

**TRI-CITY HEALTHCARE DISTRICT
AGENDA FOR A REGULAR MEETING
OF THE AUDIT, COMPLIANCE AND ETHICS COMMITTEE
October 20, 2016
8:30 a.m. – 10:30 a.m.
Assembly Rm. 1
Tri-City Medical Center, 4002 Vista Way, Oceanside, CA 92056**

The Committee may make recommendations to the Board on any of the items listed below, unless the item is specifically labeled "Informational Only"

	Agenda Item	Time Allotted	Action/ Recommendation	Requestor/ Presenter
1.	Call to order	5 min.		Chair
2.	Approval of Agenda	2 min.		Chair
3.	Public Comments – Announcement Comments may be made at this time by members of the public and Committee members on any item on the Agenda before the Committee's consideration of the item or on any matter within the jurisdiction of the Committee. NOTE: During the Committee's consideration of any Agenda item, members of the public also have the right to address the Committee at that time regarding that item.	1 min.		Standard
4.	Ratification of Minutes- September 15, 2016	3 min.	Action	Chair
5.	New Business – Discussion and Possible Action			
	A) <u>Compliance Policies</u>			
	<ol style="list-style-type: none"> 1. 8750-537 – Hiring and Employment; Definitions (DELETE) 2. 8750-560 – Responding to Compliance Issues; Introduction; Reports of Suspected Misconduct; Non-Retaliation 3. 8750-561 - Responding to Compliance Issues – Reports of Suspected Misconduct Investigation 4. 8750-563 - Development and Revision of Code of Conduct and Policies – Introduction (DELETE) 5. 8750-564 - Development and Revision of Code of Conduct and Policies 6. 8750-565 – Revision of Conduct and Compliance Policies (DELETE) 7. 8750-568 – Development and Revision of Code of Conduct and Policies- Dissemination of New or Revised Code of Conduct and Policies (DELETE) 	30 min.	Discussion/ Possible Action	K. Topp
	B) Consideration to appoint Ms. Kathryn Fitzwilliam to an additional two-year term of the Audit, Compliance & Ethics Committee	5 min.	Discussion/ Possible Action	Chair
6.	Old Business – None			
7.	Motion to go into Closed Session			

	Agenda Item	Time Allotted	ACTION/ Recommendation	Requestor/ Presenter
8.	Closed Session			
	a. Approval of Audit, Compliance & Ethics Closed Session Minutes of September 15, 2016 (Authority: Government Code Section 54957.2)	5 min.	Approve	Chair
9.	Motion to go into open session			
10.	Open Session			
11.	Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1).	1 min.		
12.	Committee Communications	5 min.		All
13.	Date of Next Meeting November 17, 2016	1 min.		Chair
14.	Adjournment			Chair
15.	Total Time Budgeted for Meeting	1 hour		

Note: Any writings or documents provided to a majority of the members of Tri-City Healthcare District regarding any item on this Agenda will be made available for public inspection in the Administration Department located at 4002 Vista Way, Oceanside, CA 92056 during normal business hours.

Note: If you have a disability, please notify us at 760-940-3347 at least 48 hours prior to the meeting so that we may provide reasonable accommodations

Tri-City Medical Center
Audit, Compliance & Ethics Committee
September 15, 2016
Assembly Room 1
8:30 a.m.-10:30 a. m.

Members Present:	Director Ramona Finnilla (Chair); Director Larry W. Schallock; Director Laura Mitchell; Jack Cumming, Community Member; Kathryn Fitzwilliam, Community Member; Leslie Schwartz, Community Member; Dr. Cary Mells, Physician Member
Non-Voting Members:	Steve Dietlin (CEO); Ray Rivas, Acting CFO; Kapua Conley, COO; Cheryle Bernard-Shaw, CCO
Others Present:	Diane Racicot, General Counsel; Teri Donnellan, Executive Assistant; John Blakey, Managing Partner; Mary Nguyen, Senior Manager; Jane Dunemeyer, League of Women Voters; Charlene Carty, Director of Finance
Absent:	Barton Sharp, Community Member

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
1. Call to Order	The meeting was called to order at 8:30 a.m. in Assembly Room 1 at Tri-City Medical Center by Chairperson Finnilla.		
2. Approval of Agenda	It was moved by Director Mitchell and seconded by Director Schallock to approve the agenda as presented. The motion passed unanimously.	Agenda approved.	Ms. Donnellan
3. Comments by members of the public and committee members on any item of interest to the public before Committee's consideration of the item	There were no public comments.		
4. Ratification of minutes – July 14, 2016	Ms. Kathryn Fitzwilliam noted Ms. Mary's Nguyen's title was listed incorrectly. It was moved by Director Schallock and seconded by Director Mitchell to approve the minutes as amended. The motion passed unanimously.	Correction made to master minutes. Amended minutes ratified.	Ms. Donnellan

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
<p>5. New Business</p> <p>A) Fiscal 2016 Financial Statement Audit Status</p>	<p>Mr. Jack Blakey, Engagement Reviewer stated he and Ms. Nguyen are here today to present the results of the FY2016 Financial Audit. Mr. Blakey confirmed the scope and timing of the audit was conducted as planned and there were no changes to significant accounting policies for the year ended June 30, 2016.</p> <p>Mr. Blakey stated they will issue an unmodified opinion which reflects the Consolidated Financial Statements are presented fairly and in accordance with US Generally Accepted Accounting Principles.</p> <p>Mr. Blakey reported the following:</p> <ul style="list-style-type: none"> ➤ The disclosures in the financial statements are clear and consistent. ➤ There were no proposed or corrected or uncorrected audit adjustments. ➤ No material weakness was identified. ➤ There were no significant deficiencies. ➤ No significant difficulties were encountered during the audit of the District's financial statements. ➤ There were no disagreements with management. ➤ The auditors are not aware of any instances of fraud or noncompliance with laws and regulations; and The auditors are not aware of any significant accounting or auditing matters for which management consulted with other accountants. <p>Mr. Blakey explained Contingencies related to the Eminent Domain matter have been disclosed in the consolidated</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>financial statements.</p> <p>Chairperson Finnila requested that Mr. Blakey explain what, if anything will change from an auditor standpoint with regard to the affiliation with UCSD. Mr. Blakey stated the Auditors have confirmed that there was no change in control and it is strictly an Affiliation Agreement. Mr. Dietlin explained that each entity would account individually.</p> <p>Ms. Fitzwilliam requested clarification on Note 13 related to Seismic Compliance. Mr. Blakey suggested the language be modified slightly to accurately reflect the status of Senate Bill 1953.</p> <p>Ms. Nguyen commented that the audit went well, staff were very cooperative and information was provided in a timely manner.</p> <p><i>Ms. Kathy Topp, Director of Education, Clinical Informatics and Staffing joined the meeting at 9:10 a.m.</i></p> <p>It was moved by Mr. Leslie Schwartz to recommend the Board of Directors accept the FY2016 Financial Audit with the amendment as described to Note 13 related to Seismic Compliance. Ms. Kathryn Fitzwilliam seconded the motion. The motion passed unanimously.</p> <p>Chairperson Finnila expressed her appreciation to the Audit Team as well as Mr. Rivas and Ms. Carty for their diligence in completing the audit on schedule.</p>	<p>Recommendation to be sent to the Board of Directors to accept the FY2016 Financial Statement Audit as amended; item to be placed on Board agenda.</p>	<p>Ms. Donnellan</p>
<p>B) Review and Discussion of Policies & Procedures:</p>	<p><i>Mr. Blakey, Ms. Nguyen and Ms. Carty left the meeting at 9:19 a.m.</i></p> <p>Ms. Diane Racicot stated Policy 8760-573 is based on Stark law which is a strict liability law related to physicians and their family members. Ms. Racicot explained under certain</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
<p>1) 8760-573 – Business Courtesies to Physicians and Immediate Family Members</p>	<p>exceptions a certain amount of monetary compensation is allowed but Stark law requires a tracking mechanism.</p> <p>It was recommended Section D. 1. c. be struck in its entirety. With regard to Section E. e. i. Auditing and Monitoring, it was recommended the verbiage reflect that Auditing and Monitoring is delegated to the CCO who will monitor compliance with the policy and bring an annual report to the Audit, Compliance & Ethics Committee for approval.</p> <p>It was moved by Director Mitchell to recommend approval of Policy 8760-573 – Business Courtesies to Physicians and Immediate Family Members with the revisions as described. Mr. Leslie Schwartz seconded the motion. The motion passed unanimously.</p>	<p>Recommendation to be sent to the Board of Directors to approve Policy 8760-573 – Business Courtesies to Physicians and Immediate Family Members; item to appear on next Board agenda and included in Board Agenda packet.</p>	<p>Ms. Donnellan</p>
<p>2) 8760-576 – Controls and Monitoring of Payments to Physicians or Referral Sources</p>	<p>Ms. Racicot explained Policy 8760-573 is designed to track monies from referral sources. For consistency it was recommended section D. 1. c. be stricken in its entirety and that the words “The District’s” be replaced with the word “TCHD’s” in section E. 1. A. second sentence to read in part “TCHD’s CFO, COO, and CCO, or their designee...” .</p> <p>Ms. Bernard-Shaw stated the District does not perform the same tracking for vendors as physicians. She explained the annual report of vendors will ensure there have been no untoward events with the vendor and the vendor agreements (non-clinical contracts) are brought forward to the Audit, Compliance & Ethics Committee for consideration.</p> <p>Ms. Diane Racicot explained the Referral Source Payment Type form lists the types of contractual or business relationship that might be monitored.</p>		

