

Dear Colleagues:

Denver Health and Hospital Authority and its affiliated entities (“DHHA”) are fully committed to compliance with the laws and ethical standards in everything we do. This commitment stems from the foundation of our Code of Conduct that has been embraced by the Denver Health enterprise and guides our actions as we strive to change the world by transforming the health of our patients, members, and community.

In this age of strict government regulation and public scrutiny of business practices, a high level of devotion to compliance and integrity is essential. DHHA prioritizes compliance and business ethics not only because of increasing enforcement, but because it’s the right thing to do. This Enterprise Compliance Program (“Compliance Program”) was developed as the framework to support a culture of compliance and integrity for DHHA.

Enterprise Compliance Services (“ECS”) supports the Compliance Program through education and training, program activities, guidance on implementation - changes to laws and regulations that impact operations, auditing and monitoring risk areas, and investigations of allegations of non-compliance and fraud, waste, or abuse. Our culture of compliance encourages all individuals to raise compliance concerns directly with their supervisor, and others in the chain of command as well as our Chief Compliance and Audit Officer or any member of the ECS team. However, if anyone is not comfortable with this method of reporting, our ValuesLine (1-800-273-8452 or www.denverhealth.ethicspoint.com) is available to report or raise concerns anonymously.

We urge you to ask questions and to speak up to help preserve and maintain the ethics and integrity of DHHA. We do not tolerate retaliation or take adverse action against individuals who make good faith reports, regardless of whether the reports are ultimately substantiated or not.

To ensure a high level of integrity throughout our organization, every individual must be committed to doing the right thing and act consistently with our values, ethics, and standards of conduct. This Compliance Program is applicable to all staff (employed and contracted), including board members, senior leaders, supervisors, medical staff, affiliates, and volunteers. Compliance is everyone’s responsibility, and we encourage everyone to become familiar with this document.

Thank you for all you do.



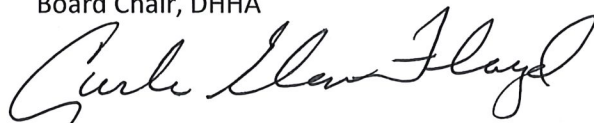
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INTRODUCTION

Denver Health and Hospital Authority (“DHHA”) has been providing care for people in the Denver and Rocky Mountain region since 1860. In 1997 DHHA began operations after separating from the City and County of Denver. The Colorado legislature created DHHA as a corporate body and political subdivision of the State of Colorado governed by an eleven-member Board of Directors that is responsible for the operations of DHHA’s health system. DHHA includes a 525-licensed bed acute care hospital, 13 community health centers and 19 school-based health centers in Denver Public Schools. DHHA also includes the Denver Public Health Department, Rocky Mountain Poison & Drug Safety, Acute Center for Eating Disorders, and the Denver Health Medical Plan, Inc. (“DHMP”), a nonprofit Colorado corporation affiliated with DHHA.

DHMP is a licensed, non-profit health insurance corporation created in 1997 as a Health Maintenance Organization (“HMO”) in the State of Colorado. It is affiliated with DHHA and has its own Board of Directors. DHMP concentrates its efforts on delivering quality managed care insurance products and services for its Medicare Advantage, Child Health Plan Plus (“CHP+”), Medicaid Choice, and Commercial group health and individual consumer plans. DHMP strives to provide the Denver community with access to high quality, cost-effective, locally managed health care.

DHHA, its affiliates, and all its staff members are committed to full compliance with all federal, state, and other regulatory requirements and guidance. As a medical center, research center, and health plan, DHHA is obligated to manage and operate within a complex set of rules and regulations. In order to do so, it has a comprehensive Compliance Program that ensures ethical behavior in accordance with DHHA and its affiliates’ mission, vision, values, and compliance with all applicable regulations. Ethical behavior and regulatory compliance are part of the job performance expectations of all staff, including directors, officers, supervisors, medical staff, affiliates, and volunteers throughout the enterprise.

