

**The Student Health Services and
Center for Counseling and Student Development
Compliance Program**

I. STATEMENT OF PURPOSE

The Student Health Services (SHS) and Center for Counseling and Student Development (CCSD) Compliance Program assists in fulfilling the visions of SHS and CCSD to improve the health of patients to ensure academic success and promote lifelong well-being. The Compliance Program enhances the missions of SHS and CCSD by ensuring that its patient care activities, research, and operations are based on high professional and ethical business standards.

The mission of the SHS and CCSD Compliance Program is to assist in prevention, detection, and the rectification of non-adherence to applicable state and federal laws and regulations, and institutional policies and rules that may expose SHS and CCSD to significant criminal or civil liability. These regulations include, but are not limited to, government and private payor reimbursement, the Federal Anti-Kickback Statute, the Prohibition on Physicians Self-Referrals (Stark Law), clinical research, and the confidentiality and integrity of patient information.

The Compliance Committee is responsible for overseeing SHS and CCSD's Compliance Program. The duties of the Compliance Committee include:

- Compliance with applicable federal and state laws, rules, and regulations
- Compliance with University, SHS, and CCSD policies and procedures
- Review and implement compliance initiatives as recommended by the Office of Institutional Integrity

The intent of the Compliance Program is to create a model that is designed to be an overall broad framework for compliance efforts of SHS and CCSD. The Program is not intended to be, nor can it be, all-inclusive and therefore, SHS and CCSD rely upon their internal personnel to meet any department-specific compliance activities and challenges that are outside of the scope of this Compliance Program.

I. BASIC PRINCIPLES

Integrity: ECU, along with SHS and CCSD honor integrity as a fundamental value and demonstrate the highest levels of professional conduct in all dealings. Each individual associated with SHS and CCSD must perform his/her personal duties in accordance with these values.

Compliance with Legal Standards: SHS and CCSD follow all University policies, regulations, and rules and applicable federal and state laws and regulations. Each person associated with SHS and CCSD is charged with the responsibility to learn and understand the legal standards, which relate to his/ her duties, and to follow them accordingly.

III. COMPLIANCE OVERSIGHT AND STRUCTURE

A. Chief Institutional Integrity Officer

The Chief Integrity Officer (CIO) is responsible for the design, implementation, monitoring, and assessment of SHS and CCSD compliance activities in relation to health care compliance. When necessary and appropriate, the CIO will also have direct contact with and provide assessments

and/or reports to the Vice Chancellor for Student Affairs, Office of University Counsel, Internal Audit, Board of Trustees, or others as needed.

The CIO will be the SHS and CCSD liaison with East Carolina University's Office for Research Integrity and Compliance for research-related compliance, when needed.

Responsibilities of the CIO:

- Develop a comprehensive compliance program for SHS and CCSD;
- Identify regulatory compliance obligations of SHS and CCSD and its personnel.
- Provide guidance and assistance, in consultation with, Office of University Counsel, and other University offices;
- Develop and/or oversee the implementation of health care compliance educational training efforts and programs;
- Develop effective lines of communication throughout SHS and CCSD to enhance effectiveness of the Compliance Program;
- Coordinate investigations involving potential or alleged billing non-compliance;
- Coordinate investigations related to all data privacy; including HIPAA privacy and security, involving SHS and CCSD personnel;
- Monitor various operations of SHS and CCSD to identify and resolve barriers to compliance.
- Recommend corrective action and /or appropriate discipline related to incidents of non-compliance;
- Assist, as appropriate, in the review of new SHS and CCSD policies and amendments of current standard operating procedures to maintain conformity and compliance with new regulatory developments;
- Interact with outside organizations and government offices, as necessary, to clarify regulatory requirements.

B. Role of the Compliance Committee

The Compliance Committee is responsible for overseeing the Compliance Program. OII, in conjunction with the Associate Vice Chancellor of Health and Well-Being appoint members of the Compliance Committee.

Responsibilities of the Compliance Committee:

- Conduct annual review and analysis of the effectiveness of the SHS and CCSD Compliance Program;
- Complete and recommend program improvement;
- Preliminary approval of compliance-related standard operating procedures;
- Recommend and review risk assessments to determine priorities for the CIO
- Review compliance initiatives as recommended by the CIO and the Office of Institutional Integrity

If a voting member is no longer able to serve on the Committee, OII will work with the Associate Vice Chancellor of Health and Well-Being to appoint a replacement.

