

**THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER
INSTITUTIONAL COMPLIANCE PROGRAM DOCUMENT**

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I. INTRODUCTION

The University of New Mexico Health Sciences Center ("HSC") is committed to providing the highest quality patient care, health care research and medical education in compliance with all applicable laws and regulations. In fulfilling this commitment, as employees and as an institution it is important that we conduct ourselves in an ethical, legal, and above board manner.

In furtherance of that goal, the University of New Mexico Board of Regents directed the development and implementation of an Institutional Compliance Program ("Program"). This Program will attempt to ensure that the HSC's business (both internally and with outside contractors) is conducted in accordance with the highest ethical standards and in compliance with the various federal and state laws and regulations applicable to its activities.

This Program has been developed in accordance with applicable law and with guidance from the state and federal authorities, including the Federal Sentencing Guidelines. With this Program, the HSC will promote full compliance with all legal duties applicable to it, foster and assure ethical conduct, and provide guidance to both the University of New Mexico and University of New Mexico Hospital employees, collectively referred to as "HSC Employees."

The guidelines set forth in this Program are intended to generally define the scope of conduct which the Program is intended to cover and are not to be considered as all inclusive. Moreover, these guidelines are offered not because the honesty, integrity or ethics of HSC Employees is questioned, but rather because, given the complex nature of today's heavily regulated academic health care environment, business decisions are more complicated than ever before.

In addition to this Program, the appropriate HSC components--University Hospital, University Physician Associates, Cancer Research and Treatment Center, and the School of Medicine--maintain compliance programs that are a part of the HSC's overall legal and ethical compliance endeavors. This Program embraces all elements of the compliance programs maintained by the components that are designed to achieve compliance.

Finally, in developing this Program we recognize that it is unrealistic to expect each and every HSC Employee to know every health care, education and research rule and regulation that exists. However, each and every HSC Employee should be generally familiar with the rules and laws that apply to his or her job. This document is just one of the many compliance resources available to HSC Employees.

We hope the HSC Institutional Compliance Program will show you ways to avoid putting yourself or the institution at risk. After reading this document, you should understand that, whatever the situation, you have a place to go for the answers.

Sincerely,
Paul Roth, M.D.
Executive Vice President for Health Sciences

UNM HEALTH SCIENCES CENTER MISSION AND VISION STATEMENT

The mission of the HSC is to provide added value to health care through leadership in:

- providing innovative, collaborative education;
- advancing the frontiers of science through research critical to the future of health care;
- delivering health care services that are at the forefront of science; and
- facilitating partnerships with public and private biomedical and health enterprises.

Our vision is to identify and solve the most important questions of human health in our communities through education, scholarship and service with commitment to the HSC core values. (Source: HSC Intranet, <http://hsc.unm.edu/about/mission.shtml>, 9/12/2005).

UNM HEALTH SCIENCES CENTER CORE VALUES

Our core values emphasize:

- a culture of shared expectations regarding integrity, accountability and decisiveness in commitment to excellence;
- compassion and respect in our interaction with students, patients and colleagues;
- diversity in people and thinking;
- effective utilization of our resources; and
- advancement of our institutional mission while supporting professional and personal growth.

(Source: HSC Intranet, <http://hsc.unm.edu/about/mission.shtml>, 9/12/2005).

II. HSC INSTITUTIONAL COMPLIANCE PROGRAM SCOPE AND ELEMENTS

Scope: There is one HSC Institutional Compliance Program for the entire HSC, which includes HSC Administration (comprising of VP's office, AVP for Financial Services, HSC Budget, and other various administrative units with direct reports to VP), the School of Medicine, University Physician Associates, College of Nursing, College of Pharmacy, Cancer Research & Treatment Center, Health Sciences Library and Informatics Center, and the University of New Mexico Hospitals, which includes University Hospital, Children's Hospital, Carrie Tingley Hospital, Children's Psychiatric Center, Psychiatric Center, and HSC Clinics.

The Program provisions apply to all medical, business and legal activities performed by HSC faculty, residents, fellows, students and employees (collectively referred to as "HSC Employees") as well as any third party affiliates engaged in HSC enterprises ("HSC Agents"). For purposes of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), volunteers will also be included in the definition of HSC Employees. The Executive Vice President for Health Sciences is responsible for ensuring the overall acceptability and implementation of the Program, though the ultimate responsibility for the Program is vested in the Board of Regents for the University of New Mexico.

The HSC Institutional Compliance Program is composed of many elements:

- A. Code of Conduct;
- B. HSC Compliance Organizational Structure;
- C. Policies and Procedures;

- D. Training and Education Programs;
- E. Auditing and Monitoring;
- F. HSC Disclosure Program and Compliance Hotline;
- G. Enforcement of Standards and Disciplinary Guidelines;
- H. Investigation and Reporting of Suspected Violations of Law; and
- I. Exercising Due Diligence When Selecting Employees and Delegating Discretionary Authority.

