

*Thomas Jefferson University Hospitals*

**CORPORATE COMPLIANCE  
PROGRAM**

*Revised: January 1, 2007*

*Thomas Jefferson University Hospitals*  
**CORPORATE COMPLIANCE PROGRAM**

<b>TABLE OF CONTENTS</b>	<b>PAGE NUMBERS</b>
I. Compliance Policy Statement	3
II. Purpose of Compliance Program	3
III. Scope of Compliance Program	3
IV. TJUH Compliance Program Elements	4
Risk Areas Managed by the Compliance Program	5
V. TJUH Code of Conduct	6
VI. Obligation to Report	9
Reporting Procedures	10
Questions & Answers to Assist in <i>Doing the RIGHT THING</i>	11
VII. Chief Compliance Officer	14
VIII. Corporate Compliance Committee	16
IX. Management Compliance Committee	16
X. Member Board Oversight	16
XI. Health System Oversight	16
XII. Education and Training	17
XIII. TJUH Compliance Communication	17
Compliance Office	17
ComplyLine	18
New Employee Policy	18
Communications with Government Agencies	18
Records Retention	18
XIV. Investigations	19
XV. Monitoring	19
XVI. Corrective Action Plans	20
XVII. Sanctions	20
VIII. Summary	20

## **I. COMPLIANCE POLICY STATEMENT**

Thomas Jefferson University Hospitals (“TJUH”) is dedicated to maintaining excellence and integrity in all aspects of its operations and its professional and business conduct. Accordingly, TJUH is committed to conformance with high ethical standards and compliance with all governing laws and regulations not only in the delivery of health care but in its business affairs and its dealings with employees, administrative staff, physicians, agents, payers and the communities it serves. It is the personal responsibility of all who are associated with TJUH to honor this commitment in accordance with the terms of the TJUH Code of Conduct, and related policies, procedures and standards developed by TJUH in connection with the Corporate Compliance Program.

## **II. PURPOSE OF COMPLIANCE PROGRAM**

The TJUH Corporate Compliance Program (the “Program”) is intended to provide reasonable assurance that TJUH:

1. complies in all material respects with all federal, state and local laws and regulations that are applicable to its operations;
2. satisfies the conditions of participation in health care programs funded by the state and federal government and the terms of its other contractual arrangements;
3. detects and deters criminal conduct or other forms of misconduct by trustees, officers, employees, medical staff, agents and contractors that might expose TJUH to significant civil liability;
4. promotes self-auditing and self-policing, and provides for, in appropriate circumstances, voluntary disclosure of violations of laws and regulations;
5. establishes, monitors, and enforces high professional and ethical standards.

## **III. SCOPE OF COMPLIANCE PROGRAM**

The provisions of the Program apply to all medical, business, and legal activities performed by TJUH employees, medical staff, residents, agents and contractors. The expectations for TJUH employees regarding compliance with the Program are as follows:

1. comply with the TJUH mission statement and vision and the TJUH Code of Conduct contained in Section V. of this document;
2. familiarize themselves with the purpose of the Program;
3. perform their jobs in a manner which demonstrates commitment to compliance with all applicable laws and regulations;
4. report known or suspected compliance issues to the Chief Compliance Officer or his/her designee and investigate or participate in investigations to the point of resolution of all alleged violations;
5. strive to prevent errors and provide suggestions to reduce the likelihood of errors.

## IV. TJUH COMPLIANCE PROGRAM ELEMENTS

The TJUH Compliance Program contains several elements. All elements are designed to prevent, detect, and respond to business conduct that does not conform to applicable laws or regulations. The program is based on the U.S. Department of Health and Human Services Office of Inspector General (“OIG”) Compliance Program Guidance for Hospitals, published in February 1998 and the Supplemental Guidance published in January 2005 (section references are to relevant sections within this document).

### TJUH Compliance Program Elements

1. **Code of Conduct** (Sections V. and VI) - development and distribution of the Code and related reporting procedures, as well as the development of new or revised written policies and procedures that further promote TJUH’s commitment to compliance. Such policies should be considered an integral part of this Program;
2. **Chief Compliance Officer** (Section VII.) – primary responsibilities of the Compliance Office;
3. **Structure and Oversight of the Compliance Program** (Sections VIII – XI) – Compliance Committee designations;
4. **Education and Training Program Development and Implementation** (Section XII) – to provide general compliance information to the entire employee population as well as focused technical training of those functional areas that have the ability to put TJUH at a greater degree of compliance exposure;
5. **Hotline Process Maintenance** (Section XIII.) - to receive complaints confidentially and to provide protection from retaliation to all individuals who report in good faith concerns via a *ComplyLine* call;
6. **Sanction or Disciplinary Action Enforcement** (Section XVII.) - the enforcement of appropriate sanctions or disciplinary actions against employees, physicians, or on-site agents or contractors who violate compliance policies, applicable laws or regulations or federal health program requirements;
7. **Monitoring** (Section XV.) - the performance of audits and risk assessments to identify problems and conduct ongoing compliance monitoring of identified problem areas; and
8. **Investigation and Remediation** (Sections XIV and XVI.) - the investigation and remediation of identified systemic problems and the development of appropriate corrective action plans to remediate such problems.

