



**Corporate Compliance**  
Associate Guidebook

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# Message to Associates

Dear Catholic Health Associates,

Catholic Health is proud to have a system wide Corporate Compliance Program that has been created to help us to understand the ethical, professional and legal obligations we have as health care providers. Every associate in our Catholic Health organization plays an individual role in meeting these important obligations.

The Corporate Compliance Program is an ongoing effort and was incorporated under the direction of the Board of Directors and the CHS Leadership Team. We ask that you become an active participant in our compliance efforts as CHS is dedicated to conducting business honestly and ethically. This can only occur through your active participation, setting the standard of conduct to be followed by all CHS personnel.

The Catholic Health associate education program examines the principles and expectations of corporate compliance, while providing the tools and resources for a successful program that defines system responsibility, standards for individual and organizational conduct as well as a process to report, monitor and correct situations that hinder our compliance efforts. Through the educational process, you will learn about the legal aspects of health care and the specific laws and regulations that shape our industry.

The Chief Compliance Officer for Catholic Health is located at the Administrative & Regional Training Center, Corporate Compliance, 144 Genesee Street, 6th Floor, Buffalo, NY 14203 and can be reached at (716) 821-4471. This program is designed to be a positive experience that will set new standards for organizational excellence, ensure maximum use of available resources and reaffirm the principles of honesty and integrity in all that we do. I look forward to sharing this journey with you and ask that you look at this as an opportunity to strengthen our organization and the values that are the hallmark of Catholic Health care in Western New York.

Thank you for your commitment to Corporate Compliance.

Sincerely,



Joyce Markiewicz  
President & Chief Executive Officer  
Catholic Health



# Message to Associates

Dear Catholic Health Associates,

As CHS Chief Compliance Officer, my role is to educate, facilitate, monitor and investigate compliance related activities within CHS and to provide guidance to our associates at all levels of employment.

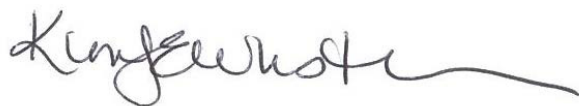
Corporate Compliance is an ongoing effort and is the responsibility of all associates. As representatives of CHS, it is important that we as individuals conduct ourselves in a manner that is consistent with honest, ethical behavior and commit ourselves to the responsible management of our resources. This means that we have a duty to familiarize ourselves with policies and procedures that are in place and a duty to ensure that we are in compliance with governmental rules, regulations and laws and a duty to report any actual or potential noncompliance activity.

Please take the time to read this guidebook. I am sure you will find it a comprehensive, invaluable resource covering various aspects of the Compliance Program.

I look forward to your support of our Compliance Program and to working together to further strengthen Catholic Health's core values of Reverence, Compassion, Integrity, Innovation, Community and Excellence.

Should you have questions or concerns, please do not hesitate to contact me.

Sincerely,



Kimberly Whistler  
Chief Compliance Officer  
Administrative & Regional Training Center - 6th Floor  
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### A. Goals of the Corporate Compliance Program

- Promote justice and ethics in our business practices.
- Foster good corporate citizenship.
- Educate all associates and others regarding our standards and expectations.
- Provide tools for making responsible decisions and reporting concerns.
- Prevent, find and correct violations of CHS standards and governmental laws and rules.

### B. The Corporate Compliance Purpose Statement

The Corporate Compliance Purpose Statement is consistent with and supports the Mission Statement of the organization.

The mission of CHS is to provide high-quality health care services to the persons we serve and their respective communities. CHS strives, on a continuing basis, to respond to identified and/or requested community health needs. Services based on social and health needs extend beyond the confines of CHS to the broader community, reaching out by collaboration or joint efforts with other healthcare providers.

We commit ourselves to enhance the quality of life throughout the life cycle by promoting and restoring health, alleviating suffering and caring for the sick and the dying in an environment that insures dignity and respect for each person.

We pledge to meet this mission in an atmosphere that recognizes our responsibility to conduct our business affairs with integrity, based on sound ethical and moral standards. We recognize our responsibility to treat the people we serve with the same standards of care, regardless of payor source and in accordance with applicable rules, regulations and laws. We are intolerant of fraud, waste and abuse throughout CHS and strive to always deliver medically necessary services in the most efficient and prudent manner. We also hold those we conduct business with to these same standards.

We intend to meet our mission with ongoing, appropriate and timely education of all our constituents. We promote self-monitoring of our activities by providing oversight of our directors, officers, managers, associates, medical staff, house staff, contractors, volunteers, students and others to assure compliance with these standards. We seek to provide an atmosphere that is safe, encourages open discussions on these matters with no fear of retribution, and promptly identifies and resolves issues.

### C. Why Corporate Compliance?

There are many reasons for initiating and sustaining an effective CHS Corporate Compliance Program. The mission, tradition and culture of each CHS member organization calls us to put in place programs to help staff understand and meet their ethical, professional and legal responsibilities. We have integrated our mission within the organizational processes, to help us do the right things for the right reasons and to be accountable for our behavior.



The American healthcare delivery system has experienced many fundamental changes that touch the lives of our associates, physicians, trustees, patients, residents and others in our care. Physician practices are being purchased by hospitals, and integrated delivery networks link many aspects of care into a continuum of services. Fee-for-service medicine and indemnity insurance are being replaced by managed care arrangements. We are aware of the increasing complexity of laws related to Medicare and Medicaid, as well as federal policies that promote the existence of internal compliance programs, and the likely requirements for such programs by healthcare accrediting agencies.

The CHS Corporate Compliance Program is critical to help assure ourselves that we are following governmental laws and rules for our continued success. This is important given the challenges and complexity we face in healthcare today: pressures to provide care more efficiently, manage costs, and abide by a growing number of healthcare laws and regulations. We are being watched by consumers, regulators and the public at large to be sure we are providing quality care, keeping costs down and obeying the law.

The stakes are high. One mistake or even a perception of wrongdoing could mean that we risk tarnishing our reputation of integrity and could trigger a government investigation that could result in severe financial and other penalties, loss of tax-exemption, and a decline in business.

## **D. Benefits to You**

Given these cultural and environmental factors, the CHS Corporate Compliance Program is designed to:

- Foster a supportive organizational culture.
- Provide standards for business and clinical practices.
- Offer educational opportunities so we can better understand our ethical, professional and legal responsibilities.
- Provide a process that enhances current policies and procedures to address questions and report concerns.

In addition to its commitment to education, the CHS Corporate Compliance Program also features auditing and monitoring activities, enforcement and human resource policy components. This program will be updated and revised from time to time to ensure that CHS organizations keep pace with changes in the health delivery, regulatory and legal environments. Key personnel have been designated to provide you with assistance concerning the Compliance Program. The CHS Board of Directors has appointed a Chief Compliance Officer of the System. The Chief Compliance Officer is accountable to the Board of Directors for the Compliance Program.

## **E. Reporting Questions and Concerns**

All associates have a duty and responsibility to seek clarification to questions about the CHS Corporate Compliance Program and to promptly report in good faith actual or potential wrongdoing. Your questions or reports may involve possible violations of laws, regulations, policies, procedures or the CHS Code of Conduct. In many cases, there are existing reporting processes within your organization to report such concerns or to seek answers. For example, you should be aware of specific methods that already exist within your organization to report concerns regarding behavior that may be, or appear to be, harassment of one sort or another. Because the Corporate Compliance Program seeks to build on these existing processes, you should use them when they are available and appropriate.



Regular channels that may exist within your organization that should be used for assistance with questions and answers include:

- The Human Resources Department (for issues of employment conditions).
- Security (for issues of physical safety, and theft or abuse of property).
- Quality and Patient Safety (for patient care concerns).

For other legal and regulatory concerns, you should follow the established channels within your organization, or contact the Chief Compliance Officer.

We understand that no one resource can answer every question or cover every concern that may arise in the workplace. There may be other sources of help, depending on the situation.

**Remember: Always Seek Knowledge (A.S.K.) The most important thing you can do is to keep asking until you receive a satisfactory answer.**

## F. The Compliance Line

In an effort to provide CHS associates an open line of communication for conditions they believe may be in violation of compliance related rules, regulations and/or laws, CHS has adopted a policy to encourage associates to report potential questionable circumstances.

### It is a three-step process:

1. Report the activity in question to your immediate supervisor or to an appropriate department such as Human Resources.
2. If the immediate supervisor does not address the underlying issue in a way in which you believe fully addressed the concern, then report the matter to a higher level manager.
3. If reporting to the supervisor's manager does not bring closure to the matter, report the matter to the Chief Compliance Officer.

An associate may report a matter they are concerned about directly to the Chief Compliance Officer at any point in the process. The three steps, however, are recommended. The intention of this policy is to create an atmosphere of free, but structured, communication by associates for things they believe are not being handled properly without fear of reprisal at any level of the recommended reporting continuum. Matters may be reported verbally or in writing.

CHS contracts with Compliance Line, a third-party vendor for telephone reporting services to confidentially and professionally answer and record the pertinent information on the issues associates believe should be brought to the Chief Compliance Officer's attention.

### **COMPLIANCE LINE PHONE NUMBER:**

**1 (888) 200-5380**

Please see *Compliance Line - Its Use* for further reference.

(Section V. D. Page 27)



## G. Non-Retribution for Reporting Concerns

All associates, supervisors, physicians and trustees have a duty and responsibility to report, in good faith, concerns about actual

or potential wrongdoing, and are not permitted to overlook such situations. Failure to report actual or potential wrongdoing can result in corrective action. We are firmly committed to a policy that encourages timely disclosure of such concerns and prohibits any action directed against an associate, physician, trustee or volunteer for making a good faith report of their concerns.

Ultimately, it is your duty to report concerns related to governmental rules, laws and regulations and the CHS Code of Conduct. We understand that you may not wish to report concerns if you feel you will be subjected to retaliation or harassment for doing so. No one at any level of the organization is permitted to engage in retaliation or any form of harassment against an associate, physician, trustee or volunteer reporting a concern. Anyone who engages in such retribution is subject to discipline, up to and including dismissal on the first offense. All substantive instances of retaliation or harassment against anyone reporting through the reporting process will be brought to the attention of the Chief Compliance Officer.

This does not mean that associates or others will be shielded from the consequences of doing something wrong simply by reporting their actions, or from the consequences of their actions under employment policies. However, a prompt and forthright disclosure, even if the error was willful, may be considered a constructive action.

## SECTION II

## Standards of Conduct

### A. Code of Conduct

In keeping with the mission and goals of Catholic Health, directors, officers, managers, associates, medical staff, house staff, contractors, volunteers, students and other agents are expected to comply with the following guidelines. This Code of Conduct does not replace sound ethical and professional judgment.

Expectations of all work force members in Catholic Health are to:

#### 1. Uphold Legal and Regulatory Compliance

- Adhere to both the spirit and letter of applicable federal, state and local laws and regulations.
- Refuse offers, solicitations and payments to induce referrals of the people we serve for an item or service reimbursable by a third party payor
- Protect and retain records and documents as required by professional standards, governmental regulations and organizational policies.

#### 2. Promote Ethical Business Conduct

- Deal openly and honestly with fellow associates, customers, contractors, government entities and others.
- Maintain high standards of business and ethical conduct in accordance with the Catholic Health System Mission, directives of the Catholic Church and applicable federal, state and local laws and regulations.
- Document work related activities completely and accurately.
- Conduct business dealings with the best interests of the Catholic Health System in view.





- Ensure compliance requirements regarding billing are monitored and enforced.
- Exercise discretion in the billing of services, incorporating payor guidance.

### **3. Disclose Potential Conflict of Interest**

- Disclose financial interests and/or affiliations or secondary employment with outside entities as required by the Conflict of Interest Statement Policy.
- As requested, complete timely submission of the Conflict of Interest Disclosure Statement.

### **4. Appropriately Use Resources**

- Use supplies and services in a manner that supports financial stability and positive environmental impact.

### **5. Preserve Confidentiality**

- Preserve patient confidentiality within the requirements of the law.
- Maintain confidentiality of proprietary information.

### **6. Exhibit Catholic Health Behavioral Conduct**

- Act with integrity by exhibiting CH value based behaviors in work related activities.
- If applicable, follow ethical standards of respective professional organizations.
- Hold vendors to this same Code of Conduct as part of their dealings with the Catholic Health System.
- Uphold the Non-Retaliation Policy for those who report concerns in good faith.

### **7. Act Responsibly & Be Accountable**

- Accept mission aligned challenges as opportunities for improvement.
- Notify the appropriate person of instances of non compliance and in a timely manner.
- Ensure appropriate corrective action is taken in a timely manner.

All constituents and others affiliated with the Catholic Health System are informed of this Code of Conduct as much as practicable, and sign an Affirmation Statement indicating their adherence to the Code of Conduct.

## **B. CHS Code of Ethics**

The Catholic Health System, through its constituents conducts patient care and other business operations in an ethical and non-discriminatory manner consistent with the mission, vision, values, strategic plan and Administrative policies.

The Catholic Health System has adopted a Code of Ethics as an expression of its identity as a Catholic Healthcare Organization and on behalf of the people it serves. A general framework for this code can be found in the Ethical and Religious Directives for Catholic Health Care Services, the codes of ethics of the various professional groups working within the Catholic Health System, applicable state and federal laws, as well as other documents. Specific guidelines for the code, which are summarized below, can be found in the above mentioned documents as well as in the following documents: quality of care, patient and associate rights policies, billing policies; marketing policies; admission, transfer, and discharge policies; conflict of interest and other policies. Also addressed in this code are procedures that should be followed in the event ethical conflicts or uncertainties arise.



## 1. Quality of Care

Policies support the commitment of the Catholic Health System to provide quality of care and services necessary to attain or maintain the highest practicable physical, mental and psychosocial well-being. Appropriate and sufficient treatment and services will be provided to address the needs of the people served. Patients may only receive care that has been ordered by a Physician or qualified practitioner with established clinical privileges. The Catholic Health System will establish and implement policies and protocols related to the quality of care and perform ongoing evaluations of compliance to these policies and protocols.

## 2. Patient Rights and Responsibilities Policies

Policies support the rights of the people we serve to ask and be informed about the existence and nature of the business relationships between the health system, organizations, educational institutions, and other healthcare providers, payors, or networks that may influence treatment and service.

To advance protections for all those we serve, Catholic Health prohibits discrimination of any kind, including but not limited to discrimination based on an individual's race, color, national origin, sex, gender identity and expression, age or disability, pregnancy, childbirth and related medical conditions. In addition, women are to be treated equally with men with respect to the healthcare they receive and individuals are to be treated consistent with their gender identity, including having access to facilities, and may not categorically be excluded or limited to healthcare services due to gender transition. Hard copies of Catholic Health's Non-Discrimination Statement will be posted in public spaces at Catholic Health facilities or offices.

Conspicuously posting the notice on the Catholic Health System Website is also required.

Every effort is made to help the people we serve and their families understand and exercise their rights and responsibilities. The people we serve are the primary decision makers in their own healthcare decisions and, to the extent possible, information regarding diagnosis, treatment, research options, and prognosis is to be provided in the patient's preferred language. Language Service taglines with at minimum, the top 15 languages spoken outside of English in New York State, shall be posted at all Catholic Health locations where patients are seen.

*See policy CHS-CCP-121A Communication Assistance.*

Should a patient believe that Catholic Health in any way has failed to provide services or discriminated in another way, a patient may file a grievance with:

**Chief Compliance Officer**  
**144 Genesee Street, 6th Floor-West, Buffalo, NY 14203**  
**Office: (716) 821-4471 Fax: (716) 821-4460**  
**E-Mail: [ComplianceOffice@chsbuffalo.org](mailto:ComplianceOffice@chsbuffalo.org)**

The Chief Compliance Officer will have the right to delegate the grievance to a site representative.



Outpatient, rehabilitative and ancillary services for the people we serve also safeguard their respect, dignity, autonomy, positive self-esteem, and civil rights, and assure their involvement in all aspects of care. This safeguarding of the involvement of the people we serve includes taking account of their perceptions of their strengths, weaknesses, resources, and relevant demands of their environment(s) both within and without the healthcare setting.

### **3. Developing New Services or Acquiring New Technologies, and for Newly Constructed or Altered Facilities**

The Catholic Health System provides those services that are compatible with its mission and values. New services and technologies are evaluated on the basis of criteria related to this mission and these values. The following criteria are also used to evaluate new services and technologies: safety, efficacy, efficiency, cost, experience, availability from other sources, number of individuals who benefit, and the effect on the Catholic Health System's ability to provide other needed services as well as the competence and qualifications of the staff required to provide those services or technologies in question.

For individuals with disabilities, Catholic Health System will make all programs and activities provided through electronic information technology accessible; ensure the physical accessibility of newly constructed or altered facilities; and provide auxiliary aids and services to individuals with disabilities.

### **4. Associate Rights Policies**

It is the policy of the Catholic Health System to value associates, their well-being and their satisfaction; to respect the differences and diversity of its associates; and not to discriminate on the basis of race, color, religion, sex, pregnancy, gender identity and expression, national origin, age, veteran status or disability. The Catholic Health System fosters an organizational culture that encourages open communication, without fear of retaliation. Each associate has the right to work in an environment free of harassment and disruptive behavior.

### **5. Billing Policies**

The Catholic Health System ensures that the people we serve and third party payors are billed only for medically necessary services actually provided and duly documented. Policies are established and mechanisms are implemented to help ensure that the people we serve are billed only for those services and care provided. It is also policy that the Catholic Health System will bill all payors in compliance with all federal and state rules and regulations.

### **6. Marketing and Public Relations Policies**

The Catholic Health System fairly and accurately represents itself, its services, and its capabilities to the public. Marketing practices recognize the dignity of the person, freedom of speech and assembly, and the importance of freedom of the press. Marketing materials accurately reflect those services available, the level of licensure and accreditation in place, and comply with applicable laws and regulations governing truth in advertising and non-discrimination under the Public Health Service Act, the Rehabilitation Act of 1973, and other applicable state and federal laws and regulations. Marketing associates use their best efforts to adhere to the Code of Professional Standards as adopted by the Governing Assembly of the Public Relations Society of America. Marketing practices or benefits designs that discriminate on the basis of disability or other prohibited bases are not allowed.



## 7. Admission, Transfer, and Discharge Policies

Admission, transfer, and discharges are conducted in an ethical manner and in accordance with applicable local, state and federal regulations. Admission, transfer, and discharge policies are based on the need of the individual person and the ability of the Catholic Health System to meet that need. *See Policy RSK-006 Patient Transfers (EMTALA/Cobra).*

## 8. Procedures when Ethical Conflicts of Interest or other Issues Arise

It is recognized that ethical conflicts may arise when people who are trying to do right or realize good, either disagree or are uncertain about what constitutes the appropriate, right or good. The Catholic Health System's Ethics Committee has processes to resolve such conflicts. *Also see policy HR-050-Managing Associate Ethical Conflicts for additional guidance.*

## C. Ethical Decision Making

The goal of the CHS Corporate Compliance Program is to help provide guidance for you in making ethical and professional business decisions. Use this model when you face choices or situations that make you uncomfortable. It will help you gather facts and reach a decision.

