

HOSPITAL COMPLIANCE PLAN

MISSION STATEMENT

The mission of The University of Texas MD Anderson Cancer Center (MD Anderson) is to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research, and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees, and the public. To fulfill this mission:

- We are committed to meeting the highest standards of medical and business ethics.
- We recognize that, regardless of payor source, appropriate, medically necessary services must be delivered in the most efficient manner and meet all applicable local, state, and federal guidelines and regulations.
- We are intolerant of fraud, waste, and abuse and violations of such guidelines and regulations.
- We are committed to providing education, monitoring, and oversight to ensure that faculty, employees, volunteers, trainees, contractors, and other persons whose conduct, in the performance of work for MD Anderson, is under the direct control of MD Anderson, whether or not they are paid by MD Anderson (collectively referred to as Workforce Members), are fully informed and committed to these standards.
- We promote an open work environment so that all individuals associated with MD Anderson feel free to communicate openly on such issues.

The mission of MD Anderson's Institutional Compliance Program is to support MD Anderson's Mission, Vision and Core Values and to help the institution fulfill its responsibilities to the people of Texas in an environment based upon ethical behavior and compliance with applicable laws, rules, and guidelines. To that end, the Institutional Compliance Program will provide all MD Anderson Workforce Members with the most accurate, concise, and up-to-date information and advice to assure that they are aware of their responsibilities with respect to sustaining such an environment. The Institutional Compliance Program will help the institution foster an environment of open communication by educating workforce members regarding their obligations to report compliance concerns and protecting workforce members from retaliation if they in good faith report suspected wrongdoing, participate in/with an institutional investigation pertaining to alleged wrongdoing, or assist appropriate authorities in investigating possible wrongdoing. The Institutional Compliance Program will also continually assess the effectiveness and quality of the program to ensure that all MD Anderson business is conducted with integrity and in compliance with the law.

CODE OF CONDUCT

MD Anderson requires all Administration, Medical Staff, employees, and other Workforce Members to follow the [Standards of Conduct](#) adopted by the Board of Regents.

MD Anderson is committed to full compliance with all applicable laws, rules, and guidelines. To such end and in order to uphold MD Anderson's core value of integrity, our Workforce Members are required to conduct themselves in accordance with the following principles of the Institutional Code of Conduct:

Principle One: Know and follow the rules

Know and follow the letter and the spirit of applicable laws, rules, and guidelines, as well as UT System and MD Anderson rules, policies, procedures, and compliance plans.

Principle Two: Think and act ethically

Follow our ethical standards and those of your professional organizations. Before you say or do something, ask yourself: How would this look to our patients and our community? Would this harm our reputation?

Principle Three: Keep it confidential

Handle all MD Anderson information, especially patient information, in ways that meet applicable laws, rules, guidelines, and document retention schedules. Treat our information the same way you treat yours.

Principle Four: Commit to research integrity

Perform all research efforts in ways consistent with applicable legal, ethical, and professional requirements, as well as our institutional rules, policies, and procedures.

Principle Five: Avoid gifts

In general, you can't accept or give gifts, favors, benefits, services, or items of value – especially in return for preferential treatment or patient referrals.

Principle Six: Bill accurately

When you document and bill for the care you've provided, be accurate, be thorough, be honest – and be timely.

Principle Seven: Focus on Making Cancer History

Don't use any MD Anderson resources, including your time and your colleagues' time, in a wasteful manner, for personal benefit, to harm someone, for political activity, or for illegal activity.

Principle Eight: Be true to our mission: Avoid outside influences

Don't engage in activities or enter into contracts that could or could seem to interfere with your MD Anderson work, make you disclose confidential MD Anderson information, or affect your independent judgment.

Principle Nine: Be a good colleague

Act with honesty and good faith in all matters. Don't engage in discriminatory, harassing, retaliatory, inappropriate, intimidating, or disruptive behaviors.

Principle Ten: When in doubt, point it out

If you think or discover that someone isn't following our Code of Conduct, promptly notify the Chief Compliance and Ethics Officer or the Institutional Compliance Office. And always cooperate fully with all inquiries and investigations related to reported issues.