This DHHA Enterprise Compliance Program (“Compliance Program”) is designed to strengthen and further demonstrate DHHA’s commitment to achieve the highest level of awareness of governmental standards and DHHA policies, as well as to prevent, detect, and correct violations. The Compliance Program establishes a framework for compliance with applicable health insurance guidelines, care and clinical research laws, regulations, and policies of DHHA and its affiliates.

The objectives of this Compliance Program are to outline the structure of the Compliance Program for DHHA and its affiliates and to communicate the Compliance Program’s expectations of Denver Health leaders and staff. Each DHHA staff member is responsible for acting in alignment with this Compliance Program along with applicable laws, ethical standards, and DHHA policies and procedures.

OVERSIGHT

I. Board of Directors Oversight

Both the DHHA and DHMP Boards of Directors have responsibility and oversight for compliance and audit activities.

- The DHHA Board receives compliance and audit activity reports for the entire enterprise including all DHHA subsidiaries.
- The DHMP Board receives compliance and audit activity reports specific to DHMP and its lines of business.

The DHHA and DHMP Boards of Directors have delegated the duty to provide oversight for the Compliance

Program to its Finance, Audit, and Compliance Committees (“FACC”). The DHHA and DHMP Board of Directors (“Boards”) are ultimately responsible for supervising the work of the Chief Compliance and Audit Officer (“Chief Compliance Officer”) and maintaining the standards of ethics and integrity as outlined in the Code of Conduct and this Compliance Program. The Boards oversee all of DHHA’s and DHMP’s compliance efforts and takes appropriate and necessary actions to ensure that DHHA and DHMP conduct their activities in compliance with the law and sound business ethics. The Chief Compliance Officer presents compliance matters directly to the Boards at least once per year or as necessary.

- A. Finance, Audit, and Compliance Committees. The Chief Compliance Officer provides regular reports to the Boards through each FACC about the Compliance Program and compliance issues. Each FACC provides oversight by exercising reasonable care to assure that corporate officers, supervisors, and staff carry out their management responsibilities in an ethical manner and in compliance with the law. Committee members are entitled to rely, in good faith, on officers, supervisors, and staff as well as professional experts and advisors in whom committee members believe such confidence is merited. Additionally, in exercising reasonable oversight, each FACC is made aware of any compliance enforcement activities issued to DHMP or DHHA, the outcomes of DHHA compliance activities, and the results of the assessment of compliance program performance and effectiveness. Each Board FACC will report compliance matters to its corresponding full Board regularly.
- B. Meetings. The Chief Compliance Officer shall provide compliance updates to each Board FACC at least bi-annually and will develop the compliance portion of the agenda for FACC meetings. Upon request, the Chief Compliance Officer will have the opportunity for an executive session with each Board FACC where management is not present at the meeting.

II. Chief Compliance Officer

DHHA has a Chief Compliance Officer who oversees the ECS department and serves as the primary supervisor of this Compliance Program. The Chief Compliance Officer occupies a high-level position within the organization and has authority to carry out all compliance responsibilities described in this Compliance Program. The Chief Compliance Officer is responsible for assuring that the Compliance Program is implemented to ensure that DHHA at all times maintains business integrity and that all applicable statutes, regulations, sub-regulatory guidance, and policies are followed.

