Compliance Plan and Standards of Conduct

Leading with Integrity

COMPLIANCE

Working the Right Way

GUNDERSEN
HEALTH SYSTEM®
Our Mission
We will distinguish ourselves through excellence in patient care, education, research and improved health in the communities we serve.

Our Vision
We will enhance the health and well-being of our communities while enriching every life we touch, including patients, families, and staff.

Gundersen's Values
Integrity—Perform with honesty, responsibility and transparency.

Excellence—Achieve excellence in all aspects of delivering healthcare.

Respect—Treat patients, families and coworkers with dignity.

Innovation—Embrace change and new ideas.

Compassion—Provide compassionate care to patients and families.
Gundersen Health System, Inc., and its affiliates including Gundersen Clinic, Ltd., and Gundersen Lutheran Medical Center, Inc. (collectively “Gundersen”), are committed to providing high quality medical care to all patients, following guidelines that promote efficient corporate management at the lowest possible cost to each patient. Consistent with the longstanding tradition and practice of Gundersen, all medical, associate and other staff is expected to adhere to the highest standards of conduct and ethical principles.

Each of us has compliance responsibilities. As a condition of continuing employment, we are required to comply with the Standards of Conduct articulated in this Compliance Plan. This document is intended to describe those responsibilities.

Gundersen’s Compliance Program

Gundersen has developed a Compliance Program to encourage organizational compliance with all applicable federal and state laws and regulations. This objective is consistent with the mission, values and culture of Gundersen in promoting quality and integrity. The chief compliance officer, Kari Adank, has primary responsibility for ensuring the effective operation of the Compliance Program. Gundersen’s Compliance Office is staffed with a team of compliance professionals who monitor business practices to ensure compliance with laws and regulations. The primary responsibilities of the Compliance Office include: development and maintenance of compliance policies and procedures, including the Compliance Plan and Standards of Conduct; investigation and resolution of reported compliance issues; auditing and monitoring; and conducting compliance education. The Compliance Office also serves as a point of contact for you to obtain information regarding regulatory or other compliance-related questions.
Gundersen’s Compliance Program also includes two compliance committees: the Compliance Work Group and the Compliance Oversight Committee. The Compliance Work Group includes management from key operational areas. The role of the Compliance Work Group is to advise and assist the Compliance Office on compliance issues as well as to address the essential elements of the Compliance Program. The role of the Compliance Oversight Committee, whose membership includes members of the Medical Governors and individuals serving on Gundersen’s Board of Trustees, is to review and oversee the effectiveness of the Compliance Program on behalf of the Board.

### Complying with Gundersen’s Standards of Conduct

Each employee, contractor and member of the medical staff is responsible for ensuring that his or her conduct conforms to Gundersen’s Standards of Conduct, as well as any other Gundersen or payor policy and any applicable federal and state law.

All Gundersen employees, contractors and members of the medical staff must follow the Standards of Conduct. These Standards of Conduct should not be construed as creating an employment contract or other contractual relationship, nor should they be interpreted as a promise of continued employment.

The failure of Gundersen or any employee, contractor or medical staff to comply with all statutes, regulations and guidelines applicable to Federal healthcare programs and with Gundersen’s policies and procedures, or the failure to report noncompliance, can result in civil and criminal liability, sanctions and penalties. Employees and physicians may also be subject to disciplinary actions up to and including termination of employment.

If you have a question as to whether or not a procedure or action conforms to the Standards of Conduct, you should speak with your immediate supervisor. If you do not feel comfortable discussing the matter with him or her, or if you are still unsure as to the appropriate conduct, you should contact:
- Kari Adank, chief compliance officer, ext. 58025
- Daniel Lilly, legal counsel, ext. 54615
- Taryn Zubich, director of compliance, ext. 51510

### Reporting violations of the Standards of Conduct

Persons who become aware of violations of the Standards of Conduct are obligated to report them to their supervisor, legal counsel, the chief compliance officer or the director of compliance. Alternatively, such concerns may be communicated by telephone to the Gundersen Compliance Hotline:

- Local phone number: (608) 784-0477
- Toll-free number: (877) 532-8879

The hotline may also be accessed by email via Gundersen’s Intranet, Gladiator.

