Compliance Manual

We Play by the Rules

Rush University System for Health

Corporate Compliance Office

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Mission of the Compliance Program

Rush is committed to maintaining an environment that promotes the highest level of ethical and legal conduct in its business operations, care for patients, education, research, and community missions. Rush regards corporate and employee integrity as critical to its operations.

Integrity supports quality patient care, responsible stewardship of resources, effective business operations, trust among Rush community members, and Rush's reputation with patients, students, research participants, payors, regulators, and the public.

The Rush Compliance Program is designed to prevent, detect, respond to, and correct conduct that may violate applicable laws, regulations, rules, payer requirements, Rush policies, or Rush's standards of ethical conduct.

Purpose of the Compliance Manual

The Rush Compliance Manual provides a high-level overview of the Rush Compliance Program, the responsibilities of Rush community members, reporting options, compliance program activities, and key laws and regulations that apply to Rush operations.

This manual does not replace specific Rush policies, procedures, work instructions, contracts, medical staff bylaws, University policies, research policies, payer requirements, or legal guidance. Rush community members are expected to review and comply with the specific policies and procedures applicable to their roles and responsibilities.

Scope and Applicability

The Rush Compliance Program applies to Rush University System for Health and Rush entities and operations, including Rush University Medical Center, Rush Copley Medical Center, Rush Oak Park Hospital, Rush Medical Group, Rush University, Rush Health, and other Rush subsidiaries or affiliated entities to the extent applicable.

For purposes of this manual, "Rush community members" means individuals and entities that perform work for, on behalf of, or in connection with Rush operations, clinical services, research, education, billing, claims, payment, documentation, referrals, financial arrangements, participation in government health care programs, commercial health plans, accountable care arrangements, or other regulated activities.

Rush community members include, but are not limited to:

- Corporate officers, directors, administrators, managers, and supervisory personnel; Employees, faculty, staff, trainees, students, residents, fellows, volunteers, and non-employee workforce members;

- Health care providers, including physicians, nurses, allied health professionals, mental health workers, and other licensed or certified professionals who are employed by Rush, credentialed by Rush, or providing services under contract with Rush;
- Private practice physicians and other practitioners on Rush medical staff;
  Billing, coding, charge capture, revenue cycle, patient financial services, managed care, finance, research billing, and documentation personnel;
- Agents, contractors, vendors, suppliers, consultants, temporary staff, third-party billers, delegated entities, and other third parties whose work may affect Rush's compliance obligations.

Rush may require agents, contractors, vendors, suppliers, consultants, delegated entities, and other third parties to comply with applicable Rush policies, contractual obligations, training requirements, payer requirements, and compliance expectations when their work for or on behalf of Rush relates to the matter at issue.

Structure and Oversight of the Rush Compliance Program

The Rush Compliance Program was established to support compliance with laws, regulations, rules, payer requirements, and Rush policies that apply to Rush operations, clinical care, research, education, billing, privacy, conflicts of interest, and other regulated activities.

The Chief Compliance Officer is responsible for overseeing implementation and operation of the Rush Compliance Program. The Chief Compliance Officer reports to Rush executive leadership and to the appropriate Board committee responsible for compliance oversight. The Chief Compliance Officer has authority to review, investigate, coordinate, and escalate compliance matters as appropriate.

The Corporate Compliance Office supports the Rush Compliance Program through policy development, education, monitoring, auditing, investigations, risk assessment, corrective action coordination, reporting, and guidance to Rush community members.

The Rush Compliance Program coordinates with other Rush functions and offices, including but not limited to Rush Legal, Human Resources, Privacy, Information Security, Revenue Cycle, Revenue Integrity, Research Compliance, University Compliance, Conflict of Interest, Internal Audit, Finance, Managed Care, clinical leadership, operational leadership, and Rush Health ACO leadership, as appropriate.

Rush may maintain committees or other governance structures to support compliance oversight, review compliance risks, evaluate compliance program activity, and assist in the development and implementation of corrective action.

Compliance Program Guidance and Seven Elements

The Rush Compliance Program is informed by applicable federal and state laws, CMS requirements, OIG compliance program guidance, the Federal Sentencing Guidelines, and other regulatory guidance applicable to Rush operations.

