



CORPORATE COMPLIANCE POLICY & PROCEDURE

TITLE: CORPORATE COMPLIANCE PROGRAM
POLICY NUMBER: CORP COM 0001
EFFECTIVE DATE: 05/1995
DATE REVISED: 06/12/2024
REPLACING: 05/03/2023

1.0 POLICY

1.01 St. Tammany Health System (STHS or System) maintains compliance with applicable federal, state and local laws, rules and regulations, healthcare industry standards and ethical standards of business conduct. Since May 1995, STHS has maintained a Corporate Compliance Program which:

- guides the conduct of business with excellence, integrity and responsibility;
- reinforces commitment to the highest ethical and legal standards;
- establishes guidelines which colleagues and others use to prevent and detect actual or potential violations of the laws, rules, regulations and policies governing healthcare; and
- provides a process for maintaining regulatory compliance.

1.02 STHS colleagues, volunteers, physicians, members of the Board of Commissioners (for St. Tammany Parish Hospital Service District No. 1), business associates and healthcare and business partners are expected to follow the principles set forth in the Corporate Compliance Program (Program) and STHS policies and documents.

INTRODUCTION - 10 GENERAL PRINCIPLES OF CORPORATE COMPLIANCE FOR STHS COLLEAGUES

1. **Know and follow the rules.** Know and follow STHS policies, procedures and guidelines.
2. **Think and act ethically.** Follow STHS'S conduct standards. Before you say or do something, ask yourself: How would this look to our patients and our community? Would this harm our reputation?
3. **Keep it confidential.** Handle STHS information, especially patient information, in ways that meet applicable laws, rules, guidelines and document retention schedules.
4. **Commit to professional integrity.** Perform job functions consistent with applicable ethical and professional requirements as well as STHS rules, policies and procedures.

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5. **Avoid gifts.** In general, colleagues may not accept or give gifts, favors, benefits, services or items of value in return for preferential treatment or patient referrals.
6. **Bill accurately.** When you document and bill for the care you have provided, be accurate, thorough, honest and timely.
7. **Be true to STHS's mission, vision and values - Avoid outside influences.** Don't engage in activities that could or could seem to interfere with STHS's operations or those activities which may affect your independent judgment.
8. **Be a good colleague.** Act with honesty and good faith in all matters. Don't engage in discriminatory, harassing, retaliatory, inappropriate, intimidating or disruptive behaviors.
9. **When in doubt, point it out.** If you think or discover that someone isn't following STHS's Code of Conduct, promptly notify any member of the Corporate Compliance Committee or Human Resources. And always cooperate fully with all inquiries and investigations related to reported issues.
10. **STHS upholds a "zero tolerance" policy toward illegal or unethical activity as well as intentional non-compliance with established policies, procedures and guidelines.**

2.0 SCOPE. This Program applies System-wide and as described in this document.

3.0 DEFINITIONS

3.01 **Compliance Oversight.** The Corporate Compliance Department supports the organization in providing Program oversight. The Department includes a Chief Compliance Officer and other colleagues who support and manage day-to-day regulatory Compliance functions.

3.02 **Corporate Compliance Committee.** A Committee ("Committee") supports STHS in operating and monitoring the Program, and the Compliance Department manages Committee activities. Committee oversight includes developing compliance workplans, investigating complaints or reports, providing annual reports to the Board of Commissioners and other functions needed to maintain Program requirements.

3.03 **Corporate Compliance Committee Members.** Committee membership includes STHS's President and CEO, Chief Financial Officer, Chief Operating Officer, Chief Nursing Officer, VP/Chief Compliance Officer, Chief Legal Officer, Chief Medical Officer, Senior Vice President/HR, Vice President/CIO, VP/STPN, Internal Auditor, Director/Information Systems and Legal Counsel. Membership is updated by the Committee from time to time.

3.04 **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 Program.

4.0 PROCEDURE - REPORTING CORPORATE COMPLIANCE CONCERNS

4.01 Colleagues are required to report suspected violations of the Program and related Corporate Compliance concerns and are encouraged to communicate them freely to any member of the Committee or STHS leader. Reports will be treated confidentially to the extent possible. Actual and potential Compliance concerns are investigated and addressed (as further described in the Corporate Compliance Program Charter).

