



## CORPORATE COMPLIANCE POLICY & PROCEDURE

**TITLE:** CORPORATE COMPLIANCE PROGRAM  
**POLICY NUMBER:** CORP COM 0001  
**EFFECTIVE DATE:** 05/1995  
**DATE REVISED:** 03/11/2020  
**REPLACING:** 03/19/2019

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### 1.0 POLICY

1.01 St. Tammany Health System [STHS or System] is committed to maintaining compliance with applicable federal, state, and local laws, rules and regulations as well as healthcare industry standards and ethical standards of business conduct. Since May 1995, the System has maintained a written corporate compliance program which:

- guides the conduct of business with excellence, integrity and responsibility;
- reinforces the organization's commitment to the highest ethical and legal standards;
- maintains policies and procedures governing business conduct;
- establishes guidelines which employees and others may use to prevent and detect any actual or potential violations of the laws, rules, regulations and policies governing healthcare; and
- provides a process for monitoring and documenting the System's efforts to maintain compliance with applicable laws, rules and regulations.

1.02 STHS employees, volunteers, physicians, members of the Board of Commissioners (Board), business associates and other healthcare partners are expected to understand and comply with the principles set forth in the corporate Compliance Program.

### 2.0 SCOPE

This statement of policy applies System-wide to all departments and locations and to others as set forth in this document.

### 3.0 DEFINITIONS

3.01 **Actual or Potential Concern** shall mean anything that involves:

- A matter that a reasonable person would consider a probable violation of criminal, civil, or administrative laws applicable to any Federal health care law or program for which penalties or exclusion may be authorized; or
- Any matter related to or arising out of the System's operations that is the subject of a pending investigation by any federal or state regulatory body or certifying organization; or
- Any matter not reportable pursuant to the items above that has the potential of causing a substantial monetary loss or public embarrassment to STHS.

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3.02 **Corporate Compliance Committee**. The Board created a Corporate Compliance Committee [Committee], which is responsible for providing oversight of the STHS Compliance Program and promoting responsible and ethical decision-making by all employees.

3.02(A) The Committee meets quarterly.

3.02(B) The Board may attend scheduled and special meetings of the Committee in their discretion. The Committee may also request that certain STHS personnel and subject matter experts attend meetings as a guest in order to provide specific information to the Committee as warranted.

3.02(C) The Committee ensures that potential issues or violations presented directly to the Committee or through a member of the management team are investigated and addressed. Committee oversight also includes developing employee education, investigating complaints or reports, implementing internal audit recommendations when applicable to the Committee's work plans, managing audits by outside professional firms applicable to compliance matters, providing annual reports to the Board, and other functions as needed to meet the requirements of the Corporate Compliance Program.

3.03 **Compliance Officer**. The Board has appointed a Chief Compliance Officer who serves as Committee Chair and is responsible to support the day to day operations of the Compliance Program. The Chief Compliance Officer reports directly to the System's President and CEO; on a quarterly basis to the Board; and within 24 hours after the Chief Compliance Officer either has received notice or is otherwise aware of an Actual or Potential Compliance Concern (as defined in this document), to the Chairman of the Board.

3.04 **Committee Members**. The Committee membership is as follows:

Midge Collett, Chief Compliance Officer	Kerry Milton, Senior Vice President/CNO
Joan Coffman, President/CEO	Russell LeBlanc, Internal Auditor
Dr. Patrick Torcson, Senior Vice President/CMO	Daniel Belanger, Information Systems
Sandra DiPietro, Senior Vice President/CFO	Les Hall, Staff Attorney
Carolyn Adema, Senior Vice President/HR	Normand Pizza, Corporate Legal Counsel
Sharon Touns, Senior Vice President/COO	

3.05 **Employee or employees; colleague or colleagues**. Any reference to these terms in this document applies to all persons who are required to comply with the Corporate Compliance Program.

**4.0 PROCEDURE**

**REPORTING COMPLIANCE CONCERNS**

4.01 Employees and persons doing business with STHS are required to report suspected violations of the Corporate Compliance Program or other irregularities and are encouraged to communicate these matters freely to any member of the Committee, to a Department Head, or to the Chief Compliance Officer. Reports will be treated confidentially to the extent possible. Any complaints received by a Department Head shall be communicated immediately to the Chief Compliance Officer or a member of Executive Leadership.

