

MADONNA REHABILITATION HOSPITALS
CORPORATE COMPLIANCE PROGRAM

A. OVERVIEW

This Corporate Compliance Program (the Program) applies to Madonna Rehabilitation Hospitals, both the Lincoln and Omaha Campuses (collectively, MRH). MRH is committed to carrying out health care ministry, consistent with its Mission, Core Values, Guiding Principles, and adherence to standards of ethical and legal business practices. MRH works to comply with all legal and regulatory requirements. MRH also works to prevent or detect unlawful and/or unethical conduct by all of its stakeholders.

The Program is the process by which MRH manages these compliance efforts. The Program and the Corporate Compliance Officer (CCO) commit to a “just culture” approach, where no retaliation will be taken against someone who reports a potential violation of an applicable regulation or statute. These reports may be made to the Corporate Compliance Committee (CCC), the CCO, or the Safety and Compliance Hotline (Hotline). The CCO may also report such to law enforcement or applicable regulatory bodies and not fear retaliation.

B. PURPOSE

The purpose of the Program is to provide reasonable assurance that MRH:

1. Complies with federal, state and local laws and regulations that are applicable to MRH and its operations;
2. Satisfies applicable state and federal Hospital Conditions of Participation and the terms of its other contractual arrangements;
3. Detects and deters criminal conduct or other forms of misconduct by board members, officers, employees, medical staff, and contractors who might expose MRH to liability;
4. Promotes self-auditing, monitoring, and voluntary disclosure of violations of laws and regulations in appropriate circumstances;
5. Establishes, monitors, and enforces high professional and ethical standards not only in the delivery of health care but in its business affairs;
6. Ensures senior leaders, directors and employees of MRH have adequate knowledge to complete their job duties in a manner compliant with federal and state regulations;
7. Ensures educational programs exist to delineate the expected ethical and business practices expected of MRH employees;
8. Maintains appropriate lines of communication for employees to ask questions or to report concerns they may have regarding current practices in relation to current regulations;
9. Ensures ongoing monitoring of compliance with applicable regulations, assuring that investigations of complaints or violations are conducted and that responsible parties initiate corrective action when indicated, and that no retaliation against an individual occurs for such reporting; and
10. Ensures that pertinent changes to laws or regulations are known by appropriate MRH Leadership for their evaluation of potential impact on MRH processes, and as indicated, that MRH Leadership has developed and implemented changes when necessary to achieve compliance with revised regulations.

C. COMPLIANCE PROGRAM ELEMENTS

The MRH Board of Directors (the Board) directed the development and implementation of an effective compliance program, which includes the following elements.

1. **Standards of Conduct** (Section D, below) – development and distribution of the Standards of Conduct, as well as the development of new or revised written policies and procedures that further promote MRH’s commitment to compliance. Such policies should be considered an integral part of the Program;
2. **Roles and Responsibilities** (Section E, below);
3. **Corporate Compliance Officer and Corporate Compliance Committee** designations (Sections F and G, below);
4. **Other Key Stakeholders** (Section H, below);
5. **Education and Training** Program (Section I, below);
6. **Hotline process** (Section J, below) - to receive complaints confidentially and to provide retaliation protection to all individuals who report concerns via the Hotline;
7. **Investigation and Remediation** (Sections K, below) – the investigation and remediation of identified systemic problems and the development of appropriate corrective action plans to remediate such problems;
8. **Monitoring** (Section L, below) – the performance of audits and risk assessments to identify problems and conduct ongoing compliance monitoring of identified problems areas; and
9. **Sanction or Disciplinary Action Enforcement** (Section M, below) – the enforcement of appropriate sanctions or disciplinary action against employees, physicians, or contractors who violate compliance policies, applicable laws or regulations or federal health program requirements.

D. STANDARDS OF CONDUCT

MRH follows the Ethical and Religious Directives for Catholic Health Care Services. MRH is committed to assuring that its actions and behaviors consistently reflect its Core Values and Standards of Conduct, which are incorporated into, and are considered part of, the Program.

