



VCUHealth

VCU Health System

Compliance Program

Updated August 2016

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I. PURPOSE OF THE COMPLIANCE PROGRAM

The VCU Health System Compliance Program was developed to support VCU Health System's ethical standards, principles and values, and to provide guidance in complying with the laws that govern our business. Compliance Services supports the mission of the Health System by preventing, correcting, and investigating compliance related issues and providing consultation, education, auditing, monitoring, and enforcement. The mission of Compliance Services is to promote a culture of integrity and accountability by providing collaborative, risk-based, and objective services. Compliance Services will partner with all departments of the Health System in the implementation and management of the Compliance Program.

An effective compliance program is vital to preventing compliance infractions by offering guidance to team members in understanding their legal and ethical obligations. Compliance Services promotes the effectiveness of the program by providing compliance training sessions, encouraging the good faith reporting of compliance concerns, responding to compliance concerns timely, and making a commitment to the standard of integrity promoted by the Compliance Program.

Compliance Services is responsible for routinely evaluating the ethical and legal merits of VCU Health System business activities and the Compliance Program provides the department with the guidance to do so effectively. Compliance Services team members have the responsibility to keep themselves informed of updates and revisions related to the compliance industry in order to be an effective resource to the Health System

The Compliance Program can also protect the Health System in the event of a legal violation. More specifically, an organization with an effective compliance program in place at the time of a violation may avoid more severe penalties imposed by the Federal Sentencing Guidelines which recommend the punishment to be imposed for federal offenses.

The benefits of this program are to establish a structure to:

- Facilitate conduct of operations in compliance with laws and regulations;
- Advise on regulatory and policy changes in a timely manner, responding to identified compliance needs;
- Increase organization-wide vigilance of legal and regulatory requirements;
- Respond appropriately to investigations, audits and other compliance issues;
- Decrease the likelihood of wrongdoing or recurrence which could lead to civil liability; and
- Provide quarterly reports to the VCU Health System Board of Directors - Audit & Compliance Committee, the Health System Compliance Committee, and the MCVF Compliance & Audit Advisory Committee on the status of organizational compliance.

II. ELEMENTS OF AN EFFECTIVE COMPLIANCE PROGRAM

The Compliance Program is based on the seven elements of an effective compliance program of the Federal Sentencing Guidelines as emphasized by the U. S. Department of Health and Human Services Office of Inspector General (OIG). This program addresses each of the seven elements.

A. WRITTEN POLICIES AND PROCEDURES

An effective compliance program defines the expected conduct of the Health System's team members through establishing written policies and procedures. VCU Health

System is committed to following all applicable laws and regulations. Compliance Services supports this commitment by assisting in establishing appropriate policies and procedures to guide team members in their work environment. Policies and procedures are developed to reflect laws and regulations that include, but are not limited to those laws and regulations that address health care fraud, waste, and abuse, for example, the Federal False Claims Act, HIPAA, Stark, Anti-Kickback, and HITECH. The policies are developed under the direction of the Compliance Committee, Executive Leadership, and other key stakeholders and are provided to all Health System team members and independent contractors. Policies and procedures are revised to reflect changes in law, regulations, or identified risks of the Health System.

In support of the Health System's commitment to an environment of uncompromising integrity and ethical conduct, the Health System has established a Code of Ethics and Standards of Professional Conduct. It is the expectation of the Health System that each team member embraces both the Code of Ethics and Standards of Professional Conduct in support of STAR Service.

B. COMPLIANCE STRUCTURE AND OVERSIGHT

The development and management of the Compliance Program is a collaborative effort between the VCU Health System Audit and Compliance Committee and Health System Compliance Services within VCU's Audit and Compliance Services.

Audit and Compliance Committee

The primary function of the Audit and Compliance Committee is oversight. The Committee assists the Board of Directors in fulfilling responsibility in the areas of:

- Soundness of the Health System's internal controls and processes;
- Integrity of the Health System's financial accounting and reporting practices;
- Independence and performance of the internal and external audit functions; and
- Effectiveness of the Health System's Compliance Program.

The Audit and Compliance Committee is composed of individuals with diverse experiences and backgrounds. The Committee is comprised of four or more Directors. The majority of the Directors are external with no financial, family, or other material personal relationships that would infringe on their independent oversight of the Health System compliance activities. Internal Directors are also a part of the committee. The committee is governed by a charter, which is updated annually.

