



Hospital Sisters
HEALTH SYSTEM

Compliance

CODE OF CONDUCT GUIDELINES

Rev. 2/2025



Approved by Hospital Sisters Health System Board of Directors

Dear Fellow Colleagues,

Hospital Sisters Health System ("HSHS") combines quality medical care with ethical and professional business practices. Our commitment to act consistently with honesty and integrity, by the ways in which we care for our patients is a proud tradition.

The enclosed Code of Conduct ("Code") provides guidance to ensure that we, as colleagues, providers, Board members, business partners, contractors, and volunteers, continue to work in a manner consistent with our religious and ethical beliefs, and professional conduct standards. The Code expresses a continuing commitment to our mission and shared common values. Although it cannot answer every question, it outlines principles that guide our understanding of some of the most important policies and regulations which we are expected to know and comply with as healthcare providers. It also identifies resources to help answer questions about appropriate conduct in the workplace. Please review it thoroughly. Your adherence to its spirit, as well as its specific provisions, is critical to our ongoing success.

Our HSHS Code of Conduct is not a substitute for our own internal sense of fairness, honesty, and integrity. If, in your work, you encounter a situation or behavior that goes against our values or that violates our policies or the law, please discuss this with your leader, the Compliance Department, or submit a concern through our confidential Compliance Line.

We thank you for your continued commitment to HSHS.



Damond Boatwright
President and Chief
Executive Officer



John M. Hyden
Vice President,
Chief Compliance Officer

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Introduction to HSHS

The foundational mission principles of Hospital Sisters Health System (HSHS) embody the belief that every life is a sacred gift, and every human being is a unity of body, mind and spirit. Our healthcare ministry calls upon us to foster healing, serve with compassion, and promote wellness for all persons, with special attention to our brothers and sisters who are poor, underserved and most vulnerable.

These principles are the basis for HSHS to provide high-quality, cost-effective, and compassionate healthcare – committed to continuing the healing ministry of Jesus Christ – in our communities in Illinois and Wisconsin.

Mission

To reveal and embody Christ's healing love for all people through our high-quality Franciscan healthcare ministry.

Vision

Rooted in our Franciscan mission, we will be the unique, high-quality health system providing exceptional care, centered on the whole person.

Core Values

Our four core values will be lived by all who work here and felt by all who use our services:

Care embodies the concern, compassion, and sensitivity with which we care for patients as individuals, on a one-to-one basis, and one another as fellow colleagues and providers. Often it is thought of as bedside behavior, but it also belongs in business offices, cafeterias and board rooms.

Joy is the way our colleagues and all who join us in our ministry seek to perform their work – the internal fulfillment of caring for others. It is an essential ingredient in bringing a sense of hope to those who suffer.

Respect is the Franciscan respect for life from conception to death and for the dignity of each individual person. It is a commitment to freeing and empowering each person to develop to his or her full potential.

Competence means that our work is performed, and our institutions are managed with the highest level of skill and ability. We are committed to recruiting and developing people who are competent in their work and whose values reflect our own. Our values are an integral part of our system's strategic plan, which provides the overall framework for all local activities.

Introduction to Compliance

HSHS provides patients with excellent healthcare by combining safe quality care with ethical and professional business practices. Organizational ethics and compliance with government and industry regulations are responsibilities we take seriously. Compliance is knowing and following the rules and regulations that govern our business practices and work conduct. It is vital to the success of our mission. We fundamentally believe that the community and our patients have a right to expect that we will act within a framework of honesty and integrity. In recognition of our corporate responsibilities, our commitment to our patients, and in alignment with our vision of being a value driven health system, HSHS has developed a robust Compliance Program.

The guidance throughout this Code is an important component of our Compliance Program, as it highlights some of the most important laws and policies that we are expected to know and comply with as healthcare providers. The Code also provides guidance on what we are expected to do, if we have questions about work activity or conduct that goes against our values or that violates our policies or the law.