- A. Appointment. The Chief Compliance Officer is recommended for appointment by the DHHA Board’s FACC and approved by the DHHA Board of Directors.
- B. Access. The Chief Compliance Officer reports directly to the DHHA Chief Executive Officer (“CEO”) and the DHHA Board of Directors with a dotted line reporting relationship to the General Counsel and immediate access to other executives and senior managers, as well as to outside legal counsel. To further the compliance interests of the organization, the Chief Compliance Officer shall regularly communicate and collaborate with the DHHA CEO and General Counsel regarding compliance concerns, initiatives, and investigations. The Chief Compliance Officer shall disclose any compliance investigations or concerns to the CEO and/or the General Counsel; except that, the Chief Compliance Officer may disclose compliance concerns directly to the DHHA Board FACC and/or the DHHA Board of Directors if, in the opinion of the Chief Compliance Officer, disclosure of compliance concerns to the CEO or General Counsel would compromise the goals and purposes of the Compliance Program. In such cases, the Chief Compliance Officer shall disclose the matter through his/her direct reporting relationships with the DHHA Board FACC and/or the DHHA Board

as a whole. The Chief Compliance Officer has the authority to retain, as s/he deems necessary for the performance of his/her responsibilities, consultants and outside legal counsel.

The Chief Compliance Officer serves as the Compliance Officer for all DHMP lines of business. The day-to-day operation of the DHMP Compliance Program is managed by the ECS Health Plan Compliance Program Manager with support and direction from the Director of Compliance and Internal Audit and the Chief Compliance Officer. The ECS department has direct access to the DHMP CEO, leadership team and DHMP’s Board of Directors.

C. Authority. The Chief Compliance Officer has the authority to review all documents and other information relevant to compliance activities, including, but not limited to, patient records, billing records, records concerning marketing efforts and all arrangements with third parties, including without limitation, employees, independent contractors, suppliers, agents, and physicians.

D. Responsibilities. The Chief Compliance Officer’s responsibilities include the following:

- Oversee and monitor the implementation and maintenance of the Compliance Program.
- Report on a regular basis to the DHHA and DHMP FACCs of the Boards of Directors (no less than bi-annually) on the progress of implementation and operation of the Compliance Program and assisting the DHHA and DHMP FACCs in establishing methods to reduce DHHA’s risk of fraud, waste, and abuse (“FWA”).
- Revise the Compliance Program periodically in response to the needs of DHHA and applicable statutes, regulations, and sub-regulatory guidance.
- Review, at least annually, the implementation and execution of the elements of the Compliance Program. The review includes an assessment of each of the basic elements individually, the overall success of the Compliance Program, and a comprehensive review of the ECS department.
- Develop, coordinate and participate in educational and training programs that focus on elements of the Compliance Program with the goal of ensuring that all appropriate staff members are knowledgeable about, and act in accordance with the Compliance Program and all pertinent federal and state requirements.
- Inform independent contractors, agents, vendors and first tier downstream and related entities of DHHA about the Compliance Program.
- Ensure that DHHA does not employ or contract with any individual who has been convicted of a criminal offense related to health care within the previous five years, or who is listed by a federal or state agency as debarred, excluded, or otherwise ineligible for participation in Medicare, Medicaid, or any other federal or state health care program.
- Coordinate internal compliance review and monitoring activities.
- Independently investigate and act on matters related to compliance and/or FWA, including design and coordination of internal investigations and recommending and/or monitoring the implementation of any corrective actions.
- Maintain a good working relationship with other key operational areas, such as coding, billing, and clinical departments.
- Designate work groups or task forces needed to carry out specific missions, such as conducting an investigation or evaluating a proposed enhancement to the Compliance Program.

III. DHHA Executive Compliance Committee

A. Membership. DHHA has established an Executive Compliance Committee (“ECC”) to demonstrate senior management’s commitment to the compliance program and promote responsibility and accountability for compliance and ethics throughout the organization. The DHHA ECC is comprised

of DHHA senior management, other DHHA members of the leadership team over key operations with high compliance risks and may include outside representation and ad hoc members as needed.

