Jewish Hospital &
St. Mary´s HealthCare

JHSMH Corporate Compliance Code of Conduct

Adopted Jan. 26, 2011
Replaces *Jewish Hospital & St. Mary's Health Care Corporate Compliance Code of Conduct adopted Oct. 12, 2009 and previously revised May 2007 and Jewish Hospital HealthCare Services Corporate Compliance Code of Conduct* revised June 2003 and *Catholic Health Initiatives Ethics at Work Second Edition*

The JHSMH Corporate Compliance Code of Conduct is published electronically on the JHSMH Intranet and Internet and is available to download for team members, physicians, volunteers, vendors and members of the Board of Trustees.

The JHSMH Corporate Compliance Code of Conduct does not create or constitute a contract of any kind between the employee and JHSMH. Either the employee or JHSMH has the right to terminate employment at any time. In addition, every effort has been made to explain this information in a clear and concise manner, avoiding the technical jargon of legal documents, insurance contracts and policy manuals. If questions should arise, however, JHSMH will follow the formal documents and policy statements.

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I. Compliance Overview

Letter from the Vice President for Compliance & Privacy

Jewish Hospital & St. Mary's HealthCare, Inc. (JHSMH) requires all team members to act in a non-abusive and legal manner and to report or correct wrongdoing wherever it may occur in the organization. As part of our commitment to excellence in health care, JHSMH implemented a Corporate Compliance Program to further the organization's efforts to prevent and detect illegal, unethical and abusive conduct. The Compliance Program has two primary objectives: 1) to enhance and further demonstrate to our patients, the community, team members, medical staff, Board of Trustees, volunteers, benefactors, the government and third-party payers our commitment to honest and fair dealing; and 2) to centralize our efforts in preventing and detecting illegal, unethical or abusive conduct.

JHSMH team members are expected to deal fairly and honestly with patients and their families, suppliers, and third-party payers, as well as with their fellow team members and business associates. Each JHSMH team member has an obligation to adhere to the Corporate Compliance Code of Conduct as a condition of our employment.

While all JHSMH team members are obligated to follow this Corporate Compliance Code of Conduct, we expect our management team to set the example and be a role model in every respect. Management must ensure those on their team have sufficient information to comply with applicable laws, regulations and policies. They must help create a culture within JHSMH that promotes a high standard of ethics and compliance.

This Code of Conduct includes examples and questions from team members, physicians and business partners to help you make ethical and compliant decisions at work. However, it is not possible to cover every situation that calls for ethical decision-making.

Finally, each of us is obligated to report to our supervisors or to the Compliance Officer, directly or through the JHSMH Compliance Hotline, any conduct by a team member, physician, contractor or vendor that we believe in good faith is illegal, unethical, or abusive. The Compliance Hotline is a confidential service available 24 hours a day, seven days a week. **The hotline number is 1-866-37-JHSMH (54764)**. Calls are received by trained staff that document and forward the information to the JHSMH Compliance Officer for appropriate action. Calls to the hotline are not traced or recorded. Callers can remain anonymous. Team members never will be penalized for raising an issue or voicing a concern when done so in good faith.

Remember, the responsibility to see that the Corporate Compliance Code of Conduct and the organization's policies and procedures are followed is everyone's responsibility, not just the Compliance Department.

Sincerely,

Betsy Hall, MPH, CHC
Vice President, Compliance and Privacy
Jewish Hospital & St. Mary's HealthCare, Inc.

Introduction

Many health care organizations voluntarily implemented Corporate Compliance programs after passage of the Health Insurance Portability and Accountability Act of 1996,[1] which gave the U.S. Department of Health and Human Services' Office of Inspector General and the U.S. Department of Justice more investigational funding and authority to increase penalties for health care fraud and abuse. The government continues to investigate health care institutions across the country searching for violations of the False Claims Act[2] and other federal laws.

Using the seven elements outlined in the U.S. Sentencing Guidelines for Organizations, health care providers implemented Corporate Compliance programs to protect their institutions from liability. An organization found guilty of violating federal criminal laws and that has a compliance program in accordance with the U.S. Sentencing Guidelines, may reduce assessed penalties by up to 70 percent against the fines that the law requires.

The seven elements include:

1. Establishing written policies and standards of conduct.
2. Designating a compliance officer and other bodies to oversee compliance.
3. Providing effective education and training.
4. Auditing and monitoring compliance.
5. Implementing reporting processes for complaints.
6. Consistently enforcing the policies and standards of conduct through appropriate disciplinary measures.
7. Investigating issues and taking all reasonable steps to respond appropriately and prevent further similar offenses, when an offense is detected.

The two parent companies of JHSMH – Jewish Hospital HealthCare Services, Inc. (JHHS) and Catholic Health Initiatives, Inc.-Kentucky (CHI-KY) – each have historically demonstrated their commitment to compliance. Both companies formally implemented voluntary compliance programs in 1998 based on the elements in the federal sentencing guidelines. When Congress passed the Deficit Reduction Act of 2005 (DRA), compliance programs became mandatory as a Medicaid condition of payment.[3]

As a minimum standard, each person associated with JHSMH will conduct his or her activities in compliance with applicable laws. We have a duty to act in a manner consistent with our core values, standards, policies and Corporate Compliance Code of Conduct. We are subject to a variety of serious consequences if we fail to comply with laws, regulations and organizational policies and procedures. The consequences to JHSMH may include refund of payments from government programs; civil or criminal liability; exclusion from federal payment programs; and loss of tax-exempt status. In addition, responsible individuals may be subject to disciplinary action, suspension or termination of employment; termination of contractual relationship; or removal from office or board membership. Individuals also may be prosecuted and subject to substantial fines.

Compliance with the Code of Conduct and other policies will be audited and monitored to identify and to correct any potential barriers to compliance. Regular, periodic audits will be conducted at the direction of the Compliance Officer with assistance from Catholic Health Audit Network (CHAN) and JHSMH legal counsel. For more information, please review the JHSMH Compliance Program Structure Policy.

[1] Public Law 104-191
[2] 31 U.S.C. § 3729-3733
[3] DRA § 6032

Getting Help and the Compliance Hotline
As an organization and as individuals, we are responsible for promptly reporting potential violations of law, regulation, policy, procedure, or the JHSMH Corporate Compliance Code of Conduct. We can use the reporting mechanisms in place, including discussing the matter with a member of management, human resources, and risk management, security or quality personnel. In addition, we can use the JHSMH reporting process described below.

To support us in making the right decisions and getting answers to our questions or concerns, JHSMH has developed a three-step reporting process:

- ❑ Speak with your supervisor or another member of management, such as a director or vice president.
- ❑ If your supervisor or another member of management is not available, or you are not comfortable speaking to him or her, contact the Compliance Officer or the General Counsel.
- ❑ If you want to ask a question or report a concern anonymously, call the JHSMH Compliance Hotline. The hotline is a confidential service available 24 hours a day, seven days a week operated by a third party called Ethics Point. **The toll-free hotline number is 1-866-37-JHSMH (54764)**. The hotline also may be reached on the Internet at www.ethicspoint.com. Calls and Internet reports are received by trained staff that document and forward the information to the JHSMH Compliance Officer for appropriate action. Calls and Internet reports to the hotline are not traced or recorded. Callers can remain anonymous. If callers choose to identify themselves, there is no guarantee their identities will remain confidential. However, when a caller identifies himself or herself, it may be easier for the Compliance Officer to provide a direct response.

JHSMH will investigate all reported concerns promptly and confidentially, to the extent possible. The Compliance Officer and Privacy Office, along with legal counsel, will coordinate any findings from the investigation and immediately recommend any necessary corrective action or changes. We expect all team members to cooperate with investigational efforts.