COMPLIANCE PROGRAM OVERSIGHT

Responsibility for oversight of the Institutional Compliance Program rests with a multi-disciplinary Executive Institutional Compliance Committee (EICC), consisting of the President; Deputy President & Chief Operating Officer; Vice President & Chief Compliance and Ethics Officer (CCO); Senior Vice President, Chief Academic Officer; Senior Vice President, Chief Financial Officer; Senior Vice President, Chief Medical Officer; Senior Vice President, Institutional Advancement; Senior Vice President, People & Business Operations; Senior Vice President, Regulatory Affairs; and Vice President and Chief Legal Officer. Dealings and minutes of all meetings are maintained in a confidential manner. Minutes are maintained in the Institutional Compliance Office.

The responsibility for implementing and managing the Institutional Compliance Program is assigned to the CCO, who functions within MD Anderson's organizational structure with a direct reporting relationship to the President and a reporting relationship to the Senior Vice President, Regulatory Affairs, for administrative purposes. The CCO or designee will, with assistance of and guidance from the EICC, perform the following activities:

- Review, revise, and formulate appropriate policies to guide the Institutional Compliance Program;
- Review, revise, and approve the institutional compliance plans and policies relating to all aspects of compliance;
- Review validated high risks related to all aspects of compliance on a quarterly basis and take appropriate action, as necessary;
- Review annual work plans for the upcoming fiscal year relating to all aspects of compliance;
- Review annual reports for the preceding fiscal year relating to all aspects of compliance;
- Assist with developing training materials and monitoring training programs, as needed;
- Serve as a resource across the institution on substantive compliance questions and issues;
- Monitor Fraud Alerts issued by the Office of Inspector General (OIG) and take reasonable action to prevent the subject of such alerts from occurring or recurring;
- Develop and monitor methodologies and systems to optimize compliance;
- Prepare and present reports, as necessary, to MD Anderson executive management, the Board of Regents for The University of Texas System, and any other appropriate authority;
- Appoint and/or remove individuals to/from membership for each compliance committee and present such membership to the EICC annually for ratification;
- Take the action necessary to ensure MD Anderson's full compliance with all applicable laws, rules, and regulations; and

- Review, respond to, and investigate reports of noncompliance.

In addition to the EICC, there are nine other compliance committees responsible for the oversight and implementation of their respective compliance plans (see the section below entitled “Compliance Plans and Policies” for a list of compliance plans). MD Anderson’s compliance committees are as follows:

- Clinical Research Billing Compliance Subcommittee.
- Corporate Compliance Committee.
- Device Management & Security Subcommittee.
- Endowment Compliance Committee.
- Executive Billing Compliance Committee.
- Executive Research Compliance Committee.
- Information Security Compliance Committee.
- Network Edge Security Subcommittee
- Privacy Compliance Committee.

Unless otherwise specified by the compliance committees in approved bylaws, and subject to consent by the committee chairs, Robert’s Rules of Order will be used to resolve procedural issues.

COMPLIANCE PLANS AND POLICIES

The Institutional Compliance Program is also comprised of a number of compliance plans to ensure that the institution and its Workforce Members uphold MD Anderson’s commitment to the highest standards of business and ethics. These plans consist of the following:

- [Hospital Compliance Plan](#).
- [Billing Compliance Plan](#).
- [Endowment Compliance Plan](#).
- **Corporate Compliance Plan.**
- **Device Management and Security Compliance Plan**
- [Information Security Compliance Plan](#).
- **Network Edge Security Compliance Plan**
- [Privacy Compliance Plan](#).
- [Research Compliance Plan](#).

The Institutional Compliance Program also reviews and approves other institutional policies that may relate to compliance matters.

In addition, the Institutional Compliance Program oversees the process for all institutional policy and procedure (IPP) development, review, and approval at MD Anderson.