Applicable Terms: The following terms will be discussed throughout this document.

1. **Health Sciences Center (“HSC”):** The University of New Mexico Health Sciences Center includes HSC Administration, the School of Medicine, University Physician Associates, College of Nursing, College of Pharmacy, Cancer Research & Treatment Center, Health Sciences Library and Informatics Center, and University of New Mexico Hospitals, collectively the “HSC”.
2. **University Physician Associates (“UPA”):** Refers to the faculty practice plan of the School of Medicine. UPA is the billing and collection component of the School of Medicine. UPA is comprised of UNM employees providing billing and collection services under the direction of the Dean of the School of Medicine.
3. **HSC Components:** Includes the School of Medicine, University Physician Associates, College of Nursing, College of Pharmacy, Cancer Research & Treatment Center, Health Sciences Library and Informatics Center, and the University of New Mexico Hospitals.
4. **School of Medicine:** Includes the departments of Administration, Academics, Clinical Affairs and Office of Research. The Office of Research supports the research efforts of the faculty and staff of the University of New Mexico School of Medicine and oversees HSC-wide functions in the areas of research compliance and preaward by managing and sustaining research relationships within UNM and between UNM and external biomedical research organizations.
5. **HSC Employees:** Includes employees of the University of New Mexico and University of New Mexico Hospitals.
6. **HSC Agents:** Includes all persons and entities that have contracted with the University of New Mexico Health Sciences Center or its Components to provide healthcare related services, equipment or other services.
7. **Health care benefit program:** As defined at 18 U.S.C. § 24(a) includes any public or private plan or contract for the provision of any medical benefit, item or service to any individual.
8. **Federal health care program:** As defined at 42 U.S.C. § 1320a-7b(f), includes any plan or program that provides health benefits to any individual, whether directly, through

insurance, or otherwise, which is funded directly or indirectly, in whole or in part, by the United States Government or state health care program, including, but not limited to Medicare, Medicaid, Champus, Veterans Affairs, Federal Bureau of Prisons, and Indian Health Services, but excluding the Federal Employees Health Care Benefit Program.

9. **Residents:** Refers to any individual who participates in an approved graduate medical education ("GME") program, including interns and fellows.
10. **Material Deficiency:** Means anything that involves: (i) a substantial overpayment; or (ii) a matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal health care program for which penalties or exclusions may be authorized.

A. CODE OF CONDUCT

The HSC Institutional Compliance Program incorporates by reference the standards of conduct expressly set forth in the HSC Code of Conduct/Organizational Ethics Policy ("Code of Conduct"), attached as Exhibit A to this Program. The Code of Conduct delineates the standards by which all HSC Employees will conduct themselves in order to protect and promote HSC-wide integrity and to ensure compliance with the many laws and regulations under which the HSC operates. All HSC Employees are required to know and follow the Code of Conduct and to report any reasonably suspected violations of these standards. HSC will provide regular training to all HSC Employees concerning their obligations under the Code of Conduct, Federal and local laws and regulations, and HSC policies and procedures.

In addition to the Code of Conduct, HSC Components including the UPA Compliance Program, the School of Medicine Research Compliance Program, the University Hospital Compliance Program, and the Cancer Research & Treatment Center have published standards of conduct relative to their specific needs. HSC Employees who work in these areas are also required to know and adhere to those standards.

The Code of Conduct does not constitute an implied employment contract between UNM Health Sciences Center and its Employees. HSC Employees should not interpret complying with the Code of Conduct as consideration for a promise of continued employment. The Code of Conduct is the minimum expectations that the UNM Health Sciences Center has of every HSC Employee.

Any violation of the Code of Conduct is a serious matter. Violations of the Code of Conduct, including failure to report reasonably suspected violations of which an HSC Employee is aware, will be subject to appropriate discipline, up to and including termination. Discipline of Medical Staff members may include revocation of their staff privileges. HSC Agents may have their contracts terminated or not renewed. The confidentiality of matters reported to any of the Compliance Officers/Directors will be protected in a manner consistent with the HSC Institutional Compliance Program and up to and within limits allowed by law.

If an HSC Employee believes that the Code of Conduct fails to address an important issue, or has

a question about interpreting the Code, then he or she should contact his/her supervisor. If an HSC Employee does not feel comfortable discussing the situation with his/her supervisor or an appropriate management representative, or if he/she has discussed the matter and remains unclear as to what is the appropriate conduct, then he/she should contact the HSC Compliance Director or a Compliance Officer/Director from one of the applicable compliance Components. HSC Employees are encouraged to contact one of the Compliance Offices with questions or concerns about the Code of Conduct, or applicable laws and regulations. Compliance concerns may also be reported anonymously through the HSC Compliance Hotline at 1-888-899-6092.

