TITLE: NETWORK RESPONSIBILITY AND COMPLIANCE PROGRAM

APPROVED FOR:
- COMMUNITY HEALTH NETWORK FOUNDATION, INC.
- COMMUNITY HEALTH NETWORK, INC.
- COMMUNITY HOME HEALTH SERVICES, INC.
- COMMUNITY HOSPITAL SOUTH, INC.
- COMMUNITY HOWARD REGIONAL HEALTH, INC.
- COMMUNITY PHYSICIAN NETWORK (A TRADE NAME OF COMMUNITY PHYSICIANS OF INDIANA, INC.)
- COMMUNITY WESTVIEW HOSPITAL (A TRADE NAME OF INDIANAPOLIS OSTEOPATHIC HOSPITAL, INC.)
  (EFFECTIVE 7/1/15 – A FACILITY OF COMMUNITY HOSPITAL EAST)
- INDIANA PRO HEALTH NETWORK, LLC
- COMMUNITY HEART AND VASCULAR HOSPITAL (A TRADE NAME OF INDIANA HEART HOSPITAL) (EFFECTIVE
  10/1/14 – A FACILITY OF COMMUNITY HOSPITAL EAST)
- VISIONARY ENTERPRISES, INC.

FORMULATED BY: Chief Risk and Compliance Officer

EFFECTIVE/REVIEWED/REVISED: [Formerly Corp. ADM H-008]

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<th>Event Description</th>
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Community Health Network, Inc. and its affiliates (CHNw) are dedicated to the prevention, detection, and resolution of conduct that does not conform to federal and state law and regulation; governmental (federal and state) and private payer health care program requirements; or CHNw's ethical and business policies. Consistent with our mission to serve the health care needs of our patients, CHNw will make every effort to comply with applicable laws, regulations and CHNw policies. Every employee is responsible for reporting possible incidents of non-compliance to his or her supervisor, Compliance Liaison, a Network Compliance Committee member, the Chief Risk and Compliance Officer, or AlertLine.

STATEMENT OF PURPOSE:
The purpose of this policy is to set forth a CHNw plan to ensure compliance with Federal and State health care program requirements, payer guidelines, CHNw policies and procedures and ethical standards through the establishment of the Network Responsibility and Compliance Program (NRCP).
TITLE: NETWORK RESPONSIBILITY AND COMPLIANCE PROGRAM

POLICY:

1. Designation of a Chief Risk and Compliance Officer
   The CHNw shall appoint an employee to serve as the Chief Risk and Compliance Officer. The Chief Risk and Compliance Officer will be a member of the CHNw senior management and shall report directly to the Network’s Chief Executive Officer. The Chief Risk and Compliance Officer has authority to report on any matters to the Board of Directors at any time and shall not be subordinate to the CHNw General Counsel or Chief Financial Officer. The Chief Risk and Compliance Officer shall not have responsibilities that involve acting in any capacity as legal counsel or supervising legal counsel functions. At a minimum, the Chief Risk and Compliance Officer shall be responsible for:
   A. developing and implementing policies, procedures, and practices designed to ensure compliance with Federal health care program requirements;
   B. making periodic (at least quarterly) reports to the Board of Directors of CHNw; and
   C. monitoring the day-to-day compliance activities engaged in by CHNw.

   Any non-compliance job responsibilities of the Chief Risk and Compliance Officer shall be limited and must not interfere with his or her ability to perform the duties outlined in this policy.

2. Designation and Maintenance of a Network Compliance Committee
   The Network Compliance Committee (Committee) will be comprised of representatives from across CHNw, which may include Medical Staff, Finance, Knowledge Management, Nursing, Human Resources, Corporate Legal Services, Quality/Risk Management, Revenue Cycle, operations, Community Physician Network and Compliance Liaisons. The Committee’s primary focus shall be compliance with federal health care program requirements and payer guidelines (such as coding and billing requirements, documentation, financial relationships, and patient privacy/security). The secondary focus of the Committee shall be compliance with CHNw policies and procedures and ethical standards that indirectly have a compliance impact (e.g. use of CHNw assets, solicitation, business courtesies, etc.). The Chief Risk and Compliance Officer will serve as the Chairperson for the Committee and will report directly to the Board of Directors and/or a committee thereof. The Committee shall meet at least quarterly.

