Moundview Memorial Hospital and Clinics, Inc.
d/b/a
Gundersen Moundview Hospital and Clinics

Compliance Plan and Standards of Conduct
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 Moundview’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.
INTRODUCTION

Moundview Memorial Hospital and Clinics, Inc. d/b/a Gundersen Moundview Hospital and Clinics, a Gundersen Health System affiliate, herein after “Gundersen Moundview,” is committed to providing high-quality medical care to all patients. To that end, Gundersen Moundview will follow guidelines that promote efficient corporate management at the lowest possible cost to each patient. Consistent with the longstanding traditions and practices at Gundersen Moundview, all medical, associate and other staff are 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 these Standards of Conduct articulated in this Compliance Plan. This document is intended to describe those responsibilities.

Gundersen Moundview's Compliance Program

Gundersen Moundview 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 and values of Gundersen Moundview in promoting quality and integrity.

The primary responsibilities of the Compliance Officer 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. (new copy) The Compliance Office also serves as a point of contact for you to obtain information regarding regulatory or other compliance-related questions.

Gundersen Moundview's Compliance Program also includes the Compliance Operations Committee. The Compliance Operations Committee includes management from key operational areas. The role of the Compliance Operations Committee, whose membership also includes members of the Gundersen Legal and Compliance departments, is to review and oversee the effectiveness of the Compliance Program on behalf of the Board.

Complying with Gundersen Moundview's Standards of Conduct

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

All Gundersen Moundview employees, contractors and members of the medical staff must follow these 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 Moundview or any employee, contractor or medical staff to comply with all statutes, regulations and guidelines applicable to Federal healthcare programs and with Gundersen Moundview'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 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:

- Kurtis Miller, Compliance Officer, Gundersen Moundview, Phone: (608) 339-8369
- Peter Weidenheim, Director, Compliance/Compliance Officer, Gundersen Health System Regional Hospital Affiliates, Phone: (715) 538-1784
- Kari Adank, Vice President of Compliance, Gundersen Health System, Phone: (608) 775-8025
- Dan Lilly, General Counsel, Gundersen Health System, Phone: (608) 775-4615
Reporting Violations of the Standards of Conduct

Persons who become aware of violations of these Standards of Conduct, are obligated to report them to their supervisor, Gundersen Legal Counsel, the Gundersen Vice President of Compliance or the Director of Compliance/Compliance Officer for Regional Hospital Affiliates. Alternatively, such concerns may be communicated by telephone to the Gundersen Compliance Hotline:

• Local Phone Number: (608) 784-0477
• Toll free: (877) 532-8879

The hotline may also be accessed by e-mail via Gundersen’s intranet, A-Z Resources, Compliance Hotline.

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 Moundview. 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 Gundersen Legal department, the Compliance Office will take any necessary action to investigate a complaint and to bring such matters to the appropriate Gundersen Moundview officials for appropriate remedial action.

No retaliatory action will be taken or will be permitted by Gundersen Moundview against any individual or entity that reports in good faith any suspected violations of the Standards of Conduct. Please refer to our Non-Retaliation Policy, GMCo-3032.
Gundersen Moundview will act in accordance with all pertinent federal and state laws. Gundersen Moundview 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 Moundview 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 Moundview.
2. All employees, contractors, and members of the medical staff are expected to comply with Gundersen Moundview’s policies and procedures.
3. Consistent with the long-standing policies and practices of Gundersen Moundview, as well as the ethical responsibilities of the medical staff, all treatment recommended and provided by Gundersen Moundview 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 Moundview will not over-utilize services or under-utilize services when treating patients.
6. All Gundersen Moundview 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 Moundview without the written permission of the relevant patient or his or her legal guardian, except as otherwise provided under Gundersen Moundview policies or as permitted by law.
7. Gundersen Moundview will not pay any person or any entity for patient referrals.
8. Except for certain items or services of nominal value, Gundersen Moundview 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 Gundersen Moundview.
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 the Moundview Memorial Healthcare Foundation. Donations to Moundview Memorial Healthcare Foundation may be designated for special purposes by the donor.
10. No property belonging to Gundersen Moundview (including documents or copies of documents) shall be removed from a Gundersen Moundview 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 Moundview, 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 Moundview.
12. All employees, contractors and members of the medical staff of Gundersen Moundview are obligated to report any actual or suspected violation of the Compliance Program or any legal, ethical, or professional standard related to Gundersen Moundview or its operations to the Moundview Compliance Officer, Gundersen Vice President of Compliance, Gundersen Legal Counsel or to Gundersen's Compliance Hotline at (877) 532-8879 or via Gundersen's intranet.
13. Any employee, contractor, or member of the medical staff of Gundersen Moundview should immediately notify the Moundview Compliance Officer, Gundersen Vice President of Compliance, or Gundersen 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 Moundview should immediately notify the Moundview Compliance Officer, Gundersen Vice President of Compliance, or, or Gundersen Legal Counsel if he or she is excluded, suspended, debarred or removed from any government healthcare program.
15. Employees of Gundersen Moundview will not bill any patient or any third-party payor for any services rendered in connection with his or her employment by Gundersen Moundview. If any employee receives payment from a patient or third-party payer for services performed during his or her employment by Gundersen Moundview, the employee will promptly remit such payment to Gundersen Moundview.