	Discussion	Action Recommendations/ Conclusions	Person(s) Responsible
	<p>It was moved by Mr. Cumming to recommend approval of Policy 8760-573 – Controls and Monitoring of Payments to Physicians or Referral Sources with the revisions as described. Director Schallcock seconded the motion. The motion passed unanimously.</p> <p>Ms. Kathy Topp left the meeting at 9:40 a.m.</p>	<p>Recommendation to be sent to the Board of Directors to approve Policy 8760-576 –Controls and Monitoring of Payments to Physicians or Referral Sources; item to appear on next Board agenda and included in Board Agenda packet.</p>	<p>Ms. Donnellan</p>
<p>C. Organizational Compliance Committee Report</p>	<p>Ms. Bernard-Shaw provided a sample of agendas over the last year for both the Organizational and Executive Compliance Committees. She explained that various departments provide the Organizational Compliance Committee with presentations on potential compliance issues and regulatory requirements. The committee also reviews the Values Line Reports, Privacy Reports and Security updates and reviews Compliance policies prior to being presented to the Audit, Compliance & Ethics Committee. Ms. Bernard-Shaw stated the committee reviews the OIG's Work Plan during the course of the year which lists items of focus or potential risks for hospitals. The Organizational Committee's focus is to look at areas of risk and the organization's readiness for review of outside laborers. Ms. Bernard-Shaw stated the various departments freely volunteer areas of concern and she is encouraged by the pro-activeness of staff.</p>	<p>Information Only.</p>	

		Information Only.
D. Executive Compliance Committee Report	<p>Ms. Bernard-Shaw stated the Executive Compliance Committee oversees the work of the Organizational Compliance Committee and through feedback from discussion at the Organizational Compliance Committee determines areas of action.</p> <p>Ms. Bernard-Shaw stated minutes are maintained for both the Organizational and Executive Compliance Committees and are made available to any Regulator upon request.</p> <p>In terms of training, Ms. Bernard-Shaw stated a compliance related article is published once a month in the <i>Heart of Tri-City</i> newsletter and there is ongoing education for new hires and existing employees on an annual basis. Ms. Bernard-Shaw stated she intends to do more targeted training in the future.</p>	
6. Old Business - None		
7. Oral Announcement of Items to be Discussed during Closed Session (Government Code Section 54957.7)	<p>Chairperson Finnilla made an oral announcement of the items listed on the agenda to be discussed during closed session which included approval of closed session minutes and one matter of Potential Litigation.</p> <p>It was moved by Mr. Cumming and seconded by Director Mitchell to go into closed session at 9:58 a.m. The motion passed unanimously.</p>	
8. Motion to go into closed session		
9. Open Session	<p>The committee returned to open session at 10.16 a.m. with attendance as previously noted.</p>	
10. Report from Chairperson on any action taken in Closed Session (Authority: Government Code, Section 54957.1)	<p>Chairperson Finnilla reported no action was taken in closed session.</p>	
11. Comments from Committee Members	<p>Mr. Cumming commented on the TV Doctors of America advertisement in which they teamed up with Cigna to encourage Americans to get an annual check-up.</p>	None Chairperson
12. Date of Next Meeting	<p>Chairperson Finnilla stated the Committee's next meeting will be held on October 20, 2016.</p>	<p>The committee's next meeting is scheduled October 20, 2016.</p>
13. Adjournment	<p>Chairperson Finnilla adjourned the meeting at 10:18 a.m.</p>	

AUDIT AND COMPLIANCE COMMITTEE
October 20th, 2016

Administrative Policies & Procedures	Policy #	Reason	Recommendations
Compliance			
1. Hiring and Employment; Definitions -	537	DELETE	
2. Responding to Compliances Issues; Introduction; Reports of Suspected Misconduct; Non-Retaliation	560	3 year review, practice change	
3. Responding to Compliance Issues - Reports of Suspected Misconduct Investigation	561	3 year review, practice change	
4. Development and Revision of Code of Conduct and Policies - Introduction	563	DELETE	
5. Development and Revision of Code of Conduct and Policies	564	3 year review, practice change	
6. Revision of Code of Conduct and Compliance Policies	565	DELETE	
7. Development and Revision of Code of Conduct and Policies - Dissemination of New or Revised Code of Conduct and Policies	568	DELETE	

 Tri-City Health Care District
Oceanside, California
Administrative Policy Manual
Compliance

DELETE – This is being incorporated into Administrative Policies 8750-539 and 8750-541 and Human Resources Policies 485 and 487.