The Audit and Compliance Committee meets at least four times annually. Additional meetings may be required depending on the circumstances. Minutes are maintained for meetings.

The Audit and Compliance Committee is responsible, but not limited to the following duties:

- Authorize investigations into any matters within the Audit and Compliance Committee's scope of responsibilities;
- Monitor the Health System's conflict of interest policies and related procedures;
- Review and approve the compliance program as needed;
- Review and approve the annual Compliance Services' work plan and any significant changes to the plan;
- Review the qualifications of the Compliance Services staff and the level of staffing;
- Assess the effectiveness of the Compliance Services function, including its

- independence and reporting relationships;
- Review completed compliance reports and progress reports on executing the approved work plan;
- Inquire of the Executive Director of Audit and Compliance Services regarding any difficulties encountered in the course of the compliance reviews, including any restrictions on the scope of work or access to required information;
- Require Compliance Services to report on processes and procedures that provide assurance that the Health System's mission, values, and code of conduct are properly communicated to all Team Members; and
- Review the Health System's code of conduct annually and direct management to establish a system reasonably designed to assure compliance with the code.

Chief Compliance and Privacy Officer

VCU Health System has a designated Chief Compliance and Privacy Officer to oversee the Compliance Program. The Chief Compliance and Privacy Officer is a senior level individual responsible for the implementation, administration, and oversight of the VCU Health System Compliance Program (the Compliance Program). This person is the lead administrator for the program and reports to the Executive Director of Audit and Compliance Services. The Chief Compliance and Privacy Officer is assigned responsibility for the Compliance Helpline and is available to address concerns and questions regarding the Compliance Program.

VCU Health System team members should feel comfortable contacting the Chief Compliance and Privacy Officer for any reason relating to the Compliance Program. The Compliance and Privacy Officer, or designee, is a neutral point-of-contact with whom team members can confidentially, to the fullest extent of the law and/or Health System policy, discuss their concerns and questions regarding the compliance process and/or report suspected compliance violations.

The Chief Compliance and Privacy Officer may recommend changes, as needed, to the Compliance Program to improve the compliance process based on information provided by Health System management and communications with team members.

The Chief Compliance and Privacy Officer is responsible for the following:

- Maintaining and coordinating implementation of the Compliance Program, which includes supervision, monitoring, auditing, and reporting activity within the scope of the program;
- Providing leadership for the Health System's compliance efforts, to include serving as the Health System's authority on risks associated with billing for hospital and professional services;
- Developing policies and procedures for implementation and operation of the Compliance Program;
- Encouraging awareness among health care providers and other team members about compliance matters and the importance of adherence to the Standards of Conduct by developing, coordinating, and participating in a training program that focuses on compliance-related issues;
- Investigate possible noncompliance;
- Maintaining a retaliation-free system for reporting non-compliance or concerns about Compliance Program matters;
- Assisting in the development of corrective action plans;
- Serving as the Privacy Officer of the VCU Affiliated Covered Entity;

- Collaborate with Director of Information Security (CISO) on privacy and information security matters;
- Serving as chair of the Health System Compliance Committee;
- Reporting results of monitoring, auditing, and reporting activity to the VCU Health System Board of Directors - Audit & Compliance Committee, the Health System Compliance Committee, the MCVP Board of Directors and the MCVP Compliance & Audit Advisory Committee.
- At the direction of Health System's General Counsel, retaining the services of attorney, accountants, consultants, and other professionals as needed; and
- Investigating reports of possible wrongdoing and compliance related issues, and reporting in a timely manner to the appropriate authorities.

Compliance Services

The purpose of VCU Health System Compliance Services is to support the mission of the Health System by promoting a culture of compliance by preventing, correcting, and investigating issues through consultation, education, monitoring, and enforcement.

All Health System Departments and team members will cooperate with the Chief Compliance and Privacy Officer (and designees) in the execution of the Compliance Program.

To carry out this mission, Compliance Services will:

- Develop and maintain the Compliance Program for VCU Health System;
- Establish and support the VCU Health System Compliance Committee;
- Report on the status of the Institutional Compliance Program to the VCU Health System Board of Directors, on an annual basis;
- Perform compliance risk assessments as needed;
- Provide compliance education for all team members, appropriate to the their responsibilities, on an annual basis;
- Develop and execute a compliance audit and monitoring work plan based on the organization's needs;
- Monitor compliance with billing regulations;
- Monitor changes in regulations and provide guidance as requested to the appropriate operational areas;
- Recommend appropriate updates to policies and procedures regarding patient privacy; and
- Serve as a resource to operational departments regarding patient privacy issues.

