



MediGold
Medicare made *easy*®

**First Tier, Downstream, and
Related Entity (FDR)
Administrative Manual**

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Section 1: How to Contact Us

**Mount Carmel Health Plan, Inc. (MCHP)/
Mount Carmel Health Insurance Company (MCHIC)
MediGold**

6150 East Broad Street, EE320

Columbus, OH 43213

www.MediGold.com

Main Telephone Number: (614) 546-3100

TTY Telephone Number for Deaf and Hard of Hearing: 711

Main Fax Number: (614) 546-3136

Toll-Free Out-of-Area Telephone Number: (800) 240-3851

Compliance:	614-546-3206 (phone) 614-234-8372 (fax)
Provider Services:	800-991-9907 (phone) 614-546-3136 (fax)
Medical Management:	800-240-3870 (phone) 614-234-8672 (fax)
Member Services:	800-240-3851 (phone) 614-546-3108 (fax)
Member Grievance and Appeals:	888-898-6129 (phone) 614-546-3132 (fax)
Quality Management:	614-234-9072 (fax)
Integrity Hotline:	866-477-4661 (phone)

SECTION 2: MOUNT CARMEL HEALTH PLAN (MCHP)/MOUNT CARMEL HEALTH INSURANCE COMPANY (MCHIC) MEDIGOLD OVERVIEW

Introduction

Mount Carmel Health Plan, Inc. (MCHP)/Mount Carmel Health Insurance Company (MCHIC) is a State-licensed, not-for-profit Health Insuring Corporation (HIC) that is owned and operated by Mount Carmel Health System, Inc. and is contracted with the Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare Advantage (“MA”) program. Through this contract, MCHP offers its MediGold products to Medicare beneficiaries.

MCHP/MCHIC and MediGold will be used interchangeably throughout this Manual.

The Medicare Advantage Program

On December 8, 2003, President George W. Bush signed into law the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003. This landmark legislation provides seniors and people

living with disabilities a prescription drug benefit, more choices and better benefits under Medicare, the most significant improvement to senior health care in nearly 40 years. The MMA regulations, enacted by Congress, implemented changes which increased the availability and stability of Medicare managed care options. The Medicare Part D regulations implemented the Medicare prescription drug benefit which is explained at length in Section 8. These regulations went into effect January 1, 2006. To continue to participate in the MA Program, MediGold must meet certain regulatory requirements. CMS continually evaluates MediGold’s compliance with the MA regulatory requirements.

Compliance with Policy/Protocol

According to your participation contract, you will comply with and be bound by MediGold’s policies and protocols, including those contained in this Manual. Failure to comply with such policies will be reviewed by MediGold and may result in appropriate action in accordance with your participation contract such as denial of payment, financial penalties, and modifications to your reimbursement or other terms of your agreement with us, or ineligibility to participate in recognition programs. You are not permitted to bill our members for any amounts not paid due to your failure to comply with our policies and protocols.

Section 3: Compliance Program

All Medicare Advantage (MA) organizations are required to adopt and implement an effective compliance program that includes measures to prevent, detect and correct Part C and D program noncompliance as well as Fraud, Waste and Abuse (FWA).

The compliance program must include the following core requirements:

1. Written policies, procedures and Standards of Conduct;
2. Compliance Officer, Compliance Committee and High Level Oversight by governing body;
3. Effective training and education;
4. Effective lines of communication between the Compliance Officer, employees, first tier and downstream entities (FDRs)
5. Well publicized disciplinary standards;
6. Effective system for routine monitoring and identification of compliance risks;
7. Procedures and system for prompt response to compliance issues, including FWA.

Compliance Officer

The MediGold Compliance Officer is responsible for overseeing and monitoring the implementation of the compliance program. As the chair of the Compliance Committee, the Compliance Officer directs MediGold in coordinating internal compliance review and monitoring activities and facilitates the development of policies and procedures that encourage employees and members to report noncompliance and suspected fraud without fear of retaliation. The MediGold Compliance Officer, with the assistance of the Compliance Committee and Legal Counsel, is responsible for the investigation of suspected misconduct with respect to the delivery of health

care services or items furnished to Medicare beneficiaries. Investigations are conducted to the point of resolution and, if necessary, disclosed to the appropriate governmental authorities.

Section 4: MA Relationships with FDRs

Definitions:

The Center for Medicare and Medicaid Services (CMS) defines First Tier, Downstream and Related Entities as the following:

First Tier Entity is any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program. (See, 42 C.F.R. § 423.501).

Downstream Entity is any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit or Part D benefit, below the level of the arrangement between an MAO or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services. (See, 42 C.F.R. §, 423.501)

Related Entity means any entity that is related to an MAO or Part D sponsor by common ownership or control and (1) Performs some of the MAO or Part D plan sponsor's management functions under contract or delegation; (2) Furnishes services to Medicare enrollees under an oral or written arrangement; or (3) Leases real property or sells materials to the MAO or

Part D plan sponsor at a cost of more than \$2,500 during a contract period. (See, 42 C.F.R. §423.501)

Examples of Functions Delegated to FDRs.:

Organization Determinations
Claims Processing
Required Letter Production/Mailings
Credentialing
Appeals & Grievances
Provider Network Contracting and Management
Risk Adjustment Submission
Coordination of Benefits
Customer Service

Requirements Related to FDRs

MA organizations enter into business relationships with entities that they place under contract to perform certain functions that otherwise would be the responsibility of the organization to perform, including management and provisions of services.

The MA organization remains ultimately responsible for all services provided and terms of the contract and otherwise fulfilling all terms and conditions of its contract with CMS regardless of any relationships that the organization may have with entities, contractors, first tier or downstream entities.

CMS holds MA organizations accountable for the failure of FDRs to comply with Medicare program requirements.

MA organizations may not delegate compliance program administrative

functions (compliance officer, compliance committee, compliance reporting to senior management, but may use FDRs for compliance activities, such as monitoring, auditing and training.

The Compliance Officer must develop procedures to promote and ensure that all FDRs are in compliance with all applicable laws, rules and regulations with respect to Medicare Parts C and D delegated responsibilities. The MA organization must have a process in place to monitor FDRs and are free to choose the method for monitoring their FDRs' compliance with Medicare program requirements. It is best practice to use metrics to assist in observing compliance performance and operational trends.

Real-time, Direct Access to Systems:

Pursuant to 42 CFR §423.505(i)(1), a Part D sponsor is responsible for all activities under the contract with CMS, regardless of whether those activities are performed by a delegated entity under contract with the sponsor. CMS does not believe that it is possible for a sponsor to fulfill its monitoring and performance obligations without real-time, direct access to systems that adjudicate claims, process appeals and grievances, and perform other critical functions. MediGold has the right to real-time, direct access to these critical systems in order to perform its responsibilities under its contract with CMS.

Section 5: Monitoring and Auditing FDRs

Because Medicare program requirements apply to FDRs, MediGold must monitor and audit FDRs to ensure compliance with all applicable Federal and State laws, rules and regulations. Onsite audits may be conducted when deemed appropriate by the Health Plan as the result of a high risk assessment, tracking and trending of member complaints related to access, service and care provided and performance metrics below Plan standards.

FDRs that conduct their own audits should provide a summary of the audit work plan and results that relate to the services the FDR performs for MediGold.

When noncompliance with CMS regulations occurs by the FDR, a corrective action plan will be requested by MediGold. Monitoring and auditing will continue after the corrective action plan has been implemented to ensure the actions taken have corrected the issue(s).

Compliance and Fraud, Waste & Abuse Training

CMS requires Medicare Advantage Plans like MediGold to provide training related to compliance with applicable Federal and State laws, rules and regulations as well as Fraud, Waste and Abuse. FDRs must complete general compliance and FWA training modules located on the CMS Medicare Learning Network (MLN) or they may incorporate the content of CMS standardized

training modules into their own compliance and FWA training but it must include the CMS content without modification. In both cases, MediGold must be able to demonstrate training has been completed by FDRs and their employees. It is expected that FDRs provide documentation or attestations of training conducted by the FDR. Information regarding Compliance and FWA training can be found at <http://www.medigold.com/providers>. MediGold will accept either the MLN system generated certificate of completion or an attestation confirming that the FDR has completed the appropriate compliance and FWA training.

Supporting documentation must be maintained for a period of ten years and evidence of training must be available to be furnished upon request.

Lines of Communication

MediGold's Compliance Officer (CO) is responsible for having an effective way to communicate information to and from the CO for compliance questions and guidance, potential compliance issues and fraud, waste and abuse.

MediGold's Compliance Officer contact information:

Larry Pliskin
Compliance Officer
6150 E. Broad Street, EE320
Columbus, Ohio 43213
(800)-240-3851
Larry.Pliskin@mchs.com

Fraud, Waste and Abuse (FWA) and OIG Exclusion Screening

MediGold uses analysis of claims and other data to detect and prevent FWA,

identify unusual patterns suggesting potential errors, outlier behavior, over/under-utilization and billing practices.

MediGold conducts monthly reviews of the Department of Health and Human Services (DHHS) Officer of Inspector General (OIG) and General Services Administration (GSA) exclusion lists to ensure no federal funds are used to pay for services, equipment or drugs provided by a provider, supplier, employee or FDR on the OIG/GSA lists.

As a contracted sponsor, FDRs are to perform a check of the OIG and GSA exclusion lists to ensure that its employees, volunteers, Board of Director members, and contractors are not excluded to participate in a federally funded program. Checks are to be performed prior to hire and on an ongoing monthly basis. FDRs are to maintain evidence that the required checks have been performed.

Potential Noncompliance or FWA

Procedures are in place at MediGold to promptly address noncompliance and potential FWA issues as well as reporting identified issues to appropriate authorities through the compliance program. FDRs are responsible for implementing corrective actions when noncompliance is detected. Corrective action plans will be monitored by MediGold to ensure that changes made have effectively corrected the problem.

Notify MediGold's Compliance Officer immediately for any of the following situations:

- A provider billing inappropriately, such as billing for services not rendered or falsifying ICD-9 and/or CPT codes;
- A member intentionally allowed others to use his/her MediGold member ID card to obtain services, supplies or medications from the Plan or any authorized Plan provider;
- Suspicion that someone is using another MediGold member's ID card;
- Evidence of a member knowingly providing fraudulent information on his/her enrollment form that would affect the member's eligibility in the Plan.

CMS requires MediGold, as one of its contractors, to report suspected fraud. Failure to forward records that substantiate services rendered may force MediGold to consider this action.

HIPAA

Health Insurance Portability and Accountability Act (HIPAA) Privacy Rules permit disclosure of protected health information (PHI) without a patient's authorization when the information is necessary to carry out treatment, payment or health care operations. When Medicare Beneficiaries enroll in MediGold, they are informed of MediGold's use of their PHI to carry out health care operations. Through the MediGold Business Associate Agreement in place, FDRs must ensure the protection of MediGold members' PHI. Your cooperation is a legal obligation as outlined in the Social Security Act, the law governing Medicare (Section 1842).

MediGold

Policy/Procedure: Compliance Officer

Purpose: To provide a process to establish a designated Compliance Officer, vested with the day-to-day operations of MediGold's compliance program.

Policy: It is the policy of MediGold to meet the requirements set forth in 42 CFR § 422.503(b)(4)(vi)(B), 423.504(b)(4)(vi)(B) by implementing a designated compliance officer for both Medicare Part C and Part D.

Procedure:

1. MediGold's Compliance Officer (CO) is the person to define the compliance program structure, educational requirements, reporting, and complaint mechanisms, response and correction procedures, and compliance expectations of all personnel and First Tier, Downstream, or Related Entities (FDRs). The CO is:
 - a. A full-time employee;
 - b. Dedicated only to Medicare Part C and D business;
 - c. Employed by MediGold;
 - d. Able to directly report to the Board of Directors;
 - e. Responsible for the implementation of the compliance program.

