a significant portion of MIHS services are reimbursed through governmental programs.

MIHS is committed to meeting the highest standards of ethics and conduct in all of its business practices. Constant vigilance is necessary to avoid impropriety and the appearance of impropriety. The District Board developed the MIHS Compliance Program ("Program") to set standards of conduct and to monitor conduct throughout the MIHS and applicable activities. Although the implementation and enforcement will be centrally directed, the responsibility for compliance rests with each department or service. Ultimately, compliance is the responsibility of every MIHS employee and every professional affiliated with MIHS.

### **Definitions:**

Allied Health Professional: A health care practitioner other than a Medical Staff member who is authorized to provide patient care services in the Hospital who have been granted clinical privileges.

Employee(s): is a person who is employed by the District

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board. Medical Staff are also referred to as Attendings.

**Residents:** Individuals licensed as appropriate, who are graduates of medical, allopathic and osteopathic, dental, or podiatric schools; who are appointed to a hospital's professional graduate training program that is approved by a nationally recognized accrediting body; and who participate in patient care under the direction of Member of the Medical Staff of the pertinent clinical disciplines with appropriate clinical privileges in the hospital.

**Policy:**

MIHS is committed to the operation of an effective compliance program in accordance with the "Compliance Program Guidance for Hospitals (and amendments)," published by the Office of Inspector General, U.S. Department of Health and Human Services (HHS-OIG).

**Procedure:**

The objectives of the Program are:

- To assist MIHS in avoiding unsuitable transactions;
- To assist MIHS in avoiding irregularities in payment, reimbursement and other transactions;
- To assist MIHS management in identifying areas of possible concern that might adversely affect MIHS good reputation, its participation in public programs, or its status as the holder of public licenses, certifications, and exemptions; and
- To provide additional oversight of MIHS compliance with laws, regulations, and special conditions imposed upon it by any licensing or regulatory authorities.

**A. Program Elements**

The Compliance Program will include the following seven elements that will be regularly monitored to ensure the ongoing effectiveness of the Compliance Program

**B. Designation of the Compliance / Privacy Officer and Compliance Committees –**

- a. The Chief Compliance Officer (CCO) is responsible for operation of the Compliance Program. The CCO shall report directly to the Chief Executive Officer (CEO) and to the Board of Directors. The Compliance Officer will be provided with resources necessary to fulfill his/her responsibility for operation of the Program.
- b. The Compliance Officer may inquire into any matters arising or appearing to arise within the purview of the Program including, but not limited to, matters involving: unethical conduct; irregular billing, claims, or payments; and regulatory compliance.
- c. The MIH Finance, Audit and Compliance Committee ("Committee") provides Executive-level oversight, advice, and general guidance on the operation of the MIHS Compliance Program and on all matters relating to corporate compliance.

**C. Code of Conduct and Ethics and Compliance Policies and Procedures –**

- a. An MIHS Code of Conduct and Ethics will govern the conduct of MIHS employees, vendors, contractors and volunteers (“Personnel”). In addition, the Medical Staff and Allied Health Professional Staff are required to adhere to the Medical Staff Bylaws, which contain many of the same provisions in the Code of Conduct and Ethics.
- b. The Compliance Policies and Procedures will be designed to further compliance throughout MIHS by its employees, vendors, agents, contractors and professional medical staff, and promote a commitment to compliance.

**D. Developing Open Lines of Communication**

- a. Several independent reporting methods shall be available for all employees, agents, contractors and vendors to report potential compliance issues in a free and open manner without fear of retaliation.
- b. The independent reporting methods will capture, track and trend the incidents and ensure timely resolution of reports.

**E. Training and Education**

- a. Training and education on the MIHS Compliance Program and compliance issues will be provided to new and annually to current MIHS Personnel to ensure that each individual who functions on behalf of MIHS is fully capable of executing his/her role in compliance with rules, regulations and other standards.

**F. Auditing and Monitoring System –**

- a. MIHS will conduct annual risk assessments based on the Office of Inspector General Annual Work Plan, and other industry regulatory guidance.
- b. Implement an ongoing evaluation and monitoring process using audit plans, designed to minimize the risks associated with improper claims, billing practices, and other system areas of potential non-compliance.
- c. MIHS will conduct a reasonable and prudent background checks, including an exclusion-sanction provider checks —as part of every employment application, and prohibit the employment of individuals and contractors who have been recently convicted of a criminal offense related to health care or who are listed as debarred, excluded, or otherwise ineligible for participation in Federal health care programs.

**G. Enforcement and Disciplinary Actions –**

- a. Disciplinary policies and procedures will be in alignment with the MIHS Merit Rules, as well as the Standards of Conduct, as adopted by the Maricopa County Special HealthCare District. The disciplinary standards will be followed fairly and uniformly throughout MIHS.

**H. Response and Prevention –**

- a. Upon reports or reasonable indications of suspected noncompliance, the CCO will initiate steps to investigate the conduct in question to determine whether a material violation of applicable law or the requirements of the Compliance Program has occurred, and if so, take steps to correct the problem as appropriate.

**References:**

Policy 01101 S: Chief Compliance Officer - Duties & Responsibilities

Policy 01102 S: MIHS Executive Compliance Committee

Policy 01103 S: Standards of Conduct

Policy 01104 S: Compliance Reporting

Policy 01106 S: Employee Hotline

Policy 01107 S: Compliance Training

Policy 01290 S: Compliance Sanctions Policy

Dept. of Health/Human Services, OIG – Compliance Program Guidance for Hospitals

**MIHS Policy & Procedure - Approval Sheet**  
(Before submitting, fill out COMPLETELY.)

**POLICY RESPONSIBLE PARTY: Chief Compliance Officer**

**DEVELOPMENT TEAM(S): Compliance Department**

**Policy #: 01100 S**

**Policy Title: Maricopa County Special Health Care District Compliance Program**

**E-Signers: L.T. Slaughter, Chief Compliance Officer**

**Place an X on the right side of applicable description:**

**New -**

**Retire -**

**Reviewed - 09/18**

**Revised with Minor Changes -**

**Revised with Major Changes -**

**Please list revisions made below:** (Other than grammatical changes or name and date changes) changed name of officer, removed all references to other policies, as they are referenced in references. Minor edits of verbs, and titles.

**Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):**

**Committee: System-wide Policy & Procedure** 09/18

**Committee:** 00/00

**Committee:** 00/00

**Reviewed for EPIC:** 00/00

**Other:** 00/00

**Other:** 00/00

**Other:** 00/00