All such communications will be kept strictly confidential to the fullest extent possible, consistent with any reporting requirements or other obligations or needs of Gundersen. You have the right to report issues anonymously. If you do choose to identify yourself, understand that there may be an occasional instance where the identity of the reporting individual may be disclosed.

Acting in cooperation with the Legal Department, the Compliance Office will take any necessary action to investigate a complaint and to bring such matters to the appropriate Gundersen officials for appropriate remedial action.

No retaliatory action will be taken or will be permitted by Gundersen against any individual or entity that reports in good faith any suspected violations of the Standards of Conduct. Please refer to our Nonretaliation Policy, GL3032, located on Gladiator.
STANDARDS OF CONDUCT

Gundersen will act in accordance with all pertinent federal and state laws. Gundersen will take reasonable steps to ensure that its employees, contractors and members of the medical staff act in conformity with relevant laws and regulations. The following are the Standards of Conduct that Gundersen has adopted.

General matters

1. All employees, contractors and members of the medical staff are expected to cooperate fully and completely with any compliance program or initiative instituted by Gundersen.
2. All employees, contractors and members of the medical staff are expected to comply with Gundersen's policies and procedures.
3. Consistent with the longstanding policies and practices of Gundersen, as well as the ethical responsibilities of the medical staff, all treatment recommended and provided by Gundersen will be reasonable and medically necessary.
4. All lengths of stay (LOS) will be determined in accordance with the medical needs of the patient. LOS will not be extended or limited, unless it is medically appropriate under the circumstances.
5. Gundersen will not over-utilize services or under-utilize services when treating patients.
6. All Gundersen patient healthcare records and documents are of a highly confidential nature. They will not be disclosed to anyone not employed by or affiliated with Gundersen without the written permission of the relevant patient or his or her legal guardian, except as otherwise provided for under Gundersen's policies or as permitted by law.
7. Gundersen will not pay any person or any entity for patient referrals.
8. Except for certain items or services of nominal value, Gundersen will not offer any item or service or any financial inducement or gift to prospective patients or others in order to encourage patients to undergo treatment at a Gundersen facility.
9. For medical ethical reasons, personal gifts should never be solicited from patients or their families. Only cards, candy, flowers and other nominal gifts may be accepted from patients and their families. If a patient or immediate family member wishes to make a more substantial gift, they should be encouraged to contact development staff at Gundersen Medical Foundation. Donations to Gundersen Medical Foundation may be designated for special purposes by the donor.
10. No property belonging to Gundersen (including documents or copies of documents) shall be removed from a Gundersen facility without the permission of the organization.
11. Except as expressly permitted in writing or by law, no employee, contractor or member of the medical staff may use or disclose to any person any trade secrets or other confidential or proprietary information belonging to Gundersen, including, but not limited to, records and files, patient lists, referral information, marketing materials, business records, financial documents and any other papers, records and documents the disclosure of which might adversely affect Gundersen.
12. All employees, contractors and members of the medical staff of Gundersen are obligated to report any actual or suspected violation of the Compliance Program or any legal, ethical or professional standard related to Gundersen or its operations to the chief compliance officer, director of compliance, legal counsel or to Gundersen's Compliance Hotline at (877) 532-8879 or via Gladiator.
13. Any employee, contractor or member of the medical staff of Gundersen should immediately notify the chief compliance officer or Gundersen's legal counsel in writing if he or she is charged, investigated or convicted in connection with any alleged criminal offense related to the provision of medical care, involving an allegation of moral turpitude or related to any alleged fraudulent act or omission.
14. Any employee, contractor or member of the medical staff of Gundersen should immediately notify the chief compliance officer or Gundersen's legal counsel if he or she is excluded, suspended, debarred or removed from any government healthcare program.
15. Employees of Gundersen will not bill any patient or any third-party payor for any services rendered in connection with his or her employment by Gundersen. If any employee receives payment from a patient or third-party payor for services performed during his or her employment
by Gundersen, the employee will remit such payment to Gundersen promptly.