2. The Compliance Officer duties include:
 - a. Oversight of the compliance program and compliance issues;
 - b. Awareness of daily business activity by interacting with operational units;
 - c. Creating and coordinating educational training programs to ensure Plan's Senior Leaders, Board of Director members (BOD), managers, employees, FDRs and other individuals are knowledgeable about the compliance program, written Standards of Conduct (SOC), compliance policies & procedures, and all applicable statutory and regulatory requirements;
 - d. Recommending policy, procedure and process changes;
 - e. Developing strategies to promote compliance and the detection of any potential violations;
 - f. Reviewing or delegating the responsibility to review the submission of data to the Center of Medicare and Medicaid Services (CMS) to ensure that it is accurate and in compliance with CMS reporting requirements;
 - g. Interviewing or delegating the responsibility to interview Plan's employees and other relevant individuals regarding compliance issues;
 - h. Developing and implementing methods and programs that encourage managers and employees to report Medicare program noncompliance and potential Fraud, Waste and Abuse (FWA) without fear of retaliation;
 - i. Establishing lines of communication that are accessible to all and allow compliance issues to be reported. This includes a method for anonymous and confidential good faith reporting of potential compliance issues as they are identified;
 - j. Maintaining documentation for each report of potential noncompliance or potential FWA received from any source, through any reporting method;
 - k. Reducing or eliminating Medicare Parts C&D benefit costs due to FWA;
 - l. Ensuring the Department of Health and Human Services (DHHS), Office of the Inspector General (OIG) and General Services Administration (GSA) exclusion lists have been checked with respect to all employees, BOD members, FDRs, monthly and coordinating resulting personnel issues with Human Resources (HR), Security, Legal or other departments as appropriate;

- m. Coordinating potential fraud investigations/referrals with the appropriate National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC), including facilitating any documentation or procedural requests that the NBI MEDIC makes of the Plan. CO collaborates with other Plans, Medicaid programs, commercial payers, and other organizations when a potential fraud issue is discovered that involves multiple parties;
- n. Developing a monitoring and auditing work plan that addresses the risks associated with Part C&D benefits;
- o. Ensuring the compliance staff has access to the relevant personnel, information, records and areas of operation under review, including operational areas at the Plan and FDR level;
- p. Monitoring FWA and Medicare program noncompliance within their organizations and referring serious noncompliance or waste to CMS;
- q. Overseeing the development and monitoring of the implementation of corrective action plans;
- r. Establishing and implementing disciplinary policies and procedures that reflect clear and specific disciplinary standards.

Scope: Applies to the designated Compliance Officer

MediGold

Policy/Procedure: Access to the Compliance Officer

Purpose: To define the process for MediGold Associates, Members, Board of Directors (BOD) Members and First Tier, Downstream or Related Entities (FDRs) to access the Compliance Officer in an anonymous and/or confidential manner in order to seek clarification regarding compliance issues, policies and procedures, and the Centers for Medicare and Medicaid Services (CMS) regulations, federal or state laws or report suspected noncompliance, fraud, waste or abuse confidentially and without fear of retaliation.

Policy: It is the policy of MediGold to establish and implement effective lines of communication, per 42 CFR §§ 422.503(b)(4)(vi)(D) and 423.504(b)(4)(vi), ensuring confidentiality between the Compliance Officer, members of the Compliance Committee and MediGold Associates, Members, Board of Directors, and FDRs. These lines of communication are accessible to all and allow good faith reporting of potential compliance issues and potential Fraud, Waste and Abuse (FWA) as they are identified.

Procedure:

1. All MediGold Associates are educated at orientation, through policies and procedures, compliance and fraud, waste and abuse (FWA) training to seek clarification and ask questions regarding compliance issues, company policy and procedure, practice or CMS regulation as well as report suspected fraud, waste and abuse that come to their attention to the Compliance Officer.
2. All MediGold Associates are given the Compliance Officer's name, office location and contact information at orientation.
3. Education is provided to FDRs upon contract initiation, annually and as needed regarding the availability of the MediGold Compliance Officer to seek clarification, ask questions regarding company policies and procedures, CMS regulations and report suspected fraud, waste and abuse or potential violations of state and federal laws.
4. FWA and Compliance training for Associates and FDRs also includes:
 - a. Laws, regulations and guidance
 - b. Standards of Conduct
 - c. Compliance policy and procedures
5. Changes to statutory, regulatory and sub-regulatory changes and changes to policies and procedures and Standards of Conduct are communicated as needed within a reasonable time.
6. Associates, Members and FDRs may communicate with the Compliance Officer through the following avenues:
 - a. Face to face meetings
 - b. E-mail
 - c. Phone
 - d. An anonymous email through MediGold's secure intranet for associates
 - e. Written correspondence
 - f. Mount Carmel Health (MCH) 24 hour Compliance Hotline.
7. Members are educated about identification of FWA through phone calls, the quarterly newsletter and information published on the MediGold website to report suspected fraud, waste and abuse or other potential compliance issues that comes to their attention. Members may contact the Member Services (MS) department to talk to a MS Representative or request transfer directly to the Compliance Officer.
8. The Compliance Officer, Compliance Committee and all management staff adhere to a strict policy of non-retaliation against any individual for requests for compliance issues, clarification, questions, or reports of suspected misconduct or fraud, waste and abuse related to payment or delivery of health care items or services under MediGold's Medicare Managed Care contract.

Scope: Applies to all MediGold Associates, Board of Directors, volunteers, Members and FDRs

MediGold

Policy/Procedure: Risk Assessment

Purpose: To establish a process to perform an assessment to identify compliance and fraud, waste and abuse (FWA) risks.

Policy: It is the policy of MediGold to have an effective system to promptly monitor, identify and respond to compliance risks and issues per 42 CFR § 422.503(b)(4)(vi)(F), 423.504(b)(4)(vi)(F), to ensure compliance with CMS rules, regulations and directives as well as applicable state and federal laws that govern health plans.

Procedure:

1. The Compliance Department performs an assessment to identify compliance and FWA risks on a quarterly basis and presents the results to the Compliance Committee.
2. The risk assessment takes into account all business operations and assesses the types and levels of risk that each area presents to the Plan and the Medicare program.
3. Factors considered include, but are not limited to:
 - a. Size of department;
 - b. Complexity of work;
 - c. Amount of training that has taken place;
 - d. Past compliance issues;
 - e. Budget
4. Area of concern includes, but are not limited to:
 - a. Marketing and Enrollment
 - b. Agent misrepresentation
 - c. Enrollment/disenrollment noncompliance
 - d. Credentialing
 - e. Quality assessment
 - f. Appeals and grievance procedures
 - g. Benefit/formulary administration
 - h. Transition policy
 - i. Utilization management
 - j. Accuracy of claims processing
 - k. Detection of potentially fraudulent claims
 - l. First Tier, Downstream and Related Entity (FDR) oversight and monitoring.
5. Risks identified are ranked to determine which areas have the greatest impact on the Plan to prioritize monitoring and auditing activities. The annual compliance audit plan is then developed based on the risk ranking.
6. Because risks change and evolve due to modifications in regulations, CMS requirements, staffing and other operational alterations, the potential risks of noncompliance and FWA are evaluated on an ongoing basis with resultant updates to the audit work plan.
7. Risk areas identified through CMS audits and oversight as well as MediGold's audit work plan are priority risks.

Scope: Applies to all operational areas, FWA and FDRs

Attachments: Compliance Plan, Risk Assessment Tool, Audit Work Plan, Compliance Work Plan

MediGold

Policy/Procedure: Non-Retaliation

Purpose: To clearly articulate the MediGold policy regarding maintaining confidentiality, non-intimidation and non-retaliation for good faith reporting of compliance concerns and participation in the compliance program under MediGold's Medicare Advantage contract.

Policy: It is the policy of MediGold per 42 CFR § 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A) to have a process in place for all Associates, Members, Board of Director (BOD) Members and First Tier, Downstream or Related Entities (FDRs) to report suspected misconduct or potential fraud, waste and abuse (FWA) in a confidential manner and without fear of retaliation or retribution against anyone who in good faith reports suspected a potential compliance issue, or fraud, waste and abuse concerns.

Procedure:

1. All MediGold Associates, Members, BOD Members and FDRs are required to report, in any manner, compliance concerns and suspected or actual violations and FWA related to the Medicare program.
2. MediGold enforces a no-tolerance policy for retaliation or retribution against any Associate or FDR who in good faith reports suspected FWA or non-compliance.
3. Associates and FDRs are protected from retaliation for False Claims Act complaints.
4. The following are ways Associates, Members, BOD Members and FDRs can report compliance questions and potential instances of Medicare program noncompliance and FWA confidentially or anonymously (if desired) without fear of retaliation:
 - a. Face to face with the Compliance Officer;
 - b. Telephone;
 - c. Written correspondence;
 - d. Email;
 - e. Anonymous email to the Compliance Officer via the MediGold Intranet or website;
 - f. Mount Carmel Health Hotline available 24 hours a day for associates and FDRs;
 - g. Any member of the Compliance Committee;
 - h. Department manager or Supervisor.
5. The MediGold Compliance Department, Compliance Committee members and all management staff continuously and publicly reiterate to all Associates, Members, BOD Members and FDRs, MediGold's commitment to non-retaliation for reporting suspected misconduct or incidents of potential fraud, waste and abuse. The forums in which this message is reiterated include, but are not limited to, the following:
 - a. All staff general session compliance education and training activities;
 - b. Specialized compliance education and training activities;
 - c. Upon receipt of a report of suspected misconduct;
 - d. Contracted provider newsletters and communications;
 - e. Routine departmental staff meetings;
 - f. Policies and procedures;
 - g. MediGold intranet;
 - h. MediGold website;
 - i. Upon request, when an Associate, Member, BOD Member or FDR seeks clarification or information regarding MediGold's compliance program.
6. All reports are investigated by the Compliance department according to MediGold's policy and procedures. Continued monitoring and auditing is conducted for any area at risk for program noncompliance or potential FWA. The compliance department reviews and ensures that corrective action plans are implemented and monitored for effectiveness.

Scope: Applies to all Associates, Members, BOD Members and FDRs

MediGold

Policy/Procedure: Corrective Action Process

Purpose: To define the process to undertake appropriate correction actions in response to potential Fraud, Waste or Abuse (FWA) or noncompliance issues to correct the underlying problem and prevent future noncompliance and fraudulent activities.

Policy: It is the policy of MediGold to identify issues of noncompliance in a timely manner, conduct root cause analysis and design corrective actions tailored to address the identified issues within a specified timeframe to meet the requirements at 42 CFR §§ 422.503(b)(4)(vi)(G) and 423.504(b)(4)(vi)(G). This policy applies to violations of any state or federal laws, CMS regulations or guidance as well as incidents of detected fraud, waste and abuse.

Procedure:

1. The Compliance Department is responsible for conducting internal monitoring and auditing activities aimed at identifying areas of noncompliance and potential fraud, waste and abuse (FWA).
2. It is the responsibility of all MediGold associates, First tier, Downstream and Related (FDR) entities to report incidents of noncompliance to the Compliance Officer.
3. The corrective action steps for all identified issues are documented by the Compliance Officer in the Corrective Action Tracking document and reported to the Compliance Committee on a quarterly basis.
4. The Compliance Officer and/or designee works with the process owner/appropriate manager/FDR entity to identify the root cause for the noncompliance. Process changes are made as needed to ensure future violations are avoided. When noncompliance is related to an associate or FDR misconduct, the Compliance Officer also works with appropriate additional resources, such as the Human Resources Department, in addition to the process owner, for disciplinary actions, employment termination or contract termination as needed on a case by case basis.
5. Steps to be taken to correct the area of noncompliance are identified through research and discussion between the Compliance Officer/designee and the responsible manager/FDR representative. The corrective action plan is developed to address the particular problem identified and includes timeframes for correction of the problem as well as ramifications for failure to implement the corrective action. Timeframes are considered on a case by case basis depending on the detected offense.
6. Each corrective action is prioritized as high (immediate action needed within 3 business days), medium (action needed within 14 days) or low risk (action needed within 30 days or longer) based on consideration of the following factors:
 - a. harm to member;
 - b. noncompliance issue
 - c. CMS compliance action or sanction;
 - d. financial impact;
 - e. operating capabilities, such as currently availability to change the process versus development or implementation of new systems.
7. The Compliance Officer and/or designee monitor the corrective action to ensure the changes made effectively correct the problem.
8. The Compliance Officer maintains a record of disciplinary standards enforced, including the date, description of violation, investigation, findings and action taken. All documentation will be maintained for 10 years.
9. The Compliance Officer maintains documentation of communications to business owners and higher level management when escalation is needed. The Compliance Officer has access to interact directly with the members of the Board of Directors.

10. The Compliance Officer voluntarily reports significant noncompliance and potential FWA to the appropriate authorities.

Scope: Applies to all identified issues of noncompliance and Fraud, Waste and Abuse

Attachments: Compliance Department Request for Corrective Action Plan

MediGold

Policy/Procedure: Compliance, HIPAA, and FWA Training

Purpose: To provide effective training and education on Compliance, Health Information Portability and Accountability Act (HIPAA), and Fraud, Waste and Abuse (FWA) to all MediGold Associates, First Tier, Downstream and Related Entities (FDRs), volunteers, managers, Senior Leaders and Board of Director (BOD) Members who have involvement in the administration or delivery of Medicare Parts C and D benefits.

Policy: It is the policy of MediGold to meet the requirements set forth in 42 C.F.R. §§ 422.503(b)(4)(vi)(C), 423.504(b)(4)(vi)(C) to establish, implement and provide effective training and education for all MediGold Associates, managers, FDRs, volunteers, Senior Leaders and BOD members who have involvement in the administration or delivery of Medicare Parts C and D benefits. The training includes compliance requirements, identifying and reporting issues of potential noncompliance, FWA and violations of HIPAA.

