



NOTHING CONTAINED IN THIS POLICY OR IN ANY OTHER POLICY CREATES A CONTRACT RIGHT. CONSISTENT WITH SOUTH CAROLINA LAW, ALL TEAM MEMBERS ARE EMPLOYED "AT WILL," WHICH MEANS THAT THE TEAM MEMBER HAS THE RIGHT TO TERMINATE HIS OR HER EMPLOYMENT AT ANY TIME, WITH OR WITHOUT NOTICE OR CAUSE, AND THAT PRISMA HEALTH AND/OR ITS AFFILIATED ENTITIES RETAIN THE SAME RIGHT.

**Corporate Compliance Program Policy**

<b>Approved Date:</b> 04/22/2016	<b>Effective Date:</b> 10/01/2019	<b>Review Date:</b> 09/18/2020
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**Scope:**

<b>Prisma Health-Midlands</b>		<b>Prisma Health-Upstate</b>	
X	Prisma Health Baptist Hospital		Prisma Health Greenville Memorial Hospital
X	Prisma Health Baptist Parkridge Hospital		Prisma Health Greer Memorial Hospital
X	Prisma Health Richland Hospital		Prisma Health Hillcrest Hospital
X	Prisma Health Tuomey Hospital		Prisma Health Laurens County Hospital
X	Prisma Health Children’s Hospital-Midlands		Prisma Health Oconee Memorial Hospital
X	Prisma Health Heart Hospital		Prisma Health North Greenville Hospital
	PH USC Medical Group		Prisma Health Patewood Hospital
X	Provider based facilities associated with Prisma Health-Midlands hospitals		Prisma Health Surgery Center - Spartanburg
			Prisma Health Marshall I. Pickens Hospital
			Prisma Health Children's Hospital-Upstate
			Prisma Health Roger C. Peace Hospital
			Prisma Health Baptist Easley Hospital
			University Medical Group UMG/PIH
			Provider based facilities associated with Prisma Health-Upstate hospitals

**Policy Statement:**

Prisma Health is committed to improving the physical, emotional and spiritual health of all individuals and communities it serves; to providing care with excellence and compassion; and to working with others who share our fundamental commitment to improving the human condition. In order to accomplish this mission, the Board of Directors (Board) has recognized the importance of developing, implementing and maintaining a Corporate Compliance Program (Program) for all Team members. As healthcare regulations and their enforcement are extremely complex and because Prisma Health is committed to full compliance with these rules and regulations, the Program is designed to assure uniform compliance with all applicable authorities.

**Associated Policies and Procedures:**

N/A

**Associated Lippincott Procedures: (as applicable)**

N/A

**Definition:**

Abuse: CMS defines “abuse” as “incidents or practices of providers that are inconsistent with sound medical practice and may result in unnecessary costs, improper payment, or the payment for services that either fail to meet professionally recognized standards of care or are medically unnecessary”.

Anti-trust Laws: for the purposes of all policies contained in the Compliance Program, refer to laws that prohibit competitors from entering into agreements to fix prices or to reduce price competition. In general, the Anti-trust laws benefit consumers by protecting competition.

Anti-kickback Laws: for the purposes of all policies contained in the Compliance Program, refer to laws that prohibit the offer or receipt of certain compensation in return for referrals for or recommending purchase of supplies and services reimbursable under government health care programs.

Business Courtesies/Gifts: for purposes of this policy, refers to funds, gratuities, sponsorship, meals, products, gifts, travel, entertainment, recreation, benefits and other courtesies provided by another individual, a patient, a company or organization (vendor) in the context of business-related discussions.

Family Member: an individual who is the spouse, parent, brother, sister, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent or grandchild or a member of the individual’s immediate family.

Fraud: CMS defines “fraud” as “the intentional deception (dishonesty) or misrepresentation that an individual knows to be false and makes, knowing that the deception could result in an unauthorized benefit to himself or another person”.