16. Upon separation, no employee, contractor or member of the medical staff may take or retain any of Gundersen’s papers, patient lists, fee books, patient records, files or other documents, or copies of any such materials.

17. Upon separation, employees will be encouraged to complete an exit survey and, if they are aware of any compliance issues, to bring those to the attention of Gundersen.

18. Gundersen will respond to all governmental inquiries appropriately and as required by law.

19. Any information provided by Gundersen in responding to any governmental, payor or patient inquiries will be as accurate as possible under the circumstances.

20. Significant contact with a government entity or payor in which Gundersen receives advice that it intends to rely upon in submitting claims or taking other actions should be documented in writing. A copy of the written documentation should be sent to the chief compliance officer.

21. Gundersen will not engage in false or deceptive advertising.

22. A copy of the Standards of Conduct is available to each Gundersen employee via Gladiator.

**Gifts from vendors:** Unless otherwise specified herein, Gundersen staff may not accept “gifts” from vendors. A gift is considered anything of monetary value such as a gratuity, favor, entertainment, loan, reward, pens, notepads, meals, other food items or any vendor promotional items, such as items with a vendor logo or items promoting a vendor’s product or service.

Exclusions from the definition of a “gift” (these items are acceptable and may be received by employees):

- Genuine educational materials such as textbooks, medical journals or models, if the materials benefit the organization or patients. (Note: These items are acceptable even if they include the vendor’s logo).
- Reasonable honoraria and reimbursement for reasonable travel, lodging, registration fees and meal expenses when staff serves as a legitimate faculty member at a professional meeting or continuing education conference.

- After hours off-campus or off-site meals or entertainment activities or events sponsored by vendors if the meal or activity is modest (less than $50 per meal and $338 in the aggregate per year) and when educational meetings occur in conjunction with such meal. (Note: On-campus food, drink or meals provided by vendors is prohibited).
- Samples requested or used for patient care activities or legitimate business purposes if allowed by the department or regional clinic.
- Items provided at a discount as part of a Gundersen contract.
- A rebate or discount that is made in the regular course of business to members of the public without regard to their status as a Gundersen staff member (e.g., a coupon in the newspaper for a discount on a pain reliever).
- Items with vendor name or logo provided by the organizers of the professional meeting that are available to all attendees when the meeting is conducted under national continuing education accreditation body guidelines (e.g., a tote bag with a vendor’s name on it). However, such items may not be brought onto Gundersen premises.
- Vendor or patient donations (product or monetary) to Gundersen Medical Foundation, Inc.
- Non-monetary industry or professional awards.

Items excluded from the definition of “gift” may be accepted if the following requirements are met:

- Such items are not linked to the referral of patients or business; and
- acceptance and receipt of the item will not influence or appear to influence the recipient’s judgment or conduct at Gundersen.

We encourage you to read the entire Conflict of Interest policy, GL-3017. This policy and other compliance program policies are located on Gladiator.

**Disclosure of conflicts of interest:** A conflict of interest occurs when an individual’s private interest interferes with, or even appears to interfere with, the interests of Gundersen.
All executive staff, board members, medical and associate staff, administrative directors, directors, purchasing agents, and others who have been identified based on job description or job responsibility, shall complete a conflict of interest disclosure statement on an annual basis (and more often as a conflict of interest may arise). In addition, all other employees who have authority to make, recommend or influence decisions have a duty to disclose to their superiors, governing boards or others, as may be appropriate, any actual or potential conflict of interest which may influence their ability to impartially make or recommend a decision.

Disclosed conflicts of interest will be reviewed by a panel of individuals appointed by the Executive Committee, which will provide a response to the employee with instructions on how to manage the conflict of interest in order to mitigate risks to Gundersen. For instance, employees who have a conflict of interest with respect to a particular decision should not exercise decision making authority over that matter and may be asked not to participate in related discussions. Failure to disclose conflicts of interest or disclosing inaccurate or false information may result in disciplinary action up to and including termination of employment.