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4.02 STHS has a Corporate Compliance Hotline which employees and others may call to report issues anonymously. The number is **1-866-786-3891**, and this number is posted in each department for reference. Issues reported via the hotline must contain enough information for STHS to be able to investigate the alleged issues.

4.03 No adverse action or retaliation will be taken against an employee for reporting a suspected violation or an irregularity in good faith. In the event credible concerns or irregularities are reported, the Committee will investigate the complaints and take appropriate remedial steps within a reasonable time period.

4.04 If an ethical or compliance issue arises in connection with any employee's job duties, he/she should ask the Department Supervisor or Department Head for assistance in resolving the issue. Employees may also discuss the issue with Human Resources, any member of the Senior Management Team or any Committee Member.

### **COMMITTEE REPORTING TO THE BOARD**

4.05 The Chief Compliance Officer submits written reports quarterly to the Board on the status of the Compliance Program. These reports shall include for the time period subsequent to the last report to the Board, at a minimum, the following:

- A summary of all reports received by the Chief Compliance Officer or by the Committee from employees; and/or
- A summary of all actions taken by the Chief Compliance Officer or Committee with respect to such reports.

Minutes of Committee meetings which are submitted to the Board meet the requirement of a written report for this purpose.

4.06 In all cases of Actual or Potential Compliance Concerns, the Chief Compliance Officer or the CEO is obligated to notify the Chairman of the Board in accordance with Section 3.03 of this document.

### **EMPLOYEE EDUCATION AND TRAINING**

4.07 All employees receive education about the Compliance Program upon hire during orientation and each year thereafter. Additional sessions may be held as determined by the Committee or under direction of or request by a department manager. Employees will acknowledge receipt of annual education, either electronically or in writing.

## **5.0 GUIDELINES**

### **CONDUCT GUIDELINES**

5.01 STHS has identified standards of conduct and behavior guidelines as part of the Compliance Program, and employees must comply with these standards and guidelines as a **condition of employment**. Supervisors and managers are responsible for ensuring that employees are aware of and adhere to these conduct guidelines.

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5.02 **Any employee who fails to comply with conduct standards or who fails to report a potential or known violation of the System's compliance plan is subject to disciplinary action under existing Human Resources policies, up to and including discharge from employment.**

**CONTRACT NEGOTIATION**

5.03 Employees have a duty to disclose current, accurate, and complete cost and pricing data as required by federal or state law or regulation.

5.04 Employees involved in contract negotiation must ensure the accuracy and completeness of all data generated and given to supervisors and other employees as requested and all representations made to customers and suppliers, both government and commercial.

5.05 Submitting false, incomplete or misleading information to a federal governmental entity or employee has a potential to result in civil and/or criminal liability for STHS, the involved employee and any supervisors who overlooked such practice.

**ANTI-KICKBACK & FALSE CLAIMS ACT ISSUES**

5.06 Federal and state laws prohibit STHS and its employees from offering a kickback to induce actual or potential customers to purchase services from STHS or refer a patient to STHS. These laws also prohibit accepting kickbacks.

5.07 Examples of actions that could violate the anti-kickback statute include:

- Offering or paying anything of value to induce someone to refer a patient to STHS;
- Offering or paying anything of value to anyone when marketing STHS services;
- Soliciting or receiving anything of value for the referral of STHS patients to others.

5.08 There are federal laws that prohibit the filing of false claims. Examples of actions that could violate the federal False Claims Act are:

- Filing a claim for services that were not rendered or were not rendered as described on the claim form;
- Filing a claim for services that were rendered but were medically unnecessary;
- Submitting a claim containing information known to be false.

5.09 Employees shall not engage in any activity which can be interpreted as a kickback under these laws and standards. In addition, employees shall not take any action that may be considered the filing of a false claim. If any employee has a question about a certain issue, he/she should contact his/her Senior Vice President or the Chief Compliance Officer promptly.

