

## General Information

<b>Policy Name:</b>	Compliance Policy & Procedure Development & Review
<b>Category:</b>	Risk Management – Corporate Compliance
<b>Applies To:</b>	All Corporate Compliance Program Policies and Procedures
<b>Key Words:</b>	Procedure, Policy, Compliance
<b>Associated Forms &amp; Policies:</b>	<u>Corporate Compliance Handbook (Doc #8537)</u> <u>Policies, Procedures, Protocols &amp; Guidelines (P0001)</u>
<b>Original Effective Date:</b>	01/01/10
<b>Review Dates:</b>	04/12/16, 03/25/22, 03/01/24
<b>Revision Dates:</b>	08/01/11, 11/01/12, 12/01/15, 05/31/18, 04/07/20, 10/13/22, 03/10/23, 02/20/25
<b>This Version's Effective Date:</b>	02/20/25

## Policy

It is the policy of Crouse Hospital to have policies and procedures in place to address issues related to compliance with laws and regulations pertaining to its corporate business practices, including those pertaining to the development, implementation and evaluation of Crouse Hospital's Corporate Compliance Program's policies and procedures. This policy is subject to the requirements, as applicable, of Crouse Hospital's policy entitled "Policies, Procedures, Protocols & Guidelines (P0001)", which provides a mechanism for the development/management, distribution, communication and documentation process of hospital policies and procedures in general.

The purpose of this policy is to establish the mechanism for development, implementation, evaluation and revision as necessary of policies and procedures for matters that pose a risk of noncompliance with laws, regulations and standards of business and ethical practice embodied in Crouse Hospital's Code of Conduct and Corporate Compliance Program.

## Procedure

In addition to the applicable requirements set forth in the policy entitled "Policies, Procedures, Protocols & Guidelines (P0001)", referenced above, the following applies:

- a. Compliance policies and the Corporate Compliance Handbook (Doc #8537) will be reviewed at least annually to determine:
  - If they have been implemented;
  - Whether affected individuals are following them;
  - Whether they are effective; and
  - Whether any updates are required.
- b. The Compliance Committee shall discuss and shall hear presentations on an as needed basis on policies and procedures relevant to the Corporate Compliance Program, the Code of Conduct and the Compliance Training Plan.

- c. The Compliance Committee is authorized to make technical changes to the Corporate Compliance Handbook (Doc #8537), policies and procedures and the Compliance Training Plan.
- d. To the extent a new Corporate Compliance policy or an amendment to an existing policy is deemed by the Compliance Committee to materially modify the Corporate Compliance Program, the Committee shall submit such amended policy to the Crouse Hospital Board of Directors for review and approval.

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## References

NYS OMIG Mandatory Provider Compliance Plan, 18 NYCRR § 521. OMIG's website is:  
<https://omig.ny.gov/compliance/compliance>

Office of Inspector General. (2005). OIG Supplemental Compliance Program Guidance for Hospitals (Federal Register Vol. 70, No. 19). Retrieved from  
<https://oig.hhs.gov/fraud/docs/complianceguidance/012705HospSupplementalGuidance.pdf>

Practical Guidance for Health Care Governing Boards on Compliance Oversight  
<https://oig.hhs.gov/compliance/compliance-guidance/docs/Practical-Guidance-for-Health-Care-Boards-on-Compliance-Oversight.pdf>

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## Definitions

Not Applicable

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## Addendums, Diagrams & Illustrations

Not Applicable