When an internal investigation determines that a material violation of the law or the Corporate Compliance Code of Conduct has occurred, we will initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts, notifying the appropriate government agency, instituting whatever disciplinary action is necessary and implementing systematic changes to prevent a similar violation from recurring in the future at any JHSMH facility. For more information, please review the JHSMH Hotline Policy.

Non-Retaliation
JHSMH promotes an environment that encourages all of us to seek clarification of issues and report questions and concerns. It is our duty and responsibility to report possible violations of our standards, policies, state and federal law. No retaliatory action will be taken against an individual who makes a good faith report, complaint or inquiry. However, disciplinary action may be taken against individuals who do not make reports in good faith or whose actions violate JHSMH policies. For more information, please review the JHSMH Non-Retaliation Policy.

Responding to Government and Regulatory Agencies
JHSMH and its team members respond to federal, state or local government requests for information on a timely basis and in a cooperative manner while preserving our organization's legal rights. If a government agent approaches you or you receive a subpoena, either at work or at home, you should:

- ❑ Be calm and respectful.
- ❑ Ask for identification and verify the authority of the agent. Ask permission to copy their identification or obtain their business cards.
- ❑ Immediately call the following individuals:
  - o Your supervisor
  - o Compliance Officer
  - o General Counsel

If a government agent asks to speak with you, you may volunteer to talk with the agent but are not required to do so. Do not feel pressured to talk with a government agent without first contacting one of the individuals above. You may ask to have a JHSMH representative or JHSMH legal counsel attend any interview with a government agent.

If a government agency conducts an interview or investigation, do not:

- ❑ Alter, conceal, remove or destroy documents or records belonging to JHSMH, including paper, magnetic tape, electronic or computer records.
- ❑ Lie or make false or misleading statements.
- ❑ Persuade any team member or other person to provide false or misleading information or to fail to cooperate.
- ❑ Offer any item of value to a government official, which may be interpreted as a bribe.

Question: I received a telephone call from someone who said he was a government investigator. He asked me about our home care policies and said an investigator would come to our hospital in the next few weeks. I did not give him any information. What should I do if an investigator comes to the hospital?
Answer: You were right not to give any information over the telephone because you could not verify the caller's identity. If an investigator comes to your department, ask for identification. Then, contact your supervisor, the Compliance Officer and the General Counsel for instructions on how to proceed.

Question: A woman who said she worked with Medicare came to my home. She said I had to answer her questions. I refused and asked her to leave. What should I do if this happens again?
Answer: When someone says he or she is a government agent, always ask for identification. You may refer the agent to the Compliance Officer and the General Counsel. You are not required to talk to them but may do so if you wish. Any statements you make could be used against you. Then, contact the Compliance Officer and the General Counsel for instructions how to proceed.

Question: An Internal Revenue Service agent conducted an investigation in our facility for several weeks. When he finished, we gave him a little party. Was that appropriate?
Answer: No. Do not provide such gifts to any government employee. You or your manager must immediately report this incident to the Compliance Officer and General Counsel. Although you were simply being friendly, the party could be seen as a bribe.

If you have additional questions or concerns regarding government inquiries, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

Training and Education

Training and education is available to help ensure understanding and compliance with organizational expectations for ethical business conduct. This education and training is provided to team members when they join JHSMH. In addition, many team members receive specialized training on subjects such as billing, coding, safety, environmental issues and regulations that relate specifically to their jobs. While we will make a reasonable effort to provide appropriate compliance information for you and respond to all inquiries, no educational program, however comprehensive, can anticipate every situation that may present compliance issues. Responsibility for compliance with this program, including the duty to seek guidance when in doubt, rests with you.

II. Compliance Laws and Regulations

Legal and Regulatory Compliance
JHSMH provides comprehensive health care services in Kentucky and Indiana pursuant to Federal, state, and local laws and regulations, and the conditions of participation for Federal health care programs. Such laws, regulations, and conditions of participation may include, but are not limited to, subjects such as certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, medical records, access to medical records, patients' rights, clinical research, end-of-life care decision-making, medical staff membership and clinical privileges, and Medicare and Medicaid program requirements.

We have developed policies and procedures to address many legal and regulatory requirements. While it is not practical to develop policies and procedures that include all applicable laws and regulation, laws and regulations not covered in organization policies and procedures must be followed.

JHSMH legal counsel should be consulted for advice concerning legal, regulatory, and the conditions of participation requirements. Anyone aware of violations or suspected violations of laws, regulations, the conditions of participation, or policies and procedures must report them to the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

Anti-Kickback Law

The federal Anti-Kickback Law[4] prohibits us from requesting, accepting, or offering anything of value for referred business that is payable by a federal health care program. We may not pay patients, physicians or other health care providers to refer patients to us. The law is complex and includes limited exceptions. Kentucky has a similar law. Avoid any conduct that violates, or appears to violate, federal or state anti-kickback law. Violations may subject the organization and the individuals involved to civil and criminal penalties and possible exclusion from participation in federally funded health care programs.

We accept patient referrals in admissions and make referrals to physicians or other health care facilities based solely on the patient's clinical needs. When making referrals to other health care providers we do not take into account the volume or value of referrals that he provider has made to us.

Question: What are "kickbacks?"
Answer: Kickbacks are gifts, gratuities or anything of monetary value given to or from someone who is in a position to influence a business decision to induce a favorable decision and increase business.

Examples include:

- ❑ Gifts and incentives
- ❑ Free supplies or equipment
- ❑ Excessive discounts (outside the guidelines in the JHSMH charity care or other discount policies and procedures)
- ❑ Written-off accounts receivable (outside policy guidelines)

Question: What types of incentives may be considered inappropriate to offer to physicians?
Answer: Examples include:

- ❑ Anything of monetary value
- ❑ Providing office space at less than fair market value
- ❑ Providing non-employed physicians with items or services free of charge or at a less than fair market value (for example, hazardous waste disposal services)
- ❑ Writing off a physician's accounts receivable or recruitment loan

Question: Dr. Jones occasionally sends patients to our hospital. He said he would send us more patients if we provide him with free office space. Can we do this?
Answer: No. We must charge physicians fair market value for office space. Free or discounted lease arrangements may appear to be payment for referrals from the physician.

If you have additional questions or concerns regarding the Anti-kickback Law, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

[4] 42 CFR Part 1001

Anti-Referral Law (Stark)
The federal Stark Self-Referral law[5] prohibits a physician from referring Medicare and Medicaid patients to a health care provider in which the physician or his/her immediate family member has a financial interest. In such a case, the provider cannot bill Medicare, Medicaid, the patient or any other third party payer for services. Again, the law is complex and certain exceptions exist.

Any business arrangement with a physician must be pursuant to a written contract and appropriately structured to insure precise compliance with legal requirements. All arrangements must be approved by the Legal Department and the Board of Trustees Legal/Compliance Committee.

Question: When Dr. Brown sees patients in our cardiac clinic, she refers them to Brown's Holter Monitor Center for holter monitors. Dr. Brown and her husband own this company. Is this a conflict?
Answer: It may be. Federal law prohibits a physician from referring Medicare and Medicaid patients to a health service in which the physician and/or an immediate family member has a financial interest, unless an exception contained in the statute applies. The Compliance Officer will help you evaluate the situation.

If you have additional questions or concerns regarding the Stark Anti-Referral Law, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

[5] 42 CFR Parts 411 and 424

Antitrust Compliance and Gathering Information about Competitors

Rigorous competition is an essential element of a free enterprise system. Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. JHSMH complies with laws that regulate competition in health care and avoids activities that are anti-competitive. JHSMH team members may not exchange information that can affect competitiveness with vendors, competitors or other business partners. These laws could be violated by discussing JHSMH business with a competitor, such as how prices are set, disclosing terms of supplier relationships, allocating markets among competitors, or agreeing with a competitor to refuse to deal with a supplier.

Examples of actions prohibited by antitrust laws include:

- ❑ Agreeing with competitors to fix prices
- ❑ Boycotting and certain exclusive dealing arrangements
- ❑ Agreeing with competitors to fix wages or divide markets
- ❑ Bribery, deception, intimidation or other unfair trade practices

At trade association meetings, be alert to potential situations where it may not be appropriate for you to participate in discussions regarding prohibited subjects with our competitors. Prohibited subjects include any aspect of our pricing, our services in the market, key costs such as labor costs and supplies, and marketing plans. If a competitor raises a prohibited subject, you should end the conversation immediately. You must document your refusal to participate in the conversation by requesting that your objection be reflected in the meeting minutes and notifying the Legal Department of the incident.

We recognize that routine communications with competitors are appropriate and reasonable in many instances, but communication with competitors or suppliers about sensitive topics that could be perceived to have the effect of lessening competition should take place only after consultation with JHSMH legal counsel. Due to the complexity of the antitrust laws, you should seek advice from the Legal Department whenever any questions arise as to the possible application of antitrust laws. You also must not provide any information in response to an oral or written inquiry concerning an antitrust matter without first consulting the JHSMH Legal Department.

General business information about competitors is important in our efforts to maintain and improve upon our competitive position. We may obtain information about other organizations, including our competitors, through legal and ethical means. Full use may be made of competitive information available in public documents, public presentations, journal and magazine articles, and other published and spoken information.

We do not allow obtaining proprietary or confidential information about a competitor through illegal means. We also prohibit seeking proprietary or confidential information when doing so would require anyone to violate a contractual agreement with a prior employer. In addition, you should not question any fellow team member in a manner that is likely to result in the disclosure of confidential information about a previous employer. Although we should make full use of the skills, experience and general knowledge gained in previous employments, any confidential or trade secret information concerning a former employer should not be disclosed.

Question: My friend works in human resources at another hospital in my city. He wants to do a survey of health care salaries. May I share salary information with him?
Answer: No. Sharing salary information may appear to be an effort to fix wages and limit competition in the marketplace.
If you have additional questions or concerns, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

Emergency Medical Treatment and Active Labor Act (EMTALA)
JHSMH complies with applicable laws and regulations regarding the evaluation and treatment of patients with emergency medical conditions regardless of their ability to pay.
We comply with the Emergency Medical Treatment and Active Labor Act (EMTALA)[6], sometimes called the patient Anti-Dumping Statute. EMTALA requires a medical screening examination for every patient entering the emergency department or seeking care elsewhere within our facility. JHSMH facilities may not delay a medical screening examination to obtain financial or demographic information from the patient. JHSMH must treat or stabilize and appropriately transfer all patients with an emergency medical condition regardless of ability to pay. JHSMH facilities may transfer a patient to another facility if the patient or treating physician requests; or if the JHSMH facility does not have the ability to treat the emergency and appropriate care is available at another facility. Patients may only be transferred after they have been stabilized, are accepted by the receiving facility and receiving physician, and after all other regulatory requirements have been satisfied. For more information, please refer to the JHSMH EMTALA policies.

Question: If we register an emergency department patient before we perform a medical screening examination and stabilization procedures are we in violation of EMTALA?
Answer: You may register the patient first only if the process does not: 1) delay the medical screening exam or 2) include questions about the patient's ability to pay. It is okay to ask the patient if he/she has insurance and the name of the carrier. Any further questions about financial information must wait until after the medical screening exam.

If you have additional questions or concerns, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

Environmental Laws
JHSMH is committed to being good stewards of the environment. We recognize that our well being, and the well being of future generations, depends on our reverence for the environment. We should, whenever possible, conserve our natural resources; recycle; reduce waste and pollution; eliminate toxins; and use environmentally preferable purchasing. Observance of environmental laws and regulations is one step in demonstrating our commitment.

Excluded Providers
JHSMH will not knowingly employ, conduct business or contract with anyone who has been convicted of a criminal offense related to health care or who is listed by a federal agency as debarred, excluded or otherwise ineligible from participating in a federally funded health care program. JHSMH conducts pre-employment, pre-contracting, pre-credentialing and annual excluded provider checks.[7] Excluded providers are not eligible to be employed by or to contract with JHSMH. Any employee or contractor found to be an excluded provider will be terminated. Any revenue and costs associated with an excluded provider will be removed from cost reports. If you are charged with a health care related criminal offense or any action that may result in sanctions or exclusion from Medicare, Medicaid or a federally funded health care program, you will be immediately removed from direct responsibility for, or involvement in, documentation, coding, billing, or competitive practices until the charge or investigation is resolved. If resolution results in criminal conviction, debarment or exclusion, you will be terminated. For more information, please review the JHSMH Excluded Provider Policy.

[6] 42 CFR Parts 413, 482, 488 and 489
[7] U.S. Department of Health and Human Services Office of Inspector General Special Advisory Bulletin The Effect of Exclusion From Participation in Federal Health Care Programs, Sept. 28, 1999

False Claims Act

The federal False Claims Act[8] and state laws control third-party billing for patients, residents and others in our care. Congress enacted the federal False Claims Act in March 1863 to control fraud in federal contracts after suppliers jeopardized the Union Army by delivering rifle and ammunition boxes containing only sawdust. The federal False Claims Act helps the federal government combat fraud and recover losses resulting from fraud in Federal programs, such as Medicare and Medicaid. Violations of the False Claims Act can include "knowingly": (1) submitting a false claim for payment, (2) making or using a false record or statement to obtain payment for a false claim, (3) conspiring to make a false claim or get one paid, or (4) making or using a false record to avoid payments owed to the U.S. Government. "Knowingly" means that a person: (1) has actual knowledge that the information is false; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information.

Examples of potential false claims include:

- Billing for services that were not provided at all
- Billing for services that were provided, but were not medically necessary
- Submitting inaccurate or misleading claims about the type of services provided
- Making false statements to obtain payment for products or services

The False Claims Act contains provisions that allow individuals with original information concerning fraud involving government programs to file a lawsuit on behalf of the government. If the lawsuit is successful, the individual may be eligible to receive a portion of the recoveries received by the government.

Penalties for violating the federal False Claims Act are significant. Financial penalties for submitting a false claim can total as much as three times the amount of the claim, plus fines of $5,500 to $11,000 per claim.

The federal False Claims Act protects team members from retaliation if they, in good faith, report fraud. Team members are protected against retaliation such as being fired, demoted, threatened or harassed as a result of filing a False Claims Act lawsuit. A team member who suffers retaliation can sue, and may receive up to twice their back pay, plus interest, reinstatement at the seniority level they would have had if not for the retaliation, and compensation for their costs or damages.

In addition to the federal False Claims Act, many states have their own False Claims Acts. Indiana already has a False Claims Act.[9] Kentucky also has related laws regarding control of fraud and abuse.[10]

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[8] 31 U.S.C. § 3729-3733, 18 U.S.C § 287, 18 U.S.C. § 1001, 31 U.S.C. § 3801-3812, 42 U.S.C. § 1320a-7b(a)(1), 42 U.S.C. § 1320a-7a

[9] IC 5-11-5.5

[10] KRS 205.8451(8), KRS 205.8461, KRS 205.8463, KRS 205.8465(1)-(4), KRS 205.8472, KRS 205.8475, KRS 205.8467, 907 KAR 1:671.1(20)(a,b), 907 KAR 1:671.1(40)(a,b, c, e, f, h, I, k, m, n, o), 907 KAR 1:671.1(41)

Question: What is the Indiana False Claims and Whistleblower Protection Act?
Answer: The Indiana False Claims and Whistleblower Protection Act (IC 5-11-5.5) is a civil statute that helps the state combat fraud and recover losses resulting from fraud against the Indiana government.

Violations of the Indiana False Claims and Whistleblower Protection Act include:
(1) presenting a false claim to the state for payment or approval;
(2) making or using a false record or statement to obtain payment or approval of a false claim from the state;
(3) with intent to defraud the state, delivers less money or property to the state than the amount recorded on the certificate or receipt the person receives from the state;
(4) with intent to defraud the state, authorizes issuance of a receipt without knowing that the information on the receipt is true;
(5) receiving public property as a pledge of an obligation on a debt from an employee who is not lawfully authorized to sell or pledge the property;
(6) making or using a false record or statement to avoid an obligation to pay or transmit property to the state;
(7) conspiring with another person to perform an act described in subdivisions (1) through (6); or
(8) causing or inducing another person to perform an act described in subdivisions (1) through (6)

Question: What are the Qui Tam Provisions and Whistleblower Protections?
Answer: The Indiana False Claims and Whistleblower Protection Act contains provisions that allow individuals (or qui tam plaintiffs) with information concerning fraud to file a lawsuit on behalf of the state. If the Attorney General or Inspector General intervenes, the statute allows individuals who report fraud to receive not more than twenty-five percent (25%) of the proceeds of the action or settlement, plus reasonable attorney's fees and an amount to cover the expenses and costs of bringing the action. If the attorney general or the inspector general did not intervene in the action, the person is entitled to receive at least twenty-five percent (25%) and not more than thirty percent (30%) of the proceeds of the action or settlement, plus reasonable attorney's fees and an amount to cover the expenses and costs of bringing the action. The state law protects employees who provide information to the state.

Question: What are the Penalties?
Answer: Civil penalties are at least five thousand dollars ($5,000) and for up to three (3) times the amount of damages sustained by the state. In addition, a person who violates this law is liable to the state for the costs of a civil action brought to recover a penalty or damages. If the person who violated this section:
(1) furnished state officials with all information known to the person about the violation not later than thirty (30) days after the date on which the person obtained the information;
(2) fully cooperated with the investigation of the violation; and
(3) did not have knowledge of the existence of an investigation, a criminal prosecution, a civil action, or an administrative action concerning the violation at the time the person provided information to state officials; the person is liable for a penalty of not less than two (2) times the amount of damages that the state sustained because of the violation. A person who violates this section is also liable to the state for the costs of a civil action brought to recover a penalty or damages.

Question: What laws in Kentucky address false claims and whistleblower protection?
Answer: Kentucky has several statutes and regulations that help the state combat fraud and abuse and recover losses resulting from fraud against the Commonwealth, including but not limited to KRS 205.8451(8), KRS 205.8461, KRS 205.8463, KRS 205.8465(1)-(4), KRS 205.8472, KRS 205.8475, KRS 205.8467, 907 KAR 1:671.1(20)(a,b), 907 KAR 1:671.1(40)(a,b, c, e, f, h, i, k, m, n, o), 907 KAR 1:671.1(41).

Violations of these laws include, but are not limited to:
(1) billing separately for each component of a group of procedures for which Medicare and/or Medicaid pay a bundled reimbursement;
(2) providing substandard care;
(3) billing for services that are not medically necessary;
(4) billing for services that were not furnished.

Question: What are the Qui Tam Provisions and Whistleblower Protections?
Answer: Kentucky law prohibits employers from discharging, discriminating or retaliating against any person who in good faith makes a report required or permitted by KRS 205.8451-8483 or any person who testifies or is about to testify in any proceeding with regard to any report or investigation.

Question: What are the Penalties?
Answer: Civil penalties are at least five hundred dollars ($500) for each false or fraudulent claim submitted and up to three times the amount of excessive payments. Additional penalties include potential exclusion from the Medicaid program, restitution and interest of any wrongful payments and legal fees and costs related to the investigation and enforcement.

False Claims Act and Coding and Billing

JHSMH submits accurate, complete and timely claims for payment. We will not misrepresent charges to, or on behalf of, a patient and/or third-party payer. We prohibit any team member from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious or fraudulent. JHSMH and the team member involved could be prosecuted and asked to refund payments for filing false or fraudulent claims.

Clinical, nursing, medical record, billing and coding employees and others responsible for creating charges must:

- ❑ Ensure that their work is accurate; complies with JHSMH policies and procedures; complies with federal and state laws and regulations; and is completed in a timely manner.
- ❑ Ensure the services performed were medically necessary and were ordered by a physician or other appropriately licensed individual.
- ❑ Ensure the medical record contains proper, timely, appropriately organized and legible documentation of all physician and other professional services prior to billing.
- ❑ Ensure the documentation supports the claims and such documentation is available for audit and review.
- ❑ Ensure diagnoses and procedures reported on claims for reimbursement is based on the medical record and other documentation available to the coding staff for accurate code assignment.
- ❑ Bill only for services provided and documented in the medical record, using accurate billing codes.
- ❑ Immediately notify a manager, the Compliance Officer or the General Counsel.
- ❑ Retain billing and medical record data as required by law and JHSMH retention policies.

Any team members, subcontractors or agents who perform billing or coding services for JHSMH must have the necessary skills, quality assurance processes, systems, appropriate procedures and continuing education to ensure that all billings for government and commercial insurance programs are accurate and complete. Compensation for billing department coders, consultants or subcontractors will not provide any financial incentives to improperly upcode claims.

Question: If documentation is not available when we are ready to submit a bill, is it okay to submit the bill?
Answer: No. Do not submit a bill until appropriate documentation is in the medical record. This verifies the services provided to the patient.

Question: Medicare notified us of inaccuracies in our billing. The specific issue has been resolved. However, we have not changed our billing practices. What is my responsibility?
Answer: All of us are responsible for the work we do. Speak with your manager to be sure you understand the situation. Feel free to use the JHSMH reporting process to report your concern.

Question: Can we perform services for patients who are not registered in our patient registration system?
Answer: No. All services must be documented in medical records and appropriately billed, so all patients must be registered.

If you have additional questions or concerns regarding the False Claims Act or coding and billing, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

Confidentiality of Patient Information and the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Regulations and American Recovery Reinvestment Act (ARRA) – Stimulus/HITECH HIPAA Changes

JHSMH collects information about each patient's medical condition, history, medication and family illnesses to provide the best possible care. We must realize the sensitive nature of this information and maintain its confidentiality in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) Privacy[11] and Security[12] Regulations, American Recovery Reinvestment Act – Stimulus/HITECH HIPAA Changes and state law. Violating these laws may result in civil or criminal penalties for JHSMH and the individuals who are responsible as well as internal sanctions up to and including termination.

Medical records must be maintained and safeguarded to ensure we do not disclose the medical records or any information contained in the records to anyone except the patient, the patient's validly designated agent, health care surrogate, or executor, or other third parties who present a valid authorization to release information, or as required by law.

Team members must never disclose confidential information that violates the privacy rights of our patients. No JHSMH team member, affiliated physician or other health care provider has the right to access any patient information other than that necessary to perform his or her job.

Upon admission, each patient is provided with the JHSMH Notice of Privacy Practices[13], which explains the patient's rights to make decisions about the use and disclosure of his or her medical information. JHSMH respects patient's rights under HIPAA and honors patients' requests within the limits of the law and the organization's capabilities. For more information, please review the JHSMH HIPAA Privacy and Security policies.

Question: In the break room, I heard my manager discussing the condition of a physician's spouse who is receiving treatment in our hospital. What should I do?
Answer: Physicians and their families, like others, are entitled to have their health information kept confidential. The situation you described is a violation of JHSMH policy. Discuss the issue with your manager or use the confidential JHSMH reporting process to report your concern.

Question: As an employee of a JHSMH facility, can I look at my own medical information in the computer system?
Answer: No. You must request access to your medical record following the same procedures required of any patient. Being an employee of JHSMH does not give you special privileges or greater access rights to your medical information.