TJUH intends that its compliance program will significantly reduce the risk of unlawful conduct in our operations. This program will demonstrate our good faith effort to comply with applicable statutes, regulations, and other Federal health care program requirements.

## **Risk Areas Managed by the Compliance Program**

TJUH operates in a complex environment, needs to recognize numerous regulatory bodies, and is exposed to various risks. Multiple individuals and groups throughout the organization are charged with managing our compliance with various agencies, such as accreditation commissions and state employment mandates. All necessary resources are engaged to fully discharge our various responsibilities throughout the organization. The compliance program is designed to focus on those areas of potential risk that are most relevant as a result of our participation in Federal and State healthcare programs. Accordingly, while not an all-inclusive list, following is an inventory of risk areas that are primarily addressed through the compliance program:

### ***Primary Focus of the Compliance Program***

- A. Submission of accurate claims and the Federal False Claims Act
- B. HIPAA Privacy and Security Rules
- C. The referral statutes: The Physician Self-Referral Law (a.k.a. the “Stark” Law) and the Federal Anti-Kickback Statute
- D. The Emergency Medical Treatment and Active Labor Act (EMTALA)
- E. Inducements to Medicare or Medicaid beneficiaries
- F. Payments to reduce or limit services, including suspect gainsharing arrangements
- G. Quality of care which fails to meet professionally recognized standards of health care
- H. Billing Medicare or Medicaid substantially in excess of usual charges
- I. Conflict of Interest

Certain functional areas within TJUH that are more likely to have issues involving compliance with applicable laws, regulations and TJUH policies and practices may develop specific compliance plans and/or policies that address issues pertinent to those areas. These area-specific compliance plans and policies will augment and further support this Program.

## V. TJUH CODE OF CONDUCT

*Do The RIGHT THING*

### CODE OF CONDUCT

Thomas Jefferson University Hospitals (“TJUH”) is dedicated to maintaining excellence and integrity in all aspects of its operations and its professional and business conduct. As members of the TJUH community, we are committed to “*Do The RIGHT THING*” in all our affairs. This Code of Conduct is our blueprint to “*Do The RIGHT THING*”. It provides the guiding standards for our decisions and actions as members of the TJUH community. Although the Code of Conduct can neither cover every situation in the daily conduct of TJUH’s many varied activities nor substitute for common sense, individual judgment or personal integrity, it is the duty of each member of our community to adhere, without exception, to the principles set forth herein.

The Code of Conduct has been designed to be consistent with TJUH’s Mission Statement and Vision that are summarized as follows:

#### **Mission**

Thomas Jefferson University Hospital is dedicated to improving the health of the communities we serve. We are committed to:

- Setting the standard for excellence in the delivery of patient care, patient safety and the quality of the healthcare experience
- Providing exemplary clinical settings for educating the healthcare professionals who will form the collaborative healthcare delivery team of tomorrow
- Leading in the introduction of innovative methodologies for healthcare delivery and quality improvement

We accomplish our mission in partnership with Thomas Jefferson University and as a member of the Jefferson Health System.

#### **Vision**

- To be a national leader for excellence and innovation in the delivery of health care and patient safety, continually improving the quality of services and the patient care experience
- To be the model of service in our focused clinical service lines and in related patient-oriented research and clinical trials
- To provide exemplary clinical settings that support the education of future healthcare practitioners, both as individuals and as members of the collaborative health care delivery team
- To be an “employer of choice,” providing a highly rewarding environment for our employees

## **Our Code of Conduct:**

*At Thomas Jefferson University Hospitals, we are guided by the following general principle: all patients, visitors, physicians, employees, volunteers, and students deserve to be treated with dignity, respect, and courtesy.*

Existing institutional policies reinforce and expand on the institution's adherence to this general principal and to the principles set forth in the Code:

### **1. TJUH Shall Comply With All Applicable Laws.**

It is the duty of TJUH and each member of its community to uphold all applicable laws and regulations. All members of the TJUH community must be aware of the legal requirements and restrictions applicable to their respective positions and duties. TJUH expects each of its employees to refrain from engaging in activity, which may jeopardize the tax-exempt status of the organization, including inappropriate lobbying and political activities.

TJUH shall implement programs necessary to further such awareness and to monitor and promote compliance with such laws and regulations.

Any questions about the legality or propriety of any actions undertaken by or on behalf of TJUH should be referred immediately to one's supervisor, the TJUH Compliance Officer, or the TJUH General Counsel. To provide further assistance, TJUH has implemented ***ComplyLine***, a confidential telephone service that can be reached by dialing 1-888-5COMPLY, should a member of the TJUH community feel uncomfortable reporting violations or ethical concerns to any of the above.

### **2. TJUH Shall Conduct Its Affairs in Accordance With the Highest Ethical Standards.**

TJUH and all of its employees and other members of the TJUH community shall conduct all activities in accordance with the highest ethical standards of the community and their respective professions at all times and in a manner which shall uphold TJUH's reputation and standing. No member of the TJUH community shall make false or misleading statements to any patient, person or entity doing business with TJUH.

