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| <p><b>UNIVERSITY</b><br/>HEALTHCARE ALLIANCE</p>   | <p><b>Approval Date:</b>00/00/00<br/><b>Revision Date:</b>00/00/00<br/><b>Approval Signature:</b>_____</p> |
| <p><b>Policy Name:</b> UHA Compliance Program<br/><b>Policy Number:</b> CG-17 (Compliance General)</p> | <p><b>Page 1 of 5</b></p>  |

**I. PURPOSE**

UHA is subject to a number of state, federal and local laws and regulations and has dedicated resources to ensure compliance with these laws. The purpose of this policy is to establish an effective Corporate Compliance Program (“Compliance Program”) for UHA.

**II. POLICY STATEMENT**

UHA is committed to conducting clinical and business operations in compliance with applicable state, federal and local laws. This policy establishes the guiding principles and activities necessary for an effective compliance program.

**III. SCOPE**

This policy applies to all UHA employees and affiliated health care providers.

**IV. GUIDELINES/PROCEDURES**

A. Purposes of a Compliance Program. UHA has established a Compliance Program in order to:

1. Develop and implement policies and procedures that help to ensure compliance with state, federal and local laws.
2. Establish a Code of Conduct that all employees and affiliated health care providers are expected to follow.
3. Assist UHA employees and affiliated care providers in complying with applicable ethical and legal requirements.
4. Establish an effective compliance oversight function, including monitoring and auditing activities and reporting metrics.
5. Develop and implement effective compliance training modules and interactive sessions.
6. Establish mechanisms for reporting potential violations of state or federal laws.
7. Establish corrective actions for violations of applicable laws, including employee discipline.

B. Roles and Responsibilities

1. Employees and Affiliated Health Care Providers. All UHA employees and affiliated health care providers are required to follow state, ~~and~~ federal and local laws and to participate in UHA’s Compliance Program. The level and amount of participation required will vary depending on each individual’s activities and responsibilities at UHA.

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Failure or refusal to participate in the Compliance Program may result in discipline, including, up to, and including, termination.

- a. Expectations/Responsibilities. All employees and affiliated health care providers must:
    - i. Review and attest to UHA’s Code of Conduct.
    - ii. Participate in all required compliance related training.
    - iii. Report any potential violations of state or federal law or UHA policies to the Director of Compliance or via the Compliance Hotline. UHA has a policy of non-retaliation for staff who, in good faith, report compliance concerns.
    - iv. Conduct business and clinical operations in a manner that is consistent with UHA policies and procedures, state and federal law and regulations, contracts and service agreements.
  - b. Resources. In order to effectively participate in UHA’s Compliance Program, all UHA employees and affiliated health care providers will have access to the UHA Code of Conduct and Compliance policies and procedures.
2. UHA Management Staff/ Leadership. In addition to the above, all UHA employees and affiliated health care providers with managerial/leadership responsibilities have the following expectations:
- a. Participation in and Promotion of Compliance Program. Managers must promote and be actively involved in the UHA Compliance Program. The performance evaluation of any “manager” level staff or above will consider overall activity, effort and tone in promoting and supporting compliance activities in their respective area(s) of responsibility.
  - b. Compliance Training. Managers are responsible for ensuring all staff who report to them have completed all compliance training in a timely manner.
  - c. Implement Compliance Policies. Managers must implement any compliance polices affecting their areas, and must, if applicable, develop and implement any additional policies that may be required to address a departmental or clinic specific need.
  - d. Identify and Report Non-Compliant Activity. Managers must use reasonable diligence to identify and report, in a timely

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manner, non-compliant activity to the UHA Director of Compliance. Managers will be sanctioned for failing to detect non-compliance if reasonable diligence on their part could have led to an earlier discovery of a violation would have allowed UHA an earlier opportunity to correct the violation.

