



LicenseCheck Whitepaper

# AUDIT-READY COMPLIANCE:

HOW HEALTHCARE LEADERS AUTOMATE RISK,  
CREDENTIAL VERIFICATION AND SANCTIONS  
MONITORING TO MEET REGULATORY  
EXPECTATIONS

The screenshot displays the 'eccheck SanctionCheck' web application. The interface includes a top navigation bar with the 'SanctionCheck' logo, a 'Customer' dropdown menu, and search filters for 'First Name', 'Middle Name', 'Last Name', and '3-Broad'. A search icon is located in the top right corner. On the left side, there is a dark blue sidebar with navigation options: 'Search', 'SS-DMF-List', 'Reports', and 'Help'. The main content area is titled 'SanctionCheck > Single Search'. It features a 'Select Type' dropdown menu with 'Employee' selected. Below this, there is a 'Details' section with input fields for 'First Name\*' and 'Middle Name'. An 'Additional Information' section is expanded, showing input fields for 'Maiden Name', 'Former Name', 'NPI', and 'SSN'. The interface is presented on a laptop screen against a background of a forest.

## Executive Summary

### A New Era of Accountability

Healthcare compliance has entered a new era of accountability. The Department of Justice's September 2024 update to its Evaluation of Corporate Compliance Programs guidance set clear expectations: organizations must demonstrate risk-based resource allocation, continuous improvement, and data-driven decision making.



### The stakes are enormous

In FY 2024, False Claims Act settlements and judgments exceeded \$2.9 billion, with \$1.67 billion (57%) related to healthcare—and the DOJ handled a record 1,402 new FCA matters. Whistleblowers filed 979 qui tam lawsuits, the highest number since DOJ began tracking in 1987.

Yet compliance teams face a dilemma. DOJ guidance demands sophisticated programs, but teams are drowning in administrative tasks, wrestling with clunky software or internal patchwork solutions, and struggling to demonstrate value to leadership.

This whitepaper presents a strategic framework built on four value drivers that satisfy regulatory expectations while protecting organizations from risk: delivering effective employee experiences, unlocking compliance team impact, expediting program value, and showing

#### Part One

## What the DOJ Really Wants (And Why Programs Fall Short)

### The New Standard: Effectiveness Over Existence

The DOJ fundamentally changed how prosecutors evaluate compliance programs. They're no longer asking "Do you have a compliance program?" They're asking "Does your compliance program actually work?"

Prosecutors now scrutinize seven critical areas with one theme: **evidence**.

**Risk Assessment:** Has the company conducted effective risk assessments that inform resource allocation? Not just that you have a risk register, but that identified risks actually drive where you invest compliance resources.

According to recent healthcare compliance research, over

**56%**

of healthcare professionals cite **external data breaches** as a top risk

**52%**

closely followed by **ransomware threats**

**49%**

and **HIPAA violations**

In 2024, OCR closed 22 HIPAA investigations with financial penalties, with 2025 on track to be a record enforcement year.

**Policies and Procedures:** Are they accessible, clear, and actually followed? Not buried in SharePoint where nobody can find them, but integrated into daily workflows.

**Training and Communication:** Is it effective and tailored to risk? The DOJ wants evidence that training changes behavior, not just completion rates.

**Continuous Improvement:** Can the company show it learns from misconduct and adapts? Year-over-year data demonstrating risk reduction in problem areas.

**Reporting Mechanisms:** Do employees feel comfortable reporting without fear of retaliation? According to the ECI 2023 Global Business Ethics Survey, 46% of employees who report misconduct experience retaliation—one of the most intractable obstacles to program effectiveness.

**Incentives and Disciplinary Measures:** Are they consistently applied based on compliance behavior? Documentation showing compliance performance affects promotion and discipline decisions.

**Investigation and Remediation:** Are allegations thoroughly investigated and appropriately remediated? Can you show systematic investigation processes and documented corrective actions?

