



Code of Conduct

INTRODUCTORY LETTER.....	1
I. PURPOSE OF CODE OF CONDUCT AND CORPORATE COMPLIANCE PROGRAM	2
II. CODE OF CONDUCT.....	2
A. CONDUCT IN SERVICE TO PATIENTS AND FAMILIES	2
1. <i>Quality of Care and Patient Safety</i>	2
2. <i>Patient Rights</i>	3
3. <i>Reporting of Victims of Abuse, Neglect and Sexual Assault</i>	6
4. <i>Patient Care</i>	6
5. <i>Communication of Medical Advice to Patients</i>	6
6. <i>Conducting financial transactions for patients</i>	6
7. <i>Emergency Medical Treatment and Active Labor Act (EMTALA)</i>	6
B. PHYSICIANS	7
1. <i>Prevention of Unlawful Referrals and Kick-backs</i>	7
2. <i>Medical Staff Privileges</i>	7
C. LEGAL AND REGULATORY COMPLIANCE	7
1. <i>Comply with the Law</i>	7
2. <i>Federal False Claims Act</i>	8
3. <i>Kentucky Fraud and Abuse Laws</i>	9
4. <i>Indiana Fraud and Abuse Laws</i>	10
5. <i>Coding and Billing for Services</i>	11
6. <i>Expense Reports</i>	12
7. <i>Vendors, Consultants, Contract Individuals and Other Third Parties</i>	12
8. <i>Not-For-Profit Tax-Exempt Status</i>	12
9. <i>Antitrust Regulations</i>	13
10. <i>Relationships with Government Officials</i>	13
11. <i>Cooperation with Government Investigations</i>	13
D. PROTECTING CONFIDENTIAL INFORMATION	14
1. <i>Confidentiality of Patient Information – Compliance with HIPAA</i>	14
2. <i>Patient Medical Records</i>	14
3. <i>Record Maintenance and Retention</i>	15
4. <i>Proprietary Information</i>	15
5. <i>Intellectual Property</i>	15
6. <i>Information Provided to Outsiders</i>	16
7. <i>Patient Identity Theft Prevention</i>	16
E. WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES	16
1. <i>Honesty/Fairness</i>	16
2. <i>Equal Opportunity</i>	16
3. <i>Harassment</i>	17
4. <i>Prevention of Workplace Violence and Disruptive Behavior</i>	17
5. <i>Conflict of Interest</i>	17
6. <i>Outside Employment</i>	17
7. <i>Drug Free Workplace</i>	18
8. <i>Excluded Providers</i>	18
9. <i>Gifts and Gratuities</i>	18
10. <i>Professional Standards and Licensing</i>	19
11. <i>Workplace Safety and Health</i>	19
12. <i>Protecting Assets</i>	19
13. <i>Internet Access and Communications</i>	20
III. ADDITIONAL COMPLIANCE STANDARDS	20
A. THE JOINT COMMISSION	20
B. MEDICARE/MEDICAID STANDARDS FOR CLAIMS DEVELOPMENT AND SUBMISSION	21
C. SUBMISSION OF REPORTS.....	22

D. AUTHORIZED GUIDANCE FOR THE CODING OF PATIENT RECORDS.....	22
IV. CORPORATE COMPLIANCE PROGRAM	22
A. PROGRAM STRUCTURE.....	22
B. TRAINING AND COMMUNICATION	22
C. REPORTING SYSTEM	23
D. COMPLIANCE LINE: 1-877-815-2414	23
E. INVESTIGATION OF SUSPECTED VIOLATIONS	24
F. CORRECTIVE ACTION.....	24
G. DISCIPLINE.....	24
H. NON-RETALIATION/NON-RETRIBUTION RELATED TO REPORTS.....	25
I. MEASURING PROGRAM EFFECTIVENESS	25
APPENDIX A – COMPLIANCE LINE FAQs.....	26



St. Elizabeth
HEALTHCARE

At St. Elizabeth Healthcare, we are committed to providing quality healthcare and services consistent with our mission, vision, and values.

Healthcare is a complex, highly regulated industry, which continually faces changes in technology, delivery systems, standards of care, rules and regulations, funding and reimbursement, and finally and most importantly, the service needs of our patients and their families. With that complexity in mind, and at the direction of our Board of Trustees, St. Elizabeth Healthcare has established a Corporate Compliance Program to assist us in our efforts to adhere to applicable laws, government regulations, and our own policies. A key element of our Corporate Compliance Program is our *Code of Conduct*. Our *Code of Conduct* is rooted in our mission and values, and re-affirms the professional standards that already exist among those associated with St. Elizabeth Healthcare.

Our *Code of Conduct* serves two main purposes: (1) to communicate the commitment of management to compliance with laws, regulations, standards of care, ethical business practices and the basic standards expected in the workplace; and (2) to ensure that all those associated with St. Elizabeth understand their responsibility for complying with these laws and regulations and specifically for their responsibility as part of the Corporate Compliance Program.

Our *Code of Conduct* and Corporate Compliance Program have the full endorsement of the Board of Trustees, as well as our Administrative Council. This document provides an overview of the Corporate Compliance Program. While this document may not cover the specifics of every situation you may encounter, it does provide a resource to direct you when you have questions. The management team stands ready to answer your questions about this document and the Corporate Compliance Program in general. Speak with your supervisor anytime you have a question regarding a possible violation of our *Code of Conduct*. Additionally, we have a Corporate Compliance Officer and a toll-free compliance hotline as further resources to help resolve such issues. The Compliance Officer can be reached at (859) 301-5580, or reports may be made anonymously to the compliance hotline at 1-877-815-2414. Management will not tolerate retaliation against those who report compliance issues in good faith.

We pledge our full commitment to upholding our *Code of Conduct* and our Corporate Compliance Program as we fulfill our mission of healthcare excellence.

Sincerely,

Garren Colvin
President and Chief Executive Officer
St. Elizabeth Healthcare

I. PURPOSE OF CODE OF CONDUCT AND CORPORATE COMPLIANCE PROGRAM

At St. Elizabeth Healthcare, we recognize that our associates are the key to achieving our Mission. In striving to achieve our Mission, we also commit to fulfill all applicable ethical, professional, and legal obligations. The intent of our *Code of Conduct* is to give guidelines and to bring together pertinent St. Elizabeth Healthcare policies and procedures as we work together to meet the healthcare needs of our community while fulfilling our ethical, professional and legal obligations. Our *Code of Conduct* and our Corporate Compliance Program apply to all associates, as well as members of our Board of Trustees, members of our Medical Staff, volunteers, and other representatives of St. Elizabeth Healthcare.

Our *Code of Conduct* is meant to be comprehensive and easily understood. However, the *Code of Conduct* may not address every situation you face. More specific guidance is provided in our policies and procedures and in the Associate Handbook. Though we promote the concept of autonomy, the standards set forth in the *Code of Conduct* and in our Corporate Compliance policies are mandatory and must be followed.

The Corporate Compliance Program has been established to prevent the occurrence of illegal or unethical behavior, to discipline those who fail to act in accordance with applicable policies, laws, and regulations, and to aid in the administration of policies and procedures necessary to avoid recurrences of violations. Failure to comply with our *Code of Conduct* and other applicable laws and regulations can result in serious consequences for individuals associated with St. Elizabeth Healthcare, as well as for St. Elizabeth Healthcare as an organization.