### **3. All TJUH Community Members Shall Support TJUH's Goals and Avoid Conflicts of Interest.**

TJUH is a non-profit organization dedicated to the provision of health care, education of health professionals and performance of health-related research. All members of the TJUH community must faithfully conduct their duties, in their assigned roles and tasks, for the purpose, benefit and interest of TJUH and those that it serves.

All TJUH community members have a duty to avoid conflicts with the interests of TJUH and may not use their positions and affiliations with TJUH for personal benefit. Members of the TJUH community must consider and avoid not only actual conflicts but also the appearance of conflicts of interest.

**4. TJUH Shall Strive to Attain the Highest Standards for All Aspects of Patient Care.**

All members of the TJUH community must support its mission to provide health services of the highest quality that respond to the needs of our patients, their families and the community as a whole. The care provided must be reasonable and necessary to the care of each patient, as appropriate to the situation, and, properly qualified individuals must provide such care. All such care must be properly documented as required by law and regulation, payor requirements and professional standards.

**5. TJUH Shall Provide Equal Opportunity and Shall Respect the Dignity of all Members of the TJUH Community.**

TJUH is committed to providing educational and employment opportunities for all persons, without regard to race, color, national or ethnic origin, religion, gender, sexual orientation, disability or veteran's status. TJUH is committed to providing an academic, patient care and workplace environment that respects the dignity of each individual in the community. Therefore, sexual harassment and any other types of prohibited discrimination in any form or context will not be tolerated.

**6. TJUH Shall Maintain the Appropriate Levels of Confidentiality for Information and Documents Entrusted to It.**

TJUH, its employees and other members of the TJUH community possess and have access to a variety of sensitive and proprietary information the confidentiality of which they are obligated to protect. All members of the TJUH community must adhere to the appropriate laws, regulations, policies and procedures to ensure that confidential information is properly maintained and to prevent inappropriate or unauthorized release. TJUH and its community members shall create and keep records and documentation that conform to the legal, professional and ethical standards.

**7. TJUH Shall Maintain a Relationship of Integrity With Each Payor Source.**

TJUH and the members of its community shall ensure that all of its 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.

**8. TJUH and Members of the Community Shall Conduct All Business Practices With Honesty and Integrity.**

All business practices of TJUH must be conducted with honesty and integrity and in a manner that promotes TJUH's reputation with patients, payors, vendors, competitors and the academic community. All members of the TJUH community must:

- adhere to proper business practices and federal and state fraud and referral prohibitions in dealing with vendors and referral sources;
- conduct business transactions free from offers or solicitation of gifts, favors or other improper inducements;
- conform to all applicable antitrust laws and regulations, and ensure that TJUH does not violate laws and regulations with respect to (i) pricing or other sale terms or conditions, (ii) improper

sharing of competitive information, (iii) the allocation of territories or (iv) the impermissible exclusion of others from economic activities;

- maintain and protect the property and assets of TJUH, including intellectual property and proprietary information, controlled substances and pharmaceuticals, equipment and supplies, and funds of TJUH and refrain from converting TJUH assets to personal use;
- maintain the confidentiality of proprietary information belonging to other persons or entities doing business with TJUH; and
- prepare accurate financial reports, accounting records, research reports, expense accounts, time sheets and other documents so that they completely and accurately represent the relevant facts and true nature of all TJUH business transactions.

#### **9. TJUH Shall Have Proper Regard for Safety Within and Without the Community.**

TJUH and members of the TJUH community shall work to ensure a workplace that conforms with regulations regarding occupational health and safety. TJUH is committed to proper maintenance of the earth's environment, therefore, all medical waste, hazardous waste and other products shall be used and disposed of in accordance with all applicable environmental laws and regulations.

#### **10. The Code of Conduct Shall Be Integral to the Operation of TJUH and the Activities of the Community.**

The Code of Conduct exists for the benefit of TJUH and all members of the TJUH community. It is a dynamic document that will grow over time through the contributions of all TJUH members. All members of the TJUH community are encouraged to suggest changes or additions to the Code. The Code must be incorporated into the daily activities of TJUH and the community.

The Code of Conduct augments, but does not limit, specific policies and procedures of TJUH, and TJUH community members must perform their duties in accordance with such policies and procedures.

The TJUH commitment to excellence and integrity means more than just doing the best job possible. It is our commitment to *Do The RIGHT THING*. Our success and future depend on it.

### **VI. OBLIGATION TO REPORT**

As an organization, we are committed to delivering superior healthcare within the appropriate regulatory framework and in compliance with all applicable laws, statutes, regulations and guidance. All members of our health system community have a fundamental responsibility to report possible compliance issues.

Any TJUH employee who reports suspected misconduct and does so with a reasonable belief that the activity is a violation of a state, federal, local law or regulation is protected from retaliation by our non-retaliation policy (whistleblower protections). This policy protects employees from adverse actions or credible threats of adverse actions taken against them as a result of a good faith allegation of misconduct.

