

FY26 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, 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 The University of Texas System (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 and 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.

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;
- the Vice President & Chief Compliance and Ethics Officer (CCEO);
- the Associate Vice President & Deputy Chief Compliance Officer (DCCO);
- the Senior Vice President & Chief Academic Officer;
- the Senior Vice President, Institutional Affairs & Chief Brand and Communications Officer;
- the Senior Vice President & Chief Financial Officer;
- the Senior Vice President, People, Culture and Infrastructure & Chief Human Resources Officer;
- the Senior Vice President & Chief Operating Officer;
- the Senior Vice President & Chief Philanthropy Officer;
- the Senior Vice President, Legal and Regulatory Affairs & Chief Regulatory Officer;
- the Senior Vice President & Chief Scientific Officer;
- the Senior Vice President & Chief Strategy and Business Development Officer;
- the Senior Vice President & Chief Technology and Digital Officer;
- the Chief Medical Executive;
- the Vice President & Chief Audit Officer;
- the Vice President & Chief Enterprise Risk Officer;
- the Vice President & Chief Governmental Relations Officer;
- the Vice President & Chief Legal Officer; and
- the Chief of Staff.

The EICC is a Medical Committee within the meaning of [Texas Health and Safety Code § 161.031](#). Dealings and minutes of all EICC meetings are maintained in a confidential manner by Institutional Compliance.

The responsibility for implementing and managing the Institutional Compliance Program 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, Legal and Regulatory Affairs & Chief Regulatory Officer. The CCEO or their designee will, with the assistance of and guidance from the EICC:

- 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 actions, as necessary;

- review compliance committees' annual work plans for the upcoming fiscal year relating to all aspects of compliance;
- review compliance committees' 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(s) of such alerts from occurring or recurring;
- develop and monitor methodologies and systems to optimize compliance across the organization;
- prepare and present reports, as necessary, to MD Anderson executive management, the UT System Board of Regents (Board of Regents), 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(s) necessary to ensure MD Anderson's full compliance with all applicable laws, rules, and regulations; and
- review, respond to, and investigate all reports of noncompliance.

In addition to the EICC, there are seven 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:

- Corporate Compliance Committee
- Endowment Compliance Committee
- Executive Billing Compliance Committee
- Executive Research Compliance Committee
- Information Security Compliance Committee
- Privacy Compliance Committee
- Research Security Compliance Subcommittee
- Security, Technology and Research 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 manages and facilitates seven 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 (this document)

- [Billing Compliance Plan](#)
- [Corporate Compliance Plan](#)
- [Endowment Compliance Plan](#)
- [Information Security Compliance Plan](#)
- [Privacy Compliance Plan](#)
- [Research Compliance Plan](#)

The Institutional Compliance Program also reviews and approves all institutional policies that may relate to compliance matters, and oversees the process for all institutional policy development, review, and approval at MD Anderson. See the [Institutional Policy and Procedure Development and Implementation Policy \(MD Anderson Institutional Policy #ADM0158\)](#) for specifics.

Education

Compliance with all applicable laws and regulations is one of MD Anderson's priorities. MD Anderson Workforce Members must be knowledgeable about MD Anderson's [Code of Conduct](#), [Standards of Conduct: Do the Right Thing](#), [institutional policies](#), and plans regarding compliance issues. Compliance with applicable laws, rules, and guidelines as well as institutional policies and plans is a condition of engagement (employment, enrollment, or participation) with MD Anderson. Failure to comply may result in corrective action up to and including termination or dismissal.

MD Anderson's onboarding requirements for Workforce Members include mandatory general compliance education with instruction regarding:

- the Institutional [Code of Conduct](#) and [Standards of Conduct: Do the Right Thing](#),
- 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.

During their respective onboarding processes, Workforce Members receive an identification badge insert that comprises the Code of Conduct as well as multiple contact methods to report a compliance violation or potential compliance violation. They also receive directions on how to access the online publication [MD Anderson's Standards of Conduct: Do the Right Thing](#). They are required to sign and return an acknowledgement signifying that they will access and read the online publication within 30 days of their onboarding process, and that they agree to abide by the publication. The acknowledgement is retained in each Workforce Member's personnel file.

With limited exceptions, all Workforce Members also are required to complete annual institutional mandatory training. This training gives Workforce Members the opportunity to review information on institutional policies and procedures, then requires them to answer questions that 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 (as necessary) are used 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 on MD Anderson's campuses. Ongoing education is provided as appropriate to discuss new and emerging compliance issues and information. The Institutional

Compliance Program maintains records, including attendance logs and presentation materials, related to its education and training sessions. Failure to comply with education and training requirements may lead to corrective action up to and including termination or dismissal.

