



TITLE: CORPORATE COMPLIANCE PROGRAM

PURPOSE:

Pursuant to the direction of the Board of Directors of Western CT Health Network ("WCHN"), the purpose of this Policy is to establish a centralized, formal Corporate Compliance Program. The Program is intended to assure full and complete compliance with all legal and regulatory requirements and the highest ethical standards applicable to the varied activities of the WCHN family of organizations. The Program emphasizes compliance with all requirements relating to the billing for clinical services to all third party payers.

POLICY:

All components of the WCHN family of organizations are committed to conducting their respective activities in compliance with the strictest interpretation of Federal and State law and regulations, and in accordance with the highest ethical standards. To assist in achieving this result on a consistent basis, the Corporate Compliance Program includes proactive means to detect and resolve any questionable practices or transactions as well as regular monitoring programs and audits to assure adequate controls are in place and are functioning properly.

The Corporate Compliance Program is not intended to replace those regulatory compliance and auditing activities already in place. Rather, the intent is to supplement existing activities and to bring focus to these activities on a daily basis.

PROCEDURE:

This policy applies to all affiliates comprising the WCHN family of organizations, and their respective employees, physicians and other health care professionals. As to billing matters, the Policy specifically applies to all individuals and entities who are in any way engaged in the billing process for clinical services.

CORPORATE COMPLIANCE OFFICER:

The WCHN Board of Directors has designated a Chief Corporate Compliance Officer who may be reached at EXT 7110.

MANDATORY BILLING PRINCIPALS:

The following basic principles govern all WCHN billing practices:
Billing may be made only for services actually rendered.

All special billing requirements for government sponsored programs, managed care organizations, and other payers must be strictly followed.

All charges must be supported by clear documentation in the medical record. If a particular service is not clearly documented in accordance with the payer's

requirements, there can be no charge for the service. The billing physician or other health care professional is responsible for the documentation supporting the billing.

No individual may submit a bill to any payer that is known to contain inaccurate information as to the patient, the service, the place of service, the date of service or any other relevant information.

If there is any doubt as to how to bill for a particular service, no bill may be submitted until proper guidance and a resolution of the issue has been obtained. The Corporate Compliance Officer will assist in determining the proper billing practice. In any event, the ultimate resolution of the doubt is to be documented in writing.

IMPLEMENTATION BY CLINICAL DEPARTMENTS:

Each clinical department must prepare a written plan to address billing and other compliance issues on a departmental basis (where appropriate, specific section plans may be developed). At a minimum, each plan must 1) establish an easily accessible and prompt means of resolving issues; 2) educate departmental members as to the requirements of this Policy; 3) monitor departmental billing practices on a regular basis; and 4) appoint a departmental compliance liaison, who is knowledgeable about the requirements of billing practices relevant to the department. A copy of each departmental plan is to be furnished to the Corporate Compliance Officer.

CORPORATE COMPLIANCE HELPLINE:

A dedicated, toll-free confidential telephone line has been established in the office of the Corporate Compliance Officer (1-844-395-9331). The purpose of this line is to enable any employee to report to the Corporate Compliance Officer any activity or practice the employee in good faith believes to be inconsistent with legal requirements or the requirements of this Policy. All such reports will be maintained in confidence to the extent practical and appropriate and will be thoroughly investigated and a resolution determined. Any employee reporting a concern in good faith will not be subjected to retaliation in any way.

MONITORING:

Under the direction of the Corporate Compliance Officer, regular monitoring of medical records and corresponding bills will occur to assure compliance with this Policy. Similarly, monitoring of departmental compliance plans will also occur. The results of such reviews will be reported to the Enterprise Risk and Compliance Committee (ERCC) for appropriate action, if required.

ORIGINATOR	CORPORATE COMPLIANCE
DATE OF INCEPTION	2/97
REVISION DATE	6/02, 9/04, 9/07, 6/09, 3/11, 12/11, 7/15, 9/18
NEXT SCHEDULED REVISION DATE	12/18
LATEST REVIEW DATE	9/27/2018
APPROVED BY	EXECUTIVE LEADER

CORRECTIVE ACTION PLAN

DEPARTMENT:

ISSUE:

DATE:

SPECIFIC ISSUES:	ACTION STEPS FOR RESOLUTION	RESPONSIBLE PARTY	TARGET DATE	DATE COMPLETED
			[SHOULD BE WITHIN 30 DAYS]	
Billing adjustment or refund required? Yes No				
Add'l training/educ. needs identified? Yes No				
Policy/Proced. require modification? Yes No				
Focused reviews/audits required? Yes No				
CCA disclosure required? Yes No				

SIGNATURES:

MANAGER/DIRECTOR **DATE**

SERVICE LINE EXECUTIVE **DATE**

DEPARTMENT CHAIRMAN **DATE**

CORPORATE COMPLIANCE OFFICER **DATE**