EDUCATION

Compliance with all applicable laws and regulations is one of MD Anderson's priorities. Workforce Members at MD Anderson must be knowledgeable about MD Anderson's Institutional Code of Conduct and policies and plans regarding institutional compliance issues. Compliance with applicable laws, rules, guidelines, as well as institutional policies and plans is a condition of employment. Failure to comply may result in disciplinary action, including termination.

MD Anderson's initial orientation requirements for faculty, employees, trainees, volunteers and certain contractors include a mandatory compliance education component with instruction regarding the Institutional Code of Conduct, the Institutional Compliance Program, MD Anderson's compliance plans, federal and state laws governing health care and research, and Workforce Members' responsibilities regarding compliance with, and reporting violations or potential violations of, institutional policies and applicable laws. Workforce Members who participate in the initial orientation process are given directions on how to access the online publication MD Anderson's Standards of Conduct: Do the Right Thing. Workforce Members are required to sign and return an acknowledgement card signifying that they will access and read the publication within 30 days of their orientation, and that they agree to abide by the publication. The acknowledgement card is retained in the individual's personnel file.

Each employee is required to complete institutional mandatory training in even numbered fiscal years. Employees with direct patient care responsibilities are required to complete additional mandatory training in odd numbered fiscal years. Both of these mandatory trainings involve reading information on policies and procedures and answering questions, which test for comprehension of the information. The Institutional Compliance Program also trains Workforce Members throughout the year on general and specific compliance issues.

A variety of teaching materials, tools, methods, and languages are used, as necessary, to deliver training and education. In addition, messages stating MD Anderson's overall policies and procedures regarding institutional compliance and other significant governmental compliance information are posted in prominent areas of MD Anderson. Ongoing education is provided as appropriate to discuss new and emerging compliance issues and information. The Institutional Compliance Office maintains records, including attendance logs and presentation materials, related to its education and training sessions. Failure to comply with the education requirements may lead to disciplinary action.

In addition to general compliance education, it is imperative that all Workforce Members of MD Anderson receive specific and appropriate compliance education and training within his/her area of focus. When a specific training need has been identified, the CCO oversees such departmental compliance training and monitors the attendance and outcome of this training.

ONGOING MONITORING AND AUDITING

MD Anderson is committed to thoroughly monitoring institutional compliance through the CCO. The CCO, with the assistance of the appropriate member of the EICC, conducts periodic audits or similar assurance activities of operations, including, for example, technical and professional billing, privacy, information security, research, financial operations, and other compliance-related issues. These audits or similar assurance activities are aimed at ensuring adherence to general compliance policies, applicable compliance plans, institutional policies and procedures, and applicable federal and state laws.

Audits may include on-site visits, interviews with personnel involved in administration, operations, billing, sales, marketing, and other related activities, review of documentation and other written materials, or other similar activities.

As needed, the CCO will report to the EICC, the President, the Chief Operating Officer, and the Board of Regents audit findings and corrective action plans. Plans also are presented for subsequent audits or studies to ensure corrective actions.

In addition to monitoring efforts undertaken by the Institutional Compliance Program, the Institutional Compliance Program will be reviewed periodically by MD Anderson's Internal Audit Department or, by an independent, outside organization whose staff has the appropriate knowledge and technical skills required to complete such an audit of the compliance program. The audit is conducted under the direction of the CCO and is considered privileged information.

INVESTIGATION AND REMEDIATION

The CCO, with support from legal counsel and the EICC, addresses any violation of the laws, regulations, and MD Anderson's policies and standards applicable to governmental compliance. Whenever a compliance issue has been identified through the hotline, direct contact, a third-party, or other source, and a preliminary assessment suggests that an investigation is warranted, the CCO will initiate a confidential investigation to determine the facts and circumstances of the potential violation. Compliance investigations will involve only those individuals necessary to resolve a fact or issue. The CCO does not apprise complainants or reporters of the status of investigations, barring exceptional circumstances.