In addition to general compliance education, all Workforce Members receive specific and appropriate compliance education and training within their areas of focus. When a specific training need has been identified, the CCEO oversees such specific 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 CCEO. The CCEO, with the assistance of the appropriate member(s) of the EICC, conducts periodic audits or similar assurance activities of operations including 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 and regulations.

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; and
- other similar activities.

As needed, the CCEO will report audit findings and corrective action plans to the EICC, the President, and the Board of Regents. Plans also are presented for subsequent audits or studies to ensure corrective actions have been effectively implemented.

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

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 CCEO, 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 compliance 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 compliance 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, 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 CCEO ensures that all those interviewed as part of the investigative process are entitled to have a representative or advocate present during their interview. However, an interviewee's representative or 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 reputational 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.

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
- Refunding overpayments to the appropriate parties
- Reporting to the appropriate governmental authorities
- Recommending and, when appropriate, monitoring corrective action
- Instituting preventative measures including, without limitation, remedial training and education

- Determining whether the problem is systemic
- Monitoring the corrective action

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

Corrective Action

- Faculty members for conduct up to and including knowing, willing, or intentional violations

Depending upon the seriousness of the violation, corrective 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

- Non-faculty Workforce Members

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

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

The CCEO works with legal counsel, Human Resources, and the Workforce Member's supervisor, as appropriate, in recommending and carrying out corrective action.

Corrective Action Procedure

- Faculty members

Corrective actions are administered to faculty in accordance with applicable faculty policies, guidelines, rules, and regulations.

- Non-faculty Workforce Members
 - Administrative Workforce Members: Corrective actions are administered to non-faculty administrative Workforce Members in accordance with applicable policies and guidelines.
 - All other Workforce Members: Corrective actions are administered to all other Workforce Members in accordance with MD Anderson’s [Human Resources Institutional Policies found in the Handbook of Operating Procedures](#) and the [Corrective Action Policy \(MD Anderson Institutional Policy #ADM0256\)](#).

Promotion of and Adherence to the Institutional Compliance Program

Promotion of and adherence to the Institutional Compliance Program by all Workforce Members is considered an essential part of job performance. At MD Anderson, Workforce Members’ awareness of and adherence to the Institutional Compliance Program is used as one element or measurement tool in the evaluation process for continued employment and promotion. Managers and supervisors should take steps to:

- ensure ethical behavior within the scope of their Workforce Members’ duties, and
- 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 Workforce Member.

Sanctioned Individuals

MD Anderson prohibits the employment of individuals who:

- have a criminal history related to federal health care programs or state health care programs, 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), as applicable:
 - Federal Agencies:
 - U.S. Department of Health and Human Services (DHHS), Office of Inspector General (OIG), List of Excluded Individuals and Entities (LEIE)
 - Including Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Health Education Assistance Loan (HEAL), List of Defaulted Borrowers
 - U.S. General Services Administration (GSA), System for Award Management (SAM).

- U.S. Department of Health and Human Services (DHHS), Public Health Service (PHS), Office of Research Integrity (ORI), Administrative Actions Listing
- U.S. Food and Drug Administration (FDA), Office of Regulatory Affairs (ORA), Debarment List, and the Disqualified, Restricted and Assurances List for Clinical Investigators
- U.S. Department of Commerce, Bureau of Industry and Security, Denied Persons List, Debarred List, Unverified List and Entity List
- U.S. Department of Treasury, Office of Foreign Assets Control (OFAC), Specially Designated Nationals (SDN) and Blocked Persons List (Terrorists)
- U.S. Military Health System TriCare Sanction List
- And the following “Most Wanted” Lists:
 - Federal Bureau of Investigation (FBI) – Ten Most Wanted Fugitives
 - Federal Bureau of Investigation (FBI) – Most Wanted Terrorist List
 - Drug Enforcement Administration (DEA) Most Wanted
 - Bureau of Alcohol, Tobacco and Firearms (ATF) Most Wanted
 - U.S. Marshall Service Most Wanted
 - Department of Homeland Security, Immigration and Customs Enforcement (ICE) Most Wanted

– State Agencies:

- The Alabama Medicaid Suspended Providers List
- The Alaska DHSS Medical Assistance Excluded Providers List
- The Arizona Health Care Cost Containment System (AHCCCS) Excluded Providers List
- The Arkansas Department of Human Services Excluded Providers List
- The California Department of Health Care Services Medi-Cal Suspended and Ineligible Provider List
- The Colorado Department of Health Care Policy and Financing Terminated Providers List
- The Connecticut Department of Social Services Administrative Actions List
- The Delaware List of Sanctioned Providers
- The Florida Agency for Health Care Administration (AHCA) Sanctioned and Terminated Providers List
- The Georgia Department of Community Health List of Excluded Individuals/Entities
- The Georgia Department of Administrative Services Suspended and Debarred Suppliers
- The Hawaii Med-Quest Excluded Providers List
- The Idaho Department of Health and Welfare Medicaid Provider Exclusion List

- The Illinois Healthcare and Family Services Office of Inspector General Provider Sanctions List
- The Indiana Family and Social Services Administration Termination of Provider Participation in Medicaid and CHIP
- The Iowa Department of Human Services Medicaid Provider Sanctions List
- The Kansas Department of Health and Environment Medicaid Terminated Provider List
- The Kentucky Medicaid Program Terminated and Excluded Provider List
- The Louisiana Department of Health Adverse Action List
- The Maine Office of the Department of HHS MaineCare Excluded Providers
- The Maryland Department of Health and Mental Hygiene MMA Providers and Other Entities Sanctioned List
- The Massachusetts Health and Human Services List of Suspended or Excluded MassHealth Providers
- The Michigan Department of Health and Human Services List of Sanctioned Providers
- The Minnesota Department of Human Services MHCP Excluded Providers List
- The Mississippi Division of Medicaid Sanctioned Provider List
- The Missouri Department of Social Services MMAC Provider Sanctions List
- The Montana Department of Health and Human Services Medicaid Excluded or Terminated Providers List
- The Nebraska Department of Health & Human Services (DHHS) Medicaid Excluded Providers List
- The Nevada Department of Health and Human Services Excluded/Sanctioned Providers List
- The New Hampshire Department of Health and Human Services Medicaid Provider Exclusion and Sanction List
- The State of New Jersey Department of the Treasury Consolidated Debarment List;
- The State of New Jersey Office of the State Comptroller Medicaid Fraud Division Debarment List;
- The New York Office of the Medicaid Inspector General Restricted, Terminated or Excluded Individuals or Entities List;
- The North Carolina Health and Human Services State Excluded Providers List;
- The North Dakota Department of Human Services Provider Exclusion List;
- The Ohio Department of Medicaid Provider Exclusion and Suspension List;
- The Pennsylvania Department of Human Services Medichex (Precluded Providers) List;
- The South Carolina Department of Health and Human Service Excluded Providers List;

- The Tennessee Division of TennCare Terminated Providers List;
- The Texas Health and Human Services Commission Medicaid OIG Exclusion List;
- The Department of Vermont Health Access Medicaid Exclusion List;
- The Washington DC Office of Contracting and Procurement Excluded Parties List;
- The Washington State Department of Social and Health Services Excluded Providers;
- The Washington State Health Care Authority Provider Termination and Exclusion List;
- The West Virginia WVMMIS Medicaid Provider Sanctioned/Exclusion Lists; and
- The Wyoming Department of Health Provider Exclusion List.

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

1. Hiring Practices

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

2. Ongoing Practices

Each month, MD Anderson screens all Workforce Members for sanctions by the full list of agencies referenced in the section above.

- MD Anderson has contracted with a commercial vendor to screen all Workforce Members in accordance with the above-mentioned schedule. The results of these screenings are reported by the vendor to the CCEO. The CCEO, with assistance from legal counsel if necessary, disseminates the results to the Workforce Member's manager and/or supervisor if necessary and provides quarterly sanctions reports to the EICC.
- Any Workforce Member 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 health care program must report the charge within 24 hours to the CCEO; is promptly removed from direct responsibility for, or involvement in, any federally funded health care program; and is placed on administrative leave for 30 days to allow the individual an opportunity to seek reinstatement.
- A Workforce Member will be terminated or dismissed from MD Anderson if at the end of 30 days they are unable to obtain reinstatement.

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 [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;
- contact the CCEO via the Page Operator at 713-792-7090;
- email Institutional Compliance at 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:

3. 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.
4. Telephone calls to the Compliance Hotline are treated anonymously, upon request, and confidentially to the extent possible.
5. The caller is not recorded, traced, or identified, and the caller is not required to furnish their name.
6. Information provided to the Compliance Hotline is treated as privileged to the extent permitted by applicable law.
7. 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.
8. 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.
9. 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 \(MD Anderson Institutional Policy #ADM0254\)](#).

Record Creation and Retention

The CCEO consults with the custodians of the record areas outlined below 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.

