



Swedish Covenant Hospital

VENDOR COMPLIANCE POLICY

This policy describes our compliance with certain requirements set forth in the Deficit Reduction Act of 2005 with regard to federal and state false claims laws. If you are a contractor, subcontractor, agent or other entity, who, on behalf of Swedish Covenant Hospital (SCH), furnishes or otherwise authorizes the furnishing of:

1. Medicaid-reimbursed health care items or services,
2. billing or coding functions, or
3. are involved in the monitoring of healthcare provided by SCH,

you are required to review and, as possible, adopt our compliance policies and procedures.

PURPOSE OF THE POLICY

Swedish Covenant Hospital (SCH) and its affiliates are committed to the highest levels of quality and ethical standards, and are committed to conducting business with integrity and in accordance to all federal, state, and local laws. Our compliance program is a reflection of our Mission and Core Values. We believe that our organizational integrity is a critical element of our accountability to our sponsors, our patients, our community, and ourselves.

As part of the Compliance Program, hospital associates (employees, volunteers), agents of the hospital, members of the medical staff, and members of the Board of Directors are required to comply with the Hospital's Business Code of Conduct and laws and regulations applicable to Hospital operations. Compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule is part of the Hospital's Compliance Program.

The SCH Business Code of Conduct includes the following key elements:

1. Compliance-Related Policies
 - a. The Business Code of Conduct, the Compliance Program, and the Standards of Business Conduct
 - b. Policies are established and maintained as necessary to provide specific direction to associates, agents, members of the medical staff and members of the Board of Directors as to the Hospital's expectations. Employees and agents (as applicable) refer to the Employee Handbook for additional Hospital guidelines. Those policies include the Administrative policies which can be found in the Administrative Manual; SCH Board of Directors Policies; Policies and

Procedures Pertaining to HIPAA Privacy Rule, and Policies Pertaining to the HIPAA Security Standards.

2. Compliance Program
 - a. The Hospital's commitment is a hospital-wide directive. The Board of Directors of the Hospital will receive annual reports of compliance program initiative and progress. The Board Finance Committee will receive quarterly reports of compliance activities, including Compliance with the HIPAA Privacy Rule.
 - b. The Hospital's Compliance Officer coordinates the monitoring of the Hospital's Compliance Program. The Chief Privacy Officer coordinates the monitoring of the Privacy Program.
 - c. The Hospital's Business Conduct Committee meets periodically to review Hospital compliance issues. The HIPAA Executive Committee meets periodically to address HIPPA privacy issues.
 - d. The Hospital may retain outside consultants to audit its compliance activities and evaluate any areas of concern.
 - e. The Hospital will provide and maintain an open line of communication to be used for requesting information on privacy or business conduct issues, or for reporting concerns about ethical standards or legal regulations.
3. Reporting Concerns. Every employee, contractor and agent is required to report any know or suspected violation of the Business Code of Conduct to an appropriate representative of SCH.
 - a. The Privacy/Business Conduct Line may be accessed at (773) 506-1101. (See HR Policy 03-952-15).
 - b. The caller may remain anonymous or may leave his/her name.
 - c. The Standards for Business Conduct may provide guidance in identifying the types of concerns that may be reported, such as 1) business ethics and relationships (marketing, acceptance of gifts, fund raising issues); 2) confidentiality (patient rights and privacy of health information, employment laws, security or disclosure of electronic/printed information); 3) legal responsibilities (coding and billing, political lobbying, working environment); protection of hospital assets (use of hospital property); and 4) conflicts of interest (soliciting work for friends or family members).
 - d. Messages left on the voice mail system will be retrieved daily, Monday through Friday, during normal business hours with initiation of a prompt follow-up.
 - e. The Compliance Officer and Chief Privacy Officer will maintain written logs of messages.
 - f. Suspected violations will be reported to the Compliance Officer or Chief Privacy Officer immediately. The appropriate committees will assist in follow-up and implementation of corrective actions.
 - g. Any compliance issues that implicate the Compliance Officer or a member of the Business Conduct Committee will be communicated directly to the Hospital CEO. Any compliance issues that implicate the Chief Privacy Officer or a member of HIPAA Executive Committee will be communicated directly to the Compliance Officer and Hospital CEO. Any compliance issues that implicate the Hospital CEO will be referred to the Chair Person of the Finance Committee.

have known would result in greater payment than the code applicable to the item or service actually provided. The federal False Claims Act (31 USE 3729-33), the federal Fraud Civil Remedied Act (31 USC 3801) and the Illinois Whistleblower Reward and Protection Act (740 ILCS 175) (collectively, “false claims laws”) make it illegal for any person or organization to knowingly make a false record or file a false claim with the government. The false claim laws protect anyone who files a false claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit. An employee who was harmed by their employer for filing a false claim lawsuit may file a lawsuit against their employer. If the court finds the employer retaliated, the court can order the employer to compensate the employee, including re-hiring the employee.

- 4) “Fraud and Abuse Violations”. Include the offer, payment, solicitation, or receipt of any remuneration (including any kickback, bribe, or rebate) to induce referral of patients who are covered under a federal health care program; or to induce the purchasing, leasing, ordering or arranging for any good, facility, service or item that may be paid under a federally funded health care program.
- 5) “Payment to Limit Services”. This means a payment to a physician to induce the physician to reduce or limit services to persons who are under the Physicians direct care, and who are covered under a federal health care program.
- 6) “Self-Referral Law”. This means the law which provides that if there is a financial relationship between a physician (or his/her immediate family member) and a provider of certain health care services, the physician may not refer patients to that provider unless an exception applies.

7. Conclusion

- a. The Compliance program at Swedish Covenant Hospital signals our commitment to integrity and quality care for. With active employee participation in the program, we feel this is an essential component of our Mission and Core Values. An effective compliance program improves SCH’s operations and reduced the risk of future criminal and civil liabilities and promotes our commitment to organizational integrity.