The office of the HSC Compliance Director is located at 815 Vassar and can be reached at 272-2588. The UPA Compliance Director is located at 1650 University Boulevard, Suite 116 and can be reached at 272-6036. The Director, Office of Research, for the School of Medicine is located at BMSB Room B61C and can be reached at 272-1492. The Cancer Research & Treatment Center Ethics and Compliance Officer is located at 900 Camino de Salud and can be reached at 272-6048. The University Hospital Executive Compliance Director is located at 1650 University Boulevard, Suite 302 and can be reached at 272-8761.

B. ORGANIZATIONAL STRUCTURE

General Description: This Program is the principal plan that outlines the guidelines for behavior and performance for HSC Employees. Other areas that present a high probability for errors in complying with applicable laws, regulations and University policies and practices, such as professional billing, and research compliance issues will continue to follow the specific HSC Component's compliance plans, policies and/or procedures that address issues pertinent to those areas.

1. **HSC Compliance Director:** The HSC Compliance Director assumes the managerial and administrative tasks involved in establishing, monitoring, and updating this Program. The HSC Compliance Director is responsible for providing oversight, coordination and review of the compliance activities of the HSC and its Components, including HIPAA privacy and security. The HSC Compliance Director collaborates with the HSC Compliance Committee, the HSC Executive Compliance Committee, the Board of Regents for the University of New Mexico and the boards of various other HSC Components as necessary. The HSC Compliance Director is a member of senior management and is appointed by, and reports directly to, the Executive Vice President for Health Sciences. The HSC Compliance Director is assured unrestricted access to the Executive Vice President for Health Sciences, the HSC Executive Compliance Committee and other leadership of the institution in the event there are any perceived conflicts of interest. The HSC Compliance Director shall make reports to the Regents Health Sciences Committee, the Clinical Operations Board, the Executive Vice President for Health Sciences and the President of the University as requested or as circumstances require that the leadership be immediately informed of emerging compliance matters. The HSC Compliance Director shall generally:
 - i. Supervise the implementation of this Program;
 - ii. Develop and implement policies and procedures related to the HSC Code of Conduct to ensure compliance with government laws and regulations affecting

- HSC operations;
- iii. Supervise and evaluate monitoring and auditing procedures not within the scope of the Component compliance programs;
 - iv. Oversee the HSC Hotline;
 - v. Supervise and oversee the investigation of suspected intentional and/or accidental misconduct not within the scope of the Component compliance programs;
 - vi. Coordinate efforts with the UNM Office of Internal Audit, HSC Office of University Counsel and other departments as appropriate;
 - vii. Update and modify the HSC Institutional Compliance Program in response to changes in the law and as otherwise necessary to ensure Program effectiveness;
 - viii. Develop and/or oversee appropriate training and education of HSC Employees on compliance requirements;
 - ix. Receive and review periodic compliance reports provided by the HSC Compliance Committee for subsequent reporting to appropriate boards and committees;
 - x. Perform and/or arrange periodic compliance improvement reviews; and
 - xi. Serve as a resource to the HSC Employees/Agents/Components on matters of compliance.

The HSC Compliance Director has the responsibility to identify issues/matters by level of risk/exposure and provide at least a quarterly written summary report to the HSC Executive Compliance Committee. The report shall contain information pertaining to the previous quarter including, but not limited to: the nature of credible complaints received; actions taken; status of all open complaints and ongoing investigations or audits; items resolved and closed; and the status of implementing any recommendations for corrective, disciplinary or other remedial action.

The HSC Compliance Director shall provide a written annual report to the HSC Executive Compliance Committee that covers the operation of the HSC Institutional Compliance Program during the preceding year. The annual report shall address each of the following topics:

- Compliance training efforts taken during the year, including general training on the Program and specific training on substantive topics;
- Contacts made to the HSC Compliance Director related to potential compliance issues segregated by the source of the contact;
- Reports of potential compliance violations, investigative actions taken or declined, investigations assumed by the Office of University Counsel, resolution of the complaint, and open investigations and their status;
- A summary of Material Deficiencies identified during the year and the status of any corrective and preventative actions relating to all such Material Deficiencies;
- Auditing and monitoring activities taken during the year and their status, including significant findings, corrective actions recommended and corrective actions taken;
- A report of the aggregate overpayments that have been returned to the Federal health care programs (overpayment amounts that are routinely reconciled or

adjusted pursuant to policies and procedures established by the payor do not need to be included in the aggregate overpayment report);

- An evaluation of the effectiveness of the disciplinary actions and remedial actions taken or recommended; and
- Recommendations by the HSC Compliance Director for improving the HSC Institutional Compliance Program, changing policies or procedures, or revising the Code of Conduct.

The HSC Compliance Director shall also provide the HSC Executive Compliance Committee with copies of all substantive written communications submitted to the Office of the Inspector General (“OIG”) or other governmental entities in a timely manner. The HSC Compliance Director shall make reports to the Regents Health Sciences Committee, the Clinical Operations Board, the Executive Vice President for Health Sciences and the President of the University as requested or as circumstances require that the leadership be informed of emerging compliance matters.

2. **HSC Compliance Committee:** The HSC Compliance Committee will implement this Program under the direction of the HSC Compliance Director. The Committee will meet at least six times per year. Permanent members of the HSC Compliance Committee include:

- i. HSC Compliance Director;
- ii. HSC University Counsel Representative;
- iii. HSC Senior Program Manager;
- iv. Director, Office of Research, for the School of Medicine;
- v. Compliance Officer for University Physician Associates;
- vi. Executive Director of Compliance for University Hospitals;
- vii. Ethics and Compliance Officer for the Cancer Research & Treatment Center;
- viii. HSC Privacy Officer;
- ix. HSC Security Officer;
- x. College of Nursing Representative;
- xi. College of Pharmacy Representative.

The Committee shall also consist of any other institutional officials as the HSC Compliance Director shall appoint. Additional institutional officials shall be available to the Committee to perform consultative services as needed.

Executive Compliance Committee: The Executive Compliance Committee shall be Chaired by the Deputy Vice President for Health Sciences, Dean and Professor, College of Pharmacy. Permanent members of the Executive Compliance Committee include:

- i. Executive Vice President for Health Sciences and Dean of the School of Medicine;
- ii. Associate Vice President for Clinical Operations and Chief Executive Officer, University Hospital;
- iii. Deputy Vice President for Health Sciences, Dean and Professor, College of Pharmacy;
- iv. HSC Chief Administrative Officer and School of Medicine Assistant Dean for

Administration;

- v. Executive Dean for the School of Medicine;
- vi. Associate Director, Human Resources;
- vii. President of University Physician Associates;
- viii. Administrator, Human Resources, University Hospital;
- ix. Chief Financial Officer, University Hospital;
- x. Chief Operations Officer, University Physician Associates;
- xi. Associate Vice President for Knowledge Management & Information Technology;
- xii. Associate Vice President for Financial Services;
- xiii. Senior Associate Dean for Research;
- xiv. HSC Senior Program Manager;
- xv. HSC Office of University Counsel Representative;
- xvi. HSC Compliance Director.

The Executive Vice President for Health Sciences and the Associate Vice President for Clinical Operations and Chief Executive Officer, University Hospital, shall serve as ex-officio members of the Committee. The Committee shall also consist of any other senior management officials as the Executive Vice President for Health Sciences shall appoint. Other senior institutional officials shall be available to the Committee to perform consultative services as needed.

The Committee shall meet at least quarterly to advise the HSC Compliance Director on operations, and to ensure that the HSC Compliance Director's recommendations and activities receive the highest level of attention. Meetings of the Committee shall also be held at the request of the HSC Compliance Director in conjunction with the Chair. The Committee shall support the HSC Compliance Director in fulfilling his or her responsibilities and shall assist in the analysis of the HSC's risk areas and shall oversee monitoring of internal and external investigations. The Chair of the Committee, in conjunction with the Executive Vice President for Health Sciences, shall be responsible for preparing a written evaluation of the HSC Compliance Director's performance.

The Chair of the Committee shall report to the Executive Vice President for Health Sciences with respect to the discharge of the Committee's duties under the Program.

The Executive Compliance Committee shall periodically review the Code of Conduct and the Program to determine if revisions are appropriate and shall make recommendations for necessary revisions based on such reviews. The Executive Compliance Committee shall also assess and update Compliance policies and procedures.

3. **Additional Compliance Committees:** The School of Medicine, Cancer Research & Treatment Center, University Physician Associates and University Hospitals have organized and implemented compliance related committees to assist in fulfilling their respective compliance program goals. Each HSC Component is responsible for determining the composition, duties, and meeting schedules necessary for maintenance and operation of their specific compliance programs in accordance with applicable laws

and regulations.

4. **Additional Compliance Programs:** The School of Medicine, Cancer Research & Treatment Center, University Physician Associates and University Hospitals have developed and implemented compliance related plans, policies and/or procedures tailored to their specific operations. Those programs address the following basic elements, including but not limited to:
 - i. Policies and procedures for billing, research or other business activities by HSC Employees;
 - ii. Educational and training programs specific to their operational needs;
 - iii. A system for ensuring and documenting that HSC Employees receive training regarding compliance issues;
 - iv. Auditing and monitoring programs for routine, random sample audits of records to ensure compliance at the grass roots level; and
 - v. Investigations of suspected intentional and/or accidental misconduct.