ISSUE DATE: 5/12

SUBJECT: Hiring and Employment: Definitions

REVISION DATE: 12/12

POLICY NUMBER: 8750-537

Human Resources Department Approval Date(s):	05/16
Administrative Policies and Procedures Approval Date(s):	09/16
Organizational Compliance Committee:	09/16
Medical Executive Committee Approval Date(s):	n/a
Audit, Compliance and Ethics Committee Approval Date(s):	
Board of Directors Approval Date(s):	12/12

A. PURPOSE:

~~This Policy sets forth hiring and employment definitions relating specifically to Tri-City Healthcare District's (TCHD) Compliance Program. These Polices supplement TCHD's existing hiring and employment practices, as developed and maintained by its Human Resources Department.~~

B. DEFINITIONS:

~~As used herein, the following phrases shall have the following meanings:~~

- ~~1. **Adverse Action.** Adverse action means, with respect to a professional license, registration, or certification, any negative finding, unfavorable decision or action, or any decision or action that could have a negative or unfavorable implication. It includes, but is not limited to: revocation, denial, fine, monitoring, probation, suspension, letter of concern, guidance, censure, reprimand, disciplinary action, restriction, required counseling, loss, voluntary or involuntary surrender, initiation of inquiry, investigation or other proceeding that could lead to any of the actions listed.~~
- ~~2. **Covered Contractor.** A Covered Contractor is an individual or entity that has a contractual relationship with the District (other than employment), including:
 - ~~a. Any individual or entity directly involved in providing patient care, including, but not limited to, physicians and physician extenders such as physician assistants and nurse practitioners;~~
 - ~~b. Any individual or entity directly involved in coding and/or billing functions, including the preparation and presentment of reimbursement claims to any federal or state health care program.~~~~
- ~~3. **Federal health care program.** The phrase "Federal health care program" shall have the same meaning as set forth at 42 U.S.C. 1320a-7b(f) and includes, by way of example, Medicare and Medicaid.~~
- ~~4. **GSA EPLS.** The General Services Administration's ("GSA") Excluded Parties List System.~~
- ~~5. **OIG LEIE.** The U.S. Department of Health & Human Services, Office of Inspector General's ("OIG") List of Excluded Individuals/Entities.~~

C. QUESTIONS RELATED TO THE POLICIES:

~~Any questions concerning the Hiring and Employment Policies, or questions that are not specifically addressed by the Hiring and Employment Policies, should be directed to the District's Compliance Officer.~~

D. AUDIT AND DOCUMENTATION:

~~The District shall audit and document compliance with the Hiring and Employment Policies. Such audit shall be conducted pursuant to 8750-553. Relevant documentation shall be maintained in the District's Compliance Program files consistent with the District's document retention practices.~~

Administrative Policy Manual
Compliance

ISSUE DATE: 12/12

SUBJECT: Responding to Compliance Issues;
Introduction; Suspected Misconduct;
Non-Retaliation Policy

REVISION DATE(S):

POLICY NUMBER: 8750-560

Department Approval Date(s):	01/16
Administrative Policies and Procedures Approval Date(s):	08/16
Organizational Compliance Committee Approval Date(s):	08/16
Medical Executive Committee Approval Date(s):	02/1609/16
Audit, and Compliance and Ethics Committee Approval Date(s):	
Board of Directors Approval Date(s):	12/12

A. **PURPOSE:**

1. ~~This policy~~ **To** provides a statement of Tri-City Healthcare District's (TCHD's) non-retaliation policy relating to reports of suspected misconduct and potential compliance irregularities. It is the District's intent that ~~any~~ **no** person reporting a compliance concern ~~not~~ **be subjected to suffer** retaliation in any form which is consistent with applicable **Federal and state** laws and regulations, the District's Compliance Program Policies, and ~~the District's~~ **TCHD's** Code of Conduct. ~~e encourage employees and contractors to report potential misconduct.~~