### Why Healthcare Compliance Teams Are Struggling

Healthcare organizations face unprecedented complexity More than

180

million individuals had protected health information exposed in large data breaches in 2024—a 102% increase in large breaches over five years

Healthcare encounters an average of

1,426

breach attempts weekly, and 68% experienced supply chain attacks in 2024.

Against this backdrop, compliance teams struggle with three critical obstacles:

01

**The Administrative Burden:** When compliance teams spend days managing high volumes of routine tasks—manually routing cases, chasing information, updating spreadsheets, preparing reports from scratch—they have no capacity for strategic work. Consider the typical day: fielding employee questions, manually assigning hotline reports, following up on overdue cases, updating leadership on case counts, responding to ad-hoc data requests. When do you conduct proactive risk assessments? When do you analyze trends? When do you do the strategic work the DOJ actually wants to see? According to Gartner research, 76% of compliance leaders prioritize improving risk management approaches in 2025. But improvement requires time for strategic thinking—time most teams simply don't have.

02

**The Software Problem:** Many ethics and compliance software vendors have prioritized short-term profitability over user experience, leading to:

- Feature bloat without usability: Systems requiring extensive training and ongoing support
- Innovation at a premium: Basic customization costs extra, creating hidden costs
- Rigid packaging: Forced to buy modules you don't need
- Poor user experience: Outdated interfaces that frustrate both administrators and employees

The result: software supposed to make compliance easier instead creates friction. Your team spends more time managing software than managing risk.

03

**The Visibility Problem:** Even when doing good work, teams struggle to demonstrate it. Leadership and boards want:

- Risk trends over time, Targeted improvements in problem areas
- Program effectiveness metrics
- Evidence of continuous improvement
- Clear ROI for compliance investments

But if data is trapped in rigid formats, scattered across systems, or requires manual compilation, you can't quickly show value. When audit or regulatory inquiries arrive, you're scrambling to piece together documentation rather than confidently producing it.

## Part Two

# The Four Value Drivers of DOJ-Defensible Compliance

## Value Driver #1: Deliver the Most Effective Employee Experience

**The Challenge:** Healthcare faces unique reporting barriers. Clinical hierarchies create power imbalances. Professional reputations are fragile. Fear of retaliation is acute. Early misconduct detection is essential for patient protection and regulatory defense. Organizations need reporting channels that actually get used.

### What This Means in Practice:

**Right-Sized, Right-Time Engagement** Robust HR integration enables targeted delivery based on role and risk. Physicians see different disclosure questions than procurement staff. Department managers receive risk assessments relevant to their operations. This precision increases participation because stakeholders see immediate relevance.

**Company-Branded Portal Experience** Arm employees with policies, FAQs, and training in a familiar, intuitive portal. When employees need guidance, they access your branded hub—not generic vendor interfaces that feel disconnected from your organization.

**Frictionless Issue Intake** Multiple reporting channels (phone hotline, web forms, text messaging, in-person) flow into unified case management. Employees report through their preferred channel without creating accounts or remembering passwords.

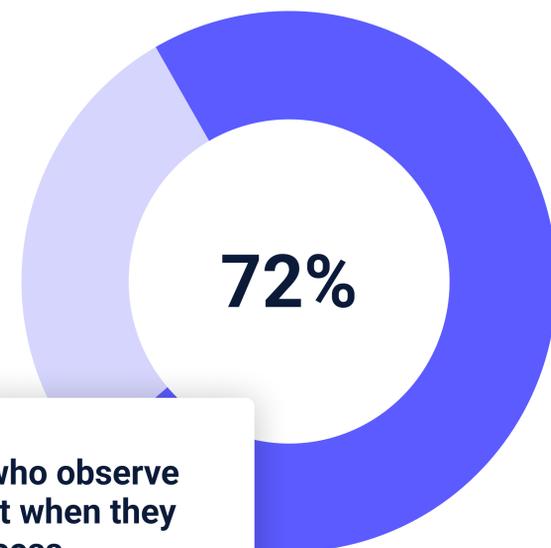
**Frictionless Issue Intake** Multiple reporting channels (phone hotline, web forms, text messaging, in-person) flow into unified case management. Employees report through their preferred channel without creating accounts or remembering passwords.

