

# **The East Carolina University College of Allied Health Sciences**

## **Compliance Program**

### **I. Statement of Purpose**

The College of Allied Health Sciences (CAHS) Compliance Program assists in fulfilling the vision of CAHS by providing opportunities to make a difference in the health of the region, state, and nation. The compliance program supports the mission of the College by enhancing the quality of health through leadership, excellence and innovation in its various academic programs, clinical services, and research.

The compliance program provides a framework for CAHS compliance with applicable state and federal laws and regulations, and institutional policies and rules. These requirements include, but not limited to, clinical operations for government and private payor reimbursement, the Federal Anti-kickback Statute, and the Prohibition on Physicians Self-Referrals (Stark law). The program is designed to guide the overall compliance efforts of prevention, detection, and the rectification of known or suspicious fraud, abuse, or other forms of misconduct that would expose the CAHS to significant criminal or civil liability. It is not intended to be, nor can it be, all-inclusive and therefore, the College relies upon its employees' sense of integrity to meet its various challenges.

### **II. Basic Principles**

**Integrity:** The College honors integrity as a fundamental value and demonstrates the highest level of professional conduct in all its dealings. Each individual associated with the College must perform his/her personal duties in accordance with these values.

**Compliance with Legal Standards:** The College follows all applicable federal and state laws and regulations. Each person associated with the College is expected to learn and understand the legal standards, which relate to his/her duties, and to follow them accordingly.

### **III. Elements of the Compliance Program**

The Office of the Inspector General (OIG) encourages the development and implementation of a compliance program. As recommended by the OIG, the CAHS has elected to base its program upon the following seven recommended elements of an effective compliance program:

- 1) Establish compliance standards and procedures that are reasonably capable of reducing the prospect of criminal conduct;
- 2) Assign high-level personnel with overall responsibility to oversee compliance;

- 3) Communicate effective compliance standards and procedures to all employees by requiring participation in training programs and by disseminating information that explains what is required;
- 4) Achieve compliance with standards by utilizing monitoring and auditing systems reasonably designed to detect misconduct by employees;
- 5) Have open lines of communication and a reporting system whereby employees can report misconduct without fear of retribution;
- 6) Enforce standards through appropriate disciplinary mechanisms including discipline of individuals responsible for failure to detect an offense; and
- 7) Respond appropriately to an offense once it has been detected and take reasonable steps to prevent further offenses including modification of the program to prevent and detect violations of the law.

#### **IV. Compliance Committee Oversight**

The Compliance Committee is responsible for the development, guidance, and oversight of the compliance program. The CAHS can be composed of departments from Addictions and Rehabilitation Studies, Clinical Laboratory Science, Communication Sciences and Disorders, Health Services and Information Management, Occupational Therapy, Physical Therapy, Nutrition Science, and Physician Assistant Studies. Membership to the Compliance Committee is appointed by the Dean, CAHS.

Oversight and responsibilities of the Compliance Committee consists of:

- Annual oversight and analysis of the effectiveness of the CAHS compliance program;
- Complete and recommend program improvements;
- Preliminary approval of all compliance policies and procedures to be submitted to the Dean or CAHS Administrative Counsel for final approval;
- Recommend and review risk assessments to determine priorities;
- Review compliance initiatives as recommended by the Office of Institutional Integrity (OII), Division of Health Sciences;
- Consult with the OII to ensure coordination with relevant Division of Health Sciences and ECU offices; and
- Identify potential compliance initiatives.

1. The Chair of the committee will be a representative from the Office of Institutional Integrity, Division of Health Sciences.
2. CAHS committee members are appointed by the Dean and serve for a two-year term. Members may be re-appointed. If a voting member is unable to complete a term on the committee, the Dean will appoint a replacement. The replacement will serve the remaining portion of the term and may then be re-appointed.

Members may be selected from the following departments within the CAHS:

- Addictions and Rehabilitation Studies,
- Health Services and Information Management
- Physical Therapy
- Communication Sciences and Disorders
- Clinical Laboratory Science
- Occupational Therapy
- Physician Assistant Studies
- Nutrition Science

Other departments may have representatives and/or attend the meetings, as appropriate.

3. Ex Officio Members with no voting rights:

- Dean, CAHS
- Michelle C. DeVille, Chief Institutional Integrity Officer, Division of Health Sciences

4. Resource Representatives with voice but no vote:

- University Attorney Office
- Enterprise Risk Management
- Office of Internal Audit and Management Advisory Services
- Office for Research Integrity Compliance

The Committee will meet two times per calendar year: spring semester, and fall semester. Other called meetings may occur if needs arise. A summary of items addressed and actions taken at each meeting will be recorded and retained. Periodic reports will be shared with the Dean and other university officials, as appropriate.

