



COMPLIANCE: PROGRAM STRUCTURE AND RESPONSIBILITIES

Purpose:

To describe the compliance program structure and the responsibilities of the Compliance Officer (“CO”) at Boulder Community Health (“BCH”).

Scope:

Applies to all BCH staff and locations.

Policy Statements:

- The CO’s primary responsibility is the implementation and effective operation of the hospital’s compliance program.
- The CO has direct access to the CEO and to the Board of Directors.
- The CO works collaboratively with the Vice President and General Counsel and will consult with outside counsel as necessary.
- The Corporate Compliance Committee (CCC) and the Executive Compliance Committee (ECC) review and make recommendations to the President and CEO regarding the compliance program and policies.
- The President and CEO and the Board of Directors (Audit Committee) are responsible for the review, oversight, and final approval of the BCH Compliance program and related policies.
- The CO is responsible for the day-to-day operations of the compliance program.

Procedural Guideline Statements:

1. The CO is responsible for the following:
 - a. The development and implementation of BCH’s compliance program and monitoring, evaluating and revising the program as necessary to conform to changes in BCH’s regulatory and business environment.
 - b. Establishing procedures to prevent detect and correct non-compliance.
 - c. Promoting a corporate culture which encourages ethical conduct.
 - d. Promoting commitment to compliance with all laws, regulations, rules, policies, and procedures.
 - e. Serving as a resource to resolve compliance and business ethics issues.
 - f. Responding appropriately if a violation is uncovered, including a direct report to the, CEO, Board of Directors or external agency if deemed necessary.
 - g. Developing and maintaining compliance standards (Code of Conduct) as well as other compliance related policies, procedures, and guidelines.
 - h. Establishing staff reporting channels, including, but not limited to, a compliance hotline, which staff may use to report problems and concerns without fear of retaliation.
 - i. Recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out BCH’s compliance standards, policies and procedures.

- j. Developing, coordinating, overseeing and participating in, as necessary, education and training programs to inform Hospital employees, management, directors, independent contractors and agents of the Code of Conduct, the corporate compliance program, federal and state regulations and guidance, as well as other specific issues deemed necessary.
 - k. Creation and monitoring of the BCH compliance work plan.
 - l. Independently investigating and acting on compliance matters, directing internal investigations, and coordinating any resulting corrective action with the appropriate Hospital department, independent contractor or agent.
 - m. Delegation of responsibility to conduct appropriate compliance investigations (e.g., Legal, Human Resources, etc.) for proper follow-up and resolution, when necessary.
 - n. Designing and coordinating, in cooperation with the applicable BCH departments, internal compliance reviews, monitoring activities and audits, including annual reviews of BCH departments to show correct processes are established.
 - o. Coordinating BCH's response to any external investigation or voluntary disclosure to an applicable regulatory agency.
 - p. Coordinating personnel issues with the BCH's Department of Human Resources with respect to verification of the qualifications and background of applicants and discipline of employees who violate the Hospital's compliance policies.
 - q. Maintaining a working knowledge of relevant issues, laws, and regulations through periodicals, seminars, training programs, and peer contact.
 - r. Analyzing BCH's industry environment and legal requirements with which it must comply and identifying, periodically, specific risk areas.
 - s. Collecting program effectiveness data and provide regular reports to compliance oversight committees.
 - t. Chairing the CCC and attending the ECC and ensuring the compliance reports, decisions, and action items of these committees are fully documented in meeting minutes.
 - u. Reporting on a regular basis to the Chief Executive Officer, CCC, the Executive Compliance Committee and the Board of Directors, on the status of BCH's compliance program and other matters as the Compliance Officer deems appropriate;
 - v. Other activities as assigned by the Chief Executive Officer or the Board of Directors or described in BCH's compliance policies.
2. Corporate Compliance Committee ("CCC")
- a. The CCC consists of management level personnel from high risk compliance departments in BCH or his or her designee, and includes outside representation as needed.
 - b. The CCC meets as necessary to carry out its functions.
 - c. The CCC is responsible for the following:
 - i. Assisting the Director of Compliance in implementing the Compliance Program, including investigations, training, and administrative requirements;
 - ii. Assisting the Director of Compliance in ensuring the facility's compliance with the requirements of Federal health care programs; and
 - iii. Reporting compliance concerns to the Director of Compliance.
 - iv. Reviewing the BCH compliance policies and procedures.
 - v. Reviewing the annual compliance work plan and departmental specific

- compliance work plans.
 - vi. Reviewing the BCH compliance audit and monitoring plan.
 - vii. Reviewing hospital-wide compliance training and education plan.
 - viii. Executing the compliance work plan as assigned.
 - ix. Being aware of and informed on important compliance investigations, initiatives, issues and resolutions as appropriate.
 - x. Being a liaison and champion for compliance for the organization.
3. Executive Compliance Committee (“ECC”)
- a. The ECC is comprised of BCH senior leadership, or their designees, and may include outside representation as needed.
 - b. The ECC meets as necessary to carry out its functions.
 - c. The ECC is responsible for the following:
 - i. Review of the BCH compliance policies and procedures.
 - ii. Review of the annual compliance work plan.
 - iii. Review of the BCH compliance audit and monitoring plan.
 - iv. Review of the hospital-wide compliance training and education plan.
 - v. Being aware of and informed on important compliance investigations, initiatives, issues and resolutions as appropriate.
 - vi. Being a liaison and champion for compliance for the organization.
 - vii. Supporting the efforts of the Compliance program and promoting accountability.
3. President and CEO
- a. The President and CEO meets regularly with the CO.
 - d. The President and CEO is responsible for the following:
 - i. Review and approval of the BCH compliance policies and procedures.
 - ii. Review and approval of the annual compliance work plan.
 - iii. Review and approval of the BCH compliance audit and monitoring plan.
 - iv. Review and approval of the hospital-wide compliance training and education plan.
 - v. Being aware of and informed on important compliance investigations, initiatives, issues and resolutions as appropriate.
 - vi. Being a liaison and champion for compliance for the organization.
 - vii. Supporting the efforts of the Compliance program and promoting accountability.
 - viii. Provide guidance to the Compliance Officer.
4. Audit Committee of the Board of Directors
- a. The Board’s Independent Audit Committee consists of at least three Board members appointed by the Chairman of the Board.
 - b. The Audit Committee is responsible for the following:
 - i. Review and final approval of the BCH compliance policies and procedures approved by the CEO.
 - ii. Review of the annual compliance work plan approved by the CEO.
 - iii. Review of the BCH compliance audit and monitoring plan approved by the CEO.
 - iv. Being aware of and informed on important compliance investigations, audits, initiatives, issues and resolutions as appropriate.

- v. Supporting the efforts of the Compliance program and promoting accountability.

Resources:

Director of Compliance

References:

[Supplemental Compliance Program Guidance for Hospitals](#) (70 Fed. Reg. 4858; January 31, 2005)

[Compliance Program Guidance for Hospitals](#) (63 Fed. Reg. 8987; February 23, 1998)

Policies:

[Code of Conduct](#)

[Compliance: Reporting Issues and Concerns](#)

[Compliance: Education and Training](#)

[Compliance: Investigations and Response to Compliance Issues](#)

[Government Authorities: Cooperation With](#)

[Government Investigation: Employee Response](#)

[Compliance: Auditing and Monitoring](#)

Key Words:

Disciplinary action, complaints (compliance issues), officer, compliance, program, committee, structure, Director of Compliance

Content Reviewers:

Audit Committee of the Board of Directors

Compliance Committee

Executive Compliance Committee

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