

**Effective Date:** December 1, 2016

**Area:** Compliance

**Contact Person:** Chief Risk & Compliance Officer

### **PURPOSE OF POLICY**

Glens Falls Hospital (the “Hospital” or “GFH”) believes that conscientious dedication to the highest ethical standards is essential to its mission. This dedication is essential because the Hospital is charged with serving the community, and because a significant portion of the Hospital’s services are reimbursed through governmental programs which require that the people’s business be conducted with complete integrity.

For these reasons, the Hospital has designated a Corporate Compliance Officer to have day-to-day responsibility for its compliance efforts. The Hospital also has established a Corporate Compliance Committee (the “Committee”), to assist the Corporate Compliance Officer.

### **SCOPE**

This policy applies to all employees, physicians and business partners of Glens Falls Hospital.

### **GUIDELINES**

#### **I. OBJECTIVES OF THE CORPORATE COMPLIANCE PROGRAM**

Constant vigilance is necessary to avoid impropriety or the appearance of impropriety. Consequently, the Hospital has developed a Corporate Compliance Program (the “Program”) to set standards for conduct, and monitor conduct, in various areas of the Hospital’s activities. Although the implementation and enforcement will be the chief responsibility of the Corporate Compliance Officer, the responsibility for compliance rests with each department, or service, medical professional, employee and business partner of the Hospital. Ultimately, compliance is the responsibility of every Hospital employee, business partner, and every independent professional who enjoys Hospital staff privileges. All Employees, medical staff and business partners have a responsibility to conduct business in a manner that supports integrity in operations and a responsibility to report compliance issues to the Corporate Compliance Officer.

## II. GENERAL OPERATION OF THE PROGRAM

### A. Objectives of the Program

The objectives of the program are:

1. to assist the Hospital in preventing inappropriate transactions;
2. to assist the Hospital in preventing irregularities in payment, reimbursement and other transactions;
3. to assist the Hospital's management, medical staff and employees through education in identifying areas of possible concern that may adversely affect the Hospital's good reputation, its participation in public programs, or its status as the holder of public licenses, certifications and exemptions;
4. to provide additional oversight of the Hospital's compliance with laws, regulations and special conditions imposed upon it by a licensing or regulatory authorities.

### B. Duties of the Corporate Compliance Officer

The responsibility for operation of the Program and for preparation of reports relating to it rests with the Corporate Compliance Officer. The success of the Program depends on the active participation of the Hospital's senior executives, Board of Governors, financial and claims staff, and the leadership of the departments, Hospital vendors, business partners and the professional medical staff. Through the dissemination of the Compliance Policies (described below) and appropriate training, all such persons shall be advised regarding their responsibilities for the Program, and the circumstances in which they should notify the Corporate Compliance Officer on a timely basis of matters subject to review under the Program.

The Corporate Compliance Officer will be provided with the resources necessary to fulfill his/her responsibility for operation of the Program. The Corporate 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. The Hospital's other personnel, including but not limited to, accountants and legal counsel shall be available to assist the Corporate Compliance Officer in his/her duties.

The Corporate Compliance Officer is to be informed of all instances where fraudulent activity is suspected, identified, or reported. Such instances will include direct referrals of potentially fraudulent activities to the Compliance Hotline, reports of potential fraud made directly to management and breaches of Information Technology security. The Compliance Officer will initiate an investigation and coordinate such investigation as appropriate.

Recommendations following such investigations will be made to senior management and as necessary to the Board Audit & Compliance Committee.

The Corporate Compliance Officer will be provided with resources necessary to fulfill this responsibility, including but not limited to, continued education in compliance, fraud investigation and internal audit. Hospital personnel shall be made available to assist in such investigations as reasonable and necessary.

The Corporate Compliance Officer is responsible to and will report to the Board Audit & Compliance Committee.

C. The Corporate Compliance Committee

Composition. The Committee shall consist of the Hospital's, Director of Nursing, Director of Risk Management, Director of Human Resources, Director of Patient Financial Services, Director of Corporate Compliance, Coding Compliance Coordinator, Director of Materials Management, Director of Pharmacy, Director of Information Technology, Director of Health Information Services, Director of Surgical Services, Director of Revenue Cycle, Director of Physician Practices and other positions and individuals as deemed necessary.