Identity Theft: the act of knowingly obtaining, possessing, buying, or using, the personal identifying information of another: (i) with the intent to commit any unlawful act including, but not limited to, obtaining or attempting to obtain credit, goods, services or medical information in the name of such other person; and (ii)(a) without the consent of such other person; or (b) without the lawful authority to obtain, possess, buy or use such identifying information.

Independent Contractor: Self-employed person who provides certain services to a second-party or to a third party on behalf of a client. An independent contractor is under the control, guidance or influence of the client or second party and unlike an employee does not owe a fiduciary duty. To be legally designated as an independent contractor, an individual must (1) be free from the control of the client, (2) be able to exercise his or her judgment as to the manner and methods to accomplish the end-result and (3) be responsible for the end-result only under the terms of the contract.

Industry: all pharmaceutical, biotechnology, medical device and hospital equipment or supply entities and their representatives as well as other business entities that market or sell products, equipment or supplies. Industry also includes those individuals whose purpose is to provide information to clinicians, even though such personnel may not be classified in their company as sales or marketing.

Ineligible Person/Vendor: Any individual or entity who is currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care programs or has been convicted of a criminal offense related to the provision of health care items or services.

Personal Identifying Information: numbers or other information that may be used to access a person's financial resources, e.g. social security numbers, bank account numbers, credit/debit card numbers, driver's license numbers, or digital signatures. Protected health information (PHI) as defined by HIPAA is also considered personal identifying information for the purposes of this policy.

Potential Conflict(s) of Interest: any circumstance in which a Team member's activities, financial interests, positions or associations outside of Prisma Health potentially conflict with his/her professional responsibilities. Such circumstances may be created through business, financial or investment activities of the Team member, his/her family members and/or close relations. Potential conflicts occur when the above named parties:

- have a present or potential ownership, investment or compensation arrangement in any entity providing or receiving goods or services from Prisma Health;
- serve as a member, shareholder, trustee, owner, partner, director, officer, Team member or volunteer of any organization that competes or has the potential to compete with Prisma Health;
- serve as a member, shareholder, trustee, owner, partner, director, officer, Team member or volunteer of any organization currently or likely to become involved in litigation or other adversarial proceeding with Prisma Health; or
- provide regulatory, inspection, supervision, accreditation or other oversight to Prisma Health.

Potential conflicts of interest include but are not limited to moonlighting, second businesses, and relative/friend employment/ownership with a competitor, vendor and/or government agency.

Red Flag: a pattern, practice or specific activity that indicates the existence of possible identity errors or fraud.

Research: A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.

Routine Marketing Materials: for purposes of this policy, refer to pens, cups, notepads and other small-dollar items provided by an individual, company or organization as a means of marketing.

Sanction: the detriment, loss of reward, or coercive intervention attached to a violation of a law or policy as a means of enforcing the law or policy.

Security Breach: an incident of unauthorized access to and acquisition of records or data that was not rendered unusable through encryption, redaction, or other methods containing personal identifying information that compromises the security, confidentiality, or integrity of personal identifying information maintained by a person when illegal use of the information has occurred or is reasonably likely to occur or use of the information creates a material risk of harm to the consumer.

Theft of Services: (i) intentionally obtaining services by deception, fraud, coercion, false pretense or any other means to avoid payment for the services; and (ii) having control over the disposition of services to others, knowingly diverting those services to the person's own benefit or to the benefit of another not entitled thereto.

Vendor: Any entity doing or seeking to do business with Prisma Health.

Waste: To use or expend carelessly or needlessly.

Team Members: refers to employees, independent contractors, volunteers, students, trainees, medical residents, fellows and other persons whose conduct in the performance of work for Prisma Health is under the control of the organization.

