

## FY26 Billing 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, research 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 understand that promoting research integrity, including appropriate use of all research funding and accurate documentation of all research work, is critical to ensuring our ongoing research efforts and fulfilling federal, state, and UT System requirements;
- we are intolerant of fraud, waste, abuse, and other violations of such guidelines and regulations;
- we are committed to providing education, monitoring, and oversight to ensure that faculty members, employees, volunteers, trainees, students, 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 facilitate programs to address key risk areas including international relationships, cybersecurity threats, and continually reassess the risk environment to proactively develop standards and processes that protect our resources; and
- 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 Workforce Members with the most accurate, concise, and up-to-date information and advice to assure awareness of their responsibilities with respect to sustaining such an environment;
- foster an environment of open communication by educating workforce members about their obligations to report compliance concerns;

- protect workforce members from retaliation if they, in good faith, report suspected wrongdoing, participate in or with an institutional investigation pertaining to alleged wrongdoing, or assist appropriate authorities in investigating possible wrongdoing; and
- continually assess the effectiveness and quality of its program to ensure all MD Anderson business is conducted with integrity and in compliance with the law.

## Code of Conduct

MD Anderson requires all administration staff, medical staff, employees, and other workforce members to follow the [Standards of Conduct](#) adopted by the Board of Regents for The University of Texas System (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 ten principles comprising [MD Anderson's Code of Conduct](#):

### 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.

### 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?

### 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.

### Commit to research integrity

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

### 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.

### Bill accurately

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

### 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.

### 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.

### **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

### **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 Institutional Compliance. And always cooperate fully with all inquiries and investigations related to reported issues.

## **Billing Compliance Oversight**

The purpose of the Billing Compliance Plan is to assure that MD Anderson complies with all applicable federal and state laws, regulations and guidelines, The University of Texas System rules and guidelines, and MD Anderson policies related to billing for clinical services appropriately.

Responsibility for oversight of the Billing Compliance Plan rests with a multi-disciplinary Executive Billing Compliance Committee (EBCC) and its subcommittees" as appropriate, whose membership is appointed by the Vice President, Chief Compliance and Ethics Officer (CCEO) and annually approved by the Executive Institutional Compliance Committee (EICC). All members of the EBCC must sign a statement assuring total confidentiality in all dealings of the EBCC. Minutes of all EBCC meetings are maintained in a confidential manner and are provided to the EICC. Minutes are maintained by Institutional Compliance.

The EBCC is charged with the following tasks:

- Prepare and submit to the EICC and EBCC an annual work plan that outlines the major activities and initiatives of the EBCC for the upcoming fiscal year.
- Prepare and submit to the EICC and EBCC an annual report that summarizes the EBCC's progress regarding each work plan objective contained in the EBCC's annual work plan for the preceding fiscal year.
- Validate the annual Compliance Risk Analysis related to billing & reimbursement compliance matters.

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

- Develop or assist with developing risk management plans for high-risk areas identified through the annual Compliance Risk Analysis;
- Recommend compliance policies, procedures, and materials relating to billing and documentation;
- Implement billing and documentation policies and procedures at the direction of the EICC and/or EBCC;
- Develop and implement necessary changes in practice or procedures that assures adherence to established policies;
- Recommend approved training sessions;
- Develop practical monitoring tools to optimize compliance;
- Prepare reports to the EICC on the status of current and newly adopted policies, procedures, and materials;

- Communicate regularly with the EICC on new and emerging issues; and
- Provide oversight of billing compliance auditing and assurance activities, make decisions regarding appropriate action, and initiate disciplinary action for non-compliance.

## Operations

The CCEO is accountable for the day-to-day implementation of the Billing Compliance Plan, including the development and implementation of Institutional Compliance departmental procedures. However, all claim submissions for inpatient and outpatient facility/technical charges and Billing Professional (“Billing Professional” is defined in Section 1.1.A of Billing Policies and Procedures below) services are the responsibility of Revenue Operation & Coding (ROC) and Patient Business Services (PBS). In addition, there may be other departments throughout the institution that may have operational obligations under the Billing Compliance Plan.

## Billing Policies

It is the policy of MD Anderson that all claims for professional and facility/technical fee reimbursement are accurately prepared and correctly identify services performed by appropriate Workforce Members. At no time are claims to be prepared or submitted, or reimbursement accepted, for services that have not been performed or are not medically necessary. Monies to which there is no legal entitlement will be returned within a reasonable timeframe and as required by applicable law after the appropriate diligence is conducted by Institutional Compliance or other designated department. All charges should clearly reflect appropriate diagnosis and procedure codes, as applicable. All medical record documentation must support the medical necessity of the service, the billing code, and all charges (including items or services billed to patients and third-party payors as part of a clinical research protocol). MD Anderson policies concerning billing are considered an integral part of the MD Anderson commitment to fair and accurate billing. Below are concepts that should be considered with all MD Anderson policies and procedures that impact billing and reimbursement compliance.

