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Subject: CORPORATE COMPLIANCE PROGRAM		

Policy Statement: In keeping with our mission to provide cost effective, quality healthcare services for our patients and community, the Anderson Entities are committed to assuring that all Employees, Agents and Professionals conduct themselves ethically and in conformance with all applicable laws and regulations and all applicable policies and procedures of the Anderson Entities. Accordingly, the Anderson Entities have developed this Policy for the purpose of adopting an effective Corporate Compliance Program designed in a manner consistent with all applicable federal, state and local laws and regulations and the policies and procedures of the Anderson Entities.

DEFINITIONS

The following definitions apply to this Policy and Procedure and to the Code of Excellence/Code of Conduct:

- A. **Agent** means any individual, other than an Employee or Professional, who is authorized to act on behalf of an Anderson Entity. Agents include volunteers, students, contractors, consultants, suppliers, and vendors.
- B. **Anderson Entities** means Anderson Hospital and each of its Controlled Affiliates.
- C. **Anderson Hospital** means Southwestern Illinois Health Facilities, Inc. d/b/a Anderson Hospital.
- D. **Board** means The Board of Trustees of Southwestern Illinois Health Facilities, Inc., d/b/a Anderson Hospital.
- E. **Code of Excellence/Code of Conduct** means the code setting forth the commitment of the Anderson Entities to comply with all federal and state laws and sets forth the standards by which all Employees, Agents and Professionals are required to conduct themselves in order to protect and promote organization-wide integrity.
- F. **Committee** means the Corporate Compliance Committee, which is charged with the responsibility of overseeing the implementation of the Program (see Section IV(C) (1) below).
- G. **Committee Chair** means the chair of the Committee.
- H. **Compliance Officer** means the individual designated by the President/CEO charged with the responsibility of coordinating the implementation of the Program (see Section IV(C) (2) below).

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- I. **Controlled Affiliate** means any entity which Anderson Hospital directly or indirectly controls through a controlling membership interest, a controlling shareholder interest or voting rights to approve the appointment of at least a majority of the governing body. As of July 1, 2016, the Controlled Affiliates are Anderson Hospital Foundation; Anderson Real Estate, LLC; Maryville Imaging, LLC; Maryville Medical Services, LLC; and Maryville Physicians’ Services LLC d/b/a Anderson Medical Group AMG;; and Community Hospital of Staunton.
- J. **Employee** means an individual in the service of an Anderson Entity who is working for salary or wages and the details of whose work the Anderson Entity has the authority to control and direct.
- K. **Federal Healthcare Program** means any plan or program that provides health benefits, whether directly through insurance or otherwise, which is funded directly, in whole or part, by the United States Government or any State health care program.
- L. **High-Level Personnel** means individuals who have substantial control over an Anderson Entity or who have a substantial role in making policies of an Anderson Entity, including a trustee, a member of senior management, or an individual in charge of a major business or functional unit of an Anderson Entity.
- M. **Legal Counsel** means one or more attorneys engaged by an Anderson Entity to assume certain responsibilities with respect to the Program (see Section IV(C) (3) below).
- N. **OIG Models** means the voluntary compliance program guidance documents published by the Office of Inspector General and found at <https://oig.hhs.gov/compliance/compliance-guidance/index.asp>, including without limitation the “Original Program Guidance for Hospitals” dated February 23, 1998, the “Supplemental Compliance Program Guidance for Hospitals” dated January 27, 2005, and the “Final Compliance Program Guidance for Individual and Small Group Physician Practices” dated October 5, 2000.
- O. **President/CEO** means the President and Chief Executive Officer of Anderson Hospital.
- P. **Professionals** means individuals other than Employees who are credentialed by an Anderson Entity, including physicians, dentists, podiatrists, and allied health personnel, to the extent that these individuals take actions when they are authorized to act on behalf of the Anderson Entity (see Section IV (A) below).
- Q. **Program** means (i) this Policy and Procedure, including the Code of Excellence/Code of Conduct, and (ii) the other policies and procedures of the Anderson Entities concerning compliance with applicable Federal and state legal requirements.