## Reporting Procedures

### Examples of Violations of the Code of Conduct

Any illegal, unethical, or improper activities need to be reported, investigated and rectified. Violations of the TJUH Code of Conduct and the Compliance Program include, but are not limited to, violations of any of the following:

- medical reimbursement regulations
- research-related regulations and policies
- health, safety and environmental laws
- harassment/discrimination laws
- conflicts of interest
- unauthorized access and/or wrongful disclosure of confidential information
- other HIPAA related privacy matters
- internal accounting controls
- government contracts

### Disciplinary Action

Disciplinary action for violations of the Code of Conduct and other TJUH policies and procedures shall be enforced through the disciplinary policies and procedures of TJUH, including Policy No. 102.36. Disciplinary actions will be determined on a case-by-case basis and may include dismissal from employment. TJUH will cooperate with law enforcement authorities in connection with the investigation and prosecution of the offender.

### How to Report a Violation of the Code

As a member of the TJUH community, you have a responsibility to “*Do The **RIGHT** THING.*” It is the duty of each member of the TJUH community to uphold the standards set forth in the Code of Conduct and to report violations by following the reporting procedures outlined by TJUH as then in effect. Alleged violations of the Code of Conduct or other policies and procedures of TJUH will be investigated by persons designated by, and pursuant to procedures established by, TJUH.

You should report a violation of the Code to your immediate supervisor, manager or team leader. Officers, managers and supervisors of TJUH have a special duty to adhere to the principles set forth in the Code of Conduct, to support other members of the community in their adherence to the Code, to recognize and detect violations of the Code, and to enforce the standards set forth herein.

If you are not comfortable talking with your supervisor or not satisfied with the answer, go to the next higher level. We encourage you to seek out another TJUH resource such as Human Resources, Risk Management, General Counsel or Internal Audit. If your previous reports have not been acted upon, or for any other reason, you should call or notify:

TJUH’s Corporate Compliance Office at (215) 955-4177  
TJUH’s Compliance Hotline at 1 (888) 526-6759

As stated above, all reports to the Compliance Hotline may be made on a confidential, no-name basis. Internal handling of *ComplyLine* calls is described in TJUH Policy No. 102.41.

## **Whistleblower Protections:**

It is a violation of the Code of Conduct to take any action in retaliation against anyone who reports, in good faith, suspected violations of the Code of Conduct or other TJUH policies and procedures. Please refer to TJUH's Code of Conduct, Policy No.102.26 and the non-retaliation policy titled "Prohibition Against Retaliation for Good Faith Reporting of Noncompliance (Whistleblower Protections), Policy No. 102.43 on the TJUH intranet website for internal reporting of alleged violations. In addition, refer to TJUH's policy "Preventing Fraud, Waste and Abuse and the Federal False Claims Act", Policy No. 102.50. This written policy includes information about the federal False Claims Act, pertinent State laws that address false claims, and whistleblower protections under such laws. The policy additionally provides information with respect to the role of such laws, and the role of TJUH employees, contractors and agents in preventing and detecting fraud, waste and abuse in federal health care programs.

**Please note that the Code of Conduct does not create any contract of employment, express or implied, between TJUH and any individual. TJUH reserves the right to amend the Code of Conduct at any time in its sole discretion. The Code will be reviewed on an annual basis, if not more frequently, for required changes by the Chief Compliance Officer.**

## **Questions & Answers to assist us in *Doing The RIGHT THING***

The following questions and answers are not intended to provide answers to every question that you may have but rather to increase your understanding of how the specific guidelines must be applied.

### **Violations of Law**

**Q: I am worried that my supervisor may be violating a law, but am not really sure. What should I do?**

A: As a member of the TJUH community, you have a responsibility to report suspected problems. In fact, employees may be subject to corrective action if they do not report such problems. Report your concern to someone else in management at your facility or to the Corporate Compliance Department directly or via *ComplyLine* (1-888-5COMPLY). All information received by the Corporate Compliance Department will be kept in strict confidence to the extent permitted by law. As long as you honestly have a concern, our policy prohibits your being reprimanded or disciplined in any way.

**Q: What should I do if my supervisor asks me to do something that I think is illegal or violates the Code of Conduct or TJUH 's policies?**

A: Don't do it. No matter who asks you, if you know it is wrong, you must refuse to do it. You must also immediately report the request to a level of management above your supervisor, to the Corporate Compliance Department or to *ComplyLine*.

**Q: Sometimes the "rules and regulations" get in the way of getting the job done. Isn't it more important to see that things get done than to worry about all the procedures?**

A: Getting the job done by going around the rules is not acceptable.

## Ethical Standards

### **Q: Can employees really get dismissed for violating TJUH ethical standards?**

A: Yes, TJUH takes these standards seriously and intends to enforce them. The standards apply to everyone. Any employee – no matter what his or her level in the organization – who has violated the ethical standards outlined in the Code of Conduct will be disciplined in an appropriate and consistent manner ranging from warning to dismissal.

### **Q: How do I know if I am on ethical “thin ice?”**

A: If you feel a sense of uneasiness about what you are doing, if you are worried about whether your actions will be discovered, or if you are rationalizing your activities with “everybody does it” type of thinking, you are probably on ethical “thin ice.” Stop, think about what you are doing and get advice.