### Think about the situation objectively...

- Clearly understand the situation.
- Know the facts.
- Identify the real issues.

### Recognize and analyze motivations...

- If the situation bothers you, ask yourself why.
- Consider the other party's motivations.

### Understand CHS's policy and the laws that apply...

- Consider all the options.
- Review the Standards of Conduct and System or local policies.
- Know where and when to ask for help.

### Satisfy the "headline test"...

- Ask yourself if you would feel comfortable seeing your action reported in the news.
- Think about how your family and co-workers would feel about your decision.
- Consider the effect of your decision — on CHS, your patients, your family and on yourself.

### Take responsibility for your actions...

- Make an appropriate decision and act on it.
- Remember, you are accountable for the outcomes of your decisions.



## D. Integrity

We, at CHS are called to PROMOTE the STANDARDS of INTEGRITY and ETHICS.

Essentially this means that we say what we mean and do what we say we will do. We will communicate openly and honestly, and behave ethically in all relationships with co-workers and those we serve. We treat others as we expect to be treated, and demand the best of ourselves. We each represent CHS and accept shared responsibility for our programs, actions and decisions.

### Associates with integrity...

- Follow through; do what they say they will do; are consistent.
- Consistently accept responsibility for actions.
- Are open, honest and aboveboard in interactions with others. Are up-front and truthful, forthright with thoughts and feelings.
- Consistently stand up for what they believe is ethically right.
- Maintain confidentiality.
- Tell it like it is.
- Adhere to clear, ethical personal and professional standards.
- Are exemplary in thought and action.
- Demonstrate commitment to job (through punctuality and consistent attendance).
- Share information with others, encourages exchange of ideas and viewpoints.
- Give superiors honest and accurate information and reports.
- Are unfailingly committed to maintaining quality health care and garnering the trust of others, including patients.
- Refuse to follow orders that might jeopardize the health or safety of others.
- Consistently encourage others to pay strict attention to issues of safety and quality.

## E. Responsibilities of Managers/Supervisors

Managers/supervisors will receive ongoing educational opportunities and training to help them manage their additional obligations to assist their work teams in following the Standards of Conduct. The annual evaluation of supervisors will reflect their efforts to support the CHS Corporate Compliance program.

Managers/supervisors are to seek to identify potential compliance risks and topics to monitor for their respective departments. Managers/supervisors should routinely familiarize themselves with the Standards of Conduct and with their organization's policies and procedures.

In addition, managers/supervisors receiving questions and concerns from associates should keep in mind these key areas of responsibility:

1. Prompt attention to the matter.
2. Ability to secure accurate information.
3. Commitment to provide follow-up to the associate.
4. Provide an environment that supports non-retaliation of concerns reported in good faith.



Promotion of and adherence to Corporate Compliance policies and other requirements is incorporated into each job description and is a factor in the performance evaluations of all associates including supervisors and managers. All managers and supervisors will be held accountable for and subject to corrective action for failure to adequately:

1. Discuss with all supervised associates and relevant contractors the compliance policies and legal requirements applicable to their job function.
2. Inform all supervised personnel that strict compliance with these policies and requirements is a condition of employment.
3. Disclose to all supervised personnel the consequences for violation of these policy requirements.

## SECTION III

## Clinical Matters

### A. Quality Care

Provide the right care at the right time in the right place. We are dedicated to providing appropriate, high quality care to our patients in the proper setting. Skilled and compassionate care throughout the term of treatment and recovery is essential to ensure the best outcome for our patients.

- Admit or provide other treatment only for those patients whose physicians have determined require our service.
- Perform only services that the facility is licensed to provide.
- Comply with all regulations related to the transfer of patients.
- Perform only those services for which you are qualified.
- Provide care in accordance with all established protocols.
- Always comply with federal and state laws (COBRA/EMTALA) concerning treating patients with emergency conditions. Understand that all patients arriving at the Emergency Department will receive a medical screening.
- Ensure all patients receive appropriate discharge planning.
- Always maintain the highest level of confidentiality with regard to patient records and knowledge handled by you on behalf of the patients and families you serve.
- Appropriately chart and document all care rendered to a patient.
- Ongoing audits and reviews of billing practices will be conducted to ensure that accurate and appropriate bills are submitted to Medicare, Medicaid, and other government programs and insurers for services provided.

### B. Communication Assistance Program

All CHS entities will identify and offer interpretation services free of charge to our patients of limited English proficiency. This means that any limited English speaking patient who presents to our entities will have access to interpretive services 24 hours a day, seven days a week for provision of care. Language assistance will be offered at registration or at the beginning of the provision of services and is also available to the deaf or hard of hearing. Hospital visually impaired patients will be offered enlarged print at pre-registration and upon presentation of a discharge plan.



## C. Patient Confidentiality/HIPAA

Health Insurance Portability Accountability Act, "HIPAA" was signed into law in 1996.

Associates are only allowed to access, acquire, use or disclose the minimum amount of individually identifiable health information (Protected Health Information - PHI) necessary for treatment, payment, healthcare operations as related to job function. Associates have a duty to safeguard protected health information. For additional information on HIPAA, refer to CHS policies.

Violation of patient confidentiality (HIPAA) impacts quality care and a patient's rights. Associates risk criminal penalties, civil penalties and termination of employment for not adhering to HIPAA policies.

## SECTION IV

## Corporate Policies

### A. Conflicts of Interest

We have the responsibility to act in the best interests of our organization and be fair in making business decisions. To maintain our professional judgment, we need to avoid situations that lead to actual or perceived conflicts of interest. A conflict of interest exists when an outside activity or relationship appears to influence an associate's decision-making process.

Avoid the following situations which have the potential of being conflicts of interest:

- Secondary employment by a competitor or potential competitor of CHS, regardless of the nature of employment.
- Acceptance of gifts, payments or services from outside vendors doing or seeking to do business with CHS.
- Directing business to a company in which there is a financial interest held by an associate or their family.
- Owning or holding a financial interest in a company that is a competitor, vendor or supplier of CHS.
- Performing consulting services for a customer, vendor or supplier of CHS

Disclose any potential conflicts of interest. Consult your supervisor or the Chief Compliance Officer for clarification of the above any time you're in doubt.