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Purpose: The Program is designed to facilitate the creation of a work environment conducive to compliance with all applicable laws and regulations and all applicable policies and procedures of the Anderson Entities by heightening the awareness of Employees, Agents and Professionals with respect to their duties under such laws, regulations, policies and procedures. Employees, Agents and Professionals are not expected or encouraged to violate any law, regulation, policy or procedure.

The purposes of the Program are to accomplish the following:

- A. Establish compliance standards and procedures that are reasonably capable of reducing the prospect of criminal and civil violations by Employees, Agents and Professionals.
- B. Assign to specific High-Level Personnel overall responsibility to oversee compliance with those standards and procedures.
- C. Exercise due care to assure that substantial discretionary authority is not delegated to individuals whom an Anderson Entity knew, or should have known through the exercise of due diligence, had a propensity to engage in illegal activities.
- D. Communicate effectively the compliance standards and procedures to all Employees, Agents and Professionals.
- E. Identify areas of risk and establish monitoring and reporting procedures to achieve compliance with the standards.
- F. Establish consistent disciplinary/corrective action mechanisms to handle violations of law or failure to detect or report an offense.
- G. Establish reasonable steps to respond appropriately to offenses that have been detected and to prevent further similar offenses.
- H. Maximize compliance with applicable laws, including, without limitation, all requirements under Medicare and/or Medicaid regarding (i) the submission of claims and cost reports, and (ii) kickbacks and self-referrals.
- I. Establish a system for employees to report compliance concerns without fear of retaliation.
- J. Require the promotion of, and adherence to, the elements of the Program as a factor in evaluating the performance of managers and supervisors.

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Guidelines/Procedures:

A. Applicability

The Program is structured to encourage collaborative participation at all levels and to foster a culture of ethical and legal behavior in which Employees, Agents and Professionals of the Anderson Entities may report concerns about business practices without fear of retribution. The Program operates under the authority and oversight of the Board of Trustees of Anderson Hospital.

Although the Program applies to Professionals, it is important to note that the Program applies to Professionals only with respect to actions taken by them when they are authorized to act on behalf of Anderson Entities. The provision of medical services by a Professional to a patient does not, in and of itself, constitute an act on behalf of an Anderson Entity. However, a Professional's act of certifying a diagnosis or attesting to the medical necessity or appropriateness of care which directly impacts the manner in which an Anderson Entity will be reimbursed or otherwise receive payment from a third party does constitute an act on behalf of an Anderson Entity. In addition, a Professional's provision of services under a medical director contract or as a member of a Medical Staff Committee would constitute actions on behalf of an Anderson Entity. The inclusion of Professionals as part of the Program is not intended to imply that Professionals are the Agents of an Anderson Entity for any other purposes or that an Anderson Entity controls Professionals or their conduct in any way.

To the extent that the Program contains guidelines, which pertain or relate to patient care, such guidelines do not substitute for professional medical judgment in the provision of medical care consistent with applicable standards of care.

B. Code of Conduct/Code of Excellence

The Code of **Conduct/Code of Excellence** summarizes certain laws and standards applicable to the Anderson Entities and should be amended from time to time to incorporate changes in the law. All Employees, Agents and Professionals are expected to abide by the standards set forth in the Code of **Conduct/Code of Excellence**. Because the Code of **Conduct/Code of Excellence** cannot possibly encompass all legal duties of the Anderson Entities and Employees, Agents and Professionals, the summaries should be viewed as minimum standards, with the detailed policies and procedures of the Anderson Entities applicable to each area providing additional guidance and legal background. Individuals who need additional guidance concerning their legal duties are encouraged to contact their supervisor or the Compliance Officer, who shall consult with Legal Counsel when appropriate.

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C. Assignment of Responsibilities

The assignment of responsibilities described below for the Committee, the Compliance Officer and Legal Counsel are designed to assure that High-Level Personnel oversee the implementation of the Program.