All colleagues, providers, Board members, business partners, contractors, and volunteers of HSHS are expected to reflect behaviors and conduct, consistent with religious sponsorship and the articulated values of the organization. The HSHS Compliance Program Manual describes what we are to do in certain instances, whereas the Code more generally, governs expected behaviors that guide the application of our Colleague Handbook, as well as HSHS policies and procedures.

The Code has been approved by the HSHS Board of Directors and applies to HSHS and its affiliated subsidiaries.

Introduction to System Compliance

All colleagues, administrative staff, medical staff, agents, contractors, board members and volunteers of HSHS are expected to reflect behaviors and conduct consistent with religious sponsorship and articulated values of the organization. The Colleague Handbook and the HSHS System Compliance Program Manual describe what we are to do in certain instances; this Code more generally governs expected behaviors, which guide the application of the Colleague Handbook rules as well as other HSHS policies and procedures.

The key reason for HSHS's existence is to be a vehicle for sharing Christ's healing love with others. This is done in the spirit of St. Francis, with respect for Catholic faith tradition and with regard for the dignity of all persons – both those who serve and those who are served. Certain values guide us toward the desired behaviors: honesty, integrity, fairness, justice, responsible stewardship and a genuine concern for others.

The guidelines addressed in this Code are an important component of our System Compliance Program and express a continuing commitment to our mission and values. Our Code highlights some of the most important laws and policies that we are expected to know and comply with as healthcare providers. The Code also provides guidance on what we are expected to do if we have questions about work activity or conduct that goes against our values or that violates our policies or the law.

The Code cannot answer every question, but it can serve as a starting point. If you have questions or concerns not addressed in the Code, contact your manager. If they are unable to help, or if you feel uncomfortable talking to your manager, call the System Compliance Department or the confidential HSHS Compliance Line. (see Section 2- Getting Help and Reporting Problems, Page 6)

The Code has been approved by the HSHS Board of Directors and applies to HSHS and its affiliated subsidiaries.

How do I know if I'm doing the right thing?

Ask yourself the following questions:

- Is the action legal?
- Does the action comply with our code of conduct and core values?
- Is the action honest?
- Will the action appear appropriate to others?
- Will I be proud to tell my family or friends about this action?

If you answer "no" to any of the questions, then immediately contact management for guidance before taking action. If you feel uncomfortable talking to management, please call the HSHS Compliance Line.

**HSHS Compliance
Line 866.435.5777**

SECTION 1: YOUR PERSONAL ACCOUNTABILITY

A. Who Should Read This?

- Colleagues
- Medical Staff Members
- Board Members
- Administrative Staff
- Contracted vendors and business partners
- Volunteers
- Agents

Collectively referred to as ("colleagues"), hereafter, are all expected to read and comply with the Code. Upon hire/appointment/contract, the Code is provided and shall be attested to by all colleagues, and annually thereafter.

Colleagues who have questions regarding the Code should direct them to their leader, the Compliance Department or HSHS Compliance Line. See Section 2 - Getting Help and Reporting Concerns.

B. Learning the Law

We have faith that all colleagues will perform every aspect of their job with honesty, fairness, and integrity. All colleagues must also perform their jobs in accordance with any applicable statutory and regulatory requirements. Consequently, colleagues are expected to complete compliance training courses, review regulatory updates and policies/procedures and ask questions to ensure they are performing their job functions properly and within the law.

C. The Cost of Breaking the Law

Violating the law can greatly harm HSHS's reputation and ability to deliver safe, reliable healthcare. Violations in the healthcare industry have resulted in large fines, penalties and even prison terms. HSHS intends to comply with the law and help its colleagues do the same.

D. Duty to Report or Detect an Offense

All HSHS colleagues have a duty to report conduct that a person should reasonably know is unlawful, unethical or that violates the Code. Also, leaders have a duty to detect conduct that a person should reasonably know is unlawful, unethical or that violates the Code.