The Rush Compliance Program is organized around the Seven Elements of an effective compliance program:

1. Written policies and procedures;
2. Compliance leadership and oversight;
3. Training and education;
4. Effective lines of communication;
5. Enforcing standards through discipline and corrective action;
6. Risk assessment, auditing, and monitoring; and
7. Responding to and ~~a~~ddressing identified issues and implementing corrective action.

These elements are intended to help Rush prevent, detect, respond to, and correct compliance concerns and to support a culture of ethical and compliant conduct.

Compliance Program Activities

The Rush Compliance Program includes activities designed to prevent, detect, respond to, and correct conduct that may violate applicable law, regulation, rule, payer requirement, Rush policy, or ethical standards. Significant program activities include:

1. **Written policies and Procedures**

   Rush maintains policies and procedures to explain compliance expectations, reduce compliance risk, and support compliance with applicable laws, regulations, payer requirements, and Rush standards. Rush community members are expected to know and follow policies and procedures that apply to their roles and responsibilities.:

2. **Training and Education**

   Rush provides compliance training and education to support understanding compliance obligations and high-risk areas. Mandatory compliance training is required upon hire, appointment, onboarding, or engagement and on an annual basis thereafter, as well as when laws, regulations, payer requirements, or policies change; when noncompliance is identified; or as part of corrective action. Training includes both initial and ongoing education to reinforce compliance expectations.

   Training may be tailored based on role, department, job function, contract requirement, payer requirement, research activity, clinical responsibility, billing responsibility, privacy or security responsibility, or other compliance risk.

3. **Effective Lines of Communication**

   Rush maintains reporting options for Rush community members to ask questions and report compliance concerns. Reporting options include supervisors, managers, Corporate Compliance, the Rush Hotline, and EthicsPoint.rush.edu Rush encourages timely reporting so potential concerns can be reviewed and addressed.

   Anonymous Reporting ("Hotline:" The Rush Hotline is a confidential reporting resource that enables Rush community members to report known or suspected violations of law, policy, ethical standards, or other compliance concerns. Reports may be submitted by telephone or through a secure web-based reporting system and may be made anonymously where permitted by law. The Hotline supports Rush's commitment to compliance, integrity, accountability, and ethical conduct by providing a mechanism for individuals to raise concerns without fear of retaliation. Reports received through the Hotline are reviewed and investigated, as appropriate, by the Compliance Department or other responsible Rush offices. Rush strictly prohibits retaliation against any individual who, in good faith, reports a concern or participates in an investigation.

4. Monitoring and Auditing

Rush conducts monitoring and auditing activities to evaluate whether laws, regulations, payer requirements, and Rush policies are understood and followed. Monitoring and auditing may be performed as part of a work plan, risk assessment, regulatory requirement, internal review, investigation, corrective action plan, or follow-up review.

5. Responding to Compliance Concerns

Corporate Compliance review reports of suspected noncompliance and determines whether further review, investigation, referral, corrective action, education, repayment, disclosure, or other action is appropriate. Compliance matters may be coordinated with Rush Legal, Human Resources, Privacy, Research Compliance, Revenue Cycle, University Compliance, operational leadership, or other departments as appropriate.

6. Corrective Action

When noncompliance is identified, Rush may develop and implement corrective action to address the issue, reduce risk, prevent recurrence, and support compliance. Corrective action may include education, policy revision, process changes, claim correction, repayment, disciplinary action, monitoring, auditing, or other remediation.

7. Discipline and Sanctions

Rush community members who violate Rush policies, legal requirements, payer requirements, or compliance expectations may be subject to disciplinary or remedial action consistent with applicable Rush policies, Human Resources processes, Medical Staff Policies and Procedures and Bylaws, University policies, contractual remedies, and legal or regulatory requirements.

8. Screening and Exclusion Monitoring

Rush conducts screening and monitoring, as applicable, to identify individuals or entities that may be excluded, debarred, sanctioned, or otherwise ineligible to participate in federal or state health care programs or other Rush activities. Adverse findings may result in corrective action, removal of responsibilities, contract action, reporting, or termination of the relationship, as appropriate.