1. *Corporate Compliance Committee*

The Chair of the Board shall appoint a Corporate Compliance Committee comprised of at least two members of the Anderson Board, the Anderson President/CEO, Community Hospital of Staunton CEO, the Chief Financial Officer, Chief Nursing Officer, Administrative Director Human Resources, IS Director, Administrative Director of Rehabilitation and Physician Services President of the Medical Staff, Director, Revenue Systems, the Privacy Officer, the Security Officer, Compliance Coordinator, the Compliance Officer and any other individuals appointed by the Chair of the Board. The Committee Chair shall be a member of the Board. The Committee shall have oversight responsibility for the Program and shall report to the Board at least quarterly regarding the Program.

2. *Compliance Officer*

The Compliance Officer shall be a member of High-Level Personnel selected by the President/CEO to coordinate implementation of the Program. The Compliance Officer should be in a position to exercise independent judgment with respect to compliance activities of the Anderson Entities. The Compliance Officer should have full access to a wide range of information necessary to permit the Compliance Officer to assure that the Program operates effectively. The Administrative Director of Rehabilitation and Physician Services shall serve as the compliance officer for AMG and shall report to the Compliance Officer regularly regarding AMG compliance activities. Community Hospital of Staunton Compliance Coordinator reports to the Compliance Officer.

3. *Legal Counsel*

The President/CEO in consultation with the Board shall select Legal Counsel whose responsibilities, as requested, shall be to:

- a. Advise the Anderson Entities with regard to the effective and prompt implementation of the Program.

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- b. Oversee and monitor appropriate investigations of reported compliance concerns which are referred to Legal Counsel by the Committee, the President/CEO, or the Compliance Officer.
- c. Provide periodic reports to the Board regarding the status of Program activities, investigations and disciplinary/corrective actions, which have been referred to Legal Counsel.
- d. Assist in the monitoring and auditing process conducted in accordance with the Program as requested by the Board, the President/CEO, or the Compliance Officer.
- e. Monitor and advise on substantive developments and changes in relevant laws and regulations that may affect the terms of the Program.
- f. Carry out other duties set forth elsewhere in the Program or as requested by the Board, the President/CEO, or the Compliance Officer.

D. Screening for Excluded Individuals and Entities

To assure that the Anderson Entities do not employ, contract with, or grant medical staff membership or privileges to, any individuals or entities who have been excluded, suspended or terminated from participation in any Federal Healthcare Program, including Medicare or Medicaid, the Anderson Entities shall screen all prospective and current Employees, Agents and Professionals prior to beginning a relationship with an Anderson Entity and on a monthly basis to assure that such individuals/entities are not entities excluded from participation in any Federal Healthcare Program. Reference: Exclusions and Licensure Review policy. The screening process should include collection of data from available resources, including the Office of Inspector General’s list of excluded individuals and entities (<http://exclusions.oig.hhs.gov>) and the General Services Administration’s list of parties excluded from Federal procurement and non-procurement programs (<http://epls.arnet.gov>) and Medicaid Exclusion Databases All appropriate steps will be taken if an excluded provider or entity is identified in accordance with the Exclusions and Licensure Review Policy.

E. Reports of Wrongdoing

1. *Internal Reporting Procedure*

Any Employee, Agent or Professional who in good faith believes that an activity may not comply with the laws or policies described in the Program shall report according to the Reporting Compliance Concerns and False Claims Non-Retaliation policies.

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The Compliance Officer shall maintain a log that records all reported compliance concerns and describes the manner in which each report was handled, including investigations and disciplinary/corrective actions resulting from the report. Any reports received by any individual other than the Compliance Officer shall be reported to the Compliance Officer as soon as practical so that information concerning the report can be recorded in the log.

2. Privileges and Confidentiality

All records related to reported compliance concerns shall be preserved in accordance with law and in a way that assures maximum protection under the attorney-client privilege and attorney work product doctrines. Persons making such reports do so in their capacity as Employees, Agents or Professionals of the applicable Anderson Entity. Since the reports are intended to enable the Anderson Entities to obtain legal advice, the reports should be protected by the attorney-client and attorney work product privileges to the extent possible. It is important that all Employees, Agents and Professionals understand that (a) these privileges belong to the applicable Anderson Entity; (b) all reports will be kept confidential to the extent possible, though absolute confidentiality cannot be guaranteed, and (c) it is possible that disclosure of the reports to governmental authorities will be required.