**24/7 Live Answer with Healthcare-Specific Training** Every call answered by trained specialists who understand healthcare compliance issues—billing irregularities, patient safety concerns, license problems. Adaptive interview methodology gathers comprehensive information rather than rigid questionnaires. Industry-leading programs maintain call abandonment rates of 1% or lower. According to healthcare compliance research, 72% of employees who observe misconduct report it when they trust the process.

**Anti-Retaliation Follow-Up** Systematic & secure check-ins with reporters after case closure ensure no retaliation occurred—demonstrating your commitment to whistleblower protection and addressing the 46% retaliation rate that undermines speak-up culture.

**What to Look For:**

- Near-zero call abandonment rates with contractual commitments
- Healthcare-trained, certified intake specialists, not generic call center staff
- Magic link access removing login barriers
- Branded portal with policies, training, and FAQs in one place
- Documented anti-retaliation follow-up processes



**Value Driver #2: Unlock Compliance Team Impact**

**The Challenge:** Healthcare compliance professionals face over 1,400 breach attempts weekly while managing disclosure campaigns, screening thousands of employees, investigating misconduct, and preparing board reports. Your compliance team is your most valuable asset. Every hour spent on administrative work is an hour not spent on strategic risk management.

**What This Means in Practice:**

**Intuitive Admin Experience** Compliance professionals shouldn't need extensive training to use basic functions. Drag-and-drop assessment building, one-click campaign launches, and visual dashboards enable team members to work efficiently without constant system administration. Gartner research shows embedded controls that guide employees within workflows reduce compliance failures by 58%. The same principle applies to compliance teams—intuitive tools embedded in daily workflows dramatically increase productivity.

**Bulk Action Capabilities** Update dozens of similar cases with one action. Assign investigation tasks to multiple team members simultaneously. Close related cases in bulk. These capabilities transform hours of manual work into minutes of strategic coordination.

**Best-in-Class Integrations** When compliance spends less time chasing other teams to complete tasks, they have more time for deep strategic work. Seamless integrations with HR systems for automated targeting, case management for investigation workflows, and document repositories for evidence storage eliminate the friction of cross-functional collaboration. According to PwC's 2025 Global Compliance Survey, 47% of compliance professionals cite organizational complexity as limiting effectiveness. Robust integrations directly address this by making cross-functional work fluid rather than burdensome.

**Systematic Monitoring** Monthly credential verification and ongoing exclusion screening aren't feasible manually for organizations with hundreds or thousands of employees. Systematic monitoring that includes alerts to exceptions requires attention—freeing your team from administrative burden while ensuring comprehensive oversight.

#### What to Look For:

- Simple interfaces requiring minimal training
- Bulk update capabilities across cases, campaigns, and assessments
- Pre-built integrations with HR, document management, and directory services
- Automated screening with primary source verification
- Clear SLAs on vendor response times and accuracy guarantees

### Value Driver #3: Expedite Program Value

**The Challenge:** The DOJ handled 1,402 new FCA matters in FY 2024—15% more than the previous record. Every day your compliance program isn't fully operational is a day of exposure. Organizations need solutions delivering results in weeks, not months. But speed without substance doesn't satisfy regulators. You need both rapid implementation AND audit-ready programs.

#### What This Means in Practice:

**Strategic Implementation Partnership** The market leader in time-to-value delivers through refined processes: clear implementation timelines, included configuration support, healthcare-specific templates, and dedicated onboarding. You're not learning through trial and error—you're leveraging proven methodologies. Forrester research on mobile compliance applications found 40% improvements in timely task completion and 55% reductions in documentation errors with well-designed systems. But you only see these benefits if implementation is fast enough to matter.