The Program assures that operations, regulations, and the Standards of Conduct intersect and align. For example:

- Admission and Discharge Practices: Admission and discharge guidelines exist for all programs and services within MRH to ensure that patients meet criteria for its various levels of care, and to determine when patients are considered to be a “high risk” at time of admission. There are also processes to evaluate readiness and appropriateness of discharge and subsequent destination.
- Billing: All aspects of coding, reporting, and billing are subject to routine and random audit for accuracy and completeness.
- Licensing and Certification Bodies: MRH will provide authorized reviewing bodies with complete, factual and accurate information.
- Clinical Services: All clinicians, medical staff members, other practitioners and contract service providers must be knowledgeable of, and in compliance with, laws and regulations, and should immediately report suspected violations.
- Confidentiality of Medical Information: MRH shall protect the privacy and security of protected health information at all times. If protected health information is shared internally for MRH’s own business purposes, only the persons with a “need to know” this information will access it for MRH operations.

- Conflict of Interest: Employees are to avoid outside activities or interests which could influence or appear to influence their ability to make objective decisions in the course of their job responsibilities. Specified leaders and members of the Board are required to attest to their actual or potential conflicts of interest on an annual basis.
- Credentialing: The Medical Staff and the Credentialing Office assure that providers meet necessary legal requirements as well as the standards set by the Medical Staff Bylaws.
- Discrimination: MRH will prohibit discrimination and harassment within its culture of patient care and employee relations.
- Information Management: Safe, secure, and private communications are maintained with ongoing assessment and planning to face an ever-challenging environment.
- Marketing: MRH will present truthful and accurate information in all marketing and advertising. Social media communications are monitored by the Marketing and Public Relations department, to assure that these goals for patient and employee information are met.
- Medical Ethics: MRH shall maintain an active Medical Ethics Committee to assist patients, families, staff and physicians in dealing with end-of-life issues and other relevant issues.
- Personal Obligation to Report: Each person has an individual responsibility to report any activity by an employee, physician, subcontractor or vendor who appears to violate applicable laws, rules, regulations or MRH's Standards of Conduct. Federal and State whistleblower laws and regulations provide protection to any employee who reports suspected fraud or abuse under the False Claims Act.
- Provision of Care: Services are to be medically necessary, appropriate, and accurately documented for continuing care and billing for MRH's services.
- Purchase of Services/Materials: MRH will maintain its Standards of Conduct and its legal responsibilities during each phase of vendor selection, negotiation, determination of contract awards and the administration of all purchasing activities.
- Scope of Practice: All licensed employees will know and practice within their respective Scope of Practice Acts. Licenses will be maintained as required and are subject to audit at any time.
- Referrals: MRH accepts patients based solely on the patient's clinical needs and its ability to provide the needed services. MRH does not pay for referrals into its programs and will not accept payment for the referrals it makes.

E. ROLES AND RESPONSIBILITIES

Ultimate responsibility for the Program shall rest with the Board, the Chief Executive Officer/President, and Chief Financial Officer. Their roles shall include, but are not limited to:

- Ensure objectives of the Program are consistent with MRH's Standards of Conduct, Mission, Core Values, and Guiding Principles.

- Grant the responsibility of overseeing the Program to the CCO who is to report to the Board annually and as needed regarding the status and plans of the Program.
- Ensure the objectives of the Program are met on behalf of the MRH Leadership and the Board.
- Monitor Program effectiveness through reports received directly from the CCO and/or the Privacy Officer.

F. CORPORATE COMPLIANCE OFFICER (CCO)

The CCO is the person most responsible for leadership in the day-to-day operation of the Program, overseeing ongoing activities and maintenance. This role shall:

- Appoint members of the CCC in consultation with the Chief Executive Officer/President.
- Chair the CCC and monitor activities of any designated subcommittees. Assure that ongoing training and education programs for employees are offered, focusing on the elements of the Program and any new information that must be shared with specific audiences.
- Assist in monitoring for new laws, regulations and trends that may affect MRH, and if needed, collaborate with leaders to identify action plans to deal with these issues.
- Facilitate review of current activities and proposed new business activities in collaboration with business leaders to support compliance considerations. This may include, but is not limited to, compliance with state and federal false claims acts, whistleblower protections, anti-kickback, physician self-referral statute, and HIPAA.
- Ensure that ongoing monitoring activities are in place that represents the environment and business lines in which MRH currently operates. Assist with internal audits as indicated.
- Monitor and maintain the reporting mechanism for employees to share concerns regarding MRH compliance.
- Maintain an up-to-date system for the dissemination of applicable licensure, Medicare and Medicaid regulations.
- Prepare regular reports for the Board concerning the activities of the Program.