16. Upon separation, no employee, contractor or medical staff member may take or retain any of Gundersen Moundview’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 Moundview.

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

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

20. Significant contact with a government entity or payor in which Gundersen Moundview 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 Compliance Officer and Gundersen Director of Compliance/Compliance Officer.

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

22. A copy of these Standards of Conduct shall be provided to each Gundersen Moundview employee and shall be available on Gundersen Moundview’s intranet or Gundersen’s intranet.

**Gifts from vendors**

Unless otherwise specified herein, Gundersen Moundview 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 Moundview 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 Moundview 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 Moundview premises.

- Vendor or patient donations (product or monetary) to Moundview Memorial Healthcare 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 Moundview.
We encourage you to read the entire Conflict of Interest policy, GMCo-3017. This policy and other compliance program policies are located on Gundersen Moundview’s intranet or Gundersen’s Intranet.

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 Moundview.

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 Moundview. 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 Moundview Hospital (“the Hospital”) to another hospital receiving reimbursement under the Medicare prospective payment system, the Hospital will submit a claim to the Medicare program as appropriate for reimbursement under the critical-access hospital reimbursement methods for that patient.

2. Whenever a patient or resident 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 if the patient or resident requires durable medical equipment for which Medicare benefits are available, Gundersen Moundview will honor the patients’ choice of providers.

3. For anyone presenting to the Urgent Care/Emergency department, the Hospital 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, the Hospital will admit the patient or arrange for an appropriate transfer.

Contracts with Physicians and Suppliers
1. Gundersen Moundview 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 Moundview will:
   a. be in writing and signed by the parties;
   b. reflect the fair market value of the items and services furnished;
   c. specify the items or services to be furnished.

3. All lease agreements between Gundersen Moundview and any individual or entity in a position to refer patients to Gundersen Moundview or to generate other business between the parties will:
   a. be in writing and signed by the parties;
   b. will have a term of at least one year;
   c. be commercially reasonable;
   d. state the full rental amount, which will reflect fair market value;
   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 government or 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 Moundview 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. Claim forms 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 Moundview will periodically provide appropriate and ongoing training, and supplemental coding and billing information to the coding and billing staff on an ongoing basis.

8. Gundersen Moundview, its employees and staff members will select the most appropriate CPT, ICD-10, and revenue 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 Vice President of Compliance. 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 Moundview 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 Gundersen Moundview’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 the Gundersen Moundview 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 Moundview’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 Moundview policy based on a good-faith determination of the patient’s financial need.

2. Gundersen Moundview 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 Collection files.

3. Gundersen Moundview 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 a timely manner in accordance with applicable regulatory requirements.

Associate Staff and Allied Health Professional Services
1. Gundersen Moundview will bill for medically necessary physician assistant, nurse practitioner, and other associate staff and allied health professional services in accordance with applicable federal and state laws.

2. Gundersen Moundview 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 Gundersen Moundview Health Information Management department. Alternatively, they can consult the complete instructions for code selection provided in the Current Procedural Terminology (CPT) 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;
   4. Comprehensive; and

C. Examination
   1. Problem focused;
   2. Expanded problem focused;
   3. Detailed; and

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 or 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 diagnosis 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 Moundview 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.

False Claims Act
It is the policy of Gundersen Moundview 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 (GMCo-3014). This policy, along with other Compliance Program policies, are located on Gundersen Moundview’s intranet or Gundersen’s intranet.

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 $11,181 and as much as $22,363 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 designated 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 of, 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. § 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 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 Moundview has safeguards to protect against employee retaliation, including whistleblower retaliation. Please refer to our Non-Retaliation Policy, GMCo-3032, located on Gundersen Moundview’s intranet or Gundersen’s Intranet.

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.
A. Compliance Officer
The Compliance Officer, Kurtis Miller, has primary responsibility for the compliance activities of the organization.