B. Meetings. The ECC meets quarterly or as necessary to carry out its functions.

C. Functions. The ECC's functions include but are not limited to the following:

- Assist the Chief Compliance Officer in:
 - Evaluating the enterprise's compliance with the requirements of state and federal health care programs; and
 - Recommending and monitoring the development of internal systems and controls to carry out the standards and policies of the Compliance Program.
- Assist the Chief Information Security Officer in:
 - Examining organizational compliance with the Health Insurance Portability and Accountability Act ("HIPAA") and other state and federal laws pertaining to information privacy and information security.
 - Ensuring the implementation of the privacy and information security.
- Review and approve the annual compliance and internal audit, privacy, and information security work plans.
- Review and approve the Enterprise Compliance Program, Code of Conduct and compliance, privacy, and information security policies and procedures.
- Review the hospital-wide compliance training and education.
- Review and propose strategies to promote compliance and detection of potential violations.
- Oversee appropriate and consistent discipline is imposed for violations of the Code of Conduct and policies.
- Oversee steps taken to prevent similar violations from occurring in the future.
- Request the Chief Compliance Officer to commission special audits, as necessary, to verify adherence to the Code of Conduct, policies, and/or legal requirements.
- Lead and champion compliance and business ethics for the organization.
- Support the efforts of the Compliance Program and promote accountability.

IV. DHMP Compliance Committee

A. Membership. DHMP has established a Compliance Committee ("CC") to demonstrate its commitment to and oversight of DHMP's Compliance Program for all lines of business. The CC is chaired by the Chief Compliance Officer (or designee). Membership is comprised of DHMP's executive leadership, management level staff representing key operational areas, legal counsel, and ad hoc members when necessary and appropriate.

C. Meetings. The DHMP CC meets quarterly or as necessary to carry out its functions.

D. Functions. The DHMP CC functions include, but are not limited to the following:

- Assist in advising and providing direction to the Chief Compliance Officer in overseeing the implementation of the Compliance Program.
- Review and approve the Code of Conduct, Compliance Program and DHMP's compliance policies and procedures.
- Oversee the development and implementation of DHMP's compliance and FWA education and training.
- Ensure DHMP has a publicized mechanism for members, employees, vendors, and subcontractors to ask compliance questions, and report potential compliance and/or FWA

concerns and violations confidentially or anonymously without fear of retaliation.

- Ensure DHMP has an effective and timely mechanism for communicating information related to new and revised laws, regulations, and sub-regulatory guidance applicable to DHMP.
- Review the results of annual and periodic risk assessments.
- Review and approve the compliance and internal audit work plan annually and when revised.
- Ensure appropriate auditing and monitoring activities are conducted to address identified organizational risks and verify adherence to applicable laws, regulations, and guidance.
- Ensure the effectiveness of the Compliance Program is assessed annually and results are shared with the governing body.
- Review the results of auditing and monitoring activities and ensure timely corrective actions are taken, as necessary, and monitored for effectiveness; and
- Ensure timely and reasonable investigations are conducted for compliance and/or FWA incidents or issues.

V. Research Compliance Committee

- A. The Research Compliance Committee (“RCC”) reports issues to the ECC, DHHA FACC and DHHA Board of Directors as necessary.
- B. Membership. DHHA has established a RCC to ensure that research operations at DHHA are efficient and in compliance with federal, state, and local regulations. The DHHA RCC is comprised of individuals who represent institution-wide research compliance, including: Chief Research Officer, Associate Director – Research Operations, Senior Director of SPARO, Chief Compliance Officer, Controller, Legal Counsel, Chief Information Security Officer, and the Director of Patient Safety & Quality. Ad hoc members must demonstrate applicable compliance expertise and be approved by unanimous committee vote.
- C. Meetings. The DHHA RCC meets quarterly or as necessary to carry out its functions.
- D. Functions. The DHHA RCC functions include, but are not limited to the following:
 - Develop and distribute written policies and procedures compliant with institutional, state, and federal regulations for the conduct of research.
 - Review allegations of research noncompliance, including issues related to the protection of human subjects and research billing concerns.
 - Conduct on-going audits to monitor compliance and assist in the reduction of identified areas of risk.
 - Develop a system to respond to allegations or audit findings of improper/illegal activities and enforce the appropriate disciplinary action against employees who have violated internal research compliance policies, applicable state law, regulations, or federal health care requirements.
 - Provide regulatory support for investigator-initiated studies.
 - Serve as liaison with all components of the Compliance Program and any DHHA clinical trials reviewed and approved under an Institutional Review Board (“IRB”).

