

## EDWARD-ELMHURST HEALTH SYSTEM CORPORATE COMPLIANCE PROGRAM

### I PURPOSE

The Edward-Elmhurst Healthcare (“System Parent”) Board of Trustees hereby sets forth its Corporate Compliance Program (“Compliance Program”). This Compliance Program covers Edward-Elmhurst Healthcare, Edward Hospital, Elmhurst Memorial Hospital, Linden Oaks Hospital, Edward Health Ventures, Elmhurst Memorial Healthcare, Elmhurst Memorial Hospital Foundation, Edward Foundation, Edward Health and Fitness Centers, and Elmhurst Memorial Health Technologies, Illinois Health Partners, Edward-Elmhurst Accountable Care, including downstream entities<sup>1</sup> (collectively “the System”).

The System's adherence to the provisions of this Compliance Program is intended to (1) support and maintain the System's present responsibility with regard to participation in government health care programs; (2) further the System's goal of establishing an organization that (a) fosters and maintains ethical standards among its Board of Trustees, senior management, management, employees, and contractors that furnish health care items or services; and (b) values its compliance with all state and federal laws and regulations as a foundation of its corporate compliance philosophy. The primary focus of the System’s Compliance Program is on the requirements of Medicare, Medicaid, the Federal Sentencing Guidelines and the Health Insurance Portability and Accountability Act (HIPAA).

Ultimate oversight for the System’s Corporate Compliance Program rests with the System’s Board of Trustees acting through its Audit and Compliance Committee. Executive management of the System’s Corporate Compliance Program is administered by the Corporate Compliance Committee and the Compliance Officer, each of which have regular reporting responsibilities to the System’s Board of Trustees Audit and Compliance Committee. Ultimate responsibility for a downstream entity’s compliance program rests with that downstream entity. While certain elements of a Voluntary Compliance Program for a Downstream Entity are required by the System, ultimately the extent to which a Downstream Entity implements a Voluntary Compliance Program will depend on the size and resources of that entity. The System is required to promote and monitor compliance in accordance with its managed care contracts in which the Downstream Entities participate.

### II CORPORATE COMPLIANCE COMMITTEE AND COMPLIANCE OFFICER

*Corporate Compliance Committee.* A Corporate Compliance Committee is responsible for reviewing matters brought to its attention related to ethics, compliance, information privacy and security and quality, and for initiating the review of areas, issues, or practices that are a part of the Compliance Program Annual Work Plan. The System's System Executive Council (“SEC”) reporting to the President and CEO functions as the Corporate Compliance Committee. SEC receives quarterly reports from the Chief Compliance Officer covering the operations of the Compliance Department and the

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<sup>1</sup> any party that enters into a written arrangement, acceptable to the CMS, with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage organization or applicant or a Part D plan sponsor or applicant and a First Tier Entity<sup>2</sup>.

<sup>2</sup>Any party that enters into a written agreement, acceptable to CMS, with a Medicare Advantage Organization or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual.

various formal committees and informal collaborations the Compliance Department uses to monitor and promote compliance. The formal committees include:

- IT Risk Management Steering Committee
- Hospital Overpayment Committee
- Professional Overpayment Committee
- Billing Compliance Steering Committee

Informal collaborations occur with other departments as the need arises in responding to investigations of non-compliance, initiating audits of compliance or in developing annual compliance education.

The System Executive Council shall assist the System Parent Board of Trustees in carrying out its oversight of System's procedures and systems for ensuring that (1) the System, its employees, trustees, directors, contractors, agents and staff physicians and operations comply with all applicable laws and regulations related to government programs; (2) the System, its employees and directors act in accordance with appropriate ethical standards; and (3) the System delivers quality medical care to its patients.

1. *Compliance Officer.* The System has a Compliance Officer, who is responsible for the management and operations of the Compliance Program. The Compliance Officer shall report to the System Parent Board of Trustees through its Audit & Compliance Committee ("Audit & Compliance Committee"), as well as to the System's Executive Vice President & General Counsel for administrative purposes.
  - a. The System Compliance Officer shall make regular reports regarding compliance matters to the Audit & Compliance Committee. The System Compliance Officer is authorized to report any matter to the System Parent Board of Trustees, via its Executive Committee, at any time.
  - b. To further his/her Compliance Program related duties, the System Compliance Officer shall have the authority to monitor and to perform risk assessments of the business and health care delivery activities engaged in by the System, its employees, trustees, directors, contractors, agents and staff physicians. The System Compliance Officer shall have the authority to establish a periodic reporting mechanism to fulfill his/her reporting obligations to the Audit & Compliance Committee and the System Executive Council. The System Compliance Officer may also reasonably request and have access to any of the System's business records at any time in furtherance of the mission of ensuring the System's compliance with applicable federal and state laws and regulations and company policies.
  - c. The System Compliance Officer shall be responsible for developing a Compliance Program Annual Work Plan, and annual budget for the Corporate Compliance Program as a part of the System's normal budget process.
  - d. At least annually, the System Compliance Officer shall provide a written assessment of the performance and activities of the Compliance Program to the System Parent Board of Trustees for its review. In addition, the System Compliance Officer shall review and reassess, at least annually, the adequacy of this Program and recommend to the Audit & Compliance Committee any changes or improvements considered necessary or appropriate.

