HARDIN COUNTY GENERAL HOSPITAL
HOSPITAL-WIDE POLICY

Title: Compliance Code of Conduct & Ethics **Effective Date: 2/2013**
Policy Number: 107 **Med Staff: 7/2010**
Regulation: HHS & OIG **Admin: 7/2010**
Reviewed: 12/2018 by JP

I. POLICY

Hardin County General Hospital (HCGH) is committed to conducting all fiscal and operational aspects of the hospital in accordance with the highest level of business and community ethics. As a healthcare provider, HCGH places the highest importance on ethical and moral standards, maintaining its reputation for honesty, integrity and ensures that our facility, to the best of our ability, complies with applicable state and federal laws, regulations and guidelines. This Code of Conduct is supplementary to the mission, vision and values of the organization. These standards can only be achieved and sustained through the actions and conduct of all employees of the hospital.

II. DEFINITIONS

A. The Corporate Compliance Plan (CCP):

The CCP has been established to:

1. Prevent the occurrence of illegal or unethical behavior,
2. To stop such behavior as soon as reasonably possible after it has been discovered,
3. To discipline the individuals involved (including those who know of violations but fail to report them), and
4. To recommend and implement changes in policy and procedure necessary to avoid a recurrence of any prior violation.

B. Compliance Policies & Procedures:

Compliance policies and procedures are established to help employees carry out their job functions in a manner that ensures compliance with state and federal regulations. Risk areas are identified and regulatory exposures for each function or department of the hospital are addressed and are found detailed in the hospital-wide policy manual and departmental manuals.

C. Education & Training:

1. Proper training is conducted annually with the Board of Directors, administration, department heads, supervisors, employees, physicians, and other staff on the objectives of the CCP and they must sign a statement of acknowledgement.
2. Continuing education is mandatory at all levels and compliance is part of the evaluation process.
3. New employees and contractors receive compliance training during the orientation process.

III. RESPONSIBILITY

All employees of HCGH, including the Board of Directors and contractors.

IV. EQUIPMENT

N/A

V. PROCEDURES

INFECTION CONTROL: N/A

A. Report Compliance Concerns:

HCGH has established means for all employees to confidentially report actual or potential compliance violations and/or to ask compliance related questions. These reports are made, by law, without fear of retaliation in any way from HCGH. These questions and/or reports are **required** and may be made in the following ways:

1. All staff has access to a member of the CCC and may contact them at any time; or
2. Call the hospital **Corporate Compliance Hotline @ 877-356-6630.** This line will be answered only by the CCO or designee during working hours, Monday – Friday. If no one answers you may leave a message on the attached answering machine and someone will respond as soon as possible; or
3. Go to our webpage at www.ilhcgh.org and click on "Compliance" then click on ethicalconcerns@ilhcgh.org to send a confidential e-mail directly to the CCO; or
4. E-mail directly to ethicalconcerns@ilhcgh.org, or
5. Simply write or type out your concern, place it in a sealed envelope addressed to "Compliance Officer", and place it in any of the locked confidential "Survey Collection" boxes located in the hospital and Clinic.

B. Comply with the Law:

1. All employees are required to understand and abide by those laws which are applicable to them in the performance of their jobs. Failure to meet the standards and principles of this code will be subject to discipline, up to and including termination, based on the nature of severity and frequency of the violation.
2. Verified reports of illegal conduct by a HCGH employee will result in strict disciplinary action, up to and including immediate termination and referral to appropriate law enforcement authorities and will be applied consistently among all employees.
3. The disciplinary process is described in the current Personnel Policies and Procedures booklet issued by Human Resources.

C. Provide Exceptional Care to Our Patients:

1. All employees will strive to treat all patients with a spirit of kindness, patience and understanding.

2. Each patient is an individual and will be treated as such. Required cultural competency training will be used to demonstrate the value of the individual and honor the dignity of all cultures, races, religious and ethnic backgrounds.

3. Each patient will be respected, with their needs and desires considered as health care decisions are made.

4. Steps will be taken so that each patient understands his/her treatment needs and options, treatment methods utilized, and treatment outcomes.

5. Services will be provided in a manner that does not discriminate against any person because of race, color, religion, national origin, age, disability, sexual orientation, gender, or ability to pay.

6. At all times, competent and qualified individuals will provide appropriate care, while considering the safety and well being of the patients.

D. Protect Confidential Information:

1. All employees will be committed to maintaining the confidentiality of patient, personnel, and other proprietary information in accordance with applicable legal and ethical standards.

2. Consistent with the Health Insurance Portability and Accountability Act (HIPAA) and the HITECH act, we do not disclose or discuss personal health information with others unless it is necessary to serve the patient or otherwise required by law. HIPAA safeguards, such as use of passwords, help prevent unauthorized access to protected health care information.

E. Adhere to Health Care Fraud Waste & Abuse (FWA):

All employees are required to comply with laws which prohibit health care fraud, waste and abuse. Activities that are prohibited include, but not limited to:

1. Intentionally or knowingly making false or fraudulent claims for payment or approval;

2. Offering or receiving remuneration (such as kickback, bribe, or rebate) as an inducement to make a referral for the furnishing (or arranging for the furnishing) of any item or service;

3. Submitting false information for the purpose of gaining or retaining the right to participate in a plan or obtain reimbursement for services; billing for unnecessary medical services, charging excessively for services or supplies and misusing codes on claims.