B. **NON-RETALIATION; POLICY CITATION:**

1. When a ~~District~~ **TCHD** employee or contractor has made a good faith report of an activity, practice, or arrangement that the employee believes violates or may violate applicable laws and regulations, ~~the District's~~ **TCHD's** Compliance Program Policies, or the TCHD's Code of Conduct:
 - a. TCHD shall not in any manner harass or engage in retaliation or retribution against the **person, whether a board member**, employee or ~~/~~contractor for making a report, provided the **Board member**, employee/contractor was not involved in the misconduct at issue.
 - b. TCHD shall take appropriate corrective and/or disciplinary action against any ~~individual employee/contractor~~ **individual** who either commits or condones any act of retaliation, retribution, or harassment against a person who reports a compliance concern. Disciplinary action **for employees engaging in retaliation** can be up to and including termination of employment or affiliation with the District.

C. **REPORTING EMPLOYEE'S PARTICIPATION IN MISCONDUCT:**

1. TCHD shall take appropriate corrective and/or disciplinary action against any employee who violates any laws, regulations, policies and/or TCHD's Code of Conduct, whether or not that employee reported such violation.
2. As set forth in Policy 8750-562, the fact that the employee reported his or her own misconduct, and the truthfulness and completeness of that self-disclosure, can be a factor in reducing the severity of any corrective and/or disciplinary action.
3. No corrective and/or disciplinary action shall be taken against any **individual** ~~employee/contractor~~ who mistakenly but in good faith reported an act reasonably believed **to be** a compliance violation or other misconduct. **Individuals** ~~Employees/contractors~~ may be subject to corrective and/or disciplinary action **(if appropriate)** if it is determined that a report of wrongdoing or suspected violation of the Compliance Program was not made in good faith (e.g.,

was knowingly fabricated, distorted, exaggerated or minimized in order to injure someone else, protect himself/herself, or for any other reason).

4. Any **individualemployee/contractor** who misuses the Confidential Reporting Line (Values Line) or attempts to interfere with efforts to investigate or address a possible compliance issue is subject to corrective and/or disciplinary action up to and including termination of employment or affiliation with TCHD.

D. **DOCUMENTATION:**

1. TCHD shall document compliance with this policy and maintain such documentation consistent with the document retention policies.

E. **RELATED DOCUMENTS:**

1. **Administrative Policy 8750-562 – Responding to Compliance Issues; Remedial Action.**
2. **TCHD Code of Conduct.**
- ~~3.~~ **TCHD Employee Handbook.**

F. **REFERENCES:**

1. **“False Claims Act” – 31 U.S.C. Sections 3723-3733, a.k.a. “The Lincoln Law”**

**Administrative Policy Manual
Compliance**

ISSUE DATE: 05/12

SUBJECT: Responding to Compliance Issues;
Reports of Suspected Misconduct;
Investigation

REVISION DATE(S):

POLICY NUMBER: 8750-561

Department Approval Date(s):	01/16
Administrative Policies and Procedures Approval Date(s):	08/16
Organizational Compliance Committee Approval Date(s):	08/16
Medical Executive Committee Approval Date(s):	02/16 09/16
Audit and Compliance Committee Approval Date(s):	
Board of Directors Approval Date(s):	05/12

A. **PURPOSE:**

1. ~~Policy 8750-561 provides (1)~~ **To provide** a statement of Tri-City Healthcare District (TCHD)'s policy with respect to its investigation of reports of suspected misconduct and (2) to ensure that the ~~District's~~ **TCHD's** practices are consistent with the stated policy.

B. **TIMELINESS:**

1. Upon receipt of a report concerning a compliance-related review, a Confidential Reporting Line (Values Line) report, or other information suggesting a possible compliance issue, the Chief Compliance Officer will record the information (as detailed in Section E below) and develop a preliminary written plan of action, usually within ~~24-72 hours~~ **hours** of receiving the report.

C. **INVESTIGATORS:**

1. ~~District~~ **TCHD** (through its Chief Compliance Officer) shall promptly and thoroughly investigate all bona fide reported instances of suspected misconduct or potential compliance irregularities. The Chief Compliance Officer may also, on his/her own initiative, investigate instances of suspected misconduct or concern that have not been reported.
2. The internal investigation of suspected misconduct or potential irregularity shall be initiated and overseen by the Chief Compliance Officer.
- 2-3. Depending on the nature and severity of the suspected misconduct or potential irregularity, the Chief Compliance Officer should consult with the **appropriate** Legal Department;
- 3-4. **Consulting with and** ~~and consider~~ utilizing outside legal counsel to assist in conducting certain internal investigations.