## Conflicts of Interest

### **Q: I am thinking of starting my own outside business. Is this a conflict of interest?**

A: An outside business activity does not necessarily put you in a conflict of interest situation. You should inform your supervisor of your intention. He or she will help you to determine whether the activity constitutes a conflict of interest. It is your responsibility to ensure that your outside business activities are strictly separated from your responsibilities at TJUH and that:

- you do not conduct any of your outside business during TJUH work time;
- customers and colleagues from your outside activity do not contact you at TJUH;
- you do not share any confidential information regarding TJUH;
- you do not use TJUH equipment and supplies for your outside work; and
- you do not promote your outside products or services to other TJUH employees during work hours.

### **Q: My brother works for a company that is currently proposing to provide services to TJUH. Is that a conflict of interest?**

A: If your brother is seeking to provide services to TJUH, you must ensure that you do not use your position at TJUH or information that you obtain at work to influence the negotiation process in any way. You should make your supervisor aware of the situation so that even the appearance of favoritism is avoided.

## Patient Care

### **Q: I am concerned that a newly hired clinician is not following all the policies and procedures for our department. What should I do?**

A: High quality patient care is critical to the TJUH mission. You should talk openly and honestly to your supervisor about your concerns or contact the Corporate Compliance Department.

## Documentation and Coding

### **Q: My focus is my patients. I don’t always have time to document everything that I do in the medical record. Isn’t it enough that I’m following good medical practice?**

A: No. Good medical practice includes proper and complete documentation for many reasons, primarily to ensure quality care is provided to the patient. We can’t deliver quality care if the

condition of the patient isn't adequately described. Additionally, the coding rules require the coder to use only the information documented in the chart and never to assume a particular treatment or service has been delivered. If the documentation is not complete, coders may miss important aspects of a patient's care. If the coders are unable to code certain procedures because of lack of documentation, billers will be unable to bill these services resulting in lost revenue to the health system.

## Confidentiality

**Q: A physician in our hospital sometimes requests medical records, whether he is taking care of the patient or not. Is he permitted to do this?**

A: No. Only the attending, covering, or consulting physicians and physicians involved in approved research projects may have access to patient medical records. Patients are entitled to expect confidentiality and protection of their privacy. We must do everything we can to meet these expectations.

**Q: Healthcare issues are hot topics for conversation with relatives, friends and professional colleagues outside of TJUH. I'm never sure how much I'm allowed to tell people about my work or TJUH. How can I tell whether things that I know are considered to be confidential?**

A: As a general rule, all information related to TJUH should be considered to be confidential unless it has been released in public documents. When in doubt, ask your supervisor, TJUH General Counsel's Office, or the Corporate Compliance Department. If they are not immediately available, it's best to remain silent.

## Harassment

**Q: A co-worker keeps making embarrassingly personal remarks to me and asking me out to social events outside of work hours. I consistently refuse these invitations and have made it clear that these attentions are not welcome, but it doesn't seem to make any difference. Is this harassment? What should I do?**

A: Yes, it is harassment. You should immediately speak with your supervisor or a representative from the Human Resources Department.

## Relationships with Patients

**Q: A grateful patient gave me a cash gift on his date of discharge. Am I permitted to keep the money?**

A: Cash gifts from patients are against TJUH policy and you should explain this to the patient as diplomatically as possible. You may suggest that the patient contact the appropriate development office to make a cash contribution to the facility. If the patient gives a non-cash gift of gratitude, it should be shared with the other members of your department.

## Relationships with Physicians

**Q: I have heard that some relationships between hospitals and physicians are illegal. What should I do if I think that such a relationship exists?**

A: You are right to be concerned about this issue. TJUH should not be involved in any relationship that could provide a financial reward to a physician for referring patients to TJUH facilities. To make sure that our relationships with our referring physicians do not create legal problems, TJUH requires that business arrangements between TJUH and a referring physician be put into a written agreement that describes the responsibilities of both TJUH and the physician. For example, if a

physician sees patients in TJUH office space, TJUH must have the physician sign a lease that requires the physician to pay fair market value for the use of the office space as well as for any TJUH staff or equipment. Any questionable relationships with physicians should be investigated. Call the Corporate Compliance Department or *ComplyLine* to report your concerns.

### **Relationships with Third-Party Payors**

**Q: I work in the billing department and I do not always understand the complicated billing rules for some of our payors. I am concerned that if I don't get the bills out timely, I will be reprimanded. What do I do?**

A: In no event should time pressures result in a violation of TJUH's standard to not knowingly submit incorrect bills to any payor source. For clarification of any rules, discuss the issue with your supervisor or contact the Corporate Compliance Department or *ComplyLine*.

### **Relationships with Suppliers**

**Q: A supplier of TJUH gave me a bottle of wine and a box of chocolates at Christmas, and I accepted these gifts. Did I make a mistake?**

A: In cases such as this, where the gift is relatively small, it is okay to accept the gift on behalf of your department. The chocolates may be shared with staff and visitors. Assuming the bottle of wine is relatively inexpensive, department staff could "draw lots" to determine who gets to take the wine home. But it is best to discourage a supplier from offering items that cannot be shared on site by the entire department.

### **Personal Use of Organization Resources**

**Q: Can I type my spouse's resume on my computer?**

A: Possibly. Check with your supervisor. If you use the computer during non-working hours, you may be permitted to type personal documents.