3. Creation and Implementation of Policies Specific to Network Compliance
   The Committee shall recommend the development and distribution of written compliance policies throughout CHNw. These policies will be developed by the Chief Risk and Compliance Officer or his/her designee, with the supervision
and/or direction of the Committee and will, at a minimum, be communicated to and accessible by all individuals who are affected by the specific policy at issue.

A. Code of Conduct and Business Ethics
A Code of Conduct and Business Ethics for all employees, clearly delineates CHNw’s policies with regard to ethical, business, and patient care issues, as well as adherence to all guidelines and regulations governing federal, state, and private payer health care programs. The Code will be made available to all employees and regularly updated as the policies and regulations of these programs are modified. The Code shall be updated and distributed at least annually to all employees.

B. Risk Areas
Policies and procedures will address risk areas in the industry. Risk areas may be identified in a number of ways, including but not limited to initiatives of the Office of Inspector General (OIG) and Office for Civil Rights (OCR), OIG Special Fraud Alerts, recent audits by government agencies, consulting projects, and new regulations.

C. Medical Necessity – Reasonable and Necessary Services
Policies will address the requirement that claims are only submitted to federal, state, and private payer health care programs for services that are believed to be medically necessary and were ordered by a physician or other appropriately licensed individual.

D. Claim Development and Submission Process
Policies will reflect and reinforce current federal and state statutes and regulations and private payer guidelines regarding the submission of claims and Medicare cost reports. Policies will address key requirements, such as:
1. the requirement for proper and timely documentation to ensure that only accurate and properly documented services are billed;
2. medical records and information used as a basis for claim submission are organized, legible and available for audit and review;
3. diagnoses and procedures billed are based on the medical record and other documentation;
4. claims shall accurately reflect where the services were provided; and
5. compensation for billing department coders and billing consultants does not provide any financial incentive to improperly upcode claims.

E. Anti-Kickback and Self-Referral
Policies will address federal and state anti-kickback statutes as well as Stark self-referral laws, including safe harbor regulations.
TITLE: NETWORK RESPONSIBILITY AND COMPLIANCE PROGRAM

F. Bad Debt
   Policies will address the periodic review of bad debt to ensure that bad debt is being accounted for and reported appropriately.

G. Credit Balances
   Policies will address timely and accurate reporting of credit balances.

H. Retention of Records
   Policies will address the creation, distribution, retention, storage, retrieval and destruction of documents.

I. Compliance as an Element of the Annual Performance Appraisal
   Annual performance appraisals will reflect competencies related to the NRCP by requiring employees to complete annual training on compliance as provided by the Committee through the Chief Risk and Compliance Officer or designee. As a condition of employment, employees must sign an acknowledgement form agreeing to participate in the program.

4. Training and Education
   Education and training of employees is important to CHNw, to develop and retain qualified and knowledgeable employees. The Committee has delegated responsibility for developing and implementing annual, periodic and other compliance education to the Chief Risk and Compliance Officer. To ensure that employees of the CHNw are knowledgeable about changes in federal health care program and private payer requirements, the Chief Risk and Compliance Officer or designee will coordinate the communication of changes to the appropriate personnel within CHNw within 30 days of the effective date of any revisions. All employees will be expected to participate in Compliance orientation and annual Compliance education. In addition, periodic communication will be made throughout the year (including e-mail, voice-mail, newsletters, face-to-face training, computer-based training, etc.) addressing hot topics.

5. Effective Lines of Communication
   CHNw encourages and supports the expression of concerns by its employees, patients and/or affiliates. Several avenues are available for the expression of such concerns.
   A. Employees are provided with many avenues through which they can express concerns, including direct supervisors, human resources, risk management, leadership, facility compliance liaisons, etc.