D. **INVESTIGATION:**

1. In conducting an internal investigation, investigators shall as necessary:
 - a. Take steps to secure, and prevent the destruction of, documents and other evidence relevant to the investigation.
 - b. Review relevant documents.
 - c. Interview persons with relevant information.
 - d. Take all reasonable and necessary steps to ensure that the conduct of concerns is stopped and does not recur.
 - d-e. **Internal investigations may encompass identification on non-compliant conduct, analysis or why identified non-compliance conduct occurred in the first instance, detection of gaps and weaknesses (e.g. function, systems, supervision, education**

and training, etc.) and recommendations for, and oversight of, corrective and remediation actions.

E. DOCUMENTATION:

1. Upon conclusion of the investigation a short, written report will be prepared by the **person conducting the investigation or the Chief Compliance Officer** which includes:
 - a. The nature of the problem
 - b. The investigation procedures
 - c. Consistent with policy 8750-559 (“reports of suspected misconduct: confidentiality”), the identity of the persons involved and the degree of culpability of said individuals; and
 - d. Where appropriate, an estimate of the nature and extent of liability or overpayment due.
2. ~~District TCHD~~ shall maintain in a confidential and secure fashion, copies of any work papers, interview notes and any other documents generated as part of the internal investigation.
3. ~~District TCHD~~ shall maintain in the Compliance Program files copies of any key documents that relate to the practice **or matter** under investigation, ~~consistent with District’s TCHD’s document retention policies.~~
4. ~~District TCHD~~ shall document the scope, findings and recommendations of the internal investigation and shall maintain such documentation in the Compliance Program files, ~~consistent with District’s TCHD’s document retention policies.~~
5. In connection with any internal investigation, ~~District TCHD~~ shall maintain in a confidential and secure fashion any documents, whether electronic or hard copy, that are attorney-client communications or covered by the attorney work-product privilege. As appropriate, any such documents should be appropriately labeled or stamped as attorney-client privileged or attorney work product and maintained consistent with District’s document retention policies. However, failure to label such documents in this manner will not mean the documents are not protected under the attorney-client privilege or attorney work product doctrine.

F. OBJECTIVITY:

1. **Internal reviews and investigations will be conducted in a fair and objective manner. Individuals involved in the underlying conduct which is the subject of the investigation or review will not direct the investigation.**

G. UNIFORMITY:

1. **Investigations will be conducted uniformly to the extent possible.**

H. CONFIDENTIALITY:

- ~~B-1.~~ **The existence and substance of the investigation or review will be kept confidential to the extent possible and appropriate under the circumstances.**

I. SCOPE OF INVESTIGATION:

1. **The scope of the investigation/review will be determined by the Chief Compliance Officer or his or her designee; however, investigations/reviews will be conducted in a thorough manner. For example, the veracity of individual statements provided in an interview may be verified by documentary evidence or corroborating evidence.**

G-J. REFERENCES:

- ~~6-1.~~ **Administrative Policy 8750-559; Reports of Suspected Misconduct: Confidentiality**
- ~~7-2.~~ **Administrative Policy 8610 -424; Coaching and Counseling for Work Performance**

ISSUE DATE: 05/12

SUBJECT: Development and Revision of Code of Conduct and Policies; Introduction

REVISION DATE(S):

POLICY NUMBER: 8750-563

Department Approval Date(s):	01/16
Administrative Policies and Procedures Approval Date(s):	08/16
Organizational Compliance Committee Approval Date(s):	08/16
Medical Executive Committee Approval Date(s):	09/16
Audit, and Compliance and Ethics Committee Approval Date(s):	
Board of Directors Approval Date(s):	05/12

A. PURPOSE:

1. ~~Policy 8750-563 establishes (1) To establish policies for the development, review, revision, approval, retirement and dissemination of Tri-City Healthcare District's Code of Conduct and Policies and Procedures, and (2) to ensure that the District's Tri-City Healthcare District's (TCHD)'s practices are consistent with its stated policies~~

B. QUESTIONS RELATED TO DRP POLICIES AND PROCEDURES:

1. ~~Any questions concerning the Development and Revision of Code of Conduct Policies (8750-563 through 8750-568), or questions that are not specifically addressed in the Development and Revision of Code of Conduct Policies, shall be directed to the District's TCHD's Chief Compliance Officer.~~