If the Compliance Officer is personally or directly involved in any allegation that is raised, he or she will abstain from any investigation or handling of such allegation. In such event, the allegation shall be investigated and handled as determined by the Chief Executive Officer, in consultation with Gundersen’s Legal Counsel.

If the Compliance Officer disagrees with any decision or other action taken by the Chief Executive Officer and executive leadership group, the Compliance Officer may raise the issue with Gundersen Moundview’s Board of Directors.

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

The Compliance Office may determine that a report does not warrant investigation. However, if the Compliance Office concludes, based on their initial review of a report, that an investigation is warranted, the Compliance Office will investigate the matter and may consult with Gundersen Legal Counsel as appropriate. Please refer to GMCo-3046, Compliance Investigations, located on Gundersen Moundview’s intranet.

During and at the conclusion of any investigation, a privileged and confidential report will be maintained by the Compliance Office or Gundersen Legal Counsel and will contain:

• A summary of the reported allegation;
• The steps taken to investigate and report;
• The investigative findings; and
• The recommendations, if any, for corrective action

After consultation with the Compliance Operations 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;
• Voluntary disclosure to governmental agencies, as appropriate and required

The Compliance Office may request legal advice from Gundersen 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 Moundview’s operations. The areas that will be audited may include:

• 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 Moundview Compliance Operations 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 GMCo-3035 located on Gundersen Moundview’s intranet.

D. Compliance Education
As part of its compliance program, Gundersen Moundview will provide periodic education for its employees and medical-staff members. The focus of the education will be the Standards of Conduct.

Each employee and member of the medical staff who is required to complete a compliance training session will sign an attendance sheet establishing attendance. It is the responsibility of the Compliance Officer to integrate new regulations and legal developments affecting the Gundersen Moundview operation into its compliance education.
The Compliance Office shall ensure that each new employee or medical staff member receives a copy of the Compliance Plan and Standards of Conduct. With the Human Resources department, the Compliance Office is responsible for training all new employees and medical staff regarding the requirements of this program and emphasizing its importance to Gundersen Moundview. The Compliance Officer may delegate this responsibility to other persons, as appropriate.

E. Implementing Obligations Under New Statutes and Regulations
It is the responsibility of the Compliance Office to ensure that Gundersen Moundview has processes in place to promptly inform applicable staff of new regulatory and legal developments affecting its Compliance Program. The Compliance Office shall disseminate new and relevant information to the appropriate Gundersen Moundview personnel.

F. Annual Report
The Compliance Office will prepare an annual report of compliance activities for presentation to the Compliance Operations Committee and to the Gundersen Moundview Board of Directors. The report will address all elements of the Compliance program.

G. Exercising Due Diligence in Employee Selection
Gundersen Moundview is committed to preventing the delegation of discretionary authority to any employee, contractor or medical staff member who has a discoverable propensity to engage in illegal activity. Gundersen Moundview will accomplish this goal 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 Moundview will also query the National Practitioner Data Bank (“NPDB”) and any state licensing boards.

2. Existing employees, members of the medical staff and volunteers
   The Compliance Office conducts monthly screenings to ensure that Gundersen Moundview 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 employees, medical and associate staff, volunteers, vendors and long-term identification 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 conducts background checks in accordance with the Wisconsin Caregiver Background Check Law.

H. Disciplinary Actions
It will be the responsibility of the Vice President of Compliance, 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 Gundersen Moundview policies 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 a formal response plan is to organize and facilitate Gundersen Moundview’s cooperation with any governmental or regulatory agency, if a search warrant or subpoena is served or if Gundersen Moundview is subject to an inspection, audit or survey.

Gundersen Compliance 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 Moundview.
Employees and members of the medical-staff should be reminded that government agents may attempt to interview them on Gundersen Moundview 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 Moundview 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 Moundview officer being present, and may, at their discretion, refer such requests from an investigator to Gundersen’s Vice President of Compliance or Legal Counsel.

If investigators or auditors make unscheduled visits, the Compliance Officer or their alternate designee will be the primary point of contact and communication.

The Vice President of Compliance or their 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 Moundview 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 Moundview records are not produced without an order or subpoena compelling their production;

5. Attempting to escort the investigators at all times while on the premises; and

6. Informing Gundersen Legal Counsel immediately and coordinating implementation of the response plan.

If a search warrant is executed, the Vice President of Compliance or their designee will be responsible for monitoring the actions of the search team and 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 Vice President of Compliance or their 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 Moundview will be subject to further investigations.

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

Printed name

Position

Signature

Date