

**AUDIENCE LEVEL**

- Organization-wide
 Ambulatory
 Departmental

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:

This policy applies to all BCH staff and locations.

Policy Statements:

- The CO’s primary responsibility is the implementation and effective operation of BCH’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, General Counsel and will consult with outside counsel as necessary.
- The Corporate Compliance Committee (CCC) will make recommendations to the president and CEO regarding the compliance program and policies.
- BCH has contracted with Optum Insight, Inc. (Optum) to provide a variety of services including revenue cycle management, business analytics and transformation services, as well as various clinical continuum services.
- BCH and Optum have established a collaborative, innovative and mutually beneficial relationship which includes strategically integrated compliance activities.
- The President, CEO and the Board of Directors (Audit and Compliance 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 an 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 BCH 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 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.
- 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 BCH 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 specific risk areas.
- s. Collecting program effectiveness data and provide regular reports to compliance oversight committees.
- t. Chairing the CCC and attending the Audit and Compliance Committee of the Board of Directors meetings, as necessary, to provide reports of the compliance program and collaborate on compliance initiatives.
- u. 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, as well as Optum revenue cycle leadership 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 CO in implementing the Compliance Program, including investigations, training, and administrative requirements.
 - ii. Assisting the CO in ensuring the facility’s compliance with the requirements of Federal health care programs.
 - iii. Reporting compliance concerns to the CO.
 - 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. Optum Compliance Leadership
 - a. For purposes of coordination, planning and strategic risk analysis, BCH and Optum compliance leadership meet monthly to review identified compliance risks, changes to regulatory requirements, and new or ongoing audits.
 - b. Members of the Optum compliance team have been included in the Corporate Compliance Committee in order to support ongoing monitoring of select department compliance plans now overseen by Optum leadership.
 - c. Optum compliance leadership will provide reports of the Optum compliance program to the Audit and Compliance Committee annually and/or in conjunction with any compliance program report provided by BCH.
4. President and CEO
 - a. The President and CEO meets with the CO as needed.
 - b. 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.
5. Audit and Compliance Committee of the Board of Directors
- a. The Board's Audit and Compliance 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.

Definitions:

None

Resources:

Director of Compliance

Other Related Policies:

- [LD.3003.ORG Compliance: Code of Conduct](#)
- [LD.3012.ORG Compliance: Reporting Issues and Concerns](#)
- [LD.3008.ORG Compliance: Education and Training](#)
- [LD.3014.ORG Compliance: Investigations and Response to Compliance Issues](#)
- [LD.4008.ORG Compliance: Cooperation with Government Authorities](#)
- [LD.4005.ORG Compliance – Guidelines for Responding to Government Investigations](#)
- [LD.3011.ORG Compliance: Auditing and Monitoring](#)

References:

1. [Supplemental Compliance Program Guidance for Hospitals](#) (70 Fed. Reg. 4858; January 31, 2005)
2. [Compliance Program Guidance for Hospitals](#) (63 Fed. Reg. 8987; February 23, 1998)

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Audit Committee of the Board of Directors

Compliance Committee

Executive Compliance Committee

Final Approval:

Rob Vissers, M.D., President and CEO

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