Duties. The Committee will review the audit plan and offer suggestions. Also, when requested by the Corporate Compliance Officer, the committee is empowered to investigate, evaluate and make recommendations to Administration of misconduct by Hospital employees, agents, medical staff or business partners. The Committee shall review, evaluate and update, as necessary, all compliance policies on a biannual basis.

Meetings. The Committee shall meet quarterly to review the progress of the compliance plan and reassess risks. The committee will also review any inquiries conducted or supervised by the Corporate Compliance Officer. The Corporate Compliance Officer or Hospital CEO may call special meetings of the Committee as needed.

Minutes. Written agendas for all meetings of the Committee shall be prepared and maintained by the Corporate Compliance Officer along with a record of all recommendations by the Committee.

III. POLICY MANUAL

Because of the importance of understanding and abiding by all of the Hospital's standards and procedures, the Corporate Compliance Officer shall make available to all employees, medical staff and business partners the Hospital's compliance policies. These will be maintained on the Hospital's intranet filed under, Policy Manager. Many relevant compliance policies are available on the hospital's external website. Also, business partners may request written copies of such policies through the Corporate Compliance Officer.

IV. PROCESS, REPORTS AND RECORDKEEPING

It is the employee's, business partner's or provider's responsibility to report any real or suspected compliance concern. A report MUST be made to the individual's supervisor or point of contact. The supervisor or point of contact should then contact the compliance team.

The Hospital has established a confidential reporting system through which anyone may report either in person or in writing to the Corporate Compliance Officer potential problems without fear of retribution. Employees and other agents may write to the "Compliance Officer, Glens Falls Hospital, 100 Park Street, Glens Falls, New York 12801" or they may call the **Compliance and Fraud Hotline** at 1-800-975-9427. In conducting investigations, the Corporate Compliance Officer, Internal Audit staff and the Corporate Compliance Committee shall respect the confidentiality of privileged records and information, and shall comply with applicable confidentiality laws and ethical standards.

All files of inquiries will be maintained by the Corporate Compliance Officer on a confidential basis. They shall not be disclosed except to:

- (1) Members of the Corporate Compliance Committee
- (2) Members of management or management representatives having a need to know;
- (3) As may be required by law or court order from authorized jurisdictions.

Reports of compliance concerns will be investigated by the Compliance Officer or designee. The compliance team may consult with others, including but not limited to human resource associates or legal counsel as needed. Significant issues will be discussed with the CEO and/or Board Audit & Compliance Committee.

V. AUTHORITY

The compliance and internal audit function, with strict accountability for confidentiality and safeguarding records and information, is authorized full, free, and unrestricted access to any and all of the Hospital's records, physical properties, and personnel pertinent to carrying out any engagement. All employees are requested to assist the compliance and internal audit team in fulfilling its roles and responsibilities. The compliance and internal audit function will also have free and unrestricted access to the Board of Governors.

VI. ACTS OF WRONGDOING

The Corporate Compliance Officer shall report to the Corporate Compliance Committee demonstrated instances of material violations of the compliance policies or acts of wrongdoing by any employee, member of the medical staff or business partner of the Hospital. The Corporate Compliance Officer may raise other matters with the Corporate Compliance Committee, within his or her discretion.

VII. COMPLIANCE REVIEWS AND PLANS

The Committee shall periodically review compliance with regulatory requirements and shall report to the Board Audit & Compliance Committee any findings regarding such matters. The Committee and Corporate Compliance Officer shall review relationships between the Hospital and its Board members, employees, agents or independent professional staff.

Such reviews will be planned annually, presented to the Board Audit & Compliance Committee and referred to in the Corporate Compliance Plan. This plan will be developed with support from Committee members, legal counsel, senior leaders, and department directors. A periodic component of such plan is to include exclusion testing of employees, physicians, business associates and vendors with the Federal and State exclusion databases.

The Corporate Compliance Plan will be developed annually and approved by the Board Audit & Compliance Committee. The Plan will be developed to comply with the elements required of compliance programs as mandated by the Department of Health and Human Services (HHS) Office of the Inspector General and the New York State of Medicaid Inspector General.

VIII. DISCIPLINE

Discipline will be imposed for failure to comply with GFH's Corporate Compliance Program or its Code of Conduct. Such discipline can include immediate termination of the relationship with Glens Falls Hospital.