Procedure:

1. The Compliance Department conducts compliance training within 90 days of the Associate hire date, annually thereafter, and with material changes in regulations, policy or guidance. New Associates are made aware of the Medicare requirements related to their function by their immediate supervisor.
2. Training is also be provided:
 - a. When requirements change;
 - b. When an Associate is found to be noncompliant;
 - c. As a corrective action to address a noncompliance issue.
3. Compliance training is reviewed at least annually and updated as needed when there are material changes in regulations, policy or guidance.
4. Training for FDRs and FDR employees is communicated through distribution of training materials, MediGold's Standards of Conduct and compliance policies and procedures upon contract initiation. Distribution may also be made through MediGold provider website, Provider Administrative Manual or Business Associate Agreements.
5. Associates and FDRs are required to participate in compliance, HIPAA and FWA training.
6. Training requirements are implemented through:
 - a. Classroom training;
 - b. Email distribution of training materials;
 - c. Online training modules through Mount Carmel Health's Healthstream;
 - d. Attestations that employees or FDRs have read and received MediGold's training materials, Standards of Conduct and/or compliance policies and procedures.
7. General compliance, HIPAA, and FWA training includes:
 - a. Training materials;
 - b. MediGold's Standards of Conduct;
 - c. Compliance policies and procedures;
 - d. Medicare program requirements;
 - e. Overview of how to ask compliance questions, request compliance clarification or report suspected or detected noncompliance or potential FWA;
 - f. Laws and regulations related to MA and Part D FWA;
 - g. Obligations of FDRs to have appropriate policies and procedures to address FWA;
 - h. Confidentiality, anonymity and non-retaliation for compliance related questions or reports of suspected or detected noncompliance or potential FWA;
 - i. Types of FWA that can occur in the settings in which MediGold and the FDR employees work;

- j. Requirements to report the actual or suspected Medicare program noncompliance or potential FWA and examples of reportable noncompliance that an employee might observe;
 - k. Disciplinary guidelines for non-compliant or fraudulent behavior;
 - l. The requirement to participate in the compliance and FWA training program;
 - m. HIPAA/HITECH rules and importance of maintaining the confidentiality of Personal Identifiable Information (PII);
 - n. Overview of the monitoring and auditing process.
8. Demonstration of fulfilled training requirements includes:
 - a. Copies of attendance sign-in sheets;
 - b. Attestations or electronic certifications;
 - c. Completion of test or quiz related to the training materials.
 9. Effectiveness of training, education, compliance policies and procedures, Standards of Conduct are evident through compliance audits, monitoring, testing and dashboards.
 10. FDRs who have met the FWA certification requirements through enrollment into Parts A or B of the Medicare program or through accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) are deemed to have the FWA training and education requirements. The FDRs deemed from FWA training must still complete compliance training.
 11. FDRs are permitted to conduct their own training or complete the training provided by MediGold. In both cases, the FDRs must provide documentation or attestations of the training conducted.
 12. The following is documented and retained by the Compliance department for a period of 10 years.
 - a. attendance;
 - b. topics covered;
 - c. certificates, sign in sheets, attestations of completion;
 - d. test scores of any tests administered.

Scope: Applies to all MediGold Associates, managers, FDRs, volunteers and Board of Directors members

MediGold

Policy/Procedure: Sponsor Accountability and Oversight of FDRs

Purpose: To define MediGold's responsibility for conducting oversight of First Tier, Downstream and Related Entities (FDRs) who have been given authority to carry out a core function that would otherwise be performed by MediGold.

Policy: It is the policy of MediGold to comply with the standards set forth at 42 CFR §§422.503(b)(4)(vi), 422.504(i), 423.504(b)(4)(vi), and 423.505(i) when entering into a contract with FDRs to provide administrative or health care services for enrollees on behalf of the sponsor. MediGold maintains the ultimate responsibility for fulfilling the terms and conditions of its contract with the Centers for Medicare and Medicaid Services (CMS) and for meeting the Medicare program requirements.

Definitions:

First Tier Entity: any party that enters into a written arrangement with MediGold to provide administrative services or health care services to Medicare eligible beneficiaries under the MA program or Part D program.

Downstream Entity: any party that enters into a written arrangement with persons or entities involved with Part C and/or D benefits, below the level of the arrangement between MediGold and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.

Related Entity: any entity that is related to MediGold by common ownership or control.

Procedure:

1. MediGold may enter into contracts with FDRs to provide administrative or health care services for Members on behalf of the Plan.
2. MediGold completes an analysis to determine if an entity is or is not an FDR by evaluating the following factors:
 - a. The function to be performed by the delegated entity;
 - b. Whether the function is something the Plan is required to do or provide under its contract with CMS
 - c. To what extent the function directly impacts Members;
 - d. To what extent the delegated entity has interaction with beneficiaries, either orally or in writing;
 - e. Whether the delegated entity has access to beneficiary information or personal health information;
 - f. Whether the delegated entity has decision-making authority or whether the entity strictly takes direction from that the Plan
 - g. The extent to which the function places the delegated entity in a position to commit health care fraud, waste or abuse;
 - h. The risk the entity could harm beneficiaries or otherwise violate Medicare program requirements or commit FWA.
3. Because Medicare program requirements apply to FDRs to whom the Plan has delegated administrative or health care service functions relating to the sponsor's Medicare Parts C and D contracts, MediGold views contracts for the following functions as delegated when an FDR is performing them on the Plan's behalf:
 - a. Sales and marketing;
 - b. Utilization management;
 - c. Quality improvement;

- d. Claims administration, processing and coverage adjudication;
 - e. Appeals and grievances;
 - f. Licensing and credentialing;
 - g. Pharmacy benefit management;
 - h. Customer services;
 - i. Bid preparation;
 - j. Outbound enrollment verification;
 - k. Provider network management;
 - l. Processing pharmacy claims at point of sale;
 - m. Negotiation with prescription drug manufacturers and others for rebates, discounts and other price concessions on prescription drugs;
 - n. Administration and tracking of Members' drug benefits, including TrOOP balance processing;
 - o. Coordination with other benefit programs such as Medicaid, State Pharmaceutical Assistance Programs (SPAP) or other insurance programs;
 - p. Entities that generate claims data;
 - q. Health care services.
4. MediGold maintains the ultimate responsibility for fulfilling the terms and conditions of its contract with CMS, and for meeting the Medicare program requirements.
 5. MediGold does not delegate compliance program administrative functions, e.g., Compliance Officer, Compliance Committee, compliance reporting to Senior Leadership and the Board of Directors.
 6. MediGold may use FDRs for compliance activities such as monitoring, auditing, and training.
 7. MediGold's contracts with FDRs contain specific provisions, including, but not limited to, inspections, enrollee protections, MediGold accountability, delegation, record retention and revocation when the FDR does not perform satisfactorily.
 8. The Compliance Officer, working with the Compliance Committee and the Delegation Oversight Committee, develops procedures to promote and ensure all FDRs in contract with MediGold are in compliance with all applicable laws; rules and regulations with respect to Medicare Parts C and D delegated responsibilities.
 9. MediGold's FDR management program includes multiple activities, the frequency of which depends on the scope of the services delegated to the FDR and the potential risks to the Plan's membership:
 - a. Joint Operational Committee (JOC) meetings;
 - b. conference calls;
 - c. face-to-face meetings;
 - d. complaint monitoring;
 - e. report review;
 - f. ability to meet performance metrics/guarantees;
 - g. documentation of the oversight activities conducted (meeting agendas and minutes, etc).
 10. If issues arise, the Plan and the FDR work together to determine the appropriate method(s) to quickly resolve, within specified timeframes, areas where actual performance does not meet MediGold's and CMS' standards. Corrective actions are documented and followed to ensure actions taken correct the issue.
 11. MediGold revokes or suspends delegation from the entity after the entity has been provided reasonable time to correct deficiencies relating to its delegated function, and yet fails to meet appropriate performance levels as stated in the delegation agreement with the provider.

Scope: Applies to all FDRs with whom MediGold contracts

Attachments: Delegation Oversight Tracking tool

MediGold

Policy/Procedure: Routine Auditing of FDRs

Purpose: To establish and implement an effective system for routine auditing and monitoring of First Tier, Downstream and Related Entities (FDRs) to ensure they are in compliance with all applicable laws and regulations, identification and prompt response to risks and findings.

Policy: It is the policy of MediGold to perform ongoing monitoring and auditing of FDRs per 42 CFR § 423.504(b)(4)(vi)(F) to ensure compliance with CMS rules, regulations and directives as well as applicable state and federal laws that govern health plans.

Procedure:

1. FDR monitoring and auditing activities are regular reviews performed according to the audit work plan based on a risk assessment and ongoing activities to assure and validate compliance with the Medicare regulations, sub-regulatory guidance, contractual agreements and all applicable Federal and State laws, as well as internal policies and procedures to protect against Medicare program noncompliance and potential FWA.
2. The audit work plan includes FDR monitoring and auditing and is coordinated, overseen and/or executed by the Compliance Officer, assisted by the Compliance Department staff, the Compliance Committee, Delegation Oversight Committee and operational areas.
3. The FDR monitoring and auditing work plan includes:
 - a. audits and monitoring to be performed according to contractual agreements;
 - b. audits and/or monitoring schedules, including start and end dates;
 - c. announced or unannounced audits and/or monitoring;
 - d. audits and/or monitoring methodology;
 - e. person(s) responsible;
 - f. follow up activities from the findings.
4. Operational staff and managers, with knowledge of the operational requirements under review, complete the audits and/or monitoring along with FDRs who may also perform their own audits based on contractual agreements.
5. The audits are reviewed and updated periodically based on audit results as well as identification of risk areas.
6. When issues are identified, the operational area works with the FDR to identify the root cause and request a corrective action plan from the FDR to remedy the underlying problem and prevent further noncompliance. When needed, additional training is provided to the FDR by the responsible operational area.
7. When corrective action is needed, the operational area responsible for the delegated function monitors to ensure that corrective actions are taken by the FDR and correct the identified issue.
8. When appropriate, the Centers for Medicare and Medicaid Services (CMS), the National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) or law enforcement is notified.
9. Per the terms of the contract, MediGold reserves the right to terminate the relationship if the FDR fails to correct issues of noncompliance and/or FWA.

Scope: Applies to all areas delegated to FDRs

Attachments: Audit Plan, Work Plan, Delegation Oversight Tracking tool

MediGold

Policy/Procedure: FWA Excluded Providers

Purpose: To establish the process for reviewing the DHHS OIG List of Excluded Individuals and Entities (LEIE list) and the GSA Excluded Parties Lists System (EPLS) to ensure that none of these persons or entities are excluded or become excluded from participants in federal programs.

Policy: It is the policy of MediGold to meet the requirements set forth at 42 CFR §§ 422.503(b)(4)(vi)(F), 422.752(a)(8), 423.504(b)(4)(vi)(F), 423.752(a)(6), 1001.1901 to review the DHHS OIG List of Excluded Individuals and Entities (LEIE list) and the GSA Excluded Parties Lists Systems (EPLS) prior to the hiring or contracting of any new employee, temporary employee, volunteer, consultant, governing body member or FDR and monthly thereafter.

Definitions:

1. **Sanctions:** Exclusion or suspension of certain individuals and entities from participation in Medicare and state health care programs.
2. **LEIE:** Office of the Inspector General (OIG) List of Excluded Individuals and Entities – includes all health care providers and suppliers that are excluded from participation in federal health programs, including those health care providers and suppliers that might also be on the EPLS.
3. **EPLS:** General Services Administration (GSA) Excluded Parties Lists Systems – in addition to health care providers, the EPLS includes non-health care contractors.
4. **MED:** Medicare Exclusion Database – the Centers for Medicare and Medicaid Services (CMS) uses the files from LEIE and adds other information, including NPI to assist in identifying excluded individuals or entities.
5. **NPI:** National Provider Identifier – a standard unique identifier required for all health care providers.
6. **Providers:**
 - a. *Physicians:* CMS defines physicians as doctors of medicine or osteopathy who are legally authorized to practice medicine or surgery by the State where the service is performed. Podiatrists, optometrists, dentists and chiropractors are included for certain procedures.
 - b. *Practitioners:* CMS defines practitioners as health care professionals who may deliver covered Medicare services if the services are incident to a physician's services or if there is specific authorization in the law. The following practitioners may deliver services without direct physician supervision: nurse practitioners and physician assistants in rural health clinics, designated manpower shortage areas or HMOs; qualified clinical psychologists, clinical social workers, certified nurse midwives and certified registered nurse anesthetists.
 - c. *Provider of Services:* CMS defines provider of services as hospitals, rural primary care hospitals, skilled nursing facilities, comprehensive outpatient rehabilitation facilities, home health agencies or hospices.
 - d. *Suppliers:* The following suppliers must meet the conditions for coverage in order to receive Medicare payment: ambulatory surgical centers, independent physical therapists, independent occupational therapists, clinical laboratories, portable X-ray suppliers, dialysis facilities and rural health clinics.
 - e. *Venders:* All other suppliers of covered services such as durable medical equipment, pharmacy and other supplies fall into the vender category.
 - f. *Others:* Any persons directly or indirectly involved in Medicare and receiving any form of Medicare payment or reimbursement.

Procedure:

1. MediGold does not use federal funds to pay for services, equipment or drugs prescribed or provided by a provider, supplier, employee or First Tier, Downstream and Related Entities (FDR) excluded by the OIG or GSA.
2. Mount Carmel Health System (MCHS) Human Resources (HR) Department reviews the LEIE list and EPLS prior to the hiring or contracting of any new employee, temporary employee, volunteer and Board of Director member to ensure the person is not excluded from participation in federal programs.
3. MCH HR reviews the same lists monthly thereafter for all current employees and volunteers to ensure that none of these individuals have become excluded from participation in federal programs. HR works with the hiring manager and Director, Compliance and Quality as needed to terminate employment should an employee become excluded from participation in federal programs.
4. The Director, Compliance and Quality maintains a list of FDRs that are contracted with MediGold.
5. The current list is provided to MediGold's Information Systems (IS) Department to conduct a monthly programmatic check against the LEIE list and EPLS prior to contracting and monthly thereafter to ensure no FDRs are excluded from participation in federal programs.
6. It is the responsibility of the individual entering into a new contract or consulting arrangement to notify the Director, Compliance and Quality to add the FDR to the list that is checked against the LEIE list and EPLS.
7. MediGold's credentialing process includes verification the provider is not excluded from federal programs prior to executing any new contracts.
8. If a MediGold contracted provider is identified as excluded, the IS Department notifies the Manager, Provider Relations and Credentialing and the Director, Compliance and Quality.
9. The Manager, Provider Relations and Credentialing notifies the excluded provider in writing that their contract with MediGold is terminated, effective immediately, based on the exclusion. In addition, the excluded provider is advised that negotiations for reinstatement or entrance into a new contract with MediGold will not be considered for the duration of the exclusion period. A copy of this letter is forwarded to the Director, Compliance and Quality for his/her records.
10. If an FDR is found to be excluded from federal programs, the responsible manager is notified by the Director, Compliance and Quality. Notification is sent to the excluded provider in writing that their contract with MediGold is terminated, effective immediately. Depending on the payment method for the FDR, the Finance Department is notified to stop payments.
11. If it has been identified that the exclusion found on the LEIE list or EPLS was in error, the provider or FDR has the right to be reinstated once information can be verified that the exclusion from federal programs was not imposed.
12. A copy of this notification letter is also be placed in the contracted provider's credentialing or facility file. Information is also forwarded to the Credentials Committee to monitor any current or future provider contracting. An excluded provider must go through the credentialing process prior to another contract being executed once the exclusion is lifted.
13. The Provider Relations Department inactivates all participating providers and FDRs who have been sanctioned in the core payment system
14. If a non contracted provider is identified on the LEIE list or EPLS, the provider record in the core payment system is terminated by the Provider Relations Department to ensure no further claims process for payment. The effective date of termination is the date the exclusion was imposed.
15. The Claims Department conducts an electronic search for the effective period of the exclusion for all claims, paid or pending, under the name of the excluded provider and the following actions are taken:
 - a. MediGold promptly initiates recoupment on claims for which payment has been made;
 - b. MediGold rejects all claims pending and sends written notice to the Member and excluded provider. The excluded provider is advised that he/she cannot bill the Member for services not reimbursed by MediGold.
16. When appropriate, members affected by a participating provider or FDR exclusion is notified that they cannot be billed during this excluded period. If they are billed, they are requested to contact MediGold.

17. When the LEIE list or EPLS have been lifted for a provider previously contracted with Medigold, the documentation is placed in the Credentialing or facility file maintained by Provider Relations. A copy is also sent to the Director, Compliance and Quality.

Scope: Applies to all providers who are excluded after entering into a contract with MediGold

MediGold

Policy/Procedure: MediGold Standards of Conduct

Purpose: To define how the Standards of Conduct (SOC) stating the overarching principles and values by which MediGold operates are implemented and distributed to Associates, Board of Directors Members, volunteers and First Tier, Downstream and Related Entities.

Policy: It is the policy of MediGold to meet the requirements set forth at 42 CFR § 422.503(b)(4)(vi)(A), 423.504(b)(4)(vi)(A) to have written Standards of Conduct with stated compliance expectations and overarching principles and values by which MediGold operates.

Procedure:

1. It is MediGold's expectations that all Associates, Board of Directors (BOD) Members, volunteers and First Tier, Downstream and Related Entities (FDRs) conduct themselves in an ethical, professional and cooperative manner and report incidents of noncompliance and potential fraud, waste and abuse (FWA) through the appropriate mechanisms.
2. Behaviors that are expected include:
 - a. supporting each other in serving Members and communities;
 - b. communicating openly, honestly, respectfully and directly;
 - c. being fully present;
 - d. being accountable for words and actions;
 - e. trusting and assuming goodness in intentions;
 - f. being continuous learners;
 - g. working cooperatively with others, showing respect for each other and Members;
 - h. supporting policies promoting cooperation and teamwork;
 - i. responding consistently in a timely manner to requests;
 - j. willingness to explain one's words, actions, behaviors and recognize that these impact others in the work place.
3. Any behaviors that are considered unprofessional, uncooperative, condescending, disruptive or intimidating should be reported immediately through one of the following available channels:
 - a. discuss with immediate supervisor;
 - b. discuss with higher level manager or Senior Leader;
 - c. contact the Compliance Officer;
 - d. contact Human Resources;
 - e. contact the Trinity Health Integrity Hotline at 1-866-477-4661;
 - f. send an anonymous email through the MediGold Intranet.
4. Any individual who reports unprofessional, uncooperative, disruptive or intimidating behavior of another person will not be subject to retaliation.
5. The Standards of Conduct are stated in a separate document.
6. The Standards of Conduct are updated to incorporate changes in applicable laws, regulations, and other program requirements, as necessary.
7. The Standards of Conduct are approved by the Board of Directors and the Compliance Committee at least yearly or when there are updates.
8. The Standards of Conduct are communicated to all members of the Board of Directors, Associates and FDRs to ensure that everyone is aware that compliance is everyone's responsibility from the top to the bottom of the organization.
9. The Standards of Conduct are provided to all Associates within 90 days of hire, annually, and when there are updates.

Scope: Applies to all Associates, Board of Director members, volunteers and FDRs.

Attachments:
MediGold Standards of Conduct

MediGold Standards of Conduct

Mission statement: It is the mission of MediGold to be the premier provider of affordable health insurance to seniors and others in need of service-centered approaches to care, benefit coordination and community support.

1. MediGold is committed to ensuring that all Associates, Managers, Members of the Board of Directors, First tier, Downstream and Related (FDR) entities comply with all Federal and State laws applicable to it's contract with The Centers of Medicare and Medicaid Services (CMS).
2. It is expected that all Associates, Managers, Board of Director Members and FDRs conduct themselves in a compliant, lawful and ethical manner when representing MediGold.
3. Each Associate, Manager and Member of the Board of Directors are required to sign a Conflict of Interest and Confidentiality upon hire and annually thereafter.
4. It is expected that all Associates, Managers, Board of Director Members and FDRs report suspected compliance issues, fraud, waste, abuse (FWA) and any violations of applicable laws or regulations to the Compliance Officer/designee and fully cooperate with any investigation of alleged FWA and noncompliance.
5. The Compliance Program, which is everyone's responsibility, is made operational through the following elements:
 - ✓ Written Policies & Procedures and Standards of Conduct;
 - ✓ Compliance Officer, Compliance Committee & High Level Oversight;
 - ✓ Effective Training & Education;
 - ✓ Effective Lines of Communication;
 - ✓ Well Publicized Disciplinary Standards;
 - ✓ Effective System for Routine Monitoring and Identification of Compliance Risks;
 - ✓ Procedures and Systems for Prompt Response to Compliance Issues.
6. Issues of noncompliance or potential FWA can be reported to the Compliance Officer, any member of the Compliance Committee, any Manager or any Associate in the Compliance Department. Reports of potential noncompliance or FWA can be verbal, in writing through paper, email or anonymously through the company's intranet site or Serve4Success mailbox located in the break room. Confidentiality is maintained to the extent possible.
7. Potential FWA or compliance issues are researched and investigated by Compliance personnel through interviews of involved person(s), review of data, reports or systems and review of applicable laws or regulations as necessary to make a determination. When appropriate, guidance is sought from resources outside of the compliance area, including but not limited to, Chief Executive Officer, Legal Counsel, Board of Directors, Human Resources, Mount Carmel Health Local Integrity Officer, Trinity Health Compliance Officer, Mount Carmel Health HIPAA Privacy Officer, commercial payers, the appropriate NBI MEDIC, and/or appropriate other management staff.
8. All attempts are made to respond to the FWA or compliance issue as soon as possible but no later than 2 weeks after the report is made.
9. If an issue appears to involve potential fraud or abuse and MediGold does not have either the time or the resources to investigate in a timely manner, the issue will be referred to the NBI MEDIC within 30 days of the date the potential fraud or abuse was identified so that the activity does not continue.
10. Results of the investigation are reported to the person(s) who identified the issue as soon as the investigation has been completed when the issue has not been reported anonymously. If the issue is reported anonymously, a general educational email to all Associates may be sent by the Compliance Officer to address the issue if appropriate.
11. If the investigation will take an extended period of time to complete, periodic status updates are provided to the person(s) who reported the issue.

12. Root cause(s) for issues are identified in order to prevent the problem from recurring.
13. Based upon results of the investigation, the Compliance Officer/designee provides education, re-training, facilitates process changes, communicates corrective action plan expectations and/or requests disciplinary action as appropriate to the situation.
14. It is expected that there is no retaliation or intimidation for reporting compliance concerns in good faith, participating in the Compliance Program, audits, remedial actions, self evaluations and/or reporting to appropriate authorities.
15. It is expected that all Associates, Managers, Senior Leaders, Board of Directors and FDRs, fully cooperate with research and investigations of compliance issues and reports.
16. Non cooperation with the compliance process and program is addressed through disciplinary action, including verbal or written reprimand, suspension, termination of employment, financial penalties and reporting to law enforcement when appropriate.

TRINITY HEALTH
Code of Conduct



MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

CORE VALUES

REVERENCE

COMMITMENT TO THOSE WHO ARE POOR

JUSTICE

STEWARDSHIP

INTEGRITY



Thank you for
partnering with
MediGold.

The following is the
Trinity Health *Code
of Conduct*. All
MediGold
employees are held
to this standard.

We believe our
provider community
should also be held
to the same
standard.

Please review this
manual, including
our core values, to
fully understand the
Code of Conduct
we expect from our
providers.



TRINITY HEALTH



MediGold
Medicare made *easy*®



Trinity Health

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MISSION

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

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JUSTICE

STEWARDSHIP

INTEGRITY

Dear Trinity Health Colleague:

The Trinity Health Mission calls us to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities. Guided by our Core Values, we are committed to building a people-centered health system that leads to better health, better care and lower costs for the patients, residents, members and communities we serve.

Our health care ministry began over 160 years ago through the hard work and dedication of our founding religious congregations. Trinity Health organizations have a long, rich history of service to our communities and have achieved well-deserved reputations built on excellent service and compassionate care. Those we serve place an enormous amount of trust in us and maintaining that trust is a commitment we take very seriously. Acting with integrity, being honest and following all laws and regulations that apply to our health care ministry are behaviors and actions that build and ultimately maintain trust.

Trinity Health has established a system-wide Integrity and Compliance Program to assist all colleagues in understanding and following the laws, regulations, professional standards and ethical commitments that apply to our ministry. A Code of Conduct is an important resource to help each of us, and our organization, fulfill these obligations. Our Code of Conduct describes behaviors and actions expected of all who work at Trinity Health. While not intended to address all possible legal, regulatory or ethical issues, our Code of Conduct addresses the more common issues and questions you may encounter in your work here. It provides resources to assist you when you have questions or need further assistance and it explains your duty to speak up and report, without fear of retaliation, any matters you believe may be a violation of our Code of Conduct.

Our Core Value of Integrity — we are faithful to who we say we are — reflects our commitment to carrying out the Mission of Trinity Health with the highest standards of ethical behavior.

Thank you for your dedication and commitment to this very important effort.