4. Referrals by a physician of Medicare and Medicaid patients to any entity for "designated health services" when the physician or an immediate family member has a financial relationship with the entity (unless the arrangement complies with applicable legal exceptions). Conducting excessive office visits and ordering excessive tests.

5. All employees should look for suspicious activity, keep up to date with FWA policies and procedures, standards of conduct, laws, regulations and CMS guidance. Always verify all information provided to you.

F. Not Accept Inappropriate Gifts or Gratuities:

Employees are prohibited from soliciting tips, personal gratuities or gifts from patients and vendors unless:

1. They are non monetary gratuities or gifts of a nominal value, such as cookies, flowers, etc., and the gift would not influence, or reasonably appear to others to be capable of influencing the employee's business judgment in conducting affairs with the patient or vendor.
2. Employees shall not offer or give money, services or other things of value with the expectation of influencing the judgment or decision making process of any purchaser, vendor, patient, governmental official or any other person.
3. An employee who is in doubt about whether a situation involving the giving or receiving of something of value is acceptable, should ask his/her supervisor, department head or CCO.

H. <u>Avoid Conflicts of Interest</u>:

Employees and other associates are prohibited from engaging in any activity, practice, or act which conflicts with, or appears to conflict with, the interests of HCGH, its patients or its vendors. The following examples might be conflicts of interest:

1. Accepting gifts or entertainment from another organization;
2. Competing either directly or indirectly with the services, product, or plans offered by HCGH;
3. Using your position and affiliations with HCGH for personal benefit;
4. Holding a financial interest in a company with which HCGH does business; or
5. Engaging in any outside activity, such as a second job or a significant interest in another business, which involves any personal interest that could effect the independence of your judgment, interfere with your professional duties, or discredit HCGH.

Possible conflicts of interest should be reported to your supervisor, department head, or CCO so they can help determine if a conflict exists.

I. <u>Follow All Antitrust Regulations</u>:

Employees will avoid agreements with competitors, suppliers, payers, and other healthcare providers which could result in a "restraint of trade" such as:

1. Price fixing;
2. Boycotting suppliers or customers;
3. Market allocation;
4. Pricing intended to run a competitor out of business;
5. Disparaging, misrepresenting or harassing a competitor;
6. Stealing trade secrets; and
7. Accepting or offering bribes and kickbacks.

J. <u>Keep Accurate & Complete Records</u>:

It is not possible to list all the rules that apply to all the record keeping at HCGH. Learn the rules that specifically apply to documents and reports with which you work. The general rules are:

1. Do not falsify or make false any record.
2. Never alter or destroy anything that is part of the official medical record.

3. Create only those records that are necessary to the performance of your function or job and those required by law and make sure they are detailed and accurate.
4. Provide records only to those who have a legal "need to know".
5. Maintain records as long as the law requires.
6. Follow policies on court orders, subpoenas and search warrants.

K. Conduct Taxation & Political Activities According to the Law:

HCGH is exempt from paying taxes because of our nonprofit status which means we cannot give HCGH money, property, or services (including employee work time) to political parties or individuals running for a public office. You may, however, give your money and/or services to political candidates and participate in political campaign activity on your own time as a private individual.

L. Protect the Environment:

Employees will abide by all environmental laws and regulations with respect to the handling of hazardous materials and wastes, promote sound environmental and safety practices that will prevent damage to the environment and enhance community resources, and cooperate fully with all governmental authorities in the event of an environmental incident.

M. Provide a Safe Workplace:

1. HCGH will take all reasonable precautions to ensure employee safety as well as the safety of patients and visitors.
2. Employees will:
   a. be committed to training that will enable them to carry out their work in a manner that is safe for them, their co-workers, patients, and visitors.
   b. comply with all work and safety rules, regulations, and policies.

N. Show Respect & Dignity in the Workplace:

1. HCGH is committed to treat both patients and their families with the utmost of respect and understand that they can be, at times, demanding and challenging. Employees are to be polite, show concern, and when necessary, will apologize and take action to amend the situation. It is critical for employees to report all incidents of physical, psychological, sexual neglect and/ or exploitation.

2. The hospital adheres to accessibility and accommodation guidelines as provided by the American with Disabilities Act. Prejudices and negative connotations for persons with disabilities will not be tolerated. This includes, but is not limited to: physical, mental health, AIDS, epilepsy, chronic lung disease, hearing, vision and developmental disabilities.

3. Employees must also show respect and dignity towards co-workers, medical staff, and Volunteers. This includes inside and outside the establishment, as well as on social media.
4. HCGH prohibits harassment of all forms, such as:
   a. Offensive comments, jokes, indirect suggestions and other sexually oriented statements;

b. Unwanted sexual advances, requests for sexual favors and all other verbal or physical conduct of a sexual nature.

