



## System-wide Policy: Integrity & Compliance Program

Reference #: SYS-COMPLIANCE-900

Origination Date: May 1998  
Next Review Date: April 2021  
Effective Date: April 2018

**Approval Date: April 2018**  
**Approved By: Ethics and Compliance Oversight Committee**

**System-wide Policy Ownership Group:** Integrity & Compliance Department  
**System-wide Policy Information Resource:** Integrity & Compliance Directors

Stakeholder Groups
N/A

### SCOPE:

Sites, Facilities, Business Units	Departments, Divisions, Operational Areas	People applicable to
Allina Health Group, Abbott Northwestern Hospital, Buffalo Hospital, Cambridge Medical Center, District One Hospital, Mercy Hospital, New Ulm Medical Center, Owatonna Hospital, Phillips Eye Institute, Regina Hospital, River Falls Area Hospital, St. Francis Regional Medical Center, United Hospital, all other Business Units	All	All

### POLICY STATEMENT:

Allina Health complies with the laws and regulations applicable to participation in Medicare, Medicaid, and other government-funded healthcare programs and abides by contractual obligations with commercial payers.

Allina Health's Integrity & Compliance Program (Program) consists of key elements that foster a culture of prevention, early detection and remediation of conduct that does not conform to the laws, regulations, and requirements of government-funded healthcare programs or Allina Health's [Code of Conduct](#). Specifically, the program facilitates the prevention, detection and reporting and response of fraud, waste and abuse, and complying with state and federal False Claims laws. The Program also meets the criteria set out in the United States Sentencing Commissions Guidelines.



### Oversight Responsibilities:

Committees: At Allina Health, policy direction and oversight of the Program is provided by internal committees comprised of executive leadership and the Audit and Compliance Committee of the Allina Health Board of Directors.

Chief Compliance Officer: The Chief Compliance Officer, who reports to the Chief Executive Officer (CEO), is responsible for operating and monitoring the Program. The Chief Compliance Officer reports on the status of the Program, as necessary, to the CEO of Allina Health and, at a minimum, annually to the Audit and Compliance Committee of the Allina Health Board of Directors. The Chief Compliance Officer has the authority to report misconduct to the appropriate federal, state and/or local law enforcement agencies, as deemed necessary.

### Standards and Procedures:

Allina Health's [Code of Conduct](#) and Integrity & Compliance Policies are integral parts of the Program. The standards set forth in the Code of Conduct are an extension of Allina Health's values, and describe the expectations for appropriate conduct to promote and protect the integrity of the organization.

The Program provides more detailed guidance on ethical and compliant conduct through the Integrity & Compliance Policies. These policies are routinely reviewed and updated and are kept current with changes in applicable laws and regulations. They are available on Allina Health's intranet, the Allina Knowledge Network (AKN).

### Training and Education:

As part of the Program, the Integrity & Compliance Department develops and maintains a compliance education program to ensure employees are knowledgeable about the elements of the Program; understand their roles and responsibilities set forth in the Code of Conduct and policies and procedures; and are knowledgeable about federal and state False Claims Laws and available whistleblower protections. Business unit leaders are responsible to ensure all employees receive the necessary compliance education and training and that records are maintained. See Allina Health's [Compliance Education policy](#) for detailed information about the compliance education program.

### Monitoring and Auditing:

The Integrity & Compliance Department conducts ongoing monitoring and auditing activities, guided by an annual risk-based compliance plan. The monitoring and auditing activities serve to assess and evaluate the effectiveness of the Program and the underlying standards and procedures, and to detect criminal and other improper conduct. These activities include, but are not limited to, billing compliance reviews, provider exclusion checks (see Allina Health's [Excluded Provider policy](#)), purchasing conflicts of interests and monitoring of research studies and research conflict of interest management plans.



Operational leaders, in consultation with the Integrity & Compliance Department, are responsible for the development and implementation of any necessary corrective action plans that result from monitoring and auditing activities.

**Reporting and Responding:**

All employees are required to promptly report any Compliance Concern. Employees are strongly encouraged to resolve questions and/or concerns by first talking with their supervisor. Employees may also contact any member of the Integrity & Compliance Department. If employees are uncomfortable with either of these options, they may also contact Allina Health's Integrity Line, a confidential, 24-hour telephone resource managed by a third-party vendor, at 1-800-472-9301 or through an online report. See Allina Health's [Integrity Line policy](#) for detailed information on this reporting mechanism.

In accordance with Allina Health's [Code of Conduct](#) and Non-Retaliation policy, retaliation against any person for reporting a Compliance Concern is prohibited. Allina Health does not tolerate intimidation, threats, coercion, discrimination or other adverse action against a person based on this policy or under applicable law and regulation.

Allina Health is committed to reviewing and responding to all reported concerns of non-compliance. Reports of known or suspected non-compliance will be responded to and investigated pursuant to the following Allina Health policies: [Reporting & Responding to Compliance Concerns](#), [Reporting & Responding to Potential Protected Health Information \(PHI\) and Personally Identifiable Information \(PII\) Privacy and Security Incidents](#), [Human Research Protection Program & Institutional Review Board \(HRPP/IRB\) Standard Operating Procedures](#) and [Medical Identity Theft and Fraud Investigations](#).

**Enforcement and Discipline:**

The Program will be consistently enforced through corrective actions when the results of an investigation indicate a violation of the Program, as set forth in the Code of Conduct and Integrity & Compliance policies, or a law or regulation. When it is determined an employee has violated the Program, law or regulation, the employee will appropriately be disciplined in accordance with Allina Health's Corrective Action policy in MyAllina.

**DEFINITIONS:**

See [Integrity & Compliance Policy Definitions](#)

**PROCEDURES:** Not applicable.

**PROTOCOL:** Not applicable.

**FORMS:** Not applicable.

**ALGORITHM:** Not applicable.

**ADDENDUMS:** Not applicable.

*Allina Health reserves the right to modify, revoke, suspend terminate or change any and all such policies and procedures unilaterally as the company deems appropriate, with or without notice, at any time.*

**FAQ's:** Not applicable.

**REFERENCES:**

**Related Regulation and Laws:** [www.ussc.gov](http://www.ussc.gov)

**Alternate Search Terms:** SYS-CC-402-01.01 (previous reference number)

**Related Policies:**

<b>Name of Policy</b>	<b>Content ID</b>	<b>Business Unit where Originated</b>
Reporting, Investigating & Responding to Compliance Concerns	SYS-COMPLIANCE-902	System-wide
Reporting & Responding to Potential PHI and PII Privacy and Security Incidents	SYS-PSC-701	System-wide
Medical Identity Theft and Fraud Investigations	SYS-PSC-405	System-wide
Corrective Action	MyAllina	System-wide
Compliance Education	SYS-COMPLIANCE-901	System-wide
Excluded Provider	SYS-COMPLIANCE-904	System-wide

**Policies Replacing:**

<b>Name of Policy</b>	<b>Content ID</b>	<b>Business Unit where Originated</b>
Not applicable.		