



Delta Dental of South Dakota Compliance Program

Applies to:	Delta Dental of South Dakota and Delta Dental of South Dakota Foundation
Effective Date:	December 1, 2016
Last Update (s):	July 1, 2024
	July 17 2023
	July 14, 2022
	July 8, 2021
	August 1, 2020
	September 16, 2019
	April 24, 2018
	May 9, 2017
Author:	Jenny Bernhard, Director of Compliance and Risk Management
Reviewer:	Connie Halverson, VP of Public Benefit
Approver:	Jeff Miller, CEO and President of Delta Dental of South Dakota

Policy Statement

Delta Dental of South Dakota and Delta Dental of South Dakota Foundation (collectively referred to as Delta Dental of South Dakota (DDSD)) is committed to conducting business in an ethical manner and in compliance with all federal, state, and local laws, regulations, and any contractual obligations. DDSD promotes a culture of compliance, an ethical environment where employees are encouraged to do the right thing.

Guidelines

- A. The Compliance Program is modeled on the Office of Inspector General’s (OIG) Compliance Program Guidance, which follows the seven elements of the Federal Sentencing Guidelines. The seven elements of an effective compliance program are:
  - 1. Written policies and procedures
  - 2. Designation of a compliance manager and compliance committee(s)
  - 3. Education and training
  - 4. Lines of communication
  - 5. Enforcement and disciplinary action
  - 6. Auditing and monitoring
  - 7. Investigation and remediation
- B. Element 1: Written Policies and Procedures
  - 1. DDSD’s Code of Conduct serves as the foundation for DDSD’s commitment to compliance.
    - a. The Code of Conduct sets forth ethical expectations and responsibilities of DDSD employees.
    - b. Employees and board members attest to the code of conduct as part of the on boarding process.

2. DDSD maintains electronic compliance policies that provide standards for following applicable federal, state, and local laws and regulations.
  3. Potential risk areas covered in the Code of Conduct and/or policies/procedures include, but are not limited to the following:
    - a. Fraud, Waste and Abuse
    - b. HIPAA Privacy and Security Rules
    - c. Non-retaliation
    - d. Open lines of communication/reporting avenues
    - e. Workplace conduct and employment practices including disciplinary actions for non-compliance
    - f. Business and financial information
    - g. Retention timeframes
    - h. Conflict of interest
    - i. Appropriate use of computer resources
    - j. Grant Management
    - k. Applicable federal and state laws and regulations (e.g. Affordable Care Act, Medicare Advantage)
- C. Element 2: Designation of a Compliance Officer and Compliance Committee(s)
1. The designated Compliance Officer, Jenny Bernhard, is responsible for directing the compliance efforts at DDSD.
  2. A multidisciplinary compliance committee assists the Compliance Officer with compliance and risk management oversight. Refer to the Compliance and Risk Committee Charter for details of the committee's purpose, objectives, composition, etc.
- D. Element 3: Education and Training
1. New hires receive compliance and HIPAA training during the onboarding process, within 30 days of hire.
  2. Annually, all staff receive Compliance Training which includes information on fraud, HIPAA, non-retaliation, Code of Conduct, etc.
  3. Training content is reviewed and updated to reflect regulatory and policy changes on a continual basis and at a minimum at least annually.
  4. Awareness and focused training is developed on an "as-needed" basis.
  5. Training is documented and includes a copy of the training material and attendance records (e.g. training acknowledgement forms, sign-in sheets, etc.).
- E. Element 4: Lines of Communication
1. Compliance and ethical issues include, but are not limited to, fraud, suspected breaches, and other wrong doings/violations of law.
  2. Employees have a duty to report actual or suspected compliance and ethical issues and may do so by one of the following routes:
    - a. Directly to their supervisor/department manager;

