Code of Conduct Guidelines
Approved August 22, 2011
Dear Colleague and Fellow Colleagues,

Through our hospitals, Hospital Sisters Health System (“HSHS”) has provided excellent healthcare services due to our ability to combine quality medical care with ethical and professional business practices. Our commitment to act consistently with integrity in the way we perform our work and the way we live our lives is a tradition which every one of you can be rightfully proud. We fundamentally believe the community and our patients have the right to expect that we will act within a framework of honesty and integrity.

The enclosed Code of Conduct (Code) provides guidance to ensure that we continue to work in an ethical and professional manner. The Code expresses a continuing commitment to our mission and shared common values. Although it cannot answer every question, it serves as a starting point for understanding some of the most important laws and policies that 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 absolutely critical to our future.

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 talk with a member of management or call our confidential Values Line. (See section 2 - Getting Help and Reporting Problems)

Each of you plays an important role in creating and nurturing a culture within HSHS that supports the values and principles that are critical to achieving our mission. As a team we are taking a stand and proclaiming our commitment to consistently act with integrity. You can count on us to do everything in our power to meet these standards and we are counting on you to do the same. We are confident that our trust in you is well placed and we are determined to be worthy of your trust.

Mary Starmann-Harrison  
President and Chief Executive Officer

Mark A. Novak  
System Responsibility Officer and Vice President
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Introduction to HSHS

The mission and values of Hospital Sisters Health System ("HSHS") are our essential reason for being. They are the identity of our organization and reflects why we exist. Our mission is:

To heal as Christ healed; to reveal Christ's healing love for all people through our healing ministry.

We will achieve our vision and express the Franciscan Spirit and our special charism for the future through commitment to our core values:

**Care**

CARE embodies the concern, compassion, and sensitivity with which we care for patients as individuals on a one-to-one basis. It depicts our way of dealing with patients, clients, colleagues and co-workers. Many times it is thought of as bedside behavior, but it also belongs in business offices, cafeterias and boardrooms.

**Joy**

JOY is the manner in which 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**

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**

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 System Responsibility

HSHS has provided patients with excellent healthcare by combining safe quality care with ethical and professional business practices. Organizational ethics and compliance with government and industry regulation are responsibilities we take seriously. System Responsibility 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 values driven health system, HSHS has developed a System Responsibility Program.

All colleagues, administrative 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 Responsibility Program Manual describe what we are to do in certain instances; this Code of Conduct 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 of Conduct (Code) are an important component of our System Responsibility 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 or Director. If they are unable to help, or if you feel uncomfortable talking to your Manager or Director, call the System Responsibility Office or the confidential HSHS Values 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.
SECTION 1: YOUR PERSONAL ACCOUNTABILITY

A. Who Should Read This?

- board members  - directors
- medical staff - colleagues
- executive staff/administration - affected contractors and vendors

All board members, medical staff, executive staff/administration, directors, affected contractors and vendors, hereafter referred to as (“colleagues”) are expected to read and comply with the Code. Colleagues who have questions regarding the Code should direct them to their Manager, Department Director, the System Responsibility Office or HSHS Values Line. (see Section 2 - Getting Help and Reporting Problems)

B. Learning the Law

We have faith that all colleagues will perform every aspect of their job with honesty, fairness, and integrity. All colleagues are also required to perform their jobs in accordance with any applicable statutory and regulatory requirements. Consequently, all colleagues are expected to attend compliance training courses, read regulatory updates, review policies/procedures, and ask questions to insure 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 jail 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 and agents have a duty to report conduct that a person should reasonably know is unlawful, unethical or that violates the Code. Also, Department Directors and Managers 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 colleagues will willingly violate the law or our standards of conduct. But HSHS recognizes the need to discipline any colleague who violates the law or who knowingly fails to report to HSHS a violation in an area for which he/she is responsible. Colleagues who fail to meet these obligations may face disciplinary action, up to and including termination.

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

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 Values Line.
F. Colleague Performance Evaluations
All colleagues are required to complete an annual training concerning compliance principles and the HSHS Code of Conduct Guidelines prior to the completion of their annual performance evaluations with their Department Director or Manager.