5.10 If any employee or person who does business with STHS thinks the anti-kickback and false claims laws may have been violated by STHS, **he/she has a responsibility to report the information** to the Compliance Committee as described in the section of this document entitled "Reporting Compliance Concerns".

5.11 The federal False Claims Act has a qui tam provision, also referred to as the "whistleblower" provision. This allows a private person with knowledge of a false claim to bring

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a civil action on behalf of the United States Government as a “qui tam relator”. If such action is ultimately successful, the whistleblower who initially brought the suit may be awarded a percentage of the funds recovered. Sometimes the Government decides to join the qui tam suit. Regardless of whether the Government participates in the lawsuit, the court may reduce the whistleblower’s share of the proceeds if the court finds that the whistleblower planned and initiated the false claims violation.

### **TIMEKEEPING**

5.12 Employees who are compensated based upon time worked and who are required to use a time and attendance system or application selected by STHS must do so in a complete, accurate, and timely manner.

5.13 An employee’s submission of time worked is a representation that the information is accurate.

5.14 Any leader, manager or supervisor’s approval of employee worked hours is a representation that the information has been reviewed and is accurate.

### **INSURANCE, CLAIMS, BILLING & REIMBURSEMENT**

5.15 STHS billing and reimbursement practices are designed to comply with federal and state laws, regulations, guidelines, and policies. Employees must use best efforts to insure that all patient bills are accurate.

5.16 Employees must also use best efforts to ensure that patients and customers receive timely bills and that all questions regarding billing are answered.

5.17 Employees who have concerns with the manner in which any private insurer, managed care organization or other payor is handling the payment of claims are encouraged to notify his/her Department Head, Senior Vice President/CFO, or the Chief Compliance Officer. Reports may also be made to the Corporate Compliance Hotline.

5.18 Any employee who identifies a potential billing or reimbursement discrepancy with respect to claims already submitted to government or to private insurers is required to report those discrepancies to his/her Department Head, Senior Vice President/CFO or the Chief Compliance Officer. Reports may also be made to the Corporate Compliance Hotline.

5.19 If any employee is uncertain about the appropriate manner in which to claim reimbursement for services, he/she shall first bring the issue to the attention of the immediate supervisor. If uncertainty about filing the claim is not resolved, the staff should obtain the opinion of the appropriate Department Director or the Senior Vice President/CFO.

5.20 Any employee who receives billing instructions from any payor, either verbally or in writing, which is inconsistent with current STHS billing practices shall bring such reports promptly to the attention of his/her supervisor. If uncertainty about the billing process is not resolved, the staff should obtain the opinion of the appropriate Department Director or the Senior Vice President/CFO.

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5.21 Patients may be covered under a private health benefits policy or a federal or state health care program which places out-of-pocket expense obligations on patients such as coinsurance and/or deductibles.

5.21(A) STHS works within the terms and conditions of each patient's insurance policy and bills for all applicable out-of-pocket amounts.

5.21(B) In addition, good efforts are made to collect such amounts unless the insurer approves otherwise.

5.21(C) Other than adjustments for special circumstances such as risk management or similar STHS functions, any arrangements involving waivers of coinsurance and deductible amounts must be approved by the Senior Vice President/CFO.

5.22 Employees **WILL NOT** engage in any of the following activities with respect to the waiver of coinsurance and deductibles:

- Advertise to the general public that Medicare or private insurance is accepted as a payment in full.
- Advertise to the general public that patients will incur no out-of-pocket expenses.
- Routinely use financial hardship forms which state that the beneficiary is unable to pay coinsurance and deductible amounts.
- Collect coinsurance and deductibles only where the beneficiary has Medicare supplemental insurance coverage.
- Charge Medicare beneficiaries higher amounts than those charged to other persons for similar services to offset the waiver of coinsurance and deductible amounts.
- Fail to collect coinsurance and deductibles from a specific group of Medicare patients, such as the Medicare patients of a particular doctor, for reasons unrelated to indigence or managed care contracting, in order to obtain referrals.

### **BUSINESS COURTESIES TO CUSTOMERS OR SOURCES OF CUSTOMERS**

5.23 Employees are not permitted to seek an improper advantage by offering business courtesies, such as entertainment, meals, transportation or lodging, to customers, referral sources or purchasers of STHS services.

