



System-wide Policy: Compliance Program

Reference #: SYS-COMPLIANCE-900

Origination Date: May 1998
Next Review Date: March 2024
Effective Date: March 2021

Approval Date: March 2021
Approved By: Audit & Compliance Committee (ACC)

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

Stakeholder Groups
Compliance

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, 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 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, requirements of government-funded healthcare programs or Allina Health’s [Code of Conduct](#). Specifically, the program facilitates the prevention, detection, reporting and response of fraud, waste, 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 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 Code of Conduct applies to all Allina Health employees as well as volunteers, temporary employees, contractors, vendors and others as identified by Allina Health's Board of Directors. These individuals have a responsibility to read and be familiar with the Code of Conduct.

The Program provides more detailed guidance on ethical and compliant conduct through the 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:

Compliance education and training ensures 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. All Allina Health employees must complete annual compliance education that meets or exceeds the required content of the Centers for Medicare & Medicaid Services (CMS) general compliance and fraud, waste and abuse lessons in accordance with 42 C.F.R. § 422.503(b)(4)(vi)(C) and § 423.504(b)(4)(vi)(C). The Chief Compliance Officer, or designee, reviews the annual compliance education on an annual basis to ensure the education meets or exceeds the requirements of applicable laws and regulations.

Business unit leaders are responsible for ensuring all employees receive the necessary compliance education and training and that records are maintained. Compliance will provide the following education: new leader orientation, targeted education, new employee compliance education and annual compliance education. Education may be in person or via web-based platform. New employee compliance education must be completed within 30 days of start date. The annual compliance education due date may

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.

vary each year. Any employee, who does not complete the annual compliance education by December 31, cannot work until they finish the education. Individuals on a leave of absence when the annual compliance education completion deadline passes must complete the education within one week of returning to work.

Monitoring and Auditing:

Ongoing monitoring and auditing activities are 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 federal and state exclusion checks purchasing conflicts of interests and monitoring of research studies and research conflict of interest management plans.

Operational leaders, in consultation with the 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 workforce members are required to promptly report any Compliance Concern. Workforce members are strongly encouraged to resolve questions and/or concerns by first talking with their supervisor. Workforce members may also contact the 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 at 1-800-472-9301 or through an [online report](#). The Integrity Line vendor is Compliance Line. Their privacy policy is available at this [link](#).

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.

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 Compliance policies, or a law or regulation. When it is determined an employee has violated the Program, law or regulation, the employee will be appropriately disciplined in accordance with Allina Health's Corrective Action policy in Workday.

DEFINITIONS:

See the [Compliance Policy Definitions](#)

PROCEDURES: N/A

PROTOCOL: N/A

FORMS: N/A

ALGORITHM: N/A

ADDENDUMS: N/A

FAQ's: N/A

REFERENCES:

Related Regulation and Laws: www.ussc.gov

Alternate Search Terms: N/A

Related Policies:

Name of Policy	Content ID	Business Unit where Originated
Medical Identity Theft and Fraud Investigations	SYS-PSC-405	System-wide
Corrective Action	Workday	System-wide
Human Research Protection Program & Institutional Review Board (HRPP/IRB) Standard Operating Procedures		System-wide

Policies Replacing:

Name of Policy	Content ID	Business Unit where Originated
N/A		