#### Q. May associates conduct personal business on company time?

- A. We all occasionally need to make incidental calls for personal reasons during work hours. Such calls need to be limited in number and duration so as to not inappropriately interfere with your work on behalf of your organization. You should not use company telephones, faxes, pagers or other electronic communications devices for outside employment or business under any circumstance.



**Q. May I accept an invitation from a vendor representative to attend a sporting event?**

A. Caution must be exercised in accepting such gratuities. You should be careful about gifts of more than nominal monetary value. Others might think those gifts motivate your decisions rather than the business interests of the organization. If you receive or have concerns regarding the offer of any such gifts, you should immediately inform your supervisor.

**Q. I recently heard in the cafeteria a member of the nursing staff discussing the medical condition of a local celebrity who was being treated in our organization. I believe such a discussion is in violation of our organization's confidentiality policies. What should I do?**

A. Celebrities, like the rest of us, are entitled to have their health status kept confidential. Such conversations are contrary to our policy as well as certain professional codes of ethics. If you know the nurse well, you may be able to discuss this matter with him or her. Such a situation should also be brought to the attention of the appropriate nursing supervisor. If you do not feel that you can do either of these things, use the reporting guidance recommended in the Compliance Line section of this booklet (Section I.F.) or contact the Compliance Office directly.

## **B. Fraud and Abuse**

It is the policy of CHS and its member organizations to comply in all respects with Medicare and Medicaid fraud and abuse laws. The offer or exchange of money, goods or any other thing of value in return for patient referrals is prohibited. The same law also prohibits enticing patients or other customers to use or purchase an item or service that is paid for by Medicare or Medicaid by offering something else of value to them. Neither CHS member organizations nor physicians may influence a patient's healthcare choices for financial gain.

### **Specifically, fraud and abuse laws prohibit the following:**

- The offer, acceptance or solicitation of direct, indirect or disguised payments, gifts or other things of value in exchange for the referral of patients.
- The submission of false, fraudulent, incomplete or misleading claims to any government entity or third-party payor, including claims without a physician order, claims for services not rendered, claims that represent the service differently than the service actually rendered, or claims that do not otherwise comply with applicable program or contractual requirements.
- False representations to any person or entity to gain or retain participation in a program or to obtain payment for any service.
- Ensure physician agreements and contracts do not include any language specifying that patient referrals must remain within our health system. Physicians are free to refer patients to any person or entity they deem appropriate.
- Do not pay patients.
- Refer patients based on medical need, not for financial or personal gain. Matters potentially involving fraud and abuse laws must be referred to the Chief Compliance Officer who will coordinate responses with CHS Counsel for Corporate Compliance issues.





## The False Claims Act - The Law

The Federal False Claims Act (FCA) (31 USC 3729-33) and New York False Claims Act (State Finance Law, Sections 187-194, Article XIII) make it a crime for any person or organization to knowingly make a false record, file or submit a false claim with the government for payment. "Knowing" means the person or organization:

- Knows the record or claim is false, or
- Seeks payment while ignoring whether or not the record or claim is false, or
- Seeks payment recklessly without caring whether or not the record or claim is false, or
- Retains known overpayments.

Under certain circumstances, an inaccurate Medicare, Medicaid, VA, Federal Employee Health Plan or Worker's Compensation claim could become a False Claim. Examples of possible False Claims include someone knowingly billing Medicare or Medicaid for services that were not provided, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality where the government would not pay.

Penalties are severe for violating the Federal False Claims Act. The penalty can be up to three times the value of the False Claim, plus from \$5,500 to \$11,000 in fines, per federal claim or \$6,000 to \$12,000 in fines per NYS claim.

If any associate who knows a False Claim was filed for payment can file a lawsuit (Qui Tam action) in Federal or State Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government's attention.

**Qui Tam Relator (Whistleblower) protections:** If any associate has knowledge or information that any such activity may have taken place, the associate must notify his or her supervisor, contact the CHS Chief Compliance Officer at (716) 821-4471 or call the Compliance Line at 1-888-200-5380. Information may be reported anonymously. In addition, federal and state law and our policy prohibit any retaliation or retribution against persons who report suspected violations of these laws to law enforcement officials or who file Qui Tam (whistleblower) lawsuits on behalf of the government. Anyone who believes that he or she has been subject to any such retribution or retaliation should also report this to the Chief Compliance Officer or Compliance Line.

CHS will investigate any allegation of retaliation against a colleague for speaking up, and will protect and/or restore rights to anyone who raised a genuine concern.

**Our Promise:** Our colleagues work hard to ensure that every claim for payment for the care we provide is correct and accurate, so that we do not violate the law, or break the trust we maintain with our patients and communities.



## C. Billing

We are required to bill only for services and items that have been duly provided and appropriately documented. It is our policy to bill all payors in compliance with all regulations. Accordingly, we will perform the following:

- Adhere to all CHS billing policies.
- Never mislead a payor or patient.
- Make sure that all services and products provided have been properly documented.
- Document and correct all billing errors.
- Disclose billing errors in coordination with the Chief Compliance Officer.
- Implement corrective procedures to ensure that errors are not repeated.
- Maintain accurate data collection and billing systems and policies.
- Maintain competency and keep up-to-date with current billing and coding issues through ongoing education.
- Complete regulatory filings in a timely and accurate fashion.
- Ensure data provided to governmental agencies and other third-party payors fairly represents actual activity.

## D. Physician Agreements

We are committed to providing quality patient care to our community by maintaining an excellent medical staff. We accomplish this, in part, through our physician recruitment and retention program, which is designed to comply with all applicable regulations, particularly those of the Internal Revenue Service and the Treasury Department. Our tax-exempt status and our participation in federal reimbursement programs (Medicare, Medicaid, etc.) depend on our compliance with these mandates.

Policies with regard to physician agreements include the following:

- Demonstrate and document a community need before recruiting physicians from outside our service area.
- Make sure contracts with all physicians adhere to all applicable guidelines and do not contain payments or considerations that are prohibited.
- Perform appropriate background checks to ensure physicians are in good standing with federally funded healthcare programs.
- Ensure all physician agreements are in writing and adhere to the conditions explained in the section regarding patient referrals.
- Enter into agreements with physicians only if you have the proper authority.