Compliance Services will provide guidance, as needed, in the areas identified by the Office of Inspector General to include:

- **Billing:** Compliance Services will have specific authority to review the billings and billing practices for compliance with all health care program requirements of any health care provider or department. The Chief Compliance and Privacy Officer may prohibit billing of health care provider services if the Chief Compliance and Privacy Officer believes that the billing would not comply with applicable laws and regulations and may require billing to be performed in a specific manner. All Health System Departments will notify the Chief Compliance and Privacy Officer before engaging any external billing consultant not affiliated with the Health System. Additionally, any Health System Department that receives or is made aware of an external audit

or inquiry relating to billing must notify the Chief Compliance and Privacy Officer within 24 hours of such notification.

- **Medical Necessity for Services:** VCU Health System will submit claims to all payors only for services that were medically necessary or that otherwise constituted a covered service. Medical necessity is to be determined and documented by the responsible physician or other licensed individual. Medical necessity is defined as a service that was reasonable and necessary of the diagnosis or treatment of an illness, disease or injury, or to improve the functioning of a malformed body member.
- **Billing for Items or Services Actually Rendered:** All claims that are submitted must be representative of an actual service performed by the provider. Only those medical services to patients that are consistent with acceptable standards of medical care may be billed. VCU Health System will only bill for those actual services provided and will comply with all applicable rules and regulations.
- **Billing with Adequate Documentation:** All billing must be based on supporting documentation that accurately reflects the service rendered to the patient. Documentation must be in compliance with all applicable regulations. A bill should not be submitted for payment if the documentation or scope of service is unclear.
- **Correct Coding:** Regulations governing billing procedures are to be followed and all personnel responsible for billing will be trained in the appropriate rules governing billing, coding, and documentation.
- **Upcoding:** This occurs when a billing code with a higher level of payment rate is used rather than the billing code that reflects the actual service provided to the patient. VCU Health System team members responsible for billing must not engage in any form of upcoding.
- **Duplicate Billing:** Reflects the practice of submitting claims more than once for the same service or a bill is submitted to more than one primary payor at the same time. While duplicate billing may be seen as a billing error, repeated double billing can be viewed as a false claim, especially if the overpayment is not properly refunded.
- **Cost Reporting:** VCU Health System cost reports will be prepared in compliance with all applicable regulations. Cost reports must be prepared with appropriate and accurate documentation. Unallowable costs will not be claimed for reimbursement. In addition, all costs will be allocated to the appropriate accounting unit.
- **Anti-Kickback:** VCU Health System will comply with all laws and regulations relating to the prohibition of improper or excessive payments, bribes, kickbacks, interest-free loans, free or below market rents or fees for administrative services. Team members may not offer, provide, accept, or ask for anything of value to influence or be influenced by patients, their families, suppliers, contractors, vendors, physicians, third-party payors, managed care organizations, or government officials. Team members may not offer or accept anything of value in exchange for referrals for services covered by Medicare, Medicaid, or any other federal health care programs.
- **Self-Referrals:** Stark Law is a self-referral law prohibiting physicians from referring

Medicare or Medicaid patients for certain “designated health services” where the physician or immediate family member has a financial relationship or financial interest. An example of a prohibited relationship would include ownership or investment interest, or a compensation agreement.

- **False Claims Act:** The prohibition against false claims arises under both the Federal False Claims Act and the Virginia Fraud Against Tax Payers Act. The False Claims Act encompasses health care fraud, false claims, and false statements of material fact and allows any person who discovers fraud on the federal or state government, to report it through specialized procedures. VCU Health System also encourages and provides VCU Health System team member procedures for communicating fraud or abuse through the Compliance Helpline, 1-800-620-1438 or via the web at [https://www.compliancehelpline.com/welcomePageVCU HEALTH SYSTEM.jsp](https://www.compliancehelpline.com/welcomePageVCU%20HEALTH%20SYSTEM.jsp).
- **Conflicts of Interest:** The Health System is committed to maintaining the highest quality of care, treatment, and services unhindered by financial interest. A conflict is determined to be situations involving team members or their immediate families where activities may compromise or appear to compromise a team member or team member’s immediate family’s judgment in performing any VCU Health System duties. All conflicts of interests or perceived conflicts must be disclosed in order to maintain the Health System’s culture of integrity. Team member should refer to policy LD.LD.002 Conflict of Interests Statements.