The HSC Components described above will submit a status report documenting the above elements on at least a quarterly basis. The report will also address:

- a. Areas of compliance concern and how they are being addressed;
 - b. Training of HSC Employees as to specific compliance issues; and
 - c. Any other matter dealing with compliance issues within the HSC Component.
6. **HSC Office of University Counsel:** The HSC Office of University Counsel is an important resource to Program. The HSC Compliance Director and Compliance Officers/Directors for the HSC Components work closely with legal counsel in seeking advice and support with regard to:
 - i. Development and implementation of compliance policies and procedures;
 - ii. Investigations of possible noncompliance with Federal and state laws and regulations affecting health care operations, including but not limited to billing and reimbursement, business transactions, contracts, research and other health care operations issues; and
 - iii. Any external auditors to be retained specifically for the purpose of auditing compliance related matters.
 7. **Hospital Laboratory Compliance:** HSC laboratory services are provided by Tri-Core Reference Labs, of which UNM is an equity owner. Tri-Core Reference Labs has implemented its own compliance plan. Tri-Core Labs will advise University Hospitals or other HSC Components as appropriate, of any compliance issues that they identify.

C. POLICIES AND PROCEDURES

The HSC Compliance Director, subject to the approval of the HSC Executive Compliance Committee, shall issue written policies, procedures or instructions regarding the operation of the Program and compliance with Federal health care program requirements. The policies and

procedures shall be to ensure that the HSC conducts its business in accordance with the highest ethical standards and in compliance with the various Federal and state laws and regulations applicable to its activities. Such policies, procedures and instructions, however, shall not conflict with any provision of the Program. The policies and procedures shall, at a minimum, address:

1. The subjects relating to the Code of Conduct;
2. Regulations regarding clinical research; and
3. Areas of OIG concern or risk areas outlined in hospital, physician and billing OIG Model Compliance Program Guidances including, but not limited to, such items as technical and professional billing and Medicare cost reports.

At least annually, the HSC Executive Compliance Committee shall work with the HSC Compliance Director to assess and update as necessary the policies and procedures related to the Program. The HSC Compliance Director shall ensure that within 90 days of the effective date of any revisions, a copy of the relevant portions of any such revised policies and procedures shall be made available to all individuals whose job functions are related to those policies and procedures.

Each HSC Component has developed and implemented compliance related policies and procedures tailored to its specific operations. Those policies and procedures shall not conflict with any provision of the Program. The HSC Compliance Director shall assess the policies and procedures at least annually and work with the Component Compliance Officers/Directors to ensure that they are updated as necessary. Any problems and/or concerns shall be brought to the attention of the HSC Executive Compliance Committee by the HSC Compliance Director.

D. TRAINING AND EDUCATION PROGRAMS

HSC training programs and materials are designed to take into account the skills, experience, and knowledge of individual Employees. HSC Employees receive ongoing compliance training and education activities coordinated by the Compliance personnel responsible for the appropriate HSC Component. HSC Employees are required to attend compliance training no less than annually. Compliance training will cover both substantive issues and administrative procedures. Discussion of the HSC Institutional Compliance Program, Code of Conduct, and pertinent policies and procedures will be central to compliance training. All new HSC Employees will be required to complete a training program within thirty days of their beginning employment.

All HSC Employees providing health care services, items or billing will receive ongoing compliance training regarding compliance issues specific to their operational needs, which will be coordinated by the Compliance personnel responsible for the appropriate HSC Component.

Some HSC Employees will receive specialized training as a result of the areas in which they are employed. This specialized training may focus on complex areas, or on areas which pose a high risk of liability for violation of state and Federal laws. Each HSC Component's Compliance Officer/Director shall be responsible for ensuring that training is updated on a regular interval to include new developments in law/regulations.

The HSC Compliance Director shall assess the training and education programs at least annually and work with the Component Compliance Officers/Directors to ensure that they are updated as necessary. In addition, the HSC Compliance Director or his/her designee shall be responsible for Employee training and education within HSC Administration, Health Sciences Library and Informatics Center, School of Medicine (excluding the Office of Research and HSC-wide research compliance activities within that Office), School of Nursing and the School of Pharmacy.