Discharge and transfer

1. If a patient is transferred from Gundersen Lutheran Medical Center, Inc. (“the Hospital”), to another hospital receiving reimbursement under the Medicare prospective payment system, the Hospital will not submit a claim to the Medicare program for the full reimbursement under the DRG (Diagnosis Related Group) for that patient.
2. Whenever a patient is discharged from the Hospital to a sub-acute care provider such as a skilled nursing facility, home health agency or rehabilitation care provider, or requires durable medical equipment for which Medicare benefits are available, the Hospital will honor the patient’s choice of providers.
3. For anyone presenting to the Hospital’s Emergency Services Department, including its off-campus provider-based dedicated emergency department, Gundersen will provide an appropriate medical screening examination to determine whether or not an emergency medical condition exists. There will be no exceptions to this established corporate policy. If an emergency medical condition exists, Gundersen will admit the patient or arrange for an appropriate transfer.

Contracts with physicians and suppliers

1. Gundersen will not pay any person or any entity for patient referrals, whether directly or indirectly.
2. All contracts with physicians or entities owned or controlled by physicians who furnish personal services or equipment to Gundersen will: (a) be in writing and signed by the parties; (b) reflect the fair market value of the items and services furnished; and (c) specify the items or services to be furnished.
3. All lease agreements between Gundersen and any individual or entity in a position to refer patients to Gundersen or to generate other business between the parties will: (a) be in writing and signed by the parties; (b) have a term of at least one year; (c) be commercially reasonable; (d) state the full rental amount, which will reflect fair market value; and (e) not take into account the value or volume of referrals or other business generated between the parties.

Patient charts and billing

1. No service will be billed unless appropriately documented in the patient’s record. Where orders are necessary before services are rendered, these will be documented in the patient records as well.
2. All billing and patient records will be accurate, complete and meet documentation requirements set by governmental and other insurance payors. Patient records will be organized in a manner to facilitate easy retrieval.
3. All billing and patient records will accurately document, among other things, the service provided, the billing codes, the identity of the provider, the date of service, the place of service and the identity of the patient.
4. All medical records will meet the documentation standards required by law for the type and level of service provided and billed. In the case of time-based codes, such as with psychotherapy services, the chart will reflect the number of minutes spent with the patient in one-on-one psychotherapy sessions.

5. The employees and staff members of Gundersen will take all reasonable steps to ensure that claims for reimbursement submitted to any federally-funded healthcare program or other payor are appropriately documented, accurate and properly reflect the services actually rendered.

6. Claims will be submitted in a timely manner taking all reasonable steps to ensure the accuracy of the date of service, the nature of the service and all other information, including the signatures used.

7. Gundersen will provide appropriate training and supplemental information on coding to the billing staff on an ongoing basis.

8. Gundersen, its employees and staff members will select the most appropriate CPT, ICD-10, revenue and DRG codes in describing procedures performed and other services provided, regardless of the impact upon payment.

9. Compensation to billing department employees or to any billing consultants will not provide any financial incentive to code claims improperly.

10. Any requests for information from a state or federal agency, a carrier, fiscal intermediary or other third-party payor, other than a routine request, will be provided to the chief compliance officer. Any response to such a request will be documented by maintaining a copy of such response. Copies of any attachments or exhibits provided shall be maintained in a retrievable manner.

11. Gundersen will bill for medically necessary services in accordance with federal and state law. This will include the proper bundling of services when required by the payor.

12. Any discounts received from suppliers will be disclosed on the Hospital’s cost reports through listings of net costs or as otherwise required and appropriate.

13. The Compliance Office will periodically sample medical records and corresponding bills for services to ensure compliance with Gundersen’s billing policies and with applicable federal, state and payor requirements. If any of these reviews identify possible instances of non-compliance, the Compliance Office will take all appropriate steps to investigate and address any confirmed instances.

Collection of co-payments and deductibles and refunds of overpayments

1. It is Gundersen’s policy to make a reasonable and good-faith effort to collect any co-payments and/or deductibles owed to it, unless such co-payments or deductibles are waived in accordance with Gundersen policy based on a good-faith determination of the patient’s financial need.