G. THE CORPORATE COMPLIANCE COMMITTEE

The CCC will include representation from, but not be limited to:

- Patient Financial Services
- Patient Care Services
- Rehabilitation Services
- Human Resources
- Risk Management
- Legal Department
- Finance

- Information Technology Services
- Marketing and Public Relations
- Representatives from other areas will be included as ad hoc members depending upon the priority focus and/or agenda items

Duties shall include, but are not limited to:

- Identification of Priority Focus Areas: Because MRH's business is complex and multi-faceted, the CCC will annually review possible risk areas and identify those areas which are considered to be a priority for focused review.
- Review updates as appropriate from the CCO, General Counsel, or MRH Leadership when changes in legal/regulatory requirements require a change in priority focus areas.
- Review existing policies and procedures within the Program to assure that they remain consistent with the needs of MRH.
- Monitor the results of compliance survey activities, determining those areas that need to be targeted for change and/or improvement and assure such change/ improvement is achieved.
- Evaluate the effectiveness of the Program on an annual basis to assure all areas of the CMS Conditions of Participation and other priority focus areas have been evaluated.

Activities of the CCC shall be documented and maintained per recommendations of General Counsel.

H. OTHER KEY STAKEHOLDERS

General Counsel

MRH General Counsel provides overall leadership, management and oversight of all legal and insurance (non-employee) matters related to MRH. General Counsel will provide legal consultation to MRH Leadership as requested. The General Counsel assists with compliance issues, risk management, human resources, patient accounts, business development, patient care issues, contract drafting/review, and all other general legal matters. The General Counsel will collaborate with MRH Leadership to minimize the risk of non-compliance.

Duties include, but are noted limited to:

- Provide legal advice and consultation regarding the design and implementation plans of the Program.
- Provide legal direction to the CCO, the CCC, or MRH Leadership, or consider and approve the use of outside legal counsel, as necessary.
- Interface as necessary with outside legal counsel and maintain required records and documentation or provide for such.

Privacy Officer, Security Officer, and Human Resource Officer

The Privacy Officer, Security Officer, and Human Resource Officer will be designated and will serve on the CCC.

The Privacy Officer will provide leadership and is responsible for assisting in the development and implementation of privacy policies and procedures consistent with the HIPAA privacy regulations.

Duties include, but are not limited to:

- Reviews, develops and proposes content changes to the Notice of Privacy Practices if a change in the HIPAA privacy rule affects operational practices and MRH's administrative safeguards for protected health information, such as the privacy policies and procedures.
- Participates in privacy and security complaint investigation.
- Serves as the primary point of contact at MRH for patient requests for restrictions concerning the use or disclosure of a patient's protected health information and processes such requests in a timely and efficient manner providing notice to those affected.

The Security Officer will provide leadership and is responsible for assisting in the development and implementation of security policies and procedures consistent with the HIPAA security regulations.

Duties include, but are not limited to:

- Ensures that reasonable physical and technical safeguards are in place for all protected health information, whether in paper, electronic, or other format.
- Participates in privacy and security complaint investigations.

The Human Resources Officer is responsible for overseeing HIPAA compliance for employee health plans and participates in complaint investigations concerning sanctions relative to HIPAA privacy rule and security rule non-compliance.

MRH Leadership

MRH Leadership is responsible for implementing effective internal controls that provide reasonable assurance of MRH's compliance with applicable laws and regulations.

Duties include, but are not limited to:

- Maintaining up-to-date knowledge of regulations in effect, which affect the scope of business practices for which they are responsible.
- In collaboration with the CCO and General Counsel, review the content of new laws and regulations to determine potential impact to MRH, and assess whether changes in process or policy are needed.
- Monitor the effectiveness of internal controls through participation in periodic audits and report findings as appropriate.
- Respond positively and promptly to inquiries or allegations/concerns of potential fraud and abuse violations.
- Share responsibility for appropriate training, auditing, and monitoring of employees and processes regarding compliance issues in their area and MRH overall.
- Work in a positive, open relationship with outside specialists and legal counsel as needed to conduct indicated investigations.