E. Enforcement and Discipline

We have faith that no colleague will knowingly violate the law or our standards of conduct. Intentional violations or failure to report a suspected violation, may result in disciplinary action, up to and including termination.

Our Human Resources policies govern the type and severity of a colleague's discipline, which will depend on the exercise of HSHS's discretion regarding, among other things, the nature of the violation and the colleague's disciplinary history.

F. Annual Compliance Education

All colleagues are required to complete annual compliance education and review of the Code. Failure to complete the education may result in disciplinary action.

G. Non-Colleague Sanctions

All independent providers, contractors, and vendors are expected to comply with the Code. Violations of the Code may result in HSHS ending its relationship with the offending person or entity. HSHS may also institute legal action to address resulting losses.

SECTION 2: GETTING HELP AND REPORTING CONCERNS

Most departments within a health system are subject to ever-changing rules, which can create uncertainties about the correct way to perform our work. If you are unsure whether your own actions (or another's actions) are in compliance with the law or our policies, do not struggle alone. Get help so the situation can be promptly addressed.

A. Department Leader

Ethical legal concerns in the workplace should be promptly reported to your leader. They can help you think through the issue and assist with taking the appropriate action. If you are uncomfortable approaching your leader, you may also contact HSHS System Compliance (anonymously) through the external HSHS Compliance Line or by reporting the matter directly to the Compliance Department (see Sections B. System Compliance Department and C. HSHS Compliance Line)

B. System Compliance Department

The HSHS VP, Chief Compliance Officer and team members are valuable resources to colleagues seeking help with understanding internal policies and regulations. The Compliance Department and your leader help alert and coach colleagues about how to keep behavior and work practices in compliance with the law. Colleagues are encouraged to contact the Compliance Department to clarify questions or report ethical or legal concerns.

C. HSHS Compliance Line

HSHS has established an external Compliance Line to encourage colleagues to report knowledge of illegal or unethical acts. HSHS will protect, to the fullest extent permitted by law, the identity of reporters who desire to remain anonymous. HSHS will not tolerate retaliation against reporters who act in good faith when reporting concerns or suspected problems. Reporters will be asked to provide enough details so that their concerns can be properly investigated. The more details given through the Compliance Line, the easier it is to investigate concerns or answer questions.

When calling the external HSHS Compliance Line (1-866-435-5777), colleagues are greeted by a neutral third-party who will ask for detailed information about their concern. Callers wanting to remain anonymous will receive a caller I.D. number to be used when calling back, to report more details or receive a follow-up response. Callers who report anonymously will not be contacted as their identity will remain unknown to HSHS.



I need to report an issue to the HSHS Compliance Line but want to remain anonymous. What should I include in my report?

Please include as many details about your issue as possible. This includes dates, times, locations, colleague names and any other information that will assist System Responsibility in investigating the issue.



**HSHS Compliance
Line 866.435.5777**

To submit a) concern online, visit: <http://hshsvalueline.ethicspoint.com>. The website allows for anonymous or non-anonymous reporting 24 hours a day 7 days a week. If you submit an anonymous report online you will be given a number that you'll need to keep if you'd like to update your case or check for messages posted to the website.

System Compliance receives a report of all (non-HR related) concerns and works with the appropriate leader(s) to address.

D. Reporting Retaliation

If you suspect you or another is being retaliated against for reporting suspected misconduct, immediately contact the System Compliance Department or call the HSHS Compliance Line.

HSHS protects, to the fullest extent permitted by law, the identity of colleagues who reach out with questions and concerns. HSHS does not allow retaliation against any colleagues who, in good faith raise concerns, ask questions, or report suspected misconduct. If a suspected problem turns out to be unfounded but was reported in good faith, the reporting colleague(s) will not be subject to disciplinary action for bringing it to the attention of HSHS.

E. Reporting False Information

Any HSHS colleague who purposely makes a false accusation with the purpose of harming another colleague or the organization, will be subject to discipline. The consequences of such conduct will be determined in accordance with HR policies and procedures.