2. Gundersen will waive Medicare and Medicaid co-payments or deductibles only in cases of financial need. In such cases, supporting documentation will be retained in the Revenue Cycle Credit and Collections files.

3. Gundersen will refund any payor overpayments in a timely fashion.

4. A review of the patient accounts for credit balances will occur, and identified credit balances will be refunded in accordance with applicable regulatory requirements.

Associate Staff and allied health professional services

1. Gundersen will bill for medically necessary associate staff, nurse practitioner, and other associate staff and allied health professional services in accordance with applicable federal and state law.

2. Gundersen will not bill for any associate staff or allied health professional services as an “incident to” service unless authorized by applicable federal law. When billing is allowable under the “incident to” rule, complying with the physician supervision requirements will be followed.

Ancillary tests

1. Progress notes or order sheets that are retained in the medical record will indicate all ancillary tests ordered.

2. Progress notes will document the medical necessity of ancillary tests.
3. Progress notes will document the review of ancillary test results and the manner in which such results were used in determination of a diagnosis or the development of a treatment plan.

Selection of evaluation and management codes
1. Selection of all evaluation and management codes will be based upon documentation in the medical record showing the level of history, examination and medical decision-making as defined by Medicare’s Documentation Guidelines published by the Centers for Medicare and Medicaid Services.
2. When uncertain about the appropriate level of service to bill, members of the medical staff are encouraged to contact the Revenue Cycle Services department. Alternatively, they can consult the complete instructions for code selection provided in the Current Procedural Terminology text and the Clinical Examples Supplement.
3. The key components dictating code selection (in situations not involving time-based codes or where coordination of care and counseling has dominated the encounter) are:
   A. Chief complaint
   B. History
      1) Problem focused;
      2) Expanded problem focused;
      3) Detailed; and
      4) Comprehensive.
   C. Examination
      1) Problem focused;
      2) Expanded problem focused;
      3) Detailed; and
      4) Comprehensive.
   D. Decision-making
      1) Number of diagnosis options;
      2) Amount and complexity of data to be reviewed; and
      3) Risk of complications and/or morbidity or mortality.
   E. Consultations
      1) The consulting provider;
      2) The requesting physician;
      3) Letter from the requesting physician;
      4) The requesting physician’s NPI number;
      5) The results of the examination; and
      6) The reply to the requesting physician.
4. If counseling and/or coordination of care accounts for more than 50 percent of the provider’s encounter with the patient and patient’s family, then time becomes the key or controlling factor in selecting the appropriate level of evaluation and management code.
5. Providers should record their counseling time in the patient’s chart, when applicable.
6. The term “counseling” is defined as a face-to-face discussion with the patient and/or family concerning one or more of the following:
   • diagnostic results, impressions and/or recommended diagnostic studies;
   • prognosis, risks and benefits of management/treatment options;
   • instructions for management/treatment or follow-up or importance of compliance with chosen management/treatment options;
   • risk factor reduction; or
   • patient and family education.

The total time spent with the patient will be considered on the final billing. Counseling time should be recorded as total appointment time and total counseling time (i.e., 30 minutes of the 45 minute appointment was spent counseling the patient).
7. The term “encounter” means a face-to-face session in the office or other outpatient setting or on the floor unit in a hospital or nursing facility.

Use of CPT modifiers
1. All CPT modifiers will be used appropriately.
2. Use of all CPT modifiers will be supported by appropriate documentation of the medical necessity for the services provided.

Preventive services
Preventive services, including annual physicals, are billed to Medicare for denial, in the absence of specific statutory or regulatory authority to bill for those services.
Authorized provider limitations

Gundersen will not bill any payor for services rendered to that payor’s beneficiaries by providers who are not authorized to provide services by the payor, unless the payor’s policies and procedures permit locum tenens or other billing of these services.

General Rule on Supervisory Physician Billing for Services Involving Residents, as defined by the Teaching Physician Documentation Guidelines published by the Centers for Medicare and Medicaid Services:

1. Teaching physicians may not bill for services involving residents unless the applicable standards and supervision requirements for such billing have been met.
2. A teaching physician should not bill for services involving residents unless the teaching physician performed the key component of the service or was present for the performance of the key component of the service.
3. A teaching physician’s satisfaction of these requirements must be documented in the medical record.
4. The term “presence” generally requires the teaching physician to be present in the room in which the services are delivered.
5. A medical student is never considered a resident. Services provided by medical students are considered to be non-billable.