G. Non-Colleague Sanctions
All physicians, physician assistants, psychologists, independent contractors, nurse practitioners, 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 PROBLEMS

Each department is subject to ever-changing rules that create uncertainty about the correct way to perform our job or handle work situations. If you are unsure of whether your own actions (or another’s) are in compliance with the law or our policies, do not struggle alone. Get help so the situation can be promptly addressed.

A. Department Director or Manager
Ethical or legal problems in the workplace should be promptly reported to your Department Director or Manager. They can help you sort through a problem and assist with taking appropriate action. If you are uncomfortable approaching your Director or Manager, you may contact the System Responsibility Office by calling either the external HSHS Values Line or reporting the matter internally to the System Responsibility Office. (see Section C. HSHS Values Line)

B. System Responsibility Officer
The System Responsibility Officer is a valuable resource to colleagues seeking help with understanding internal policies and regulatory compliance issues. The System Responsibility Officer helps alert and coach colleagues about how to keep our behavior and work practices in compliance with the law. Colleagues are encouraged to contact the System Responsibility Officer to clarify questions or report concerns about ethical or legal work problems.

C. HSHS Values Line
HSHS has established an external Values 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 callers who desire to remain anonymous. HSHS will not tolerate retaliation against callers who report in good faith concerns or suspected problems. Callers will be asked to provide details so that reported concerns can be properly investigated. The more details given through the Values Line, the easier it is to investigate concerns or answer questions. Colleagues are free to call the System Responsibility Officer or Division Responsibility Directors directly or call the external Values Line.

hshsvueline.ethicspoint.com
When calling the external Values Line, colleagues are greeted by a neutral third party who will ask for detailed information about their concern so that a report can be forwarded to administration and/or legal counsel. 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 response follow-up.

To call the external HSHS Values Line dial: 866-435-5777

When submitting a concern via Email, colleagues will be asked for detailed information about their concern so that a report can be forwarded to administration and/or legal counsel.

To submit a concern via Email, go to: http://hshsvalueline.ethicspoint.com

D. Reporting Retaliation

If you suspect you or another is being retaliated against for reporting suspected misconduct, immediately contact the System Responsibility Office or call the Values Line.

HSHS protects, to the fullest extent permitted by law, the identity of colleagues who contact key staff with questions and concerns. HSHS does not allow retaliation against any colleagues who in good faith raise a concern, ask a question, 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 suffer harm for bringing it to the attention of HSHS.

E. Reporting False Information

Any HSHS colleague who deliberately makes a false accusation with the purpose of harming another colleague will be subject to discipline. The consequences of such conduct will be determined in accordance with HSHS disciplinary procedures. Legal action may be taken, if appropriate.

SECTION 3: GUIDANCE ON COLLEAGUE BEHAVIOR

Many 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 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—social, civic, commercial, political, religious or professional—outside their employment is respected. Such activities, however, must not interfere with duties to HSHS, divide loyalty or allow a possibility of conflict of interest.

Colleagues who deal 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 Manager.

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 should ever 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 System Responsibility Department:

- Free or special price services or trips without a clear business purpose can be as improper as a cash payment.
- Write-offs, discounts and forgiveness of debt.
- Gratuities in any form designed to get favorable treatment or decisions, including favorable treatment or decisions from government representatives, patients, suppliers and distributors. (Note: Bribing government officials is a crime punishable by severe legal penalties, including jail.)
- 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 sometimes confusing. Thus, questions about potentially problematic arrangements should be immediately sent to the System Responsibility Office. In any event, established routines and procedures should be followed in the purchase of all goods and services.
C. Vendor Gifts and Tokens

Sometimes small gift offers to or from vendors and business associates are acceptable, but these should be of nominal value and not intended to influence any business or medical decision. You may accept reasonable entertainment by vendors or prospective vendors or items of nominal value that are clearly tokens of respect or friendship and not related to any particular transaction or activity when the value of such entertainment or items does not exceed $300 in the aggregate from a single source in the previous year. Also refer to the Vendor Relations Policy (RC-03) in the Executive Manual.

The following examples are permissible within limits defined in 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.
- Colleagues may accept reasonable offers to attend social events (sporting events, golf outings, theater, 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.

Refer questions about the appropriateness of gifts to your Department Director, Manager or the System Responsibility Office.