E. AUDITING AND MONITORING

Audits and/or other risk evaluation techniques must be used to monitor compliance, identify problem areas and ensure compliance with Federal and state health care statutes, regulations, and program requirements, as well as private payor rules. In consultation with the HSC Compliance Director, each HSC Component's Compliance Officer/Director will design and implement a program of annual internal audits of selected programs and operations for their respective compliance programs. Audit procedures shall be designed to determine accuracy and validity of coding and billing submitted to Medicare, Medicaid, other Federal health programs and other payors. Such audit procedures shall include at a minimum the following practices:

1. Review of backup records on a random basis to assess reliability of billings to programs;
2. Periodic review of the entire claims development and submission process beginning with the patient's registration, submission of the claim to the government or third party payor, and ending with the claim payment; and
3. Reviewers involved in any audits possess the qualifications and experience to identify potential issues.

In addition to these annual audits, each HSC Component's Compliance Officer/Director may also arrange for the audit of any program or activity that may be a designated high risk or vulnerable Federal program function or that reasonably appears to be in violation of the Code of Conduct. All audit reports shall be made available to the HSC Executive Compliance Committee upon request.

Each Compliance Officer/Director shall follow appropriate guidelines for the conduct of internal audits, including entrance and exit interviews, providing draft audit reports to the directors of audited departments, and maintaining documentary support for findings, and providing a written audit report.

The HSC Compliance Director shall assess the compliance auditing and monitoring programs at least annually and work with the Component Compliance Officers/Directors to ensure that they are carried out. In addition, the HSC Compliance Director or his/her designee shall be responsible for compliance auditing and monitoring of HSC Administration, Health Sciences Library and Informatics Center, School of Medicine (excluding the Office of Research and HSC-wide research compliance activities within that Office), College of Nursing and the College of Pharmacy.

F. HSC DISCLOSURE PROGRAM AND COMPLIANCE HOTLINE

HSC Employees and Agents have an obligation to make good faith reports of known or suspected violations of any criminal, civil or administrative law, statute, regulation or guideline applicable to the Federal health care programs, the Code of Conduct, or policies and procedures, to their supervisor, manager or other appropriate management staff member.

1. **Direct communication:** It is HSC's goal to effectively communicate its standards and procedures to all Employees and Agents. First line supervisors play a key role in responding to HSC Employee concerns and it is important that they continue to serve as a first line of communication. Any HSC Employee may make a good faith report of any suspected misconduct or fraud, without fear of retribution, to their immediate supervisor who shall then review and follow-up on the Employee's concern.
2. **Compliance Personnel:** Open lines of communication to the Compliance Officers/Directors are equally important. The HSC Components have designated Compliance Officers/Directors and support personnel for review and follow-up regarding compliance concerns and may be contacted at the addresses/phone numbers enumerated in section II(A) above.

HSC Employees and Agents should go to their respective Compliance Officers/Directors to obtain clarification on the organization's policies, as well as initiate investigations of unethical practices, or other questionable conduct. The Compliance Officers/Directors will endeavor to maintain confidentiality to the greatest extent possible. HSC Employees and Agents may also report their concerns to the HSC Compliance Director or the HSC Compliance Hotline.

3. **Hotline:** The OIG encourages the use of hotlines and other forms of information exchange to maintain open lines of communication without fear of retaliation. The HSC has implemented a hotline process that permits the reporting of suspected compliance issues confidentially. Please refer to HSC policy "Internal Handling of Compliance Hotline Calls" for further information.

The Hotline provides a means of communicating information regarding good faith concerns about billing and other possible misconduct. Questions about compliance standards and legal duties will be forwarded to the appropriate Compliance Officer/Director or other appropriate institutional official, who will respond or direct a response from an appropriate person within the HSC community. The HSC Compliance Director, or his/her designee, shall investigate all reports of suspected misconduct received through the Hotline, in coordination with the Office of University Counsel if necessary.

Any HSC Employee or Agent who is uncomfortable reporting a suspected violation to any of the above referenced resources, or who believes that the issue has not been handled appropriately, is encouraged to call the Compliance Hotline at 1-888-899-6092. The Hotline is available 24 hours a day, 7 days per week and is handled by an outside

vendor, Global Compliance Services.

Callers who wish to remain anonymous are provided with an identification number. This number may be used by the caller to identify him or herself to report additional information at a later time or to follow up on the status of his or her report.

Committing or condoning retaliation for good faith reporting of perceived or suspected Code of Conduct violation(s), or for participation in an investigation of an alleged violation will not be tolerated. Any HSC Employee or Agent who commits or condones any form of retaliation may be subject to discipline up to, and including, termination. No HSC Employee or Agent will be penalized for reporting in good faith any alleged violation as required under this Program.

In light of the seriousness of an alleged violation, the HSC will not tolerate the submission of knowingly false, spurious or frivolous reports. Consequently, if, after appropriate investigation of a report of an alleged violation, the report is found to be knowingly false, spurious or frivolous, appropriate disciplinary action may be taken against the complainant, including possible suspension, termination or expulsion.