C. AUDIT AND DOCUMENTATION:

1. ~~TCHDDistrict shall and document compliance with the Development and Revision of Conduct Policies (8750-563 through 8750-568). Such audit shall be conducted pursuant to Policy 8750-553. Relevant documentation shall be maintained in the District's TCHD's Compliance Program files, consistent with its document retention policies~~

D. REFERENCES:

1. ~~Administrative Policy 8750-553 – Monitoring Compliance Auditing and Reporting – Compliance Reviews and Audits~~
2. ~~Administrative Policy 8750-563 – Development and Revision of Code of Conduct and Policies; Introduction and General Policies~~
3. ~~Administrative Policy 8750-564 – Development and Revision of Code of Conduct and Policies~~
4. ~~Administrative Policy 8750-565 – Revision of Code of Conduct and Compliance Policies~~
5. ~~Administrative Policy 8750-567 – Development and Revision of Code of Conduct and Policies – Retiring Code of Conduct and/or Policies~~
6. ~~Administrative Policy 8750-568 – Development and Revision of Code of Conduct and Policies – Dissemination of New or Revised Code of Conduct and Policies~~

Administrative Policy Manual
Compliance

ISSUE DATE: 05/12 **SUBJECT:** Development and Revision of Code of Conduct and Policies

REVISION DATE(S): **POLICY NUMBER:** 8750-564

Department Approval Date: 08/16
Administrative Policies and Procedures Approval Date: 08/16
Organizational Compliance Committee Date (s): 08/16
Medical Executive Committee Approval Date(s): 09/16
Audit, and Compliance and Ethics Committee Approval Date(s):
Board of Directors Approval Date(s): 05/12

A. PURPOSE:

1. This policy explains ~~To provide a statement of~~ Tri-City Healthcare District's (TCHD's) policy regarding the development, **review and revision** of the Code of Conduct and Policies implementing TCHD's Compliance Program, and helps ensure TCHD's practices are consistent with its stated policies.

B. DEVELOPMENT OF SPECIFIC POLICIES AND PROCEDURES:

1. The **Chief** Compliance Officer, in conjunction with the ~~Internal~~ **Organizational** Compliance Committee (and legal counsel and others, as appropriate), shall develop TCHD's Code of Conduct and identify and develop the Policies necessary to ensure the effectiveness of TCHD's Compliance Program for recommendation to the Board of Directors.
2. The Compliance Program Policies shall specifically address the seven factors identified by the OIG, as fundamental to an effective compliance program. Specifically, the Policies shall address:
 - a. Implementing written standards, policies;
 - b. Designating a **Chief** Compliance Officer and compliance committee;
 - c. Conducting effective training and education;
 - d. Developing effective lines of communication;
 - e. Conducting internal monitoring and auditing;
 - f. Enforcing standards through well-publicized disciplinary guidelines; and
 - g. Responding promptly to detected problems and undertaking corrective action.
3. The Policies shall specifically address "risk" areas identified by OIG, in applicable compliance program guidance or otherwise, as well as risk areas identified by other agencies of the federal government, or which the **Chief** Compliance Officer determines are relevant to TCHD.
4. All Policies shall be clear and concise and follow the same general format
5. New Policies, while in development, shall be discussed with the appropriate persons in the affected department(s). If a department proposes a policy, it must provide any supporting documents, for evaluation by the **Chief** Compliance Officer.

C. REVIEW OF CODE OF CONDUCT AND POLICIES:

1. The **Chief Compliance Officer**, in conjunction with the **Organizational Compliance** ~~Internal Compliance~~, shall review the Code of Conduct and all policies, as

2. necessary, but at a minimum, once every twelve (12) months.
2. The Chief Compliance Officer shall propose modifications and amendments to the Code of Conduct and/or policies, as appropriate, to reflect:
 - a. Changes in applicable laws and regulations, including changes in applicable coverage and reimbursement laws, regulations and decisions.
 - b. Changes in the nature or scope of ~~the District's~~ TCHD's business (including TCHD's ~~the District's~~ contractual obligations), and
 - c. Indications that existing policies have been ineffective in preventing compliance violations or new or additional policies would be more effective in preventing or avoiding the recurrence of misconduct.
3. Where appropriate, the Chief Compliance Officer, in conjunction with the Organizational Internal Compliance Committee, shall propose revisions to TCHD's ~~the District's~~ Code of Conduct policies.
4. Proposed revisions shall be discussed with appropriate persons in the affected department before implementing changes.
5. Any revision must be approved by the Board of Directors.