3. Investigation

All reported compliance concerns are to be investigated by taking the following actions when appropriate:

- a. A written record of the report shall be made. The Compliance Officer shall, maintain complete written records of the investigation, including documentation of the report of the alleged violation, a description of the investigation process, copies of interview notes and key documents, a log of witnesses interviewed and documents reviewed and a summary of the results of the investigation, including any disciplinary or corrective action taken as a result of the violation.
- b. No promises shall be made to the party making the disclosure regarding his/her liability or what steps will be taken in response to the report, other than the assurance that the Anderson Entities will not take any type of retaliatory action against the individual for having filed the report.

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c. The Compliance Officer, in coordination with legal counsel as appropriate, shall conduct an investigation to determine, at a minimum, whether the reported compliance concern, if true, (i) amounts to a violation of state or Federal law, (ii) is a violation of the Program, (iii) poses a risk to the general public, or (iv) otherwise puts an Anderson Entity at risk of economic injury or injury to its reputation. In making this determination, the Compliance Officer likely will conduct interviews and review relevant documents.

d. If it is determined that the allegation, if true, would or possibly could constitute a violation of state or Federal law, the Compliance Officer shall report this fact immediately to the President/CEO. Thereafter, the President/CEO, the Compliance Officer and Legal Counsel (if requested) shall determine whether the allegation has a basis in fact, whether remedial action and/or punishment are to be imposed, and whether disclosure to outside authorities is mandated by law. The President/CEO and the Compliance Officer shall report to the Committee on all of the foregoing.

e. The President/CEO, the Committee Chair or Legal Counsel (if requested) shall promptly report to the Board on all credible reported compliance concerns, including the results of investigations and any subsequent disciplinary/corrective actions taken.

4. *Corrective Actions*

- a. If the investigation ultimately reveals that there has been a failure to comply with the Program, the Compliance Officer shall ensure that appropriate corrective action is taken by the applicable Anderson Entity, including reporting of violations promptly to government authorities consistent with applicable legal requirements (upon the advice of Legal Counsel), identification of financial adjustments and the imposition of appropriate disciplinary/corrective action in accordance with Section F below Specifically:

(1) For inappropriate billing or claim submission matters, all billing and/or claim submission related to the problem in the department (a)/unit(s) where the problem exists shall be immediately suspended until such time as the incorrect practices are corrected.

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- (2) All actions necessary to correct the matter shall be implemented promptly and steps shall be taken to prevent recurrence of the problem.
- (3) Appropriate employee education and training shall be conducted to prevent further similar problems.
- 4) Appropriate disciplinary action, in accordance with the human resources department policies, shall be taken against any person whose conduct caused the violation.
- (5) In the event the problem results in receipt of an overpayment from a third party payer, the repayment shall be made consistent with applicable law and advice of Legal Counsel.
- (6) In the event it is necessary to report the matter to governmental authorities, such report shall be made in consultation with Legal Counsel.”

F. Disciplinary/Corrective Action

If an Employee, Agent or Professional fails to comply with the Program, including failure to comply with applicable laws and regulations and/or policies and procedures of an Anderson Entity, management shall take disciplinary or other corrective actions on a fair and equitable basis appropriate to the violation.

- With respect to Employees, such actions shall be consistent with the personnel policies and procedures of the applicable Anderson Entity.
- With respect to Agents, such actions shall be consistent with the policies and procedures of the applicable Anderson Entity or otherwise within its authority.
- With respect to Professionals, such actions shall be consistent with Anderson Hospital's Medical Staff Bylaws, Rules and Regulations (to the extent the Professional is a member of the Medical Staff or otherwise subject to Anderson Hospital's Medical Staff Bylaws, Rules and Regulations) or other applicable policies and procedures of an Anderson Entity (to the extent the Professional is not a member of the Medical Staff or not otherwise subject to Anderson Hospital's Medical Staff Bylaws, Rules and Regulations).