SECTION 3: GUIDANCE ON COLLEAGUE BEHAVIOR

Many rules and regulations that colleagues are expected to comply with are based on common sense notions of right and wrong such as those against stealing, cheating, and lying. These need no technical explanation. Others, however, are more technical and require explanation about how they may affect your work duties.

A. Conflict of Interest

All colleagues are expected to conduct business and personal activities in a manner that does not conflict with the interests of HSHS. "Conflict of Interest" is any situation where an individual has an outside interest or activity that may influence, or appear to influence, his/her ability to be objective or meet his/her responsibilities to HSHS.

Colleagues are encouraged to be active and involved participants in the community. The ability to pursue private interests (i.e. social, civic, commercial, political, religious, or professional)-outside of their employment or relationship with HSHS is respected. Such activities, however, must not interfere with their duties to HSHS, divide loyalty or allow the possibility of a Conflict of Interest.

Colleagues who work with contractors, suppliers and competitors must not take advantage of their position to obtain personal benefits. Colleagues must not take personal advantage of a business opportunity that may be, or appears to be, of interest to HSHS without the approval of his/her Manager. Colleagues must not conduct business on behalf of HSHS, with any other company in which they have an interest, without first disclosing that interest to their leader. Covered Persons, as defined in the Conflict of Interest policy, are required to complete an annual conflict of interest survey to ensure appropriate evaluation and management of potential conflicts.

B. Bribes, Kickbacks, and Illegal Payments

HSHS strives to make business decisions based on sound judgment alone. Thus, any payment that constitutes a bribe, kickback, or other illegal payment, in any form, is strictly prohibited. Bribes or kickbacks may include cash, as well as anything of value, or other gifts for which the receiver does not pay fair market value, or which are offered with the intent to influence a decision on grounds not related to business merits.

Even the appearance of such dealings, damages our reputation and is prohibited. Therefore, no colleagues shall offer, give, solicit, or accept any benefits, incentives, gifts, discounts, or rewards in return for the business or confidential information of HSHS. Accepting cash or a cash equivalent, such as a gift certificate, is not allowed. Generally, colleagues are further prohibited from accepting anything of value (other than bona fide salary, wages, fees, or other compensation paid or reimbursed in the usual course of business) from anyone in connection with the business of HSHS, either before or after a transaction is discussed or consummated. The cost of business entertainment must be reasonable and fully documented. The following are examples of potentially problematic payments and should not be offered and/or accepted without first consulting with and obtaining the approval of the Compliance Department:

- Free or discounted services or trips without a clear business purpose;
- Write-offs, discounts and forgiveness of debt;
- Gratuities, in any form, designed to get favorable treatment or decisions, including those from government representatives, patients, suppliers and distributors. (Note: Bribing government officials is a crime punishable by severe legal penalties, including prison); and
- Subsidized rent, subsidies for office staff, and special prices for medical supplies or equipment.

Some payment arrangements that might otherwise violate applicable laws may be permitted under statutory or regulatory provisions known as "Safe Harbors." The interpretation and application of these Safe Harbors are complex and may lead to potentially problematic arrangements, therefore, they shall be reviewed by System Compliance or Office of General Counsel.



C. Vendor Gifts and Tokens

Sometimes, small gift offerings to or from vendors and business associates are acceptable, but these should be of nominal value and not intended to influence any business, referrals, or medical decision. Refer to the HSHS Vendor Relations Policy.

The following examples are permissible within limits defined by HSHS policy:

- Food, refreshments, flowers or similar perishables;
- Advertising or promotional material such as pens, pencils, note pads, key chains, calendars and similar items;
- Discounts or rebates on merchandise or services that do not exceed those available to other colleagues;
- Awards from civic, charitable, educational, or religious organizations for recognition of services and accomplishment; and
- Reasonable offers to attend social events (i.e., sporting events, golf outings, meals, and charity events) to further develop HSHS business relationships. The offer shall not include expenses paid for any travel costs (other than in a vehicle owned privately or by the host company) or overnight lodging.

