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Owner **David Lane: Chief Compliance Officer**

Policy Area **Compliance**

Applicability **Providence Systemwide + PGC**

PSJH-RIS-700 Compliance Program Policy

Executive Sponsor:	Sheryl Vacca, SVP, Chief Risk Officer
Policy Owner:	David Lane, VP, Chief Compliance Officer
Contact Person:	Karen Coleman, Director, Compliance Services

Scope:

This policy applies to Providence and its affiliates¹ (collectively known as "Providence") and their caregivers (employees); employees of our affiliated organizations, professional staff, volunteers and others who are in the direct control of the organization; and members of the Providence System Board; Community Boards; and Foundation Boards, trustees (collectively referred to as workforce members).

This is a governance level policy, vetted by Executive Council with a recommendation for approval by the Providence Board and signed by the appropriate delegate.

Purpose:

This policy supports the Compliance Program Description and provides the plan and framework for our organization to maintain an effective Compliance Program consistent with our commitment to high ethical standards of corporate conduct and compliance with regulatory and statutory requirements.

Definitions:

Risk and Integrity Services Compliance Program is fully described in the Risk and Integrity Compliance Program Description approved by the Board of Directors.

Workforce Member is defined as all caregivers, employees of affiliated organizations, board of directors, community board members, foundation board members, volunteers, students,

independent contractors and other persons under direct control of a Providence entity, whether or not paid by Providence.

Policy:

Under the leadership of the Senior Vice President/Chief Risk Officer and the Vice President/Chief Compliance Officer, the Compliance Program provides a supportive structure and applies to all workforce members. This program demonstrates the commitment of the Board and executive leadership to an effective compliance program and is based on the ethics and compliance program elements found in the United States Sentencing Commission's Federal Sentencing Guidelines, in conjunction with the compliance program guidance for various types of health care entities as issued by the Department of Health & Human Services, Office of Inspector General.

Requirements:

Consistent with the Mission, Vision and Values of our organization, the Compliance Program establishes a framework to assist our workforce members in understanding the expectations related to integrity and being compliant with rules, regulations, organization policies and standards, and requirements that apply when providing services for our patients and consumers. The Compliance Program includes, at a minimum, the following components:

1. *Written policies and procedures* that describe compliance expectations, including:
A Code of Conduct distributed across the family of organizations which includes all caregivers. Our Code of Conduct requires all workforce members to report any known or suspected violations of law or regulation.

A Compliance Program Plan Description;

- Policies that include key risk areas that the RIS-Compliance Program administers or has ownership of related to the process occurring, i.e.:
Conflicts of Interest
- Compliance infrastructure including committees and oversight;
Auditing and Monitoring program; and
- An educational framework to deliver consistent compliance education across the organization which includes:
 - a. Delivery of compliance training for new hires within 90 days and also delivery and tracking of annual and routine compliance education.
 - b. Determination of education topics such as general integrity and topics and/or job-specific education for caregivers, compliance high risk areas such as fraud, waste and abuse, etc.
- Communication, reporting
 - a. Compliance Program orientation for new caregivers;
 - b. Social media, email, other media to communication compliance topics, information
- Management of the anonymous mechanism for reporting and expectations of compliance when concerns are identified;

- a. Communication lines accessible to workforce members that allow integrity and compliance concerns to be reported anonymously, the organization has an Integrity Hotline and Integrity Online, our web-based reporting tool.
 - b. Defining the process for investigating integrity and compliance concerns
 - c. Defining the process for reporting to appropriate agencies
 - d. Additional options for reporting concerns and having questions answered including contacting the following sources directly:
 - Department Managers and Supervisors;
 - Human Resources/Legal;
 - Local/Regional compliance/privacy staff;
 - Chief Compliance Officer;
 - Chief Risk Officer.
 - e. Response and Prevention Process related to compliance concerns raised
 - Assuring there is a policy of non-retaliation for good faith participation by any caregiver that reports concerns and/or assists in an investigation about actual or potential wrong-doing, including violations of law, regulation, policy, or our Code(s) of Conduct.
 - Assuring there is a policy related to obstructing an investigation.
2. Chief Compliance Officer appointment and Oversight Committee and committee infrastructure to assure Compliance Program is effectively implemented and managed.
 3. All caregivers have a duty to report any suspected wrongdoing or violation of applicable laws, regulations or policies. Workforce members who fail to fulfill this duty may be subject to corrective action pursuant to policy. Appropriate disciplinary policies that are consistently applied and provide for appropriate discipline or sanctions that are enforced.
 4. A risk assessment process to identify, prioritize and manage key compliance risks resulting in an annual work plan. The process, at a minimum, includes:
 - Interviews with organization leaders;
 - Review of applicable guidance/information from enforcement, cognizant agencies, etc.; and
 - Trends provided by compliance risk data generated from self-monitoring, and internal and external audit activities.

References:

Board Resolution to Affirm Compliance Program
 Compliance Program Description
 PSJH Code of Conduct
 PSJH-RIS-733 Non-Retaliation
 PSJH-RIS-734 Violation Levels - Integrity, Compliance, Privacy and Security

Attachments:

No Attachments.

Applicability:

¹For purposes of this policy, “Affiliates” is defined as any entity that is wholly owned or controlled by Providence St. Joseph Health (PSJH), Providence Health & Services, St. Joseph Health System, Western HealthConnect, Covenant Health Network, Grace Health System, Providence Global Center*, NorCal Health Connect, or is jointly owned or controlled by PSJH or its Affiliates and bears the Providence, Swedish Health Services, St. Joseph Health, Covenant Health, Grace Health System, Kadlec, or Pacific Medical Centers names (includes Medical Groups, Home and Community Care, etc.). *Policies and/or procedures may vary for our international affiliates due to regulatory differences.

Approval Signatures

Step Description	Approver	Date
PSJH President/CEO	Cynthia Johnston: Compliance Spec PSJH	03/2020
PSJH Executive Council	Cynthia Johnston: Compliance Spec PSJH	03/2020
PSJH Policy Advisory Committee	Cynthia Johnston: Compliance Spec PSJH	03/2020

Standards

No standards are associated with this document