C. EDUCATION AND TRAINING

Compliance Services is committed to providing training on the laws, regulations, and best practices that relate to the areas team members will encounter during their employment with the Health System. After initial training, supplemental training will vary depending on the position. Should a team member feel they have not received adequate training on the laws that govern their area of responsibility, they are expected to notify their supervisor, the Chief Compliance and Privacy Officer, a Human Resources representative, or call the Compliance Helpline, at 1-800-620-1438, so they can meet their obligations as a team member.

Training courses will be conducted on compliance related topics designated by the Chief Compliance and Privacy Officer based on feedback from the Compliance Committee, Executive Leadership, and other key stakeholders, as well as regulatory changes, and/or issues identified through internal audits and risk assessments.

Training content will include, but is not limited to:

- Identification and explanation of acceptable standards of practice defined by applicable regulatory authorities, including, but not limited to, health care compliance related requirements, billing procedures, coding, HIPAA Requirements and associated documentation requirements.
- Identification and explanation of unacceptable practices and improper activities.
- Explanation of the regulatory and institutional penalties for noncompliance.
- Explanation of the Compliance Program, its elements, auditing guidelines, Compliance Program investigation protocols, and reporting procedures.
- Periodic updates will be given to health care providers and other team members about the Compliance Program, as well as important changes in policy, procedure, or law.

Training may be delivered in the following formats:

- In-service training;
- Live or video seminars;
- Computer-based training; and/or
- Periodic electronic mail, newsletters, or other like means of communications.

Mandatory Training:

New Team Member and Annual Compliance trainings are mandatory. Attendance will be taken for each training and/or compliance-related course provided. Health care providers and team members are required to sign in and remain for the entire course to receive credit. Computer-based training requires completion of an electronic attestation statement.

Signing the attendance list and taking the course materials, without remaining for the course, is not considered attendance unless otherwise expressly stated on the course notices or materials. As compliance training is mandatory, team members who do not complete the required training are subject to the conditions as specified in the Terms of Employment Policy.

Mandatory training will include, but may not be limited to:

- **New Team Member Compliance Training:** This is currently delivered during New Team Member Orientation or via self-study packages for those who do not attend New Employee Orientation. Current topics include: Compliance Program Overview, Basic HIPAA Training, False Claims Act Training, and Reporting Compliance Concerns.
- **Compliance with Deficit Reduction Act:** The Deficit Reduction Act of 2005 requires health care organizations receiving \$5 million or more in Medicaid payments to educate their employees about the Federal False Claims Act. To meet this requirement, appropriate training will be provided to employees as part of New Employee Orientation, and an overview of the Federal False Claims Act will be contained in the VCU Health System Compliance and Privacy Manual, to also include a description of the VCU Health System policies and procedures for detecting and preventing fraud, waste and abuse. In addition, all team members will complete an Annual Compliance Refresher course on Learning Exchange that will reinforce education as required by the Deficit Reduction Act described above.
- **Billing Provider Training:** Providers new to VCU Health System who are new to VCU Health System must take an online course prior to the in-person course entitled Documentation Requirements for Billing Providers. The course will be offered intermittently throughout the year and must be taken during the provider's first 30 days of employment as a VCU Health System provider. For remote providers, Compliance Services will provide alternate arrangements for completion of the course.
- **Documentation Update Training:** This update may take up to two hours and will be offered face-to-face and/or via the web. Content will be determined by the Chief Compliance and Privacy Officer in consultation with MCVP Leadership based on annual audit results, regulatory changes and relevant, timely compliance issues associated with the health care industry.
- **Department Administrator & Billing Manager and MCVP Coder Training:** All new team members in these roles are required to take the course, Documentation Requirements for Billing Providers within 30 days from the date of hire. Department

administrators and billing managers and coders are also required to take the Documentation Update offered on an annual basis.

- **Specialty Compliance Training:** Specialty training may be required depending on job specific requirements. Appropriate training will be initiated as identified by the Chief Compliance and Privacy Officer in consultation with Health System leadership.