9. Privacy Breach Response

The Privacy Office reviews reported privacy incidents and conducts a risk assessment, as appropriate, to determine whether a privacy breach has occurred. When required, Rush reports privacy breaches to affected individuals and federal and/or state authorities.

10. Conflict of Interest Review and Adjudication

Rush is dedicated to integrity in its academic, research, clinical, and business activities. Rush maintains conflict of interest policies and processes to identify, review, manage, and address

potential conflicts of interest. These processes may include annual and transactional disclosures, committee review, management plans, education, and monitoring.

Compliance Risk Assessment, Auditing, and Monitoring

Corporate Compliance conducts periodic compliance risk assessments to identify, evaluate, and prioritize compliance risks across Rush operations. Risk assessment inputs may include, as applicable:

- Federal and state laws and regulations;
- CMS guidance, manuals, and program requirements;
- National Coverage Determinations, Local Coverage Determinations, Medicare Administrative Contractor guidance, Medicaid guidance, payer policies, and contractual requirements;
- OIG guidance, work plan items, advisory opinions, enforcement actions, and audit reports;
- Internal audits, external audits, payer audits, government inquiries, and monitoring results;
- Hotline reports, compliance investigations, privacy incidents, and conflict of interest disclosures;
- Billing, coding, documentation, medical necessity, research billing, and overpayment trends;
- Research compliance, grants compliance, responsible conduct of research, and research integrity risks;
- Privacy, information security, artificial intelligence, data use, and technology risks;
- Vendor, contractor, third-party, and delegated entity risks;
- Rush Health ACO, value-based care, and payer arrangement risks;
- Operational leadership input and other internal or external risk indicators.

Risk assessment results may be used to develop or update the Compliance work plan, auditing and monitoring activities, education and training priorities, policy updates, corrective action plans, and reporting to leadership or Board oversight committees.

Auditing and monitoring activities may be conducted on a scheduled, risk-based, targeted, or follow-up basis. Follow-up reviews may be performed to evaluate whether corrective action has been implemented and whether the identified risk has been reduced.

Health Insurance Portability and Accountability Act Privacy

The Privacy Office administers and oversees the Rush HIPAA Privacy Program and supports compliance with applicable federal, state, and international privacy and data protection requirements. The Privacy Office promotes the appropriate use, disclosure, safeguarding, and confidentiality of protected health information (PHI) and other sensitive data across Rush operations. Responsibilities may include, as applicable: the development and maintenance of privacy policies and procedures; privacy risk assessments; privacy auditing and monitoring; administration of patient privacy rights; workforce privacy education and awareness; privacy incident intake and investigation; breach risk assessments and breach notification activities; regulatory reporting; complaint intake and resolution; consultation on privacy-related projects, technologies, research activities, and data use initiatives; and coordination with Legal, Information Security, Compliance, Human Resources, Research Compliance, Health Information Management, and operational leadership.

The Privacy Office also serves as a resource for evaluating privacy risks, identifying appropriate safeguards, responding to government inquiries, and supporting compliance with applicable privacy, confidentiality, and information governance requirements.

Obligations of Rush Community Members

Compliance is everyone's responsibility. Rush community members are expected to:

- Conduct Rush business ethically and in accordance with Rush's mission and values;
- Comply with applicable laws, regulations, rules, payer requirements, contracts, and Rush policies;
- Complete assigned compliance training;
- Ask questions when they are uncertain about compliance requirements;
- Report suspected noncompliance, fraud, waste, abuse, privacy incidents, conflicts of interest, or other compliance concerns;
- Cooperate with compliance reviews, audits, investigations, corrective action, and monitoring;
- Preserve relevant records and information when directed;
- Correct identified noncompliance within a reasonable time frame; and
- Avoid retaliation against any person who raises concern in good faith or participates in a compliance review or investigation.

Managers and supervisors have additional responsibilities to promote compliance within their areas, support training and education, respond appropriately to reported concerns, escalate

compliance matters when needed, and work with Compliance and other Rush offices to implement corrective action.