**Q: I volunteer for Big Sisters. May I use the copy machine to make fundraising leaflets?**

A: Again, check with your supervisor. TJUH encourages all employees to participate in volunteer activities. Organization equipment, however, must not be used for charitable or other non-business purposes without prior approval from your supervisor.

**Q: I do volunteer work for a local candidate for office. May I use the copy machine for campaign flyers?**

A: No, you may not use TJUH time or resources to support political activities that are undertaken on a personal basis, as is the case here.

## **VII. CHIEF COMPLIANCE OFFICER**

The Chief Compliance Officer ("CCO") reports to the TJUH President & Chief Executive Officer (CEO) and the Board of Trustees through the Board's Audit and Compliance Committee. The CCO has primary responsibility for developing and implementing the compliance program as commissioned by the CEO. The CCO is assisted by others in the Compliance Office. The CCO's primary responsibilities include:

- overseeing and monitoring the implementation of the TJUH Compliance Program. The CCO will work with the CEO and appropriate hospital administrators to develop a Compliance Workplan to guide implementation of the Compliance Program. The Compliance Workplan includes:
  - an annual identification of areas which require review and monitoring with timetables and personnel assigned. The Workplan will be reviewed on an annual basis with the President and CEO or his/her designee and be approved by the Board's Audit and Compliance Committee;
  - plan and timetables for educational and training programs relating to legal and regulatory areas;
  - plan and timetables for implementation of departmental compliance policies or plans, where appropriate;
  - plan and timetables for continued monitoring of areas under corrective action based on prior compliance assessments;
- reporting as necessary to Board's Audit and Compliance Committee on the progress of Compliance Program implementation. Included in such reports will be new compliance issues noted, plans for investigation, status of previously initiated investigations, timing and adequacy of corrective action plans implemented, and designs for ongoing and future monitoring.
- obtaining from Board's Audit and Compliance Committee required commitment of resources to carry out review and monitoring activities identified in Compliance Workplan;
- periodically revising the Compliance Program in light of changes in the needs of the organization, and in the laws and policies and procedures of government and private payor health plans;
- developing, coordinating, and participating in a multifaceted educational and training program that focuses on the elements of the Compliance Program, and ensures that all appropriate employees and management are knowledgeable of, and comply with, pertinent federal and state standards;
- ensuring that independent contractors and agents who furnish services to TJUH are aware of the applicable requirements of the TJUH Compliance Program with respect to coding, billing, and marketing;
- coordinating personnel issues with TJUH's Human Resource and Medical Staff Office personnel to ensure that the National Practitioner Data Bank and Cumulative Sanction Report have been checked with respect to all employees, medical staff and independent contractors;
- assisting TJUH financial management by coordinating internal compliance review and monitoring activities, including annual or periodic reviews of certain departments that have the potential to become involved in compliance issues;
- independently investigating and acting on matters related to compliance, including the design and coordination of internal investigations that respond to reports of problems or suspected violations, and any resulting corrective action with TJUH departments, providers and sub-providers, agents and, if appropriate, independent contractors. The CCO and his/her designee have the authority to review all documents and other information that are relevant to compliance activities;
- monitoring *ComplyLine* to ensure that members of the TJUH community are able to report suspected improprieties without fear of retribution, and implementing processes to investigate, resolve and document all issues reported via *ComplyLine*;
- monitoring activities related to the TJUH Compliance Program and Compliance Workplan and reporting progress and relevant information to the Board's Audit and Compliance Committee; and
- responding, in conjunction with General Counsel, to external agency requests regarding compliance issues.

## **VIII. CORPORATE COMPLIANCE COMMITTEE**

TJUH shall have a Corporate Compliance Committee (“Compliance Committee”) that meets monthly, comprised of representatives from appropriate clinical and administrative areas. The Compliance Committee members should have broad backgrounds and experience levels and expertise in operations, monitoring quality, service delivery and legal/regulatory compliance. The purpose of the Compliance Committee is to provide tactical leadership to the program. This includes identifying risk areas, initiating audits and reviewing the results of investigations.

## **IX. MANAGEMENT COMPLIANCE COMMITTEE**

TJUH engages a Management Compliance Committee comprised of TJUH’S CEO, Chief Financial Officer, General Counsel, Chief Operations Officer, Chief Medical Officer, CCO and such other members as are necessary to be effective in its responsibilities. Meeting quarterly, the CEO chairs the Committee and the CCO shall provide staff support to the Committee.

The Committee assists the CCO and CEO in fulfilling responsibilities in developing, implementing and monitoring the Compliance Program. The purpose of the Committee is to provide strategic direction for the program. This includes monitoring changes in the healthcare environment and identifying the impact of such changes on specific compliance risk areas, recommending the adoption or revisions of policies and procedures necessary for an effective Compliance Program, and monitoring internal and external compliance audits and investigations and calls coming through the *ComplyLine* telephone service.

## **X. MEMBER BOARD OVERSIGHT**

TJUH’s Board of Trustees, acting through its Audit and Compliance Committee, exercises regular oversight with respect to the compliance program. Specific oversight activities include the following: 1) receiving reports directly from the CCO on a periodic (at least quarterly) basis; and 2) approving compliance budgets, workplans, audits, and reviews of the compliance program effectiveness.