**Out-of-the-Box Dashboard & Reporting** Tailored templates accelerate your 360° view of risk. Pre-built dashboards for compliance leadership, investigators, executives, and board members eliminate months of custom development. Risk heat maps, trend analysis, and remediation tracking work immediately—not after extensive configuration.

**Risk Owner Experience That Drives Participation** Intuitive, frictionless assessment participation increases response rates dramatically. When busy clinicians and department leaders can complete risk assessments in 10 minutes without system logins, participation rates jump from 50-60% to 85%+.

**Comprehensive Screening & Verification** Federal regulations require employee and vendor screening against OIG, GSA, FDA, and state Medicaid exclusion lists. JCAHO's 2025 guidance requires monthly clinical license verification. Organizations employing individuals with expired credentials face penalties calculated per patient interaction—potentially millions in exposure. Primary source verification provides defensible documentation regulators accept without question. When screening identifies issues—new sanctions, expired credentials—automated workflows route them to investigation, creating unbroken audit trails.

#### What to Look For:

- Clear implementation timelines (weeks, not months)
- Healthcare-specific templates included, not requiring custom development
- Pre-built dashboards for different roles and audiences
- Simplified assessment design requiring no technical expertise
- Financial guarantees backing screening accuracy and response times

The DOJ handled

# 1,042

new FCA matters in FY 2024—15% more than the previous record

## Value Driver #4: Show Targeted Areas of Improvement

**The Challenge:** DOJ guidance focuses on whether organizations demonstrate continuous improvement. With healthcare breaches up 102% over five years and FCA recoveries totaling \$1.67 billion in FY 2024, prosecutors scrutinize evidence of learning and adaptation. You need systems that make demonstrating improvement effortless, not an archeological excavation through spreadsheets and emails every time regulators ask questions.

### What This Means in Practice:

**Audit-Ready Case Management** Your team should enjoy working in the system—not dread opening it. Unified intake from all sources (hotline, web form, internal report, disclosure, exit interview) ensures nothing falls through cracks. Structured investigation tools (witness interview templates, evidence checklists, remediation plan builders) ensure thorough, consistent investigations that withstand regulatory scrutiny. Say goodbye to lost chats, emails, notes, and investigation materials scattered across personal inboxes and shared drives. Centralized case management with role-based access means your team has complete visibility without information chaos.

**Dynamic Reporting for Any Audience** Board presentations requiring compelling visuals? Pull dashboard widgets directly into PowerPoint. Executive briefing needing detailed metrics? Generate PDF exports with complete case summaries, trend analysis, and remediation status. Unexpected DOJ inquiry? Produce comprehensive documentation in minutes, not days of panic. According to the White & Case/KPMG 2023 Global Compliance Risk Benchmarking Survey, 79% of organizations conduct documented risk assessments. But conducting assessments doesn't equal demonstrating effectiveness. You need to show before/after metrics proving your program works.

**Linked Remediation Tracking** Disciplinary actions, training requirements, policy changes, and control improvements should be trackable with deadlines, responsible parties, and completion status—all connected to investigations that identified them. This creates clear audit trails showing: problem identified → investigation completed → corrective action implemented → effectiveness verified.

**Trend Identification & Pattern Analysis** The system should surface patterns proving continuous improvement: departments generating more reports after training, issues decreasing over time in targeted areas, measurable improvement after intervention. This evidence is exactly what DOJ evaluators seek.

**Configurable Dashboards by Role** Compliance leadership, investigators, and executives each need different views. Role-based dashboards show relevant metrics without overwhelming users. Investigators see their assigned cases and upcoming deadlines. Leadership sees program-wide trends and high-risk findings. Executives see strategic metrics and board-ready visuals.

According to the White & Case/KPMG 2023 Global Compliance Risk Benchmarking Survey,

79% of organizations conduct documented risk assessments

But conducting assessments doesn't equal demonstrating effectiveness.

### What to Look For:

- Unified case intake from all sources into single system
- Structured investigation tools ensuring consistency
- Quick-pull reporting for unexpected inquiries
- Year-over-year trending showing measurable improvements
- Dashboard widget exports and full PDF report capabilities
- Remediation tracking linked directly to investigations

# Critical Healthcare Compliance Capabilities

## Regulatory Compliance & Audit Readiness

Healthcare organizations operate under intense scrutiny from CMS, OIG, state health departments, and accreditation bodies. When regulators arrive, you need immediate access to comprehensive documentation.

**Exclusion Screening:** Federal regulations require screening employees and vendors against OIG, GSA, FDA, and state Medicaid exclusion lists. Failure results in payment recoupment and significant penalties. In FY 2024 alone, healthcare accounted for \$1.67 billion in FCA recoveries—57% of total DOJ FCA enforcement.

**Credential Verification:** JCAHO's 2025 guidance requires monthly verification of clinical licenses and certifications. Organizations employing individuals with expired credentials face penalties calculated per patient interaction—potentially millions in exposure.

## Risk Assessment & Third-Party Management

DOJ guidance explicitly asks whether organizations conduct effective risk assessments that inform resource allocation. Traditional approaches—expensive consultants conducting annual exercises—don't demonstrate ongoing capability.

With 68% of healthcare organizations experiencing supply chain attacks in 2024, third-party risk assessment is no longer optional.

## What DOJ Defensibility Requires

- Comprehensive documentation for every screening showing who, when, which lists, and results
- Systematic & continuous monitoring (monthly credentials, ongoing exclusions)
- Primary source verification providing defensible documentation
- Risk-based configuration supporting different monitoring frequencies
- Integration with investigation workflows creating unbroken audit trails

- Intuitive assessment building without technical expertise
- Targeted distribution based on HR attributes (role, department, location)
- Frictionless participation (magic links, no account requirements)
- Visual risk reporting with automatic heat maps
- Integration connecting assessments to remediation workflows
- Evidence of continuous assessment, not one-time consultant projects

## Disclosure Management & Conflict of Interest

Healthcare faces significant COI risks from pharmaceutical relationships, device manufacturers, vendor dependencies, and outside activities. Federal regulations and organizational policies require disclosure, but manual processes don't demonstrate systematic oversight.

## Investigation Management & Continuous Improvement

With 979 qui tam whistleblower lawsuits filed in FY 2024 (record high), healthcare organizations must demonstrate thorough investigation practices and continuous improvement based on data.

## What DOJ Defensibility Requires

- Automated campaign management with HR-driven targeting
  - Year-over-year efficiency (employees confirming prior responses remain accurate)
  - Two-way communication with documented guidance
  - Integration with case management when disclosures reveal potential issues
  - Employee portal for ongoing access and updates
- 
- Unified intake across all sources for consistent tracking
  - Intelligent triage and routing based on configurable rules
  - Structured investigation tools ensuring thorough, consistent work
  - Collaboration without friction (shared notes, documents, tasks, reminders)
  - Remediation tracking linked to cases with deadlines and owners
  - Trend identification proving continuous improvement

## Part Four

# Selecting the Right Partner

Healthcare compliance has evolved beyond hotlines and policy binders. DOJ-defensible programs now require partners who understand your unique challenges.

## What to Look for in Vendors



**Healthcare Specialization** Generic compliance tools miss healthcare-specific risks and regulatory requirements. Look for vendors with deep healthcare expertise, pre-built templates for HIPAA assessments, Stark/AKS compliance, and Medicare Advantage risks.



**User Experience Priority** Both administrators and employees should find systems intuitive. If your team needs extensive training for basic functions, the software is the problem. According to Forrester research, healthcare organizations prioritizing user experience see 40% improvements in compliance task completion.



**Service and Support Included** Clear SLAs on response times, included training and configuration support, transparent pricing without hidden customization costs. The best vendors are genuine partners, not just software license sellers.



**Out-of-the-Box Capability** Healthcare-specific templates, dashboards, and reporting should be included—not requiring months of custom development. You should be conducting risk assessments, managing cases, and generating reports immediately.



**Standing Behind Their Work:** Financial guarantees and contractual SLAs demonstrate vendors are genuinely invested in your success. Accuracy guarantees for screening, uptime commitments for critical systems, and response time SLAs for support show confidence in their solutions.



**Fast Implementation with Proven Processes** Ask for typical timelines from contract signature to full operation. Market leaders deliver value in weeks through refined implementation methodologies, not months of trial-and-error configuration.



### Red Flags to Avoid:

- Vendors requiring 6-12 month implementations
- Hidden costs for "customization" of basic features
- Generic compliance tools claiming healthcare expertise
- Systems requiring dedicated administrators
- Rigid packaging forcing you to buy unused modules
- Lack of clear SLAs or performance guarantees

## The Four Value Drivers Checklist

When evaluating vendors, use this framework:

### Effective Employee Experience

- Branded portal with policies, FAQs, training
- HR integration for targeted engagement
- Magic link access (no login barriers)
- 24/7 healthcare-trained call center
- Low call abandonment with contractual commitment
- Anti-retaliation follow-up processes

### Unlocked Compliance Team Impact

- Intuitive admin interface requiring minimal training
- Bulk action capabilities for efficiency
- Pre-built integrations (HR, case management, storage)
- Automated screening and monitoring
- Clear vendor SLAs on response times

### Targeted Actions & Improvement

- Unified case management across all intake sources
- Structured investigation tools
- Quick-pull reporting for any audience
- Year-over-year trending capabilities
- Dashboard widget exports and PDF reports
- Remediation tracking linked to investigations

### Expedited Program Value

- Implementation in weeks with strategic support
- Out-of-the-box dashboards and reporting
- Healthcare-specific templates included
- Simplified assessment design
- Financial guarantees on accuracy

## Conclusion

# Building Programs That Actually Work

**The Challenge:** The regulatory environment will continue evolving. In FY 2024, the DOJ set records: \$2.9 billion in FCA recoveries, 1,402 new matters, 979 whistleblower lawsuits. Healthcare accounted for 57% of recoveries. Enforcement shows no signs of slowing.

Meanwhile, healthcare breaches increased 102% over five years. More than 180 million individuals had PHI exposed in 2024. Organizations face 1,426 breach attempts weekly. OCR closed 22 HIPAA investigations with financial penalties, with 2025 on track for record enforcement.

Against this backdrop, "check-the-box" compliance provides no protection. The DOJ wants evidence of effectiveness: risk-based resource allocation, continuous improvement, data-driven decision making. Organizations that build efficient, DOJ-defensible compliance programs now will adapt to future requirements while actually preventing harm. The four value drivers provide your roadmap:

01



**1. Deliver Effective Employee Experiences:** Right-sized, right-time engagement through branded portals with robust HR integration drives participation and trust.

02



**2. Unlock Compliance Team Impact:** Intuitive tools with bulk capabilities and seamless integrations free your most valuable asset—your team—for strategic work.

03



**3. Expedite Program Value:** Strategic implementation and out-of-the-box capability deliver audit-ready programs in weeks, not months.

04



**4. Show Targeted Improvement:** Unified case management with dynamic reporting proves continuous improvement through data.

**The choice is clear:** reactive compliance that scrambles when regulators arrive, or proactive programs that confidently demonstrate effectiveness. Healthcare organizations that invest in the right capabilities now will be positioned not just to survive scrutiny, but to thrive through systematic risk management that protects patients, staff, and mission.

## Conclusion

# About Ethico

For over 15 years, Ethico has been the established leader in healthcare compliance software, serving as the trusted partner for hospitals, health systems, physician groups, and healthcare organizations across the nation. While other vendors have shifted focus to general enterprise compliance, we've remained steadfastly dedicated to healthcare—building deep expertise in the regulatory complexities, clinical workflows, and operational realities that define our industry.