Reporting Compliance Concerns

Rush community members must report known or suspected compliance concerns. Concerns may include suspected violations of law, regulation, payer requirements, Rush policy, ethical standards, billing requirements, privacy or security obligations, research requirements, conflict of interest requirements, or other compliance obligations.

Rush community members may report concerns through any of the following options:

- Speak with a supervisor or manager;
- Contact Corporate Compliance at (312) 942-5303;
- Contact the Rush Hotline at (877) 787-4009;
- Submit a report through Rush.ethicspoint.com;
- Contact the Privacy Office for privacy-related concerns;
- Contact Research Compliance for research-related concerns;
- Contact Rush Legal, Human Resources, Information Security, or other appropriate Rush office, as applicable.

Reports to the Rush Hotline may be made anonymously unless the reporter chooses to identify themselves. Rush will make reasonable efforts to review and address reported concerns.

External Reporting Resources

Rush encourages Rush community members to report compliance concerns internally so that Rush may promptly review and address potential issues. Nothing in this manual prohibits or limits any person from reporting a concern to an external government agency, cooperating with a government investigation, filing a charge or complaint, or engaging in other legally protected activities.

External reporting resources may include, as applicable:

- HHS Office of Inspector General for fraud, waste, abuse, or mismanagement involving HHS programs;
- Centers for Medicare & Medicaid Services for Medicare or Medicaid program concerns;
- Illinois Department of Healthcare and Family Services Office of Inspector General for Illinois Medicaid concerns;
- HHS Office for Civil Rights for HIPAA privacy or civil rights concerns;
- Illinois Attorney General or other state enforcement agency;

- Occupational Safety and Health Administration for workplace safety or retaliation concerns;
- Other federal, state, or local agencies with jurisdiction over the matter.

Policy Against Retaliation

Rush prohibits retaliation against any person who, in good faith, reports a compliance concern, asks a compliance question, participates in a compliance review or investigation, refuses to participate in unlawful conduct, or engages in other legally protected activity.

Retaliation is prohibited even if a concern reported in good faith is not substantiated after review. Anyone who engages in retaliation may be subject to disciplinary or remedial action, up to and including termination of employment, contract, appointment, medical staff relationship, or other affiliation with Rush, as applicable.

Responding to Compliance Concerns

Corporate Compliance reviews reported compliance concerns and determines the appropriate response. Depending on the nature of the concern, the response may include:

- Initial review or triage;
- Referral to another Rush office;
- Compliance review or investigation;
- Coordination with Rush Legal, Human Resources, Privacy, Information Security, Research Compliance, University Compliance, Revenue Cycle, operational leadership, or other departments;
- Corrective action;
- Education or training;
- Claim correction, repayment, disclosure, or payer notification;
- Disciplinary or remedial action;
- Monitoring or follow-up review.

Rush expects Rush community members to cooperate with compliance reviews and investigations by responding promptly, completely, and accurately to requests from Corporate Compliance, Rush Legal, or their designees.

Government Inquiries, Subpoenas, Search Warrants, and Audit Notifications

Rush community members who receive notice of a government inquiry, subpoena, search warrant, audit notification, interview request, request for documents, civil investigative

demand, or related legal request involving Rush business, clinical operations, billing, research, education, privacy, or other regulated activities must promptly notify Rush Legal and/or Corporate Compliance in accordance with applicable Rush policy.

Rush community members should not respond to, produce documents, or participate in an interview related to such requests on behalf of Rush unless directed by Rush Legal and/or Corporate Compliance.

Matters involving government investigations, subpoenas, search warrants, audits, interview requests, or related legal requests should be treated confidentially. Rush community members must preserve potentially relevant records and information in accordance with any legal hold, document preservation instruction, record retention policy, or direction from Rush Legal.