G. ENFORCEMENT OF STANDARDS AND DISCIPLINARY GUIDELINES

The HSC Compliance Director, the Executive Vice President for Health Sciences, the Dean of the School of Medicine, the Chief Executive Officer of the University Hospital, the Compliance Officers/Directors of the other HSC Components, and other appropriate HSC officials shall take steps to ensure that all HSC Employees and Agents actively participate in compliance activities and are disciplined for violating the Code of Conduct. Training shall emphasize that HSC Employees/Agents not only must obey the Code of Conduct themselves, but that they have an affirmative obligation to report reasonably suspected violations committed by others. Failure to comply with this Program, or the laws and regulations applicable to participants in Federally funded healthcare programs or other healthcare, education, research or business laws or regulations can result in discipline up to and including termination from employment. Any HSC Employee/Agent involved in verified misconduct shall be subject to disciplinary procedures applicable to that Employee/Agent's status at UNM. Enforcement and discipline of HSC Employees/Agents shall be under the authority of the appropriate Human Resources Department and/or University Counsel, as it applies. Appropriate disciplinary measures shall be considered on a case-by-case basis and in accordance with established policies and procedures.

Managers will be advised that they are subject to discipline for their negligent or deliberate failure to detect compliance violations that occur within their areas of responsibility. If a supervisor, due to negligence, carelessness or inattention, facilitates or prolongs misconduct, the HSC will take appropriate discipline commensurate with the seriousness of the violation. Certain offenses may lead to immediate termination. These offenses include, but are not limited to:

- Willful violation of a local or Federal statute or regulation governing billing procedures and practices;
- Taking adverse actions against an HSC Employee/Agent for raising questions or

- reporting violations to the Hotline, Component Compliance Officer/Director, or HSC Compliance Director; or
- Providing false or misleading information during the course of any audit or investigation conducted pursuant to this Program or by any government agency.

Appropriate discipline may take into account whether the individual self-reported any violation voluntarily and whether the individual cooperated in the investigation and correction of the misconduct.

H. INVESTIGATION AND REPORTING OF SUSPECTED VIOLATIONS OF LAW

1. **Internal investigations:** The appropriate Compliance Officer/Director, under the guidance and support of the HSC Compliance Director and the Office of University Counsel, shall evaluate all credible reports of potential misconduct, whether written or oral. All investigations shall be conducted in a prompt and thorough manner. At the conclusion of any investigation, the appropriate Compliance Officer/Director shall provide a written report of the investigation that contains findings, conclusions, and recommendations for disciplinary and other appropriate corrective remedial action, if any, to the HSC Compliance Director. A prompt response will include:
 - a. Identifying the extent of the HSC's liability and initiating a corrective course of action;
 - b. Prompt return of any overpayments;
 - c. Reporting to the appropriate governmental authorities as necessary;
 - d. If appropriate, referring the matter to appropriate Human Resources Department for purposes of imposing discipline and corrective action in accordance with policies and procedures.

Each HSC Component's Compliance Officer/Director shall maintain, in a secure area, a documentary record ("Compliance Log") of all activities taken to investigate all issues and/or suspected violations of the Code of Conduct or any Federal or state law. This Compliance Log shall contain such pertinent data as a record and summary of each disclosure received (whether anonymous or not), the dates investigations were initiated and concluded, the status of any investigations or reviews, and the findings, conclusions and recommendations for corrective, disciplinary or other remedial actions.

The HSC Compliance Director shall also maintain, in a secure location, a copy of all incoming reports related to each complaint made to the HSC Compliance Director and or the HSC Compliance Hotline, the written dispositions, and any related communications.

2. **Governmental Investigations:** The HSC is committed to full compliance with all state and Federal laws and regulations and shall cooperate with all reasonable demands made in any government investigation of the HSC, its Employees or Agents. However, HSC deems it essential that the legal rights of the HSC, its Employees and Agents are protected. If any HSC Employee/Agent receives a subpoena (non-patient specific) from any governmental agency, such Employee/Agent shall first notify his/her supervisor who

will then promptly alert the Office of University Counsel as soon as possible. The Office of University Counsel shall serve as the primary contact with government agencies regarding external queries.

3. **External Reporting:** It is the policy of the HSC to promptly report overpayments. If at any time, the HSC identifies or learns of any overpayment, it shall make a good faith effort to notify the payor (e.g. Medicare fiscal intermediary or carrier) within 30 days of identification of the overpayment and take remedial steps within 60 days of identification (or such additional time as may be agreed to by the payor) to correct the problem, including preventing the underlying problem and the overpayment from recurring. Also within 30 days of identification of the overpayment, the HSC shall make a good faith effort to repay the overpayment to the appropriate payor to the extent such overpayment has been quantified. If not yet quantified, within 30 days of identification, the HSC shall make a good faith effort to notify the payor of its efforts to quantify the overpayment amount along with a timetable of when such work is expected to be completed.