The CCO may accept a previously conducted investigation if such investigation was conducted with knowledge and approval of the CCO. Compliance investigations will be performed with the assistance of legal counsel, as needed, and will be reported immediately and confidentially to the EICC, as appropriate. If the CCO believes the integrity of the investigation is at stake, the appropriate employee(s) may be removed from duty until the investigation is completed. The CCO ensures that steps are taken to prevent destruction of documents or other evidence.

The CCO promptly and fully investigates all reports professionally and without prejudice. Consultations follow with the appropriate division head(s), manager, and/or employee, as appropriate. The corrective action plan to be implemented is determined after the outcome of each investigation. In determining the corrective action plan, MD Anderson should not take into consideration an employee's or faculty member's economic benefit to MD Anderson. The corrective action procedure provided in this plan is to be followed.

If the investigation indicates that disciplinary action is warranted, such action will be imposed in accordance with MD Anderson's written standards of disciplinary action.

Any misconduct that violates civil or criminal law, or rules and regulations may be reported to the appropriate governing body after receipt of the credible evidence of misconduct, along with a description of the appropriate disciplinary action taken. If applicable, plans for repayment of federal funds will be included in the report.

Corrective action plans also should include determining whether the problem is systemic and implementing any necessary preventive measures.

CORRECTIVE AND/OR DISCIPLINARY ACTION

MD Anderson upholds a "zero tolerance" policy toward any illegal activity or knowing, intentional, or willing noncompliance with federal and state laws, regulations, and MD Anderson's policies.

Corrective Action Plans

The outcome of an investigation determines the seriousness of the corrective action plan. The investigation may determine that no violation occurred or that a violation occurred unintentionally or intentionally. Each corrective action plan will include the following elements, as appropriate:

- Ceasing the problematic practice;
- Repaying overpayments;
- Reporting to the appropriate governmental authorities;
- Recommending and, when appropriate, monitoring disciplinary action;
- Instituting preventative measures, including, without limitation, remedial training and education;

- Determining whether the problem is systemic; and
- Monitoring of the corrective action.

As discussed further below, any employee who knowingly, willingly and/or intentionally engaged in a violation of the federal and state laws, regulations, Regents' Rules and Regulations and/or MD Anderson policies for governmental compliance is subject to immediate termination from MD Anderson. All actions taken will be in accordance with the applicable disciplinary action section below, which is implemented by Human Resources and the affected division head, manager, or supervisor, as appropriate.

Disciplinary Action

- For faculty members for conduct up to and including knowing, willing and intentional violations

Depending upon the seriousness of the violation, disciplinary action for faculty members may include one or more of the following actions:

- Mandatory remedial education.
- Written reprimand or written warning.
- Supplemental Annuity Plan reduction.
- Suspension of medical or hospital privileges for clinical faculty.
- Non-renewal of academic appointment.
- Termination.

- For Non-Faculty Employees

Depending upon the seriousness of the violation, disciplinary action for non-faculty employees may include one or more of the following actions:

- Mandatory remedial education.
- Verbal warning.
- Written warning.
- Involuntary demotion.
- Suspension without pay.
- Termination.

The CCO works with legal counsel, Human Resources, and the employee's supervisor, as appropriate, in recommending and carrying out disciplinary action.

Corrective Action Procedure

- Faculty – Corrective actions are administered to faculty in accordance with applicable faculty policies, guidelines, rules and regulations.
- Non-Faculty
 - Classified Employees - Corrective actions are administered to non-faculty classified employees in accordance with MD Anderson's [Human Resources Institutional Policies found in the Handbook of Operating Procedures](#) and the [Corrective Action Policy \(UTMDACC Institutional Policy # ADM0256\)](#).

- Administrative Employees – Corrective actions are administered to non-faculty administrative employees in accordance with applicable policies and guidelines.

PROMOTION OF AND ADHERENCE TO THE INSTITUTIONAL COMPLIANCE PROGRAM

The promotion of and adherence to the Institutional Compliance Program by all employees is considered an essential part of job performance. At MD Anderson, employees' awareness of and adherence to the Institutional Compliance Program is used as one element or measurement tool in the evaluation process for continuing employment and promotions. Managers and supervisors should take steps to (i) ensure ethical behavior within the scope of their employees' duties, and (ii) detect and take measures to remediate noncompliance with applicable policies, procedures, and legal requirements.