WRITTEN GUIDANCE

I. Code of Conduct

- A. Application. The DHHA Code of Conduct applies to all DHHA staff and endeavors, including patient care, health insurance, research, education, financial management, fundraising, and human resource management.

- B. Approval Process. The Code of Conduct is reviewed and approved by the DHHA and DHMP Boards of Directors' FACCs and forwarded to the Boards for final approval and adoption.
- C. Awareness and Commitment. DHHA staff members, including directors, officers, supervisors, medical staff, affiliates, and volunteers of DHHA, are committed to ethical behavior and compliance with all applicable federal, state, and local laws and regulations. To effectively carry out these responsibilities, it is essential that everyone associated with DHHA understand and abide by the contents of the Code of Conduct.

II. Compliance Policies and Procedures

- A. Development of intra-departmental ethics and compliance policies. DHHA develops policies and processes in support of, and in furtherance of, the Compliance Program, including:
 - a. Written policies and procedures for any compliance-related activities undertaken by departmental staff members;
 - b. Measures to support training and document training attendance;
 - c. Periodic internal review of records to determine compliance and to assess any trends, training or other needs for process improvement.
- B. Implementation of DHHA institutional policies. DHHA implements policies relating to compliance, including, but not limited to, any policies relating to HIPAA privacy, HIPAA security, conflicts of interest, auditing and monitoring, relationships with referral sources, exclusion screening, documentation, charting, training, records maintenance, coding practices, billing practices, research activities, Medicare Conditions of Participation, and Medicare and Medicaid billing requirements.

EDUCATION AND TRAINING

DHHA will provide training and periodic re-training for all employees and supervisory staff as well as to others to whom the Compliance Program applies to familiarize them with all pertinent provisions of the Code of Conduct and DHHA compliance-related policies, processes, and regulations.

I. Frequency of Training

- A. Employees. All employees attend new employee orientation and must complete computer-based compliance training modules within 45 days of the hire date and annually thereafter.
- B. Non-Employees (Affiliates). Where feasible, outside contractors will be afforded the opportunity to receive, or be encouraged to develop their own, compliance training and education, to complement DHHA's standards of conduct and compliance policies.
- C. Board of Directors. The members of DHHA's and DHMP's governing bodies will be provided with periodic training, no less than annually, on fraud, waste, and abuse laws and other compliance matters.

II. Training Content

The Chief Compliance Officer and ECS department are responsible for developing and/or acquiring the necessary training materials to provide appropriate levels and types of training for all affected staff. ECS will also determine training content as well as frequency and methods of delivery (e.g., live presentation, video, audio, computer-based, etc.).

III. Training Attendance and Documentation

- A. Training Attendance. The ECS department will work with the training department to identify and notify all persons who are subject to a training requirement. It is the responsibility of departmental supervisors to be aware of initial and ongoing training requirements and to make employees, affiliates, and volunteers available for such training.
- B. Documentation. All formal compliance training undertaken as part of the Compliance Program is documented. Documentation includes, at a minimum, the identification of the staff participating in the training, the subject matter of the training, the length of the training, the time and date of the training, the training materials used, and any other relevant information.

IV. Expectations

The compliance training described in this Compliance Program is in addition to any periodic professional education courses that may be required by statute or regulation for certain staff members. DHHA expects its staff to comply with applicable professional education requirements; failure to do so may result in disciplinary action.

LINES OF COMMUNICATING AND REPORTING

I. Duty to Report

All members of the DHHA staff have a duty to report any suspected wrongdoing or violation of applicable laws, regulations, or DHHA's Code of Conduct and/or policies and procedures. Staff members who fail to fulfill this duty may be subject to disciplinary action up to and including termination.