Whenever one of the Component Compliance Officers/Directors reasonably suspects that an overpayment has been received as a result of misconduct on the part of an HSC Employee, Agent or supplier that was knowing or willful, or that the conduct resulting in the overpayment could result in civil, administrative or criminal liability, the relevant Compliance Officer/Director shall consult with the Office of University Counsel and the HSC Compliance Director concerning the misconduct. The Office of University Counsel and the HSC Compliance Director shall investigate the matter further and, if appropriate, shall report the matter to the appropriate law enforcement or regulatory agency in a timely manner and consistent with the provisions of the Program.

It is also the policy of the HSC to promptly report Material Deficiencies. If any of the Component Compliance Officers/Directors determine through any means that there is a Material Deficiency, the appropriate Compliance Officer/Director shall notify the HSC Compliance Director. The HSC Compliance Director, in conjunction with the Office of University Counsel, shall make a good faith effort to notify the OIG, in writing, within 30 days of making the determination that the Material Deficiency exists.

I. Exercising Due Diligence When Selecting Employees/Agents and Delegating Discretionary Authority

The HSC will take all reasonable steps to ensure that it does not employ or delegate authority to any individual who has demonstrated a lack of trustworthiness or a propensity to engage in illegal activities.

The HSC will make a reasonable effort to evaluate all prospective HSC Employees and Agents. The employment application and application for staff privileges or faculty appointment shall require informational data to assist in the evaluation of the applicant's trustworthiness. The applicant shall certify on the application that the information is true, complete and accurate, and shall acknowledge that the HSC will verify the information. The verification process may continue after the individual is hired or appointed and any false or misleading statement or

material omission is a basis for dismissal.

All applicants for employment shall be informed that they are subject to the following:

- A criminal record check to the extent required by law and/or internal policy;
- A credit record check to the extent required by law and/or internal policy;
- Review of the current Cumulative Sanctions List prepared by the OIG, United States Department of Health and Human Services;
- Review of the current Government Services Administration Debarment List;
- Review of the National Practitioner Data Bank (if applicable); and
- A credential check with the appropriate local licensing authorities with respect to licensed or certified professionals and paraprofessionals.

The HSC shall not hire an applicant, engage as a contractor or grant staff privileges to any person or entity who: (a) is excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; or (b) has been convicted of a criminal offense that falls within the scope of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, or otherwise declared ineligible; (c) was convicted of a felony; or (d) was convicted of a misdemeanor that (i) involves a health care program operated by or financed in whole or in part by any Federal, State, or local government agency; or (ii) relates to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; or (iii) relates to the neglect or abuse of patients.

Notwithstanding the provisions of (a), (b), (c), and (d) above, an otherwise qualified applicant may be hired by the HSC, provided that the HSC Compliance Director certifies to the HSC Executive Compliance Committee that such applicant has been exonerated of the crime for which he/she was convicted, or that the conviction is so remote in time as not to be probative of the applicant's present character, or that due to other circumstances it would be manifestly unfair to preclude offering an employment opportunity to such applicant.

In no event, however, shall the HSC hire or appoint any applicant for employment who is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs or from any health care program sponsored or administered by the government of New Mexico.

III. Evaluation of the HSC Institutional Compliance Program and HSC Compliance Director

A. Evaluating the HSC Institutional Compliance Program

The HSC Executive Compliance Committee shall at least every two years arrange for an independent audit to address such topics the Committee specifies as areas of concern within the Program

B. Evaluating the HSC Compliance Director

At the end of each fiscal year, the Chair of the HSC Executive Compliance Committee and the Executive Vice President for Health Sciences shall prepare a written evaluation of the HSC Compliance Director's performance based on the job duties of the HSC Compliance Director and performance criteria to be developed by the HSC Executive Compliance Committee.

IV. Implementing and Amending the Compliance Program

The University of New Mexico Board of Regents, through the Regents' Health Sciences Committee, and the HSC Clinical Operations Board will exercise oversight of the Program by receiving and evaluating periodic reports provided to it by the HSC Compliance Director. Amendments to this HSC Institutional Compliance Program and Code of Conduct may be made by the Executive Vice President for Health Sciences upon recommendation by the Executive Compliance Committee.

The HSC Compliance Director shall ensure that any changes in the Compliance Program and the Code of Conduct are promptly communicated to all HSC Employees and Agents, as appropriate, within 30 days of finalizing any such change.

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APPENDICES

Appendix A HSC Code of Conduct/Organizational Ethics Policy (“Code of Conduct”)