D. Confidential Information

We collect information about the patient’s medical condition, use of medications and family history to provide appropriate care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. We do not release or discuss patient-specific information with others unless it is necessary to serve the patient or required by law. We do not disclose confidential information that violates the privacy rights of our patients unless required by law. No colleague or physician has a right to any patient information other than that necessary to perform his/her job. Patients can expect that their privacy will be protected.

Confidential information is not to be shared with any person outside of HSHS, unless that person is authorized by the law to receive such information or the patient has consented in writing to release the information. Patient information should not be discussed in places where unauthorized people can overhear it, such as hallways, elevators, the cafeteria, smoking areas, lobbies, restaurants, airplanes, or other public places. Telephones (i.e., cellular, portable, and public) should be used consistent with this duty of non-disclosure.

No financial or other information regarding HSHS or any of its activities that could reasonably be expected to affect its position in the community is to be disclosed to any unauthorized person until it has been made available to the general public in accordance with applicable disclosure regulations and internal policies.
At the time of employment, colleagues must sign a confidentiality statement acknowledging HSHS’s expectation and requirements related to confidential information. Those who leave HSHS’s employment remain legally responsible to protect patient privileged, confidential, financial or proprietary information.

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.

F. Environmental Safety
HSHS is committed to providing a drug-free, safe and positive work environment. Colleagues are responsible for compliance with environmental and health safety laws and regulations.

To protect the interests of our colleagues and patients, we are committed to an alcohol and drug-free work environment. All colleagues must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drugs or alcohol, having an illegal drug in your system, or using, possessing or selling illegal drugs will result in discipline in accordance with HSHS disciplinary procedures.

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

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 accepted good taste. Marketing materials should accurately represent the services offered by the organization and its level of licensure and accreditation.

Inquiries about HSHS by the news media are to be referred to the HSHS Director of Marketing/Public Relations or the Coordinator of Press Relations and/or the Administrator on call. Inquiries about local systems are to be referred to the local system’s Marketing/Public Relations Department. No colleagues will use official HSHS stationery, corporation names, and/or a position title as endorsement for personal or non-job related purposes.

I. Promote a Positive Work Environment
All HSHS colleagues should promote a workplace in which they have the opportunity to 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, disability, veteran or marital status, or other classification protected by law is unacceptable in the workplace.

Occasionally, a family member will call and ask me to provide them with information in their medical record. Is this allowed?

No. You may only access medical records for business and/or health care related reasons. Please refer your family member to the Health Information Management department to obtain the information.
J. Supplier Relations

HSHS expects its colleagues, medical staff, contractors and vendors 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.

K. Carefully Bid, Negotiate, and Perform Contracts

Department Directors involved with the procurement of goods or services for HSHS should treat all suppliers uniformly and fairly. In deciding among competing suppliers, the Department Director is expected to choose suppliers based on sound judgment and professional merits such as safety, price, quality, delivery, service and reputation. The Department Director is 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. Also refer to the Financial Transaction with Physician Policy (D-01) and the Financial Transaction with Non-Physician Policy (A-13) within the Executive Manual.

L. Patient Relations

Providing patient care includes the following:

- Determining the medical necessity of the care provided
- Accurately recording patient care
- Documenting physician authorization when necessary
- 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 on the basis of 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.

M. Acute Care Admission, Transfer and Discharge

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

A patient may be transferred from an HSHS Local System to another health care 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.
N. Emergency Medical Screening Examination

HSHS complies with the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing emergency medical treatment to all patients, regardless of ability to pay. Anyone with an emergency medical condition is treated and admitted based on medical necessity. In an emergency situation, financial and demographic information will be obtained only after the immediate needs of the patient are met. We do not admit or discharge patients to the Emergency Department based on their ability to pay.

HSHS Local Systems provide an appropriate screening examination for all individuals who present to the Emergency Department to identify whether an emergency medical condition exists. When such a condition exits, stabilizing treatment is provided before allowing a medically necessary or patient requested transfer to another facility.

O. 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 are:

- “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.

P. Responding to Routine Requests for Information

Being in a highly regulated industry, 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. Thus, 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.

