

Compliance Program Description



Main Line Health®

What is a Compliance Program?

A Compliance Program is a formalized effort to prevent, detect, and respond to business conduct that is inconsistent with federal and state laws and with an organization's values. The healthcare industry typically receives significant financial support from the government through such programs as Medicare and Medicaid. The government, to ensure federal and state healthcare dollars are properly spent, provides oversight in the form of regulatory requirements and selected audits. Failure to meet the regulatory requirements or an unfavorable audit can subject the organization to fines, penalties and exclusion from government programs.

In addition, the mission of healthcare organizations is to serve the common good by providing needed services to the community. This is a role that goes beyond traditional business expectations. The community and the public-at-large frequently demand business practices that are beyond reproach from healthcare organizations. Integrity, therefore, is essential for a healthcare organization and a compliance program is designed to demonstrate and validate the inherent integrity of the organization.

What is Main Line Health's Compliance Program?

Main Line Health® is committed to maintaining a culture of integrity. The job of compliance is not assigned to one department or person, but rather it is the responsibility of every member in the organization. In all that we do, we seek to comply with the expectations placed on us by regulators and by the public at large.

The Main Line Health Compliance Program is a management function designed to maintain awareness and to monitor and promote compliance with laws and regulations. In our effort to assist and validate active compliance throughout the organization, our compliance program serves five distinct goals.

The 5 Goals of our Compliance Program

1. Through policy development and education, ensure that adequate systems are in place to facilitate ethical and legal conduct.
2. Serve as an internal control to the reimbursement and payment areas, where claims and billing operations are often the source of fraud and abuse in the industry and, therefore, historically have been the focus of government regulation, scrutiny and sanctions.
3. Through early detection and reporting, minimize the loss to the government from false claims, and thereby reduce the hospital's exposure to civil damages and penalties, criminal sanctions, and administrative remedies, such as program exclusion.
4. Provide a central coordinating mechanism for furnishing and disseminating information and guidance on applicable federal and state statutes, regulations and other requirements.
5. Develop procedures that allow the prompt, thorough investigation of alleged misconduct by the organization and initiate immediate and appropriate corrective action.

How does Main Line Health's Compliance Program operate?

The Main Line Health Compliance Program is modeled after the Office of Inspector General's Compliance Guidance for Hospitals. There are 7 specific elements that comprise the program and each element is designed to prevent, detect, and respond to business conduct that does not conform to applicable laws or regulations.

Main Line Health—Program Elements

1. **Standards of Conduct**—The development and distribution of written standards of conduct, as well as written policies and procedures that promote the hospital's commitment to compliance.
2. **Compliance Infrastructure**—The designation of a Chief Compliance Officer ("CCO") who reports directly to the health system Chief Executive Officer ("CEO") and the governing body, and who manages the operation of the program; active participation by a Compliance Committee and a Senior Executive Council charged with the responsibility of monitoring the program.
3. **Education and Training**—The development and implementation of regular, effective education and training programs for all employees.
4. **Process to Receive Complaints**—The maintenance of a compliance hotline, the *ComplyLine* (1.844.9COMPLY or mainlinehealth.alertline.com) to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.
5. **System to Respond to Allegations**—The development of a system to respond to allegations of improper/illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or federal healthcare program requirements.
6. **Reviews to Monitor Compliance**—The use of regular reviews to monitor compliance and assist in the reduction of identified problem areas.
7. **System to Investigate Problems**—The investigation and remediation of identified systemic problems.

Main Line Health has established a compliance program to significantly reduce the risk of unlawful conduct in our operations. The program also demonstrates our good faith effort to comply with applicable statutes, regulations, and other federal healthcare program requirements.

Which risk areas does the Compliance Program manage?

Main Line Health operates in a complex environment, needs to recognize numerous regulatory bodies, and is exposed to various risks. Several areas throughout the organization are charged with managing our compliance with various agencies, such as accreditation commissions and state employment mandates.

The compliance program is designed to focus on those areas of potential risk that are connected to our participation in federal and state healthcare programs. Accordingly, while not an all-inclusive list, the following is an inventory of risk areas that are primarily addressed through the compliance program:

Primary Focus of the Compliance Program

- A. Submission of accurate claims and the Federal False Claims Act
- B. HIPAA Privacy and Breach Notification Rules
- C. The referral statutes: The Physician Self-Referral Law (a.k.a. the “Stark” Law) and the Federal Anti-Kickback Statute
- D. The Emergency Medical Treatment and Active Labor Act (EMTALA)
- E. Inducements to Medicare or Medicaid beneficiaries
- F. Payments to reduce or limit services (a.k.a. Gainsharing Arrangements)
- G. Conflicts of Interest

What is the structure and oversight of the Compliance Program?