Question: One of my family members is in the intensive care unit. May I look at her medical information to let other family members know how she is doing?
Answer: No. You may not access medical information unless it is in the course of doing your job. Your family should contact the team member who is caring for the patient to obtain information about the patient's care. Being an employee of JHSMH does not give you greater access rights to medical information.

If you have additional questions or concerns regarding patient confidentiality or HIPAA, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

[11] 45 CFR Parts 160 and 164
[12] 45 CFR Parts 160, 162 and 164
[13] http://www.jewishhospital.org/privacy.html

Tax-Exempt Status

JHSMH is nonprofit, tax-exempt and operated solely for religious and charitable purposes. To keep our tax-exempt status, we use resources to further the religious and charitable purposes of our mission. Tax laws forbid:

- ❑ Paying more than fair market value for services, products or leases.
- ❑ Taking part in a joint venture, partnership or similar transaction that results in an improper private benefit (gain) to a third party.
- ❑ Recruiting physicians with incentives or compensation plans that are in excess of fair market value or do not serve an identified community need.
- ❑ Accepting research grants from third parties when the researcher keeps the funds for personal use.
- ❑ Providing services at less than fair market value, unless exceptions exist under organizational policy or federal or state law. Examples include services provided to Medicare and Medicaid beneficiaries under managed care contracts and discounts provided under charity, prompt pay or other policies.
- ❑ Permitting any person to buy, sell, lease or use organizational property at less than fair market value.
- ❑ Engaging in forbidden political activity or substantial lobbying.

III. Business Conduct

Confidentiality of Business Information

Confidential information about our organization's strategy and operations is a valuable asset. JHSMH team members see a wide range of confidential business information in the course of their jobs. Although you may use confidential information to perform your job, it must not be shared with others outside JHSMH or your department unless the individuals have a legitimate need to know this information and have agreed to maintain the confidentiality of the information.

JHSMH confidential and proprietary information includes any information that could be useful to competitors. This information takes many forms, including but not limited to, paper records and memoranda, electronic records and e-mail, patient lists and clinical information, pricing and cost data, financial data and strategic plans, contract terms or negotiations, marketing strategies and techniques, supplier and subcontractor information, benefactor files, information from verbal discussions, and information pertaining to acquisitions, divestitures, affiliations and mergers.

JHSMH maintains and protects the confidentiality of business information. Sharing this information improperly can harm our mission, individuals in our care or our business partners.

Employee information also is confidential and is protected under JHSMH human resources policies. Employee information includes Social Security numbers, financial and banking information, and health plan enrollment information.

Question: Before coming to work at JHSMH, I consulted for a competitor and obtained information that would help JHSMH negotiate contracts. Should I share this information?
Answer: No. Do not disclose confidential information learned through another job. We may not use this type of information in any business dealings. In turn, it would be unethical to share confidential information learned during your employment with JHSMH with a future employer.

If you have additional questions or concerns regarding confidential business information, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

Conflicts of Interest
This section of the Code of Conduct governs activities with those outside JHSMH such as vendors, subcontractors, suppliers, physicians and others. This section does not pertain to actions between the organization and its team members or actions between JHSMH team members.

Conflicts of interest occur when personal interests or activities influence, or appear to influence, our ability to act in the best interest of JHSMH. A conflict of interest also may exist if the demands of any outside activities hinder or distract you from the performance of your job or cause you to use JHSMH resources for other than JHSMH purposes. You must avoid engaging in any activity, practice or act which conflicts with the interest of JHSMH or its patients. You must avoid situations that would create an actual or even the appearance of a conflict of interest. Placing any JHSMH business with any company or entity with which there is a family or close personal relationship, or hiring or having a reporting relationship with relatives, could constitute a conflict of interest or create the appearance of a conflict of interest. These restrictions will not prohibit team members from holding less than five percent of any class of securities in a publicly held corporation listed on a nationally recognized stock exchange or regularly traded on an over-the-counter market.

You must disclose possible conflicts of interest involving yourself or your immediate family (spouse, siblings (by whole or half blood), ancestors, children, grandchildren, great-grandchildren, and spouses of siblings (by whole or half blood), ancestors, children, grandchildren and great-grandchildren.)

If you believe a conflict of interest exists or if you have any questions about whether an outside activity might constitute a conflict of interest you must obtain the approval of the Compliance Officer before pursuing the activity. Avoid situations in which your personal interests conflict or appear to conflict with the interests of the organization. For more information, please see the JHSMH Conflict of Interest Policy.

Contractor/Vendor Relations. Business relationships with contractors must be conducted fairly and in the best interests of JHSMH. Avoid personal ties to or bias toward contractors. Use the JHSMH reporting process to: 1) ask questions if you are concerned about a contractor relationship and 2) to report attempts by contractors to inappropriately influence business activities.

Business Gifts and Gratuities
Receiving Business Gifts and Gratuities. We recognize that there will be times when you may wish to accept an invitation to attend a social event such as a dinner, local theater performance, sporting event, or similar entertainment from a business associate (competitors, contractors, customers, suppliers or anyone you do business with on behalf of the organization) to further develop your business relationship. JHSMH team members may accept such invitations if:

1. The costs associated with such an event are reasonable and appropriate. The value of the gift should be nominal in relation to the circumstances in which it was offered and accepted.
2. No expense is incurred by the business associate for any travel costs or overnight lodging.
3. A business transaction or renewal of an existing relationship is not currently under negotiation.
4. Such events are infrequent.

Reduced-cost or No Cost Training and Education. The limitations above do not apply to training and educational opportunities that include travel and overnight accommodations at a reduced cost or no cost to a JHSMH team member. Similarly, the limitations do not apply to circumstances where a JHSMH team member is invited to an event at a vendor's expense to receive information on a new product or service. Before accepting such invitations, please consult JHSMH policies and obtain appropriate approvals from JHSMH senior management.

Accepting Gifts. JHSMH team members may accept gifts or gift certificates from any individual or organization that has a current business relationship with JHSMH if:

1. Such gifts have a total value of $100 or less in any calendar year. If the value of any gift is over $100 or if there is any question whether the gift meets the standard of reasonableness, you must either seek prior approval to accept the gift, permission to keep the gift or refuse the gift and promptly return it to the donor. Requests for pre-approval or permission to keep the gift should be directed to the Compliance Officer.
2. Such gifts are not in the form of cash or financial instruments such as checks, bonds or stocks.
3. Acceptance of such gift would not influence, or reasonably appear to others to be capable of influencing, your business judgment in conducting JHSMH business with the donor.

For purposes of this section, physicians practicing in JHSMH facilities are considered to have a business relationship with JHSMH.

Perishable or consumable gifts given to a department or group are permissible, unless such gift should not be accepted if it would influence your business judgment in conducting JHSMH business with the donor.

This section does not limit JHSMH facilities from accepting gifts, provided they are accounted for appropriately. All financial gifts should be given to the JHSMH Foundation.

Extending Business Gifts and Entertainment. There may be times when JHSMH team members may wish to extend an invitation to a current or potential business associate to attend a social event in order to further develop a business relationship. This is appropriate if all of the following conditions are met:

1. The purpose of the entertainment must never be to induce any favorable business action or patient referrals.
2. During these events, topics of a business nature must be discussed and the host must be present.
3. These events must not include expenses paid for any travel cost or overnight lodging.
4. The cost associated with such an event must be reasonable and appropriate. As a general rule, this means that the cost will not exceed $100 per person.
5. Such business entertainment with respect to any particular individual must be infrequent, which, as a general rule, means not more than quarterly.
6. Under no circumstances shall anyone offer, direct, indirect or disguised payments or anything of value in exchange for the referral of patients.

JHSMH routinely will sponsor local events with a legitimate business purpose (i.e. JHSMH board meetings or retreats). Provided that such events are for business purposes, reasonable and appropriate meals, entertainment, transportation and lodging may be offered. However, all elements of such events, including these courtesy elements, must be consistent with this policy.

Extending Business Gifts to Physicians and Potential Referral Sources. JHSMH team members must consult JHSMH policies before extending any entertainment, business courtesy, gift or token of appreciation to a physician or potential referral source. Such Gifts must comply with JHSMH policy, which has been developed consistent with Stark[14] and other federal laws and regulations. For more information, please see JHSMH Non-Monetary Compensation for Physicians and Medical Staff Incidental Benefits Policy.

*Business Gifts and Entertainment of Government Officials and Employees***.** The federal and state government have strict rules and laws regarding gifts, meals and other business gifts extended to government officials and team members. JHSMH policy is to not offer or give anything of monetary value, including gifts, gratuities, favors, entertainment or loans, or anything else of value to any elected official or government employee except as allowed by law. JHSMH team members may pay for the reasonable cost of meals or refreshments in connection with business discussions with JHSMH if such activities are permitted by law. You must determine the particular rules applying to any such person and carefully follow them.

Gifts to Medicare or Medicaid Beneficiaries. Any gifts to Medicare or Medicaid beneficiaries must not exceed $10 per item nor total more than $50 per year per recipient. These items may include gift certificates and gift cards, but may never include cash or financial instruments (*e.g.*, checks, stocks).[15]

Relationships with Subcontractors and Suppliers. JHSMH manages its subcontractor and supplier relationships in a fair and reasonable manner, consistent with all applicable laws and good business practices and promotes competitive procurement to the maximum extent practicable. Selection of subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service and maintenance of adequate sources of supply. Purchasing decisions will be made on the supplier's ability to meet the organization's needs and not on personal relationships and friendships. You must always employ high ethical standards in business practices, source selection, negotiation, determination of contract awards and the administration of all purchasing activities. You will not communicate to a third party confidential information given to us by our suppliers unless directed to do so in writing by the supplier. You will not disclose contract pricing and information to any outside parties.

[14] 42 CFR §411.357(k) and (m)
[15] U.S. Department of Health and Human Services Office of Inspector General Special Advisory Bulletin Offering Gifts and Other Inducements to Beneficiaries, Aug. 30 2002

Question: My sister-in-law is a health care consultant. Would it be a conflict if I recommend her to work on a project at my hospital?
Answer: No, unless you do something to provide her with an advantage or special consideration. Your family members may apply to work as a consultant; however, do not use your position to influence a decision to hire your relative. Do not share information with your relative that other prospective vendors would not have. If you are a member of management, you should report on your annual conflict of interest disclosure that your sister-in-law is a health care consultant.

Question: Why can't I accept gifts from some business sources?
Answer: While gifts from business sources are commonly accepted in some industries, health care is different. Because the federal government programs pay for health care services with taxpayer dollars, federal laws prohibit financial relationships between health care providers and business sources, unless exceptions apply.

Question: What type of gifts may I accept from a business source?
Answer: Gifts of minimum value are acceptable, such as T-shirts; promotional pens or office supplies; and flowers, fruit, candy or other small, perishable gifts. Gifts that primarily benefit patients may be acceptable if they are not of substantial value: for example, a stethoscope for use in an examination room. Gifts given to a department as a whole or in the form of scholarships, grants or educational funds are generally acceptable. A reasonably priced meal provided in conjunction with a business meeting is generally acceptable.

Question: What types of gifts should I refuse?
Answer: Do not accept cash or cash equivalents, such as stocks or bonds. In addition, do not accept any non-cash gift of more than $100. Do not request or accept gifts from a business source that is in negotiation with JHSMH to conduct business, or in any situation in which business is conditional on receipt of a gift. Reasonably priced meals provided by a business source when conducting business are allowed. Do not ask a patient, resident or a member of their family for gifts.

Question: Can a business source sponsor a meeting that is not related to its products or services?
Answer: Yes. A meeting organizer or representative of JHSMH may ask a business source to contribute some of the cost of a regional or national meeting, such as meeting facility fees or a lunch for attendees. However, neither that individual nor the business source may make the sponsorship a condition of starting or continuing a business relationship.

Question: Can I ask a vendor, supplier, or other business associate to donate to a department celebration?
Answer: Yes. It is generally okay to allow a vendor, supplier or other business associate to contribute to a celebratory event. For example, after auditing patient records, the contracted audit firm might sponsor a small party for hospital employees who assisted with the audit; or, a vendor might donate a gift to the nursing staff during "Nurses Week." A vendor also may donate items for gift baskets to raise money for the JHSMH Foundation or tickets for team members to attend the Doctor's Ball.

Question: May I accept a gift from a patient, resident or member of their family?
Answer: You may accept small gifts from patients, residents or their family members in the form of perishable or consumable goods (candy, fruit baskets, flowers, etc.). Perishable or consumable gifts from a patient, resident or member of their family should be shared with your co-workers. Never accept cash or cash equivalents from a patient, resident or a member of their family.

If you have additional questions or concerns regarding conflicts of interest, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

IV. Financial

Cost Reports and Financial Reporting
JHSMH has established and maintained a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as a basis for managing our business and are important in meeting our obligations to patients, employees, suppliers and others. These records also are necessary for compliance with tax and financial reporting requirements.

All financial information must accurately and fairly represent actual business transactions and conform to generally accepted accounting principles. No undisclosed or unrecorded funds or assets may be established. We maintain a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets. If you have knowledge of inaccurate or false financial records, you must promptly notify the Chief Financial Officer, the Legal Department or the Compliance Officer.

Each member of management must monitor the commitment and expenditure of JHSMH funds by those under his/her authority to ensure that any expenditure or transfer of funds is made for valid business purposes, is appropriately documented and is made in compliance with applicable laws, regulations and policies.

Our business also involves reimbursement under government programs that require the submission of certain reports of our cost of operations. We will comply with federal and state laws relating to all cost reports. These laws and regulations define which costs are allowable and outline the appropriate procedures to claim reimbursement for the cost of services provided to program beneficiaries. Given their complexity, all issues related to the completion and settlement of cost reports must be communicated through, or coordinated with, the Chief Financial Officer.

Documentation Standards
JHSMH is responsible for the accuracy of the organization's documents and records. Complete documentation helps us comply with regulatory and legal requirements and supports our business practices. You may not alter or falsify information on any record or document.

Business and Financial Records. Financial and accounting records – including cost and research reports, time sheets, mileage reimbursement, expense reports and other documents – must be accurate. Sign and date business and financial documents as appropriate. Fraudulent accounting, documentation or financial reporting is illegal, and inaccurate or improper accounting, documentation or financial reporting may be illegal.

Medical Records. JHSMH is responsible for accurate and timely documentation of services provided to individuals in our care. Ensure that medical records meet the requirements of all medical staff bylaws, accreditation standards and relevant laws and regulations. Correct errors in medical records only according to the appropriate procedures. Line through, initial and date all incorrect entries. Do not use correction materials to remove an original entry in a document. Any changes or entries made out of time sequence should be clearly dated and initialed. We prohibit the falsification of medical records or the intentional omission of information that should be included in medical records.

Protecting Our Assets

JHSMH is committed to protecting our assets, including our financial resources, information, reports and records, supplies, trademarks and logos, intellectual property, equipment, reputation, and time. We do so by making wise and ethical decisions to ensure that our assets are used to support our mission. As responsible stewards of our resources, we:

- ❑ Follow the JHSMH Corporate Compliance Code of Conduct and JHSMH policies and procedures. We keep accurate and reliable financial records and reports.
- ❑ Speak or provide educational training at internal and external work-related functions. If you receive payment for external activities performed during work time, forward the payments to the JHSMH Foundation.
- ❑ We ensure that our assets are only used for our health care mission, not for our personal business or benefit. We do not use organizational equipment, supplies, materials or services for unauthorized purposes. We use the JHSMH reporting process if we have questions about the proper use of organizational assets.
- ❑ We use good judgment when using our assets for business travel and entertainment.
- ❑ We do not allow use of organizational resources for personal financial gain.