1. Institutional Compliance Program investigation files shall include the following information:
 - Information about the complaint, including date the complaint was made, and disposition date
 - Alleged violation
 - Investigative process
 - Copies of interview notes
 - Key documents
 - Record of witnesses interviewed
 - Documents reviewed
 - Findings of the investigation
 - Corrective action(s) recommended and implemented, as needed
2. All hospital records, including electronic and paper records, shall be prepared accurately, reliably, and honestly.
3. No Workforce Member may enter false or misleading information into MD Anderson records.
4. Records shall be organized in a manner that facilitates prompt retrieval.
5. 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.
6. Records shall be destroyed when no longer needed to be retained under federal and state law or MD Anderson policy, whichever is longer.
7. Adequate records shall be developed and maintained to document MD Anderson's compliance with all applicable laws.
8. The confidentiality and security of records shall be appropriately assured and adhered to, based on federal and state laws and MD Anderson policies.
9. No Workforce Member may destroy or alter any MD Anderson record if the CCEO or appropriate designee has notice of any pending litigation or governmental investigation, litigation, claim, negotiation, audit, open records request, or 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:

1. 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

2. 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:

1. 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 care professional for referrals.
 - Medical staff and health care professionals who are not MD Anderson Workforce Members are free to refer patients to any person or entity they deem appropriate. MD Anderson Workforce Members make referrals to the medical staff, health care professionals, or other health care facilities based solely on what is best for the individual seeking treatment and without regard to the value or volume of referrals that any such physician, health care professional, or other health care facility has made to MD Anderson.
2. Does not pay patients.
 - Routine waiver of co-payments or deductibles is unlawful because it may result in:
 - false claims;
 - violations of the patient inducement law and the federal [Anti-Kickback Statute](#); and
 - 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 be provided only in accordance with all applicable state and federal laws and regulations, Regents' Rules, and MD Anderson institutional policies, including the [Patient Responsibility Balances for Insured Patients Policy \(MD Anderson Institutional Policy #ADM3223\)](#).
3. Prohibits 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.

Artificial Intelligence in Health Care

MD Anderson is committed to the thorough monitoring of Artificial Intelligence (AI) usage within its research, clinical, and administrative practices to ensure safe, effective, appropriate, and compliant usage in compliance with current published rules, and in keeping with the current academic literature related to model usage. Through cross-functional working groups MD Anderson assesses proper AI usage within the validated model scope, identifies potential risks (e.g., bias and discrimination risks), and takes steps to mitigate those risks through policies, processes, testing, and data literacy training.

References

[Anti-Kickback Statute](#)

[Billing Compliance Plan](#)

[Confidentiality Policy \(MD Anderson Institutional Policy #ADM0264\)](#)

[Conflict of Interest and Conflict of Commitment Policy \(MD Anderson Institutional Policy #ADM0255\)](#)

[Corporate Compliance Plan](#)

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

[Detecting and Addressing Compliance Concerns](#)

[Endowment Compliance Plan](#)

[Fraud, Waste, and Abuse Policy \(MD Anderson Institutional Policy #ADM0157\)](#)

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

[Information Security Compliance Plan](#)

[Institutional Compliance Program Policy \(MD Anderson Institutional Policy #ADM0156\)](#)

[Institutional Policy and Procedure Development and Implementation Policy \(MD Anderson Institutional Policy #ADM0158\)](#)

[Department of Health and Human Services Office for Civil Rights: Nondiscrimination in Health Programs and Activities](#)

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

[Patient Responsibility Balances for Insured Patients Policy \(MD Anderson Institutional Policy #ADM3223\)](#)

[Political Activity Policy \(MD Anderson Institutional Policy #ADM0262\)](#)

[Privacy Compliance Plan](#)

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

[Research Compliance Plan](#)

[Robert's Rules of Order](#)

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

[State Auditor's Office](#)

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

APPROVALS

Date	Approver
	Executive Institutional Compliance Committee
08-18-2025	Vice President & Chief Compliance and Ethics Officer
07-29-2024	Executive Institutional Compliance Committee
06-20-2024	Vice President & Chief Compliance and Ethics Officer
10-18-2022	Executive Institutional Compliance Committee
06-28-2022	Vice President & Chief Compliance and Ethics Officer
08-17-2021	Vice President & Chief Compliance and Ethics Officer
10-27-2020	Executive Institutional Compliance Committee
05-19-2020	Vice President & Chief Compliance and Ethics Officer
02-07-2020	Vice President & Chief Compliance and Ethics Officer
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
Maggie Newell, Executive Director, Institutional Compliance Programs