False Claims Act

It is the policy of Gundersen to provide information concerning false claims recoveries as required under Section 6032 of the Deficit Reduction Act of 2005, (P.L. 109-71 the “DRA”). We encourage you to review the entire policy entitled, Deficit Reduction Act of 2005 – False Claims & Whistleblowers (GL-3014). This policy, along with other Compliance Program policies, is located on Gladiator.

You should know that failure to comply with laws and regulations can result in severe fines and penalties. A federal law known as the False Claims Act (FCA) makes it illegal for any person to knowingly present, or cause to be presented, to the U.S. government a false or fraudulent claim for payment or approval; knowingly make, use or cause to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the government; or conspires to defraud the government by getting a false or fraudulent claim allowed or paid.

Under the civil provisions of the FCA, a defendant can be assessed a penalty of at least $10,781 and as much as $21,562 per claim, plus three times the damages incurred by the federal government in its prosecution and investigation of the case. Additionally, the criminal provisions provide for a fine of $25,000 and up to five years imprisonment upon conviction. Violation of the FCA can also be grounds for exclusion from participation in federal and state healthcare programs.

In addition to the federal FCA, some states have enacted false claims statutes. These state versions are often modeled on the FCA. Like the FCA, these state false claims statutes may include, among other things, whistleblower (or qui tam) provisions. These provisions allow private persons to bring a civil action in the name of the United States. The purpose of the provision is to give an incentive to whistleblowers to come forward to help the government discover and prosecute fraudulent claims by awarding them a percentage of the amount recovered by the government.

The FCA and many state acts contain a section designed to prevent retaliation against whistleblowers by their employers as a result of their reporting fraud. The whistleblower retaliation section of the FCA provides as follows:

Any employee who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee on behalf of the employee or others in furtherance of an action under this section, including investigations for, initiation of, testimony for, or assistance in any action filed or to be filed under this section, shall be entitled to all relief necessary to make the employee whole. 31 U.S.C. s. 3730 (h).
Courts have found that to state a cause of action under Section 3730(h), a plaintiff must demonstrate that: (1) he/she engaged in “protected conduct” (i.e., acts done in furtherance of an action under s. 3730); and (2) that he/she was discriminated against because of his/her “protected conduct.” Under Wisconsin Statute 146.997, Health Care Worker Protection, Wisconsin law also protects healthcare workers who disclose any of the following to an appropriate individual or agency:

- Information that a healthcare facility or provider has violated any state law or rule or federal law or regulation.
- A situation in which the quality of care provided by, or by an employee of, the healthcare facility or provider violates established standards and poses a potential risk to public health or safety.

Specifically, the healthcare facility or provider cannot take disciplinary action against an individual who reports the above in good faith. A healthcare facility or provider who violates this statute shall be subject to not more than $1,000 for the first violation.

Gundersen has safeguards to protect against employee retaliation, including whistleblower retaliation. Please refer to our Nonretaliation policy, GL-3032, located on Gladiator.

### State of Wisconsin - Medicaid fraud statute

Wisconsin Medicaid fraud statute prohibits any person from:

- Knowingly and willfully making or causing to be made a false statement or misrepresentation of a material fact in a claim for Medicaid benefit or payments.
- Knowingly and willfully making or causing to be made a false statement or misrepresentation of a material fact for use in determining rights to Medicaid benefits or payments.
- Having knowledge of an act affecting the initial or continued right to Medicaid benefits or payments, or the initial or continued right to Medicaid benefits or payments of any other individual on whose behalf someone has applied for or is receiving the benefits or payments, concealing or failing to disclose such event with an intent to fraudulently secure Medicaid benefits or payments whether in a greater amount or quantity than is due, or when no benefit or payment is authorized.
- Making a claim for Medicaid benefits or payments for the use or benefit of another, and after receiving the benefit or payment, knowingly and willfully converting it or any part of it to a use, other than for the use and benefit of the intended person.