II. Open Door Policy

DHHA recognizes that clear and open lines of communication between the Chief Compliance Officer and DHHA staff are important to the success of this Compliance Program. All levels of management will maintain an "open-door policy" to encourage staff to report problems and concerns. In the event of any confusion or question about a statute, regulation, policy, or the Code of Conduct, staff members are encouraged to seek clarification from the Chief Compliance Officer or designee.

III. Submitting Questions or Complaints

DHHA staff members are encouraged to submit questions, concerns, and compliance reports to their manager, supervisor, director, executive, Chief Compliance Officer, or by reporting to the DHHA ValuesLine (1-800-273-8452 or www.denverhealth.ethicspoint.com). The ValuesLine numbers and the Chief Compliance Officer's contact information are posted throughout DHHA and are available on the organization's intranet.

- A. ValuesLine. Reports to the ValuesLine are answered by an independent contractor, not by DHHA employees. All calls are treated confidentially and are not traced. The caller need not provide his or her name. The Chief Compliance Officer or designee investigates all reports and initiates follow-up actions as appropriate.
- B. Direct Contact. Reports to the Chief Compliance Officer or designees (ECS staff) are treated confidentially. The Chief Compliance Officer or designee investigates all reports and initiates follow-up actions as appropriate.

Communications via the ValuesLine and directly to the Chief Compliance Officer or designees (ECS staff) are treated as privileged to the extent permitted by applicable law; however, it is possible that the identity of a person making a report may become known, or that governmental authorities or a court may compel disclosure of the name of the reporting person.

IV. Non-Retaliation Policy

It is DHHA's policy to prohibit retaliatory action against any person for making a report, anonymous or otherwise, regarding compliance matters. DHHA applies corrective actions to those who retaliate against a staff member who reports a perceived problem or concern in good faith. However, DHHA staff cannot use complaints to the Chief Compliance Officer to insulate themselves from the consequences of their own wrongdoing or misconduct. False or deceptive reports may be grounds for termination. It will be considered a mitigating factor if a person makes a forthright disclosure of an error or violation of policies, procedures, the Code of Conduct, or the governing statutes and regulations.

RESPONDING TO REPORTED CONCERNS

I. Investigations

- Upon reports or reasonable indications of suspected noncompliance, the Chief Compliance Officer or designated investigator will initiate prompt steps to investigate the conduct in question to determine whether a material violation of applicable law or the requirements of the Compliance Program has occurred.
- Depending upon the nature of the alleged violations, the Chief Compliance Officer's or designated investigator's internal investigation could include interviews with staff members and a review of related documents.
- If the Chief Compliance Officer or designated investigator believes the integrity of the investigation may be at risk because of the presence of employees under investigation, those employees will be removed from their current work activity until the investigation is completed.
- The Chief Compliance Officer or designated investigator may engage outside legal counsel, external auditors, or health care experts to assist in an investigation where the Chief Compliance Officer deems such assistance appropriate.
- Where necessary, the Chief Compliance Officer or designated investigator will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation.
- The Chief Compliance Officer's or designated Investigator will maintain complete records of all investigations which contain documentation of the alleged violations, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and the documents reviewed, results of the investigation, and corrective actions implemented.
- The Chief Compliance Officer includes a summary of the information in reports to each Board and the DHHA and DHMP CEOs.

AUDITING AND MONITORING

Periodic compliance audits are used to promote and test compliance. These audits are performed by internal or external auditors who have the appropriate qualifications and expertise in federal and state health care statutes as well as regulations and federal health care program requirements. The audits focus on specific programs or departments of the organization, including external relationships with third-party contractors. These audits are designed to evaluate DHHA's compliance with laws and regulations governing health plans (all lines of business), kickback arrangements, physician self-referrals, claims development and submission (including an assessment of DHHA's billing system), financial or administrative internal controls, reimbursement, marketing, and other topics as identified. All staff members are expected to cooperate fully with auditors during this process by providing information, answering questions, etc. If any employee has concerns regarding audit scope or execution, the employee should discuss this with his or her immediate supervisor.