5. All employees are afforded equal employment and advancement opportunities regardless of gender, age, sexual orientation, disability, race, color, pregnancy, religion, veteran status or national origin.
6. All illegal or unethical behavior must be reported to your supervisor. If unable to do this, you may report it to your Department Head, Human Resources, CEO or the CCO.

O. Appropriate Use of HCGH Resources & Assets:

1. Employees will protect HCGH's property and may not borrow it without permission. All hospital equipment is to remain on the premises.
2. Work time, facilities supplies or equipment cannot be used for unapproved purposes.
3. No part of net earnings of HCGH will be used to the benefit of or be distributed to its trustees, management staff, employees or other private persons having directly or indirectly any personal or private interest in the activities of HCGH, except to the extent that such payments constitute reasonable compensation for services rendered in the necessary course of HCGH's business.

P. Adhere to Intellectual Property Laws:

1. All software used in connection with HCGH's business must be properly licensed and used in accordance with that license.
2. Employees will respect the intellectual property and copyright laws regarding books, trade journals, magazines, and other applicable resources for reasons other than limited internal distribution and education.
3. Employees will not disclose, misuse or take possession of any confidential or privately owned information or property of HCGH or that which is entrusted to us by a supplier or contractor.

Q. Protect Access to Information Systems:

1. Employees will adhere to HCGH policies concerning creation, distribution, retention, storage, retrieval and destruction of documents (including information maintained in computer files).
2. Only those documents required for the proper performance of your duties are to be copied.

R. Maintain a Drug-Free Workplace:

1. All employees will adhere to the regulations for a smoke-free workplace.
2. Employees may not illegally have, distribute, sell or use drugs or alcohol at work.
3. Employees may be monitored if taking certain prescription drugs that could interfere with their ability to perform their duties and responsibilities appropriately and safely. Random drug screens may be performed based on suspicious behavior and are mandatory with every incident reported.

S. Conduct All Business Practices with Honesty & Integrity:

1. Employees will not make false or misleading statements to any patient, person or entity doing business with HCGH.
2. Accurate financial reports, accounting records, research reports, expense accounts, time sheets and other documents will be prepared so that they completely and accurately represent the relevant facts and true nature of all HCGH business transactions.
3. We will assure that all of our requests for payment are for services that are reasonable, necessary and appropriate, are provided by properly qualified persons, and the claims for such services are billed in the correct amount and supported by appropriate documentation.

T. Good Relationships with Competitors, Vendors, etc:

1. We will give all vendors an equal chance to present their products and services and choose the product or service that best meets the needs of HCGH and our community.
2. Information about HCGH business such as strategy, prices, costs, finances and similar matters is private and should not be discussed with those who do not have a "need to know" to perform their jobs or those it does not concern.
3. All contracts and contract discussions will be consistent with the law.

U. Licensing & Professional Credentialing:

All employees will undergo a background check which will include, but is not limited to:

a. Any criminal convictions or other sanctions;
b. Current licensure; and
c. Credentialing as applicable.

VI. REFERENCES:

Civil False Claims Act, Health Care Fraud Statute and Criminal Fraud.
Anti-kickback Statute.
Stark Statute (Physician Self-Referral Law) and Exclusions.
Health Insurance Portability and Accountability ACT.

EMPLOYEE CERTIFICATION & AGREEMENT OF COMPLIANCE

I certify that I have received and read Hardin County General Hospital & Clinic "Compliance Code of Conduct & Ethics" and fully understand the requirements set forth in this document. I confirm that I have discussed the Code and Compliance Program of the hospital with the Director of Fiscal Services and my Department Supervisor. I agree specifically to act in accordance with and be bound by the policies set forth in the Code and other applicable policies, and understand that I will be subject to disciplinary action, including termination, for violating the Compliance Code and Plan, other policies, any laws, rules or requirements, or for failing to report violations thereof.

Signature: _____ Date: _____

Department: _____ Witness: _____

SUBCONTRACTOR CERTIFICATION & AGREEMENT OF COMPLIANCE

I certify that I am a duly authorized officer of the independent contractor named below ("Contractor"). On behalf of Contractor and its officers, directors, employees, and agents, I certify that I have received and read the "Compliance Code of Conduct & Ethics" of Hardin County General Hospital & Clinic and fully understand the requirements set forth in that document. I certify that Contractor shall act in full accordance with all rules and policies of the hospital. These rules and policies include the hospital's commitment to comply with all applicable federal and state laws and regulations, and the hospital's commitment to conduct its business in compliance with the highest ethical standards.

The Contractor expressly agrees that the hospital's "Compliance Code of Conduct & Ethics" and other hospital policies shall be incorporated within and made a part of Contractor's agreement with the hospital and shall survive termination of that agreement for any reason. Any failure of Contractor to comply with the rules and policies set forth in the hospital's "Compliance Code of Conduct & Ethics", or other hospital policies, or to report violations of these rules and policies, may result in immediate termination by the hospital of its agreement with Contractor, not withstanding anything in agreement to the contrary.

Name of Contractor: _____

Representative: _____ Signature: _____

Date: _____ Witness: _____