

VIRTUA

MANUAL TITLE CORPORATE COMPLIANCE MANUAL		POLICY NAME CORPORATE COMPLIANCE PROGRAM		
MANUAL & POLICY OWNER Corporate Compliance	DATE OF ISSUE 9/04	DATE OF LAST REVIEW 5/11; 4/14, 8/16, 6/8/18, 12/30/2020	DATE OF REVISION 5/11; 4/14, 8/16, 6/8/18, 12/30/2020	EFFECTIVE DATE 5/11; 4/14, 8/16, 6/8/18, 12/30/2020
REVIEW INTERVAL 36 Months	REVIEWED / APPROVED BY: (Committees) Internal Audit and Corporate Compliance Department			
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POLICY

Virtua is committed to helping the people of our region be well, get well, and stay well. Part of our commitment to the communities we serve is to provide services of the highest quality to conduct our business according to the highest ethical standards and to comply with all regulations. Our Corporate Compliance Program has been established to ensure that each colleague has a clear understanding of his or her responsibility and acts accordingly. Each colleague has an obligation to know and to abide by the laws, rules, regulations, policies and procedures that have specific application to their job.

Virtua believes in a Culture of Safety (“Just Culture”) that encourages colleague self-disclosure and continual delivery of safe, high quality services for patients, colleagues, and the community it serves. Virtua wants colleagues to feel safe to speak-up and speak-out about reporting of adverse events, near misses, the existence of hazardous conditions, and related opportunities for improvement as a means to identify system changes and behavior changes which have the potential to prevent future adverse events.

PURPOSE

Virtua’s Corporate Compliance Program is intended to provide reasonable assurance that Virtua conducts business activity in full compliance with all federal, state and local laws and regulations

Each colleague has a personal obligation to:

- Uphold Virtua’s Vision, Mission and Values.
- Become familiar with Virtua’s Code of Conduct (Code) (Section II) and how it pertains to the laws and regulations, policies and procedures relative to each colleague’s job.
- Report known or suspected violation of the Code, law or regulation or any other Virtua policy and practice using the chain of command.
- Participate in the investigation and provide solutions to prevent future occurrences of alleged violations.

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I. VIRTUA COMPLIANCE PROGRAM ELEMENTS

Virtua Health developed and implemented the Corporate Compliance Program, which includes the following elements as required by the Office of Inspector General’s Compliance Program Guidance for Hospitals.

1. Establish and maintain standards of conduct through the Code of Conduct. Code of Conduct is updated, revised and distributed. (Section II)
2. Virtua has a Corporate Compliance Officer to oversee the day-to-day operations of the Corporate Compliance Program and reports to the Audit/Compliance Committee of the Virtua Board of Trustees on all compliance-related issues. (Section III and IV) Also, the Executive Compliance Committee assist the Corporate Compliance Officer in the development, implementation and oversight of the Compliance Program with respect to Virtua’s health care-related operations. (Section V)
3. Develop and conduct training programs to instruct colleagues in compliance-related decision making. (Section VI)
4. Encourage open communication and use of the chain of command. Oversee the operations of the Compliance Hotline as a mechanism to receive concerns. (Section VII and VIII)
5. Review problem areas identified by callers to the Compliance Officer and the Compliance Hotline, and consistently enforce standards through corrective action and/or disciplinary mechanisms.
6. Establish auditing and monitoring mechanisms in accordance with the Office of Inspector General’s Workplan to ensure compliance. Conduct testing of all colleagues, medical staff and vendors to ensure participation in the Medicare and Medicaid programs.
7. Respond to detected violations of standards, laws, and regulations and preventing future similar occurrences.

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II. VIRTUA CODE OF CONDUCT

The Virtua Code of Conduct was created to guide colleagues in making the right decision when encountering situations involving legal and ethical issues in their daily activity. Over the years, Virtua has established numerous polices and procedures to promote compliance with sound legal and ethical principles, which are not described in the Code. Nothing contained in the Code is intended to lessen the importance of adhering to these established policies and procedures.