## **V. Education and Training**

The CAHS is committed to providing education and training that ensures compliance and emphasizes the College's commitment to legal and ethical conduct. Each new employee will be required to complete initial compliance training via the OII.

The CAHS Compliance Committee will assist in the identification of education and training needs and will notify the appropriate departmental Chairperson responsible for these efforts. Training attendance shall be documented and maintained by each CAHS department. Failure to attend mandatory training may result in a committee recommendation for disciplinary action, and depending on the severity of the circumstance, to the applicable departmental Chairperson, or supervisor.

## **VI. Monitoring and Investigating**

The CAHS prevents, detects, and reports known or suspected fraud and abuse or other forms of misconduct that might expose the College to criminal or civil liability. A monitoring system shall be implemented that is reasonably designed to detect noncompliance and/or criminal

conduct to achieve compliance with ECU policies and procedures, federal and state laws and regulations, and other guidance.

Whenever conduct is reported that is inconsistent with a university regulation, or state or federal law, or regulation, the Compliance Committee may assist in determining whether there is reasonable cause to believe that a compliance issue may exist. If that preliminary review indicates that a problem may exist, an inquiry into the matter will be undertaken with appropriate university assistance. Responsibility for conducting the review will be decided on a case-by-case basis.

In order to monitor and ensure compliance, policies and procedures may be developed regarding any monitoring and auditing activities. Regular and/or random compliance audit activities within the CAHS may also be completed based on federal and state statutes, regulations, and university requirements. The OII may review and monitor compliance areas such as: provider documentation, coding and billing, contracts, HIPAA privacy, and clinical trials billing.

In addition, ad hoc monitoring may be performed in consultation with the Office of University Counsel, Office of Internal Audit and Management Advisory Services and/or Health Science's Institutional Integrity Office, as necessary.

The Compliance Committee will annually review a comprehensive work plan focusing on identified areas of risk, industry literature, the OIG work plan, and other identified sources.

## **VII. Enforcement and Prevention**

The CAHS shall respond consistently and decisively to detected deficiencies. The Compliance Committee may, in collaboration with other university officials, evaluate violations of compliance and refer cases as necessary for potential corrective measures and disciplinary actions in accordance with university policy or other governing standards.

Certain infractions and results will be reported to the CAHS Dean, Chief Institutional Integrity Officer, Office of the University Attorney and/or Office of Internal Audit, as appropriate.

Corrective action plans and other remedial actions will typically include, among other actions, personnel education and training, additional monitoring and auditing, changes to policies and procedures and/or reporting to outside agencies.

## **VIII. Reporting Compliance Issues and Concerns**

The CAHS recognizes that an open line of communication between the Compliance Committee and personnel is essential to the success of the compliance program. Staff, faculty, and students are strongly encouraged to report incidents of potential fraud and abuse or to seek clarification regarding legal or ethical concerns. Reports may be made to the immediate supervisor, the corresponding Chairperson for a department, the Office of Institutional Integrity, or via the OII compliance hotline or the compliance email address. Non-employees should contact the

individual with whom they traditionally interact with at the CAHS.

There will be no reprisals for inquiries or good faith reporting of actual or suspected violations of the compliance program. The CAHS will protect, to the fullest extent allowed by law, the identity of anyone reporting a violation. All reports will be investigated with protection of the identity of the subject(s) of the investigation to the fullest extent possible.

It is a serious violation of the CAHS or university to retaliate or attempt to retaliate against anyone who makes a good faith report of a suspected or known violation.

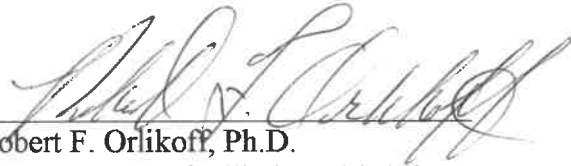
**Contact Information:**

Office of Institutional Integrity, Division of Health Sciences Hotline: (866) 515-4587

Office of Institutional Integrity, Division of Health Sciences Email: [dhscompliance@ecu.edu](mailto:dhscompliance@ecu.edu)

Office of University Counsel: (252) 744-3013

Office of Internal Audit and Management Advisory Services: (252) 328-9027



Robert F. Orlikoff, Ph.D.  
Dean, College of Allied Health Sciences  
East Carolina University

5/17/22  
Date