### 1.0 Documentation and Coding

#### 1.1 Medical Necessity

- A. The medical record provides documentation supporting the medical necessity of items or services the hospital or Billing Professional provides and bills.

**Note:** For the purposes of the Billing Compliance Plan, the term “Billing Professional” includes all individuals who are assigned a billing provider number (e.g., physicians, physician assistants, advanced practice registered nurses, and certain other clinicians).

- B. All orders submitted by Billing Professionals to request services require Billing Professionals to document the need for such services or attest that such documentation appears in the patient’s chart.

- C. Resource Utilization Monitoring

- The Utilization Review Committee performs utilization review functions as required by the Medicare Conditions of Participation at 42 CFR 482.30.

#### 1.2 Selection of Diagnosis and Procedure Codes

- A. All billing codes selected must accurately describe the ordered and/or performed service or test;
- B. MD Anderson bills for reimbursement using only appropriate codes;
- C. Any reviewed codes, are performed by individuals with technical expertise and education;
- D. Intentionally using codes to maximize reimbursement when medical necessity or utilization is not clearly documented is strictly prohibited; and
- E. All coding guidelines and reference materials reflect current standards.

**1.3 Claims for Reimbursement**

- A. MD Anderson submits claims only for items and services that are appropriately ordered (when applicable), performed and documented; and
- B. Services or tests that are not performed, for any reason, are not submitted for reimbursement.

**1.4 Standing Orders**

Standing Orders are permitted only when in accordance with the Clinical Parameter Orders and Other Patient Care Management Tools Policy (UT MD Anderson Institutional Policy # CLN1094).

**2.0 Specific Policies Regarding Laboratory Services**

**2.1 Billing of Calculations**

The laboratory does not bill for both calculations (e.g., calculated LDLs, T7s) and the tests that are performed to derive such calculations.

**2.2 Reflex and Confirmatory Testing**

- A. The laboratory does not engage in reflex testing unless approved by the medical staff, or local, state, or federal regulation allows additional testing.
- B. The laboratory does not perform confirmatory testing unless medically appropriate.

**2.3 Add-On Testing**

The laboratory does not automatically add on tests without a requisition unless the correct level of detail is absent. Any tests added-on must be in accordance with the MD Anderson policy for Add-On Testing.

**2.4 Waived Test**

MD Anderson does not allow waived tests to be performed in an area outside the clinical laboratory, unless the waived tests are performed in accordance with applicable Clinical Laboratory Improvement Amendments (CLIA) regulations, The Joint Commission standards, and the MD Anderson Waived Testing Procedure.

**3.0 Specific Policies Regarding Clinical Research Billing**

**3.1 Coverage Analysis (CA)**

MD Anderson requires a CA and a clinical content tool (CCT) to be prepared for all Institutional Review Board (IRB) approved protocols to identify services that are billable to sponsors, third- party payors, or to patients.

- 3.2** MD Anderson does not bill patients or third-party payors, including any federal health care program, for items or services that are:
- A. Paid by another funding source (e.g., pharmaceutical sponsor, federal grant, etc.);
  - B. Designated as a no-charge service in the informed consent document (ICD); or
  - C. For research purposes only.

## 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, Standards of Conduct: Do the Right Thing, policies, and plans regarding 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 corrective action, up to and including termination.

### 1.0 General Education

Billing guidelines and medical record documentation compliance is one of MD Anderson's most important priorities. All Workforce Members associated with billing and documentation must be knowledgeable about MD Anderson's Billing & Reimbursement Compliance Program under the direction of the CCEO.

In addition, the CCEO, or designee, is responsible for education related to the matters related to the MD Anderson Billing Compliance Plan and shall:

- 1.1 Coordinate orientation and periodic billing training programs; and
- 1.2 Document attendance at billing education sessions.

### 2.0 Education for Billing Professionals Regarding Billing Compliance

**2.1** Each new Billing Professional receives orientation by Institutional Compliance's Billing & Reimbursement Compliance staff. This session focuses on fraud, waste, abuse, and clinical documentation as it relates to billing compliance. Although residents and fellows may not be defined as a Billing Professional, residents and fellows are intimately involved in drafting documentation utilized by Billing Professionals and therefore also receive orientation by or through the Institutional Compliance's Billing & Reimbursement Compliance staff.