### III STANDARDS OF CONDUCT AND WRITTEN CORPORATE POLICIES

1. The System's Standards of Conduct will familiarize new employees with the ethical standards that guide the System's patient and business relationships. For current

employees, the Standards of Conduct will serve as a reaffirmation of those ethical standards. For members of our Medical Staff and others who work with the System, the Standards of Conduct are our pledge to conduct all aspects of our business ethically and in compliance with applicable laws.

- a. All employees are expected to read and be familiar with the Standards of Conduct.
  - b. The Standards of Conduct cannot, nor are they intended to address every situation that may arise. When there is a question about how to handle a situation, employees are encouraged to contact their direct supervisor or manager. If for any reason, the employee is uncomfortable contacting their direct supervisor or manager, the employee may contact a member of senior management, a member of the Corporate Compliance Committee, the System's Compliance Officer, or may call the Corporate Compliance Hotline (at 800-901-7422).
2. The System maintains policies and procedures designed to promote the System's commitment to compliance. These policies are developed under the direction and supervision of the System Executive Council.
    - a. The System Executive Council is responsible for ensuring that policies have been developed to address areas of potential risk for each function or department of the System, such as the claims development and submission processes, upcoding, and financial relationships with physicians and other health care professionals.
    - b. Compliance related policies will be evaluated periodically by the System Executive Council.
  3. The promotion of and adherence to the elements of this Compliance Program will be a factor in evaluating the performance of all employees. Supervisory and management personnel are expected to instruct their subordinates as to applicable policies and legal requirements.
  4. Downstream Entities are expected to either adopt their own standards of conduct or to adopt the System's Standards of Conduct as long as the Downstream Entity has concluded that the System's Standards of Conduct is adequate to promote compliance within its practice.
  5. Downstream Entities are expected to develop and periodically review and update its policies and procedures.
  6. Downstream Entities are expected to hold their employees accountable for adhering to the standards of conduct and policies and procedures. Adherence to these standards, should be factored into employees' performance evaluations.

#### IV TRAINING AND EDUCATION

1. The System develops training and educational programs addressing compliance topics pertinent to the risks in various departments.
2. New employees, volunteers and certain third party service providers as defined by policy receive training in general healthcare related compliance risk topics, primarily the False Claims Act, accurate clinical documentation, coding and billing, Whistleblower protections, the Anti-kickback Statute and Stark Law and HITECH/HIPAA at new employee orientation.
3. As appropriate, new employees also receive department specific compliance related training during orientation to their department. This training is developed and provided by the department supervisory and management personnel with the input of the Compliance Officer when requested.
4. Supervisory and management personnel are responsible for developing and maintaining education in compliance topics specific to their departments and reasonably necessary to ensure compliance with this Compliance Program and applicable laws and regulations.

5. Annually, all employees receive general compliance related training developed by the Corporate Compliance Department.
6. Employees receive training and education on new compliance topics as they arise.
7. The training provided to each employee shall be documented. The documentation shall include the date and a brief description of the subject matter of the training activity or program.
8. Downstream Entities are required to complete annual compliance training. The training must also be delivered to all employees, subcontractors, any affiliated party or any downstream entity involved in the administration or delivery of covered services to members or involved in the provision of delegated activities at the time of initial hiring (or contracting) and annually thereafter.
9. Downstream Entities must provide specialized compliance training when indicated as a part of a corrective action plan or when changes in process or regulations occur and any other circumstances that warrant specialized training.
10. Downstream Entities shall document the training provided to employees.
11. Downstream Entities are required to complete any compliance training required by the System's Compliance Program or managed care contracts.