Anyone found guilty of the above may be imprisoned for up to six years, and fined no more than $25,000, plus three times the amount of actual damages.
ETHICS PROCESS

A. The chief compliance officer

Gundersen’s chief compliance officer will be primarily responsible for the compliance activities of the organization. If the chief compliance officer is personally or directly involved in any allegation that is raised, he/she will abstain from any investigation or handling of such allegation. In such event, the allegation shall be investigated and handled as determined by Gundersen’s chief executive officer, in consultation with appropriate legal counsel.

If the chief compliance officer disagrees with any decision or other action taken by the chief executive officer and Executive Leadership Group, the chief compliance officer may raise the issue with Gundersen’s Board of Trustees.

B. Investigative protocol

A primary duty of the Compliance Office will be to facilitate reports of possible misconduct from Gundersen’s employees and members of the clinic medical staff. The Compliance Office will ensure that every report, whether written or oral, that is received will be reviewed, documented and evaluated appropriately.

The Compliance Office may determine that a report does not warrant investigation. If the Compliance Office concludes, based upon their initial review of a report, that an investigation is warranted, the Compliance Office will investigate the matter and may consult with Gundersen’s legal counsel as appropriate. Please refer to GL-3046, Compliance Investigations located on Gladiator.

During and at the conclusion of any investigation, a privileged and confidential report will be maintained by the Compliance Office or by Gundersen’s legal counsel, and will contain a summary of the reported allegation, the steps taken to investigate the report, the investigative findings and the recommendations, if any, for corrective action. After consultation with the Compliance Work Group and/or the Compliance Oversight Committee, the Compliance Office will act on the report in a timely fashion. Action taken by the Compliance Office may include a corrective action plan, refunds of any documented overpayments or voluntary disclosure to government agencies, as appropriate and required. The Compliance Office may request legal advice from Gundersen’s legal counsel or other counsel to determine the extent of any potential liability and to plan the appropriate response.

C. Audit protocol

The Compliance Office will institute a plan for periodic internal audits of certain facets of Gundersen’s operations. The areas that will be audited may include, but are not limited to, billing, coding of services, utilization, adequacy of chart documentation, waiver of co-payments and deductibles, financial relationships with outside suppliers, referral practices and other matters. The Compliance Office will select an appropriate auditor. In consultation with the Compliance Work Group and/or the Compliance Oversight Committee, the Compliance Office will determine the frequency with which each area will be audited, and whether any additional areas need to be audited.

For additional information on audits conducted under our Compliance Program, please refer to our Compliance Audit Standards policy, GL-3035, located on Gladiator.

D. Compliance education

As part of our Compliance Program, Gundersen will provide periodic education for its employees and members of the medical staff. The focus of the education will be the Standards of Conduct. Each employee and member of the medical staff who is required to complete compliance education will be required to verify their completion of the education pursuant to protocols established by Corporate Learning and Development. It is the responsibility of the Compliance Office to integrate new regulations and legal developments affecting Gundersen’s operation into its compliance education.

The Compliance Office shall ensure that each new employee or member of the medical staff receives a copy of the Standards of Conduct. The Compliance
Office, or their designee, is responsible for educating all new employees and members of the medical staff regarding the requirements of this program and emphasizing its importance to Gundersen.

E. Implementing obligations under new statutes and regulations affecting the Compliance Program

It is the responsibility of the Compliance Office to ensure that Gundersen is promptly informed of new regulatory and legal developments affecting its Compliance Program. The Compliance Office shall disseminate new and relevant information to the appropriate Gundersen personnel.

F. Annual report

The Compliance Office will produce an annual report of compliance activities for presentation to the Compliance Oversight Committee, Board of Governors and Board of Trustees. The report will address all elements of the Compliance Program.