## **XI. HEALTH SYSTEM OVERSIGHT**

The Jefferson Health System (JHS) developed a set of Minimum Standards for an effective compliance program. The JHS Board, or its designated committee, reviews the Minimum Standards periodically and may make enhancements or revisions deemed necessary to be consistent with then-current OIG guidance and established best practices.

Upon request, and no less than annually, each CCO shall report to the JHS Board or designated committee on any material updates or enhancements to the compliance program as well as any reviews of the effectiveness of the program.

The CEO of JHS periodically convenes a meeting of all System Member’s CCOs to coordinate the compliance plans of the Members, exchange concepts and best practices, obtain information and reports for submission to the JHS Board regarding the structure and effectiveness of compliance efforts, promote consistency among the Members in their compliance planning and efforts, coordinate the *ComplyLine* program, and undertake such other matters as the JHS Board shall request.

## **XII. EDUCATION AND TRAINING**

The CCO has developed a policy on the dissemination and implementation of the Program and other compliance education/training initiatives. The policy states that:

1. All employees will be introduced to and trained in the Program, the TJUH Code of Conduct and compliance policies and procedures. Such training will reinforce the need for strict compliance with the law and will advise employees that any failure to comply will be documented on the employees' performance evaluation and may result in disciplinary action.
2. Within 90 days of their dates of hire, new employees will be introduced to the Code of Conduct, informed of the Program and informed of the ways in which they may access the CCO and the *ComplyLine* service.
3. Focused in-service training will be provided annually to employees involved in the assignment of diagnosis and procedure codes for billing government and private payor programs.
4. TJUH will make compliance training available to physicians, to the extent feasible, and will use its best efforts to encourage physician attendance and participation.
5. Attendance at all training programs will be monitored and properly documented.

Training materials and a system to document that such training has occurred will be developed jointly by the Compliance Office and Human Resources (HR).

## **XIII. TJUH COMPLIANCE COMMUNICATION**

Section VI. addresses the policies and procedures relating to our fundamental responsibility to report possible compliance issues. This section reinforces how TJUH established channels of communication for employees in order to promote prompt disclosure and investigation of potential violations of law and of the compliance program.

### **1. Direct Access to the Compliance Office**

TJUH recognizes that an open line of communication between the Compliance Office and TJUH personnel is critical to the success of the Program. In addition to using *ComplyLine*, members of the TJUH community are strongly encouraged to report incidents of potential fraud or to seek clarification regarding legal or ethical concerns directly from the Compliance Office. The TJUH Compliance Office can be directly contacted at (215)-955-4177, fax (215)-955-5731.

Employees who, in good faith, report possible compliance violations will not be subjected to retaliation or harassment as a result of their reports. Retribution related to reporting of compliance concerns is prohibited and anyone who engages in such prohibited activity will be subject to disciplinary action. Concerns about possible retaliation or harassment should be reported to the TJUH CCO or his/her designee. All such communications will be kept as confidential as possible but there may be times when the reporting individual's identity may become known or may have to be revealed if governmental authorities become involved.

The CCO will seek advice and guidance directly from general counsel to assist in the investigation of fraud and abuse reports concerning members of the TJUH community who may have participated in illegal conduct or committed other malfeasance.

## **2. *ComplyLine* - Hotline Service**

A key element of the TJUH Compliance Program is the telephone service called *ComplyLine* that can be accessed by dialing **1-888-5COMPLY**. *ComplyLine* is a completely confidential resource that can be used anonymously to allow all members of the TJUH community to voice concerns over any situation that may conflict with TJUH's commitment to excellence or to report misconduct that could give rise to legal liability if not corrected. An impartial independent company records information reported by callers and communicates this information to the CCO or his/her designee so that appropriate verification, investigation and resolution can take place. A unique code is assigned to each call for follow-up communication by the anonymous caller.

A log is maintained of all *ComplyLine* calls, the results of investigations and continued monitoring, if applicable. Reports of *ComplyLine* calls, summarized by category and by operational area, will be provided at least annually to identify any significant trends or patterns for members.

The CCO provides regular reports to the Management Committee and the Board's Audit and Compliance Committee that summarizes *ComplyLine* usage as well as any material findings from investigations resulting from calls and other similar communications.

## **3. New Employee Policy**

For all new employees, TJUH conducts a reference check, as part of the hiring process. All TJUH job applications specifically require the applicant to disclose any criminal conviction, as defined by 42 U.S.C. 1320a-7(i), or exclusion action.

## **4. Communications with Government Agencies**

TJUH shall document and retain records of all requests for information regarding payment policy from a government agency and all written or oral responses received. Such records are critical if TJUH intends to rely on such responses to guide them in future decisions, actions or claim reimbursement requests or appeals, while further underscoring TJUH's commitment to compliance with the law.

## **5. Record Retention**

TJUH is committed to complying with the record and documentation requirements under federal or state law and to the maintenance and retention of records and documentation necessary to confirm the effectiveness of TJUH's Compliance Program. Such documentation includes, but is not limited to, a *ComplyLine* log, minutes of Compliance Committee meetings, educational presentation overviews, handouts and attendance sheets and documentation of ongoing auditing and monitoring efforts.