**2.2** In addition to the MD Anderson documentation standards in the **Medical Staff Rules and Regulations**, the following billing compliance education and training is provided to all new Billing Professionals, residents, and fellows:

- A. Documentation Guidelines, including, but not limited to, evaluation and management documentation guidelines and/or surgical procedures documentation guidelines;
- B. Fraud Waste and Abuse;
- C. Pertinent information derived from the Centers for Medicare and Medicaid Services (CMS), Office of Inspector General (OIG), and local Medicare Administrative Contractor guidance;
- D. MD Anderson documentation, coding, and billing policies and procedures; and,
- E. Other related topics.

Thereafter, ongoing education is provided on a periodic basis, to discuss new and emerging documentation issues and information discovered through the internal auditing and monitoring process. Attendance is taken

and recorded.

- 2.3 Other healthcare provider and staff involved in providing billable service (e.g., nurses, medical assistants, physical therapists, etc.) also receive education relating to documentation and billing facility/hospital charges from Institutional Compliance.

### 3.0 Compliance Staff Education

It is imperative that the Institutional Compliance's Billing & Reimbursement staff and other relevant Workforce Members (collectively referred to as "Compliance Staff") are kept informed of third-party payor policy changes as well as changes to laws, regulations, or applicable guidance.

Maintaining compliance with billing requirements requires more than the efforts of the Institutional Compliance. Therefore, it is imperative that ROC, PBS, Clinical Revenue & Reimbursement, Clinical Research Finance (CRF), Clinical Billing Specialists, Financial Clearance Center, billers, coders, auditors, or other pertinent staff members throughout the institution are kept informed of legal and policy changes that impact the way MD Anderson bills and receives reimbursement for items and services rendered. Therefore, IC staff and certain members of the above stated departments are required, at a minimum to:

- 3.1 Attend internal educational sessions regarding CMS documentation guidelines, current coding guidelines and MD Anderson's documentation, coding and billing policies and procedures;
- 3.2 Attend outside educational seminars annually, when feasible;
- 3.3 Read and circulate to the appropriate party, on a routine basis, Medicare Administrative Contractor bulletins, Medicaid bulletins, third-party reimbursement and coverage information, coding guidelines or other related current reference material; and

- 3.4 Monitor governmental web sites to stay abreast of emerging issues in billing and reimbursement compliance.

## Ongoing Monitoring and Auditing

### 1.0 Monitoring Activities

- 1.1 The CCEO or designee shall meet periodically with designated departmental representatives to stay abreast of current and/or new matters related to billing and reimbursement compliance.
- 1.2 The CCEO or designee shall monitor the progress of risk management plans.

### 2.0 Auditing Activities

The CCEO or designee shall perform periodic audits or similar assurance activities regarding billing compliance.

#### 2.1 Professional Billing

All Billing Professionals are required to comply with MD Anderson's documentation standards as reflected in the Medical Staff Rules and Regulations, Documentation Guidelines, and applicable third-party payor guidelines. In order to ensure compliance with the Billing Compliance Plan, periodic audits of the billing and documentation processes are undertaken by the Compliance Staff. These audits are aimed at ensuring adherence to general compliance policies, federal and state specific professional billing and documentation policies and procedures, internal policies and procedures and applicable third-party payor guidelines. The Compliance Staff works with professional billing providers and other staff involved in billing processes to accomplish the following:

- Review the progress notes on patients in conjunction with Medicare guidelines;
- Review documentation and billing information and notify the appropriate party to correct any discrepancies (if appropriate);
- Request, when appropriate, additional documentation from the Billing Professional as needed to support the level of service billed;
- Ensure that the level of service billed is supported by the level of service documented by the responsible Billing Professional and if necessary and when applicable, reduce the level of billing to reflect the level of service documented and bill accordingly;
- Review additional documentation to support a higher level of service documented by the Billing Professional and, if appropriate, notify the Billing Professional that a change in coding is warranted;
- Maintain an error tracking system for all records reviewed;
- Regularly report coding and documentation errors to the CCEO, or designee, and key department leaders, as necessary, who will enforce disciplinary actions as appropriate; and
- Initiate and participate in educational sessions in conjunction with or under the direction of the CCEO or designee.