- b. Designated reporting forms (e.g. Suspected Breach of Information Form, Suspected Fraud Reporting Form available on our website);
  - c. The Director of Compliance and Risk, Director of Human Resources or the Special Investigations Unit (SIU)/Program Integrity Analyst;
  - d. Anonymously to chair of the Audit/Finance Committee or DDSD's Attorney. For names and contact information of these individuals, refer to the anonymous reporting lines document in the "Employee Documents" folder on the Share Drive.
3. DDSD maintains a strict, non-retaliation policy to protect employees who bring compliance concerns to management's attention in good faith.
- F. Element 5: Enforcement of Standards
1. DDSD's Compliance Program will be enforced consistently throughout the organization. Any employee who violates the compliance policies, laws, regulations, or program requirement is subject to disciplinary measures, up to and including termination. Such measures will be consistent with DDSD's progressive discipline policy and documented as part of the corrective action plan.
  2. A sanction screening process is established to identify and respond to individuals and/or organizations that have been sanctioned and/or are on an any exclusion lists.
- G. Element 6: Auditing and Monitoring
1. Delta Dental's Program Integrity(PI) Analyst performs the responsibilities of our Special Investigations Unit (SIU), which is responsible for conducting investigations related to fraud, waste, and abuse.
    - a. Delta Dental's SIU may be contacted through multiple reporting channels identified in section E of this policy.
  2. Post-payment audits are conducted proactively and in response to reported allegations/concerns.
    - a. The Compliance and Risk Committee approves the proactive audit plan annually. This plan is developed by the Program Integrity Subcommittee based on identified risk areas.
    - b. Focused audits are conducted as needed based on reported allegations/concerns.
  3. The Director of Compliance and Risk and the Compliance and Risk Committee monitor new and amended laws and regulations. Significant legal, regulatory, and enforcement changes are reported to the Compliance and Risk Committee and the Board of Directors.
- H. Element 7: Investigation and Remediation
1. DDSD has the ethical duty to investigate allegations of state or federal regulatory violations. Investigations are initiated as soon as possible, within 10 business days of receipt of allegation/concern.
    - a. Individuals are expected to assist in the investigation and resolution of reported compliance allegations.

2. Potential compliance concerns identified through proactive auditing and monitoring are promptly investigated and remediated if necessary.
3. When violations are identified, accountability for corrective actions will be assigned and action will be taken to correct any deficiencies and prevent reoccurrence.
4. Allegations, investigations, and corrective action plans are documented and maintained per record retention requirements (10 years). Corrective action plans are monitored.
5. Required self-reporting, mandatory disclosures, and notifications will occur, when applicable and compliant with regulations, contracts, and Notice of Award documentation.
  - a. Attention is given to reporting requirements to ensure timeframe and submission requirements (e.g. sent in writing, electronically submitted, etc.) are met.
  - b. Examples of regulations that contain such reporting requirements include, but are not limited to:
    - 1) False Claims Act
    - 2) Breach Notification Rule
    - 3) Mandatory Disclosures of the Uniform Administration Requirements, Cost Principles and Audit Requirements for HHS Awards
    - 4) Regulations addressed in the Notice of Awards (e.g. EEO, civil rights, etc.)
- I. Periodically, risk assessments will be conducted throughout the organization to evaluate strengths and weaknesses; identify areas for improvement or risks; and detect gaps between current processes and applicable laws, regulations, and requirements.
- J. Retention Requirements - All records created in accordance with the operation of the Compliance Program shall be maintained for a minimum of ten (10) years. However, some documents may be retained for longer periods.

## RESOURCES

- A. Healthcare Compliance Association (HCCA) website - <http://www.hcca-info.org/>
- B. Delta Dental of South Dakota Compliance and Risk Committee

## REFERENCES

- A. OIG Compliance Program Guidance, 63 Federal Register 8987.
- B. Supplemental Compliance Program Guidance, Federal Register 4858
- C. Part 422 Medicare Advantage Program, 42 CFR 422.503

## REGULATIONS / STANDARDS

- A. Federal Sentencing Guidelines, Effective Compliance and Ethics Program.