## **XIV. INVESTIGATIONS**

The CCO has the authority to investigate any potential compliance issues, and to direct others to do so and shall report the results to the President and CEO. The CCO or his/her designee will:

- promptly initiate an investigation of a potential compliance issue to make a case-by-case determination as to whether a violation has occurred. The CCO will either personally conduct the investigation or refer the complaint to a more appropriate area either within TJUH or outside, such as internal or outside legal counsel, auditors or health care consultants with needed expertise. The CCO may request assistance in the investigation from the person or persons who filed a complaint, other personnel or external sources, as appropriate;
- request general counsel to participate in the investigation and provide legal advice in any such matter, as appropriate. When the investigation is referred to general counsel, the fact gathering is to be conducted under counsel's direction and control. All members of the TJUH community are obligated to cooperate and to communicate with counsel in confidence.
- prepare a report of each investigation which will include documentation of the issue and, as appropriate, a description of the investigative process, copies of interview notes and key documents, a log of the witnesses interviewed and the documents reviewed, the results of the investigation, any disciplinary action and the corrective action implemented to prevent recurrence. Reports of each investigation and the status of the corrective action will be presented to TJUH Board's Audit and Compliance Committee on a quarterly basis, or as necessary.
- work with relevant areas within TJUH to ensure return of discovered overpayments to the relevant government programs.
- report violations of criminal, civil or administrative law to the appropriate federal and/or state authority within a reasonable time period after determining that there is credible evidence of such violation.

## **XV. MONITORING**

As outlined in Section VII, one of the principal responsibilities of the CCO is to oversee and monitor the implementation of the TJUH Compliance Program. The CCO develops a Compliance Workplan to track implementation of the Compliance Program. The Compliance Workplan will include an annual identification of areas which require monitoring, with proposed timetables and personnel assignments. Progress reports of the ongoing monitoring activities, including identification of suspected noncompliance, will be maintained by the CCO and shared with the Compliance Committee, the Management Committee and the TJUH Board's Audit and Compliance Committee.

Monitoring techniques that will be used by the CCO include, but are not limited to the following:

- compliance audits focused on those areas within TJUH that have potential exposure to government enforcement actions as identified in (i) Special Fraud Alerts issued by the Office of Inspector General (OIG) , (ii) OIG Annual Workplan , (iii) Medicare fiscal intermediary or carrier reviews and (iv) law enforcement initiatives.
- benchmarking analyses which provide operational snapshots from a compliance perspective that identify the need for further assessment, study or investigation.

- periodic reviews in the areas of Program dissemination, communication of TJUH's compliance standards and Code of Conduct, availability of *ComplyLine* and adequacy of compliance training and education to ensure that the Program's compliance elements have been satisfied in terms of TJUH conformance. The review process will be conducted through on-site interviews and survey questionnaire completion by key management in operations, medical records, coding, billing and patient care.
- subsequent reviews to ensure that corrective actions have been effectively and completely implemented.

## **XVI. CORRECTIVE ACTION PLANS**

When a compliance issue that has been identified requires remedial action, the appropriate department or administrative personnel responsible for the activity should develop a corrective action plan which specifies the tasks to be completed, completion dates and responsible parties. In developing such a plan, the responsible personnel will obtain advice and guidance from the CCO, general counsel and other appropriate personnel, as necessary. Each corrective action plan must be approved by the CCO or his/her designee prior to implementation. The CCO has the obligation to report directly to the TJUH Board's Audit and Compliance Committee on (i) the implementation of all corrective action plans; ii) compliance issues for which corrective action plans have not been implemented; and (iii) the results of the corrective action plans.

A corrective action plan should ensure that the specific issue is addressed and that similar problems will not occur in other areas or departments, to the extent possible. Corrective action plans may require that compliance issues be handled in a designated way, that relevant training takes place, that restrictions be imposed on particular employees, or that the matter be disclosed externally. Sanctions or discipline, in accordance with the standard disciplinary policies and procedures of TJUH may also be recommended. If it appears that certain individuals have exhibited a propensity to engage in practices that raise compliance or competence concerns, the corrective action plan should identify actions that will be taken to prevent such individuals from exercising substantial discretion in that area.

## **XVII. SANCTIONS**

TJUH believes that all members of the TJUH community are responsible for complying with the TJUH Corporate Compliance Program, Code of Conduct and related policies and procedures. Corrective action for noncompliance will be initiated by the appropriate management personnel, who must notify Human Resources in accordance with the standard disciplinary policies and procedures of TJUH. Enforcement will be administered by the parties identified by the CCO in consultation with the immediate supervisor and, if appropriate, Human Resources. Disciplinary actions will be determined on a case-by-case basis and will be taken appropriately, equitably and consistently, given the underlying circumstances and the degree of negligence or reckless conduct.

Physicians who violate the Program will be disciplined in accordance with the peer review procedures established in the medical staff bylaws of TJUH.

## **XVIII. SUMMARY**

The TJUH commitment to excellence and integrity means more than just doing the best job possible. It is our commitment to *Do The RIGHT THING*. Our success and future depend on it.