



White River HEALTH

COMPLIANCE PLAN

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A. Introduction

The mission of White River Health, Inc. (“WRH”) is to provide quality healthcare and improve the health of our communities. To evidence this dedication, WRH 's Board of Directors have adopted, developed, and implemented the Compliance Plan.

The Compliance Plan is intended to become a part of the fabric of the WRH's routine operations and supplement the facility's Code of Conduct. WRH communicates to all personnel its intent to comply with applicable state and federal laws through the Compliance Plan.

Because of the extreme importance WRH places on understanding and abiding by all applicable state and federal laws and regulations and acting in accordance with its standards and procedures, the Compliance Plan will be available to all administrators, employees, members of the medical staff, and, upon request, to contractors, vendors, and suppliers (hereinafter collectively referred to as "WRH Representatives").

No WRH Representative has the authority to act contrary to any provision of the Compliance Plan or to condone any such violation by others. Any WRH Representative with knowledge of information concerning a suspected violation of law or regulation or violation of a provision of the Compliance Plan is required to report promptly such violations via the Compliance Hotline described herein.

Employees who violate any provision of the Compliance Plan, including the duty to report suspected violations, shall be subject to disciplinary measures as set forth in the Plan. WRH will take steps to investigate all reported violations. and will endeavor to maintain an effective Compliance Plan that prevents, detects, and eliminates violations of the law and regulations.

WRH will communicate changes to or modification of the Compliance Plan concurrent with or prior to the implementation of such changes or modifications; however, WRH reserves the right to change, modify, or amend the Compliance Plan or any compliance polices as deemed necessary by WRH without notice to Corporation Representatives or other persons.

Should WRH Representatives have any questions or uncertainties regarding compliance with applicable state or federal law or regulations, or any aspect of the Compliance Plan, including a related policy or procedures, they should seek immediate clarification from the Compliance Officer (CO) or his/her designee.

B. Compliance Plan Summary

White River Health recognizes that an effective compliance program is essential to achieving White River Health’s core values and mission, and the success of White River Health’s business and reputation. Accordingly, White River Health’s Compliance Program is designed to promote an understanding of the importance of following the laws, regulations, and standards that govern White River Health, and compliance with such laws, regulations and standards as they apply to patients, third party payers, associates, medical staff members, vendors, independent contractors, and the Board of Directors.

Definitions

White River Health (WRH) -- “WRH” includes all hospitals, facilities, clinics, and other subsidiaries that are owned or controlled by WRH.

Senior Leadership Team -- This group is composed of the President/CEO, Executive Vice Presidents, and Vice Presidents of WRH.

Corporate Compliance Program -- The “Corporate Compliance Program” is:

1. The compilation of the compliance plan, code of conduct, and written policies and procedures which define exactly how WRH prevents non-compliance, detects it if it happens to occur, and takes appropriate corrective action to ensure that such behavior does not recur; and

2. An ongoing effort by WRH to ensure that such policies and procedures are implemented, followed, and updated.

OIG - The term "OIG" refers to the Office of Inspector General, United States Department of Health and Human Services.

Consistent with the OIG's guidance for an effective compliance program, the Plan is comprised of the following elements:

- I. Written Standards of Conduct, Policies, and Procedures
- II. Oversight and Organization of the Compliance Program
- III. Education and Training
- IV. Open Lines of Communication
- V. Auditing and Monitoring
- VI. Promptly Responding to Compliance Violations
- VII. Enforce the Compliance Program Through Disciplinary Guidelines and Incentives

Each of these elements are explained in the next section of the plan, below.

C. Compliance Plan Elements

This Corporate Compliance Plan serves as a guide for the development and implementation of WRH's Corporate Compliance Program. The seven essential elements for an effective corporate compliance program as described by the OIG and adopted by WRH are summarized below:

I. Written Standards of Conduct, Policies, and Procedures

White River Health is focused on preventing, detecting, and correcting violations of laws, regulations, rules, and standards of conduct. The Compliance Department is responsible for high-level oversight of the various laws and regulations that impact White River Health. The cornerstone of White River Health's Compliance Program is the Code of Conduct, which provides guidance to White River Health Representatives when carrying out daily activities to ensure conduct is ethical and legal. The Code of Conduct provides additional detailed direction on laws and regulations related to fraud and abuse of Federal health care programs. The Compliance Department has also developed and shall maintain a comprehensive set of policies, which are readily available on White River Health's Policy Management System. Written policies and procedures are how organizational expectations and operating processes are communicated to those responsible for completing tasks through WRH. The policies are reviewed on a regular basis and updated as needed, but no less than every three years. The Compliance Department also maintains and continually develops internal standard operating procedures.

The Compliance Department monitors changes in Federal health care program requirements, OIG work plans, advisory bulletins, fraud alerts, and other relevant guidance to determine whether additional policies are needed or revisions should be implemented to current policies or the Code of Conduct.

II. Oversight and Organization of the Compliance Program

Overall responsibility for operation and oversight of the Compliance Plan belongs to the WRH Board; however, the day-to-day responsibility for operation and oversight of the Compliance Plan rests first with the Compliance Officer and Coordinators of WRH. The Compliance Coordinators report to the Compliance Oversight Committee (COC) on a no less than quarterly basis. The COC is comprised of the Compliance Coordinators from various departments, the Compliance Officer, Privacy Officer, Security Officer, and General Counsel. The Compliance Officer (CO), who is appointed by the Board of Directors, serves as the liaison between the Compliance Oversight Committee and the Board of Directors. Compliance Plan oversight will be provided by the CO and the COC.

- a. The CO is responsible for the implementation, administration, and oversight of the COC. The CO is vested with the authority to carry out his/her duties according to the Compliance Plan.
- b. The purpose of the COC is to oversee the implementation and operation of the Compliance Plan. The CO will review reports and recommendations of the COC regarding Compliance activities, including data regarding compliance generated through auditing, monitoring, and individual reporting. Based on these reports, the CO will

make recommendations to WRH Board of Directors regarding the efficacy of the Compliance Plan and will report as requested.

III. Education and Training

All employees shall receive training on WRH's Compliance Plan and Code of Conduct during new employee orientation, and refresher training shall be included in each employee's annual training program. The Compliance Plan and Code of Conduct will be published on the WRH website and made available to employees by request at any time. An employee on leave at the end of the year who did not complete refresher training prior to taking leave, must receive the previous year's refresher training within thirty (30) calendar days of his/her return provided the current year's training has not been released. Annually during performance reviews, all employees will complete an acknowledgment verifying they have access and knowledge of the WRH Code of Conduct and Compliance Plan and agree to be bound by it.

Various Compliance and Privacy education topics are available on our online learning platform, Health Stream. Individual education is provided as needed on request or because of a violation.

IV. Open Lines of Communication

WRH is committed to the timely identification and resolution of all issues that may adversely affect employees, patients, or the organization. Therefore, WRH Compliance Department has an open-door approach to communication. Individuals can reach the compliance department by telephone, email, personal meeting, or hotline. WRH compliance and privacy officers are visible throughout the organization by way of rounding on departments, nursing units, and clinics, to include the satellite emergency room and Stone County Medical Center.

WRH has established communication channels to report problems and concerns including a telephone hotline. The number for the Batesville area is (870) 612-3136 and the toll-free line for employees outside the Batesville area is 1-866-612-3136. The hotline number is issued to all new employees on a card to be worn with their employee badge. Employees are encouraged to report problems or concerns either anonymously or in confidence via the hotline when they deem appropriate. The hotline establishes an avenue for employees or interested parties to report suspected criminal activity and illegal or unethical conduct occurring within WRH in the event other resolution channels are ineffective or the caller wishes to remain anonymous. The CO will report periodically to the Board of Directors regarding hotline activity. This report will include the total number of calls received, acted upon, and general results from the hotline operation. In addition, the report will include any recommendations for system-wide improvements or corrective actions arising from the results of the operation and related investigations. All WRH Representatives are expected and encouraged to report any concerns or complaints regarding violations or suspected violations of the Code of Conduct. No WRH Representative who in good faith reports a violation of the Code of Conduct shall suffer harassment, retaliation, or any adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline, up to and including, termination of employment.

V. Monitoring and Auditing

White River Health strives to achieve compliance with applicable laws and regulations by utilizing auditing and monitoring designed to detect non-compliance. Auditing and monitoring allow White River Health to minimize risk and remedy compliance issues in their early stages. The COC conducts an audit meeting at the conclusion of each COC meeting. Audit plans are developed based on risk assessments, surveys, and Program for Evaluating Payment Patterns Electronic Reports ("PEPPER").

All White River Health employees are also asked to complete an exit interview questionnaire after their last day of employment which specifically asks the employee to report any compliance issues or concerns. To further encourage participation, reimbursement for certain eligible unused benefit categories is contingent upon completion of the exit interview process.

White River Health will periodically monitor the effectiveness of the Compliance Program and will put additional plans and processes in place, as appropriate. In addition, White River Health shall engage a qualified, external third party to

periodically evaluate coding compliance. The results of these evaluations will be carefully reviewed by the Compliance Department and General Counsel and reported to the White River Health Board of Directors as deemed appropriate.

All regulated departments/clinics are encouraged to develop and implement auditing and monitoring programs, which may include risk assessments, surveys, or audits to detect non-compliance.

VI. Promptly Responding to Compliance Violations

The Compliance Department has written policies in place for promptly responding to and investigating reports of illegal or unethical conduct. Appropriate steps to remediate violations are taken if an audit or investigation reveals non-compliance. Appropriate steps may include, but are not limited to, providing education or training, recommending disciplinary action be taken with respect to a certain individual or individuals, reporting audit or investigation results to White River Health leadership and the White River Health Board of Directors. The Compliance Department may also consult with the General Counsel to determine whether it is legally required or appropriate to report a matter to the government and if so, the channel and manner in which the report should be made. The General Counsel may advise to consult with outside legal counsel or directly with governmental authorities.

VII. Enforcement Through Disciplinary Guidelines and Incentives

Various practices and processes address activity that is inconsistent with the Compliance Program. White River Health Human Resources has developed disciplinary standards to address compliance violations, which are adhered to by the departments in conjunction with other White River Health policies.

All new White River Health Representatives are screened against the OIG's List of Excluded Individuals (LEIE) and the U.S. General Services Administration's Excluded Parties Listing System, and they must attest in writing that they have never been subject to an adverse action by a duly authorized regulatory or enforcement agency. If a Representative is later subject to an adverse action including becoming excluded or ineligible to participate in federal or state health care programs, he/she must notify White River Health immediately. All White River Health Representatives are checked against the LEIE monthly. White River Health may terminate any White River Health Representative that appears on the LEIE or who engages in serious violations of the Compliance Program or policies.

A HIPAA Matrix is used for consistent disciplinary actions for HIPAA Privacy violations.

The Compliance Department celebrates Compliance and Ethics Week annually through global communication and quizzes with incentives for completing.

D. Conclusion

This Compliance Plan serves as evidence of White River Health's commitment to comply with all applicable laws, regulations, standards, and requirements. The Compliance Program provides helpful guidance for White River Health to ensure all its dealings are conducted fairly, honestly, and with integrity.