Questions about the appropriateness of gifts shall be referred to your leader or the Compliance Department.



D. Confidential Information

HSHS as a healthcare organization has access to protected health information (PHI), personal identifiable information (PII), financial information, proprietary information, work products, intellectual property, strategic planning, and confidential information. This can be in written, verbal, or in electronic format. HSHS and all employee, agents, medical staff, employed providers, and contractors have a responsibility to protect confidential information.

Our Notice of Privacy Practices describes how we use, access, and disclose Protected Health Information of our patients. The Health Insurance Portability and Accountability Act (HIPAA), governs the access and exchange of PHI.

Unauthorized release, access, or sharing of this information is strictly prohibited. HSHS understands the sensitive nature of this confidential information and are committed to maintaining its confidentiality. Failure to follow these guidelines concerning confidential information can have serious legal implications and result in disciplinary action up to and including termination.

Employees must ensure confidential information is protected by following the relevant policies and procedures. At the time of employment/contract, colleagues must sign a confidentiality and security agreement acknowledging HSHS's expectations and requirements related to confidential information. Those who end an employment or contractual relationship with HSHS shall remain legally responsible to protect patient privileged, confidential, financial, or proprietary information.



What if someone asks me to do something I think violates the Code of Conduct Guidelines?

Don't do it. No matter who asks you to do something, if you believe it violates the Code you should refuse to do it and immediately report the request to the HSHS Compliance Line.



E. Copyright Laws

Colleagues shall use their best efforts to avoid violations of federal copyright laws, including but not limited to, laws pertaining to computer software and television-music licenses and use.

F. Environmental Safety

HSHS is committed to providing an alcohol and drug-free, safe, and positive work environment. All colleagues must follow the HSHS Drug Free Workplace policy.

G. Management of Controlled Substances

HSHS colleagues are expected to comply with all regulations governing the management and distribution of controlled substances. Specifically, no colleague or provider affiliated with HSHS may illegally divert or distribute any controlled substances, including prescription drugs. In addition, expired, adulterated, or misbranded pharmaceutical drugs may not be diverted or distributed.

H. Marketing/Public Image

The ethical content and moral impact of any advertising made for, or on behalf of HSHS, will be determined in accordance with social values and in good taste. Marketing materials shall accurately represent the services offered by the organization, and its level of licensure and accreditation. Marketing materials that provide advertising services to an individual physician or physician practice must comply with the HSHS Financial Transactions with Physicians policy.

Inquiries about HSHS or its ministries, by the news media, are to be referred to Marketing & Communications and/or the Administrator on call.

No colleagues will use official HSHS stationery, corporation names, and/or a position title as endorsement for personal or non-job-related purposes.

I. Use of Social Networking & Media

HSHS respects the rights of colleagues and medical staff appointees, allied health professionals, contracted staff, and volunteers to engage in online activity on social media sites (i.e., Facebook, LinkedIn, etc.), personal websites, and blogs. Any personal or professional use of social media shall be in accordance with the HSHS Social Networking & Media policy.

J. Promote a Positive Work Environment

All HSHS colleagues should promote a workplace in which they can feel respected, satisfied, and appreciated. Colleagues will be hired, promoted, and compensated according to their qualifications, performance and potential. Harassment or discrimination of any kind, especially involving race, color, religion, creed, gender, age, national origin, or disability is unacceptable in the workplace.

K. Supplier Relations.

HSHS expects its colleagues, medical staff, contractors, vendors, and volunteers to comply fully with the Medicare and Medicaid Antikickback Statute. To achieve compliance, anyone involved with proposals, bid preparations or contract negotiations is expected to be certain that all statements, communications and representations to prospective partners or suppliers are accurate and truthful.

