Policy AD500

Subject	AD500 - Corporate Compliance Program		
Category / Section	Administration/Corporate Compliance		
Owner	Director of Compliance		
Stakeholder/ Reviewer(s)	Corporate Integrity Officer; Corporate Compliance Committee		
Effective Date	09/02.	**Review Frequency**	Annual
Approval Date	04/19/2021		

Scope of Policy/Procedure ***(applies to entities/locations marked below)***

	This document applies to **all** entities/locations listed below				
Hospitals		**Ambulatory/Off-Campus locations**		**Other Carle Entities**	
	All Carle Hospitals listed below:		All Carle ambulatory/off-campus locations listed below:		All other Carle entities listed below:
X	Urbana (CFH)	X	CFH/CPG ambulatory locations *(also includes Home Health, Therapy Services, Medical Supply, Danville Surgicenter, Specialty Pharmacy)*	X	Arrow Ambulance, LLC
X	Carle Hoopeston Regional Health Center (CHRHC)	X	CHRHC ambulatory locations *(includes, CARMC, Cissna Park, Danv-Fairchild, Mattoon-Hurst, Milford, Rossville, Tuscola, Watseka)*	X	Carle Retirement Centers *(Windsor of Savoy & Windsor Court)*
X	Carle Richland Memorial Hospital (CRMH)	X	Champaign SurgiCenter, LLC		Health Alliance Medical Plans
X	Carle Eureka Hospital (CEH)	X	Administration Building locations (includes Carle at the Fields)		FCC – First Carolina Care, Inc.
X	Carle BroMenn Medical Center (CBMC)	X	Carle West Physician Group (CWPG)	X	CHPP—Carle Health Physician Partners
		X	CRMH Ambulatory locations (includes Bridgeport, Newton, West Salem, Olney, Specialty Services)		
	Scope Exclusions *(Mark this box and enter any departments or locations within a marked entity that are exempt from the policy/procedure.)*				

Attachments N/A

Purpose

A. To set forth Carle Health's commitment to compliance and the mission, objectives and structure of the Corporate Compliance Program.

Definitions N/A

Statement of Policy

A. Carle Health maintains a commitment to conducting its activities with integrity and in accordance with the highest ethical and legal standards. This is an integral part of Carle Health's commitment to being a responsible corporate and community citizen.

B. In its continuing efforts to ensure this objective is achieved, Carle Health established a proactive Compliance Program administered through the Corporate Compliance department, a Security, Privacy and Enterprise Risk Committee, the Executive Compliance Committee, and the Corporate Compliance Committee with oversight by Carle Health's President and Board of Trustees.

Mission

A. The mission of Carle Health's Compliance Program is to create an environment in which doing the right thing and doing it according to the rules is everyone's job and everyone's responsibility.

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Objectives

A. The objectives of the Compliance Program are to:
   1. establish clear standards of business and ethical conduct;
   2. assign overall responsibility to ensure compliance with these standards;
   3. effectively communicate the standards to all Board members, officers, directors, managers, employees, medical staff, and agents;
   4. ensure all staff are appropriately aware of and trained regarding their personal responsibility to comply with such standards;
   5. ensure individual departments stay informed of changes in federal and state laws and regulations;
   6. establish processes to identify potential areas of noncompliance;
   7. continually monitor Carle Health's operations to improve and/or correct areas of noncompliance;
   8. establish enforcement standards for improper conduct; and
   9. keep management and the Board informed of compliance activities and results of investigations through regular, periodic reports and provide a central area of responsibility and documentation to assist outside regulatory agencies in understanding our compliance efforts.

Compliance Program Structure

A. The Board of Trustees adopted a Resolution (on file in Corporate Administration), authorizing the creation of a Compliance Program. Program oversight was created through the establishment of Board and management oversight committees and the appointment of a Corporate Integrity Officer (CIO).

B. The Security, Privacy, and Enterprise Risk Committee is comprised of leaders throughout the organization that reviews day-to-day compliance activities on a bi-weekly or as-needed basis. The Security, Privacy, and Enterprise Risk Committee and the Compliance department have a reporting structure to the Executive Compliance Committee that reviews compliance activities on a quarterly and as-needed basis.

C. Each Carle Health affiliate and subsidiary reports entity-specific compliance information to their respective boards, if applicable, with information aggregated and shared with the Corporate Compliance Committee.

D. In general, the Board and management oversight committees ensure the CIO has appropriate authority to perform his/her functions, the full commitment of Carle Health's resources, and the authority, when necessary, to effect change.

E. Additional elements of Carle Health's Compliance Program include compliance policies and procedures and the Standards of Conduct Handbook. The policies and procedures further set forth Carle Health's commitment to compliance and provide guidance in its compliance program activities. Compliance policies are set forth in the 500-series of Carle Health's policies and are available for review on Click. Additionally, employees may contact the Corporate Compliance office for assistance in locating and/or obtaining copies of policies.

F. Carle Health's Standards of Conduct Handbook provides detailed information about Carle Health's business and ethical standards, and sets forth its expectation that each employee will comply with these standards.

G. Detail about other structural components of Carle Health's Compliance Program is provided in the following Policies:
   1. AD501 - Compliance Education and Training
   2. AD503 - Compliance Reporting and Non-Retaliation
   3. AD504 - Internal Compliance Investigations
   4. AD506 - Compliance Monitoring and Auditing
   5. HR609 - Employee Discipline and Misconduct

H. Carle Health's Compliance Program structure is regularly monitored, and adjustments will be made, as necessary, to maximize the effectiveness of this Program.

Corporate Compliance Committee Responsibilities

A. Analyze the healthcare environment, the legal requirements with which it must comply, and specific risk areas.

B. Determine the appropriate strategy/approach to promote compliance with the Compliance Program and detection of any potential violations.

C. Assess existing compliance related policies and procedures for possible incorporation into the Compliance Program.

D. Develop standards of conduct and policies and procedures to promote compliance with the Compliance Program.

E. Develop a system to solicit, evaluate and respond to compliance-related complaints and problems.

F. Recommend changes or updates to the Compliance Program to the Board.

G. Review the results of monitoring activity regarding the effectiveness of the Compliance Program, including hotline activity.

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H. Ensure the disciplinary action taken against those who have violated Carle Health's compliance policies and procedures is consistent with the approved disciplinary policy.
I. Review and approve appropriate corrective action should an error or violation of compliance policies and procedures occur.

CIO Duties and Responsibilities

A. In coordination with the Corporate Compliance Committee, oversee and monitor development and implementation of the Compliance Program.
B. Develop and implement a plan to monitor the operation of the Compliance Program.
C. Prepare and present periodic reports to the Board and Corporate Compliance Committee detailing compliance initiatives and the results of any investigations.
D. Recommend and implement revisions to the Compliance Program due to changes in laws, regulations and policies and procedures of the government and private payer health plans.
E. Interact with the Board, management, employees, and external vendors and agents to ensure an understanding of Carle Health's initiatives towards compliance. Coordinate development and maintenance of an education program to promote understanding of the Standards of Conduct, general and specific compliance issues and the consequences of noncompliance.
F. Oversee development and maintenance within specific departments regarding internal system controls, policies and procedures to prevent and detect potential violations of law, regulations or compliance policies.
G. Assist departments in developing and implementing compliance auditing and monitoring activities.
H. Review, investigate (with counsel when necessary and in accordance with established investigation protocol) and maintain a record of all reports of suspected violations of the Standards of Conduct, related policies or laws and regulations.

Other Related Links N/A

References N/A

Electronic Approval on File

Laurence J. Fallon
Executive Vice President/System Chief Legal Officer

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