## V COMMUNICATIONS

1. Open communications between employees and the Compliance Officer are important to the success of this Compliance Program and to the reduction of any potential for misconduct.
  - a. Employees are encouraged to follow the chain of command for reporting compliance concerns outlined in the Standards of Conduct until the reporter is satisfied the reported concern is being properly addressed. However, at any time any employee or physician may seek clarification or advice from the Compliance Officer or members of the System Executive Council without following the chain of command process. The employee's question and the response should be documented and if appropriate, shared with other employees for informational and educational purposes. Employees should be encouraged to contact the Compliance Officer and any member of SEC for this purpose, the Compliance Officer will develop or cause to be developed publicity and notices regarding his/her name, location and e-mail address.
  - b. Downstream Entities are required to report potential compliance issues in accordance with System Policy "Potential Compliance Issues – Reporting, Investigation and Corrective Action".
  - c. The System maintains a policy of non-retaliation for employees who in good faith raise concerns about compliance.
  - d. The System contracts with a third party to maintain a "hotline" where the third party fields calls from individuals with compliance concerns. Callers are able to remain anonymous if they wish. The details of the calls are documented by the third party and forwarded on to the Compliance Officer to address. Responses to the calls are provided through the third party.
2. Any reports received by the Compliance Officer and System Executive Committee will be treated confidentially to the extent possible under applicable law. However, there may be a time when an individual's identity may become known or have to be revealed if governmental authorities become involved or in response to a subpoena or other legal proceeding. Reports that suggest substantial violation of the Compliance Program, violation of the Standards of Conduct or violation of relevant law or regulation shall be documented by the Compliance Officer. Information about such reports will be furnished to System Executive Council and the Audit and Compliance Committee of the Board of

Trustees and to the System Parent Board of Trustees in the report of the Audit and Compliance Committee Chairman.

VI ENFORCING STANDARDS THROUGH DISCIPLINARY GUIDELINES

1. Employees may be subject to disciplinary action for:
  - a. Failure to perform any obligation or duty required of the employee relating to compliance with this Program or applicable laws or regulations.
  - b. Failure to detect non-compliance with applicable policies and legal requirements and this Program where reasonable diligence on the part of the employee would have led to the discovery of any violations or problems.
2. Disciplinary action will follow the System's existing Human Resources and disciplinary policies and procedures.
3. For all new employees who have discretionary authority to make decisions that may involve compliance with the law or compliance oversight, the System will conduct a reasonable and prudent background investigation.

VII AUDITING AND MONITORING

1. Audits and/or other evaluation techniques will be used to monitor compliance and assist in the reduction of identified problems.
  - a. An annual corporate compliance workplan will be developed by Internal Audit and Compliance Services to identify those audits that will be completed in a given year and those areas that will be monitored.
  - b. The annual corporate compliance workplan will be based upon areas of risk identified through a risk assessment process. The risk assessment process will include surveys of the System's departments, consulting the U.S. Department of Health and Human Services Office of the Inspector General Annual Work Plan and other compliance industry guidance and materials.
  - c. The annual corporate compliance workplan will be updated as issues arise that were not previously identified through the risk assessment process.
2. The risk assessment process and corporate compliance workplan will be overseen by the System Executive Council and presented to and approved by the System Parent Audit & Compliance Committee.

VIII INVESTIGATION AND CORRECTIVE ACTION

1. Reports or reasonable indications of fraud or abuse, violations of this Compliance Program, violations of the Standards of Conduct, violations of the System's policy or procedure reported to the Compliance Department or violations of applicable law or regulation will be promptly investigated.
2. Unless the matter calls for a privileged investigation under the direction of counsel, the Compliance Officer or another appropriate member of management shall be responsible for coordinating the investigation of the alleged situation or problem. Because of the many situations or problems which are possible, the process and method of investigation and any interim reporting is left to the sound judgment and discretion of the the investigator who will seek appropriate counsel.
3. A summary of the results of the investigation shall be communicated to the Compliance Officer and other parties as necessary. The summary shall include the recommendations for corrective action which will be monitored by the Compliance Officer.

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4. Any compliance violation requiring disciplinary action will be referred to the Human Resources Department which will impose discipline in accordance with applicable policies.
5. The System Compliance Officer periodically shall provide information about such investigations, as appropriate, to the System Parent Audit & Compliance Committee of the Board of Trustees.

Approval: Board of Trustees - July 23, 2013; June 24, 2014, October 27, 2015, October 25, 2016  
Audit and Compliance Committee – June 24, 2014, October 27, 2015, October 25, 2016, January 23, 2018, June 25, 2019, October 27, 2020, October 26, 2021  
Corporate Compliance Committee – July 17, 2015, August 30, 2016, May 31, 2017, January 18, 2018