G. Exercising due diligence in selection of employees

Gundersen is committed to preventing the delegation of discretionary authority to any employee, contractor, or member of the medical staff who has a discoverable propensity to engage in illegal activity. This goal will be accomplished in the following manner:

1. Prospective employees and members of the medical staff
   Human Resources and Credentialing Services will evaluate all prospective employees or members of the medical staff to determine whether they have been excluded from participation in federally-funded healthcare programs. This includes reviewing the Office of the Inspector General’s and System for Award Management lists. If a person has been excluded, Human Resources or Credentialing Services will take such action as is appropriate, including any action required by law. If applicable, in considering an application, Gundersen will also query the National Practitioner Data Bank (“NPDB”) and any state licensing boards.

2. Existing employees and members of the medical staff and volunteers
   The Compliance Office conducts monthly screenings to ensure that Gundersen is not conducting business with or is not otherwise engaged in a professional relationship with anyone excluded by the Office of Inspector General (OIG), sanctioned or debarred by the System for Award Management (SAM), or suspected of terrorism or other wrongdoing by the Office of Foreign Assets Control (OFAC). The Compliance Office screens all Gundersen employees, medical and associate staff, volunteers and long-term ID badge holders (as identified by Human Resources), via the Background Screening Application (BSA). All persons identified in the categories are screened against the OIG, SAM and OFAC databases in a consistent monthly process.

At least every four years, for existing employees, Human Resources conduct background checks in accordance with the Wisconsin Caregiver Background Check Law.

H. Disciplinary actions

It will be the responsibility of the chief compliance officer, in consultation with legal counsel and Human Resources, as appropriate, to determine whether the Standards of Conduct have been violated. Violations of the Standards of Conduct and other compliance policies will be handled in an appropriate manner consistent with the Gundersen policy on Disciplinary Actions. Depending on the circumstances, certain offenses may justify disciplinary action, up to and including termination of employment.

I. Responding to government investigations

The purpose of the response plan is to organize and facilitate Gundersen’s cooperation with any governmental or regulatory agency, if a search warrant or subpoena is served or if Gundersen is subject to an inspection, audit or survey.

The chief compliance officer will issue written guidelines for employees and members of the staff regarding their rights and responsibilities in the event of an investigation or other regulatory activity
involving Gundersen. Employees and members of the medical staff should be reminded that government agents may attempt to interview them on Gundersen premises or at their homes during the course of an audit, during service of a subpoena or execution of a search warrant. They should be advised that, although Gundersen will typically cooperate with requests for information from the government, it would like to have a representative present during any such interviews. The employee or member of the medical staff is not required to be interviewed without a Gundersen officer being present, and may, at their discretion, refer such requests from an investigator to Gundersen’s chief compliance officer or legal counsel.

If investigators or auditors make unscheduled visits, the chief compliance officer, or her designee, will be the primary point of contact and communication.

The chief compliance officer, or her designee, will be responsible for:
1. Verifying the identity of the investigators;
2. Requiring an inspection of any warrant, subpoena or other authority for investigators who present at a Gundersen facility in order to ensure that the investigators have proper authorization;
3. Attempting to ascertain from the investigators the nature of their inquiry and the alleged violations that are the basis for the investigation;
4. Insuring that Gundersen records are not produced without an order or subpoena compelling their production;
5. Attempting to escort the investigators at all time while on the premises, and
6. Informing Gundersen’s legal counsel immediately and coordinating implementation of the response plan.

If a search warrant is executed, the chief compliance officer, or her designee, will be responsible for monitoring the actions of the search team, will make notes of the areas searched, and will prepare a list of any items or papers seized. At the end of any investigator’s or auditor’s visit, the chief compliance officer, or her designee, will request an exit conference to learn any additional details about the investigation or audit, any potential violations that have been uncovered, and if Gundersen will be subject to further investigations.

For additional information, please refer to the policy entitled, Responses to Unannounced Visits by Government Investigators or Auditors, GL-3037. This policy, along with other Compliance Program policies, is located on Gladiator.
I certify that I have received the Gundersen Standards of Conduct and understand it represents mandatory policies of the organization. I further certify that I will abide by the Standards of Conduct.

__________________________________________
Signature

__________________________________________
Position

__________________________________________
Printed Name

__________________________________________
Date