- e. Monitoring Activities. As applicable, managers must implement monitoring activities that may be necessary in their respective areas to ensure compliance with state and federal laws.
  - f. Corrective Action. Managers must fully cooperate in addressing any identified corrective action(s) based on a violation of state or federal law, including implementing any necessary changes and enforcing sanctions against any employee or contracted staff.
3. UHA Director of Compliance. The UHA Director of Compliance will be responsible for developing, implementing, promoting and overseeing an effective Compliance Program and will report to UHA’s Chief Administrative Officer. Relevant duties include:
- a. Drafting, implementing, updating and overseeing compliance related policies and procedures;
  - b. Developing, implementing, and revising as necessary, UHA’s Code of Conduct;
  - c. Managing the Compliance Hotline;
  - d. Performing and/or overseeing investigations of all reported compliance concerns;
  - e. Overseeing effective monitoring and auditing practices;
  - f. Ensuring that appropriate corrective actions are implemented to address compliance concerns and that follow-up is performed to ensure action taken is effective;
  - g. Interacting with state and/or federal government, as applicable; and
  - h. Preparing formal reports for the UHA Audit and Compliance Committee, the UHA Board of Directors, and the SHC Board of Directors, as applicable.

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4. UHA Board of Directors. The UHA Board of Directors ("Board") will have overall oversight of the UHA Compliance Program through periodic updates and reports from the UHA Director of Compliance and the Audit and Compliance Committee. The Board will be responsible for approving the UHA Code of Conduct, Compliance work plan and this Compliance Policy.
  - a. UHA Audit and Compliance Committee. The UHA Audit and Compliance Committee is a standing committee of the UHA Board. This group will be responsible for advising the Board of UHA in connection with the Board's responsibilities relating to the quality and integrity of UHA's financial reporting, compliance with government rules, and overall systems of internal control and risk mitigation.
  
- C. Training and Education. The UHA Director of Compliance will develop, implement and oversee a compliance training program for all employees and contracted health care professionals. An annual education/training report will be included in the Compliance work plan. Within 30 days of initial hire and annually thereafter, all UHA employees and affiliated health care providers will be required to receive training on HIPAA and UHA's Code of Conduct and will be required to attest to reading and understand UHA's Confidentiality Agreement and Code of Conduct. Employees and affiliated health care providers may receive additional compliance related training based on their role at UHA, such as attending conferences or webinars or via in-person training sessions. All compliance training will be tracked by Human Resources.
  
- D. Compliance Hotline (telephone (855) 454-9246).
  1. UHA maintains a confidential compliance hotline that staff may use to call and leave identifiable or anonymous call regarding compliance concerns. Employees and contracted staff may also report compliance concerns directly to their Manager or the Director of Compliance.
  2. UHA will not penalize or retaliate against any UHA employee or staff who in good faith, reports a potential violation of state or federal law. However, any UHA employee or affiliated health care provider who knowingly and intentionally uses the compliance hotline to fabricate or exaggerate purported misconduct may be subject to discipline.

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- E. Auditing and Monitoring Processes. UHA will implement regular monitoring and auditing (internal and external) activities in order to monitor and detect compliance with state and federal laws.
  
- F. Investigating Potential Violations. The UHA Director of Compliance will track and promptly investigate all reported potential compliance concerns in a manner that is necessary and appropriate based on the facts and the circumstances of the case. Compliance investigations will include any necessary collaboration with the Office of General Counsel, SHC Compliance and/or UHA operational units and clinical sites.
  
- G. Responding to Potential and Confirmed Violations. Upon confirmation of a violation of UHA’s Compliance Program or any applicable state or federal law, UHA will take appropriate measures to remedy the violation, including but not limited to developing and implementing new policies and procedures; adopting additional monitoring measures; auditing; disciplining employees or affiliated health care providers; making prompt refunds on any overpayments; or making referrals or disclosures to state and/or federal authorities.

**V. RELATED DOCUMENTS/POLICIES**

- A. UHA Code of Conduct
- B. Duty to Report Compliance Concerns and Non-Retaliation Policy
- C. Corrective Action—Overpayments Policy
- D. Practitioner Auditing and Monitoring Program Policy
- E. Mandatory Education Policy

**VI. REFERENCES**

- A. Department of Health and Human Services, *Office of Inspector General, OIG Compliance Program for Individual and Small Group Physician Practices* (October 2000)