5.24 Employees should never offer any type of business courtesy to a referral source or a purchaser for the purpose of obtaining favorable treatment or advantage. To avoid even the appearance of impropriety, employees must not provide any referral source or purchaser with gifts or promotional items of more than nominal value. As an example, pens and calendars are considered to be of nominal value.

### **RESEARCH STUDIES**

5.25 STHS employees shall ensure that any funds provided to support health care research are provided for bona fide purposes and in a manner that clearly separates such payments from any referral.

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5.26 Employees may not contribute or donate STHS funds, products, services or other resources to any political cause, party or candidate without the advance written approval of the President and CEO or Compliance Officer.

5.27 Employees may make voluntary personal contributions to lawful political causes, parties or candidates as long as the individual **does not in any way represent that such contributions come from STHS** and as long as the individual does not obtain the money for these contributions from STHS for the sole purpose of making such a contribution.

**CHARITABLE CONTRIBUTIONS** [This section is not intended to address STHS Fund Development Initiatives and Philanthropy Programs.]

5.28 All charitable contributions received from vendors must directly benefit STHS. Under no circumstances shall donations be accepted by an individual that contractually obligates STHS to use the donation to purchase supplies from the vendor making the contribution.

### **ACCURATE BOOKS AND ACCOUNTS**

5.29 All STHS payments and other transactions must be properly authorized by management and be accurately and completely recorded on the organization's books and records in accordance with generally accepted accounting principles and established corporate accounting policies. No false, incomplete or unrecorded entries will be made.

5.30 All assets must be properly protected, and asset records must be regularly compared with actual assets with proper action taken to reconcile any variances.

### **CONFLICT OF INTEREST**

5.31 Employees are expected to avoid any activity that may interfere or appear to interfere with the independent exercise of the employee's judgment in situations where the employee's personal interests might detract from or conflict with the System's best interest or the interests of the System's customers or suppliers.

5.32 Employees may not have any consulting or other business relationship with a competitor, customer or supplier, or invest in any competitor, customer or supplier (except for moderate holdings of publicly traded securities) unless advance written permission is granted by the Committee.

5.33 Outside employment may constitute a conflict of interest if it places an employee in the position of appearing to represent STHS, involves services substantially similar to those STHS provides or is considering making available, or lessens the efficiency, alertness or productivity normally expected of employees on their jobs. Employees shall follow the Human Resources Policy on *Moonlighting* for matters related to employment at other facilities.

5.34 Any questions about outside employment are to be referred to the employee's Senior Vice President, the Human Resources Department or any member of the Committee.

### **ACCEPTANCE OF AND RECEIVING BUSINESS COURTESIES FROM VENDORS**

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5.35 Employees shall not accept anything of value from someone doing business with STHS or someone whose services are subject to STHS review if the gratuity is offered or appears to be offered in exchange for any type of favorable treatment or advantage.

5.36 To avoid even the appearance of impropriety, STHS employees shall not accept any gifts or promotional items of more than nominal value. Gifts received that are valued in excess of \$50 and gifts received in excess of a total amount of \$300 during any calendar year must be reported to an employee's Senior Vice President or the Chief Compliance Officer.

5.37 An employee may accept meals, drinks or entertainment only if such courtesies are **unsolicited, infrequently provided, and reasonable in amount**. Such courtesies must also be directly connected with business discussions unless a supervisor approves an exception.

5.38 Acceptance of reimbursement for lodging or travel expenses or free lodging or travel without the express written approval of a Senior Vice President or the Chief Compliance Officer **is not permitted**.

### **SAFEGUARDING CONFIDENTIAL & RESTRICTED INFORMATION**

5.39 Employees must strictly safeguard all confidential information with which they are entrusted and must never discuss such information outside the normal and necessary course of STHS business.

5.40 Employees must protect the confidentiality and security of patient records and follow STHS policies which address HIPAA and the privacy and security of each patient's protected health information.