The program includes the following structural components:

- **CHIEF COMPLIANCE OFFICER:** Main Line Health employs a qualified full-time Chief Compliance Officer (the “CCO”) who reports directly to the Chief Executive Officer (“CEO”) and Board of Directors through the Board’s Audit Committee. The CCO has primary responsibility for developing and implementing the compliance program.
- **SENIOR EXECUTIVE COUNCIL:** Main Line Health’s Senior Executive Council (SEC), comprised of senior leaders from throughout the organization, provides oversight and strategic direction to the Compliance Program. The CCO meets with the SEC a minimum of four times annually to update the Council on compliance activities, changes and updates to the compliance work plan, and potential risk areas. In its advisory capacity, the SEC provides feedback to the CCO on emerging compliance issues and significant changes in the health care environment that may represent potential risk areas for Main Line Health.
- **COMPLIANCE COMMITTEE:** Main Line Health has also established a Compliance Committee, chaired by the CCO and staffed by various members of management necessary to be effective in its responsibilities. The purpose of the Compliance Committee is to provide tactical leadership to the program. This includes identifying risk areas, initiating reviews and reviewing the results of investigations. The Compliance Committee meets monthly.
- **BOARD OF DIRECTORS OVERSIGHT:** The Main Line Health Board of Directors, acting through its Audit Committee, exercises regular oversight with respect to the compliance program. Specific oversight activities include the following: (1) receiving reports directly from the CCO on a periodic (at least quarterly) basis; and (2) approving compliance work plans, reports of compliance reviews, and reviews of the compliance program’s effectiveness.

What are the minimum required elements of the Compliance Program?

The Main Line Health Compliance Program includes the following elements:

STANDARDS OF CONDUCT

The Main Line Health Standards of Conduct provides guidance to ensure that all members of the organization conduct themselves ethically and honestly at all times. It emphasizes the shared values that guide our actions and directs our workforce to resources to help resolve any questions regarding appropriate conduct in the workplace. As part of the compliance program, the Standards are reviewed periodically and any necessary enhancements are recommended to the board-designated Audit Committee for adoption.

POLICIES AND PROCEDURES

Main Line Health adopts policies and procedures in specific compliance risk areas, including, as appropriate, those areas identified in the OIG's Compliance Program Guidance and Supplemental Compliance Program Guidance, and makes these policies and procedures available to employees, as appropriate. The CCO periodically reviews the policies and procedures and makes any necessary revisions.

COMPLIANCE COMMUNICATIONS

Main Line Health establishes channels of communication for employees in order to promote prompt disclosure and investigation of potential violations of law and of the compliance program. Employees are encouraged to discuss their concerns with their supervisor or manager but can also communicate directly with the CCO, and such communications will be kept as confidential as possible.

In addition, Main Line Health utilizes a compliance hotline, known as *ComplyLine*, which provides for confidential communications of suspected compliance violations. Employees may place calls to the hotline at 1.844.9COMPLY or submit a communication online at mainlinehealth.alertline.com.

The CCO keeps a log of all *ComplyLine* calls, as well as the results of investigations undertaken pursuant to the calls. The CCO provides regular reports to the Compliance Committee, the Senior Executive Council, and the Audit Committee of the Board that summarizes *ComplyLine* issues.

The CCO promptly investigates any credible allegations of compliance violations that come to her attention either directly or through the *ComplyLine*. Main Line Health has established a non-retaliation policy to protect any employee who reports a suspected or actual problem in good faith.

COMPLIANCE TRAINING

Main Line Health requires compliance training as follows:

- **General Training:** All Main Line Health employees are introduced to our Compliance Program and our Standards of Conduct (SOC) at orientation. All employees are required to attest they have reviewed the SOC annually. They are encouraged to familiarize themselves with the program and encouraged to bring compliance issues to the attention of their supervisor or to call the Compliance Office. They are also given information about our 24 hour/ 7 day a week confidential reporting system, *ComplyLine*.
- **Specific Training:** Targeted education is provided for employees involved in coding and billing related to government programs. The training focuses on laws, regulations, and compliance program policies and procedures directly relevant to their respective roles and responsibilities.

REVIEWS/MONITORING

On an annual basis, the CCO prepares a Compliance Work Plan, to be approved by the Board's Audit Committee. The Work Plan details the reviews or investigations planned for the coming fiscal year for each Main Line Health entity. The Work Plan also describes the rationale for selecting particular risk areas for compliance reviews.

INVESTIGATIONS

The CCO has the authority to investigate any potential compliance issues, and coordinates such investigations with inside and outside counsel, auditors or healthcare consultants as needed. The results of the investigations are shared with the Compliance Committee, the Senior Executive Council and the Audit Committee.

CORRECTIVE ACTIONS

In the event of a compliance issue requiring remedial action, the appropriate department or administrative personnel, in consultation with the CCO and legal counsel as appropriate, are responsible for developing a corrective action plan which specifies the tasks to be completed, completion dates and responsible parties. The CCO is responsible for approving the corrective action plan in advance of its implementation.

The CCO will report to the Audit Committee on: (i) the implementation of all corrective action plans; (ii) compliance issues for which corrective action plans have not been implemented; and, (iii) the results of corrective action plans.

PERSONNEL POLICIES

The CCO will develop and recommend for implementation appropriate disciplinary policies for employees who are found to have committed violations of law or of the compliance program, and these policies shall impose appropriate sanctions consistent with the disciplinary action process.

COMPLIANCE OFFICE

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**1.844.9COMPLY or mainlinehealth.alertline.com
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