Voting members with a two-year term are selected from the following:

- Director of Clinical Services, SHS

- Medical Director, SHS
- Director of Business Services, SHS
- Nurse Director, SHS
- Technical Support Specialist, SHS
- Director, Counseling Center
- Associate Director, Counseling Center
- Clinical Coordinator, Counseling Center
- Nurse Practitioner, SHS (Health Sciences)
- Lab representative, SHS

Ex-Officio Members with no voting rights include:

- Associate Vice Chancellor of Health and Well-Being

Voting members with no term limits include:

- Chief Integrity Officer
- Director, Office of Institutional Integrity
- Associate Director, OII Billing Compliance
- Associate Director, OII Data Compliance

Additional resources for the Compliance Committee that may be invited to attend meetings as needed include:

- Representative from Office of University Counsel
- Representative from Enterprise Risk Management
- Representative from Office of Internal Audit and Management Advisory Services
- Representative from Office for Research Integrity Compliance
- Representative from Office of the Registrar

The Director, Office of Institutional Integrity will serve as the Chair of the Committee. Meetings will be held as deemed necessary by the Committee, but no less than annually. A summary of items addressed, and actions taken at each meeting will be recorded and retained by the Office of Institutional Integrity. Periodic reports will be shared with the Vice Chancellor for Student Affairs and other University senior officials, when necessary.

IV. STANDARDS OF CONDUCT

As part of the Compliance Program, SHS and CCSD will establish and monitor adherence to SHS and CCSD's guiding principles. The School's business will be conducted with integrity and in accordance with the principles contained in the University Code of Conduct. Adherence to these principles is essential to the mission of the School. It is the expectation that SHS and CCSD personnel will comply with all applicable laws, rules and regulations and will report violations to appropriate persons.

In addition, every new employee will be required to read the University Code of Conduct and sign an attestation annually.

The following Standards of Conduct are based upon general ethical and legal obligations.

A. Patient Care

All SHS and CCSD patients will be treated with respect and dignity. Each health care professional of the School will only provide health care services or items to patients within the scope of his/her license. Patients (or their legal representative) are entitled to a full understanding of their individual medical needs.

B. Ethical and Legal Responsibilities

SHS and CCSD are committed to ensuring that they operate under the highest ethical standards. The business activities must comply with applicable laws and the absence of deception or fraud. No person will make, file, or use any false or fraudulent statements or documents in connection with the delivery of, or payment for, health care services or items.

C. Proper Coding and Billing Practices

Health care services must be accurately coded and timely billed according to payer requirements. Billing claims and patient records are expected to be accurate, complete, and detailed to the extent required by law and SHS and CCSD guidance. SHS and CCSD services and items must be supported by adequate documentation in the medical record.

D. Confidentiality

SHS and CCSD business information, all patient health records, and student academic records will be treated in a confidential manner. Disclosure of patient information and/or business information will adhere to the School's procedures, University policy, and applicable laws.

E. Conflicts of Interest

Business activities will be conducted to avoid any conflict or interest of the appearance of a conflict of interest. SHS and CCSD employees are to avoid engaging in any activity or practice that violates University policies, state, or federal laws. In addition, employees will not participate in any activity that will jeopardize SHS or CCSD.

F. Proper Referrals

Referrals are based upon the patient's health care needs and are made and accepted in accordance with the law. All proposed contractual relationships involving SHS and CCSD are reviewed and approved by the Office of University Counsel prior to execution to ensure compliance with both the Anti-kickback Statute and Stark Law.

G. Internal and External Investigations and Accrediting Bodies

The SHS and CCSD will cooperate with all accrediting bodies, internal investigations, and all legitimate governmental investigations.

H. Personnel Screening and Evaluation

All new employees undergo a criminal background check, which includes a search of applicable government sanction/exclusion lists, including the Office of Inspector General, U.S. Department of Health & Human Services' exclusions database. Additional lists and/or screenings may occur, as appropriate or required by law.

I. Safety Requirements

SHS and CCSD will comply with various regulatory safety requirements that may include research, clinical, facilities, and others as required by law.

V. EDUCATION AND TRAINING

SHS and CCSD are committed to providing education and training that will ensure compliance and that emphasize their commitment to legal and ethical conduct. Education is an integral part of an effective compliance program.