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Disciplinary or corrective actions may include warnings, suspensions, termination of employment or other relationships with an Anderson Entity, or other actions as appropriate.

Circumstances in which disciplinary or corrective action may be taken include:

1. Noncompliance with laws, regulations, policies or procedures;
2. Encouraging or assisting another to engage in noncompliance;
3. Failure to report noncompliance;
4. Failure to detect noncompliance by an individual who should have detected such noncompliance;
5. Failure to satisfy the education and training requirements of the Program;
6. Failure of a supervisor or manager to assure that their subordinates understand the requirements of the Program; and
7. Retaliation against an Employee, Agent or Professional who reports a concern relating to possible noncompliance.

No Employee, Agent or Professional shall be punished solely on the basis that he or she reported what was reasonably believed to be an act of wrongdoing or a violation of the Program. However, an Employee, Agent or Professional will be subject to disciplinary or corrective action if it is reasonably concluded that the reported compliance concern was knowingly fabricated or distorted by the Employee, Agent or Professional.

An Employee, Agent or Professional who admits wrongdoing will not be guaranteed protection from disciplinary or corrective action. The weight to be given to the admission shall depend on all the facts known to the Anderson

Entity at the time it makes its disciplinary or corrective decision. In determining what, if any, disciplinary or corrective action may be taken against the individual, the Anderson Entity shall take into account the fact of the admission, whether the individual's conduct was known to the Anderson Entity prior to the admission or its discovery was imminent, and whether the admission was complete and truthful. See also: "Disciplinary Action- Compliance Program" Policy.

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G. Monitoring and Auditing

The Anderson Entities shall conduct regular monitoring and auditing of compliance activities. To implement the monitoring and auditing process, the Administrative Council shall solicit input from designated groups and departments identify appropriate risk areas for monitoring and auditing and develop an annual audit work plan. The audit work plan shall be approved by the Committee and the Board of Trustees. The Committee shall delegate to designated groups and departments the authority to develop protocols for the monitoring and auditing process.

In identifying possible risk areas for monitoring and auditing to be included in the annual audit work plan or other audits conducted on an ad hoc basis throughout the year, the following areas shall be considered:

- Issues generally identified by the Federal government or the Medicare Administrative Contractors as enforcement initiatives, as reflected in published guidance such as:
 - OIG Work Plan (<https://oig.hhs.gov/reports-and-publications/workplan/index.asp>);
 - The OIG Models, including the OIG Compliance Program Guidance for Hospitals and other applicable OIG Compliance Program Guidance (e.g., physician practices),(<https://oig.hhs.gov/compliance/compliance-guidance/index.asp>)
(Note: the current risk areas identified in the OIG Model for hospitals include: Submission of accurate claims and information, Emergency Medical Treatment and Labor Act (EMTALA), Substandard Care, Relationships with Federal Health Care beneficiaries, HIPAA privacy and security, Billing Medicare/Medicaid in excess of usual charges, and the referral statues – Stark and Antikickback.); and
 - OIG Special Fraud Alerts and Medicare Advisory Bulletins (<https://oig.hhs.gov/compliance/alerts/index.asp>).
 - Issues identified as audit issues by the Medicare and Medicaid Recovery Auditors (RA).
 - Issues identified in past audits as problem areas for an Anderson Entity.
 - Issues identified by CMS.

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- Issues related to new NCD, LCD and Medicare/Medicaid billing or process changes.
- Corporate Integrity Agreements
- Issues identified during the year as part of a complaint filed through the Program.
- Significant changes to state/federal regulations.

The process should focus on areas, which present a high risk of legal exposure for the Anderson Entities. The process also should test whether education programs have been conducted, copies of relevant portions of the Program have been distributed and disciplinary/corrective actions under the Program are being taken in a consistent manner.

In developing the protocols for the monitoring and auditing process, the groups or departments authorized to develop the protocols may use sampling protocols developed by internal and/or external auditors to identify and review variations from established baseline levels of activity. The protocols may involve on-site visits, interviews of Employees, Agents and Professionals, document review and trend analysis studies. The process should be implemented with the advice and assistance of Legal Counsel when appropriate.