## 2.2 Clinical Research Billing

In order to ensure compliance with the Billing Compliance Plan, periodic audits of the clinical research billing and documentation processes is undertaken by pertinent CRF and Compliance Staff. These audits are aimed at ensuring adherence to general compliance policies, federal and state specific clinical research billing policies and procedures, and applicable third-party payor and clinical research sponsor guidelines. The CRF and Compliance Staff work with principal investigators and clinical research staff to accomplish the following:

- Review documentation related to clinical trial billing to ensure appropriate billing occurred in accordance with Medicare Clinical Trial Policy and other applicable guidelines;
- Review documentation to ensure appropriate billing occurred in accordance with the coverage analysis and MD Anderson documentation, coding, and billing policies and procedures;
- Review the protocol-related regulatory and financial documents to ensure consistency among these documents (e.g., budget, ICD, clinical trial agreement (CTA), protocol, CA, etc.);
- Ensure that existing documentation supports medical necessity for items and/or services submitted for reimbursement;
- Notify appropriate party to correct any identified discrepancies;
- Maintain an error tracking system for all records reviewed;
- Regularly report clinical research billing errors to the CCEO, or designee, and key department leaders, as necessary, who will enforce disciplinary actions as appropriate; and
- Initiate and participate in educational sessions in conjunction with or under the direction of the CCEO.

### 2.3 Hospital (Facility/Technical) Billing

In order to ensure compliance with the Billing Compliance Plan, periodic audits of the billing and documentation processes is undertaken by pertinent Compliance Staff. These audits are aimed at ensuring adherence to general compliance policies, federal and state specific hospital billing and documentation policies and procedures, and applicable third-party payor guidelines. The Compliance Staff work with appropriate personnel to accomplish the following:

- Review documentation and billing information and notify the appropriate party to correct any discrepancies (if appropriate);
- Review documentation related to hospital billing to ensure appropriate billing occurred in accordance with applicable third-party payor guidelines;
- Review documentation to ensure appropriate billing occurred in accordance with MD Anderson documentation, coding, and billing policies and procedures;
- Ensure that existing documentation supports medical necessity for items and/or services submitted for reimbursement;
- Maintain an error tracking system for all records reviewed;
- Regularly report coding and documentation errors to the CCEO, or designee, and key department leaders, as necessary, who will enforce disciplinary actions as appropriate; and,
- Initiate and participate in educational sessions in conjunction with or under the direction of the CCEO or designee.

### 2.4 Oversight of Audits

The CCEO, or designee, oversees audits performed by the Compliance Staff relating to documentation and billing of items and services rendered by MD Anderson. At a minimum, the CCEO, or designee, is accountable for the following:

- Ensuring that audits are performed accurately, consistently, and routinely;
- Developing, with the assistance of appropriate parties in the institution, a sampling methodology for the selection of items or services to be reviewed;
- Ensuring that results of each audit are handled professionally and confidentially;
- Discussing the results of the audit with the appropriate parties (as applicable), on an informal and formal basis;
- Meeting with appropriate parties, as determined by the CCEO or designee, to review and discuss the audit findings;
- Reporting the audit results to appropriate parties;
- Coordinating and implementing education, with appropriate parties, based on the results of the audit findings; and
- As needed, the CCEO will report to the President, The University of Texas System Chief Compliance Officer, and/or the Board of Regents audit findings and corrective action plans.

## Investigation and Remediation

Institutional Compliance investigations are conducted under, and therefore protected by, one or more of the following:

- Texas Rule of Evidence 503 (the lawyer-client privilege),
- Texas Education Code §51.971 (institutions of higher education conducting compliance program investigations),
- Texas Health and Safety Code §161.032(b)(1), (c), and (e) (Medical Committees and compliance officer privileges)

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

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

The CCEO promptly and fully investigates all reports professionally and without prejudice. Consultations follow with the appropriate division head(s), department chair(s), manager(s), and/or workforce member(s), 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. All corrective action will be in accordance with the MD Anderson's [Hospital Compliance Plan](#).

The CCEO ensures that all those interviewed as part of the investigative process are entitled to have a representative/advocate present during their interview. However, an interviewee's representative/advocate is not permitted to steer, coach, or rehabilitate the interviewee's responses or otherwise compromise the integrity of the interview. Any such attempts to compromise the integrity of the interview may be considered noncooperation. The interviewee will be provided with a copy of [MD Anderson's Non-Retaliation Policy \(MD Anderson Institutional Policy #ADM0254\)](#) and apprised of the ramifications of, as a consequence of the interview, engaging in conduct implicated by the Policy.

If an investigation indicates that corrective action is warranted, such action will be imposed in accordance with MD Anderson's written standards of corrective action, and outlined in a corrective action plan. The corrective action plan to be implemented is developed after the outcome of an investigation. In determining the corrective action plan, MD Anderson should not take into consideration a workforce member's economic or reputation benefit to the institution. All corrective actions provided in the plan are disseminated to those responsible for completing such actions, and must be undertaken and completed within their specified time frames.