L. Carefully Bid, Negotiate, and Perform Contracts

Leaders involved with the procurement of goods or services for HSHS should treat all suppliers uniformly and fairly. In deciding among competing suppliers, the leaders are expected to choose suppliers based on sound judgment and professional merits such as safety, price, quality, delivery, service and reputation. Leaders are expected to avoid even the appearance of favoritism. All transactions and relationships between HSHS and suppliers of healthcare items or services are to be documented in a formal written contract or purchase order. No contract is to be signed before it is reviewed and approved in accordance with HSHS policies and procedures including the HSHS Financial Transactions with Physicians policy and Financial Transactions with Non-Physicians policy.

M. Patient Relations

Providing patient care includes the following:

- Assessing individuals and determining medical necessity of the care to be provided;
- Accurately recording patient care;
- Documenting consent and authorization as necessary; and
- Properly coding and billing the services and care provided.

The patient's plan of care, use of services and clinical modalities (including tests, treatments, and other interventions) are determined solely based on appropriate factors (including an assessment of need) and not determined or influenced by any financial payments or incentives to providers. Patient care must be necessary, appropriate, and well documented. Patients are to be informed of options and alternatives to care based on their needs.

N. Emergency Medical Screening Examination

HSHS complies with the Emergency Medical Treatment and Active Labor Act (EMTALA) (see: HSHS EMTALA policy & HSHS EMTALA On-Call policy) in providing emergency medical treatment to all patients, regardless of ability to pay. In an emergency situation, financial and demographic information will be obtained only after the immediate needs of the patient are met. All individuals who present to the Emergency Department will receive an appropriate screening examination to identify whether an emergency medical condition exists. When such a condition exists, stabilizing treatment is provided before allowing a medically necessary, or patient requested, transfer to another facility.

O. Acute Care Admission, Transfer and Discharge

All patients are to be afforded access to medical treatment, care and service regardless of race, color, religion, creed, gender, national origin, disability, source of payment for care or other classifications protected by law.

A patient may be transferred from a HSHS entity to another healthcare facility when the patient, or legally responsible person acting on behalf of the patient, requests care elsewhere, or the services needed by the patient are not available at HSHS. All transfers must be executed in accordance with EMTALA regulations and HSHS EMTALA policy.

P. Competitor Relations – Antitrust

Federal and state antitrust laws protect the integrity of our free enterprise system. We believe competition must be fair and certain laws must be followed to keep competition fair. These laws address agreements and practices resulting in the restraint of competition. Actions that are not lawful include, but are not limited to:

- “Fixing” or “stabilizing” prices
- “Dividing-up” markets or patient healthcare services
- Boycotting competitors or patients
- Requiring referrals from independent physician contractors

Antitrust laws are vigorously enforced. Violations may result in severe penalties and significant fines for HSHS. Sanctions can be brought against colleagues responsible for violating antitrust laws including substantial fines and prison sentences.

Q. Responding to Routine Requests for Information

HSHS must regularly record, compile, maintain and submit information to government agencies. These agencies include the Department of Health and Human Services, Occupational Health and Safety Administration, Food and Drug Administration, Internal Revenue Service, and other federal, state and local agencies.

Failure to comply with the requirements of these agencies may result in fines or imprisonment. HSHS expects all colleagues who prepare or submit information to government agencies to do so accurately and truthfully. The duty to provide accurate and truthful information also applies to dealings with colleagues and others, including suppliers and private insurance companies.

R. Responding to Non-Routine Requests from Government Agencies

The government closely monitors the healthcare industry and HSHS may receive unexpected requests for information from local, state and federal agencies. Requests may come directly to colleagues. If you are presented with a subpoena, search warrant or similar request by a government official (or there is reason to believe that the organization may be served with the same), promptly contact your leader and/or the Compliance Department who will ensure the request is managed in accordance with procedures outlined in the HSHS Records Retention and Disposal Policy and the Government and Regulatory or Private Investigations/Inspections policy.