Training Materials

Training materials that relate to billing, coding, and documentation compliance must be reviewed and approved by the Chief Compliance and Privacy Officer, or designee.

D. AUDITING AND MONITORING

Auditing and monitoring standards are integral to the Compliance Program. Auditing and monitoring provide an effective means for determining the success of the program. VCU Health System Compliance Services will conduct various monitoring activities to measure compliance effectiveness. All team members and associates of VCU Health System are expected to cooperate fully with any monitoring activity. Such monitoring is used to collect data on a regular basis to assess VCU Health System's compliance with the established standards of practice, specifically regarding billing guidelines for teaching physicians, elements necessary to meet HIPAA Requirements, and those topics given special attention by the Office of the Inspector General (OIG).

Annual Audit Work Plan

Compliance Services will prepare an annual Compliance Audit Work Plan that will reflect consideration of the annual OIG Work Plan, other enforcement activities, regulatory changes, and previous compliance audits. Additionally, Compliance Services will execute the Provider Documentation Audit Plan and Hospital Auditing and Monitoring Plan as described below.

Provider Documentation Audits

The Compliance Services' Provider Documentation Audit Plan forms a structure for auditing billing providers for services and/or procedures submitted for financial reimbursement. Compliance Services is responsible for auditing provider documentation to determine the level of compliance with applicable policies, laws, guidelines, and regulations; for requiring the formulation and completion of action plans from management; for providing necessary follow-up education; and for re-auditing according to agreed-upon action plans. Compliance Services developed the documentation audit plan procedure to standardize the auditing process, incorporating the identified areas of risk. The complete audit plan including procedure, corrective action plan, and appeal process is available upon request.

Hospital Billing Audits

The purpose of the VCU Health System Hospital Auditing and Monitoring Plan is to provide a structure for auditing hospital billing services and operations to ensure that they are in compliance with all laws and regulations as well as internal policies and standards. This plan encompasses application of methodologies for the identification of potential problem and risk areas, patterns and trends, educational needs, and including recommendations for corrective action and follow-up. The audit plan is available upon request.

E. OPEN LINES OF COMMUNICATION AND REPORTING

VCU Health System is committed to conducting all operations in accordance with applicable legal and regulatory standards. Compliance Services helps to maintain an open door policy in which team members are expected to report concerns regarding conduct that is inconsistent with applicable laws, regulations, policies, and procedures.

If a team member is concerned that violations have occurred, they should discuss the situation with their supervisor, a Human Resources representative, or a Compliance Services representative. They also may contact the VCU Health System Compliance Helpline at 1-800-620-1438. All calls to the Compliance Helpline will be treated fairly and all communications will be kept in confidence. If a team member is not comfortable with making a report in person or by telephone, written concerns may be sent to:

Compliance Services
P. O. Box 980471
Richmond, VA 23298-0471

In the event an investigation reveals a violation of legal or compliance standards, the impacted department or operational unit will be responsible for taking all necessary and appropriate responsive and corrective actions. Compliance Services will provide consulting and monitoring assistance to the department or operational unit, as needed, in conjunction with other VCU Health System departments, such as the Office of General Counsel, Human Resources, Financial Services, and/or Patient Relations. Compliance Services, in conjunction with the Office of General Counsel, will assist with appropriate disclosure of reportable events.

Reportable Event

A reportable event is any matter that a reasonable person would consider as: fraud, waste, or abuse; violation of the Compliance Program; violations of the Standards of Conduct; violations of VCU Health System policy or procedure; or violations of applicable law or regulation for which penalties or exclusions may be authorized.

Types of violations that should be reported may include, but are not limited to:

- Billing issues
- Medicare/Medicaid funds used to pay private side costs
- Conflicts of Interest
- Ethics and compliance issues
- Employee relations
- Patient safety
- Environmental health and safety
- Fraud and abuse issues
- Falsification of any documents
- Actual or potential criminal violations

Team members reporting concerns in good faith will not be subjected to retaliation, harassment, or intimidation as a result of reporting concerns. The Health System has a zero tolerance policy for retaliation. This information may be found in policy HR.SC.001 Standards of Conduct and Performance. Incidents involving this behavior will be immediately reported to Compliance Services.

