



Indiana University Health

Area: Administrative Policies

Sub Area: General (Administrative Policies)

Policy #: ADM 1.13

Approval Date: 9/30/2015

Effective Date: 9/30/2015

Next Due Date: 9/30/2018

STANDARDS OF CONDUCT FOR BUSINESS PRACTICES

I. Purpose

The purpose of this policy is to establish standards of ethical behavior and related monitoring and enforcement processes for members of the Indiana University Health (IUH) workforce to use in conducting IUH business. Non-employee representatives of IUH, such as sales agents, contractors, external advisors/consultants, should also be directed to conduct themselves in a manner consistent with these standards when they are acting on behalf of IUH.

II. Scope

All IUH workforce members (all employees, contracted personnel, physicians, volunteers, students and other agents) are covered by this policy.

III. Exceptions

Any exception to this policy requires the advance approval of the Chief Executive Officer or the Chief Compliance Officer.

IV. Definitions

None

V. Policy Statements

A. Compliance with Laws, Rules, Accreditation Standards and Agreements

1. IUH will transact its business in compliance with the laws, including Medicare, Medicaid and other federal healthcare program regulations, of the jurisdictions in which it does business.

These include local, state and federal jurisdictions. Applicable laws include, but are not limited to, anti-kickback statutes, labor laws, tax code and regulations, antitrust laws, copyright laws, patient rights laws and environmental laws.

a. IUH workforce members are expected to know and comply with laws applicable to their IUH responsibilities.

b. Questions about the interpretation or application of laws should be referred to the Chief Compliance Officer or IUH Legal Counsel.

2. IUH workforce members shall be aware of and abide by relevant Joint Commission or Healthcare Facilities Accreditation Program (HFAP) standards, as applicable.

3. IUH workforce members shall perform in accordance with the terms of agreements entered into by IUH.

B. Compliance with Standards of Integrity, Quality and Respect

1. IUH recognizes that to earn and maintain a reputation for integrity, it must strive for and achieve more than compliance with laws, regulations and contractual obligations. Even the appearance of misconduct or impropriety can be damaging to this reputation.

2. IUH workforce members will exercise the utmost honesty, accuracy, fairness and respect for others when acting on behalf of IUH, even if contrary practices are “customary” or would serve worthy goals.

3. IUH workforce members will abide by the ethical standards of the professions to which they belong, including those made available by commonly recognized professional organizations.

4. IUH workforce members will understand and abide by the organization’s policies, including but not limited to those published in the Administrative, Environment of Care, Human Resources, Infection Control and Patient Care manuals and any manual specific to an individual’s job duties.

5. IUH workforce members will treat the organization’s patients with utmost respect; this responsibility includes, but is not limited to, complying with their rights as described in law and IUH policy.

6. IUH workforce members will not present information about the organization’s services, accreditations, competencies, and/or licenses in a deceitful or misleading way; all IUH marketing materials will comply with “truth in advertising” laws.

C. Financial Reporting

1. IUH management shall prescribe and place in operation internal controls to adequately mitigate significant operational, financial and compliance risks to the organization, including those of asset misappropriation, fraud and other wrongful acts; IUH workforce members shall comply with the prescribed internal control structure.

2. IUH workforce members will maintain financial records in accordance with applicable laws and accounting standards and follow all IUH prescribed accounting and reporting procedures.
3. IUH workforce members will use IUH property, including facilities, equipment, software, supplies and work time, only for IUH business and will dispose, sell or otherwise remove IUH property only in accordance with the organization's policies.
4. IUH workforce members will cooperate fully with Internal Audit & Corporate Compliance personnel and other authorized persons reviewing the adequacy and effectiveness of the internal control structure implemented by management and/or the substantive fair statement of financial records, adequacy of asset safeguarding, efficiency and effectiveness of operations and/or compliance with applicable laws, standards and policies.
5. IUH workforce members will maintain the confidentiality of the organization's financial, operational, legal, medical, employment and other data including all patient information and information about other IUH personnel maintained by IUH.

D. Gratuities and "Kickbacks" and Referrals

1. IUH workforce members will not give, offer or promise anything of value to any government official, primary contractor, subcontractor or other entity for the purpose of improperly obtaining or receiving favorable treatment for themselves or for IUH; nor shall any member of the IUH workforce solicit or accept, directly or indirectly, anything of value from any prime contractor, subcontractor or other entity for giving favorable treatment to the donor.
2. IUH workforce members will comply with the federal and Indiana State Anti-Kickback Acts, which prohibit:
 - a. knowingly and willfully soliciting or receiving remuneration "in return for referring an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made . . . under" or "in return for purchasing, leasing, ordering or arranging for or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made under" a Federal Healthcare Program.
 - b. knowingly and willfully offering or paying remuneration to induce any person "to refer an individual to a person for the furnishing or arranging for the furnishing of any item or service for which payment may be made . . . under" or "to purchase, lease, order, or arrange for or recommend purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made . . . under" a Federal Healthcare Program.

3. IUH workforce members will comply with the federal Stark Act, which prohibits a physician with a financial relationship with an entity from making a "referral to [that] entity for the furnishing of designated health services" for which Medicare may pay and the entity from billing any individual, third party payor or other entity for services furnished pursuant to a prohibited referral, unless a statutory/regulatory exception applies.
4. IUH workforce members shall not solicit or receive, or offer to pay or pay, any remuneration of any kind (including rebates, kickbacks or bribes), in exchange for referring or recommending the referral of any individual to another person, hospital or medical facility of IUH for services or in return for the purchase of goods or services to be paid for by Medicare or Medicaid.
5. IUH workforce members shall not offer or grant any benefit to a referring physician or other referral source on the condition that such physician or referral source refer or agree to refer any patients to a person or medical facility.
6. IUH physicians shall not make referrals for designated health services to entities in which the physician has a financial interest, either through ownership or a compensation arrangement, unless a statutory/regulatory exception applies.
7. IUH physicians shall not bill for services rendered as a result of an illegal referral.

E. Conflict of Interest

1. IUH workforce members will avoid any direct or indirect conflict or appearance of conflict between personal interests and the best interest of IUH in accordance with the Administrative Conflict of Interest policy.
2. A potential conflict of interest exists whenever an objective observer might perceive that an individual's actions are not in the best interest of IUH.
3. Although certain conflicts of interest are unavoidable, full disclosure will minimize the impact of a conflict of interest or an appearance of a conflict of interest.
4. It is not possible to define all circumstances in which a conflict of interest does or does not occur. Acting within the letter and spirit of this policy and the Conflict of Interest policy is the responsibility of each individual.

F. Proprietary Information

1. IUH will comply with federal and State antitrust laws in order to promote free and fair competition.

2. IUH workforce members should direct questions about the application of antitrust laws to a specific situation to IUH Legal Counsel.
3. IUH will strictly limit its business relationships with competitors and will not enter into any understanding or agreement (including any agreement implied from a course of conduct) with any competitor to fix prices, agree on labor costs, allocate markets or engage in group boycotts.
4. IUH workforce members will not refuse to deal with customers or suppliers to lessen competition or create or maintain a monopoly.

G. Fraudulent and Wrongful Acts

1. IUH workforce members will not commit fraudulent or other wrongful acts and will actively participate in IUH's efforts to prevent and detect such acts.
2. Some examples of fraudulent or wrongful acts are:
 - a. authorization of a patient charge for which no service was rendered or item supplied;
 - b. falsification, unauthorized alteration or removal, or destruction of a medical record or other IUH document;
 - c. misappropriation of IUH monies, securities, supplies, or other assets;
 - d. authorization or receipt of compensation for hours not worked;
 - e. improper management or reporting of financial transactions;
 - f. misuse of IUH's proprietary information; and
 - g. any other act involving dishonesty or violation of IUH policies or applicable laws, whether or not specifically addressed in these standards.
3. IUH workforce members will report suspected fraudulent or other wrongful acts to Corporate Compliance or the confidential compliance hotline (TrustLine) at (888)878-7836.
 - a. Persons not authorized, either explicitly by instruction or implicitly by general job duties, by IUH to investigate allegations of fraud or other wrongful acts will not initiate investigations or confront potential wrongdoers.
 - b. Authorized IUH workforce members will conduct prompt, competent and timely investigations of alleged fraudulent or other wrongful acts, respecting the legal rights of the accused at all times.

c. IUH workforce members will cooperate fully with personnel investigating allegations of fraud or other wrongful acts.

d. Neither IUH nor any member of the IUH workforce will retaliate against any person who, in good faith, reports fraudulent or wrongful acts or who cooperates with an investigation of allegations of such.

e. Any member of the IUH workforce who commits fraudulent or wrongful acts is subject to disciplinary action, including termination of employment or other relationship with IUH and prosecution if appropriate.

H. Consequences of Violation of IUH Policies

1. Each workforce member is responsible for ensuring that his/her own conduct and the conduct of anyone reporting to him/her fully complies with the requirements of each section of this policy and with all IUH policies.

2. IUH workforce members violating the requirements or intent of each section of this policy will be subject to corrective action in accordance with the Human Resources Corrective Action policy.

3. Members of the IUH workforce who supervise other IUH personnel are responsible for ensuring that persons who report to them abide by this policy.

4. Conduct which would subject IUH workforce members to corrective action includes, but is not limited to, failing to report conduct that a reasonable person should know violates this policy (including violations of law and IUH policy), willfully or negligently providing false information to government regulators, IUH, or others with a lawful right to the information and intentionally making a false report of a violation of this policy.

VI. Procedures

A. Compliance Program

1. IUH will maintain a corporate compliance program in accordance with the criteria outlined in the United States Sentencing Guidelines and the Department of Health and Human Services Office of Inspector General's Supplemental Compliance Program Guidance for Hospitals and Compliance Program Guidance for Hospitals.

2. IUH will publish, on its intranet site, policies and procedures addressing specific legal issues and other compliance concerns.

3. IUH will vest responsibility for the operation of the corporate compliance program with the Chief Compliance Officer.

a. The Corporate Compliance department at each IUH facility will implement the compliance program under the direction of and in periodic consultation with the Chief Compliance Officer.

b. The Board of Directors will assist the Chief Compliance Officer in monitoring and overseeing compliance.

c. The Chief Compliance Officer (or designee) will meet periodically with the Audit and Compliance Committee and the Values, Ethics, Social Responsibility and Pastoral Services Committee of the IUH Board of Directors to report significant compliance issues and regulatory developments and obtain direction with respect to compliance activities.

d. Designated compliance personnel in each IUH facility will periodically report to [that] facility's board.

4. The Chief Compliance Officer, in conjunction with IUH's Chief Risk Officer and the Internal Audit department, will maintain a formal program of risk assessment and compliance monitoring to prevent occurrences of non-compliance through implementation of appropriate internal controls and detect occurrences of non-compliance for mitigation and resolution.

5. IUH will conduct criminal history investigations of potential new employees in accordance with Human Resources policy Background Investigation, and will avoid engaging individuals and entities excluded from participation in federal healthcare programs in accordance with Administrative policy Identification of Excluded Individuals and Entities.

B. Employee Handbook

1. IUH will make available, on the intranet, an employee handbook outlining the requirements of this and other IUH policies and including appropriate disclosures as required by law.

C. Training/Education

1. IUH will maintain a comprehensive, formal program of general compliance training to ensure that members of the IUH workforce are aware of their legal, moral and ethical responsibilities and IUH's commitment to compliance with this policy and knowledgeable about IUH's procedures for ensuring compliance, reporting violations and responding to issues.

a. Employed IUH personnel will complete general compliance training upon hire and annually thereafter; Corporate Compliance will prepare and periodically update the training content and maintain records of training completion.

b. Non-employed IUH personnel will complete general compliance training as prescribed by Corporate Compliance.

c. Other communication and training mechanisms (e.g. brochures or newsletters), will be implemented at the discretion of the Corporate Compliance office.

D. Open Communication

1. IUH will maintain open communication to encourage IUH workforce members and others (e.g., patients and visitors) to report and/or seek guidance regarding potential or actual criminal conduct or other compliance issues without fear of retaliation.

a. IUH will operate a confidential reporting hotline, called the TrustLine, which IUH workforce members and others can use to report or seek guidance regarding potential or actual criminal conduct and other compliance issues without fear of retaliation.

b. IUH workforce members may consult with their immediate supervisor, IUH executive management, the Chief Compliance Officer, Corporate Compliance, Human Resources, or Legal Services if they have concerns or questions about potential or actual criminal conduct and other compliance issues.

c. IUH workforce members shall not retaliate against any person making a good faith report of criminal conduct or another compliance issue.

E. Conflict of Interest

1. IUH workforce members will abide by the Administrative Conflict of Interest policy, when evaluating, mitigating and disclosing conflicts of interest.

F. Management

1. IUH managers will implement procedures to ensure compliance with this policy within their areas of responsibility.

VII. Cross References

IUH Policies:

- A. Conflict of Interest
- B. Identification of Excluded Individuals and Entities
- C. Corrective Action
- D. Background Investigation

VIII. References/Citations

United States Sentencing Guidelines
Compliance Program Guidance for Hospitals
Supplemental Compliance Program Guidance for Hospitals

IX. Forms/Appendices

None

X. Responsibility

Chief Compliance Officer

XI. Approval

Policy Oversight Committee

XII. Approval Signatures

- Approval Signatures
- Evans, Daniel - CEO - Daniel F. Evans Jr. - CEO - 1/28/2016 10:37:29 AM - Approved

XIII. Dates

Approval Date: December 1997
Effective Date: January 1998
Revision Dates: January 2001, December 2003, December 2006,
December 2009, December 2012

- Effective Date: 9/30/2015
- Published Date: 9/9/2015