S. Taxes

HSHS is a non-profit organization (503c) and most of its subsidiaries and affiliates are exempt from federal, state, and local taxes. To maintain tax exemption, no part of an exempt organization's earnings may benefit private individuals, among other things. This means that HSHS must negotiate arrangements “at arm's length,” and must pay no more than fair market value for goods and services. Refer all questions about tax matters to your leader, Chief Financial Officer, Office of General Counsel, or the Compliance Department.



SECTION 4: BILLING COMPLIANCE

All HSHS business practices must comply with government regulations and ethical standards. This can be challenging for claim development and processing, due to the variety of reimbursement plans and programs. An important goal of HSHS is to ensure that all claim submission activity accurately reflects the services rendered and complies with all government regulations, and applicable third party-payor contractual requirements.

A. Billing for Professional Medical Services

It is a violation of HSHS policies, including HSHS False Claims Act policy, to submit false, fictitious, or fraudulent billing claims to any payor. Colleagues who knowingly do so are subject to HSHS's established disciplinary policy and procedures. Violators may also be fined and/or imprisoned.

B. Billing for Hospital/Facility Services

HSHS colleagues who deal with patient bills, claims and records are expected to accurately report the services and supplies rendered.

While Business Office colleagues are responsible for ensuring all billing claims are true and accurate, they rely on many other colleagues to contribute and submit the correct information related to the services provided. Thus, all colleagues involved in the claim development process should be sure all information conveyed or entered within hospital records is complete and accurate.

C. Billing Questions and Inquiries

Colleagues should submit questions about billing policies, procedures, and requirements to their leader or the Business Office. If questions or concerns continue to exist, colleagues are encouraged to contact the Compliance Department.

D. Medicare/Medicaid Billing Compliance

Certain billing and coding practices are unacceptable because they either are or may be perceived as, fraudulent. HSHS will not knowingly submit billing data that is inaccurate or unsupported by proper medical documentation. Medicare and Medicaid rules and regulations must be followed to avoid submitting false claims. Leaders shall provide instruction on proper billing rules and procedures for their areas.

The HSHS Chief Financial Officer (or his or her designee), working with the Chief Compliance Officer (or his or her designee), provides training to relevant Billing colleagues regarding fraud awareness, and Medicare and Medicaid billing compliance.

Each colleague is expected to be diligent in handling and issuing bills. This includes immediately reporting, to the Compliance Department, any known or suspected submission of an improper, false, fictitious, or fraudulent bill.

Examples of fraudulent billing include, but are not limited to:

1. False Claims

- No one may prepare or present claim information they know to be false or inaccurate.

2. Misrepresenting Services Rendered

- No one may charge a higher rate than that medically justified for any inpatient or outpatient service or item. This often involves billing and coding issues. Under the DRG billing system, the code of a principal diagnosis must always conform to the treating physician's description of the diagnosis on the patient record. An example would be to charge for complex treatment when simple treatment was rendered.



3. Unbundling Services

- No one may submit bills resulting in the unbundling of services. "Unbundling" is the practice of inappropriately charging separately for services to increase reimbursement.

4. Seeking Reimbursement for Medically Unnecessary Services or Equipment

- No one may submit any bill for services or equipment that they know or believe to be medically unnecessary. Colleagues must submit any questions about such bills to their leader.

5. Duplicate Billing

- No one may submit more than one claim for the same service or submit the bill to more than one primary payor at the same time.

6. Falsifying Cost Reports

- No one may prepare or submit false cost reports to third-party payors. HSHS' internal and external auditors are responsible for guarding against false Cost Reports.

7. Multiple Coverage and Secondary-Payor Fraud

- No one may intentionally bill Medicare or Medicaid as a primary payor, knowing that another insurer is primary.

8. False Statements

- No one may knowingly or willfully make false statements or representations, or conceal or fail to disclose required information, to any government official or entity.

9. Rejected Claims

- No one may alter a rejected claim by putting false or assumed information on it for purposes of payment (claims rejected by Medicare and Medicaid will be monitored by the Business Office to identify and correct the reason for the rejection).

