# **Development and Administration of Compliance Policies and Procedures**

## I. Policy

It is the policy of Cayuga Health System's (CHS) Compliance department that policies and procedures follow a consistent process for development, approval, review, and implementation.

## II. Procedure

## 1) Written Format

- Use a standard policy and procedure format.
- Unless otherwise stated in the policy, all policies will apply to CHS and each of its affiliates providing health care services.
- Use simple terminology.

## 2) Policy Development

- The Compliance Officer is responsible for proposing new policies or recommending updates to existing policies.
- The Compliance Committee meets on a regular basis to review and consider for approval all recommendations from the Compliance Officer.
- All new policies and procedures or recommendations for updates to existing policies and procedures must be approved by the Compliance Committee before they become effective.

## 3) Final Policy Approvals

Final policies and procedures or revisions to policies and procedures are reviewed by the General Counsel and must be approved by the Compliance Committee.

### 4) Implementation

Approved policies and procedures are sent to <u>maxima@cayugamed.org</u> along with a completed Policy Change/New Policy Checklist for upload to the CHS policy and procedure management system. The Compliance Officer will work the necessary parties to ensure any new policies or updates to existing policies are uploaded to the cayugahealth.org website so as to be accessible to all affected individuals.

### 5) Policy Revisions

The Compliance Officer will review each Compliance policy annually. If no changes are required the policy will be re-approved in maxima. If revisions are required, the Compliance Officer will make the necessary changes or updates and recommend them to the Compliance Committee for approval. Once approved by the Compliance Committee, the updated policy will be loaded into the CHS policy management system.

### 6) Review of Policies

Compliance policies are reviewed on an annual basis.

### Regulatory guidance reference: 18 NYCRR Part 521.4

Created: 5/22/23

Approved/Reviewed by Compliance Committee: 6/7/23 Reviewed: Revised: