

 POLICY and PROCEDURE	
TITLE: Ethics & Compliance Program	NUMBER: OH.POL.A-410.042
ISSUE DATE: 2/2/17	EFFECTIVE DATE: 10/28/19
DEVELOPED / REVISED BY: Ethics & Compliance Office	
REVIEWED BY: Senior Vice President and Chief Ethics & Compliance Officer	DATE REVIEWED: 10/28/19
APPROVED BY: Ethics & Compliance Senior Leadership Committee	

SCOPE:

The provisions of this policy apply to OhioHealth associates; physicians on the Medical Staff(s); volunteers; students; non-associate professionals and consultants; independent contractors and their employees; and employees of contracted services.

STATEMENT OF PURPOSE:

- I. The purpose of this policy is to provide OhioHealth associates with:
 - A. An awareness of the OhioHealth Ethics & Compliance Program and its role in OhioHealth’s mission to improve the health of those we serve and to help OhioHealth fulfill its responsibilities to those we serve in an environment based upon ethical behavior and compliance with applicable laws, rules, and guidelines; and
 - B. An understanding of the associate’s individual responsibilities regarding helping OhioHealth comply with applicable laws, rules, and guidelines.
- II. For the purpose of this policy, associates include but are not limited to: employees, physicians on the Medical Staff(s), volunteers, students, non-associate professionals and consultants, independent contractors and their employees, and employees of contracted services.

POLICY:

- I. It is the policy of OhioHealth to maintain an Ethics & Compliance Program that provides OhioHealth associates with the most accurate, concise, and up-to-date information and advice to assure that associates maintain an environment based upon ethical behavior and compliance with applicable laws, rules, and guidelines.
- II. To that end, OhioHealth believes that:
 - A. Associate actions and decisions must reflect a faithful balance of our core values: compassion, excellence, inclusion, stewardship, and integrity.
 - B. Associates should act with absolute integrity and expect the same of those who work with them; and
 - C. Associates are responsible for acting in a manner consistent with OhioHealth’s Mission, Vision, Values, OhioHealth’s Ethics & Compliance Program, OhioHealth’s Policies and Procedures, as well as applicable federal and state laws, rules, and guidelines.

PROCEDURE:

- I. **OhioHealth’s Ethics & Compliance Program:**
 - A. OhioHealth’s Ethics & Compliance Program was developed in response to federal guidance, and is based on the elements of an effective compliance program identified by the U. S. Sentencing Commission and the U. S. Department of Health and Human Services Office of Inspector General to include:
 1. Designation of a compliance officer and compliance committee;
 2. Development of compliance policies and procedures, including standards of conduct;
 3. Development of open lines of communication;
 4. Provision of Appropriate training and education;

5. Response to detected deficiencies/offenses;
 6. Performance of internal monitoring and auditing; and
 7. Enforcement of disciplinary standards.
- B. OhioHealth's Ethics & Compliance Office is responsible for implementing, maintaining, and reviewing the OhioHealth Ethics & Compliance Program as well as performing the following activities:
1. Reviews, revises and formulates appropriate policies and procedures to guide OhioHealth and the operations of the Ethics & Compliance Office.
 2. Reviews and approves training materials and educational programs encompassing general compliance, billing compliance, privacy compliance, research compliance, and joint venture compliance.
 3. Maintains, reviews, and oversees all reported matters to OhioHealth's Ethics & Compliance Hotline, (866) 411-6181, which is managed by a third party.
 4. Promotes the need to safeguard protected health information (PHI) so that it is managed with the highest levels of compassion and integrity.
 5. Reviews laws, regulations, statutes, policies, and guidelines related to compliance issues and conducts routine auditing and monitoring to ensure compliance.
 6. Conducts or oversees reviews and/or investigations related to potential compliance concerns.
 7. Enhances the oversight and monitoring of downstream entities.

II. Compliance Officer and Compliance Committees:

- A. OhioHealth's Ethics & Compliance Program consists of, among other things, the Senior Vice President and Chief Ethics & Compliance Officer, the Ethics & Compliance Senior Leadership Committee (SLC), and the Ethics & Compliance Steering Committee.
- B. The Ethics & Compliance Senior Leadership Committee (SLC) reports to the OhioHealth Board of Directors (Board) via a designee of the Board who serves as SLC chair. The SLC meets quarterly to advise the Senior Vice President and Chief Ethics & Compliance Officer (CCO) in matters regarding implementation and administration of the Ethics & Compliance Program, including implementation of policies and procedures, addressing compliance-related concerns, and developing process improvement initiatives to resolve potential issues of non-compliance.
1. Members may be added to the Ethics & Compliance Senior Leadership Committee upon the approval of the Senior Vice President and Chief Ethics & Compliance Officer and the President and Chief Executive Officer.
 2. Jessica L. Quinn serves as OhioHealth's Senior Vice President and Chief Ethics & Compliance Officer, and has a direct reporting relationship to Stephen Markovich, MD, OhioHealth's President and Chief Executive Officer.
 3. SLC membership comprises:
 - a. Chair, Designee from the OhioHealth Board
 - b. President and Chief Executive Officer
 - c. Outside Counsel to Ethics & Compliance
 - d. Executive Vice President and Chief Operating Officer
 - e. President OhioHealth Physician Group
 - f. Senior Vice President and Chief Medical Officer
 - g. Senior Vice President and General Counsel

- h. Senior Vice President and Chief Ethics & Compliance Officer
 - i. Senior Vice President and Chief Financial Officer
 - j. Senior Vice President and Chief Information Officer
 - k. Senior Vice President and Chief Human Resources Officer
 - l. Senior Vice President, Chief Nursing Executive
 - m. Senior Vice President, Chief Strategy & Transformation Officer
 - n. Senior Vice President, Population Health
 - o. Senior Vice President, Regional Operations
 - p. Vice President, Deputy General Counsel and Chief Risk Officer
 - q. Vice President, Mission and Ministry
 - r. Vice President, Quality
 - s. Vice President, Revenue Cycle
4. Among other things, the Chief Ethics & Compliance Officer guides activities related to OhioHealth's commitment to conduct all business with integrity and in compliance with the letter and spirit of all local, state and federal laws, rules, and guidelines, including:
- a. Enforcing OhioHealth's Code of Conduct.
 - b. Directing all compliance-related activities, reviews, and investigations.
 - c. Interacting with federal, state and local regulatory agencies, legislative bodies, and governing boards on compliance initiatives.
- C. The functions of the SLC include, but are not limited to:
- 1. Analysis of the current regulatory environment;
 - 2. Assessment of existing policies and procedures;
 - 3. Development of new policies and procedures;
 - 4. Evaluation of OhioHealth's internal controls and recommendations for new controls as they relate to the integration of compliance into daily operations;
 - 5. Development of strategies to promote system-wide compliance with the Ethics & Compliance Program and the OhioHealth Code of Conduct;
 - 6. Evaluation of processes by which complaints are solicited and responded to; and
 - 7. Assessment of the implementation of the Ethics & Compliance Program, including education, communication, and self-auditing protocols.
- D. The SLC reports to the OhioHealth Board of Directors (Board) via a designee of the Board who serves as the SLC chair.
- E. The responsibilities of the Ethics & Compliance Steering Committee include, but are not limited to:
- 1. Staying apprised of and supporting the Ethics & Compliance Program's initiatives;
 - 2. Collaborating to develop the strategic focus of the Ethics & Compliance Program;
 - 3. Promoting the incorporation of compliance activities into operations at departmental and work process levels, including recommending and monitoring in conjunction with departments internal controls to ensure compliance of its daily operations; and
 - 4. Addressing regulatory changes, newly identified investigatory targets, perceived weaknesses or exposures in the organization's practices, as well as reporting compliance-related concerns.
- F. The Chief Ethics & Compliance Officer may establish ad hoc committees or work groups for the purpose of analyzing and addressing specific compliance issues, including development of process

improvement initiatives, drafting of corporate-wide procedures, or drafting a corrective and preventative action plan.

1. Ad hoc committee and work group members may be asked to serve relative to matters under review. Such ad hoc committee/work group will make its recommendations to the Chief Ethics & Compliance Officer, to a delegate of the Chief Ethics & Compliance Officer, and/or to either the SLC or to the Ethics & Compliance Steering Committee.

III. OhioHealth's Code of Conduct and Ethics & Compliance Policies and Procedures:

- A. OhioHealth's Ethics & Compliance Program also consists of OhioHealth's Code of Conduct, which is electronically provided to all new associates through the Initial Compliance Education materials and annually thereafter through the Annual Compliance Education module.
- B. All associates are expected to read and to abide by the OhioHealth Code of Conduct, which represents laws, policies, rules, and regulations applicable to OhioHealth. Compliance with such laws, policies, rules, and regulations are mandatory.
- C. OhioHealth's Ethics & Compliance Program Policies and Procedures can be accessed by selecting the Policy and Procedures option on the eSource Home Page.
- D. OhioHealth's Ethics & Compliance Program also reviews and approves other OhioHealth System Policies that may relate to compliance matters.

IV. Open Lines of Communication

- A. Associates are required to report any activity which they believe may not be in compliance with pertinent laws, rules, regulations, or OhioHealth policy. The Ethics & Compliance Office recognizes the importance of maintaining open lines of communication in order to foster a culture of compliance. Accordingly, there are a number of methods through which associates may express concerns or pose questions.
 1. Associates/concerned parties are encouraged to contact the Ethics & Compliance Office directly at (614) 544-4200.
 2. The Ethics & Compliance Office may also be contacted directly via email at ComplianceOperations@ohiohealth.com
- B. Even though OhioHealth strictly adheres to its *Non-Retaliation Policy* (Policy # OH.POL.A-410.032), the Ethics & Compliance Office understands that individuals may prefer to make reports anonymously. As such, the Ethics & Compliance Office has implemented a reporting hotline and website through which anonymous reports may be made:
 1. Associates may call the 24-hour hotline at (866) 411-6181.
 2. Associates may anonymously report matters online at mycompliancereport.com using "OHH" as the access ID.
- C. All reported matters are treated confidentially and may be made on an anonymous basis. Each report is reviewed and the Chief Ethics & Compliance Officer or the Chief Ethics & Compliance Officer's designee initiates any needed investigations, reviews, corrections and/or follow-up so that individuals who contact OhioHealth's Ethics & Compliance Office through these means are assured complete confidentiality, anonymity upon request, and non-retaliation.

V. Training and Education:

- A. New members of OhioHealth's workforce are required to complete the Initial Compliance Education (ICE) module on eSource within the first sixty (60) days of employment.
- B. All OhioHealth associates are required to complete compliance education annually as a part of OhioHealth's Annual Compliance Education (ACE) module. The ACE fulfills the annual compliance education requirement. To that end, the Ethics & Compliance-related modules that are required to be completed on an annual basis, include:
 - 1. ACE: Corporate Ethics & Compliance (NR1150.N)
 - 2. ACE: OhioHealth Information Security and HIPAA Privacy (NR1150.J)
- C. Non-compliance with mandatory education requirements may be grounds for disciplinary action, up to and including termination.
- D. The Ethics & Compliance Office also provides specialized training on general compliance, privacy compliance, billing compliance, research compliance, and joint venture compliance as well other compliance topics. These trainings are provided upon request, based on need identified by the Ethics & Compliance Office, or to provide information about new and emerging compliance issues.
- E. Any OhioHealth associate may contact the OhioHealth Ethics & Compliance Office directly at (614) 544-4200 to request additional training.

VI. Internal Monitoring and Auditing:

- A. An integral part of OhioHealth's Ethics & Compliance Program is the ongoing auditing and monitoring efforts to maintain the integrity of OhioHealth's billing practices.
- B. The Ethics & Compliance Office monitors compliance with applicable laws, rules, and guidelines (e.g., quarterly monitoring reports and annual compliance risk analyses).
- C. The Ethics & Compliance Office engages in a robust auditing and monitoring process which includes courtesy, for-cause, routine, and random reviews in order to detect compliance-related issues relative to billing compliance, research compliance, joint venture compliance, and privacy compliance.
- D. The auditing and monitoring program is designed to ensure that all departments comply with applicable Medicare, Medicaid, third party insurers' regulations and other applicable Federal and State Program regulations and requirements.
 - 1. The Senior Vice President and Chief Ethics & Compliance Officer is responsible for implementing procedures to document efforts to comply with applicable statutes, regulations and Federal and State healthcare program requirements.
 - 2. When deciding on specific areas for review, the following are included in the evaluation:
 - a. Federal health care program requirements;
 - b. OIG publications, such as: work plans, special advisory bulletins, fraud alerts, enforcement actions and relevant corporate integrity agreements;
 - c. Office of Civil Rights guidance documents, enforcement data, resolution agreements and corrective action plans;
 - d. Regulatory changes that may impact compliance areas of responsibility;
 - e. Data analytics;
 - f. Prior audits and investigations;
 - g. Results of previous risk analysis;
 - h. Ethics & Compliance Work Plan;

- i. Hotline reports;
 - j. Departmental reported concerns; and
 - k. Reported concerns identified by OhioHealth's Ethics & Compliance Program and the SLC, the Ethics & Compliance Steering Committee, and/or Ethics & Compliance Office leadership.
3. When issues are identified:
- a. OhioHealth takes necessary steps to correct identified problems and prevent them from recurring. In some instances, subsequent reviews and/or audits may be undertaken to ensure recommended corrective action has been successfully implemented.
 - b. OhioHealth associates are required to cooperate fully in the response follow-up, resolution, and/or corrective action, as necessary.

VII. Detecting and Addressing Compliance Concerns:

- A. To discuss or report compliance concerns or questions, OhioHealth associates are encouraged to:
 1. Speak with their supervisors, if comfortable doing so;
 2. Contact the Ethics & Compliance Office at (614) 544-4200;
 3. Call the Ethics & Compliance Hotline at (866) 411-6181); or
 4. Use the online reporting tool at mycompliancereport.com, using "OHH" as the access ID.
- B. All reports of non-compliance are reviewed by the Ethics & Compliance Office to the extent possible with the information provided.
 1. Investigations and reviews are done promptly and may consist of interviewing personnel, examining documents, and consulting with legal counsel.
 2. OhioHealth associates are required to cooperate fully with these investigations and reviews. Non-cooperation may be grounds for disciplinary action, up to and including termination.
- C. The Chief Ethics & Compliance Officer or the Chief Ethics & Compliance Officer's designee has full authority to interview any OhioHealth associate and review any document (subject to State and Federal laws) that the Chief Ethics & Compliance Officer or the Chief Ethics & Compliance Officer's designee deems necessary to complete the investigation.
- D. If the Ethics & Compliance Office, in consultation with the Office of the General Counsel, determines that credible evidence of a legal violation exists, the Senior Vice President and Chief Ethics & Compliance Officer will promptly respond to the offense by developing a corrective action initiative to remedy the violation and to prevent its recurrence and, following consultation with the Office of the General Counsel, timely disclose the misconduct to the appropriate law enforcement or regulatory agency, as appropriate.

VIII. Enforcing Disciplinary Standards:

- A. There are a number of specific factors for consideration under the OIG's Supplemental Compliance Program Guidance for Hospitals, none of which specifically require a compliance program to actually be involved in the administering of disciplinary actions. Instead, the Supplemental Compliance Program Guidance for Hospitals encourages such measures as:
 1. Well-publicized and readily available disciplinary standards.
 2. Consistently enforcing disciplinary standards across the organization.
 3. Thorough documentation of instances involving enforcement of disciplinary standards.

- B. At OhioHealth, the Ethics & Compliance Office is rarely involved in the enforcement of disciplinary standards as such matters are generally handled by Human Resources, in partnership with the associate's management team.
- C. Human Resources developed two policies which broadly govern and set forth the standards for enforcement of discipline and are well-publicized and readily available to all Associates:
 - 1. *Corrective Action Policy* (Policy # HR-702.100); and
 - 2. *Appeal Process Policy* (Policy # HR-703.400).
- D. The Senior Vice President and Chief Ethics & Compliance Officer serves on the Executive Panel, which is responsible for reviewing, as necessary, and making the final decision in the event that recommended corrective action has been appealed by an Associate.

RELATED POLICIES:

OhioHealth's Ethics & Compliance Program Policies can be accessed using the Policy and Procedures button on the eSource Home Page.

REFERENCES:

- U.S. Department of Health and Human Services Office of Inspector General Compliance Program Guidance for Hospitals (1998).
- U.S. Department of Health and Human Services Office of Inspector General Supplemental Compliance Program Guidance for Hospitals (2005).
- U.S. Sentencing Commission Compliance Program Guidance.

REVISIONS:

2019

- Response Follow-Up and Resolution Policy (Policy # OH.POL.A-410.033)
- Structure and Duties of the Ethics & Compliance Senior Leadership Committee and Steering Committee (Policy # OH.POL.A-410.035)

2017

- Code of Conduct Distribution and Training Policy (Policy # A-410.027)
- Compliance Auditing and Monitoring Policy (Policy # A-410.028)
- Ethics & Compliance Hotline and Website Policy (Policy # A-410.029)
- Ethics & Compliance Education and Training Policy (Policy # A-410.030)
- O'Bleness:
 - A-400.025 Ethics & Compliance Education & Training
 - A-400.026 Ethics & Compliance Hotline
 - A-400.015 Compliance Auditing & Monitoring
 - A-400.011 Code of Conduct Distribution & Training