4.02 STHS has a Corporate Compliance Hotline which colleagues may call to report issues anonymously. The number is **1-866-786-3891**, and it is posted in STHS departments and other locations for reference. Issues reported via the Hotline must contain enough information for STHS to be able to investigate the concerns.

4.03 STHS will not retaliate against colleagues who report a Compliance concern in good faith. In the event credible concerns or irregularities are reported, the compliance team will investigate the complaints, take appropriate remedial steps within a reasonable time and inform the Committee and others as identified herein.

4.04 Colleagues with questions about an ethical or Compliance issue in the performance of job duties should ask department leaders for assistance. Colleagues may also discuss an issue with any member of the Committee, the Compliance team, an STHS leader or the Human Resources team.

PROCEDURE – COLLEAGUE RESPONSE TO EXTERNAL INVESTIGATION

4.05 STHS cooperates with government investigators as required by law. If a colleague receives a subpoena, search warrant or other similar document, before taking any action, the colleague must immediately contact the Chief Compliance Officer or any member of the Executive Leadership Team. Only the President and CEO, Chief Compliance Officer or a member of the Executive Leadership Team will respond to the request and authorize the release or copying of documents as appropriate or as directed by Counsel.

4.06 If a government investigator or auditor comes to any STHS facility, the President and CEO, Chief Compliance Officer or any member of the Executive Leadership Team must be contacted immediately. An employed colleague who fails to provide notice as stated in this Section could receive disciplinary action under existing Human Resources policies up to and including termination of employment.

PROCEDURE - COLLEAGUE EDUCATION AND TRAINING

4.07 Colleagues receive education about the Program upon hire during new colleague orientation and annually thereafter and acknowledge receipt of the education, either electronically or in writing. Colleagues are responsible to participate in education as determined by the Committee or under direction of or request by a department Director.

5.0 GUIDELINES - CONDUCT STANDARDS

5.01 Colleagues are expected to comply with STHS's Compliance standards and guidelines as a condition of employment. STHS leaders are responsible to ensure that colleagues are aware of and adhere to these conduct guidelines.

5.02 **ANY COLLEAGUE WHO FAILS TO COMPLY WITH CONDUCT STANDARDS OR FAILS TO REPORT A POTENTIAL OR KNOWN VIOLATION OF STHS'S COMPLIANCE PROGRAM IS SUBJECT TO DISCIPLINARY ACTION UNDER EXISTING HUMAN RESOURCES POLICIES, UP TO AND INCLUDING DISCHARGE FROM EMPLOYMENT.** Other colleagues not employed by STHS are subject to action as appropriate under the circumstances.

GUIDELINES - CONTRACT NEGOTIATION

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

5.04 Colleagues involved in contract negotiation must confirm the accuracy and completeness of data provided to other colleagues and representations made to customers and suppliers, both government and commercial.

GUIDELINES - ANTI-KICKBACK AND FALSE CLAIMS ACT ISSUES

5.05 There are federal and state laws, rules and regulations which guide healthcare compliance programs such as the anti-kickback statute, physician self-referral law or STARK laws, and the false claims act.

5.06 These and other laws prohibit STHS and its colleagues from offering or receiving any form of remuneration, e.g., a kickback, to induce actual or potential customers to use STHS services or to refer patients to STHS. Examples of actions that could violate the anti-kickback statute include:

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

5.07 There are also federal laws that prohibit STHS from filing 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 or filing a claim for services that were not medically necessary;
- Submitting a claim containing information known to be false.

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

5.09 **Colleagues shall not engage in any activity which can be interpreted as a kickback under these laws and regulations or which may be considered the filing of a false claim.** Colleagues with a question about an issue or regulatory concern should contact any member of the Compliance or Executive Leadership teams.

5.10 If a colleague thinks the anti-kickback and false claims laws may have been violated at STHS, the individual has a responsibility to report the information as described in this document, i.e., ***"Reporting Compliance Concerns"***.