D. QUESTIONS RELATED TO POLICIES AND PROCEDURES:

1. Any questions concerning the Development and Revision of Code of Conduct Policies (~~8750-563 through 8750-568~~ 8750-564 and 8750-567), or questions that are not specifically addressed in the Development and Revision of Code of Conduct Policies, shall be directed to ~~the District's~~ TCHD's Chief Compliance Officer. Program files will be maintained, consistent with its document retention policies.

E. AUDIT AND DOCUMENTATION:

1. TCHD ~~District~~ shall document compliance with the Development and Revision of Conduct Policies (~~8750-563 through 8750-568~~ 8750-564 and 8750-567). Such audit shall be conducted pursuant to Policy 8750-553. Relevant documentation shall be maintained in ~~the District's~~ TCHD's Compliance Program Files, consistent with its documentation retention policies.

F. DOCUMENTATION:

1. The Chief Compliance Officer shall maintain copies in the Compliance Program Files of:
 - a. All final versions of the Code of Conduct.
 - b. All final versions of compliance policies.

G. REFERENCES:

1. Administrative Policy 8750-553 – Monitoring Compliance Auditing and Reporting – Compliance Reviews and Audits.
2. Administrative Policy 8750-564 – Development and Revision of Code of Conduct and Policies.
3. Administrative Policy 8750-567 – Development and Revision of Code of Conduct and Policies; Retiring Code of Conduct and/or Policies.

ISSUE DATE: 05/12

SUBJECT: Revision of Code of Conduct and Compliance Policies

REVISION DATE(S):

POLICY NUMBER: 8750-565

Department Approval Date(s):	01/16
Administrative Policies and Procedures Approval Date(s):	08/16
Organizational Compliance Committee Approval Date(s):	08/16
Medical Executive Committee Approval Date(s):	09/16
Audit, and Compliance and Ethics Committee Approval Date(s):	
Board of Directors Approval Date(s):	05/12

A. PURPOSE:

1. This policy provides (1) ~~To provide~~ a statement of Tri-City Healthcare District's policy regarding the review and revision of the District's Code of Conduct and policies implementing the District's Compliance Program, and (2) ~~to ensure that the District's practices are consistent with its stated policies.~~

B. REVIEW OF CODE OF CONDUCT AND POLICIES:

1. ~~The Compliance Officer, in conjunction with the Internal Organizational Compliance, shall review the Code of Conduct and all policies, as necessary, but, at a minimum, once every twelve (12) months.~~
2. ~~The Compliance Officer shall propose modifications and amendments to the Code of Conduct and/or policies, as appropriate, to reflect: (1) changes in applicable laws and regulations, including changes in applicable coverage and reimbursement laws, regulations and decisions, (2) changes in the nature or scope of the District's business (including the District's contractual obligations), and (3) indications that existing policies have been ineffective in preventing compliance violations or that new or additional Policies would be more effective in preventing or avoiding the recurrence of misconduct.~~
3. ~~Where appropriate, the Compliance Officer, in conjunction with the Internal Organizational Compliance Committee, shall propose revisions to District's Code of Conduct and policies.~~
4. ~~Proposed revisions shall be discussed with appropriate persons in the affected department before implementing changes.~~
5. ~~Any revision must be approved by the Board of Directors.~~

C. DOCUMENTATION:

1. The Compliance Officer shall maintain copies in the Compliance Program Files of:
 - a. All final versions of the Code of Conduct.
 - b. All final versions of compliance policies.

DELETE – This policy has been incorporated into Policy 8750-564- Development and Revision of Code of Conduct and Policies.

ISSUE DATE: 05/12

SUBJECT: Development and Revision of Code of Conduct and Policies;
Dissemination of New or Revised Code of Conduct and Policies

REVISION DATE(S):

POLICY NUMBER: 8750-568

Department Approval Date(s):	01/16
Administrative Policies and Procedures Approval Date(s):	08/16
Organizational Compliance Committee Approval Dates (s):	08/16
Medical Executive Committee Approval Date(s):	09/16
Audit, and Compliance and Ethics Committee Approval Date(s):	
Board of Directors Approval Date(s):	05/12

A. PURPOSE:

- ~~1. This Policy provides a statement of Tri-City Healthcare District's policy regarding dissemination of a new or revised Standard of Conduct and/or Policies, and ensures that the District's practices are consistent with its stated policies.~~

B. DISSEMINATION OF NEW OR REVISED CODE OF CONDUCT AND POLICIES:

- ~~1. TCHD shall disseminate any new or revised Standard of Conduct and Policies pursuant to Policy 8750-546 Education and Training; Distribution/Certification of Code of Conduct and Policies, within 30 days of such Code of Conduct and Policies being approved.~~