Key Compliance Risk Areas

The Rush Compliance Program includes oversight and coordination for a broad range of compliance risk areas, including but not limited to:

- Fraud, waste, and abuse;
- False Claims Act and overpayment obligations;
- Anti-Kickback Statute and beneficiary inducement rules;
- Stark Law and physician financial relationships;
- Billing, coding, charge capture, documentation, medical necessity, claims submission, claims correction, payer requirements, and reimbursement;
- CMS manuals, National Coverage Determinations, Local Coverage Determinations, Medicare Administrative Contractor guidance, Medicaid/HFS guidance, Medicare Advantage requirements, commercial payer policies, and contractual requirements;
- Exclusion screening and sanctioned individuals or entities;
- Conflicts of interest and financial relationships;
- Privacy, security, data use, and breach response;
- Research compliance, research billing, clinical trials billing, grants compliance, responsible conduct of research, and research integrity;
- Rush Health ACO and value-based care compliance;
- Vendor, contractor, supplier, consultant, and third-party arrangements;
- Documentation, record retention, and legal hold requirements;
- Advertising, discounts, free care, patient inducement, and non-monetary compensation;
- Quality, patient safety, and regulatory reporting obligations, as applicable.
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Research Compliance

The Rush Compliance Program includes compliance oversight and coordination for research activities. Research Compliance activities may include, as applicable:

- Human subjects' protections;
- Research billing and clinical trials billing;
- Coverage analysis and research charge segregation;
- Research integrity and research misconduct processes;
- Responsible Conduct of Research;
- Research security and sponsor requirements;
- Financial conflicts of interest in research;
- Grants and sponsored programs compliance;
- IRB, IBC, and other research oversight processes;
- Clinical trial registration and reporting, as applicable;
- Coordination with ORA, IRB, IBC, SPA, Legal, clinical departments, study teams, and other research oversight offices.

Rush community members involved in research are expected to comply with applicable federal and state laws, sponsor requirements, grant requirements, Rush research policies, IRB requirements, billing requirements, privacy requirements, conflict of interest requirements, and other applicable research obligations.

Rush Health Accountable Care Organization and Value-Based Care Compliance

The Rush Compliance Program supports compliance oversight and coordination for Rush Health Accountable Care Organization (ACO) and value-based care activities, as applicable.

Rush Health ACO and value-based care compliance activities may include oversight related to CMS Shared Savings Program requirements, payer requirements, beneficiary protections, quality reporting, data use, marketing, provider arrangements, conflicts of interest, auditing and monitoring, corrective action, and mechanisms to identify and address compliance concerns.

Rush community members involved in Rush Health ACO or value-based care activities are expected to comply with applicable CMS requirements, payer requirements, contracts, Rush policies, and compliance program expectations.

Overview of Relevant Laws

The Rush Compliance Program has been established to help Rush community members understand and comply with laws that affect their work at or on behalf of Rush. The following overview is not exhaustive and does not replace legal advice or specific Rush policies.

A. Anti-Kickback Statute

42 U.S.C. § 1320a-7b(b)

The Anti-Kickback Statute prohibits individuals or entities from knowingly and willfully offering, paying, soliciting, or receiving remuneration to induce or reward referrals or business payable by a federal health care program. Remuneration may include cash, gifts, discounts, free items or services, compensation, or anything else of value. Violations may result in criminal penalties, civil monetary penalties, exclusion from federal health care programs, and False Claims Act liability.

Criminal penalties for violation of the Anti-Kickback Law include a fine up to $100,000, imprisonment for up to ten years or both, for each violation. The civil penalty for violation is a fine of up to $50,000 per incident plus three times the amount of remuneration. Violators are also subject to exclusion from federal health care programs. Exclusion means that an individual or entity can no longer participate in or receive payment from the federal health care programs.

B. The Stark Law (Physician Self-Referral Prohibition)

42 U.S.C. § 1395nn

The Stark Law generally prohibits physicians from referring Medicare or Medicaid patients for designated health services to an entity with which the physician or an immediate family member has a financial relationship, unless an exception applies. Stark Law is a strict liability statute and does not require proof of intent. Violations may result in denial of payment, refunds, civil monetary penalties, and exclusion from federal health care programs.

An individual or entity that violates the Stark Law may face penalties including denial of payment for the services, refunds of amounts collected in violation of the law and a civil monetary penalty of up to $15,000 per claim. Additional civil penalties of up to $100,000 may be imposed for schemes designed to circumvent the statute. Violators are also subject to exclusion from federal health care programs.