Record Retention and Disposal

All clinical, financial and team member records are stored and destroyed according to record retention policies and the law. These records include paper documents such as letters and memoranda, computer-based information such as e-mail or computer files on disk or tape, and any other medium that contains information about the organization or its business activities. You must not tamper with, remove or destroy records prior to the specified date.

V. Outside Interests and Activities

Outside Interests and Activities
If you own or have any type of employment or consulting relationship with an outside organization from which JHSMH buys goods or services, the situation must be reviewed by your managers. Conduct any outside consulting or other business activities on your own time. These activities must not conflict with or affect your work performance. If you are employed elsewhere, you must report the name of the employer and the type of employment to your manager and the Compliance Officer, who can determine if there is a conflict of interest.

Unless you have written approval from the Compliance Officer and Public Relations:

1. Do not provide testimonial statements or endorsements for use in a vendor or contractor's advertisement, brochure, or other marketing material;
2. Do not speak on behalf of JHSMH.

Unless you have written approval from the General Counsel, do not review medical records as a consultant or participate as an expert witness.

Participation on Outside Boards of Trustees/Directors. JHSMH encourages us to be active in our communities. This may include serving on the boards of charitable and civic organizations. When serving on such boards:

- ❑ Obtain management approval before serving on the board of any organization that may conflict with the interests of JHSMH.
- ❑ Do not vote on matters that might affect JHSMH.
- ❑ When speaking as a board member, do not identify yourself as speaking on behalf of JHSMH unless you have written approval from the Compliance Officer or General Counsel.
- ❑ Consult management or human resources before accepting payment from an outside group for services performed during regular work hours.

JHSMH retains the right to prohibit membership on any outside board.

Question: I do consulting work for a non-competing company. When I am not busy at work, I type my consulting reports on the hospital's computer. Is this okay?
Answer: No. Computers and other technology resources are the property of JHSMH. Team members are given access to technology resources to help them perform their jobs. Occasional personal use of technology resources unrelated to a personal business is allowed if it does not: 1) interfere with the team member's work; 2) interfere with any other team member's work; 3) violate any JHSMH policy or procedure. For example, a team member may use a laptop computer to check personal e-mail while on a business trip.

Question: I sometimes need to conduct personal business on work time. Is this okay?
Answer: Infrequent telephone calls for personal reasons are okay; however, such calls should be limited in length and should not interfere with your job. Personal long distance phone calls should not be charged to JHSMH.

Question: I sell cosmetics and candles to earn extra money. Can I advertise my business on the bulletin board in my department or in my facility's cafeteria?
Answer: Yes, this is permissible.

Question: It's Girl Scout cookie time. May I take the cookie order sheet to work to help my daughter?
Answer: Yes, with some reasonable limitations. JHSMH limits such activities on its premises because it can interfere with operations. However, in general, you may distribute non-work related items to other team members if you do it during non-working time (such as breaks or meals) and in a non-work area (such as a break or meal room) and it benefits another non-profit organization.

Question: I am a board member of a local company that does business with JHSMH. Will I need to resign from the board?
Answer: Your involvement on the board may be a conflict of interest. Discuss the situation with your manager, the Compliance Officer or General Counsel to determine whether you should resign.

Political Activities

The tax-exempt status of JHSMH carries certain restrictions on lobbying and political activities of the entity. There are limits on legislative activities that JHSMH may undertake and JHSMH cannot participate in political campaigns. Participation in political campaigns will, and substantial legislative activity at local, state or federal levels could, jeopardize our tax-exempt status. The Internal Revenue Service watches and investigates the political activities of tax-exempt organizations.

The following provide an overview of what is allowed and is not allowed.

Permissible actions for a tax-exempt organization include:

- ❑ Calling and/or writing letters to elected officials, legislators and government agencies to express a view on an issue.*
- ❑ Visiting political leaders to provide the organization's perspective on current and proposed legislation.*
- ❑ Providing financial or other support to organizations that sponsor ballot initiatives, referenda or similar measures.*
- ❑ Providing community opportunities (for example, public forums or debates) to raise awareness of issues and inform voters of the impact on the organization and community.
- ❑ Sponsoring non-partisan voter registration drives.
- ❑ Hosting candidates or groups of candidates, as long as all candidates for a particular office have similar opportunities to express their views and meet people within the organization.

Permissible actions for team members of a tax-exempt organization include:

- ❑ Supporting or opposing candidates, as long as the employees do not imply they are representing JHSMH or use organizational resources (such as telephones, office supplies and e-mail).
- ❑ Contributing personal funds to a campaign or political action committee (PAC) as long as there is no pressure or requirement from the organization to contribute and the contribution is linked to the individual and not the organization.

Prohibited actions for a tax-exempt organization or anyone representing JHSMH include:

- ❑ Supporting or opposing a candidate for public office.
- ❑ Sponsoring a fund-raiser or other event to support or oppose a candidate for public office.
- ❑ Contributing organizational funds, resources or time to a candidate, a PAC, a political party or any of their affiliated organizations. Organization resources include financial and non-financial donations, work time, paper, envelopes, secretarial time, postage meters or telephones or the loaning or use of JHSMH property.
- ❑ Asking people within the organization to support or oppose a candidate or contribute to a campaign or PAC.
- ❑ Using organizational resources to seek support for or opposition to a candidate or a contribution to a PAC.

Prohibited actions for employees of JHSMH include:

- ❑ Asking people within the organization to support or oppose a candidate or contribute to a campaign or PAC.

- ❑ Using organizational resources to seek support for or opposition to a candidate or a contribution to a PAC.

* These activities are considered lobbying and cannot be substantial in relation to the total activity of the organization.

Political Appointments and Serving in Elected Positions. The JHSMH CEO must approve all political appointments and service in elected positions.

Question: My brother-in-law is running for the House of Representatives. May I use the copier at work to make campaign flyers?
Answer: No. As a tax-exempt organization, JHSMH may not contribute money or resources to political campaigns.

If you have additional questions or concerns regarding political activities, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

VI. Patient Care and Patient Rights

Discharge Planning
Tying the provision of one service of JHSMH to the provision of an unrelated service is a violation of the antitrust laws. We inform patients of their options and give patients a free choice in selecting a post-acute care provider or vendor. Team members involved in discharge planning must help patients make discharge-planning decisions based on the most appropriate plan for the patient and the quality of services available. We inform patients of any financial interest JHSMH has with a post-acute care provider or vendor. An integral part of the discharge planning process is educating patients and their families as to choices and options available to them.

Question: Clinicians on our unit sometimes perform a service or provide treatment to a patient but will not document it in the chart until later. Is this okay?
Answer: Documentation always should be accurate and completed in a timely manner. A delay in documentation may jeopardize patient care and could impact our ability to receive payment from a federal or state health care program. We are obligated to follow our own policies and procedures, bylaws and all applicable federal and state laws regulating documentation.

If you have additional questions or concerns regarding documentation, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the JHSMH Compliance Hotline at 1-866-37-JHSMH.

Patient Care and Patient Rights
JHSMH delivers quality patient care without regard to race, color, religion, gender, sexual preference, national origin, citizenship, age, disability, payer source or ability to pay. We treat every person in our care with dignity and respect. Clinical care is based on identified patient health care needs, not on patient or business economics that might affect utilization. Our commitment to quality and service is shared by our Board of Trustees, officers, team members, volunteers, medical staff and other JHSMH representatives.