**Healthcare Is All We Do** We're not a general compliance platform adapted for healthcare. Every capability, template, and workflow in our platform has been purpose-built for the unique challenges healthcare compliance professionals face: Stark Law and Anti-Kickback Statute compliance, physician and clinical staff disclosure management, primary source credential verification, OIG/GSA/state Medicaid exclusion screening, Medicare Advantage risk adjustment oversight, and HIPAA privacy and security compliance.

Our years of healthcare focus means we understand nuances generic vendors miss: the difference between clinical and non-clinical staff screening requirements, how physician compensation disclosure differs from general COI programs, why primary source verification matters for JCAHO and state licensure boards, and how to structure intake for healthcare-specific concerns like billing irregularities and patient safety issues.

**Partnership Built on Healthcare Expertise** When you work with Ethico, you're not just getting software—you're getting a partner who understands what keeps healthcare compliance professionals up at night:

**Strategic Implementation:** Our team has implemented hundreds of healthcare compliance programs. We know which workflows matter most, which configurations prevent headaches later, and how to get you operational fast so you're not exposed during lengthy implementations.

**Healthcare Compliance Support:** Our support team includes professionals with healthcare compliance backgrounds who understand your terminology, your regulatory pressures, and your urgent needs when regulators arrive or high-risk cases emerge. Continuous Innovation for Healthcare: Our product roadmap is driven by healthcare compliance leaders like you. When Medicare Advantage regulations change, when OIG issues new guidance, when JCAHO updates standards—we adapt our platform to keep you ahead of requirements, not scrambling to catch up.

**Transparent Partnership:** No hidden costs for "healthcare-specific features." No surprise charges when you need to add exclusion lists or customize disclosure campaigns. Our pricing is straightforward because we believe compliance budgets should go toward managing risk, not managing vendor relationships.

### All Four Value Drivers, Purpose-Built for Healthcare



**Deliver Effective Employee Experience:** Company-branded portals with policies and training, HR-integrated targeting for disclosure campaigns and risk assessments, 24/7 healthcare-trained call center understanding clinical terminology and billing concerns, magic link access removing barriers for busy clinicians, anti-retaliation follow-up protecting whistleblowers



**Unlock Compliance Team Impact:** Intuitive admin experience requiring minimal training for healthcare compliance staff, bulk case updates and campaign management saving hours weekly, seamless integrations with HR, credentialing, and document systems, automated exclusion screening and credential monitoring freeing teams from manual tracking



**Expedite Program Value:** Refined implementation methodology proven across healthcare organizations, out-of-the-box templates for physician disclosures, HIPAA assessments, Medicare Advantage risks, primary source verification with financial accuracy guarantees, healthcare-specific dashboards and reporting operational immediately



**Show Targeted Improvement:** Unified case management across hotline, disclosures, investigations, and audits, structured investigation tools ensuring JCAHO and regulatory audit readiness, quick-pull reporting for unexpected DOJ inquiries or OIG audits, year-over-year trending demonstrating continuous improvement in problem areas, dynamic dashboard exports for board presentations and regulatory responses

With FCA healthcare recoveries exceeding \$1.67 billion in FY 2024, HIPAA breaches affecting over 180 million individuals, and OCR on pace for record enforcement in 2025, healthcare organizations need compliance partners who understand not just technology, but the specific scrutiny you face from DOJ prosecutors, OIG investigators, CMS auditors, JCAHO surveyors, and state regulators.

After 15+ years focused exclusively on healthcare compliance, we understand these pressures intimately. We've helped organizations successfully navigate regulatory inquiries, prepare for JCAHO surveys, respond to OIG audits, and demonstrate program effectiveness to DOJ evaluators.

## Ready to Partner with Healthcare Compliance Leaders?

Join healthcare compliance professionals nationwide who trust Ethico to help them build audit-ready, DOJ-defensible programs that protect patients, staff, and mission.

### Contact us

Visit: [ethico.com](https://ethico.com)  
Email: [sales@ethico.com](mailto:sales@ethico.com)  
Call: 704-547-9000

### ETHICO

Schedule a personalized demo with our healthcare compliance experts to see why leading healthcare organizations choose Ethico.