**Responsible Positions:**

All team members

**Equipment Needed:**

N/A

**Procedural Steps:**

1. The purpose of the Corporate Compliance Program is twofold.
  - 1.1. First, the Program is designed to help Prisma Health Team members comply with the increasingly complex rules and regulations governing the healthcare industry by providing uniform policies and procedures. As such, the Program is a continuous process that will strengthen the quality of service for patients and the communities whom Prisma Health serves. The Program is designed to enhance the spirit of cooperation among its Team members and to ensure each Team member understands these policies and procedures.
    - 1.1.1. Each Team member MUST complete annual training on the Program addressing programs, policy and procedure updates and changes applicable to all Team members. In addition, each Team member is required to attend additional training that relates to his/her particular department.
  - 1.2. Second, it is Prisma Health's desire for this Program to aid in the identification and correction of any actual or perceived violations of any applicable rules and regulations, Prisma Health's Code of Conduct (Code) or any other policy or procedure. In order to attain this goal, the Code imposes a duty upon all Team members to report any actual or perceived violation of the Code, the Program, or any other policy or procedure.
    - 1.2.1. Failure to report any such occurrence is considered a violation and will be enforced in accordance with Prisma Health's Corrective Action policy.
    - 1.2.2. These reports should be made to your immediate supervisor or to a Compliance Officer.
2. Through Board resolution, the System and/or Chief Compliance Officers have been charged with the administration of the Program; any Team member may communicate directly with the System or Chief Compliance Officer or call the Compliance Hotline (1-888-398-2633 or <http://Prismahealth.silentwhistle.com>) for anonymity.
  - 2.1. Issues reported to the Hotline should contain sufficient information to conduct a thorough investigation.
  - 2.2. No adverse action or retribution will be taken by Prisma Health against any Team member because he/she reports, in good faith, a suspected violation or irregularity by a person other than the reporting person. It is Prisma Health's expectation that each and every Team member should be able to communicate freely with any Compliance Officer.

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

3. Prisma Health will meet the requirements of the Lewis Blackman Hospital Patient Safety Act, which requires the hospital to identify for patients the role of the attending physician and to provide a mechanism for patients to access the attending physician. The Act also requires hospitals to have their clinical employees wear name badges with their names, using at a minimum either first or last names with appropriate initials, department, job or trainee title. (refer to Corporate Compliance's Lewis Blackman Patient Safety Act PGR)
4. It is the policy of Prisma Health to provide for a secure environment that protects customer and employee information. Proper notification of individuals may be required when an information security breach has allowed identifying information to be acquired by an unauthorized party or when a red flag indicating possible identity theft or fraud has occurred. Prisma Health has an established process in support of an identity theft protection program. (refer to Corporate Compliance's Patient Identity Errors & Fraud PGR.)
5. Prisma Health may not knowingly contract with any ineligible person or vendor. Additionally, any individuals or companies with whom Prisma Health currently contracts that are charged with criminal offenses related to health care or proposed for debarment or exclusion from federally-funded health care programs must be removed from providing any products or services to Prisma Health. (refer to Corporate Compliance's Sanctions PGR)
6. The policies and procedures contained in this Program must be adhered to by Prisma Health's entire Team, which includes employees, contract employees, volunteers, students, trainees, medical residents, fellows, physicians and other persons whose conduct in the performance of work for Prisma Health is under the control of the organization. Additional policies or procedures may be added or existing policies revised as needed.
  - 6.1. If any inconsistencies exist between other policies and policies included in the Program, the policy in the Program governs. If you feel that a policy in the Program conflicts with any other Prisma Health policy, please bring this concern to the attention of your supervisor or a Compliance Officer.
7. All Prisma Health Team members will familiarize themselves with the Program and its policies and procedures. Supervisors and/or a Compliance Officer will answer any questions that the Team members may have.

**References:**

Office of Inspector General Compliance Program Guidance for Hospitals  
Office of Inspector General Compliance Program Guidance for Individual and Small Group  
Physician Practices  
Federal Sentencing Guidelines

**Appendices:**

N/A