We respect the rights of each individual in our care. We provide individuals in our care with information regarding their rights and responsibilities, and we endeavor to protect those rights. Individuals in our care have the right to accurate, timely information about their health, payment options (including charity care) and other information that helps them make decisions about their treatment. It is our responsibility to provide this information.[16]

Question: To whom should I report quality of care issues?
Answer: Such issues encompass numerous aspects of care and should first be discussed with your supervisor. More serious issues may need to be evaluated by the Quality Department, the Risk Management Department or the General Counsel. If you believe your quality of care issue is not being addressed adequately, use the JHSMH reporting process. You also may report quality of care concerns to The Joint Commission at (800) 994-6610.

Question: If I see that a patient is not being treated with proper courtesy and respect, what should I do?
Answer: First, ensure that the individual is safe. Then, talk with your manager. If your manager does not provide satisfactory response, contact your local patient advocate, quality or risk manager, or use the JHSMH reporting process.

If you have additional questions or concerns regarding marketing practices, please contact the Compliance Officer at (502) 560-8404, the General Counsel at (502) 407-3100, or the confidential JHSMH Compliance Hotline at 1-866-37-JHSMH.

Red Flag Rules and Patient Identity Theft
As an issuer of credit to recipients of its healthcare services, JHSMH has adopted an Identify Theft Prevention Program (Program) to assist in identifying, detecting, and mitigating risks of identity theft affecting patients of JHSMH. This policy is intended to comply with requirements of the Federal Trade Commission's Identity Theft Prevention Red Flag Rules[17] of 2008 which is a result of the Fair and Accurate Credit Transactions (FACT) Act of 2003. Any alleged or suspected identity theft involving a patient should be reported to the Compliance Officer for investigation. For more information, please see the JHSMH Red Flag Compliance Identity Theft Prevention Program Policy.

Research and Education
JHSMH has a tradition of excellence in research and a continuing commitment to protect the interests and well being of human subjects. We are committed to advancing responsible conduct in research and protecting the safety, rights, dignity and welfare of human research subjects at JHSMH. We do not tolerate intentional research misconduct. Research misconduct is defined as the fabrication, falsification, or plagiarism or other practices that seriously deviate from those that are commonly accepted within the scientific community in proposing, performing, or reviewing research, or in reporting research results.

All research conducted within a JHSMH facility is subject to oversight by the JHSMH Center for Advanced Medicine (CAM) under its Federal Wide Assurance agreement. All research submissions must be made directly to the Center for Advanced Medicine prior to submitting to a JHSMH approved IRB. Research conducted at a JHSMH facility must receive JHSMH institutional approval through the Center for Advanced Medicine. Institutional approval is granted only after all study procedures are reviewed and approval from each appropriate department is obtained. Examples of areas reviewed are: Patient Safety, HIPAA, Billing Compliance, Regulatory Compliance, Medicare Coverage Determination, Resource Availability, Contracts and Legal Review. This oversight is intended to ensure compliance with applicable federal and state laws for the protection of human subjects, the conduct of research involving human subjects as well as to protect the interest of those JHSMH facilities and their medical staff.

Researchers are responsible for the review, approval and continuing review by a JHSMH approved IRB for any clinical study activity conducted in a JHSMH facility. Research cannot begin at a JHSMH facility until the study has been reviewed by a JHSMH approved IRB <u>and</u> JHSMH Institutional Approval has been granted.

[17] 16 C.F.R. Section 681.2

Reference Guide

Contact the Compliance Officer when you have questions regarding the JHSMH Corporate Compliance Code of Conduct or wish to review organizational policies. The list below summarizes the types of concerns typically addressed by specific personnel within JHSMH. If your concern is not listed below, contact the Compliance Officer for assistance.

Types of Issues Addressed by the Compliance Officer

- ❑ Anti-kickback compliance
- ❑ Billing issues, such as improper or incorrect documentation
- ❑ Business Associate Agreements
- ❑ Compensation arrangements related to a contract with a physician or other related part
- ❑ Compliance education and training
- ❑ Conflicts of interest
- ❑ Contractual relationships potentially involving referrals of patients or residents
- ❑ Disclosures of confidential information
- ❑ Excluded providers
- ❑ Falsification of records
- ❑ Fraudulent activities
- ❑ Government investigations
- ❑ HIPAA privacy
- ❑ Medically unnecessary services provided to patients or residents
- ❑ Misuse of assets
- ❑ Non-compliance with the JHSMH Corporate Compliance Code of Conduct or JHSMH policies and procedures
- ❑ Red Flag Rules
- ❑ Other activities that violate federal, state or local law, statute, regulation or rules that govern the health care industry

Types of Issues Addressed by Human Resources

- ❑ Employee Retirement Income Security Act (ERISA) issues
- ❑ Sexual, racial or other harassment
- ❑ Equal Employment Opportunity and discrimination issues
- ❑ Staff rights
- ❑ Unemployment
- ❑ Employment practices and disputes
- ❑ Americans with Disabilities Act issues
- ❑ Illegal drug use
- ❑ Insurance portability
- ❑ Labor relations and union issues
- ❑ Weapons and violence in the workplace
- ❑ Gambling in the workplace
- ❑ Unexcused absences or repeated tardiness
- ❑ Compensation (unless related to a contract)
- ❑ Employee benefits

Types of Issues Addressed by Legal Counsel

- ❑ Antirust
- ❑ Contracts
- ❑ EMTALA
- ❑ Lawsuits and litigation
- ❑ Licensure
- ❑ Malpractice claims
- ❑ Regulatory issues
- ❑ Stark
- ❑ Subpoenas, court orders and discovery requests

Types of Issues Addressed by Risk Management

- ❑ Adverse events
- ❑ Allegations of Abuse, Neglect and Exploitation
- ❑ Falls
- ❑ Infection control
- ❑ Lost items
- ❑ Quality care
- ❑ Workers' compensation

Types of Issues Addressed by Safety Personnel

- ❑ Occupational safety and Health Administration (OSHA) issues
- ❑ Ergonomics
- ❑ Workplace safety
- ❑ Workplace violence

Types of Issues Addressed by Ethics Committee, Nursing, Social Work and Pastoral Care

- ❑ Advance directives
- ❑ Disrespect of patients or residents
- ❑ End-of-life issues
- ❑ Patient rights
- ❑ Patient grievances
- ❑ Clinical issues

Types of Issues Addressed by Quality and Performance Improvement

- ❑ Conditions of Participation regulations
- ❑ Joint Commission standards

Corporate Compliance Certification

Acknowledgment Requirement
You must sign an acknowledgment confirming you have received a copy of this Code of Conduct. You must certify that you will cooperate with the Compliance Officer and participate in compliance-related activities and training. New team members will be asked to sign this acknowledgment as a condition of employment.

Acknowledgment and Certification
I acknowledge that I have received a copy of the JHSMH Corporate Compliance Code of Conduct and I agree to read it completely. I also agree to discuss any questions or concerns regarding the JHSMH Corporate Compliance Code of Conduct with my supervisor or other member of management.

I certify that I will comply with the JHSMH Corporate Compliance Code of Conduct, JHSMH Corporate Compliance policies and procedures, and all JHSMH policies and procedures. I understand that it is my responsibility to report any concerns regarding possible violations of these standards and policies. Furthermore, I understand that JHSMH will not retaliate against me for making a good-faith report.

I understand that JHSMH will conduct an excluded provider background check prior to my employment and periodically thereafter. I understand JHSMH reserves the right to terminate my employment or other association if I am an excluded provider.

I understand that the JHSMH Corporate Compliance Code of Conduct contains guidelines for behavior within JHSMH and is not an employment contract. I also understand that these guidelines may be amended, modified or clarified at any time and that I will receive any updates that occur.

Name (Please print):_____

Social Security Number: _____
(***Note:*** *Your Social Security Number is required to properly scan this certification into your personnel file*.)

Department: _____

Facility: _____

Signature:_____

Date:_____

Please complete the certification, detach this card and submit it to your training facilitator or the Compliance Officer as documentation of your acknowledgment and certification as stated above.
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