C. Eliminating Kickbacks in Recovery Act of 2018

18 U.S.C. § 220

The Eliminating Kickbacks in Recovery Act prohibits soliciting, receiving, paying, or offering remuneration in return for or to induce referrals to a recovery home, clinical treatment facility, or laboratory, subject to applicable statutory exceptions.

D. Federal False Claims Act

31 U.S.C. §§ 3729 to 3733

The Federal False Claims Act prohibits knowingly presenting or causing to be presented a false or fraudulent claim for payment to the United States government, knowingly making or using a false record or statement material to a false or fraudulent claim, and knowingly concealing, avoiding, or decreasing an obligation to pay or transmit money or property to the government. No proof of specific intent to defraud is required. Knowledge includes actual knowledge, deliberate ignorance, or reckless disregard.

The maximum penalty for violating the False Claims Act is treble damages (three times what the government incorrectly paid) plus a civil fine of between $11,665 and $23,331 for each false claim submitted.

E. Civil Monetary Penalties Law (Patient Inducement)

42 U.S. Code § 1320a–7a

The Civil Monetary Penalties Law authorizes penalties for certain improper conduct, including offering or transferring remuneration to Medicare or Medicaid beneficiaries that the person knows or should know is likely to influence the beneficiary's selection of a provider, practitioner, or supplier of items or services payable by Medicare or Medicaid. Violations may result in civil monetary penalties, assessments, and exclusion.

A person who offers or transfers to a Medicare or Medicaid beneficiary any remuneration that the person knows or should know is likely to influence the beneficiary's selection of a particular provider, practitioner or supplier of Medicare or Medicaid payable items or services may be liable for civil money penalties of up to $20,000 for each wrongful act under the Civil Monetary Penalties Law and exclusion from federal health care programs.

F. Illinois Health Care Worker Self-Referral Act

225 ILCS §47/1 et. seq.

The Illinois Health Care Worker Self-Referral Act restricts licensed health care workers from referring patients for health services to certain entities in which the health care worker has an investment interest, unless an exception applies. Violations may result in professional disciplinary action and civil penalties.

A health care worker who is in violation of this prohibition is subject to penalties including professional disciplinary action by the applicable state board or committee and a civil penalty of up to $20,000 for each claim.

G. Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Public Law 104-191

Includes administrative simplification provisions including requirements for privacy and security of protected health information. Requires that all elements of established rules be implemented and enforced including Privacy Rule (use and disclosure of information); Security Rule (safeguarding of information); and Omnibus Rule (implemented breach notification and other elements of the HITECH Act).

H. Illinois False Claims Act

740 ILCS 175/1 et seq.

The Illinois False Claims Act prohibits false or fraudulent claims for payment to the State of Illinois and includes provisions related to knowingly concealing, avoiding, or decreasing an obligation to pay or transmit money or property to the State. The law includes qui tam and whistleblower provisions.

I. Illinois Whistleblower Act

740 ILCS 174/1 et seq.

The Illinois Whistleblower Act includes protections for individuals who disclose or threaten to disclose certain information, participate in investigations, or refuse to participate in activity that would violate law, rules, or regulation.

J. Illinois Public Aid Code

The Illinois Public Aid Code includes requirements related to Medicaid program integrity, fraud, abuse, waste, overpayments, and HFS/HFS Office of Inspector General authority. Rush community members involved in Medicaid billing, payment, documentation, contracting, or program participation must comply with applicable Illinois Medicaid requirements.

K. Federal and State Exclusion Authorities

Federal and state laws prohibit payment for items or services furnished by excluded, debarred, sanctioned, or otherwise ineligible individuals or entities. Rush conducts screening and monitoring activities, as applicable, to support compliance with exclusion-related requirements.