5.11 The federal False Claims Act has a qui tam or “whistleblower” provision. This allows a private person with knowledge of a false claim to bring a civil action on behalf of the United States Government as a “qui tam relator”. If the 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 suit. Regardless of whether the government participates, 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.

GUIDELINES - TIMEKEEPING

5.12 Colleagues (employed) who are paid by STHS based upon time worked are required to use the time and attendance application selected by STHS and must do so in a timely manner. A colleague’s submission of time worked represents that the information is accurate, and any approval of worked hours by an STHS colleague means that the information has been reviewed and is accurate.

GUIDELINES - INSURANCE, CLAIMS, BILLING & REIMBURSEMENT

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

5.14 Colleagues must also use best efforts to ensure that patients and customers receive timely bills and that their questions about billing are answered.

5.15 Colleagues who have concerns about the manner a private insurer, managed care organization or other payor is handling the payment of claims has a responsibility to report the information as described in this document, i.e., “**Reporting Compliance Concerns**”.

5.16 A colleague who identifies a potential billing or reimbursement error in claims already submitted by STHS for payment has a responsibility to report the information as described in this document, i.e., “**Reporting Compliance Concerns**”.

5.17 Colleagues who are unclear about the right way to claim reimbursement for services shall first bring the issue to the attention of the immediate supervisor. If questions about filing the claim are not resolved, colleagues should obtain the opinion of the appropriate Department Director or the Senior Vice President/CFO.

5.18 A colleague who receives verbal or written billing instructions from any payor which is not consistent with STHS billing practices shall bring such reports promptly to the attention of a supervisor. If a colleague’s questions are not resolved, the next step is asking the opinion of the appropriate Department Director or Senior Vice President/CFO.

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

5.19(A) STHS works within the terms and conditions of each patient's insurance and bills for applicable out-of-pocket amounts. In addition, good faith efforts are made to collect such amounts unless the insurer approves otherwise.

5.19(B) Other than adjustments for special circumstances for risk management or administrative functions, any arrangement involving a waiver of coinsurance and deductible amounts must be approved by the Senior Vice President/CFO (or designee), a member of the Executive Team or the Finance team leadership.

5.20 Colleagues **WILL NOT** engage in any of the following with respect to the waiver of coinsurance and deductibles:

- Advertise to the public that Medicare or private insurance is accepted as a payment in full or 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 need or managed care contracting, in order to obtain referrals.

5.21 When applicable, STHS colleagues will take steps to ensure that funds provided to STHS in support of health care research are for genuine purposes and that billing takes place according to planned study protocols and documents.

GUIDELINES - BUSINESS COURTESIES TO CUSTOMERS, SOURCES OF CUSTOMERS OR VENDORS

5.22 Colleagues (employed) are not permitted to ask for or receive business courtesies, such as entertainment, meals, transportation or lodging, from patients, referral sources or individuals or entities who purchase or use STHS services.

5.23 Colleagues (employed) should never offer a business courtesy to a referral source or other person for the purpose of obtaining favorable treatment or advantage. Colleagues must not provide any referral source or patient with gifts or promotional items of more than nominal value. As an example, pens and calendars are considered to have nominal value.

5.24 Colleagues (employed) are not permitted to accept anything of value from someone doing business with STHS if the gratuity is offered or appears to be offered in exchange for a favorable treatment or advantage, and this includes gifts or promotional items of more than nominal value. Gifts received that are valued in excess of \$50 and in excess of \$300 during any calendar year must be reported to a Senior Vice President or the Chief Compliance Officer.

5.25 A colleague (employed) may accept meals from a vendor only if they are unsolicited, infrequently provided and reasonable in amount. The meals must also be directly connected

with business discussions or education related to the colleague's job function unless a department Director approves an exception.

5.26 Acceptance of reimbursement for lodging or travel expenses without the prior approval of a Senior Vice President or a member of the Compliance or Executive teams is not permitted.