Managers and supervisors include all individuals who have as part of their job descriptions the supervision of any MD Anderson employee.

SANCTIONED INDIVIDUALS

MD Anderson prohibits the employment of individuals who: (a) have a criminal history related to federal health care programs or state health care programs; or (b) have been disbarred, excluded, or otherwise determined ineligible for participation by one of the following agencies (Adverse Action Databases), as applicable:

- Department of Health and Human Services (DHHS), Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE)
- General Services Administration (GSA), System for Award Management (SAM).
- Department of Health and Human Services (DHHS), Public Health Service (PHS), Office of Research Integrity (ORI), Administrative Actions Listing
- Food and Drug Administration (FDA), Office of Regulatory Affairs (ORA), Debarment List, and the Disqualified, Restricted and Assurances List for Clinical Investigators
- Department of Commerce, Bureau of Industry and Security, Denied Persons List, Debarred List, Unverified List and Entity List
- Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Health Education Assistance Loan (HEAL), List of Defaulted Borrowers.
- Department of Treasury, Office of Foreign Assets Control (OFAC), Specially Designated Nationals (SDN) and Blocked Persons List (Terrorists)
- TriCare Sanction List
- And the following "Most Wanted" Lists: (a) Federal Bureau of Investigation (FBI) – Ten Most Wanted Fugitives, (b) Federal Bureau of Investigation (FBI) – Most Wanted Terrorist List, (c) Drug Enforcement Administration (DEA) Most Wanted, (d) Bureau of Alcohol, Tobacco and Firearms (ATF) Most Wanted, (e) U.S. Marshall Service Most Wanted, (f) Department of Homeland Security, Immigration and Customs Enforcement (ICE) Most Wanted.
- The Louisiana Department of Health & Hospitals PRISM List of Excluded Individuals/Entities;
- The Texas Health and Human Services Commission Medicaid OIG Exclusion List and Medicaid Provider Exclusion List;
- Various other state exclusion databases.

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In order to ensure employment practices comply with these policies, MD Anderson adheres to the following:

Hiring Practices

- All job applications include specific questions regarding conviction of a criminal offense related to healthcare;
- All individuals are screened prior to hiring for criminal history; and
- All individuals are screened prior to hiring for sanctions by the above agencies through a commercial vendor. The vendor provides quarterly screening results to the CCO who, in turn, reports these data to the EICC.

Ongoing Practices

MD Anderson monthly screens all employees for sanctions by the above agencies.

- MD Anderson has contracted with a commercial vendor, to screen all Workforce Members for sanctions by the above agencies on a monthly basis. The results of these screenings are reported by the vendor to the CCO. The CCO, with assistance from legal counsel if necessary, disseminates the results to the supervised employee's manager and/or supervisor if necessary and provides quarterly sanctions reports to the EICC;
- Any employee who has been charged with criminal offenses related to participation in federal health care programs, has been convicted of a criminal offense related to participation in federal health care programs, or is part of any investigation, sanction or exclusion by Medicare, Medicaid, or another federal or state healthcare program, must report the charge within twenty-four (24) hours to the CCO and is then promptly removed from direct responsibility for, or involvement in, any federally funded healthcare program and is placed on administrative leave for 30 days to allow the individual an opportunity to seek reinstatement; and
- An employee is terminated from MD Anderson if at the end of 30 days the employee is unable to obtain reinstatement.

REPORTING COMPLIANCE CONCERNS

Remaining silent and failing to report any violation or potential violation that a person knows or should have known of, may subject a person to disciplinary action up to and including termination. MD Anderson will not accept an employee's claim that improper conduct occurred for the benefit of MD Anderson. Any such conduct is not for the benefit of MD Anderson and is expressly prohibited.