## E. Maintaining Tax-Exempt Status

We are recognized as a tax-exempt organization under the IRD Code 501 C (3). Because of this, we must operate to serve a “public” rather than a “private” interest by making sure that the assets of the organization do not excessively benefit individuals. Additionally, the organization cannot engage in any political activities, such as making contributions or endorsements, or other activities that might be interpreted as favoring any candidate over another. Accordingly, we adhere to the following:

- Make sure that payments for goods and services are at fair market value.
- Question arrangements that seem to allow for:
  - excessive compensation or benefits in an excess of fair market value,
  - payment of personal expenses, and
  - free or reduced prices for rent or other goods or services.
- We are mindful that arrangements with those who can exert influence on the organization, such as officers, directors and physicians, could affect our tax-exempt status.
- We may participate in political activities as an individual, but not as a representative of CHS.  
Don't use CHS resources, funds or time at work for political activities.

Maintaining our tax-exempt status allows us to continue to operate as a community-owned, quality health care organization. If you have a question concerning tax-exempt status, please ask your supervisor or the Chief Compliance Officer.

## F. Discrimination

Our policy and practice is to care for patients and residents and admit persons without regard to race, color, religion, ethnic origin, sex, gender identity and expression, or marital status, and without regard to disability, sexual orientation, age or any other classification prohibited by law.

It is also our policy and practice not to discriminate in any aspect of employment on the basis of race, color, religion, ethnic origin, sex, gender identity and expression, disability, age, or any other classification prohibited by law. *See CHS Policy HR016- PC for the full policy against employment discrimination and harassment.*

No form of discrimination or harassment on the basis of any of the above classifications will be permitted and must be reported as outlined in the CHS policy. Allegations of discrimination or harassment will be promptly and thoroughly investigated in accordance with applicable Human Resources policies. Any person found to have violated the discrimination or harassment policy is subject to discipline, up to and including immediate discharge.

## G. Antitrust

Antitrust laws prohibit agreements between competitors or potential competitors for anti-competitive purposes. Federal and state antitrust laws are complex. When confronted with business decisions involving a risk of violation of antitrust laws, you are required to seek advice from your Chief Compliance Officer who will coordinate responses with CHS Counsel for Compliance matters. In general, follow these guidelines.



Under NO circumstances should you:

- Coordinate or agree on fees, charges or other competitive terms.
- Coordinate or agree on bids to payors or employers.
- Agree not to deal with certain payors or certain patients.
- Agree not to deal with certain vendors and suppliers.
- Agree not to deal with certain physicians or their organizations.
- Agree to negotiate jointly with payors.
- Coordinate wages and salaries for the organizations' staffs.
- Agree to discontinue any services.
- Allocate existing or future services or patients among them.
- Coordinate marketing or strategic planning, including pricing.
- Agree not to compete in any product or service or in any area.

The exchange of competitively sensitive information between competitors and potential competitors can lead to anti-competitive agreements. Under NO circumstances should you exchange sensitive information with others regarding the following:

- Any information relating to current or future fees or charges, or other competitive terms and conditions.
- Any information relating to current or prospective bids or negotiations with payors or other purchasers.
- Any information with respect to compensation or benefits of professional or non-professional staff.
- Any information relating to costs or other financial projections.
- Any marketing or strategic planning information.
- Any plans to discontinue services or to offer new services.
- Any other information that would not be shared with a competitor.

## H. Document Retention

We are committed to the integrity, accuracy and confidentiality of information for the benefit of all we serve. In the normal course of our business, records are created and maintained to comply with legal, regulatory and accreditation requirements. Patients health information, associate information, billing and business documents are all records required to be maintained for periods spelled out in the various organizations' record retention policies and guidelines. We shall adhere to the following:

- Maintain quality documents by ensuring their integrity, accuracy, consistency, reliability and validity.
- Do not alter documents or remove unauthorized portions of medical records.
- Make corrections or additions to records in accordance with departmental policy.
- Be knowledgeable of and adhere to patient confidentiality policies.
- Refer all requests for medical information to the Health Information Department.



- Keep information for at least the period specified by the records retention policy or federal regulations. Also, take guidance from other appropriate resources such as JC, AHA, CMS, IRS, New York State Agency for Health Care Administration and Medicare Conditions of Participation.
- Adhere to the approved retention policies of CHS and its member organizations Medical Executive Committee/Medical Council and Governing Body, and the approved patient health information. Consult with the Chief Compliance Officer for defining specific retention policies for other types of information.
- When in doubt about the appropriateness of the release or removal of documents, contact the Health Information Department or Chief Compliance Officer.

## **I. Environmental Laws**

It is the policy of CHS and its member organizations to conduct operations in compliance with environmental laws and regulations. CHS member organizations have established procedures to implement environmental policies. These procedures include those for the handling or disposal of liquid, solid, hazardous, radioactive and infectious waste.

You are expected to be familiar with these procedures, utilize resources appropriately and efficiently, and to recycle where possible or otherwise dispose of waste in accordance with applicable laws and regulations.

## **J. Respecting Copyrights and Licenses**

We will comply with copyright and licensing laws. These laws allow “fair use” of copyrighted material for personal, educational and research purposes. The important factors that determine “fair use” are purpose and character of use, nature of the work, amount to be copied and effect of use on market value of the work.

In order to avoid copyright or license violation:

- Remember that if your reproduction of a work reduces the author’s or publisher’s ability to profit from the work, then you have violated copyright law.
- Purchase, rather than make complete copies of, a periodical or book.
- Get permission from the copyright owner if you have a need to share substantial portions of a work with others.
- Don’t routinely make and distribute copies of articles or newsletters to avoid subscription costs.
- Don’t copy software, unless it states otherwise. Software is licensed to the purchaser with definite restrictions on its use. There is no “fair use” provision regarding software.

Follow these guidelines for electronic media and videos as well as written documents.

## **K. Cooperating with Government Investigations**

It is our policy to cooperate with all government investigations. If you are approached by a person who claims to be an investigator, you should contact your supervisor or the Chief Compliance Officer. Tell whomever you contact that you need guidance about a potential government investigation. The Chief Compliance Officer will verify the investigator’s credentials, determine the investigation’s legitimacy, and assist you in following proper procedures for cooperating with the investigation.



If you are contacted by an investigator, you have the right to be interviewed or to decline to be interviewed. You cannot be forced to give any statement. If you decide to speak to the investigator, you have the right to consult an attorney before each and every conversation. You also are entitled to have an attorney with you during any conversations you may have with investigators. Should you so desire, attorneys representing your organization or CHS are available to answer any questions you may have. If you wish, they will represent you and be present with you during any interview with a government investigator, provided that they determine there is not a conflict of interest in their representing both the organization and you. If you decide to be interviewed by a government investigator you must provide full and truthful information in response to any questions you choose to answer.

In some cases, government investigators, or persons presenting themselves as government investigators, may contact associates outside the workplace. Do not feel pressured to respond until you have first called the Chief Compliance Officer. It is your legal right to contact counsel before responding to an investigator's questions. Calling your Chief Compliance Officer or counsel prior to speaking with an investigator in no way suggests improper conduct.

Never, under any circumstances:

- Destroy or alter any documents or records in anticipation of a request by a government agency or court.
- Lie or make false, incomplete or misleading statements to any government investigator.
- Attempt to persuade another associate, or any person, to provide false, incomplete or misleading information to a government investigator or to be uncooperative with a government investigation.

Should a government investigation result in a subpoena or other written request for information such as a Civil Investigative Demand, you must contact the Chief Compliance Officer or other designated person immediately before responding to the subpoena or written request.

Government investigations are a fact of life in today's business environment, and procedures for cooperating with these investigations may be complex. While CHS member organizations will cooperate with all government investigations, you must obtain prior guidance from the Chief Compliance Officer before responding to those requests. If such an investigation includes a request to review the tax-exempt organization tax returns, specific rules governing the disclosure of those returns may apply. The Chief Compliance Officer should be advised of all such requests.



### A. Frequently Asked Questions

**Q. What do I do if I believe that others are violating the “Code of Conduct?”**

A. In many instances, we can simply remind one another of the Code of Conduct. However, if you believe that the possible violation is such that a reminder to your colleague is not appropriate or if you have reminded a colleague previously but the same violation continues to occur, then you should inform your supervisor. As always, if these approaches do not result in an improved situation, you should refer to and use the three step process. Remember that the non-retaliation policy protects you from any retaliation as a result of your good faith pursuit of such issues.

**Q. I’m afraid I will lose my job if I tell someone about a situation in my department. How can I be sure that this Compliance Program will protect me?**

A. CHS and its member organizations are committed to protecting the job security and promotion opportunities of persons who in good faith, report violations of the Standards of Conduct. This commitment to non-retaliation goes to the very heart of the Corporate Compliance Program. If you believe you have been harmed as a result of reporting violations of the Standards, contact the Chief Compliance Officer or call the Compliance Line.

**Q. I think I may have done something wrong. What should I do? Will I get in trouble?**

A. Generally, you should use the three step process that begins by using existing reporting policies, including informing your supervisor. While self-reporting does not mean that you will be exempt from all consequences, it is generally true that a prompt and forth right disclosure will be considered a positive action.

**Q. Do I really have to follow every one of the safety requirements? Some of them seem unnecessary and time consuming.**

A. Yes. Failure to do so might put you, your fellow workers, patients or residents at risk. If you have concerns about such requirements, discuss them with your supervisor.

**Q. What can I do about someone disposing hazardous and infectious material in the regular trash can?**

A. If you think the person will not take offense, simply remind him or her of the correct manner in which hazardous and infectious material needs to be disposed and request that he or she follows the proper procedure. If you believe that such an approach would lead to an argument or simply be dismissed, bring the matter immediately to the attention of your supervisor. This is important. The hazardous and infectious material should be removed from the regular trash can and properly disposed of before any persons come in contact with it.



- Q. I have noticed that a male technician has been very “friendly” with his female co-workers in the department. There’s a lot of touching even with patients around. I don’t think this is appropriate. What should I do?**
- A. This is clearly a matter that should be addressed through existing procedures, such as your organization’s sexual harassment policy, or by contacting your supervisor. If you’re not satisfied with your supervisor’s response, or if you feel you cannot approach your supervisor on such an issue, use the next step of the three step process.
- Q. I have been asked to bill an insurance company for services we did not provide. I know this is wrong, but my supervisor doesn’t seem to care. Who can I talk to?**
- A. Make sure you have made a good faith effort to discuss the issue with your immediate supervisor. He or she should be able to verify that, in fact, the service was provided and should be billed, or that it was not provided and should not be billed. If, after such a conversation, you honestly believe your supervisor is requiring you to create a bill for services that were not provided, you must follow through the rest of the three step process. The organization’s policies prohibit the submission of fraudulent bills to any payor. Keep in mind that it is your duty to report such instances and your good faith efforts to report such policy violations are protected by CHS’s policy of non-retaliation for reporting.
- Q. Our organization has been previously notified by Medicare of certain inappropriate billing practices. My supervisor told me not to worry and to continue with our past practices. I am concerned. What are my responsibilities here?**
- A. As in the example above, you should first discuss the issue with your immediate supervisor and remember to use the three step process. CHS is committed to a policy of billing Medicare and other payors in full compliance with all applicable regulations.
- Q. My department provides services to other departments within the organization. Occasionally, I am asked to provide these similar services to physicians on the medical staff. I’ve never been told to bill for these services. Should I be concerned about the need to charge the physicians for such services?**
- A. Yes, you should be concerned about such a practice. The provision of such services may present tax and legal issues that need to be considered. You should bring this matter to the attention of your supervisor. If you are not comfortable doing so, again continue to the next step of the three step process.
- Q. Who would be considered a Limited English Proficiency (LEP) patient?**
- A. An individual who is hearing impaired or whose primary language is not English and cannot speak, read, write or understand the English language at a level sufficient to permit such patient to interact effectively with healthcare providers.
- Q. Who do I contact if I have questions regarding the Communication Assistance Program?**
- A. You may contact your patient representative or nursing supervisor at your respective facility.





## B. Ask Yourself

The following questions may assist you as you study and reflect upon the Code of Conduct and your ethical, professional and legal responsibilities:

- Would I be comfortable telling my family about my actions or having my actions described on TV or in the newspaper?
- Are current suppliers, vendors, customers, or competitors involved in any way with my outside activities?
- Could my offer of a business courtesy, or the acceptance of a business courtesy I have been offered, prove embarrassing to our organization or the recipient?
- Will other vendors or suppliers get the impression that they must provide similar business courtesies to me in order to obtain our organizations' business?
- Am I keeping my supervisor fully informed about the business courtesies I am being offered? Do I feel a reluctance to discuss this subject with my supervisor?
- Will my personal use of resources result in added costs or any other disadvantage to our organization by others for my personal gain or advantage?
- Am I using our proprietary information or proprietary information entrusted to our organization by others for my personal gain or advantage?
- Am I agreeing to terms that are "too good to be true?"
- Is it legal?
- Is it fair to all concerned?
- Is there enough privacy here to discuss this?
- Will I sleep soundly tonight?
- Is "this" the RIGHT THING TO DO?