I. Audit Work Plan

The Chief Compliance Officer and ECS shall direct and oversee periodic internal audits of selected facets of DHHA's operational areas to test and confirm compliance with internal policies and procedures and applicable laws, regulations, and sub-regulatory guidance. The Chief Compliance Officer will develop and implement an internal audit work plan. The work plan will be reviewed at least quarterly to determine whether it addresses the appropriate areas of concern, considering, for example, findings from previous years' audits, risk areas identified as part of the annual risk assessment and high utilization services.

- A. *The Internal Audit Work Plan Design.* The internal audit work plan includes planned auditing, monitoring, and advisory activities identified in the annual risk assessment process. Audit topics may include the following:
 - Revenue cycle compliance with laws governing kickback arrangements, self-referral prohibition, coding claim development and submission, reimbursement, cost reporting, and marketing.
 - Issues identified by regulatory agencies including the Centers for Medicare and Medicaid Services ("CMS"), Colorado Division of Insurance, Colorado Department of Health Care Policy and Financing, Department of Justice litigation and settlements, Office of Inspector General ("OIG") Work Plan and Special Fraud Alerts, and Medicare and Medicaid Contractor Audits.
- B. *Audit Frequency.* It shall be within the discretion of the Chief Compliance Officer to determine the frequency that each area will be audited and which additional areas or subjects will require audit examination.
- C. *Audit Resources.* Internal or external staff conducting an audit shall:
 - Be independent;
 - Have access to existing audit and health care data, relevant staff, and relevant areas of operation.
- D. *Audit Documentation and Reporting.*
 - A. *Maintenance and Content.* Documentation of each audit shall be maintained by ECS and stored in compliance with the DHHA & DHMP retention policies and schedules. In all cases necessary, a concise statement of actions undertaken or planned in response to the recommendations and timetable for implementation will be required.
 - B. *Distribution and Reporting.* Audit documentation shall be communicated in writing to key stakeholders responsible for the audited area, and the ECC and DHMP CC when necessary. Audit documentation and the auditee's progress towards completion of actions undertaken or planned shall be reported periodically to the DHHA and DHMP Boards' FACCs.

ENFORCING STANDARDS AND POLICIES

It is the policy of DHHA to hold staff members who fail to comply with the Code of Conduct, policies and procedures, this Compliance Program, or any federal or state statutes or regulations, accountable for their actions. DHHA utilizes accountability-based performance to address behaviors that are non-compliant up to and including termination. Each instance involving disciplinary action shall be thoroughly documented by the staff member's supervisor, Human Resources, and/or the Chief Compliance Officer or designee.

I. Compliance as an Element of Performance

Substantial or intentional violations of the Code of Conduct (including intentional failure to report the misconduct of other employees) will be viewed as a serious infraction. Corrective actions may include termination of employment.

II. Managerial Responsibility

Officers and supervisors will be held accountable as an element of performance for negligence or indifference that results in failing to detect and correct compliance violations that occur. If an executive or manager, due to negligence, indifference, inaction, complicity, or intentional misconduct, facilitates or prolongs misconduct of another, a corrective action commensurate with the seriousness of the violation will be imposed.

III. Nature of Sanctions and Factors Affecting Sanctions

Any formal discipline of persons who violate the Code of Conduct, other policy or any law or regulation will be governed by the policy applicable to that person's employment status (e.g., employee, officer, member of the medical staff, non-employee). In addition, sanctions and/or corrective actions applied may include re-training, suspension of billing activities, limitation of privileges, or limitation of electronic or other access in accordance with the applicable policies and bylaws, including this Compliance Program.

