



**POLICY TITLE:** Compliance Advisory Committee

**Responsible Department:** Audit and Compliance

**Creation Date:** 12/07

**Review Date:** 11/14; 01/15, 01/17; 01/18; 01/19; 01/20

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**SUBMITTED BY (AUTHOR):** Beth Gillis

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**Title:** Corporate Vice President and Chief Compliance Officer

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## **SUMMARY & PURPOSE:**

To delineate the activities and responsibilities of the Compliance Advisory Committee.

## **POLICY:**

The Compliance Advisory Committee will support the Corporate Vice President and Chief Compliance Officer (CCO) in fulfilling the CCO's responsibilities related to the Corporate Compliance Program. The Committee will serve as an additional resource for identifying and evaluating risk to the organization and for recommending internal controls that will further enhance the organization's compliance with the laws, rules and regulations applicable to the health care industry.

## **SCOPE/APPLICABILITY:**

This policy applies to all BHSF affiliates.

## **PROCEDURES TO ENSURE COMPLIANCE:**

1. The CCO will be the chairperson of the Compliance Advisory Committee.
2. The Compliance Advisory Committee will consist of members of management from key business units throughout the organization. These units will include, but are not limited to:
  - a. Patient Financial Services.
  - b. Health Information Management.
  - c. Human Resources.
  - d. Clinical.
  - e. Information Technology.
  - f. Privacy.

3. The Compliance Advisory Committee members shall also include the organization's Compliance Liaisons and, if applicable, Hospital Compliance Officers.
4. The Compliance Advisory Committee will meet at least quarterly and will maintain minutes of such meetings. The purpose of the meeting will be to identify and evaluate risk to the organization and make recommendations that will further enhance compliance with the laws, rules and regulations applicable to the health care industry.
5. The responsibilities of the Compliance Advisory Committee include:
  - a. Assist the CCO in analyzing the health care industry environment in order to identify requirements which must be complied with, including analysis of the organization's risk related to the identified requirements.
  - b. Assess existing policies and procedures for identified risk areas and make recommendations for additional policies and procedures and/or training that will serve as internal controls for risk mitigation.
  - c. Work to ensure that policies and procedures that support the standards of conduct contained within the Code of Ethics exist within the key business units.
  - d. Assist the CCO in identifying effective strategies and approaches to promote adherence to the standards put forth in the Code of Ethics.
  - e. Recommend and assist the CCO in monitoring the implementation of internal procedures, systems, and controls to carry out the Corporate Compliance Program goals.
  - f. Work to promote the Corporate Compliance Program within their business units.
  - g. Provide specialized expertise regarding compliance or operational subject areas.
6. The Committee members will refer any allegation of conduct that violates the Code of Ethics immediately to the CCO or her designee. Such allegations received by Committee members must be held in the strictest confidence.
7. The Committee members must abide by all the policies and procedures of the Corporate Compliance Program, particularly in regard to allegations of misconduct, investigations of misconduct, non-retaliation for reporting concerns, and confidentiality.

**SUPPORTING/REFERENCE DOCUMENTATION:**

- Department of Health and Human Services, Office of Inspector General, Compliance Program Guidance for Hospitals
- United States Federal Sentencing Guidelines

**RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:**

- BHSF Administrative Policy: 807 Compliance Audits and Investigations – Audit and Compliance
- BHSF Administrative Policy: 819 Code of Ethics – Audit and Compliance
- BHSF Administrative Policy: 822 Non-Retaliation for Reporting Potential or Actual Violations of the Code of Ethics – Audit and Compliance
- BHSF Administrative Policy: 838 Compliance Liaison – Audit and Compliance
- BHSF Administrative Policy: 850 Appropriate Routing of Requests for Information and Notification of Potential Billing Discrepancies by Federally Funded Programs – Audit and Compliance

**ENFORCEMENT & SANCTIONS:**

Enforcement of this policy is the responsibility of the Audit and Compliance Department. Failure to comply with or report a violation of a compliance program policy can lead to disciplinary action up to and including termination.