1. Patient Care – Virtua is dedicated to providing high quality health care services that meet the needs and respect the rights of those we serve.
2. Privacy and Confidentiality -Virtua is dedicated to protecting the privacy of our patients’ by preserving the privacy and confidentialityof personally identifiable and protecterd health information in accordance with Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal and state laws. This includes information that is spoken, written, maintained electronically, or in any other medium.
3. Laws and Regulations – Virtua conducts business activities and patient care operations in full compliance with all applicable federal, state, and local laws and regulations.
4. Billing and Coding – Virtua is committed to properly coding and billing for services rendered with all applicable regulations.
5. Conflict of Interest – Virtua takes all reasonable precautions to avoid conflicts, or the appearance of conflicts, between our private interests and the performance of our official duties and responsibilities.
6. Property, Equipment and Other Assets – Virtua protects all assets that are entrusted in Virtua’s care.
7. Health and Safety – Virtua is committed to maintaining a safe and healthy working environment, which complies with all relevant laws and regulations.

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8. Human Resources – Virtua treats all applicants and colleagues fairly and equitably, and in accordance with all relevant governmental rules and regulations.
9. Communication – Virtua encourages open and candid communication and responds to issues and concerns in a timely manner.

III. CORPORATE COMPLIANCE OFFICER

The Corporate Compliance Officer (CCO) reports to the Audit and Compliance Committee of the Board of Trustees for Virtua and the Executive Vice President and Chief Financial Officer. The CCO is also the Vice President of the Office of Audit and Compliance. The Executive Compliance Committee assist the CCO in the development, implementation and oversight of the Compliance Program with respect to Virtua’s health care-related operations. The CCO’s primary responsibilities include:

- Oversees the day-to-day operations of the Corporate Compliance Program.
- Coordinates review and audits under the Corporate Compliance Plan utilizing the Office of Inspector General’s Compliance Program Guidance for Hospitals. This includes quarterly risk assessment of areas.
- Reports all financial, operational and compliance related investigations to the Audit and Compliance Committee of the Board of Trustees for Virtua.
- Periodically updates Virtua’s Code of Conduct.
- Develops, coordinates and participates in educational and training program that focuses on the elements of the Compliance Program, and ensures that all appropriate colleagues and management are knowledgeable of the compliance program.
- Reviews monthly the New Jersey Hospital Association VeCred Enhanced License Verification and Exclusion Check System (VeCred) for any excluded employees, physicians, vendors, contractors included in WorkDay and coordinates any applicable finding with Human Resources, Purchasing and Medical Affairs personnel. The VeCred system minimally includes the Office of Inspector General (OIG) federal exclusion database, federal System for Awards Management database, and New Jersey state exclusion databases. These databases provide

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information to the public, health care providers, patients and others relating to parties excluded from participation in the Medicare, Medicaid and all Federal health care programs.

- Independently investigates and acts on matters related to compliance, including the design and coordination of internal investigations that response to reports of problems or suspected violations, and any resulting corrective action.
- Monitors hotline calls as a mechanism to receive concerns without fear of retaliation and reviews problem areas identified by callers.
- Consistently enforces standards through appropriate interventions and/or disciplinary action.
- Responds, in conjunction with Legal, to external agency requests regarding compliance issue.

IV. AUDIT/COMPLIANCE COMMITTEE

The Audit /Compliance Committee of the Board of Trustees will oversee the Compliance Program in the following:

- Meets at least two times a year, to review the compliance audits and findings to ensure that corrective action was taken.
- Review the summary of substantiated hotline calls and discuss calls that relate to compliance. Identify trends and evaluate the adequacy of the investigation, action taken and resolution of the call.
- Meet with external auditors at least annually to monitor changes in the health care environment, and identify areas of impact and the effect of the changes during the Audit and Compliance Committee meetings.
- Conduct an Executive Session of the Committee, with members of management excused, providing candid discussion of investigations and corrective action.