Any misconduct that violates civil or criminal law, rules or regulations may be reported to the appropriate governing body after receipt of credible evidence of such misconduct, along with a description of the appropriate corrective 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 Action

MD Anderson upholds a zero tolerance policy toward any illegal activity or knowing, willing, or intentional noncompliance with federal and state laws and regulations, and MD Anderson's policies. All actions taken will be in accordance with MD Anderson's [Hospital Compliance Plan](#).

## Sanctioned Individuals

MD Anderson prohibits the employment of individuals who:

- have a criminal history related to federal health care program or state health care program; or
- have been disbarred, excluded, or otherwise determined ineligible for participation in federal health care programs as evidenced by appearance in one of the following agencies (Adverse Action Databases") Sanction Checks are handled in accordance with the MD Anderson [Hospital Compliance Plan](#).

## Reporting Compliance Concerns

Remaining silent and failing to report any violation or potential violation that a workforce member knows or should have known of may subject a person to corrective action up to and including termination or dismissal. MD Anderson will not accept a workforce member'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 CCEO and the EICC, workforce members contacting Institutional Compliance are assured non-retaliation in accordance with the MD Anderson Non-Retaliation Policy (MD Anderson Institutional Policy #ADM0254) and an atmosphere of confidentiality.

To report compliance concerns, workforce members and any other member of the MD Anderson community, including patients and their family members, may:

- call the Compliance Hotline at 1-800-789-4448;
- call Institutional Compliance directly at 713-745-6636; or
- contact the CCEO via the Page Operator at 713-792-7090.
- email Institutional Compliance at [Institutional\\_Compliance@mdanderson.org](mailto:Institutional_Compliance@mdanderson.org); or
- submit an online report through the [Detecting and Addressing Compliance Concerns webpage](#).

Suspected fraud, waste, and abuse involving state resources may be reported to the State Auditor's Office's Hotline at 1-800-TX-AUDIT (1-800-892-8348). Additional information is provided on the State Auditor's Office website.

MD Anderson has established the Compliance Hotline, listed above, for workforce members and other members of the MD Anderson community to report all suspected violations or questionable conduct. The Compliance Hotline includes the following features:

- The Compliance Hotline number is included in onboarding materials, the Code of Conduct identification badge insert, the Institutional Compliance Program intranet site and website, and MD Anderson's Standards of Conduct: Do the Right Thing; and is displayed in poster form on MD Anderson bulletin boards;
- Telephone calls to the Compliance 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 their name;
- Information provided to the Compliance Hotline is treated as privileged to the extent permitted by applicable law;
- Upon receiving information from the Compliance Hotline, the CCEO 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 CCEO 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 CCEO will provide routine reports and periodic updates as deemed necessary to the EICC and President.

Note that intentionally making false accusations is a serious violation of MD Anderson policy and may lead to corrective actions against the person making the false accusation, up to and including termination or dismissal. Workforce Members may not use the Compliance Hotline to protect themselves from the outcome of their own violations or misconduct; however, self-reporting is strongly encouraged and may be considered a mitigating factor when determining the appropriate corrective actions.

In all reports of compliance concerns, the CCEO strictly complies with and enforces MD Anderson's [Non-Retaliation Policy \(MD Anderson Institutional Policy #ADM0254\)](#).

## References

[Corrective Action Policy \(MD Anderson Institutional Policy #ADM0256\)](#)

[Hospital Compliance Plan](#)

[Non-Retaliation Policy \(MD Anderson Institutional Policy #ADM0254\)](#)

[MD Anderson's Standards of Conduct](#)

[State Auditor's Office](#)

[Texas Health and Safety Code § 161.031](#)

**APPROVALS**

<b>Date</b>	<b>Approver</b>
10-21-2025	Executive Institutional Compliance Committee
10-21-2024	Executive Institutional Compliance Committee
01-24-2023	Executive Institutional Compliance Committee
10-26-2021	Executive Institutional Compliance Committee
10-27-2020	Executive Institutional Compliance Committee
10-22-2019	Executive Institutional Compliance Committee
10-17-2018	Executive Institutional Compliance Committee
11-06-2017	Executive Institutional Compliance Committee
11-20-2014	Executive Institutional Compliance Committee
01-16-2014	Executive Institutional Compliance Committee
10-09-2012	Executive Institutional Compliance Committee
09-07-2011	Executive Institutional Compliance Committee

**Content Experts:**

Weber, Max C., Vice President & Chief Compliance and Ethics Officer  
 Justin Chakrabarty, Senior Legal Officer & Director