RICHARD J. GILFILLAN, M.D.
CEO, Trinity Health



MICHAEL J. DEMAND
President and CEO, MediGold

INTRODUCTION

Responsibilities of All Who Serve in Trinity Health¹

Our Code of Conduct outlines responsibilities expected of all who work in Trinity Health. The Code of Conduct applies to all Trinity Health colleagues, volunteers, medical staff members, suppliers, independent contractors, consultants, and other business partners that work for or provide goods and services to our health care ministry.

All who serve in Trinity Health play an important role in supporting our Code of Conduct and are responsible to:

- Review and follow the Code of Conduct, paying particular attention to those areas that apply to your daily work.
- Ask questions and seek guidance when you are uncertain what to do. See *Resources to Assist You* (page 26) for a listing of resources available to answer your questions.
- Speak up and report concerns about actions or behaviors you encounter in Trinity Health that may be inconsistent with our Code of Conduct. There are many options available to you to report issues and concerns, including your supervisor, a higher-level manager, Human Resources, your organization's Integrity & Compliance Officer, and the Trinity Health Integrity Line at 866-477-4661 or online at www.mycompliance.com. See *Resources to Assist You* (page 26) for more information.
- Participate in periodic training programs to further your understanding of our Code of Conduct, its application to your work in Trinity Health, and your responsibilities.

Responsibilities of Leaders

Leaders in Trinity Health, including all individuals in a position of supervisory responsibility, are held to a high standard of responsibility. Leaders serve a key role in receiving and responding to questions and concerns raised by colleagues and others they lead. How leaders respond to questions and concerns posed to them is critically important to ensuring that those they lead have the trust and confidence to bring important matters to their attention.

Leaders in Trinity Health have a responsibility to:

- Serve as a role model for supporting our Mission and Core Values.
- Set a personal example for modeling high ethical standards in the performance of their duties.
- Clearly communicate expectations for high standards of ethical behavior to those they lead.
- Promote a culture of trust, open communication and respect.
- Ensure those they lead understand and apply the guidance set forth in our Code of Conduct and hold them accountable.
- Encourage those they lead to ask questions and raise issues and concerns.
- Respond timely and appropriately when matters are brought to their attention.
- Comply with Trinity Health's non-retaliation policies.

¹ Throughout this document, references to Trinity Health refer to the System Office and all ministries and subsidiaries.



Trinity Health and our founding health systems have served the health care needs of our communities for over 160 years. Leaders serve a critical role in upholding the long-established reputation of Trinity Health in our communities and across the United States.

Violations of Our Code of Conduct

The standards set forth in our Code of Conduct are mandatory and must be followed. All colleagues, members of the medical staff, and others who serve in Trinity Health are expected to use common sense and good judgment in their personal behaviors and Trinity Health work activities consistent with the standards outlined in the Code of Conduct. Individuals will be held accountable for behaviors and actions inconsistent with the Code of Conduct.

The following are examples of behaviors and conduct that can result in disciplinary actions or sanctions:

- Knowingly authorizing or participating in a violation of law and regulations.
- Withholding information or failing to report violations.
- Leaders, supervisors or managers that fail to provide adequate supervision or display lack of diligence in assuring compliance with law, regulation, policy or our Code of Conduct.
- Retaliating against individuals who report issues and concerns in good faith.
- Deliberately filing false or frivolous reports of violations.
- Actions that are discriminatory or rise to the level of harassment.
- Reckless actions or behaviors that jeopardize the privacy and security of personal health information and other confidential business information.

CODE OF CONDUCT: SUPPORTING RIGHT RELATIONSHIPS

Our Core Value of Justice calls all who work in Trinity Health to foster right relationships that promote the common good, including sustainability of Earth. Virtually everything we do in Trinity Health is dependent on maintaining relationships: with our patients, residents, their family members and our communities; with co-workers and others who serve with us in our health care ministry; with suppliers, business partners, and others we rely upon for needed goods and services; with regulators that oversee our industry, and with federal and state health care programs, insurers and others that pay for the services we deliver. Maintaining these relationships is essential to fulfilling Trinity Health's Mission.

Our Core Value of
Reverence calls us to
honor the sacredness
and dignity
of every person.

Successful, long-term relationships are ultimately built on trust. Maintaining trust is dependent on our behaviors and actions. Acting with integrity, being honest, and following laws and regulations are behaviors and actions that build and maintain trust. Our Core Value of *Integrity – we are faithful to who we say we are* – provides clear guidance for how we are to carry-out the Mission of Trinity Health every day in our behaviors and actions.

Relationships with Those We Serve

Trinity Health exists to serve as a transforming healing presence in our communities across the United States. Our Core Value of Reverence calls us to honor the sacredness and dignity of every person. Patients, residents, their family members and loved ones, and others who entrust their care to us are our number one priority. Whether you are directly involved in the delivery of care, or serve in a supporting role, you are expected to:

- Deliver people-centered, quality health care services with compassion, dignity and respect for each individual.
- Commit to safety: every patient and resident, every time.
- Speak up when you see a quality or safety issue and discuss mistakes you see with others so we can learn how to prevent future mistakes.
- Deliver services without regard to race, color, religion, gender, sexual orientation, marital status, national origin, citizenship, age, disability, genetic information, payer source, ability to pay, or any other characteristic protected by law.
- Maintain a positive and courteous customer service orientation.
- Demonstrate the highest levels of ethical and professional conduct at all times and under all circumstances.
- Speak professionally and respectfully to those you serve.
- Respond to requests for information or assistance in a timely and supportive manner.
- Provide comfort for our patients and residents, including prompt and effective response to their needs.
- Discuss available treatment options openly with patients, residents, or their and involve them in decisions regarding their care.
- Provide care to all patients who arrive at your facility in an emergency, as defined by law, regardless of their ability to pay or source of payment.

- Deliver services in accordance with all professional standards that apply to your position.
- Create and maintain complete, timely and accurate medical records.
- Protect the privacy and confidentiality of all personal health information - electronic, paper or verbal - you may receive.
- Clearly explain the outcome of any treatment or procedure to patients, residents, or their designees, especially when outcomes differ significantly from expected results.
- Respect patient or resident advance directives.
- Address ethical conflicts that may arise in patient or resident care, including end-of-life issues, by accessing your organization's medical ethics committee.
- Provide care that is consistent with the Ethical and Religious Directives for Catholic Health Care Services.



Safety: Every Person, Every Time

Safety is our first priority. We do everything we can to make sure the care we provide is safe. And we design the systems we use with safety first in mind.

Trinity Health is committed to a Just Culture. A Just Culture recognizes that individuals should not be held accountable for system failings over which they have no control. A Just Culture emphasizes learning from our mistakes so they are not repeated. A Just Culture encourages all who work in Trinity Health to report safety issues, incidents and “near misses” so they can be addressed timely through changes to systems and processes without fear or blame.

Protecting Personal Health Information (PHI)

We collect personal health information (PHI) from patients, residents, members and others in our care, including current and past medical conditions, medications, and family histories, in order to provide effective, high quality care. PHI is collected in many ways – in paper and electronic records, films and digital images, and even in verbal discussions. All PHI, in whatever form, should be protected and treated confidentially consistent with our Core Value of Reverence and in accordance with federal and state laws.

- Do not access, review or use PHI unless necessary to perform your job.
- Do not release PHI to others or remove it from your facility without authorization.
- Do not leave PHI (electronic or paper) unattended or available to others.
- Do not discuss PHI in public areas e.g., cafeterias, restrooms, or elevators.
- Do not store PHI on laptops, tablets, storage media or other portable devices not authorized and approved for use in Trinity Health.
- Do not discuss or post PHI on any social media sites such as Facebook or Twitter whether using at work or at home.
- Immediately notify your supervisor or your organization's Privacy Official if you believe PHI has been lost, stolen or accessed inappropriately.

Trinity Health has implemented specific policies and procedures to protect the privacy and security of PHI. Consult your organization's policies and procedures for more information.

Gifts From or To Patients and Residents

Do not solicit or accept gifts, money, favors, etc., from patients, residents or their family members. Occasional perishable or consumable gifts given to a department or unit by a patient or patient's family may be accepted. If patients, residents, family members or other loved ones wish to present a gift of money, refer them to your organization's fundraising department or foundation. The solicitation of gifts from patients is limited to colleagues that work in foundations or specific fundraising departments.

There are also laws that prohibit health care providers from giving free or discounted items or services to patients or residents covered by federal and state health care programs unless specific requirements are met. Any gifts to Medicare or Medicaid beneficiaries are not to exceed \$15.00 per item or more than \$75.00 per year per recipient. Please discuss with your supervisor or consult your organization's policies before extending any gifts to a Medicare or Medicaid patient or resident.

Emergency Medical Treatment and Active Labor Act (EMTALA)

The Emergency Medical Treatment and Active Labor Act requires hospitals with a dedicated emergency department to provide a medical screening exam to any individual who comes to the emergency department before asking any questions about their ability to pay for services.

Ethical and Religious Directives for Catholic Health Care Services

Also called the ERDs, these directives provide official church guidance and teachings on issues that are central to Trinity Health as a Catholic health care ministry. Consult your organization's Mission Leader if you have questions regarding how the ERDs may apply to your work.

Questions & Answers

- Q** If I see that a patient is not being treated with proper respect and courtesy by another care provider, what should I do?
- A** First, act immediately if the patient is at risk of harm. Then discuss the situation with your supervisor. If your supervisor does not provide a satisfactory response, contact a higher-level manager in your unit or one of the resources listed on page 26 for assistance. Remember that appropriate role modeling of respectful behavior is expected of all colleagues each and every day.
-
- Q** What should I do if I know that a medical error has occurred? Should I tell the resident or the resident's family?
- A** First, ensure the medical error has been properly reported to your organization's risk management department using your organization's safety event reporting system (see page 26). Trinity Health supports the timely and compassionate disclosure of medical errors when they occur, but in a manner that ensures proper communication and coordination with all caregivers. Follow your organization's safety event reporting processes to ensure the communication with the resident and family is handled appropriately.

Q I recently had a patient tell me that he doesn't want to receive any more aggressive treatment and wants to be made comfortable and be allowed to die. He doesn't think I or any of his caregivers are listening to him. What should I do?

A People-centered care is listening to what the patient or resident wants – even if the individual's decision conflicts with your own values. You should make the patient or resident's clinical team aware of his wishes and work with the clinical team and the individual's family on appropriate ways to honor his wishes, for example, palliative care services. It is important that the patient or resident be presented with appropriate options so that any decision made is an informed decision. Please contact your organization's Mission Leader or ethics committee if you have any questions or concerns.

Q I work in a hospital and have access to the patient registration system. Recently a friend of mine was seen in the emergency room and later admitted to the hospital. I'm concerned and would like to check the patient registration system to see how she's doing or at least locate which room she's in so I can visit her. Is that okay?

A Since you are not involved in your friend's care, you do not have any need to access her medical information or location. You may only access this type of information if needed to do your job. Note that Trinity Health has monitoring systems in place to determine whether colleagues have used their system access privileges appropriately. Discipline for inappropriate use of such privileges can include termination.

Q My doctor uses a patient portal where I can look up information in my medical records, such as lab results. Is that okay? If yes, why can't I access my own medical records in the hospital where I work?

A You are correct that accessing your own medical information through a patient portal provided by your physician is appropriate. As a patient, you are given access to view information in a portal that is available to other patients in your physician's practice. As a colleague, however, you are restricted to only accessing information that is needed to do your job. Accessing your own medical records for your personal information in Trinity Health information systems is not allowed. You may request copies of your medical records information from your hospital by following procedures established for all patients, such as contacting the health information management department.

Q I am a nurse and one of the patients on my floor has asked that his same-sex, life partner be included in his discharge planning meeting. This meeting is typically attended by only family members. How should I respond?

A Since the patient has asked that his partner be recognized as a member of his family for discharge planning purposes, you should invite the patient's partner to attend the meeting. Trinity Health patients, residents, their family members and loved ones have a fundamental right to compassionate care that respects the dignity, diversity and specific wishes of those in our care.

Relationships with Coworkers and Others That Serve With Us

The delivery of high-quality, safe and effective care requires effective teamwork among all individuals involved. Studies have consistently shown a positive relationship between the work place environment and the quality and safety of care delivered. Trust and respect are important factors in supporting effective teamwork in the workplace. All who work in Trinity Health are expected to:

- Treat others with honesty, dignity and respect.
- Maintain a positive and courteous customer service orientation.
- Speak professionally and respectfully to colleagues and others that serve with you.
- Behave in a manner that enhances a spirit of cooperation, mutual respect and trust among all members of the team.
- Commit to working with others in a supportive team environment.
- Respond to requests for information or assistance in a timely manner.
- Communicate with others in a clear, open, honest and respectful manner.
- Provide and accept appropriate feedback.
- If possible, attempt to address any differences you may have with colleagues directly with the individuals involved.
- Respect the diversity of others and do not discriminate in any employment action based on race, religion, color, gender, age, national origin, marital status, sexual orientation, genetic information, disability or any other characteristic protected by law.
- Abstain from inappropriate physical contact with colleagues and others and report any harassment, intimidation or violence of any kind that you witness in the workplace.
- Promptly report any serious workplace injury or any situation you identify that could present a potential health and safety hazard.
- Protect the confidentiality of colleague personal and health information including wage and salary information, benefits, social security numbers, personnel actions, medical information, and banking and financial information.
- Maintain a safe work environment by performing your duties and responsibilities free from the influence of drugs or alcohol.
- Protect the confidentiality of all medical peer review information.

Harassment

Each Trinity Health colleague has the right to work in an environment free of harassment and disruptive behavior, including behaviors that undermine a culture of safety. Harassment includes degrading or humiliating jokes, slurs, intimidation or any conduct that creates a hostile work environment. Sexual harassment is also prohibited, including unwanted sexual advances, and verbal or physical contact of a sexual nature that creates an intimidating, hostile, or offensive work environment.

Workplace Violence

Workplace violence is any act or threat of physical violence, menacing, intimidation, or other threatening disruptive behavior that occurs on or off the worksite that impacts work-related activities. It may be intentional or unintentional. It may affect and involve colleagues, clients, residents, patients, physicians, contractors, suppliers and visitors.



Workplace Safety

Trinity Health is committed to promoting a safe workplace environment for all colleagues and others that serve in our health care ministry. Each Trinity Health organization has developed policies and procedures to protect colleagues and others from potential workplace hazards and to comply with applicable government rules and regulations that promote workplace health and safety. You should be familiar with and understand how these policies apply to your specific job responsibilities and seek advice if you have a question or concern. You should immediately notify your supervisor or your organization's Safety Officer of any serious workplace injury or any situation presenting risk of injury so that timely actions may be taken to resolve the issue.

Inclusion and Collaboration

Trinity Health is committed to promoting diversity in its workforce and to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. We are committed to recruit and retain a diverse staff reflective of the communities we serve. Trinity Health is an equal opportunity employer and prohibits discrimination against any individual with regard to race, color, religion, gender, marital status, national origin, age, disability, sexual orientation or any other characteristic protected by law.

Controlled Substances

Many Trinity Health colleagues have routine access to prescription drugs, controlled substances and other medical supplies as part of their work responsibilities. Many of these substances are governed by laws and regulations that strictly limit their use to minimize potential risks to both patients and health care workers. Unauthorized access, use or diversion (e.g. theft) of controlled substances is prohibited. Immediately report to your supervisor or a higher-level manager any potential issues or concerns you identify involving the security or diversion of controlled substances.

Questions & Answers

Q I overheard a colleague making jokes about people of certain ethnic backgrounds with other coworkers. It made me feel really uncomfortable. What should I do?

A It is not appropriate to make jokes or fun at the expense of others based on ethnic, racial, religious, age, gender, sexual orientation, marital status, disability or other any other characteristic. Even if unintended, this behavior can contribute to an environment of intolerance and, if allowed to continue, can be considered harassment. You should discuss this matter with your supervisor or contact your organization's Human Resources department or Office of Diversity and Inclusion.

Q My supervisor told me that I have to start work an hour earlier on scheduled work days because we need coverage in the department. Can she do that? I've worked the same schedule of hours for five years.

A Yes. Your supervisor has the right to change your work schedule to meet the operating needs of the department. If you are unable to comply with your new work schedule, discuss the matter with your supervisor.

Q A male colleague has been very "friendly" with several female coworkers in my department. There's a lot of hugging and touching, even when other people are in the room. I don't think this is appropriate, even though the female coworkers involved don't seem to mind. What should I do?

A You should discuss the situation with your supervisor. You should also feel free to share your feeling of discomfort directly with the male colleague. He may not be aware that his behavior makes you or others feel uncomfortable. If you remain concerned, contact a higher-level manager or leader in your organization, your Human Resources department or the Integrity & Compliance Line. Note that the situation and recommended actions would be no different if a female colleague initiates the touching with male colleagues or if both parties are of the same gender.

Q One of my coworkers returned from a break and appears to be under the influence of alcohol or drugs. How should I respond?

A First, if you work in a clinical area, act immediately if patients or residents are at risk of harm from the actions of the colleague. Then notify your supervisor, a higher-level manager or your Human Resources department immediately and discuss the situation. There may be a medical condition causing your colleague's behavior rather than or drugs, but your supervisor or a higher-level manager will be needed to evaluate the situation.

Q Yesterday I saw a physician yell and scream at a colleague in the presence of a patient and other colleagues. I was very bothered by the physician's behavior and felt terrible for the colleague. Is there anything I can do?

A Trinity Health is committed to promoting a respectful work environment. Behavior that is rude, embarrassing, threatening, belittling or intimidating, including the use of profane or abusive language, is not appropriate. You should discuss the matter with your supervisor, a higher-level manager, medical staff office, or contact your Human Resources department or the Integrity & Compliance Line.



Colleagues and others working on behalf of Trinity Health are expected to maintain appropriate business relationships...

- Q** I have a real problem with one of my colleagues. She and I share assignments in my department, but I feel like I carry most of the workload and she just slacks off. I really don't want to work with her anymore. What should I do?
- A** Whenever you have a conflict with a colleague, it is best to first discuss it privately with the person. Explain what you have observed and how it affects the work of your unit. If you don't see a change in behavior, discuss the issue with your supervisor. You should also discuss the issue with your supervisor if you believe the colleague's behavior may violate our Code of Conduct - for example intentionally violating your organization's timekeeping and payroll policies.
-
- Q** I work in the Human Resources department. Lately I've been finding confidential colleague information, including payroll data and other personal information, left behind in the copy room that's used by other departments on our floor. What should I do?
- A** Protecting the privacy and security of colleague information is very important. Take the documents you've found to your supervisor or a higher-level manager in your department so they can determine the most appropriate way to follow-up with staff on this issue.

Relationships with Suppliers and Other Business Partners

Colleagues and others working on behalf of Trinity Health are expected to maintain appropriate business relationships with suppliers, independent contractors, consultants, and others providing goods or services to our health care ministry. Our Core Value of Stewardship calls us to be faithful stewards of the human, financial, and natural resources entrusted to us. The cost of gifts, entertainment, and meals provided by suppliers and other business partners is ultimately borne in the cost of products and services purchased by Trinity Health. The following guidelines for interactions with suppliers and other business partners apply to all who work in Trinity Health (please note the organization, department or unit where you work may follow more restrictive policies which you are expected to follow):

- Do not accept gifts, entertainment, meals, or other incentives given for the purpose of influencing a purchasing or contracting decision, or that otherwise could appear to improperly influence decisions you make involving Trinity Health.

- Do not accept gifts, entertainment, meals, or other incentives given for the purpose of encouraging or rewarding patient referrals.
- Do not offer, accept, or solicit gifts, meals, entertainment or other incentives that could be perceived as a bribe, payoff, deal or any other attempt to gain a competitive advantage.
- Do not accept cash or items redeemable for cash such as checks, gift cards, etc.
- Occasional non-cash items of nominal value (e.g. pens, note pads, coffee mugs) may be accepted, but are generally discouraged.
- You should politely decline gifts offered by suppliers or other business partners that involve entertainment or social activities such as free or discounted tickets to sporting events, theatre or concert events, golf outings, travel and lodging, etc. You may attend an entertainment or social event with a supplier or other business partner provided you, not the supplier, pay your own cost (e.g., the face value of a sporting event ticket) to attend such events. Any exceptions to this policy require the advance approval of your supervisor and your organization's Integrity & Compliance Officer.
- Suppliers and other business partners may occasionally donate to charitable fundraising events that benefit Trinity Health and affiliated organizations (e.g., foundation). These events may include social or entertainment activities (e.g., golf or dinner) where Trinity Health colleagues are invited to participate with a supplier or business partner. You may accept such invitations provided you obtain the advance approval of your supervisor. Trinity Health colleagues are encouraged to make a personal donation to the fundraiser equal to the value of the event to an individual participant, although doing so is not required.
- You may accept invitations to attend local or out-of-town programs, workshops, seminars and conferences sponsored by a supplier or other business partner that have a legitimate educational purpose or otherwise support a Trinity Health business objective (e.g., product training) provided such events are infrequent (e.g., no more than once annually), you obtain the approval of your supervisor in advance, and Trinity Health, not the supplier, pays for any related travel and overnight lodging costs you incur. Any exceptions to this policy require the advance approval of your supervisor and your organization's Integrity & Compliance Officer.
- In all cases you should use common sense and good judgment in accepting or refusing gifts of any kind. Consider all the facts and circumstances and discuss any questions you have with your supervisor or Integrity & Compliance Officer. There may be circumstances when accepting a gift that technically meets the guidelines specified above should be declined.

Fundraising

As a tax-exempt charitable organization, Trinity Health may solicit charitable contributions to support our health care ministry. Trinity Health policy restricts the solicitation of gifts from suppliers and other business partners to only those colleagues who work in foundations or specific fundraising departments. Fundraising requests are not to be made of suppliers and other business partners in exchange for promises of Trinity Health business or to influence current or future business decisions.



...use common sense and good judgment in accepting or refusing gifts of any kind.

Conflicts of Interest

You are expected to be loyal to Trinity Health and to avoid situations or circumstance that could place you in conflict with the interests of Trinity Health. A conflict of interest exists whenever your outside activities or relationships influence, or could appear to influence, your judgment or decision-making. In addition to gifts, entertainment and meals, there are a few other areas which you should be aware of that can create potential conflicts of interest:

- **Outside Employment:** You should discuss with and obtain the approval of your supervisor before accepting an offer to work for any organization that conducts business with or competes with Trinity Health.
- **Endorsements and Testimonials:** Do not make any endorsements or testimonials for suppliers, vendors, trade or professional organizations conducting business with Trinity Health without discussing and obtaining the advance approval of your supervisor and your organization's marketing department.
- **Financial Interests:** It is generally considered to be a conflict of interest to do business with, or recommend that Trinity Health do business with, a company in which you or a family member has a financial interest. Financial interests may include employment or other compensation arrangements, as well as ownership or investment interests (investments in large, publicly-held companies are generally not a concern). Discuss with your supervisor any financial interests you or a family member may have that might present a conflict of interest with your job responsibilities in Trinity Health.
- **Service on Outside Boards:** Trinity Health colleagues are encouraged to actively participate in charitable and civic organizations that benefit our communities. Discuss with and obtain the approval of your supervisor before accepting an invitation to join a board of any organization that may create a conflict of interest with your job responsibilities at Trinity Health.

When addressing conflicts of interest, remember that appearances do count! Follow your organization's policies requiring disclosure of any potential conflicts of interests.

Questions & Answers

- Q** Suppliers frequently visit our office and bring in new products for us to sample. They always want to provide lunches for the office staff. Is it appropriate to accept free lunches from suppliers?
- A** In general, Trinity Health discourages the acceptance of meals and refreshments paid or provided by suppliers or other business partners. Any meal provided must be infrequent, connected to a legitimate business purpose, such as education or product demonstration, and must take place in an appropriate business setting with the supplier host present. Take-out food (“dine and dash”) delivered to office staff by a supplier or meals that are not connected with a legitimate educational or business purpose are prohibited. Likewise, meals may only be provided for staff attending the education or product demonstration and the cost of any meals provided must be modest. Consult your organization’s local policies on acceptance of supplier provided meals which may be more restrictive.
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- Q** The firm my organization uses for marketing and advertising services offered me two courtside tickets to a professional basketball game. Can I accept the tickets?
- A** You should politely decline the acceptance of gifts that involve social or entertainment activities such as free or discounted tickets to sporting events. You may accept the tickets only if you personally pay the supplier the cost of the tickets.
-
- Q** A supplier recently called seeking my input on a new product that is under development. The supplier will be holding an out-of-town meeting and has asked me to attend. The supplier is willing to pay my airfare, hotel and meals for two days, as well as pay for my time to attend the meeting. Can I accept the invitation?
- A** Trinity Health policy prohibits the acceptance of supplier paid compensation and expenses for travel, lodging and meals. If you are in position of decision-making regarding the purchase or use of the supplier’s products in Trinity Health, your participation in the meeting and acceptance of compensation and expenses paid by the supplier could be viewed as potentially influencing your future decision-making. You and your supervisor should discuss the purpose of the meeting and the potential expectation of the supplier as a result of your participation. Any exceptions require the advance approval of your supervisor and your organization’s Integrity and Compliance Officer.
-
- Q** Suppliers frequently send gifts of fruit or candies to our department during the holidays. Can we accept such gifts or must they be returned?
- A** Although discouraged, you may accept occasional gifts (e.g. no more than 1-2 times annually) of perishable or consumable gifts from suppliers that are broadly shared among a department or with co-workers.
-
- Q** I work full-time, 12 hour shifts, and would like to get some extra hours of work at another health care provider in the community. Do I have to discuss with my supervisor before I accept another position?
- A** Before you consider an offer to work for a potential competitor of Trinity Health, discuss the situation with your supervisor to make sure there are no potential issues in accepting outside employment that might interfere with your work responsibilities at Trinity Health. This issue is especially important for full-time colleagues.