To encourage open communication in all dealings with the CCO and the EICC, Workforce Members contacting the Institutional Compliance Office are assured non-retaliation in accordance with the [Non-Retaliation Policy \(UTMDACC Institutional Policy # ADM0254\)](#) and an atmosphere of confidentiality.

To report compliance concerns, Workforce Members may:

- Call the Compliance Hotline at: 1-800-789-4448;
- Contact the Institutional Compliance Office directly at: 713-745-6636; or
- Contact the CCO via the Page Operator at: 713-792-7090.
- Report suspected fraud, waste, and abuse involving state resources to the State Auditor's Office's Hotline at 1-800-TX-AUDIT (1-800-892-8348). The State Auditor's Office provides additional information at its website, <http://sao.fraud.state.tx.us>.

MD Anderson has established the Compliance telephone hotline, listed above, for Workforce Members to report all suspected violations or questionable conduct. The hotline include the following features:

- The hotline number is included in employment materials, employee badge cards, the Institutional Compliance Program website, MD Anderson's Standards of Conduct: Do the Right Thing, and displayed in poster form on MD Anderson bulletin boards;
- Telephone calls to the hotline are treated anonymously, upon request, and confidentially to the extent possible;
- The caller is not recorded, traced or identified, and the caller is not required to furnish his/her name;
- Information provided to the hotline is treated as privileged to the extent permitted by applicable law;
- The CCO strictly complies with and enforces MD Anderson's [Non-Retaliation Policy \(UTMDACC Institutional Policy # ADM0254\)](#).
- Intentionally making false accusations is a serious violation of MD Anderson policy and will lead to disciplinary actions against the person making the accusation, up to and including termination of employment;
- Employees may not use the hotline to protect themselves from the outcome of their own violations or misconduct, nor will the discipline be increased or decreased for an employee who reported his or her own violation;
- Upon receiving information from the hotline, the CCO will communicate and disseminate all compliance complaints to the triage team and assign to the appropriate party for investigation;
- Each report will be reviewed, and the CCO or designee will initiate any investigations, corrections and/or follow-up on an as-needed basis in accordance with provisions of this plan; and,
- The CCO will provide routine reports and periodic updates as deemed necessary to the EICC and President.

RECORD CREATION AND RETENTION

The CCO consults with the custodians of the record areas outlined below in order to help ensure that all records required by federal or state law or by other regulatory agencies are created, maintained and safeguarded on an ongoing basis.

MD Anderson has adopted the following standards with respect to records management:

Overall Standards

- Institutional Compliance Program investigation files shall include the following information: (a) information about the complaint, including date the complaint was made, and disposition date; (b) alleged violation; (c) investigative process; (d) copies of interview notes; (e) key documents; (f) log of witnesses interviewed; (g) documents reviewed; (h) results of the investigation; and (i) corrective action implemented, as needed.
- All hospital records, including computer tapes and electronic and paper records, shall be prepared accurately, reliably and honestly;
- No employee may enter false or misleading information into MD Anderson records;
- Records shall be organized in a manner that facilitates prompt retrieval;
- All records shall be stored in a safe and secure manner for the period required by federal and state law or by MD Anderson policy, whichever is longer;
- Records shall be destroyed when no longer needed to be retained under federal and state law or MD Anderson policy, whichever is longer;

- Adequate records shall be developed and maintained to document MD Anderson's compliance with all applicable laws;
- The confidentiality and security of records shall be appropriately assured and adhered to based on federal and state laws and MD Anderson policies; and,
- No employee may destroy or alter any MD Anderson record if the CCO or appropriate designee has notice of any pending litigation or governmental investigation, litigation, claim, negotiation, audit, open records request, administrative review, or if any other action involving such record is initiated before the expiration of the retention period and subsequent destruction of such record.

PATIENT REFERRALS

MD Anderson adheres to the federal Anti-Kickback Statute and prohibits any Workforce Member from knowingly and willfully soliciting, receiving, offering, or paying remuneration in cash or in kind to induce, or in return for:

- Referring an individual to a person for the furnishing, or arranging for the furnishing, of any item or service payable under the Medicare program, Medicaid program or any other federal health care program; or,
- Purchasing, leasing or ordering or arranging for or recommending purchasing, leasing or ordering of any good, facility service or item payable under the Medicare program, Medicaid program or any other federal health care program.

