

 POLICY and PROCEDURE	
TITLE: Ethics & Compliance Program	NUMBER: OH.POL.A-410.042
ISSUE DATE: 2/2/2017	EFFECTIVE DATE: 7/11/2024
DEVELOPED / REVISED BY: Ethics & Compliance Office	
REVIEWED BY: Ethics & Compliance Leadership OhioHealth Office of General Counsel Senior VP, Chief Ethics & Compliance Officer Senior Leadership Council's Ethics & Compliance Committee OhioHealth System Policy & Procedure Management Committee	DATE REVIEWED: 1/29/2024 2/21/2024 2/23/2024 2/27/2024 6/5/2024
APPROVED BY: Quality, Safety & Service Council	

SCOPE:

The provisions of this policy apply to all OhioHealth business units.

STATEMENT OF PURPOSE:

The purpose of this policy is to outline the elements of OhioHealth's Ethics & Compliance Program and to provide OhioHealth Workforce Members with an awareness of the OhioHealth Ethics & Compliance Program and its role in OhioHealth's mission to improve the health of those we serve. The policy will help OhioHealth fulfill its responsibilities in an environment based upon ethical behavior and compliance with applicable laws, rules, and guidelines. The policy promotes understanding of the Workforce Member's individual responsibilities to help OhioHealth comply with applicable laws, rules, and guidelines.

DEFINITIONS:

- **Associates:** Individuals that are employed by OhioHealth.
- **Workforce Members:** Associates, volunteers, trainees, contractors, employed physicians (including residents and fellows), medical staff members, board members, and other persons whose conduct, in the performance of work for OhioHealth, is under the direct control of OhioHealth, whether or not they are paid by OhioHealth.

POLICY:

- I. It is the policy of OhioHealth to maintain an Ethics & Compliance Program that provides OhioHealth Workforce Members with the most accurate, concise, and up-to-date information and guidance to assure that Workforce Members maintain an environment based upon ethical behavior and compliance with applicable laws, rules, and guidelines.
- II. To that end, OhioHealth believes that:
 - A. Workforce Members' actions and decisions must reflect a faithful balance of our core values: compassion, excellence, inclusion, stewardship, and integrity.
 - B. Workforce Members should act with absolute integrity and expect the same of those who work with them; and
 - C. Workforce Members 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. The Program includes:
1. Designation of compliance leadership and oversight bodies.
 2. Publication of written compliance policies and procedures, including a Code of Conduct.
 3. Development of open lines of communication.
 4. Provision of appropriate training and education.
 5. Response to detected offenses and development of corrective action initiatives.
 6. Performance of risk assessments, internal monitoring, and auditing.
 7. Enforcement standards through consequences and incentives.
- 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. Develops and provides training materials and educational programs encompassing healthcare compliance.
 3. Addresses all matters reported to OhioHealth's Ethics & Compliance Office, including those concerns reported through OhioHealth's Ethics & Compliance Hotline, (866) 411-6181, which is managed by a third party. OhioHealth's Ethics & Compliance Office investigates, or refers to a more appropriate investigation team, all matters reported with sufficient information for review.
 4. Provides guidance and 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 (ECC) and the Ethics & Compliance Steering Committee.
- B. The ECC reports to the OhioHealth Board of Directors (Board) via a designee of the Board who serves as ECC chair. The ECC meets four times a year to advise the Senior Vice President and Chief Ethics & Compliance Officer in matters regarding implementation and administration of the Ethics & Compliance Program. Matters addressed by the ECC may include, but not be limited to, 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 ECC upon the approval of the Senior Vice President and Chief Ethics & Compliance Officer and the President and Chief Executive Officer.
 2. OhioHealth's Senior Vice President and Chief Ethics & Compliance Officer has a direct reporting relationship to OhioHealth's President and Chief Executive Officer.
 3. ECC membership comprises:

- a. Chair, Designee from the OhioHealth Board
 - b. President and Chief Executive Officer
 - c. Senior Vice President and Chief Operating Officer
 - d. Chief Clinical Officer
 - e. Senior Vice President and General Counsel
 - f. Senior Vice President and Chief Ethics & Compliance Officer
 - g. Senior Vice President and Chief Financial Officer
 - h. Senior Vice President and Chief Information Officer
 - i. Chief Administrative Officer
 - j. Senior Vice President, Chief Nursing Executive
 - k. Senior Vice President, Chief Transformation Officer
 - l. Senior Vice President, Chief Population Health Officer
 - m. Senior Vice President, Chief Marketing and Communications Officer
 - n. Vice President, Deputy General Counsel and Chief Risk Officer
 - o. Vice President, Mission and Ministry and Clinical Ethics
4. Outside Counsel engaged by the Office of the General Counsel or the Board, pursuant to OhioHealth Bylaws, to provide advice and counsel related to the Ethics & Compliance Program may attend ECC meetings to provide advice related to ethics and compliance matters.
5. 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. Advising Workforce Members on compliance risks facing OhioHealth.
 - b. Overseeing the operation of OhioHealth's Ethics & Compliance Program.
 - c. Enforcing OhioHealth's Code of Conduct.
 - d. Directing all compliance-related activities, reviews, and investigations.
 - e. Interacting with federal, state and local regulatory agencies, legislative bodies, and governing boards on compliance initiatives.
- C. The ECC shall be knowledgeable of the content and operation of OhioHealth's Ethics & Compliance Program. The ECC shall exercise reasonable oversight with respect to the implementation of an effective compliance and ethics program. ECC members are charged with supporting the Ethics & Compliance Program including, but 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 concerns are solicited and responded to.
 - 7. Assessment of the implementation of the Ethics & Compliance Program, including education, communication, and self-auditing protocols.
- D. The ECC reports to the OhioHealth Board of Directors via a designee of the Board who serves as the ECC 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.
 4. Addressing regulatory changes, newly identified investigatory targets, perceived weakness, 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 ECC 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 Workforce Members through the Initial Compliance Education materials and annually thereafter through the Annual Compliance Education module.
- B. All Workforce Members 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. Workforce Members 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 anyone may express concerns or pose questions.
 1. Workforce Members or other 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. Individuals may call the 24-hour hotline at (866) 411-6181.
 2. Individuals may report concerns online at mycompliance.report.com using "OHH" as the access ID.

V. Training and Education:

- A. All reported concerns 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.
- B. New OhioHealth Associates are required to complete the Initial Compliance Education (ICE) module on eSource within the first sixty (60) days of employment. Topics covered in ICE training include, but are not limited to:
 - 1. Fraud, Waste and Abuse
 - 2. Information Security and HIPAA Privacy
 - 3. How to report a compliance concern
 - 4. OhioHealth's policy regarding non-retaliation
 - 5. OhioHealth's Code of Conduct
- C. 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 but are not limited to:
 - 1. Fraud, Waste and Abuse
 - 2. Information Security and HIPAA Privacy
 - 3. How to report a compliance concern
 - 4. OhioHealth's policy regarding non-retaliation
 - 5. OhioHealth's Code of Conduct
- D. Non-compliance with mandatory education requirements may be grounds for disciplinary action, up to and including termination.
- E. The Ethics & Compliance Office also provides specialized training on general compliance, privacy compliance, billing compliance, research compliance, and joint venture compliance as well as other compliance topics. These trainings are provided upon request, based on needs identified by the Ethics & Compliance Office, or to provide information about new and emerging compliance issues.
- F. Any OhioHealth Workforce Member may contact the OhioHealth Ethics & Compliance Office directly at (614) 544-4200 to request additional training.

VI. Risk Assessments, 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 compliance risk assessments).
- C. The Ethics & Compliance Office engages in a robust auditing and monitoring process which includes courtesy, for-cause, and pro-active 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 and Medicaid requirements, third party insurers' regulations and other applicable Federal and State Program regulations and requirements.
 - 1. The 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. The Ethics and Compliance Office uses various resources to identify potential risk areas when conducting the risk assessment, which is conducted at least annually. These resources include, but are not limited to, the following:
 - 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 for 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 assessments.
 - 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 ECC, the Ethics & Compliance Steering Committee, and/or Ethics & Compliance Office leadership.
3. The Ethics & Compliance Work Plans are developed based upon the risk assessments.
4. OhioHealth Workforce Members are required to cooperate fully when the Ethics & Compliance Office conducts risk assessment, auditing, and monitoring activities. Non-cooperation may be grounds for disciplinary action, up to and including termination.

VII. Detecting and Addressing Compliance Concerns:

- A. To discuss or report compliance concerns or questions, OhioHealth Workforce Members are encouraged to:
 1. Speak with their supervisors, if comfortable doing so.
 2. Contact the Ethics & Compliance Office at (614) 544-4200 or email ComplianceOperations@ohiohealth.com
 3. Call the Ethics & Compliance Hotline at (866) 411-6181.
 4. Use the online reporting tool at www.mycompliancereport.com, using "OHH" as the access ID.
- B. All reports made to the Ethics & Compliance Office 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 Workforce Members, examining documents, and consulting with legal counsel.
 2. OhioHealth Workforce Members 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 Workforce Member 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 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. The US Department of Health and Human Services Office of Inspector General's General Compliance Program Guidance 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 responsible for investigating allegations of noncompliance when those allegations are within the scope of the Ethics & Compliance Office. The Office of the General Counsel may direct the performance of investigations and collaborate with the Ethics & Compliance Office during such investigations, when appropriate. As part of the investigation process, when there is a possible violation of policy, regulation, or law, the Ethics & Compliance Office will consult with the Office of the General Counsel. The Ethics & Compliance Office also will collaborate with Human Resources and the appropriate management team to develop corrective action initiatives, which may include disciplinary actions. The Ethics & Compliance Office will recommend corrective and/or disciplinary actions to Human Resources to promote compliance with OhioHealth standards and prevent recurrence of any identified misconduct.
- 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 OH.POL.HR-702.100
 - 2. Appeal Process OH.POL.HR-703.400