Q My sister-in-law is a health care industry consultant. Is it okay if I recommend her to work on a consulting project at my organization?

A Yes, however you should fully disclose your relationship to anyone in your organization that you recommend your sister-in-law, or her firm, for the project. You should not participate in the hiring decision, nor use your position to influence the outcome of the hiring decision. Also, you must not share any information with your sister-in-law that is confidential or that has not been provided to other prospective suppliers.

Q I am the point of contact in my organization for a particular supplier. Our organization is conducting a major capital campaign and the supplier recently asked me what amount they should donate because they want to make sure they don't risk losing their Trinity Health contract. What should I say?

A You should refer the supplier to your organization's Foundation or fundraising department to discuss appropriate options for contributing to the capital campaign. You should also advise the supplier that the supplier's decision to donate (and how much to donate) to the capital campaign is not a factor in current or future contracting decisions.

Relationships with Regulators and Those Who Pay for Our Services

Federal and state health care programs, such as Medicare and Medicaid, as well as commercial insurance and other third-parties, are responsible for the payment of a significant majority of the health care services we provide to our communities. Trinity Health and other health care organizations are subject to numerous laws and regulations that apply to our operations. These laws and regulations are complex and can be challenging to apply in a rapidly changing health care industry. Nevertheless, Trinity Health is committed to complying with all laws and regulations that apply to our health care ministry. All who work in Trinity Health are expected to:

- Act with honesty and integrity in all activities involving Trinity Health.
- Follow all laws, regulations and Trinity Health policies that apply to your work and ask for assistance if you have questions about how they affect you. See resources available to assist you on pages 26-27.
- Follow all requirements of Medicare, Medicaid, other federal and state health care programs, as well as those of commercial insurance companies and other third-party payers. These requirements generally involve:
 - Delivering high-quality, medically necessary and appropriate services.
 - Creating and maintaining complete and accurate medical records.
 - Submitting complete and accurate claims for services provided.
 - Protecting the privacy and security of health information we collect.
- Respond to surveys conducted by accrediting or external agency surveying organizations with honesty, openness and accurate information. Do not take actions intended to obstruct or mislead an accrediting or external agency survey team.
- Submit accurate and complete cost, quality, safety, tax and other information in all reports filed with federal and state regulatory agencies.
- Do not engage in discussions or make agreements with competitors related to pricing, market strategies, payer strategies, or wages and benefits. Consult with Trinity Health legal counsel on any matters that could implicate antitrust laws.
- Present only truthful, fully informative, and non-deceptive information in any marketing or advertising activities.
- Conduct all medical research activities consistent with the highest standards of ethics and integrity and in accordance with all federal and state laws and regulations, Institutional Review Board and Trinity Health policies.

- Participate in training and education programs offered by Trinity Health to assist you in understanding laws, regulations and Trinity Health policies that apply to your work.
- Cooperate with and immediately notify your supervisor of any government investigation. Never, under any circumstances, destroy or alter documents or information, including electronic documents, records, or correspondence requested as part of a government investigation. Never lie or make false statements to a government investigator.
- Do not offer gifts or other items of value to a government representative.
- Do not contribute – or direct the contribution of – Trinity Health funds to any political candidate, political party, or political campaign.

Do I Have a Relationship with the Government?

While many federal and state laws and regulations that apply to Trinity Health may not affect the work you do directly, it's important for you to be aware of certain laws and regulations and how they affect our health care ministry.

Fraud and Abuse

There are many federal and state laws designed to protect government health care programs, such as Medicare and Medicaid, as well as commercial insurance and other third-parties that pay for the health care services we deliver. These Fraud and Abuse laws generally prohibit the following:

- Submitting inaccurate or misleading claims for services provided.
- Submitting claims for services not provided.
- Submitting claims for medically unnecessary services or services not covered by the payer.
- Making false statements or representations to obtain payment for services or to gain participation in a health care program.
- Concealing or improperly avoiding an obligation to repay a health care program.
- Offering or paying money, goods, or anything of value to encourage or reward the referral of patients to a health care provider.

Relationships with Physicians and Other Referral Sources

If your work responsibilities include interactions with physicians or other persons or organizations that may refer patients or residents to Trinity Health facilities, it is important that you are aware of the requirements of laws and regulations that apply to these relationships. These include the federal Anti-Kickback Law, Stark Law, laws that apply to tax-exempt organizations, and similar state laws. Trinity Health has established specific policies and procedures addressing financial relationships with physicians and other referral sources. These policies are based on two key principles that apply to all such relationships:

- **We do not pay for referrals:** Patient and resident referrals and admissions are based solely on an individual's medical needs and our ability to render the needed services. No one in Trinity Health is allowed to pay or offer payment to anyone for the referral of patients or residents.
- **We do not accept payments for referrals:** No one in Trinity Health is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients or residents to a Trinity Health facility. We do not take into account the value or volume of referrals made to us when making referrals to other health care providers.

Failure to properly structure and administer financial relationships with physicians and other referral sources can result in unintended violations of the law and significant legal and financial consequences to Trinity Health, and potentially to the individuals involved. Please contact your Trinity Health legal department or your Integrity & Compliance Officer if you have questions as to how these laws and regulations apply to your work responsibilities or to obtain additional information on Trinity Health policies and procedures.

Tax-Exemption

A vast majority of Trinity Health organizations are not-for-profit, tax-exempt organizations operated exclusively for religious or charitable purposes. Care of those who are poor, benefits provided to our communities, and medical education programs are examples of the types of activities that support our charitable purpose. As a tax-exempt organization, Trinity Health is required to follow a number of additional laws and regulations that generally prohibit the following:

- The improper use of Trinity Health assets for the private benefit or interests of any individual in a position of substantial influence over the organization.
- Paying more than “fair market value” for goods and services, or providing goods and services to others at less than fair market value unless allowed by law.
- Direct or indirect campaigning for or against the election of any candidate for public office, including the donation of Trinity Health funds to any political candidate, party organization or committee.
- Engagement in substantial lobbying activities. Trinity Health may comment on legislation or regulations under consideration and may also take public positions on issues relating to our operations and mission.

The False Claims Act

The False Claims Act is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim to a federal health care program. “Knowingly” includes having actual knowledge that a claim or record is false or acting with “reckless disregard” as to whether a claim is false. In addition to the federal law, most states in which Trinity Health operates have adopted similar state false claims laws.

The False Claims Act and similar state laws allow individuals with original information concerning fraudulent activities involving government programs to file a lawsuit on behalf of the government and, if successful, to receive a portion of the recoveries received by the government.

Penalties for violating the False Claims Act are significant. Financial penalties can be as much as three times the amount of the claims plus fines of \$11,000 - \$22,000 per claim. Courts can also impose criminal penalties against individuals and organizations for willful violations of the False Claims Act. The False Claims Act and similar state laws protect employees, contractors and agents from being fired, demoted, threatened or harassed by an employer for filing a False Claims Act lawsuit.

Trinity Health prohibits any colleague, agent or contractor from knowingly presenting or causing to be presented claims for payment which are false, fictitious or fraudulent. Please contact your organization’s Integrity & Compliance Officer if you have any questions regarding the False Claims Act.

Questions & Answers

- Q** While preparing claims for submission to Medicare, I believe there are charges for some services that are inappropriate based on Medicare's billing rules. Should I submit the claims anyway and let Medicare determine if the charges are appropriate?
- A** It is inappropriate to submit claims to Medicare, or any other payers, that are known to be inaccurate or that do not meet the payer's requirements. If you believe the charges are inappropriate, you should notify your supervisor of your concerns. If the issue is occurring on a regular basis, you and your supervisor should discuss the issue with appropriate management responsible for the department or area involved so that actions may be taken to prevent the errors from occurring in the future.
-
- Q** My organization was recently notified by Medicare of some billing errors. The claims at issue have been corrected. However, we haven't changed our practices that caused the errors to occur in the first place. Do I have a responsibility to tell someone?
- A** Yes. All of us have a responsibility to seek answers to our questions and concerns. Speak with your supervisor to make sure you fully understand the situation. If you are still concerned that appropriate actions have not been taken to resolve the billing issues, contact your Integrity & Compliance Officer or the Integrity & Compliance Line.
-
- Q** In my work area we refer many patients to local home care agencies for at-home services. One of the local home care agencies recently offered to give us gift certificates in appreciation for referring patients to their agency. Is this allowed?
- A** No. Federal laws strictly prohibit health care providers and their employees from offering or accepting anything of value in exchange for the referral of Medicare and Medicaid patients. You should discuss this matter with a senior-level manager in your organization or your Integrity & Compliance Officer so that appropriate follow-up action can be taken with the home care agency.
-
- Q** A government investigator tried to reach me at my home. She left a note asking me to call her to discuss my organization's billing practices. What should I do?
- A** It is the policy of Trinity Health to cooperate and respond appropriately to any lawful government investigation. It is appropriate for you to ask the government investigator for official identification such as a badge or picture ID. You have the right to decide whether or not to meet with the investigator and may inform the investigator that you only wish to respond to questions at work in the presence of your supervisor or an attorney representing Trinity Health. In all situations you have the right to consult with legal counsel before making a decision. If you choose to meet with the investigator, you must always be truthful. Never lie or attempt to deceive a state or federal government official. Do not destroy any documents that you think the investigator may be seeking or that you believe could be relevant to the investigation. Regardless of your decision, if contacted you are strongly encouraged to immediately notify your supervisor, your Integrity & Compliance Officer or your organization's legal department.



- Use good judgment and follow your organization’s policies and procedures for business travel and expense reporting. You should not incur a financial loss or gain as a result of appropriate business travel.
- Prepare and maintain accurate and complete financial records of your activities on behalf of Trinity Health, including accounting, budgeting, time and attendance, expense and other financial data and information.
- Never give false or misleading information to anyone doing business with Trinity Health or competing with Trinity Health.
- Properly safeguard and retain all Trinity Health documents and records in all forms, including paper documents as well as electronic records, in accordance with Trinity Health and your organization’s record retention policies.
- Properly use and protect the confidentiality of all business or other information you use or encounter in your work at Trinity Health.
- Follow all Trinity Health policies governing the use of information and communication systems including access and appropriate use, limitations on personal use, and protecting the privacy and security of data and information.
- Respect the environment and follow your organization’s policies for the handling and disposal of hazardous materials and infectious waste.
- Maintain appropriate licenses, certifications and other credentials required of your position.
- Commit to your ongoing learning and development through completion of education and training programs assigned by your organization.
- Cooperate fully in any audits or investigations requiring your assistance and answer questions honestly and completely.

A relationship is not a one-way street. In recognition of your commitment, you should also expect Trinity Health will:

- Treat you with honesty, dignity and respect.
- Provide you a safe and supportive work environment free of harassment, intimidation or violence.
- Provide encouragement and support for your continued learning and development.
- Provide resources for your training and development, including assisting you in understanding the various laws, regulations and Trinity Health policies that apply to your work.

Q My job responsibilities require me to frequently interact with physicians on the medical staff. I understand there are specific laws and regulations that impact what I can and can't do with physicians. What are the rules and where can I find more information?

A You are correct that there are several federal and state laws and regulations that impact relationships with physicians and other referral sources. These include the Anti-Kickback Law, the Stark Law, and laws applicable to tax-exempt organizations like Trinity Health. In general, it is inappropriate to offer or give gifts, gratuities or anything of economic value to a physician in exchange for referring patients. All financial arrangements with physicians, such as employment, administrative and professional service agreements, office and equipment leases, and asset purchases and sales, must be properly structured and carefully administered to ensure compliance with these laws and regulations. You should contact your Integrity & Compliance Officer or your organization's legal department to learn more about our policies and to discuss any questions you have.

Q A colleague recently posted a notice on our department's bulletin board asking other colleagues to join him in forming a group to support a candidate for the city council. Is this appropriate?

A No. Using Trinity Health's resources, such as bulletin boards, emails, and telephone systems, to participate or encourage others to participate in political activities on behalf of specific candidates for office or specific political parties is not allowed and could jeopardize the organization's tax-exempt status. You should discuss this matter with your supervisor or contact your Integrity & Compliance Officer.

Q A friend of mine works in the human resources department at another hospital in our community. He wants to do a survey of area health care salaries. May I share our organization's salary information with him?

A No. There are strict laws that regulate competition, such as antitrust laws. Sharing salary information may appear to be an effort to fix wages and limit competition in the marketplace. You should notify your Integrity & Compliance Officer or your organization's legal department so that appropriate follow-up can take place.