Training may be determined by the Chief Integrity Officer, in consultation with the Associate Vice Chancellor of Health and Well-Being, or other personnel as necessary. Training attendance will be documented. Any other department or office will be responsible for maintaining records of attendance for compliance training that may be conducted by other parties and may be asked by the OII to provide copies of these records. The Chief Integrity Officer will notify appropriate leadership in the event of failure to meet mandatory training. In some instances, the Chief Integrity Officer may make a recommendation regarding corrective and/or disciplinary action, depending on the severity of the circumstances.

VI. MONITORING

SHS and CCSD prevent non-adherence to guidelines that may expose their areas to significant criminal or civil liability. The CIO will collaborate with other campus leadership and assure that processes are in place to meet the regulatory requirements that govern the delivery of services provided by SHS and CCSD.

The CIO will provide a mechanism for tracking and monitoring noncompliance and/or criminal conduct designed to achieve compliance with ECU policies and procedures, federal and state laws and regulations, and other guidance.

The Compliance Committee will annually review a comprehensive monitoring work plan that focuses on identified areas of risks, industry literature, the Office of Inspector General (OIG), Office for Civil Rights (OCR), various privacy regulations, or other identified sources.

Ad Hoc Monitoring

The Chief Integrity Officer will perform monitoring of any other areas as identified by OII, SHS, or CCSD leadership. Areas for additional monitoring may be identified based on the OIG Work Plan or Advisory Opinions, OCR, any recent regulatory enforcement initiatives or settlements, Compliance Hotline calls/emails inquiries, or other risks areas identified at SHS and CCSD. Ad-hoc monitoring will be performed in consultation with the Office of University Counsel, Office of Internal Audit and Management Advisory Services and/or the CIO.

Results of audit/monitoring reports and developed management plans that monitor the mitigation of systematic issues of identified risks will be shared with the SHS and CCSD Compliance Committee, SHS/CCSD leadership and University personnel (e.g., Chief Integrity Officer, Office of University Counsel and Office of Internal Audit), as necessary.

VII. ENFORCEMENT AND PREVENTION

SHS and CCSD and the University reserve the right to take disciplinary action or cause disciplinary action to occur against anyone who fails to comply with elements of the Compliance Plan. The Chief Integrity Officer, in collaboration with other University officials, will evaluate violations of

compliance and refer cases as necessary for potential disciplinary action in accordance with University policy or other governing standards.

VIII. ORGANIZATION RESPONSE AND CORRECTIVE ACTION

SHS and CCSD will respond consistently and decisively to detected deficiencies. As deficiencies are discovered through audits, reporting mechanisms, and other activities involved with the operation of the Compliance Program, corrective measures and disciplinary actions will be developed to address the noncompliance. Corrective action plans and other remedial actions will typically include, among other actions, personnel education and training, additional monitoring, and auditing, and can involve reporting to outside agencies as required.

IX. REPORTING CONCERNS

SHS and CCSD recognizes that an open line of communication between the Chief Integrity Officer and personnel is essential to the success of the Compliance Program. Staff and faculty are strongly encouraged to report incidents of potential noncompliance with SHS and CCSD and University policies, regulations, and rules and applicable federal and state laws and regulations, or to seek clarification regarding legal or ethical concerns directly to their immediate supervisor, the Chief Integrity Officer, or via the OII Compliance hotline and compliance email address. Non-employees may contact the individual with whom they traditionally interact with at SHS and CCSD, the Chief Integrity Officer, or via the OII Compliance hotline or the compliance email address.

A summary, maintained by OII, of each anonymous or confidential report will be documented. When SHS and CCSD receive such reports, they will have a process in place to report incidents to the CIO. The CIO will work with the Department of Internal Audit for the University, or to the Office of University Counsel, as appropriate.

There will be no reprisals for inquiries or good faith reporting of actual or suspected violations of the Program or the University Code of Conduct. OII, SHS and CCSD will protect, to the fullest extent allowed by law, the identity of anyone reporting a violation. All reports will be fully investigated with protection of the identity of the subject(s) of the investigation as much as possible. It is also against University policy to retaliate or attempt to retaliate against anyone who makes a good faith report of a suspected or known violation.

Contact Information:

OII Compliance Hotline: 1-866-515-4587

OII Compliance Email: INTEGRITYCOMPLIANCE@ECU.EDU

Office of University Counsel: (252) 744-3013

Office of Internal Audit and Management Advisory Services: (252) 328-9025

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Associate Vice Chancellor of Health and Well-Being

2/19/24

Date