V. EXECUTIVE COMPLIANCE COMMITTEE

The Executive Compliance Committee, approved by the Board of Trustees, will assist the Corporate Compliance Officer in the following:

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- Periodic review and approval of revisions related to compliance-related policies or procedures and the Code of Conduct;
- Periodic review and approval of compliance training modules and annual Board education;
- Periodic review of operation of the hotline (audit of the third-party operator);
- Periodic review of the manner by which allegations and complaints are investigated and resolved;
- Identification and prioritization of compliance high-risk areas, along with plans to address them;
- Coordination of ongoing monitoring and auditing of the Compliance Program and compliance-related risks;
- Approval of the Compliance Office Audit Review Plan;
- Developing corrective action plans; and
- Ensuring that corrective action plans are implemented.

VI. EDUCATION AND TRAINING

Training is conducted throughout Virtua as one of the seven elements of the OIG’s guidance for an effective compliance program. Corporate Compliance minimally provides assistance in training in the following formats:

- Systemwide Orientation for all new colleagues as an introduction to the Compliance Program.
- Education for new managers, emphasizing the chain of command.
- Annual mandatory compliance information education, which is required for all colleagues.

Attendance at all training programs is monitored and properly documented.

VII. COMMUNICATION AND USE OF THE CHAIN OF COMMAND

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Communication is the key to an effective compliance program. Colleagues are encouraged to use open and candid communication and response to issues and concerns in a timely manner. Any actual or perceived communication problem should be reported to management, Human Resources or the Compliance Officer.

Virtua has a non-retaliation policy. Virtua will not take any disciplinary action or treat an colleague negatively for reporting in “good faith”, a concern, issue, problem, and violation of law/regulation of the Code of Conduct to management, Human Resources, the Compliance Officer or the Compliance e Hotline. “Good faith” means that you are telling the truth, as you know it.

VIII. COMPLIANCE HOTLINE

A toll-free Compliance Hotline is available when a question or concern arises and the colleague does not feel comfortable discussing the matter with their supervisor or Human Resources representative. Calls to the Compliance Hotline are answered by an outside company with trained personnel 24 hours a day, 7 days a week. Calls are not traced or recorded.

Information from the call will be communicated to the Compliance Officer for follow-up and response. All reports of improper conduct will be investigated. No disciplinary action will be taken solely on the basis of a hotline report (e.g., innocence is presumed).

All calls are kept confidential to the extent permitted by law. Although the caller is encouraged to identify himself or herself, the call can be an anonymous report.

The caller is given a “code” number, which will permit them to make a follow-up call and learn about the action taken.

To reach the Compliance Hotline, call **1-800-268-0502**.

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A summary of calls, investigation and corrective actions reported to the Compliance Officer or hotline are reported to the Executive Compliance Committee and the Audit/Compliance Committee of the Board of Trustees.

IX. AUDITING AND MONITORING

The CCO will establish monitoring and auditing of the Compliance Program to provide reasonable assurance that Virtua conducts business activities in full compliance with all federal, state and local laws. Monitoring and auditing mechanisms include, but not limited to the following:

- Quarterly assessment of the OIG Workplan, identifying and measuring risk areas for all entities of Virtua. Inclusion of specific areas on the Compliance Plan with timeframes and resources.

Audits, results, corrective action and follow-up reviews are reported quarterly to the Audit/Compliance Committee.

X. SANCTIONS

Investigations will be conducted on compliance related issues with the assistance of, but not limited to:

- The caller, if self identified
- Management
- Senior Management
- Human Resources
- Compliance Officer
- Clinical personnel
- Medical Affairs Department

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- Risk Management
- In house Legal Department
- External Legal, if applicable

Progressive counseling will be used in accordance with Human Resources policy and procedure – Performance Coaching and Counseling (REG-06-01) as an effective method to encourage colleagues to correct deficiencies in their conduct or performance. Disciplinary actions, up to and including termination, will be determined on a case-by-case basis and will be taken appropriately, equitably and consistently, based on the degree of severity.

All calls are identified by code based on the information presented in the call.

XI. SUMMARY

Compliance is **everyone’s responsibility**. It is in everyone’s best interests to do the right thing, each and every time.