Related Policies and Resources

Rush community members should review and comply with Rush policies and procedures applicable to their roles. Related policies and resources may include, as applicable:

- Human Resources Rush Code of Conduct;
- Prohibition Against Retaliation Policy;
- Fraud, Waste, and Abuse Policy;
- Repayment of Errors in Reimbursement from Government Payors, Private Payors and Patients Policy;
- Responding to Government Investigations and to Court Complaints and Subpoenas Policy;
- Response to Requests for Billing Information from Government Agencies Policy;
- Billing Only for Services that are Performed, Medically Necessary, and Documented Policy;
- Prohibition on Kickbacks Policy;
- Prohibition on Engaging in Transactions or Arrangements that Violate Self-Referral Laws Policy;
- Advertising, Discounts, Free Care, and Patient Inducement Policy;
- Conflict of Interest policies;
- HIPAA Privacy and Security policies;
- Research Compliance policies;
- Billing for Clinical Research and Clinical Trials Billing policies;
- Record Retention Policy;
- Human Resources disciplinary policies;
- Medical Staff Policies and Procedures and Bylaws;
- University policies, as applicable.

Compliance Office Contact Information

Use the following resources to ask compliance questions, report concerns, or contact the Corporate Compliance Office.

Corporate Compliance Office

707 South Wood Street, Suite 317
Chicago, Illinois 60612
Phone: (312) 942-5303

System Chief Compliance Officer

Cynthia Boyd, MD, MBA
System Chief Compliance Officer,
Rush University System for Health Vice President

Rush Hotline

Phone: (877) 787-4009
Online reporting: Rush.ethicspoint.com

Rush Hotline QR Code

Scan the QR code to access the Rush Hotline online reporting site.

Reports may be made anonymously through the Rush Hotline unless the reporter chooses to identify themselves.

Reference & Regulatory Guidance

HHS Office of Inspector General, General Compliance Program Guidance, November 2023.

HHS Office of Inspector General, Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, February 23, 1998.

HHS Office of Inspector General, Supplemental Compliance Program Guidance for Hospitals, 70 Fed. Reg. 4858, January 31, 2005.

United States Sentencing Guidelines § 8B2.1, Effective Compliance and Ethics Program.

CMS Medicare Managed Care Manual, Chapter 21, Compliance Program Guidelines.

CMS Prescription Drug Benefit Manual, Chapter 9, Compliance Program Guidelines.

42 C.F.R. § 422.503, Medicare Advantage Compliance Program Requirements.

42 C.F.R. § 423.504, Medicare Part D Compliance Program Requirements.

42 C.F.R. § 425.300, Medicare Shared Savings Program ACO Compliance Plan Requirements.

42 C.F.R. § 425.316, Monitoring of ACOs.

False Claims Act, 31 U.S.C. §§ 3729 to 3733.

Anti-Kickback Statute, 42 U.S.C. § 1320a-7b(b).

Physician Self-Referral Law, 42 U.S.C. § 1395nn.

Civil Monetary Penalties Law, 42 U.S.C. § 1320a-7a.

Eliminating Kickbacks in Recovery Act of 2018, 18 U.S.C. § 220.

Health Insurance Portability and Accountability Act of 1996 (HIPAA) - Public Law 104-191; 45 C.F.R. Parts 160 and 164

Confidentiality of Substance Use Disorder Patient Records (Part 2) - 42 C.F.R. Part 2; 42 U.S.C. § 290dd-2

Genetic Information Nondiscrimination Act of 2008 (GINA) - 42 U.S.C. § 2000ff

General Data Protection Regulation (GDPR) - Regulation (EU) 2016/679

Illinois Personal Information Protection Act (PIPA) - 815 ILCS 530/1

Mental Health and Developmental Disabilities Confidentiality Act - 740 ILCS 110/1

AIDS Confidentiality Act - 410 ILCS 305/1

Genetic Information Privacy Act (GIPA) 410 ILCS 513/1

Biometric Information Privacy Act (BIPA) 740 ILCS 14/1

Illinois False Claims Act, 740 ILCS 175/1 et seq.

Illinois Whistleblower Act, 740 ILCS 174/1 et seq.

Illinois Health Care Worker Self-Referral Act, 225 ILCS 47/1 et seq.

Illinois Public Aid Code, 305 ILCS 5/12-4.25.

Illinois Public Aid Code, 305 ILCS 5/12-13.1.

Applicable CMS manuals, National Coverage Determinations, Local Coverage Determinations, Medicare Administrative Contractor guidance, Medicaid/HFS guidance, OCR guidance and rules, Medicare Advantage requirements, commercial payer policies, contracts, and Rush policies and procedures.