10. Credit Balances

- No one may fail to refund a credit balance. A credit balance is an improper or excess payment made to a healthcare provider, as a result of a patient billing or claims processing error or overpayment. An example of a credit balance is a scenario where a provider is inadvertently paid twice for one service.

11. Duty to Report

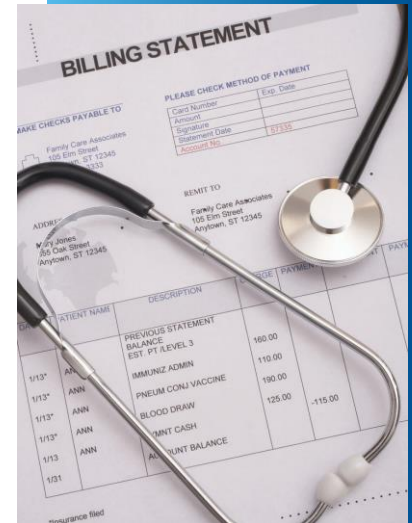
- Every colleague of HSHS has the responsibility to report any instance of misconduct to their leader, the Compliance Department or HSHS Compliance Line, or member of senior leadership.

SECTION 5: ILLEGAL REFERRALS

A. Physician Relationships

All business arrangements with physicians must comply with legal requirements. In negotiating and entering into business arrangements with physicians, HSHS adheres to two primary rules:

1. We do not pay for referrals. We accept referrals and admissions based solely on the patient's clinical needs and our ability to render the needed services. We do not pay or offer to pay anyone (colleagues, Physicians vendors, or other persons) for referral of patients; and



My Director asked me to review medical records and fill in missing signatures in preparation for an accreditation visit. Is this wrong?

It is absolutely wrong for you to include a healthcare provider's signature in a medical record when the physician did not approve it initially.

2. We do not accept payments for referrals that we make. No colleague or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another healthcare provider we do not take into account the volume or value of referrals that the provider has made (or may make) to us.

Violation of this policy may have grave consequences for the organization and the individuals involved, including civil and criminal penalties and possible exclusion from participation in federally funded healthcare programs.

Physicians are prohibited from referring Medicare patients for the Medicare reimbursable services listed below, to any entity with which the physician or their immediate family member has a financial relationship or compensation arrangement (unless the relationship comes within an exception as defined by regulation):

- Clinical Laboratory
- Physical Therapy services
- Occupational Therapy services
- Radiation Therapy services
- Radiology services (including magnetic resonance imaging, ultrasound services, computerized axial tomography scans and positron emission tomography scans)
- Durable Medical Equipment
- Parenteral and enteral nutrients
- Equipment and supplies
- Prosthetics, orthotics and prosthetic devices
- Home health services
- Outpatient prescription drugs, and
- Inpatient and outpatient hospital services.



SECTION 6: CERTIFICATE OF ACKNOWLEDGEMENT

HSHS colleagues and medical staff members must sign a Certificate of Acknowledgement certifying that they have received a copy of the Code, understand they are responsible for adhering to it, acknowledge their duty to report suspected violations, and understand that non-compliance is grounds for disciplinary action.

DISCLAIMER

The Code is not intended to and does not create contractual rights upon any person. It is informational in nature and is used by HSHS to guide in the exercise of its discretion. It is subject to change or revocation without prior notice.

Hospital Sisters Health System
Code of Conduct Guidelines
Acknowledgement Form

I acknowledge that I have received a copy of the HSHS "Code of Conduct Guidelines." and I agree to comply with them.

I understand that each colleague, provider, volunteer, agent, consultant, or representative is responsible for knowing and adhering to the principles and standards of the Code.

I acknowledge that it is my duty to report any suspected violations of the law or standards of conduct to leader or the Compliance Department.

I understand that the Code does not create contractual rights or alter my "at will" employment or contractual arrangement with HSHS.



Signature

Printed or Typed Name

Colleague Badge #

Date