- A. Mitigation Factors. A person whose conduct otherwise would justify more severe punishment may have lesser discipline imposed. This decision will be based upon whether:
 - The person reported his or her own violation;
 - The report constitutes the first awareness of the violation and the person's involvement; and
 - The person has provided full and complete cooperation during the investigation of the violation.

- B. Guidelines for Unintentional Wrongdoing. In first cases involving unintentional wrongdoing, corrective actions such as re-education and monitoring are usually imposed. Subsequent cases will result in more serious forms of action, up to and including termination of employment or other DHHA relationship and, if appropriate, referral for prosecution.

- C. Guidelines in Cases of Financial Loss. DHHA will seek reimbursement for losses from wrongfully billed episodes of care or other damages (including attorney fees) in cases involving financial loss to the institution as a result of intentional or negligent misconduct. Referral for criminal prosecution or civil action will occur in the most serious cases involving intentional wrongdoing, intentional failure to correct known negligent wrongdoing or intentional indifference to the requirements of regulatory compliance.

CORRECTIVE ACTION

Violations of this Compliance Program, failure to comply with applicable federal or state laws, regulations, and sub-regulatory guidance, and other types of misconduct threaten DHHA's status as a reliable and honest provider of health care services and DHMP's status as a reliable and honest HMO. Detected but uncorrected misconduct can seriously endanger DHMP and DHHA's business and reputation and can lead to serious sanctions against it.

I. Reporting

If the Chief Compliance Officer or a management official discovers credible evidence of misconduct from any source and, after reasonable inquiry, has reason to believe that the misconduct may violate criminal, civil, or administrative law, then the misconduct will promptly be reported as appropriate to the OIG, CMS, or any other appropriate governmental authority or federal and/or state law enforcement agency having jurisdiction over the matter. Such reports will be made by the Chief Compliance Officer on a timely basis. All overpayments identified by DHHA shall be promptly disclosed and/or refunded to the appropriate public or private payer or other entity.

INSTITUTIONAL OBLIGATIONS CONCERNING COMPLIANCE

I. Departmental and Institutional Responsibility

It is the responsibility of each person exercising line management authority to undertake and implement compliance activities, as directed by the Chief Compliance Officer and ECS, and to use his or her own best efforts to prevent, detect, investigate, and correct compliance deficiencies within his or her area of responsibility. All DHHA staff members shall undertake all necessary efforts and implement any necessary policies and structural changes to bring DHHA into full and ongoing compliance with all applicable federal, state, and local laws and regulations. All compliance activities will be carried out with the coordination and involvement of ECS.

II. Accountability

DHHA enforces appropriate discipline to ensure consistent and effective corrective actions are implemented for officers, supervisors, medical staff, affiliates, and volunteers within the management and control of each department.

III. Investigations

- A. Full Cooperation, Assistance, and Access to all Records for Internal Audit Investigations. In order to meet its internal audit and investigations obligations and to assure full compliance with regulations and standards, ECS shall have full and complete access to all necessary records and systems, including, but not limited to, records of episodes of patient care, all billing systems and records, all research records, all grant records, and any other business or patient records, official or unofficial, kept by the department and/or individuals within the department as well as all DHMP claims, enrollment, utilization management, and care coordination systems and records,. For HIPAA purposes, compliance oversight is a function of health care operations. Granting such access and full cooperation with compliance activities shall be considered a condition of affiliation or employment with DHHA.
- B. Staff Response to Government Investigations. DHHA and its staff will fully cooperate with any government investigation.

IV. Authority to Promulgate Policies and Procedures in Furtherance of this Compliance Program

ECS may develop and promulgate policies and procedures consistent with this Compliance Program and in furtherance of its goals and objectives. Additional policies may include departmental compliance plans and committees. Any such policies and procedures shall be placed in the electronic policy system located on the Pulse and shall be effective for all DHHA staff.