Reported acts of retaliation, harassment, or intimidation against any individual who is a party to an investigation will be investigated promptly and appropriate corrective action implemented as necessary.

F. RESPONDING TO COMPLIANCE CONCERNS

Compliance Services maintains reporting mechanisms for VCU Health System team members, patients, and visitors whereby individuals are enabled to disclose concerns outside of the typical chain of command. Individuals may report anonymously and without fear of retaliation. Any reported and identified issues or questions associated with VCU Health System policies, practices, or applicable laws believed to be a potential violation of criminal, civil, or administrative law are investigated by Compliance Services in conjunction with other appropriate areas, such as Office of General Counsel, Human Resources, Financial Services, Patient Relations, or Risk Management.

Upon receiving notification of an allegation, the Chief Compliance and Privacy Officer or designee will make a preliminary determination whether the allegation involves an issue that can be investigated by Compliance Services or if other department subject matter expertise should be requested.

Responsibility for conducting the investigation will be decided on a case-by-case basis, with written status and resolution reports provided to the Chief Compliance and Privacy Officer in accordance with the compliance reporting and investigations procedure.

A summary report of all Compliance Helpline calls will be provided annually to the Board of Directors' Audit and Compliance Committee.

Upon completion of an investigation, if a corrective action plan is required, the Chief Compliance and Privacy Officer will have the responsibility to monitor for resolution, and report outcomes to Health System Leadership. Corrective action plans will be in writing with consultation from the appropriate administrative or clinical senior level official.

Results of investigations requiring a corrective action plan by a provider will be reported to the provider, the Clinical Department Chair, the Chief Medical Officer, the Executive Director of MCVP, the President of MCVP, and the Dean of the School of Medicine. The Chief Compliance and Privacy Officer will also report the results of the investigation to the VCU Health System Board of Directors - Audit & Compliance Committee, the Health System Compliance Committee, and the MCVP Compliance & Audit Committee, as appropriate.

In the event an investigation reveals a violation of legal or compliance requirements, Compliance Services, in conjunction with other appropriate areas will take all necessary and appropriate responsive action and corrective action including the disclosure of reportable events.

G. ENFORCEMENT AND DISCIPLINE

VCU Health System is committed to an environment of integrity and ethical conduct. All team members are to perform their job duties in a manner that upholds VCU Health System's Code of Ethics, Standards of Professional Conduct, and Compliance Program philosophy. In addition, team members are to display STAR Service in their daily work environment.

VCU Health System policies and procedures should govern a team member's behavior and decisions while at the Health System. It is Compliance Services responsibility to

ensure team members are familiar with the applicable laws and regulations. Team members must be familiar with these policies and be sensitive to any situation that could lead them to engage in actions that would violate the policy. Ignorance, good intentions, or bad advice will not be accepted as excuses for noncompliance. VCU Health System team members who fail to comply with these requirements are subject to disciplinary action, up to and including dismissal.

The Health System has a policy of progressive discipline for committed infractions. The form of discipline imposed will be case specific. Compliance Services will work in conjunction with Human Resources regarding all recommended forms of discipline that involve violations of Health System compliance policies and standards.

Compliance Services will cooperate with law enforcement authorities and regulatory agencies in connection with the investigation and prosecutions of any team member who violates applicable laws and regulations governing the Health System.

III. CONCLUSION

The Compliance Program was created to support the ethical standards, principles, and values of the Health System. In addition, it provides guidance to aid in complying with the laws and regulations that govern our business. The Compliance Program is based on the model compliance program recommended by the U. S. Department of Health and Human Services Office of the Inspector General.

The Compliance Program is an evolving program that responds to changes in laws and regulations governing the Health System. Such laws and regulations refer to billing, coding, documentation rules, results of audits, or suggestions by the leadership team and Compliance Committee. Compliance Services is responsible for keeping all team members informed of updates and revisions as they relate to industry standards.

Where to Share a Concern

Compliance Helpline (available 24 hours a day):.....1-800-620-1438

Compliance e-mail:.....complianceservices@vcuhealth.org

Compliance Services:(804) 828-0500
830 East Main Street, Suite 1800
P.O. Box 980471
Richmond, VA 23298-0471

Chief Compliance and Privacy Officer: (804) 828-0500

General Counsel
Vice President, VCU Health System:.....(804) 828-9010

Human Resources.....(804) 628-0649