5.40(A) Employees must also understand that there are various Information Systems policies and procedures that relate to the use of the electronic environment, for example, Mobile Device Management, Network Wireless Security, Password Management, etc.

5.40(B) The use of such modalities associated with an employee's job function or STHS business must be done carefully and in such a way to minimize the risk of compromise to information stored or managed electronically.

5.41 Except as specifically authorized by STHS, disclosure to any outside party of any non-public business, financial, personnel, commercial or technological information, plans or data acquired during employment at STHS is prohibited. Employees should share confidential and restricted information only with individuals who have a legitimate "need to know" and must protect this information from access by unauthorized personnel.

5.42 Upon termination of employment, an individual may not copy, take or retain any documents containing STHS restricted information. The prohibition against disclosing the restricted information extends beyond the period of employment and as long as the information is not in the public domain.



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**ASPECTS OF PATIENT CARE: EMERGENCY CARE, ADVANCE DIRECTIVES, AND PATIENT RIGHTS**

5.43 All employees will follow STHS and Departmental policies relating to the care of patients as applicable to his/her job function. However, a few subjects are addressed in this document from a regulatory perspective.

5.44 STHS provides a medical screening examination and necessary stabilizing treatment to **all individuals** who have an emergency medical condition.

5.45 STHS employees may not delay emergency medical treatment or an appropriate medical screening examination in order to inquire about an individual's method of payment or insurance coverage.

5.46 Individuals may be transferred from the STHS Emergency Department or Offsite Campus Emergency Department to another facility after the individual has been stabilized and in compliance with applicable Administrative and Emergency Department policies and procedures.

5.47 Employees will comply with all STHS policies and procedures and federal and state laws and regulations governing advance directives.

5.48 Employees will support and respect the rights of each patient in compliance with STHS policies and federal and state laws and regulations that address the standards for patients' rights.

**NONDISCRIMINATION/HARASSMENT**

5.49 Employees shall not discriminate on the basis of race, color, religion, sex, national or ethnic origin, age, disability, sexual orientation, or military service when conducting STHS business or rendering patient care.

**RESPONSE TO EXTERNAL INVESTIGATION**

5.50 STHS is committed to cooperating with government investigators as required by law. If an employee receives a subpoena, search warrant, or other similar document, before taking any action, the employee must immediately contact the Chief Compliance Officer or any member of the Senior Executive Team. Only the Senior Executive Team may authorize the release or copying of documents in this instance.

5.51 If a government investigator, agent or auditor comes to any STHS facility, the Compliance Officer or any member of the Senior Executive Team must be contacted immediately. Any employee's failure to provide notice as stated in this Section could result in disciplinary action under existing Human Resources policies, up to and including termination of employment.

**BUNDLED PAYMENT FOR CARE IMPROVEMENT (BPCI) AGREEMENT REQUIREMENT REPORTING** (Added 10-2018)

5.52 STHS through its Compliance Officer will notify CMS within fifteen (15) Days after becoming aware that it or any Downstream Episode Initiator, NPRA Sharing Partner, NPRA Sharing Group Practice Practitioner, or BPCI Advanced Entity (as is defined by the BPCI

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agreement with STHS or by Federal law or regulation) is under investigation or has been sanctioned by the Federal, state, or local government, or any licensing authority (including, without limitation, the imposition of program exclusion, debarment, civil monetary penalties, corrective action plans, and revocation of Medicare billing privileges).

5.53 STHS as necessary and in its discretion may modify, use, and share this compliance plan or the compliance plans of a Downstream Episode Initiator, NPRA Sharing Partner, or BPCI Advanced Entity to meet the requirements of the BPCI Agreement with STHS.

5.54 The Compliance Officer will notify the Compliance Committee as soon as possible and before the Compliance Officer notifies CMS that a reporting obligation has arisen under and pursuant to the BPCI Agreement and this Compliance Plan.

**6.0 REFERENCES AND RELATED STATEMENTS OF POLICY**

6.01 The Louisiana Code of Governmental Ethics, LSA-R.S. 42:1101, et seq.

6.02 All Information Systems Policies and Procedures related to the use and access of protected health information (HIPAA) and other confidential information

**7.0 ATTACHMENTS**

None

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