In addition, MD Anderson adheres to the following:

- MD Anderson Does Not Pay for Referrals

MD Anderson does not make payments or provide non-cash benefits (e.g., office space) to any physician or health professional for referrals.

Medical staff and health professionals who are not employees of MD Anderson are free to refer patients to any person or entity they deem appropriate. MD Anderson employees make referrals to the medical staff, health professionals or other healthcare facilities solely based on what is best for the individual seeking treatment and without regard to the value or volume of referrals any such physician, health professional or other healthcare facility has made to MD Anderson.

- MD Anderson Does Not Pay Patients

Routine waiver of co-payments or deductibles is unlawful because it may result in: (1) false claims; (2) violations of the patient inducement law and Anti-Kickback Statute; and, (3) excessive utilization of items and services.

MD Anderson does not waive insurance co-payments or deductibles or otherwise provide financial benefits to patients in return for admissions. Under certain circumstances, MD Anderson may provide appropriate financial accommodations (e.g., allowing monthly payments over time) to patients with financial need. Any discounts or accommodations will only be provided in accordance with all applicable state and federal laws and regulations, Regents' Rules and MD Anderson policies, including [Co-Payment Policy \(UTMDACC Institutional Policy # ADM0380\)](#).

- Fraud, Waste, and Abuse

The federal Fraud, Waste, and Abuse provisions prohibit, among other things, any person from offering or paying remuneration to a referral source of federal health care beneficiaries, including Medicare or Medicaid patients for making or recommending referrals of patients and from making false claims for Medicare or Medicaid reimbursement. In addition, many state laws contain similar limitations on such conduct regardless of source of payment. There are, however, a number of "safe harbors" or transactions that are expressly stated not to violate the fraud, waste, and abuse limitations if the intent or actual purpose of the transaction is

appropriate. An MD Anderson Workforce Member should never solicit or receive, or pay or offer to pay any remuneration of any type (including kickbacks, bribes or rebates) in return for referring or recommending the referral of an individual to another person, hospital or medical facility for services.

REFERENCES

[Billing Compliance Plan.](#)

[Confidentiality Policy \(UTMDACC Institutional Policy # ADM0264\).](#)

[Conflict of Interest and Conflict of Commitment Policy \(UTMDACC Institutional Policy # ADM0255\).](#)

[Corporate Compliance Plan.](#)

[Corrective Action Policy \(UTMDACC Institutional Policy # ADM0256\).](#)

[Device Management and Security Plan.](#)

[Endowment Compliance Plan.](#)

[Fraud, Waste, and Abuse Policy \(UTMDACC Institutional Policy # ADM0157\).](#)

[Hospital Compliance Plan.](#)

[Human Resources Institutional Policies found in the Handbook of Operating Procedures.](#)

[Information Security Compliance Plan.](#)

[Institutional Compliance Program Policy \(UTMDACC Institutional Policy # ADM0156\).](#)

[Institutional Policy and Procedure Development and Implementation Policy \(UTMDACC Institutional Policy # ADM0158\).](#)

[Network Edge Security Compliance Plan.](#)

[Non-Retaliation Policy \(UTMDACC Institutional Policy # ADM0254\).](#)

[Political Activity Policy \(UTMDACC Institutional Policy # ADM0262\).](#)

[Privacy Compliance Plan.](#)

[Protecting the Confidentiality of Social Security Numbers \(UTMDACC Institutional Policy # ADM0159\).](#)

[Research Compliance Plan.](#)

[Standards of Conduct.](#)

[State Auditor's Office.](#)

APPROVALS

Date	Approver
11-06-2017	Executive Institutional Compliance Committee
11-20-2014	Executive Institutional Compliance Committee
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10-09-2012	Executive Institutional Compliance Committee
09-07-2011	Executive Institutional Compliance Committee

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