

University of Missouri Health System Corporate Integrity Agreement Corporate Compliance Policies – Reporting Period 2

I. Integrity and Compliance Program:

The MU Health Integrity and Compliance program exists to support our mission by providing guidance, education and tools to assist with fulfilling commitments, understanding regulations and laws that govern our work, and putting our values into action as we go about our daily jobs. The Code of Conduct serves as the foundation for the Integrity and Compliance Program and further demonstrates our commitment to ethical and legal behavior. The Program adheres to the seven elements of an effective compliance program as set forth in the Federal Sentencing Guidelines and the Department of Health and Human Services Office of Inspector General. These standards apply universally to the workforce across the organization and further support our goal to achieve the highest levels of organizational integrity.

II. Government Agency Audits, Interview and Searches:

This policy ensures cooperation with regulatory and oversight agencies while protecting the rights of MU Health and its workforce members. MU Health and its employees will cooperate fully with any government audit, interview, search or other investigation.

III. Compliance Reporting and Non-Retaliation:

This policy provides a uniform framework for reporting an actual or potential violation of the MU Health Code of Conduct, the Integrity and Compliance Program, the University of Missouri Collected Rules and Regulations, or other applicable laws, regulations or policies that govern our work. MU Health workforce, including physicians, faculty, staff, students, researchers, and volunteers, are required to read and certify understanding of the Code of Conduct at the time of hire and annually thereafter. Likewise, employees are expected to apply these standards to their respective roles and responsibilities. If a violation of a standard is suspected or encountered, employees have an obligation to report. Failure to report a suspected violation of these standards may result in disciplinary action.

IV. Conflict of Interest:

All medical, financial and operational decisions made within MU Health shall be made in the interest of our patients and their families, MU Health and the University of Missouri. Any decision made by an employee or medical staff member that does not uphold this policy will be considered as a potential Conflict of Interest that must be disclosed, reviewed and managed as necessary. This policy establishes expectations for interactions with industry representatives and potential referral sources with the faculty and staff of MU Health.

V. Fundraising and Gifts:

This policy establishes requirements to ensure fundraising initiated on behalf of MU Health is institutionally appropriate, protects patient privacy, avoids duplication and undue solicitation of

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donors in our fund activities, and preserves procurement policies and relations with our suppliers of goods and services. This policy applies to any solicitation of charitable gifts from individuals, corporations, suppliers, groups and foundations which may or may not be related to MU Health Care or any of the health system campuses, divisions, departments or other subdivisions.

VI. Endorsement:

This policy addresses the use and association of MU Health Care names and marks, and that of its entities, or of photographs of patients, personnel or property.

VII. Code of Conduct:

This policy and the concurrent *Code of Conduct Manual* serve as the foundation for the Integrity and Compliance Program and further demonstrates our commitment to ethical and legal behavior. MU Health workforce, including physicians, faculty, staff, students, researchers, and volunteers, are required to read and certify understanding of the Code of Conduct at the time of hire and annually thereafter. The Manual provides practical guidelines that support our commitment to maintain integrity and compliance across MU Health.

VIII. Clinical Trials or Research Involving an Investigational Device Exemption (IDE):

This policy is intended to assure that all requirements are in place before research proceeds and all persons responsible for the financial conduct of the study are notified prior to submission of any study-related claims. Services related to Category A, Category B, Non-Significant Risk (NSR) and Humanitarian Use Devices (HUD) in clinical trials must be prior approved by the payer, including CMS/Medicare and commercial payers. Upon approval from Medicare or other payer as appropriate, enrollment can proceed. When a subject is enrolled (regardless of payer involved) the investigator or research staff must notify the Office of Corporate Compliance and provide research visit dates.

IX. Screening for Exclusion from Federal Health Care Programs:

This policy establishes guidelines for screening potential new and existing employees, medical staff, providers, researchers, contractors, and others who work for, contract with, or are appointed to the medical staff of MU Health. MU Health will not knowingly employ, appoint, or contract with individuals or entities if such individuals or entities have been excluded, debarred, or are otherwise ineligible to participate in federal government programs, or if they have been convicted of federal offenses related to the provision of health care items or services. As part of its routine inquiry into the background of its prospective and current employees, medical staff, providers, researchers, and contractors, MU Health will query relevant federal exclusion lists, and request disclosure from such persons or entities as a condition of commencement of work and as a continuing condition of employment.

X. Coding Compliance Plan:

This policy is intended to ensure that all individuals conducting coding services on behalf of MU Health obtain the necessary competencies to perform compliant and accurate coding, and

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orient to the MU Health Coding Compliance Plan, tools and resources, and required education and training programs. This includes coding guidelines and guideline changes, which may impact complete, accurate and consistent coding, improve the accuracy, integrity and quality of patient data, ensure minimum variation in coding practices, and improve the quality of the physician documentation within the body of the medical record to support code assignments.

XI. EMTALA-Emergency Medical Treatment and Active Labor Act:

When an individual presents or is brought to MU Health Care for examination and treatment of a nonscheduled medical condition, a physician, physician's assistant or advance nurse practitioner will provide a medical screening examination within the capability of the facility, including ancillary services routinely available for the purposes of determining the presence or absence of an emergency medical condition. An individual with an emergency medical condition will receive further medical examination and treatment within the capabilities of the staff and facilities available as may be required to stabilize the emergency medical condition. If the individual's emergency medical condition requires treatment beyond the capability or resources of the facility, a transfer will be arranged through appropriate means to a facility who has agreed to accept the patient.

XII. Ethics and Compliance Reporting Hotline:

This policy outlines the process for reporting a suspected violation of policy, law, Code of Conduct, or other concerns via the University of Missouri Ethics and Compliance Hotline.

XIII. Compensation and Business Courtesies:

Business courtesies, non-monetary compensation and incidental benefits may only be extended to physicians or their immediate family members or potential referrals sources as provided for in this policy. At no time may a benefit be offered or provided as an inducement to refer patients or business, or as a reward for such referrals or business. This policy establishes requirements for the provision of business courtesies, non-monetary compensation, and incidental benefits to physicians or their immediate family members or potential referral sources in accordance with Federal and Missouri laws, including the Anti-Kickback Statute (42 U.S.C. 1320a-7b) and the physician self-referral law ("Stark"; 42 U.S.C. 1395nn).

XIV. Gifts to Medicare and Medicaid Beneficiaries:

Under Section 1128A(a)(5) of the Social Security Act, the Federal Government prohibits inducements to Medicare and Medicaid beneficiaries for selection of a particular health care provider. However, the Office of the Inspector General has issued guidance which includes exceptions to this prohibition. This policy provides a framework and process for approval should MU Health wish to provide gifts or services to Medicare and Medicaid beneficiaries.

XV. Risk Assessment and Internal Review Process:

The purpose of this policy is to establish for MU Health a centralized annual risk assessment and internal review process to identify and address risks, including those associated with the submission of claims for items and services furnished to Medicare and Medicaid program

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beneficiaries. This policy applies to MU Health employees, medical staff, medical students, and any other persons performing work for or at MU Health.

XVI. Reportable Events:

This policy outlines the steps MU Health will take when a Reportable Event is identified and reported to the Office of Inspector General (OIG) of the U.S. Department of Health and Human Services.

Affiliated Policies

I. Graduate Medical Education - Supervision and Progressive Authority and Responsibility of Residents:

The purpose of this policy is to set forth institutional standards for faculty supervision of residents that assures their education and our compliance with Accreditation of Graduate Medical Education (ACGME) institutional standards. Compliance with ACGME standards for supervision of residents is one of the requirements for continued accreditation for individual training programs as well as for the accreditation of the institution. Appropriate supervision of residents is important to the education of the resident and to patient safety.

II. Record of Care, Treatment, and Services – Provider Content of the Medical Record Policy:

This policy establishes processes to ensure a complete and accurate record of care provided by the provider is available on all patients registered for care at University of Missouri Health Care. Medical record documentation shall be developed electronically or on paper and maintained for each patient registered for care from MU Health Care. This documentation will be kept for 21 years from the time of the last visit.

III. Record of Care, Treatment, and Services - Use of Scribes in Clinical Documentation Policy:

This policy establishes guidelines for when a scribe may be utilized by the physician to properly document the physician's dictation and/or activities during a patient visit.

IV. Revenue Cycle - University of Missouri Hospitals (MUH) Overpayment Reporting:

This policy establishes a process to identify, quantify, and repay any overpayments received from any Federal health care program and commercial payers within payer specific timelines, and to identify possible underlying problems in an effort to prevent overpayments from recurring. This policy applies to University of Missouri Health Care, University Physicians, and all corporate departments (collectively MU Health).

V. Revenue Cycle - Research Pricing:

The purpose of this policy is to provide competitive pricing for research activities within University of Missouri Health System while ensuring that the hospital is covering the cost of services provided to research projects.

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VI. Revenue Cycle - Billing for Services Provided for Research Activities:

Services provided for research studies will be registered and processed in the institution's designated billing systems and in accordance with the guidelines set forth in this policy to ensure compliance with Federal Regulations and internal policies. The purpose of this policy is to provide guidelines on registration and billing for identifiable and documented research services provided to patients.

VII. Information Technology - Security Risk Management Program:

In accordance with this policy, an Information Technology Security Risk Management program has been developed and will be implemented and managed by the MU Health Risk Assessment Committee.

VIII. Leadership - Breaches of Privacy and Security of Patient Health Information:

MU Health policies regarding privacy and security of protected health information (PHI) reflect its commitment to protecting the confidentiality of patient medical records, patient accounts, clinical information from management information systems, including a health information exchange (HIE), confidential conversations, and any other sensitive material as a result of doing business. The policies comply with the Federal Health Insurance Portability and Accountability Act of 1996 and its related regulations ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, ("HITECH"), Title XIII of the American Recovery and Reinvestment Act of 2009 and related regulations promulgated by the Secretary of the U.S. Department of Health and Human Services. To ensure compliance with these policies and to ensure that the corrective actions taken as a result of a breach of protected health information are applied consistently, MU Health has adopted processes outlined in this policy.

IX. Leadership - Marketing Activities and Protected Health Information (PHI):

This policy establishes requirements to enable the use of Protected Health Information (PHI) in HIPAA-compliant marketing activities. Marketing is considered to be a part of the Hospital Operations, and will be conducted in strict accordance with this policy to ensure that PHI will be protected.

X. Leadership - Restricted Information, Protected Health Information and Portable Electronic Devices:

This policy describes the requirements for securing University-owned, highly restricted data and protected health information (PHI) on portable electronic devices.

XI. Leadership - Protected Health Information and Research:

This policy provides processes and procedures to guide the creation, collection, and utilization of information for human subject research. This policy provides a framework to ensure protected health information for research participants is secure while also allowing for appropriate use with respect to the approved research study.