Employees

Each employee is expected to carry out their job responsibilities in an ethical, effective and

professional manner.

Duties include, but are not limited to:

- Understand the Mission, Core Values, Guiding Principles, and Standards of Conduct and their responsibility to uphold these as each pertains to their daily work.
- Participate in New Employee Orientation and annual mandatory training on the Program and adhere to the requirements.
- Seek to gain knowledge regarding and adhere to the laws and regulations associated with carrying out their respective job responsibilities.
- Report suspected violations of applicable rules or regulations or Standards of Conduct to MRH Leadership, to a CCC member, the CCO, or to the Hotline.
- Understand that violation of these expectations can be cause for disciplinary action.

Members of the Medical Staff

The Medical Staff of MRH are expected to provide their services with the commitment to following ethical and legal standards as provided to them during the credentialing process. Employed and contracted medical staff are provided with a copy of the MRH Standards of Conduct, Mission, Core Values, and Guiding Principles. Duties include, but are not limited to:

- Being knowledgeable of, and adhering to, the laws and regulations associated with carrying out their respective job responsibilities.
- Actively avoiding violation of the Anti-kickback Statute, the Stark Law (physician self-referral law), HIPAA, and Federal and State False Claims Acts, or any other applicable federal or state law.
- Promptly reporting any sanction imposed upon them by a governmental entity to the Vice President of Medical Affairs.
- Report suspected violations of applicable rules or regulations or Standards of Conduct to MRH Leadership, to a CCC member, the CCO, or to the Hotline.

Contracted Service Providers

While providers of contracted services or items are not considered direct employees of MRH, they are expected to provide services with the same commitment to following ethical and legal standards as any employee of MRH. Contracted service providers included under this section shall include organizations providing medical or clinical services to MRH, including, but not limited to, non-employed physicians, laboratory services, food services, and prosthetic and orthotics services. The CCC periodically reviews clinical contract performance for compliance with these expectations.

Contracted service providers are expected to:

- Understand the Mission, Core Values, Guiding Principles, and Standards of Conduct and their responsibility to uphold these as each pertains to their daily work.

- Maintain appropriate licensure and/or certification if required by their contract and/or position (job) description. Accept information and training as outlined.
- If they have or are to have access to protected health information of MRH, enter into a Business Associate Agreement with MRH for purposes of HIPAA and comply with its terms.
- Respond within reasonable time periods to requests for information or validation of legal requirements.
- Promptly report any sanction imposed upon them by a governmental entity to the CCO.
- Report suspected violations of applicable rules or regulations or Standards of Conduct to their own supervisor, if applicable, and to MRH Leadership, to a CCC member, to the CCO, or to the Hotline.

Students, Interns, or Volunteers

While students, interns and volunteers are not considered to be employees of MRH, they are expected to provide services with the commitment to following the ethical and legal standards of MRH. They are to be provided an orientation to the Mission, Core Values, Guiding Principles, and Standards of Conduct, either by a MRH employee or an instructor familiar with MRH requirements.

Duties include, but are not limited to:

- Understand the Mission, Core Values, Guiding Principles, and Standards of Conduct and their responsibility to uphold these as they pertain to their daily work.
- Maintain appropriate licensure and/or certification if required by their contract and/or position (job) description. Accept information and training as outlined.

I. EDUCATION AND TRAINING

In order for the Program to work effectively there will be education and training of the Program for all employees so that each has a clear understanding of the Standards of Conduct and their responsibilities and rights. New employees are trained early in their employment and are required to complete Program training again prior to their first year annual performance review. Each employee will receive education on an annual basis thereafter, which includes, but is not limited to, appropriate training in federal and state statutes, regulations, Program policies and corporate ethics. Post-training tests are administered to ensure employees understand and retain the subject matter. The content of the training is modified as necessary to keep up-to-date with any changes in federal and state health care program requirements, to address results of Program audits and investigations, to address any trends in reports to the Hotline, and to address guidance from applicable federal and state agencies.

J. COMPLIANCE COMMUNICATION

An open line of communication between the CCO (or their designee) and the MRH workforce is critical to the success of the Program. Employees are strongly encouraged to report incidents of potential fraud to or to seek clarification regarding legal or ethical concerns from MRH Leadership, a CCC member, or the CCO. Employees may also contact the Hotline if they want to remain anonymous. All concerns will be timely investigated, and the findings will be shared with the

employee reporting the concern as appropriate under the circumstances and in accordance with applicable law, unless it was done anonymously.