   B. The NRCP provides three additional avenues for communicating concerns:
      1. the Network Compliance Committee,
2. the Chief Risk and Compliance Officer, and
3. AlertLine. AlertLine is an anonymous way for employees, patients or others to report compliance-related concerns to the Chief Risk and Compliance Officer. AlertLine is owned and operated by an outside company which does not use Caller ID or other methods to learn the identity of callers who wish to remain anonymous.

C. Federal and state laws permit an individual to report to the government False Claims for services billed to and reimbursed by the federal and/or state government. The Federal False Claims Act and the Indiana False Claims and Whistleblower Act permit an individual to file a Qui Tam, or “whistleblower,” lawsuit against an entity. Both laws prohibit retaliation by the entity against a person who has filed a whistleblower lawsuit against the entity.

6. Enforcement of Compliance Guidelines
All aspects of the NRCP are critical to CHNW’s integrity and success. All reports of alleged wrongdoing will be investigated and reported through the Chief Risk and Compliance Officer and/or the Committee. The NRCP will be enforced at all levels, fairly and without prejudice. Those who knowingly violate or attempt to interfere with any aspect of the NRCP are subject to corrective action. The Committee will monitor corrective actions against individuals who have failed to comply with the CHNW compliance policies and/or federal or state laws or who have otherwise engaged in wrongdoing that has the potential of impairing CHNW’s status with federal or state health care programs or private payers. The Committee, or an appropriate subcommittee, will ensure that appropriate degrees of corrective actions (established by Human Resources) exist and may recommend corrective actions in an effort to maintain consistent application of such actions. Employees will be advised that corrective actions will be taken and punishment enforced.

In addition, all new employees and Medical or Allied Health Profession staff will be subject to a background check. CHNW shall prohibit the employment of individuals who have been convicted of a criminal offense related to health care or who are listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs. In addition, until resolution of such criminal charges or proposed debarment or exclusion, individuals charged with criminal offenses related to health care or proposed for exclusion or debarment will be removed from direct responsibility for or involvement in any federally funded health care program. If resolution results in conviction, debarment, or exclusion of the individual, the employee shall be discharged.
7. Auditing and Monitoring
An ongoing evaluation process is critical to a successful program. Independent audits, as well as ongoing monitoring, will be performed as deemed necessary to ensure compliance policies are being followed. Compliance-related auditing and monitoring will be communicated to the Committee on a regular basis. The Committee will evaluate the results of the audits and identify appropriate actions to be implemented. Areas of focus will be reported to the Board of Directors or a committee thereof on at least an annual basis.

8. Violations and Investigations
Actions that may impair CHNw’s status with federal health care programs or private payers and/or CHNw’s compliance with various laws, rules and regulations; CHNw policies; ethical standards; etc., shall be reported to the Chief Risk and Compliance Officer or the Committee. Such actions will be promptly investigated to determine whether a violation / non-compliance has occurred. The Chief Risk and Compliance Officer shall report to the Board of Directors significant violations that have been substantiated.

9. Evaluation of Effectiveness
The Chief Risk and Compliance Officer and/or designee(s), will develop metrics that demonstrate the effectiveness of the CHNw compliance program, the NRCP. The Committee will review the metrics to be used for this purpose.
A. The Chief Risk and Compliance Officer will regularly review and evaluate the compliance program metrics.
B. The Chief Risk and Compliance Officer will periodically report the evaluation results and related activities to the Committee, Finance and Audit Committee, and Boards of Directors.
C. The Board of Directors and/or a committee thereof shall meet at least quarterly to review and oversee CHNW’s compliance program, including but not limited to the performance of the Chief Risk and Compliance Officer and the Network Compliance Committee.
TITLE: NETWORK RESPONSIBILITY AND COMPLIANCE PROGRAM

RELATED DOCUMENTS:
COMP-008, “Reporting Compliance and HIPAA Concerns and Problem Resolution”
COMP-009, “Exclusions Review:
COMP-010, “Compliance Education”
COMP-017, “Non-Retaliation and Whistleblower Protections”
HR-003, “Corrective Action”
NRCP Resource Manual

APPROVED BY:  
[~ORIGINAL SIGNATURE ON FILE IN ADMINISTRATION~ ]
Bryan A. Mills, President and CEO, Community Health Network