Q. Responding to Non-Routine Requests from Government Agencies

The government closely monitors the health care industry. It therefore is realistic to anticipate receiving unexpected requests for information from the government. 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 Manager and/or the System Responsibility Office who will ensure the request is managed in accordance with procedures outlined in the Records Retention and Disposal Policy (RC-07) and the Government and Regulatory or Private Investigations/Inspections Policy (RC-20).
R. Taxes
HSHS 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 Department Director, Chief Financial Officer, or the System Responsibility Office.

SECTION 4: BILLING

All HSHS business practices and methods must comply with government regulations and ethical standards. This is challenging in the areas of claim development and processing functions due to the variety of reimbursement plans and programs. Also, the governing regulations are complex and ever changing. 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-payer contractual requirements.

A. Billing for Professional Medical Services
It is a violation of HSHS 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. Also, violators can be fined and/or imprisoned.

B. Billing for Hospital/Facility Services
HSHS colleagues who deal with patient bills, claims and records are expected to report accurately the services and supplies rendered.

While business office colleagues are responsible for ensuring all billing claims are true and accurate, they must get accurate information from many sources in the organization. Thus, all colleagues involved in the claim development process should be sure all information conveyed or entered on hospital records is complete and accurate.

C. Billing Questions and Inquiries
Colleagues should submit questions about billing policies, procedures, and requirements to their Department Director or Manager. If any question is not answered satisfactorily, the colleague is encouraged to contact the System Responsibility Office.

D. Medicare/Medicaid Billing Compliance
Certain billing and coding practices are unacceptable because they either are or may be seen as fraudulent. HSHS will not knowingly submit billing data that is inaccurate or unsupported by proper medical documentation. Medicare and Medicaid have rules and regulations that must be followed to avoid submitting false claims. Ask your Department Director or Manager for clarification on proper billing rules and procedures.

The HSHS Chief Financial Officer (or his or her designee), working with the System Responsibility Officer (or his or her designee), provides training to relevant billing staff about fraud awareness and explains billing issues directly relating to the Medicare and Medicaid programs.
Each colleague is expected to be diligent in handling and issuing bills. This includes reporting immediately to the System Responsibility Office any known or suspected submission of an improper, false, fictitious or fraudulent bill.

Following is a sample of the types of billing fraud or abuse health care colleagues must avoid. This list is not complete and is only meant to illustrate types of improper activity and their significance.

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 principle 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 actually rendered.

3. **Unbundling Services**
   No one may submit bills resulting in the unbundling of services. “Unbundling” is the practice of issuing bills piecemeal to increase reimbursement for services that must be billed as a group at lower cost.

4. **Seeking Reimbursement for Non-covered Services or Equipment**
   No one may submit any bill for services or equipment they know or believe to be non-reimbursable. Colleagues must immediately submit any questions about such bills to their Department Director or Manager.

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’s internal audit staff and its outside auditors are responsible to guard 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 in it to get it paid (claims rejected by Medicare and Medicaid will be monitored by Patient Financial Services to find and correct the reason for the rejection).

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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 health care provider’s signature in a medical record when the physician did not approve it initially.
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. An example of a Medicare credit balance is an instance where a provider is paid twice for the same service.

11. Duty To Report
Every colleague of HSHS has the responsibility to report any instance of misconduct to their immediate supervisor, manager, director, Divisional or System Responsibility Office, Vice President, President and CEO, or the HSHS Values Line.

SECTION 5: ILLEGAL REFERRALS

Physician Relationships
All business arrangements with physicians must comply with legal requirements. In negotiating and entering into business arrangements with physicians, we will adhere 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 or other persons- for referral of patients. 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.

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.

Physicians are prohibited from referring Medicare patients for the Medicare reimbursable services listed below to any entity with which the physician or an immediate family member has a financial relationship or compensation arrangement (unless the relationship comes within an exception defined in the statute or an implementing 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 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 contract rights in any person. It is informational in nature and is used by HSHS to guide it 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 my personal copy of the HSHS “Code of Conduct Guidelines”. I agree to comply with them.

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

I acknowledge it is my duty to report any suspected violations of the law or standards of conduct to my immediate supervisor, Department Director, or the System Responsibility Office.

I understand that the Code does not create contract rights or alter my “at will” employment.

________________________________________________________________________
Signature
________________________________________________________________________
Printed or Typed Name
________________________________________________________________________
Date
________________________________________________________________________
Department Name/Number