Workforce members who, in good faith, report possible compliance violations will not be subject to adverse consequences or retaliation as a result of their reports.

A log is maintained of all communications or calls to the Hotline including the nature of any investigation and subsequent results. Trends will be reviewed annually to identify any significant trends or patterns. A summary of this information will be included in reports by the CCO to the Board.

K. INVESTIGATIONS

The CCO has the authority to investigate all potential reports or reasonable indications of suspected noncompliance, and to direct others to do so, as necessary. The CCO may request legal counsel to participate in the investigation and provide legal advice in the matter, as appropriate. A written report describing the facts and circumstances surrounding the alleged issue, any disciplinary action, and the corrective action implemented to prevent recurrence will be completed by the investigator and submitted to the Chief Executive Officer/President and the CCC. The Board will be apprised of compliance reports at least annually, or as deemed necessary.

If the CCO or an Executive Leader discovers credible evidence of misconduct, and after investigation has reason to believe that the misconduct may violate criminal, civil or administrative law, the misconduct will promptly be reported as appropriate to the OIG or any other appropriate government agency having jurisdiction over the matter. Progress reports of the ongoing monitoring activities, including identification of suspected noncompliance, will be addressed by the CCO and CCC, and results will be shared annually, or as deemed necessary, with the Chief Executive Officer/President and Board.

L. MONITORING

One of the principle responsibilities of the CCO is to oversee and monitor the implementation of the Program. The CCO will work with CCC members, which includes MRH Leadership, to complete an annual risk assessment and develop an annual compliance work plan that includes the priority focus areas for monitoring during a fiscal year. This process will serve to track the effectiveness of the Program as well.

Monitoring techniques that will be used include, but are not limited to, the following:

1. Internal or external compliance audits focused on those areas within MRH that have potential exposure to government enforcement actions as identified in the OIG annual work plan, Medicare fiscal intermediary or carrier reviews and/or other legal or government entity guidance.
2. Benchmarking with state and/or national rehabilitation and hospital associations or non-competing national rehabilitation providers to provide insight on highlighted compliance issues for further assessment, study or investigation.
3. New or existing regulatory guidance or concerns specific to MRH operations.
4. Interviews with MRH personnel involved in management, operations, claim development and submission, and other related activities.
5. Periodic reviews of the Corporate Compliance monitoring scorecard and Hotline trends.

As part of the ongoing monitoring and auditing of the MRH compliance work plan, the CCO in conjunction with CCC members, or designees, will ensure that policies and procedures are

updated to reflect current regulatory issues and additional training is provided as necessary to assure continued compliance.

M. SANCTION OR DISCIPLINARY ACTION ENFORCEMENT

All members of the MRH workforce are responsible for complying with the Program, the Standards of Conduct, and the related MRH policies and procedures. Employees found to have violated any provision of the Program may be subject to discipline, up to and including termination.

The Human Resources Department will be notified in accordance with MRH's standard disciplinary policies and procedures. Enforcement will be administered by the parties identified by the CCO (or their designee) in consultation with the Human Resources Department and the employee's immediate supervisor. Disciplinary action will be determined on a case-by-case basis, will be equitable and consistent given the circumstances, and will comply with MRH policies and procedures. Each instance involving disciplinary action will be documented accordingly.

N. REFERENCES

- OIG Compliance Program Guidance for Hospitals (63 Fed. Reg. 8987)(February 23, 1998).
- OIG Supplemental Compliance Program Guidance for Hospitals (70 Fed. Reg. 4858)(January 31, 2005).
- OIG, Measuring Compliance Program Effectiveness: A Resource Guide (March 27, 2017).
- US DOJ, Criminal Division, Evaluation of Corporate Compliance Programs (June 2020).
- OIG General Compliance Program Guidance, November 2023

Review and approval for the Corporate Compliance Program:

- | | |
|---|------------|
| • Initial approval by the Board of Directors: | 09/22/1999 |
| • Last revision approved by the Board of Directors: | 09/30/2022 |
| • Last reviewed | 01/31/2024 |

4868-7137-4131, v. 1