

Lake County Health Department and Community Health Center Compliance Program

Purpose

As participants in Federal health care programs, the Lake County Health Department and Community Health Center (LCHD/CHC) has an ethical and legal duty to ensure the integrity of their dealings with these programs. This duty includes an obligation to take measures, such as instituting a compliance program to detect and prevent fraud, abuse and wasteful activities.

The LCHD/CHC has designed its Compliance Program from guidance provided by the Office of the Inspector General which identifies seven essential elements. Within these elements it also seeks to incorporate existing policies and the activities of multiple committees.

Components

I. Corporate Compliance Personnel and the Role of the Board

The designation of a single person to accept responsibility for the Compliance Program and manage its day-to day operations is critical to ensuring that the Compliance Program remains visible, active and accountable. It also provides a single point of contact for communicating Program activities.

Compliance Officer

The Director of Business Operations holds the role of the Compliance Officer and has responsibilities as defined in the position description related to:

- Authority
- Reporting
- Compliance Program Activities
- Personal Compliance

Compliance Committee

The Compliance Committee is comprised of the members of the LCHD/CHC Executive Team. Their duties are to coordinate and oversee the development, maintenance, and implementation of the LCHD/CHC Compliance Program specifically in:

- Identifying areas of risk
- Overseeing Compliance Program activities
- Monitoring, auditing, and investigations

- Ensuring open lines of communication
- Establishing Standards of Conduct and policies and procedures that address areas of risk and that promote compliance with the LCHD/CHC Compliance Program, laws, and regulations
- Evaluating the Compliance Program and any associated workplans for effectiveness
- Developing strategies to promote compliance
- Reviewing resources assigned to monitor and maintain the Compliance Program.
- Reporting annually to the Board of Health and Governing Council on the results of monitoring and auditing activities, and any investigations that were completed

Compliance, Privacy, and Security Workgroup

This team is comprised of Compliance Officer, Finance Director, Information Technology Director, Privacy Officer, Clinical Compliance Manager, and Human Resource Director. Their duties are to develop the strategies and policies to address areas identified within the Compliance workplan. They serve to implement, monitor timelines, and evaluate the outcomes to workplan action items. They also communicate current issues that may have occurred outside the workplan and steps being taken to mitigate them. Workplan items may address any one or more aspects of the following elements of an effective Compliance Program:

- Written Policies, Procedures and Standards
- Designation of a Compliance Officer and Compliance Committee
- Effective Training and Education
- Developing Effective Lines of Communication
- Auditing and Monitoring
- Enforcing Standards Through Well-Publicized Disciplinary Guidelines
- Response to Violations and Development of Corrective Action

II. Compliance and Practice Standards

Written standards and procedures ensure that the expectations for the LCHD/CHC Staff as well as Board and Council members are clearly communicated. These policies will:

- Express the LCHD/CHC commitment to ethical and legal behavior
- Describe Conflict of Interest
- Offer Information on the Compliance Program and reporting mechanisms
- Ensure legal requirements are incorporated into clear, workable directions
- Address each of the seven elements

III. Training and Education Related to the Compliance Program

Training and education provide Board members and Staff with an understanding of the LCHD/CHC Compliance Program, legal requirements applicable to the Agency, and written policies and procedures.

- Training will be provided to Board of Health members upon appointment to their designated position.
- All employees are introduced to the Corporate Compliance Program and their role in it upon hire and annually thereafter.
- Employees working in areas more prone to risk, including finance, billing, and coding will receive specialized training.
- The Compliance Program document will be made accessible for staff reference via computer network resources
- Policies and Procedures will be provided to staff through the computer network to facilitate awareness and understanding of roles, responsibilities, and legal requirements.

IV. Open Lines of Communication

All staff are educated and encouraged to report any real or suspected cases of non-compliance per policy without fear of retaliation.

An independent, contracted service will be utilized to provide staff an avenue to anonymously report issues of potential non-compliance.

V. Internal Monitoring and Auditing

Monitoring is an ongoing process of reviewing the operations of the LCHD/CHC as they occur in the present. Auditing consists of conducting reviews of risk areas to determine compliance with legal requirements.

An assessment of the Compliance Program is performed annually through the Compliance, Privacy, and Security Workgroup.

Monitoring of programs and processes is done through observation of activities or daily operations to insure compliance with applicable laws and regulations.

Auditing is completed using recognized industry practices.

VI. Responding to Suspected Misconduct or Offenses

The Compliance Officer must ensure that the Agency has taken steps to correct any potential or actual occurrences of non-compliance and aim to reduce them in the future.

All suspected misconduct or other potential compliance problems are investigated following agency policy. The department's General Counsel or Lake County State's Attorney's Office is consulted as appropriate. As warranted, reports are filed with associated state and federal agencies.

VII. Enforcing Disciplinary Standards Through Well-Publicized Guidelines

Enforcing disciplinary standards gives credibility to the Compliance Program and demonstrates the Agency's integrity and commitment to compliance and desire to prevent recurrence. Upon completion of investigation, disciplinary action per policy is applied as appropriate. Retaliation in any form against anyone who in good faith reports a violation or raises a compliance issue is prohibited and should be reported to the Compliance Officer immediately.