Relationships with Trinity Health and Communities We Serve

Each of us also has a relationship with the Trinity Health organization where we work and to the broader communities we serve. As with other relationships described herein, there are certain expectations and commitments of both parties to the relationship. All who work in Trinity Health are expected to:

- Represent your organization honestly and ethically in all your work activities and relationships on behalf of Trinity Health.
- Properly use and protect Trinity Health resources including materials and supplies, equipment, staff time and talents, and financial assets.
- Obtain your supervisor's approval before participating in any non-Trinity Health activity during regular work hours or before using Trinity Health equipment, supplies, materials or services for any activity unrelated to your work at Trinity Health.

- Provide a respectful work environment that allows you to freely ask questions, seek clarification when needed, and raise issues and concerns in good faith without fear of retaliation or harassment.
- Respond to your requests for information or assistance in a timely and supportive manner.

Confidential and Proprietary Information

We treat information about Trinity Health's business operations as confidential and proprietary. This means we do not share information about Trinity Health's operations or business strategies with the public. We take great care to share confidential and proprietary information only with individuals that have a need to know the information. Confidential information includes virtually any information not publicly known including individually identifiable patient, resident, participant or member information, personnel data, lists, clinical information and quality data, financial reports, pricing and cost data, information related to affiliations, mergers, acquisitions and divestitures, strategic plans, marketing strategies, and supplier information and data.

Confidential and proprietary information is found in many different forms including paper records, electronic records, verbal and written communications, and various forms of media. The inappropriate sharing of this information can harm our patients, residents, and others, and result in significant damage to Trinity Health's reputation.

Use of Electronic Media

All communication systems provided by Trinity Health, including computers, email, instant messaging, Intranet, Internet access, telephone and voicemail systems are the property of Trinity Health and are to be used primarily for business purposes. Limited personal use of such systems is permitted. However, Trinity Health reserves the right to monitor all aspects of the usage of these systems for appropriateness and to ensure such usage supports the business goals of the organization. Users should not assume any of their interactions and communications when using these systems are private. Users are responsible for following all Trinity Health policies regarding the appropriate access, use and security of electronic media in the workplace.

Use of Social Media

As a values-based organization, Trinity Health expects all of who work in our health care ministry to exercise good judgment and personal responsibility whenever using social media such as Facebook™, Twitter™, LinkedIn™ and other sites. Please keep in the mind the following:

- Do not post any Trinity Health confidential or proprietary information to a social media site. This includes photographs and other information regarding patients, residents, colleagues, suppliers or projects you are working on.
- Do not reference or otherwise associate Trinity Health when using social media to solicit for, endorse or promote outside business ventures, political candidates or campaigns, or religious causes.
- The use of Trinity Health provided devices or communication systems to access the Internet or social media sites to view, post, transmit, download, or distribute threatening or harassing materials, profane, obscene or derogatory materials, or anything that could give rise to a violation of laws or regulations is strictly prohibited.
- Be respectful and professional when using a personal site or account that may identify you as a colleague of Trinity Health.

Questions & Answers

Q There is a colleague in my department who regularly uses the Internet while at work for personal activities. I am not in a position where I'm responsible to "police" other colleagues in my department and their use of work time. What should I do?

A You should discuss this matter with your supervisor or a higher-level manager in your department. All colleagues have a responsibility to ensure that resources and assets used each day are substantially devoted to Trinity Health activities. These resources include supplies, materials, equipment and colleague work time. The occasional personal use of technology resources, like the Internet, is allowed if it doesn't interfere with the colleague's work or violate any Trinity Health policies.

Q Before coming to work at Trinity Health, I worked for a competitor organization and received information that might help our organization in negotiating more favorable contracts with suppliers. Can I share this information with others in my organization?

A No. Do not disclose confidential information you obtained from another job. We may not use this information in any business dealings. Further, it would be unethical for you to share any confidential information you may learn from your employment with Trinity Health with a future employer should you leave the organization.

Q A colleague I work with frequently posts updates on Facebook and sometimes will make references to his day at work. Although he never mentions any patient or resident names, he sometimes discusses unusual cases in far more detail than I feel comfortable. Should I be concerned?

A Yes. Omitting a patient or resident's name does not make it "okay" to discuss on a social media site such as Facebook. Omitting a name does not guarantee that the person cannot be identified. The uniqueness of the situation alone could allow people to reasonably identify the patient or resident. Disclosure of confidential or sensitive information via social media not only puts our patients and residents at risk, it also constitutes a violation of federal privacy laws which can lead to hefty fines and criminal penalties for both the organization and the colleague who made the posting. You should discuss this matter with your supervisor or contact your organization's Privacy Official for assistance.

Q I recently witnessed some unusual activity occurring on the loading dock at my organization. Several shipments of expensive computer equipment delivered to my organization were subsequently picked up by another company and taken away. I questioned my supervisor who gave me an explanation, but the more I think about it, the answer just doesn't seem to make sense. What should I do?

A You should discuss the issue with a higher-level manager in your department or contact your Integrity & Compliance Officer. The explanation you received may be correct and there may be nothing inappropriate occurring with the computer equipment. However, when there is something about an answer you receive that bothers you, or just doesn't feel right, it's best to discuss the issue with another member of management in your organization.



Users are responsible for following all Trinity Health policies regarding the appropriate access, use and security of electronic media in the workplace.

- Q** I assist my boss in preparing her expense reimbursement reports. She often submits receipts for meals and entertainment expenses without specifying who was in attendance and without a description of the business purpose of the meeting. My boss is extremely busy and I don't like to bother her with questions that make it look like I don't trust her. What should I do?
- A** First, make sure you clearly understand the specific documentation policies required for expense reimbursements in your organization. Share these requirements with your boss and explain you want to assist her in ensuring she provides all required documentation for her expense reimbursements. Ultimately she is responsible for the expense reimbursement claims submitted on her behalf. If this approach is not successful, contact a higher level manager in your organization or your organization's Integrity & Compliance Officer for assistance.

This Code of Conduct addresses the more common issues and questions you may encounter in your work in Trinity Health. Working in the health care industry is extremely challenging with complex and frequently changing rules and regulations. As a result, there may be times when the answer to a particular issue or question is not clear. You are responsible for seeking answers to your questions or concerns. Fortunately, there are many resources available to assist you.

Where to Find Help

Immediate Supervisor - This is usually the best place to start in getting answers to your questions. Your supervisor understands the work you do and may already have the information you need or can direct you to the right resource. If your issue or concern involves your immediate supervisor, seek help from one of the other resources listed below.

A Higher-Level Manager or Leader – If you are not comfortable discussing the issue with your supervisor or do not agree or are uncomfortable with the answer you receive, discuss the issue with a higher-level manager or leader in your department or organization.

Human Resources – Your organization's human resources staff can likely answer many of your questions and assist you in addressing workplace issues and concerns.

Integrity & Compliance Officer – Your Integrity & Compliance Officer is responsible for operation of the Integrity & Compliance Program in your organization and is available to assist you in obtaining answers to your questions and concerns.

RESOURCES TO ASSIST YOU

Your Organization's Integrity & Compliance Officer



Larry Pliskin

Vice President, Compliance & Governance

MediGold

614-546-3206

larry.pliskin@mchs.com

Integrity & Compliance Line – You are encouraged to use one of the resources listed here to address your questions and concerns. However, if you are not comfortable using these resources or if the resources used have not fully resolved your concern, please contact the Trinity Health Integrity & Compliance Line at 866-477-4661. You may also file a report online at www.mycompliancereport.com using THO as the access code. You may choose to remain anonymous and all reports are treated confidentially. See further information on the Integrity & Compliance Line in the information box.

Legal – Contact your organization's legal department when seeking legal advice or guidance on behalf of your organization.

Mission Department and Local Ethics Committee – Guidance on matters relating to the Mission and Core Values, the Ethical and Religious Directives for Catholic Health Care Services, pastoral care, advance directives, end of life issues and patient rights are appropriately addressed with your local mission department and/or local ethics committees.

Medical Staff Office – If you are a privileged practitioner, you are encouraged to contact your organization's medical staff office to discuss any issues or concerns.

Privacy and Security Officials – Contact your organization's privacy and security officials if you have questions or concerns related to the use or protection of personal health information or confidential and proprietary business information.

Risk Management and Safety – If you have questions or concerns related to patient care or workplace safety, or are seeking guidance regarding the disclosure of medical errors or adverse events, please contact your local risk management and/or safety departments.

Patient and Colleague Safety Event Reporting Systems – Trinity Health organizations have reporting systems designed to assist colleagues, medical staff, and others in reporting "near misses," errors and other events involving patient care or safety anonymously, if so desired. You should be familiar with the system used to report patient safety events in your organization. Examples include the Voice Organization Incidents, Complaints and Events (VOICE) system and the MIDAS system. All colleague injuries, threats or "near misses" should be reported promptly to the colleague's supervisor and to the workers' compensation claims coordinator, using the Unified Associate Incident Reporting (UAIR) system, if available, or the standard workers' compensation injury reporting process in effect at your organization.

Trinity Health values your opinions, insight and feedback. The most efficient way to resolve concerns is through the internal resources listed above. If you feel a patient care concern has not been adequately addressed, there are also external reporting options available including The Joint Commission Office of Quality and Patient Safety: email complaint@jointcommission.org, Mail One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181. Individual state survey agencies may also be contacted with concerns.

Obligation to Speak-Up

Trinity Health promotes an environment that encourages all to seek answers to questions and to report issues and concerns. Each Trinity Health colleague has a right and a duty to report any activity he or she believes may violate applicable laws, regulations, professional standards of practice, or this Code of Conduct using one or more of the resources listed herein. If the matter has previously been reported and the colleague believes it has not been given sufficient attention, he or she should report the matter to a higher level of management, their organization's Integrity & Compliance Officer, or the Integrity & Compliance Line.

Non-Retaliation Policy

Trinity Health has a policy of "zero tolerance" for any form of retaliation against those who report issues and concerns in good faith, including potential violations of our Code of Conduct. Retaliation includes direct as well as indirect actions, or the threat of actions, supervisors, co-workers, or others.

Retaliation is subject to discipline, up to and including dismissal from employment, suspension of medical staff privileges, or termination of business relationships with Trinity Health, in accordance with Trinity policies and medical staff bylaws, as applicable.

Acknowledgment Process

All Trinity Health colleagues are required to acknowledge their receipt and review of this Code of Conduct, confirm they understand it represents the mandatory policies of Trinity Health and agree to abide by it. New colleagues are required to do so as a condition of employment and all Trinity Health colleagues are required to participate in annual Code of Conduct training designed to reinforce awareness and understanding of its requirements.

Adherence to and support of our Code of Conduct and participation in related training activities is considered in decisions regarding hiring, promotion and compensation for all Trinity Health colleagues.

Integrity & Compliance Line

866-477-4661 or www.mycompliancereport.com

Access code = THO

The Integrity & Compliance Line is staffed 24 hours a day, seven days a week by an outside organization on behalf of Trinity Health. When you call the Integrity & Compliance Line, you will speak with an individual trained to listen to your questions and concerns and to gather as much information from you as possible. If you prefer, you may submit your issue online at the website address listed above. When prompted for an access ID, please use THO. Using either method, your report will not be traced or recorded, and the Integrity & Compliance Line does not use caller ID.

When submitting a report through either the Integrity & Compliance Line phone or online system you may choose to remain anonymous. Trinity Health uses every effort to maintain, within the limits of the law, the confidentiality and identity of any individual who reports issues and concerns. Your report will be provided to Trinity Health for review and investigation. When using the phone system to file a report, you will be provided a report identification number for you to check back later on the status and ultimate resolution of your report.

Acknowledgment and Certification

I acknowledge that I have received a copy of the Trinity Health Code of Conduct and I agree to read it completely. I also agree to discuss any questions or concerns with the Code of Conduct with my supervisor or a higher level manager in my organization. I certify that I will comply with the Code of Conduct and any other policies established by my organization that apply to my role in Trinity Health. I understand it is my responsibility and obligation to report any issues or concerns regarding possible violation of the Code of Conduct. I also understand I may be asked to cooperate in an investigation and agree to do so if asked. I understand that Trinity Health will not retaliate against me for making a report of issues and concerns in good faith.

I understand the Code of Conduct contains standards of behavior I am expected to follow as a condition of my employment in Trinity Health and is not an employment contract. I also understand the standards may be amended, modified or clarified at any time and I that I will receive periodic updates as they may occur.

Please Print

Name: _____

Department or Unit: _____

Organization: _____

Signature: _____

Please complete and submit to your training facilitator or Integrity & Compliance Officer. This acknowledgment may also be obtained electronically. Contact Human Resources or your Integrity & Compliance Officer if you have any questions about this process.

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