## C. Watch for Warning Signs

- "No one will ever find out."
- "I don't have time to document this."
- "We can get paid more if we do it this way."
- "Do you know what I found out about that person's medical record?"
- "This conversation never happened."
- "What's in it for me?"
- "Just do it now and I'll explain later."
- "Let's find out why that associate is a patient."
- "Have you heard that we have a celebrity here?"
- "No one said I couldn't do this."
- "It's not my job to tell them this is happening."
- "I don't care if it's not exactly right."
- "Who cares about the patient or resident?"
- "Everyone else is doing it."



## D. COMPLIANCE LINE...ITS USE

### Q. What kinds of violations should I report?

- A. Sometimes associates, acting in good faith, make errors or mistakes. These behaviors must be reported because of potential consequences for our organization. You should report any instance in which you are aware of behavior that may be illegal or that violates our standards of conduct. The following are examples of violations or suspected violations that should be reported:
- Discrimination/harassment.
  - Dishonest communication.
  - Violations of patient/associate confidentiality.
  - Inappropriate gifts, entertainment and gratuities.
  - Stealing or misuse of assets.
  - Fraud, abuse or false claims.
  - Environmental, health and safety issues.
  - Improper lobbying/political activity.
  - Improper use of proprietary information.

### Q. What happens when I call the Compliance Line?

- A. Your call to the Compliance Line is answered by a trained communications specialist who takes notes as you describe your concern. Questions may be asked of you to gather additional information. At the close of the call, you will receive a unique identification number and a specific date to call back to check on the status of your concern.

### Q. Do I have to give my name?

- A. NO. Calls to Compliance Line are not taped or traced, and callers do not have to provide their name or any other identifying information. However, an investigation can be limited by the information provided if the caller chooses to remain anonymous. Should a caller choose to reveal his/her name, it will be held in confidence to the fullest extent practical or allowed by law.

### Q. What if I don't know all of the details?

- A. You can report anything that concerns you. Even if your information is incomplete, it could help keep a serious situation from developing.

### Q. Do I have to call during business hours?

- A. NO. The Compliance Line is available to take your call any time of the day or night, any day

### Q. What happens after I call?

- A. The communication specialist prepares a confidential report based on the information you provide. The report is forwarded to the Chief Compliance Officer for review, investigation and appropriate, corrective action. The results of the investigation will be provided to the communications specialist so they may be given to you during your follow-up call.



CHS is obligated to also extend the same confidentiality to any individual who may be named in the call; therefore, the caller may not be able to be informed of specific actions taken to investigate or address the caller's concerns regarding a fellow associate. However, they will receive a response. It is the investigator's responsibility to maintain anonymity and confidentiality of reported matters and the reporting individual.

**Q. Will I suffer retaliation from my organization for making a report?**

- A. NO. You should feel comfortable providing information about possible legal or ethical violations to the Compliance Line without fear of retribution. Our organization will not support retaliation against you, when in good faith, you provide information to the Compliance Line. Remember to use the three step process when reporting a matter of concern. (Section I.F. The Compliance Line).

### SECTION VI

### Conclusion

You are a vital link in ensuring the integrity of CHS and its member organizations. The Corporate Compliance Program builds upon member organizations' past efforts to set standards for business and clinical conduct, creating a unified initiative throughout CHS.

As you study the Organizational Compliance Program and the Code of Conduct, please keep in mind the following key points:

1. CHS's mission and values commit us to personal and organizational integrity.
2. The Corporate Compliance Program is rooted in our mission and heritage of acting with integrity. It equips us to deal with the growing complexity in the ethical, professional and legal requirements of healthcare delivery.
3. The Corporate Compliance Program is an ongoing initiative - a journey, not a destination. It is designed to foster a supportive organizational culture, provide standards for business/clinical conduct and offer educational opportunities.
4. The success of the Corporate Compliance Program depends largely on our personal and organizational commitment to integrity. We face significant challenges in healthcare today and the stakes are high. One mistake or even a perception of wrong-doing could tarnish our reputation for integrity and trigger a government investigation.
5. When you have concerns regarding the appropriateness or legality of any practices you observe in CHS, contact your supervisor, the appropriate department, or the Chief Compliance Officer. Failure to report actual or potential compliance concerns can result in corrective action against an associate. However, by complying with your duty to report be assured that you may do so without fear of reprisal.
6. It is your responsibility to study the information you receive about the Corporate Compliance Program, as well as the Code of Conduct, and to comply with your ethical, professional and legal obligations.
7. Use the Code of Conduct and other information provided to guide you in doing the right things for the right reasons. No one is permitted to engage in retaliation or harassment against anyone asking questions or reporting a concern. **Remember: The most important thing you can do is to keep asking until you receive a satisfactory answer.**



# Compliance Commitment

*I understand the CHS Corporate Compliance Plan.*

*I will implement the Compliance Program's Code of Conduct principles throughout my association with the Catholic Health System.*

*I agree to comply with all federal and state laws, rules and regulations governing the Catholic Health System. I recognize my responsibility to remain knowledgeable about compliance standards.*

*I understand that I must acknowledge my commitment to compliance on an annual basis.*

*I understand it is my obligation to report potential or actual non-compliant concerns that come to my attention.*

*I understand that the Catholic Health System has a non-retaliation policy for reporting compliance concerns in good faith.*

**Thank you for doing your part to maintain the integrity of  
the CHS member organizations and for renewing  
your commitment to excellence.**

If you are aware of any non-compliant activities within the Catholic Health System, please notify your Supervisor, the Chief Compliance Officer at (716) 821-4471, or call the Compliance Line at 1 (888) 200-5380.



# Compliance Questions & Reporting Non-Compliance Concerns

## **If you ...**

have questions about the Code of Conduct,  
need advice about how to handle a difficult ethical situation at work,  
suspect an issue raises compliance concerns...

Speak with your manager

Contact the Chief Compliance Officer  
at (716) 821-4471

-- or --

Call the 24-Hour

**Corporate Compliance Line**

# 1-888-200-5380

All calls are confidential.



## **Our Mission** **Why we exist**

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We are called to reveal the healing love of Jesus to all.

## **Our Vision** **What we are striving to do**

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As a trusted partner, inspired by faith and committed to excellence, we will lead the transformation of healthcare and create healthier communities.

## **Our Values** **What we believe in**

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Reverence  
Compassion  
Integrity  
Innovation  
Community  
Excellence