In the event audits conducted as part of the Program reveal compliance concerns, the Compliance Officer shall ensure that appropriate corrective action is taken by the applicable Anderson Entity, including reporting of violations promptly to government authorities consistent with applicable legal requirements (upon the advice of Legal Counsel), identification of financial adjustments and the imposition of appropriate disciplinary/corrective action in accordance with Section IV (F) above.

The Compliance Officer shall coordinate the implementation of the various components of the monitoring and auditing process and shall present written reports concerning monitoring and auditing activities to the President/CEO, and the Committee on a quarterly basis.

H. Education and Training

The Committee shall be responsible for developing an education and training process, which involves the effective communication of applicable compliance standards and procedures to all Employees, Agents and Professionals. The education and training programs shall involve basic education about the Program, as well as specialized education for certain groups of employees who have responsibilities which give rise to specialized issues. Specific attention should be given to training concerning laws and

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regulations identified by government agencies as targets for enforcement actions against healthcare organizations. For example, the OIG Models contain detailed lists of the billing and coding issues which should be addressed during the specialized training sessions for billing and coding personnel.

The Compliance Officer is responsible for coordinating the entire education and training process and shall assure that appropriate documentation is maintained concerning participation in the education and training programs by Employees, Agents and Professionals. The Committee, upon the recommendation of the Compliance Officer, shall determine the appropriate method of educating Employees, Agents and Professionals and shall confirm the appropriateness of the education and training programs for particular groups of Employees, Agents and Professionals. For example, the standards of conduct related to sexual harassment should be included in education and training programs for all Employees, whereas the standards of conduct related to antitrust issues would not necessarily be included in all programs.

In developing the education and training process, the Committee shall assure that:

- All current Employees receive appropriate education and training concerning the Program upon its implementation and thereafter at reasonable intervals.
- All new Employees receive appropriate education and training concerning the Program as part of the employee orientation process.
- A realistic process is followed to educate Agents and Professionals concerning their obligations with respect to the Program. (The OIG Models provide that the Compliance Officer is to be responsible for assuring that all independent contractors and Agents who furnish medical services are made aware of the requirements of the Program.)
- Relevant portions of the Program are distributed on a widespread basis to all Employees, Agents and Professionals and such distribution is documented in an appropriate manner. (At a minimum, members of senior management and individuals responsible for communicating the requirements of the Program to other Employees, Agents and Professionals shall be required to acknowledge in writing that he or she has received information on how to access relevant portions of the Program has read and understands those portions of the Program and agrees to abide by their terms.)

I. Improper Appearances

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It is important that personnel not only comply with the Program but also avoid any behavior, action and dealings that *appear* improper. For example, Employees, Agents and Professionals should avoid being present at discussions of an improper or illegal nature and should immediately and clearly distance themselves from such discussions.

J. Government Inquiries

The Anderson Entities occasionally receive inquiries from government agencies and departments in the form of letters, telephone calls or personal visits. It is the policy of the Anderson Entities to comply with all applicable laws and to cooperate with any reasonable request for information from Federal, State and Local authorities. However, in doing so, it is important to protect the legal rights of the Anderson Entities and their Employees, Agents and Professionals.

All non-routine requests for information from any government agency shall be forwarded to the Compliance Officer, or the President/CEO, who shall consult with Legal Counsel concerning the request when appropriate. Except in the normal course of business, no Employee, Agent or Professional may answer questions, produce information or hold any discussion with any government representative without the prior approval of the President/CEO which approval shall be given (or withheld) following consultation with Legal Counsel when appropriate. In the event of attempted service of a subpoena, search warrant, garnishment, summons or other legal process, the President/CEO, or Compliance Officer shall be notified immediately and shall consult with Legal Counsel. See Also: "Government Investigations, Response To" Policy.

K. Program Evaluation

Periodic surveys of Employees, Agents and Professionals will be conducted to assess compliance program knowledge. Findings will be incorporated into the annual compliance work plan as indicated.