5.27 If STHS permits a colleague (employed) to accept admission, lodging and/or transportation for circumstances which directly benefit STHS or enhances the colleague's knowledge of job duties, the colleague will submit a form to the Louisiana Board of Ethics as provided in La. R.S. 42:1115.2 within 60 days of attending the program.

GUIDELINES - POLITICAL AND CHARITABLE CONTRIBUTIONS

5.28 Colleagues (employed) may not contribute or donate STHS funds, services or other resources to any political cause, party or candidate without the advance written approval of the President and CEO, Chief Compliance Officer or Compliance team.

5.29 Colleagues 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.

5.30 Charitable contributions received from vendors must benefit STHS or a program in which STHS participates. Donations that contractually obligate STHS to use the donation to purchase items or services from the party making the contribution shall not be accepted by STHS.

GUIDELINES - ACCURATE BOOKS AND ACCOUNTS

5.31 All STHS payments and other transactions must be accurately and completely recorded in STHS's books and records in accordance with generally accepted accounting and Finance principles and established accounting policies. No false or incomplete entries will be made.

5.32 STHS assets must be properly protected, and asset records must be maintained in accordance with STHS Finance procedures and guidelines.

GUIDELINES - CONFLICTS OF INTEREST

5.33 Colleagues are expected to avoid activity that may interfere (or appear to interfere) with the independent exercise of judgment. Colleagues may not have a consulting or other business relationship with or invest in a competitor, customer or supplier (except for holdings of publicly traded securities) unless advance written permission is granted by the Committee.

5.34 Outside employment may constitute a conflict of interest if it places a colleague in the position of appearing to represent STHS, involves services like those provided by STHS or lessens the efficiency or productivity expected of colleagues on their jobs. Colleagues will follow the Human Resources Policy on *Moonlighting* related to employment at other facilities.

5.35 Questions about outside employment are to be referred to the colleague's Senior Vice President, the Human Resources Department or any member of the Committee.

GUIDELINES - SAFEGUARDING CONFIDENTIAL & RESTRICTED INFORMATION

5.36 Colleagues must safeguard all confidential information with which they are entrusted and never discuss the information outside the normal and necessary course of STHS business.

5.37 Colleagues must protect the confidentiality and security of each patient's protected health information (PHI) and follow STHS policies which address HIPAA and the privacy and security of PHI.

5.37(A) Colleagues 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.

5.37(B) The use of such modalities associated with a colleague'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.

5.38 **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.** Colleagues 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.

5.39 Upon termination of employment, a colleague 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.

GUIDELINES - ASPECTS OF PATIENT CARE – EMTALA, ADVANCE DIRECTIVES, PATIENT RIGHTS

5.40 STHS colleagues will follow policies applicable to assigned job functions. A few subjects are mentioned in this document for regulatory awareness.

5.41 STHS complies with the Emergency Medical Treatment and Labor Act (EMTALA) and provides a medical screening examination and stabilizing treatment to all individuals who have an emergency medical condition regardless of an individual's ability to pay. STHS colleagues will not delay emergency medical treatment or appropriate medical screening examination to inquire about an individual's method of payment or insurance coverage.

5.42 Colleagues will comply with STHS policies and procedures and federal and state laws and regulations and other standards governing advance directives, patient rights and other matters which are the subject of federal and state regulatory requirements.

GUIDELINES - NONDISCRIMINATION/HARASSMENT

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5.43 STHS and its colleagues 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.

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

5.44 STHS's Chief Compliance Officer will notify CMS within fifteen (15) Days after becoming aware that it or any Downstream Episode Initiator, Participating Provider, NPRA Sharing Partner or Sharing Group Practice Practitioner, or BPCI Advanced Entity (defined by the BPCI agreement between STHS and CMS or 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).

5.45 The Chief Compliance Officer will notify the Committee as soon as possible and before notifying CMS that a reporting obligation has arisen pursuant to the BPCI Agreement and Program documents.

5.46 STHS may share its Program document or the compliance plans of a Downstream Episode Initiator, NPRA Sharing Partner or BPCI Advanced Entity and modify the documents to meet the requirements of STHS's BPCI Agreement with CMS.

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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