You should feel free to direct questions regarding our *Code of Conduct* to your immediate supervisor. If your supervisor is not able to resolve your concern, or if you feel uncomfortable reporting the issue to the supervisor in the first instance, you should contact the Corporate Compliance Officer. Issues may also be reported confidentially and anonymously to the compliance hotline.

II. CODE OF CONDUCT

A. Conduct in Service to Patients and Families

1. Quality of Care and Patient Safety

St. Elizabeth Healthcare participates in systematic quality improvement opportunities through the Performance Improvement and Patient Safety Programs. The purpose of the programs is to ensure that when opportunities for improvement are identified, proper analysis is performed, and appropriate actions are taken. Efforts focus on the processes inherent in hospital activities as well as the numerous external measures that relate to quality and safety of patient care. St. Elizabeth Healthcare is an active

participant in many comparative databases and constantly seeks to establish processes and systems that reflect best practices.

The Performance Improvement and Patient Safety Programs are coordinated and integrated into a quality framework. These programs include monitoring and evaluation of Medical Staff and St. Elizabeth Healthcare Clinical Service areas. The programs also collaborate with other organization-wide programs including Infection Control, Safety Management and Utilization Management in order to improve processes. Performance Improvement and Patient Safety projects elicit interdisciplinary cooperation.

2. Patient Rights

St. Elizabeth Healthcare is committed to treating our patients in a manner that preserves their dignity, autonomy, self-esteem, fundamental human and civil rights, and involvement in their own care, within St. Elizabeth Healthcare's capacity, our mission, and applicable laws and regulations. We provide impartial access to care, regardless of race, creed, national origin, religion, gender, ethnicity, age, handicap, or ability to pay. Patients have certain rights, as required by federal or state law and the Ethical and Religious Directives for Catholic Health Care Services. Reasonable attempts are made to communicate the content of these rights to patients and their family members in a manner that the patient can best understand. Among other rights, St. Elizabeth Healthcare patients have the right to receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment.

Our patients have the right to:

- Receive support and protection of fundamental human, civil and legal rights;
- Receive impartial access to care, regardless of race, creed, national origin, religion, sex, sexual orientation, gender identity or expression, ethnicity, age, handicap, language, or socioeconomic status;
- Receive respect for the dignity of life from conception to natural death;
- Receive considerate and respectful healthcare services within our capabilities, regardless of ability to pay;
- Religious and spiritual services and to exercise cultural and spiritual beliefs provided they do not harm others or do not interfere with the medical care or wellbeing of others;
- Be involved in all aspects of their care, including withholding resuscitation services and forgoing or withdrawing life-sustaining treatment;
- Receive information from their physicians about the nature, purpose, anticipated outcomes, substantial risks and acceptable alternatives of any diagnostic and treatment procedures;
- Receive information about the nature of any unanticipated outcomes, should any occur;

- Give informed consent and participate in decisions regarding care, treatment, and services including the right to have his or her physician promptly notified of admission to the hospital;
- Refuse treatment to the extent permitted by law and to be informed about the consequences of such actions;
- Be informed of realistic care alternatives when facility care is no longer appropriate;
- Receive reasonable continuity of care;
- Have an emergency contact person and the patient's treating physician notified promptly of the patient's admission to St. Elizabeth Healthcare;
- Involve the patient's family or support person in care, treatment, and services decisions to the extent permitted by the patient or surrogate decision-maker, in accordance with law and regulation;
- In accordance with applicable laws, designate a surrogate decision –maker to make medical choices for the patient in case the patient later should become incapable of understanding a proposed treatment or procedure or otherwise should become unable to communicate wishes regarding their care. The surrogate decision-maker will be provided information about the outcomes of care, treatment, and services and unanticipated outcomes;
- Have access to visitors, mail, and telephone. If there is a need for communication restrictions, the patient has the right to be informed of the reasons, participate in the decision and have the restriction evaluated for therapeutic effectiveness;
- Maintain an environment where reasonable and appropriate efforts are made to protect personal privacy, preserve dignity and contribute to a positive self-image;
- Receive access to protective services and security;
- Maintain confidentiality of personal health information, including financial and medical records, in accordance with applicable laws. Inspect and request a copy of medical information used to make decisions about their care and have the information explained and interpreted as appropriate within a reasonable period of time, in accordance with applicable laws;
- Request access to inspect or obtain a copy, request amendment to, and request an accounting of disclosures of his or her health information, in accordance with law and regulation;
- Receive a statement of charges for services provided and receive answers to any questions;
- Know the relationship of the facility providing care with other healthcare providers, educational institutions and payers, as it pertains to their care;
- Have access to information in a manner tailored to the patient's age, language, and ability to understand. This includes providing interpreter/translating services and information that meets the patients' needs for those vision, speech, hearing or cognitive impaired;

- Voice complaints, grievances and concerns and/or recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption in care, to the department where services are being rendered. Ask to speak to the immediate caregiver, department manager or director, nursing supervisor, or contact a patient representative;
- File a grievance with the Division of Health Care Facilities and Services regardless of whether St. Elizabeth Healthcare's grievance process is used;
- Contact the Joint Commission regardless of whether you use the St. Elizabeth Healthcare's grievance process;
- Be informed of the identity of individuals' primarily responsible and providing care, treatment, and services;
- Receive full disclosure (expected benefits, potential discomforts and risks, alternatives, procedures to be followed) and give informed consent if the hospital proposes to engage in or perform human experimentation affecting care or treatment, and have the right to refuse to participate in such research projects and know that their refusal will not compromise their access to services;
- Consult with a representative of the Ethics Committee regarding ethical medical decisions;
- Be free from unwarranted or unreasonable use of restraint or seclusion;
- Be free from all forms of abuse, neglect, exploitation, or harassment;
- Formulate advance directives and have them followed;
- Receive appropriate assessment and management of pain;
- Identify support person(s) whom the patient designates including, but not limited to, a spouse, domestic partner (including a same-sex domestic partner), another family member, or a friend to be present with the patient for emotional support during the course of stay. The presence of a support person of the patient's choice is allowed, unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated;
- Give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care;
- Keep and use personal clothing and possessions, unless this infringes on others' rights or is medically or therapeutically contraindicated.

A patient's guardian, next of kin, or legally-authorized representative, to the extent permitted by law, has the right to exercise these rights on the patient's behalf, if the patient: (1) has been adjudicated incompetent in accordance with the law; (2) is found by his or her physician to be medically incapable of understanding the proposed treatment or procedure; (3) is unable to communicate his or her wishes regarding treatment; or (4) is a minor.

3. Reporting of Victims of Abuse, Neglect and Sexual Assault

As mandated by state law, any associate who identifies actual or suspected abuse, neglect, exploitation, domestic violence or sexual assault of an inpatient or outpatient will take steps to see that the victim and the incident are reported to the proper authorities to initiate protective services, as necessary.

4. Patient Care

Patient care activities occur throughout St. Elizabeth Healthcare. These activities are carried out by a variety of associates and licensed practitioners from various service areas including medical staff, nursing, pharmacy, nutrition, rehabilitation, and other disciplines. Patients may only receive care that has been ordered by a physician or qualified practitioner with established clinical privileges. Given the scope and diversity of service offered by St. Elizabeth Healthcare, we must assure that patient care services are provided through the integration and coordination of the various delivery system disciplines. Quality assessment and performance improvement are the responsibility of everyone associated with St. Elizabeth Healthcare.

5. Communication of Medical Advice to Patients

Patients, families, and/or visitors sometimes seek medical advice or information from an associate. Non-physician associates should not offer information about possible cures, remedies, diagnoses, prognoses, or any other facts or options, which could be interpreted as medical advice. St. Elizabeth Healthcare associates should refer all such requests to the attending or consulting physician.

6. Conducting financial transactions for patients

Associates should not become involved in any transaction for or with a patient, which involves dealing with cash, bank accounts, credit cards or property on behalf of the patient. If this is unavoidable, the associate must have a witness formally sign to verify the transaction and obtain a signed authorization/acknowledgment from the patient for the property involved in the transaction.

7. Emergency Medical Treatment and Active Labor Act (EMTALA)

St. Elizabeth Healthcare follows the Emergency Medical Treatment and Active Labor Act (EMTALA) and provides appropriate medical screening to anyone who presents to the Emergency Department requesting examination, regardless of the individual's ability to pay. If the patient has an emergency medical condition, we do not delay providing treatment in order to obtain financial information. We do not admit or discharge patients simply on their ability to pay. We stabilize any emergency medical conditions before we discharge or transfer patients to another facility. If we are unable to stabilize a patient, we will transfer the patient to other facilities only if we cannot meet their medical needs and appropriate care is available at another facility or at the patient's

request. Any post-stabilization transfers are permitted in limited circumstances consistent with state and federal law.

B. Physicians

1. Prevention of Unlawful Referrals and Kickbacks

Federal and state laws specifically prohibit any form of kickback, bribe or rebate made to induce the purchase or referral to any kind of healthcare goods, services or items paid for by Medicare or the Medicaid program. A “kickback” is the giving of remuneration, which is anything of value. Federal and state “anti-referral” laws impose substantial penalties for billing for services referred by physicians or other healthcare providers who have a contract or business relationship with St. Elizabeth Healthcare.

St. Elizabeth Healthcare must not offer or receive improper inducements. Care is taken not to create a situation where St. Elizabeth Healthcare appears to be offering an improper inducement to those who may be in a position to refer or influence the referral of patients to St. Elizabeth Healthcare.

St. Elizabeth Healthcare does not pay for referrals. We accept patient referrals and admissions based solely on our patients’ clinical needs and our ability to render the needed services. Associates may not solicit or receive anything of value in exchange for the referral of patients. When making patient referrals to another healthcare provider, we do not take into account the volume of referrals that the provider has made (or may make) to St. Elizabeth Healthcare.

2. Medical Staff Privileges

Medical staff membership and privileges are governed by our Medical Staff Bylaws. St. Elizabeth Healthcare does not enter into any financial relationships with physicians that would violate the prohibitions of the federal Anti-Fraud and Abuse Statutes, physician self-referral prohibitions, Internal Revenue Service rules/regulations or any other related laws. St. Elizabeth Healthcare will communicate, through training and education, and as an integral part of appropriate contractual agreements, with physicians and practitioners providing service to patients that St. Elizabeth Healthcare is committed to complying with all laws, statutes, rules and regulations governing the healthcare industry. The Medical Staff’s support, acceptance, and leadership in the application of our *Code of Conduct* are essential.

C. Legal and Regulatory Compliance

1. Comply with the Law

St. Elizabeth Healthcare is subject to numerous laws, regulations, standards of care, and ethical business practices pertaining to all aspects of its operations. We have developed policies and procedures to address many of these legal and regulatory

requirements. However, it is not feasible to develop policies and procedures to address every applicable law and regulation. Still, our associates are required to understand and abide by all applicable laws in the performance of their jobs, whether or not specifically addressed in the *Code of Conduct* or in any of St. Elizabeth Healthcare's policies or procedures.

2. Federal False Claims Act

The False Claims Act (FCA) is a federal law that prohibits, among other things, the knowing filing of a false or fraudulent claim for payment, the knowing use of a false record or statement to obtain payment on a false or fraudulent claim paid by the United States, or the conspiracy to defraud the United States by getting a false or fraudulent claim allowed or paid. The FCA allows any person who discovers that a government contractor is defrauding the Federal government to report it, and then to sue the wrongdoer on behalf of the U.S. government. In general, the FCA covers fraud involving any federally funded contract or program, with the exception of tax fraud.

In FCA lawsuits, known as *qui tam* suits, the federal government has the right to join the private citizen's lawsuit. If the government is then able to collect from the fraudulent contractor, the law allows the whistleblower to share in the proceeds. If the government declines, the individual may proceed on his or her own. The FCA also contains an anti-retaliation provision which protects those who make FCA-protected disclosures or file a *qui tam* suit.

Knowingly violating Medicare laws and the Medicare Fraud and Abuse Statute also violates the FCA. Hospitals, doctors, home healthcare agencies, and laboratories that seek and receive reimbursement for Medicare and Medicaid funds are subject to the False Claims Act. Some of the ways a healthcare provider can violate the FCA include:

- knowingly billing for services not rendered;
- misrepresenting the type of goods or services rendered;
- misrepresenting the nature of the patient's illness;
- failing to provide correct data on annual hospital or nursing home cost reports to the government, if the errors were knowing or intentional; or
- providing substandard care.

Any persons or entities with evidence of fraud against Federal programs or contracts may file a *qui tam* lawsuit, as long as the government or another private party has not already filed a lawsuit based on the same evidence.

Those who violate the False Claims Act can be required to pay three times the dollar amount that the government was defrauded (known as "treble damages") and civil penalties of \$13,946 to \$27,894 for each false claim. A *qui tam* suit is a civil action, not a criminal action. For that reason, imprisonment is not a potential sanction in a *qui tam* case. However, filing a *qui tam* action may trigger a criminal investigation and

prosecution by the government which could lead to criminal fines or jail time for the wrongdoer(s).

Any associate who discovers wrongdoing that violates the FCA is protected from being discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts done by the employee in furtherance of an FCA action. The anti-retaliation provision protects employees who engage in lawful acts in furtherance of a FCA action. This includes investigation for, initiation of, testimony for, assistance in, or harassed because of an FCA action filed or to be filed. The protection against retaliation extends to whistleblowers whose allegations could legitimately support an FCA case even if the case is never filed.

Those who violate the FCA are liable for three times the dollar amount that the government is defrauded and civil penalties of \$13,946 to \$27,894 for each false claim. A *qui tam* plaintiff can receive between 15 and 30 percent of the total recovery from the defendant, whether through a favorable judgment or settlement.

Under the anti-retaliation section of the FCA, any employee who is discharged, demoted, harassed, or otherwise discriminated against because of lawful acts by the employee in furtherance of an action under the Act is entitled to all relief necessary to make the employee whole, which may include reinstatement, double back pay, and compensation for any special damages, including litigation costs and reasonable attorneys' fees.

3. Kentucky Fraud and Abuse Laws

The Commonwealth of Kentucky also has enacted laws to protect the financial integrity of the Kentucky Medical Assistance Program through the investigation and prosecution of healthcare providers who fraudulently bill or abuse the Medicaid system to obtain benefits or payment for services.

The Kentucky Fraud and Abuse Laws define "Fraud" as "an intentional deception or misrepresentation made by a recipient or a provider with the knowledge that the deception could result in some unauthorized benefit to the recipient or provider or to some other person. It includes any act that constitutes fraud under applicable federal or state law."

Examples of fraud under the Kentucky Fraud and Abuse Laws would include those activities listed above as examples of violations of the FCA.

Those found to have violated the Kentucky Fraud and Abuse laws shall be liable for: (a) restitution in the amount of the excess payments, plus interest; (b) a civil payment in an amount up to three times the amount of excess payments; (c) a civil payment of five hundred dollars (\$500) for each false or fraudulent claim submitted for providing

treatment, services, or goods; and (d) payment of legal fees and costs of investigation and enforcement of civil payments.

In addition, those found to have violated the Kentucky Fraud and Abuse Laws will be removed as a participating provider in the Medical Assistance Program for two months to six months for a first offense, for six months to one year for a second offense, and for one year to five years for a third offense.

Any person who has reasonable cause to believe that a violation of the Kentucky Medicaid Fraud and Abuse laws is being committed, should report the violation to the Medicaid Fraud Control Unit or the Medicaid Fraud and Abuse hotline. The identity of the person making such a report will be kept confidential by the party receiving the report.

Employers are not permitted, without just cause, to discharge or in any manner retaliate against any employee who in good faith makes such a report, or who participates in any proceeding with regard to any such report or investigation. An employee injured by any act in violation of the prohibition against employer retaliation may pursue a civil cause of action to enjoin further violations, and to recover the actual damages sustained, together with the costs of the lawsuit, including reasonable attorney's fees.

All associates are required to comply with federal and state healthcare fraud, abuse, and false claims laws. Activities that are prohibited include, but are not limited to:

- Intentionally or knowingly making false or fraudulent claims for payment or approval; and
- Submitting false, fraudulent or misleading information for the purpose of gaining the right to participate in a plan or obtain reimbursement for services (including submitting claims for services not rendered and submitting claims that characterize the service differently from the service actually rendered).

4. Indiana Fraud and Abuse Laws

Indiana's state version of the federal False Claims Act makes it unlawful for any person to knowingly or intentionally: (a) present a false claim to the State for payment or approval; (b) make or use a false record or statement to obtain payment or approval of a false claim from the State; (c) with the intent to defraud the State, deliver less money or property to the State than the amount recorded on the certificate or receipt the person receives from the State; (d) make or use a false record or statement to avoid an obligation to pay or transmit property to the State; (e) conspire with another person to perform an act described above; or (f) cause or induce another person to perform an act described above.

A violator will be liable to the State for a civil penalty of at least \$5,000 and for up to three times the amount of damages sustained by the State. The violator shall also be liable to the State for cost of a civil action brought to recover a penalty or damages.

The Indiana Attorney General and the Inspector General have concurrent jurisdiction to investigate suspected violations of the Indiana False Claims Act and the Attorney General may bring civil action against a person that has violated the Indiana False Claims Act. An individual may also bring a private civil action on behalf of the individual and the State. In the event the qui tam action is successful, the individual bringing the civil action may be awarded a percentage of the funds recovered.

The Indiana False Claims Act contains an employee protection provision that provides that any employee who is discharged, demoted, suspended, threatened, harassed, or otherwise discriminated against in the terms and conditions of employment by his or her employer because the employee initiated testified, assisted, or participated in an Indiana False Claims Act investigation, action or hearing, shall be entitled to relief necessary to make the employee whole. Such relief includes, but is not limited to, the following: reinstatement with the same seniority status that the employee would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including punitive damages, litigation costs and reasonable attorneys' fees.

Indiana's Medicaid antifraud laws state that a person may not knowingly or intentionally: (a) make, utter, present or cause to be presented to the Medicaid program, a Medicaid claim that contains materially false or misleading information concerning the claim; (b) obtain payment from the Medicaid program by means of a false or misleading oral or written statement or other fraudulent means; (c) acquire a provider number under the Medicaid program except as authorized by law; (d) alters with the intent to defraud or falsify documents or records of a provider that are required to be kept under the Medicaid program; or (e) conceal information for the purpose of applying for or receiving unauthorized payments from the Medicaid program. A person who violates the above prohibitions, may be guilty of the following: (a) a Class A misdemeanor; (b) a Level 6 felony if the fair market value of the offense is at least \$750 and less than \$50,000; and (c) a Level 5 felony if the fair market value of the offense is at least \$50,000.

5. Coding and Billing for Services

St. Elizabeth Healthcare takes great care to see that billings reflect truth and accuracy and conform to all pertinent federal and state laws and regulations. Associates may not knowingly present or cause to be presented claims for payment or approval that are false, fictitious, or fraudulent. We operate oversight systems designed to verify that claims are submitted only for services actually provided and that services are billed as provided. These systems emphasize the critical nature of complete and accurate documentation of services provided. As part of our documentation effort, we maintain current and accurate medical records. Associates engaged to perform billing or coding services have the necessary skills, quality assurance processes, systems, and appropriate

procedures to ensure that all billings for government and commercial insurance programs are accurate and complete.

6. Expense Reports

Business expenses properly incurred in performing St. Elizabeth Healthcare business must be documented promptly with accuracy and completeness on an expense report. When traveling on St. Elizabeth Healthcare business, all expenses will be paid by St. Elizabeth Healthcare except those of a personal nature (for example, entertainment). The cost of travel-related expenditures should be reasonable and cost-effective. The reporting of other routine expenses incurred in the course of business duties should be recorded on the appropriate form for reimbursement.

7. Vendors, Consultants, Contract Individuals and Other Third Parties

Compliance with the *Code of Conduct* and local, state, and federal laws, statutes, rules, and regulations, is a required condition of doing business with St. Elizabeth Healthcare. Prospective vendors, consultants, or other individuals should be treated fairly. Any inducements, kickbacks, or special treatment in the selection process are strictly prohibited. Whenever possible, materials, supplies, equipment, consulting, and other services should be procured from qualified suppliers at the lowest cost, keeping in mind the requirements for quality, performance, and the vendor's ability to meet delivery schedules. Associates are expected to employ high ethical business practices in the selection, negotiation, determination of awards, and the administration of all purchasing activities. Any rebates, discounts and allowances that are customary business practices are acceptable so long as they do not constitute unlawful or unethical payments. Such payments should be properly documented, of reasonable value, competitively justified, and properly credited to the entity originating the agreement. Any such payments to individual associates are strictly prohibited. Payments made to vendors will be made only for goods and services acquired in accordance with established Materials Management policies and procedures.

8. Not-For-Profit Tax-Exempt Status

The Internal Revenue Service (IRS) has designated St. Elizabeth Healthcare as a 501(c)(3) tax-exempt charitable organization. As such, St. Elizabeth Healthcare is exempt from federal income tax, state sales tax and certain other taxes. Maintenance of tax-exempt status requires that we engage in activities in furtherance of our charitable purposes and ensure that our resources are used in a manner that furthers the public good. All transactions must be in the best interest of St. Elizabeth Healthcare and negotiated at fair market value.

Because of our tax-exempt status, we may not give St. Elizabeth Healthcare money, property or services (including associate work time) to political parties or individuals running for public office. Associates may personally participate in and

contribute to political organizations or campaigns, but must do so on their own time as private individuals.

Where its experience may be helpful, St. Elizabeth Healthcare may publicly offer recommendations concerning legislation or regulations being considered. In addition, St. Elizabeth Healthcare may analyze and take public positions on issues that have a relationship to our operations when our experience contributes to the understanding of such issues.

9. Antitrust Regulations

St. Elizabeth Healthcare must comply with applicable antitrust and similar laws that regulate competition. These laws prohibit agreements or actions that may illegally restrain trade or reduce competition. Examples of activities that violate these laws include, but are not limited to, agreements among competitors to fix or stabilize prices, inappropriate exclusive dealings, and boycotts of specified suppliers or customers.

10. Relationships with Government Officials

The administration and governance of local, state, and federal healthcare programs is very complex. What is acceptable practice in a private business environment, such as providing education, transportation, entertainment, or other things of value, may be entirely unacceptable and may even violate certain federal, state, or local laws and regulations in dealings with government employees or agents. Associates must be aware of and adhere to the relevant laws and regulations governing relations between government customers and suppliers.

11. Cooperation with Government Investigations

St. Elizabeth Healthcare has agreed to provide certain regulatory and government agencies access to relevant data and records as a “condition of participation” in given programs. St. Elizabeth Healthcare has certain legal rights that must be protected in any investigative process, and associates must follow all related policies and procedures in response to subpoenas, search warrants, unannounced site visits, requests for interviews, and any other requests to access St. Elizabeth Healthcare property and information. Policies and procedures in this area not only protect the rights of St. Elizabeth Healthcare as an organization, but also assure that investigators receive the cooperation necessary to complete their work.

Any associate who is approached by a federal or state agency which enforces healthcare-related laws, and which is seeking information about St. Elizabeth Healthcare, must call Administration or the Corporate Compliance Officer before disclosing any information. Some agencies are entitled by statute to immediate access to information. These include the Office of the Inspector General of the United States Department of Health and Human Services and state Medicaid Fraud Control Unit. In virtually all cases, when a request by personnel of either agency is made, disclosure of the requested

information should be delayed pending notification of legal counsel. Such notification should occur simultaneously with the requested access. Notification will ensure that the organization is aware of the inquiry, properly responds to it, and takes whatever action is necessary with regard to it. If, under extraordinary circumstances only, disclosure must be made before notification of legal counsel, then legal counsel should be contacted immediately thereafter. All law enforcement and government agents should provide official identification for verification of identity prior to the release of any information.

D. Protecting Confidential Information

1. Confidentiality of Patient Information – Compliance with HIPAA

At St. Elizabeth Healthcare, we respect the privacy of our patients and safeguard patient information from physical damage. We also protect the privacy of our patient's health records according to state, federal and accreditation requirements. We maintain medical and business documents and follow our record retention policy in accordance with the law, HIPAA Regulations, and other applicable guidelines. We only disclose medical or clinical information when such release is supported by a legitimate clinical or business purpose, and complies with policies and procedures, applicable laws, rules and regulations. We use care when discussing patient information in any public area, including elevators, hallways, stairwells, restrooms, lobbies and dining areas.

The HIPAA regulations require that computer systems containing electronic Protected Health Information (ePHI) possess technical mechanisms and administrative processes that protect the confidentiality, integrity, and availability of the software and data they maintain. At St. Elizabeth Healthcare, we assess potential risks and vulnerabilities by reviewing login monitoring, automated reports of audit trails or logs, file access reports, and manually produced security incident tracking reports to identify unauthorized data access activities and assess security safeguards. The internal security control program takes various forms including regular, random information system activity reviews and reviews based on specific calls/complaints.

Care is taken to maintain the confidentiality of information St. Elizabeth Healthcare owns and of which St. Elizabeth Healthcare is the custodian. Our associates must protect St. Elizabeth Healthcare computer systems and the information contained in them by not sharing passwords and by adhering to St. Elizabeth Healthcare information security policies and procedures. If an associate's relationship with St. Elizabeth Healthcare ends, for any reason, the individual remains bound to retain the confidentiality of information viewed or used during the individual's association with St. Elizabeth Healthcare. Any confidential information in an associate's possession must be returned to St. Elizabeth Healthcare.

2. Patient Medical Records

Patient medical records are the primary source of information upon which St. Elizabeth Healthcare relies for the proper billing of the services and care provided as

ordered by the patient's physician. Diagnostic or procedural codes and other pertinent medical information included in the chart must adequately support the "medical necessity" for the service billed, regardless of whether billed to Medicare, Medicaid or other third party payors. The physician must consider "medical necessity" when ordering services and care for our patients. Physicians and other practitioners must document medical indications when ordering ancillary services and other information such as secondary conditions being treated, co-morbidities, and personal or family history that affects treatment decisions. St. Elizabeth Healthcare will not bill for services or care without proper documentation supporting "medical necessity."

3. Record Maintenance and Retention

St. Elizabeth Healthcare records must be maintained and retained in a manner that meets all applicable laws, rules, and regulations. Those associated with St. Elizabeth Healthcare must not falsify information on any record or document. Associates must adhere to policies and procedures that outline record creation, distribution, retention, storage, retrieval, and destruction. Records must never be destroyed in an effort to deny governmental authorities information which may be relevant to a government investigation.

4. Proprietary Information

Proprietary information is the property of St. Elizabeth Healthcare and includes, but is not limited to, patient information, business strategies, pricing of services, contracts, competitive bids, products, ideas, designs, plans, pending projects and proposals, and financial information. Proprietary information also includes information concerning our associates such as salaries, personnel files, payroll information, disciplinary matters, and similar information. All proprietary information must be maintained in a manner designed to ensure confidentiality in accordance with applicable laws. Only authorized persons who must refer to the information as a business necessity shall have access to it. Associates must exercise due care to prevent the release or sharing of information beyond those persons who may need such information to fulfill their job function.

5. Intellectual Property

St. Elizabeth Healthcare associates must respect the intellectual property rights of others. "Intellectual Property" means copyrights, trademarks, patents and trade secrets. Associates must preserve and protect intellectual property. Several examples of potential problems in this area include: (1) installing computer software without a proper license; (2) copying printed materials for reasons other than limited internal distribution or education; and (3) selling or giving away a new process or device developed by St. Elizabeth Healthcare.

6. Information Provided to Outsiders

Distribution of false, dishonest, incomplete, inaccurate, and/or misleading information to organizations, media, or other sources of public information, government agencies, or accrediting organizations is prohibited. If someone outside St. Elizabeth Healthcare asks you questions directly or through another person, do not attempt to answer the question unless you are certain you are authorized to do so. If you are not authorized to release the information, refer the requesting party to the appropriate source within St. Elizabeth Healthcare, or to the administrator on call.

7. Patient Identity Theft Prevention

St. Elizabeth Healthcare provides guidelines and tools for associates to identify patterns, practices and specific activities that signal possible identity theft. Potential signs (sometimes called identity theft “red flags”) include: a patient providing photo identification that does not match the patient; a patient giving a social security number different from one used on a previous visit; a patient giving information that conflicts with information in the patient’s file; and family members or friends calling the patient by a name different from that provided by the patient at registration. Associates will respond appropriately to attempt to prevent and mitigate identity theft.

E. Workplace Conduct and Employment Practices

1. Honesty/Fairness

Our actions are a reflection upon St. Elizabeth Healthcare as an organization. Honesty, candor and fairness in dealing with patients, families, payors, vendors, consultants, and governmental representatives are essential and expected of all individuals associated with St. Elizabeth Healthcare. Associates shall not knowingly make false or misleading statements during the performance of their jobs.

2. Equal Opportunity

St. Elizabeth Healthcare is committed to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. St. Elizabeth Healthcare treats associates, patients and other persons without regard to race, gender, ethnicity, religion, national origin, age, disability or any other legally-protected status. St. Elizabeth Healthcare recruits, hires, trains, promotes, lays off, recalls, and terminates employees based on ability, achievement, experience and conduct without regard to race, sex (including pregnancy, childbirth, and gender identity), ethnicity, religion, national origin, age, disability, sexual orientation or any other legally protected status. St. Elizabeth Healthcare makes reasonable accommodations for the known physical and mental limitations of qualified individuals with disabilities.

3. Harassment

St. Elizabeth Healthcare is committed to providing a work environment free from harassment. Actions, words, jokes, or comments based on an individual's race, sex (including pregnancy, childbirth, and gender identity), ethnicity, religion, national origin, age, disability, sexual orientation or any other legally-protected status will not be tolerated. Any individual who believes he or she is the victim of harassment or discrimination should either report the facts of the incident to the Human Resources Department or use the three-step reporting process. A prompt and thorough investigation will be conducted, and St. Elizabeth Healthcare will take appropriate corrective action when warranted.

4. Prevention of Workplace Violence and Disruptive Behavior

St. Elizabeth Healthcare is committed to providing a work environment free from threat or harm. St. Elizabeth Healthcare has established the policy of zero-tolerance for workplace violence, verbal and non-verbal threats, and related actions. Behaviors that intimidate staff or which threaten the safety and quality of care will not be tolerated. These behaviors may be verbal or non-verbal, and may involve the use of rude language, threatening manners, or even physical abuse. Anyone who works in the organization can display these disruptive behaviors, including management, clinical and administrative staff, volunteers, licensed independent practitioners, and governing body members. Leaders are prepared to address such disruptive behavior at any level. Any individual who believes he or she is the victim of harassment, discrimination, workplace violence or other disruptive behavior should either report the facts of the incident to the Human Resources Department or use the three-step Corporate Compliance reporting process (including calling the Compliance Line at 1-877-815-2414, as necessary). A prompt and thorough investigation will be conducted, and St. Elizabeth Healthcare will take appropriate corrective action when warranted.

5. Conflict of Interest

Those associated with St. Elizabeth Healthcare must maintain a high standard of conduct and disqualify themselves from exerting influence in any transaction where the individual's personal business or financial interests may conflict with the interests of St. Elizabeth Healthcare, or where the individual may gain any financial benefit. Associates must also refrain from investing in or owning a competing business or owning stock of a competitor, and accept no cash or merchandise of significant value from anyone who has a business relationship with St. Elizabeth Healthcare. If associates have any question about whether an activity or interest might constitute a conflict of interest, they must obtain the approval of their supervisor before pursuing the activity.

6. Outside Employment

Associates who wish to engage in paid employment or other business activities (including participation in family companies) outside their official St. Elizabeth

Healthcare duties must make their supervisor aware of the other employment opportunity. St. Elizabeth Healthcare may request the details of any other employment in the event of concerns of a conflict of interest. If there is any real or potential conflict of interest, an associate's St. Elizabeth Healthcare job duties must come first.

7. Drug Free Workplace

St. Elizabeth Healthcare is committed to an alcohol and drug-free workplace, for the protection of the interests of our associates and patients. All associates must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol, having an illegal drug in your system, or using, possessing, or selling illegal drugs while on work time or property may result in immediate termination. St. Elizabeth Healthcare reserves the right to use drug testing as a means of enforcing this policy. We recognize that individuals might be taking prescription drugs, which could impair judgment or other skills required in job performance. Associates who have questions about the effect of such medication on performance should consult with their supervisor before arriving for work after having taken any such medication.

8. Excluded Providers

St. Elizabeth Healthcare will not hire or contract with any individual who is currently excluded, suspended, debarred or otherwise ineligible to participate in federal healthcare programs or has been convicted of a criminal offense related to the provision of healthcare items or services and has not been reinstated in the federal healthcare programs after a period of exclusion, suspension, debarment or ineligibility. Associates and members of the Medical Staff are required to immediately report to St. Elizabeth Healthcare if they become excluded, debarred, or ineligible to participate in federal healthcare programs, or if they have been convicted of a criminal offense related to the provision of healthcare items.

9. Gifts and Gratuities

Associates may not accept tips, gratuities, gifts or benefits from patients and vendors. Associates may, however, accept non-monetary gratuities or gifts of a nominal value (such as cookies, flowers or candy) if the gift would not influence, or reasonably appear to be capable of influencing, the associate's business judgment. On these occasions, associates should indicate that they are accepting the gift or benefit on behalf of the unit where they work, and report the receipt of the gift to their supervisor to determine how to make use of the gift. If the value of the gift is substantial or there is any question regarding whether the gift meets this standard of reasonableness, the associate must seek prior approval from the Corporate Compliance Officer (who will take the request to the Compliance Committee for review) or refuse the gift and promptly return the gift to the vendor or patient. Associates should encourage prospective donors to contact the Foundation office directly to make substantial gifts.

Associates may not offer or give money, services or anything of value with the expectation of influencing the judgment or decision-making process of any purchaser, vendor, patient, or any other person. An associate who is in doubt about whether a situation involving the giving or receiving of something of value is acceptable should ask his or her supervisor or the Corporate Compliance Officer.

10. Professional Standards and Licensing

Many healthcare and business professional organizations have established Codes of Ethics for their members. For example, the Kentucky Nurse Practice Act governs nurses in Kentucky. St. Elizabeth Healthcare associates must conform to any laws, standards, oaths, licensing, registrations, or other such requirements of established professional organizations to the extent that they do not conflict with St. Elizabeth Healthcare policies. Associates with questions or concerns about potential conflicts with St. Elizabeth Healthcare policies should contact their supervisor. Each associate must ensure that his or her own required licensure, registration, or certification is maintained in good standing. St. Elizabeth Healthcare does not permit any associate to work without a valid, current license or appropriate credentials.

11. Workplace Safety and Health

St. Elizabeth Healthcare works to maintain a healthy, safe, and caring environment for those associated with serving our patients. All associates are responsible for maintaining a safe and healthful work environment. Associates must exercise good judgment with regard to the environmental aspects of the use of buildings, equipment, and supplies. All appropriate actions must be taken to properly discharge and dispose of any hazardous materials used or generated.

Infection Control policies and procedures have been developed for the safety of our associates and the patients we serve. St. Elizabeth Healthcare is committed to meeting or exceeding all industry standards established for the control of infectious diseases. Associate adherence to those standards is considered an essential job responsibility.

12. Protecting Assets

Associates must protect St. Elizabeth Healthcare assets and the assets of others entrusted to St. Elizabeth Healthcare by following procedures to prevent their loss, theft or unauthorized use, including physical and intellectual property. We establish policies, practices and educational mechanisms within our areas of responsibility to ensure the safeguarding of assets, the accuracy of financial statements and all other records and reports. Associates must use property appropriately, with approval and take measures to prevent any unexpected loss of equipment, supplies, materials or services and adhere to established policies regarding approval for disposing of properties. Associates must report time and attendance accurately.

13. Internet Access and Communications

The use of electronic forms of communication and information may only be used for appropriate business purposes. Internet access and e-mail may not be used for transmitting, retrieving or storing any discriminating or harassing materials, nor may it be used for obscene or x-rated materials. No threats or messages with derogatory remarks including, but not limited to, race, age, gender, nationality, religion, physical attributes, or sexual preference shall be transmitted. No abusive, profane or offensive language is to be transmitted through these electronic forms of communication and information. Games, personal use and “junk” mail/chain letters are also inappropriate uses. Any use which violates federal or state laws/regulations is strictly forbidden.

Electronic forms of communication may not be used to pursue an individual's personal business interests that are unrelated to St. Elizabeth Healthcare. Electronic forms of communication may not be used to communicate St. Elizabeth Healthcare's official position on any matter, unless specifically authorized to make such statements on behalf of St. Elizabeth Healthcare. Electronic forms of communication further may not be used for any purpose that is against St. Elizabeth Healthcare's policies or is in any way contrary to St. Elizabeth Healthcare's best interests.

III. ADDITIONAL COMPLIANCE STANDARDS

A. The Joint Commission

Accreditation with the Joint Commission is one of the many mechanisms St. Elizabeth Healthcare uses to ensure the quality of care and services provided to our patients. Our policies require that our associates comply with and apply the standards outlined by the Joint Commission. In preparation for, during, and after Joint Commission surveys, St. Elizabeth Healthcare associates communicate with accrediting organizations (including the Joint Commission) in a direct and honest manner.

Any associate who has concerns about the safety or quality of care provided by St. Elizabeth Healthcare is urged to report these concerns directly to those providing the care or services, or to the manager of the department. If the associate does not feel the concerns have been adequately addressed, the associate is urged to use the Compliance reporting procedures outlined in this document. In addition, if an associate feels their concerns have not been adequately addressed by St. Elizabeth Healthcare, the associate (or any patient or family member) may report concerns or register a complaint with the following:

Joint Commission's Office of Quality Monitoring
Phone: 1-800-994-6610
Email: complaint@jcaho.org

Kentucky Division of Health Care Facilities and Services
Office of the Inspector General
P.O. Box #12250
Lexington, KY 40582-2250
Phone: 859-246-2307

St. Elizabeth Healthcare will take no disciplinary action against associates who, in good faith, report safety or quality of care concerns directly to the Joint Commission or the Office of the Inspector General.

B. Medicare/Medicaid Standards for Claims Development and Submission

Proper claims development (ordering and documentation) and submission (coding and billing) lay the foundation for the accurate processing of claims for services that we provide to our patients. Our departments have detailed procedures that must be followed to ensure proper recording of inpatient and outpatient encounters. These detailed procedures include specific standards of performance and guidance.

In support of federal and state statutes and regulations, and contractual agreements regarding submission of claims for services rendered, St. Elizabeth Healthcare uses the following principles when developing policies and procedures:

- Proper and timely documentation of all physician and other professional services will be performed before billing of any claim, to ensure that only accurate and properly documented services are billed.
- Claims submission must be supported by:
 - Appropriate documentation;
 - Documentation that is professionally maintained and available for audit and/or review;
 - Documentation in the patient's record that includes at a minimum the length of time spent in conducting the activity (where appropriate) leading to the record entry and the identity of the individual providing the service, medical necessity, appropriate diagnosis codes, DRG coding, and any other information as directed by the medical staff.
- Medical records will be maintained in a consistent, legible, and organized manner to allow for follow-up audit and review.
- All coding of services performed will be based solely on the patient's medical record and other appropriate documentation, and this information must be available to the individual coding patient encounters for claims submission.
- Incentives provided to individuals involved in the coding process must not include financial or other types of incentives to upcode claims improperly.

C. Submission of Reports

St. Elizabeth Healthcare is required (by law, statute, and contract) to report certain information. All reporting is performed using the following guidance:

- Only authorized individuals may submit, report, file, or communicate information on behalf of St. Elizabeth Healthcare.
- Reports will be submitted within the prescribed time allowed for their submission.
- Reports will be prepared in a professional manner and include any required supporting documentation. Before the submission of any report, it must be reviewed and approved by all appropriate individuals.

D. Authorized Guidance for the Coding of Patient Records

St. Elizabeth Healthcare complies with applicable coding guidelines. All coding will be based on the current version of the following as published:

- International Classification of Diseases, Clinical Modification
- Annual Health Care Financing Administration Common Procedure Coding System (HCPCS)
- Physicians' Current Procedural Terminology (CPT)

IV. CORPORATE COMPLIANCE PROGRAM

A. Program Structure

The Corporate Compliance Program has the support and commitment of the Board of Trustees, Administrative Council, and senior management. The Board of Trustees, through its Audit and Corporate Compliance Committee, oversees the maintenance of the Corporate Compliance Program with responsibility for implementing the Corporate Compliance Program assigned to the Corporate Compliance Officer, in conjunction with the Corporate Compliance Committee.

B. Training and Communication

Corporate Compliance training addresses issues such as the foundations and purpose of the Corporate Compliance Program, associates' expectations, and the 3-Step Reporting Process. Such training occurred for all existing associates and is also part of new associate orientation to familiarize associates with the responsibilities, available tools, and expectations arising under the Corporate Compliance Program. Initial Corporate Compliance Program orientation and training provides each associate with access to this Code of Conduct.

St. Elizabeth Healthcare provides periodic compliance training regarding particular aspects of the program, such as the 3-Step Reporting process, ethical decision-making, or particular focus areas. St. Elizabeth Healthcare's Medical Staff is apprised of the Corporate Compliance Program, and is informed that the plan applies to them.

C. Reporting System

St. Elizabeth Healthcare requests, expects, and encourages associates to report any suspected violations of the *Code of Conduct*, laws, statutes, rules, or applicable regulations. No concern regarding conduct or compliance is too small. St. Elizabeth Healthcare uses the following 3-Step Reporting process to learn of potential problems. When faced with a potential compliance issue:

- (1) Contact your supervisor or team leader. Our supervisors are attentive to problems and can typically solve them and provide appropriate follow-up. If your supervisor is unable to solve the problem, you should feel free to contact their supervisor.
- (2) If your supervisor is not able to resolve your problem, or if you would prefer not to report the issue to your supervisor, call the Corporate Compliance Officer at (859) 301-5580.
- (3) In some cases, you may want to report a situation without revealing your identity. For those concerns, call the Compliance Line at 1-877-815-2414. This number is available 24 hours a day, 365 days a year.

Consistent with our obligations under the law, St. Elizabeth Healthcare will keep confidential the identity of any individuals about whom allegations of violations have been brought, unless or until it has been determined that violations have occurred.

D. Compliance Line: 1-877-815-2414

The Compliance Line is a confidential, toll-free phone number established for reporting suspected violations of the *Code of Conduct*, laws, statutes, rules, and/or regulations. St. Elizabeth Healthcare's Compliance Line can be reached by calling 1-877-815-2414. Calls may be made to the Compliance Line 24 hours a day, 365 days a year. St. Elizabeth Healthcare has contracted with an outside company for its operation of the Compliance Line. Strict guidelines and procedures protect those who wish to remain anonymous. Calls to the Compliance Line are not traced or recorded. Even if callers choose to identify themselves, their identity will be kept confidential to the fullest extent possible or as permitted by law.

Unfortunately, a reporting system of this type is subject to possible abuse. From time to time, individuals may attempt to harm or slander another individual through false accusations, malicious rumors, or other irresponsible actions. Such attempts, if proven, will be subject to discipline.

E. Investigation of Suspected Violations

Investigations will be authorized and directed by the Corporate Compliance Officer or the Corporate Compliance Committee. All investigations will be conducted in a prompt and professional manner. Investigations may include review of St. Elizabeth Healthcare records, policies, and other relevant documents, and interviews with those individuals directly involved in the focus of the investigation. Associate assistance in conducting an investigation is essential. Failure to cooperate could result in disciplinary action (and in some instances may be a violation of the law). St. Elizabeth Healthcare will comply with all appropriate self-reporting requirements.

F. Corrective Action

If a reported violation is substantiated through the investigation process, St. Elizabeth Healthcare will initiate corrective action. When appropriate, St. Elizabeth Healthcare will return any overpayment amounts and notify the correct governmental agency of the overpayment situation. Corrective action will be taken promptly to reduce the likelihood of a similar occurrence in the future.

G. Discipline

Failure to comply with the *Code of Conduct* and related policies and procedures may result in disciplinary action. St. Elizabeth Healthcare seeks to apply discipline that is sufficient in nature, but not greater than necessary, to ensure that all individuals associated with the system comply with all applicable federal, state, and local laws, regulations, and statutes. St. Elizabeth Healthcare is guided by the following in determining the appropriate discipline for non-compliance. Discipline should reflect the seriousness of the offense, promote respect for the *Code of Conduct* and Corporate Compliance Program, provide for just punishment for the offense, strive to minimize or eliminate future violations, and allow for further education and training as may be necessary. Discipline may include any authorized disciplinary action provided for in St. Elizabeth Healthcare's policies, Medical Staff Bylaws and individual contracts, up to and including counseling/warning, discharge, termination of medical staff membership and privileges, or termination of further business transactions with vendors, depending on the severity of the misconduct.

St. Elizabeth Healthcare provides associates a fair hearing and the opportunity to have concerns, issues, and actions (including those pertaining to disciplinary action, non-compliance or non-adherence to St. Elizabeth Healthcare Policy/Procedures and work rules) reviewed utilizing an appeal process. This represents an internal review process. Neither the associate nor St. Elizabeth Healthcare will have legal counsel present.

When the activities or professional conduct of a member of the Medical Staff are, or are reasonably probable of being, detrimental to patient safety or to the delivery of quality patient care or are reasonably probable of being disruptive to St. Elizabeth

Healthcare operations, those issues are addressed in accordance with the Medical Staff bylaws or other contractual agreement.

In addition, St. Elizabeth Healthcare will, as required by applicable laws and regulations, report violations to the appropriate authorities and pursue any criminal or civil actions that may be required.

H. Non-retaliation/Non-retribution Related to Reports

St. Elizabeth Healthcare has a non-retaliation policy, meaning that no action of retaliation or reprisal will be taken against anyone who makes a good faith inquiry. Retaliation for reporting a suspected violation is not only against St. Elizabeth Healthcare policies, but also, in some instances, may be a violation of the law. However, self-reports of suspected violations will not protect associates from appropriate disciplinary action regarding their own inappropriate performance or conduct.

In addition, anyone who deliberately makes a false accusation with the purpose of harming or retaliating against another will be subject to disciplinary action.

I. Measuring Program Effectiveness

St. Elizabeth Healthcare is committed to analyzing the effectiveness of its Corporate Compliance Program, by undertaking routine program self-assessments. The Corporate Compliance Officer communicates these findings routinely with the President/CEO, the Corporate Compliance Committee, and the Board Audit and Corporate Compliance Committee (which reports findings to the Board of Trustees). St. Elizabeth Healthcare also reports serious violations and deficiencies to outside counsel in order to make the overall Corporate Compliance Program more effective. St. Elizabeth Healthcare updates and revises the Corporate Compliance plan as needed, based on feedback and analysis of Program operation, as well as changes in the law or areas of OIG or CMS focus.

Appendix A – Compliance Line FAQs

St. Elizabeth Healthcare has established a Compliance Line for the reporting of suspected violations of the *Code of Conduct*. Below are some frequently asked questions about the Compliance Line.

What is the purpose of the Compliance Line?

The Compliance Line provides a way for associates to make anonymous compliance-related inquiries.

Who should use the Compliance Line?

Any associate wishing to report suspected misconduct or make a compliance-related inquiry. Other options are to report concerns to supervisors or the Corporate Compliance Officer. If an associate is uncomfortable with the direct approach, the associate should call the Compliance Line.

Why is the Compliance Line important to St. Elizabeth Healthcare?

St. Elizabeth Healthcare is committed to conducting all of its activities in compliance with applicable Federal, State, and local laws, statutes, and regulations. The Compliance Line provides St. Elizabeth Healthcare with an additional way for associates to communicate compliance-related concerns.

What should be reported to the Compliance Line?

Call the Compliance Line to report violations related to St. Elizabeth Healthcare's policies, applicable Federal, State, and local laws, statutes, and regulations, which include, but are not limited to, the following:

- Medicare/Medicaid rules and regulations
- Joint Commission standards
- Medical Staff bylaws
- Stark anti-kickback statutes
- Health and safety laws
- Environmental laws
- Antitrust laws
- Theft, bribes, and kickbacks
- Fraudulent transactions
- Conflicts of interest
- Any potential criminal violations

Are callers required to give their name?

No. Callers will be assigned a special code number to protect each caller's identity. Callers are not required to identify themselves. However, should a caller need to make any follow-up calls or should St. Elizabeth Healthcare need to contact the caller for additional information related to the report, the identification code will be essential.

What happens when a call is made?

Calls are documented, and a written report is forwarded to the Corporate Compliance Officer. After review, the Compliance Officer determines the appropriate action to take, such as investigation, referral to the Corporate Compliance Committee, etc.

Should a call be made even if all the facts are not yet known?

Call even if you are not sure of the problem. The Corporate Compliance Officer will look into all provided information and take appropriate action as may be required.

What happens if a caller is mistaken?

As long as associates have a good faith concern, associates will not be reprimanded or disciplined for giving incorrect information in the course of reporting their concern. The only time someone will be disciplined for calling the Compliance Line is if the person knowingly and intentionally reports something they know is false or misleading in order to harm someone else.

How can reports be made to the Compliance Line?

Call the Compliance Line at 1-877-815-2414.