

# COVENANT HEALTH SYSTEMS and Affiliates

*Organizational Integrity:*

Standards of Conduct

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## **INTRODUCTION**

The Organizational Integrity Program (the “Program”) and the Standards of Conduct (the “Standards”) described in this booklet have been formally adopted by all facilities associated with Covenant Health Systems. The acronym CHS, as used in this booklet, will refer to all organizations which are associated with Covenant Health Systems and which have adopted the Program and Standards discussed herein.

We serve a broad constituency which includes patients, residents, participants and others, who are referred to in this booklet as the “persons we serve.”

The following Standards reinforce our mission, core values and key policies and procedures. Over the years, CHS has established numerous policies and procedures which promote not only our own values, but also promote compliance with laws, regulations and ethical principles. Nothing in this booklet, by its presence or absence, lessens the importance of complying with our existing policies and procedures. We intend that the information in this booklet is consistent with our existing policies and procedures, but in the event that any conflict should exist, you should bring the matter to the attention of your immediate supervisor, the Human Resource representative or Administration.

The information in this booklet should be used as a resource to help guide you to make the right decisions when dealing with both routine and complex situations you may encounter in your daily activities. Since no booklet can cover all of the situations you may be confronted with, other resources are available to answer your questions, such as your immediate supervisor, the Human Resources Department, the Organizational Integrity Officer and the Integrity Helpline.

These Standards state the objectives which we strive to meet in all circumstances. Whenever we identify a failure to follow the Standards, we take prompt action to correct the situation and reasonable measures to ensure that it does not reoccur.

Our organizations have established procedures to resolve complaints and problems in the workplace. New reporting channels discussed in this booklet such as the Integrity Helpline are not intended to replace these existing grievance procedures, but rather to provide additional mechanisms to report and resolve issues and concerns.

CHS continues to emphasize that there will be no retaliation of any kind for the good faith reporting of these issues.

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## **QUALITY OF CARE**

We are committed to providing high quality care and services that are focused on the persons we serve. We make every effort to render care and provide services that are both appropriate and tailored to the unique needs of each person we serve.

- We treat everyone with dignity and respect.
- We protect and keep confidential all information pertaining to the care and treatment of the persons we serve, and do not discuss such information with others unless it is necessary to serve that person or to perform our job, except as provided by law or organizational policies and agreements.
- All personnel are properly credentialed and trained in the appropriate clinical competencies to meet the needs of the persons we serve. When requested, we will inform the persons we serve and their authorized representatives of the identity and qualifications of all personnel who participate in their care.
- Clinical decisions are not affected by how our organization pays or shares financial risk with our leaders, managers, clinical staff and licensed independent practitioners, nor are decisions regarding the care and treatment of any person we serve based on the source of payment.
- Our admission screening, interdisciplinary evaluation and discharge planning processes ensure that admissions, transfers and discharges are medically appropriate, and in accordance with applicable local, state and federal regulations.
- We maintain complete and accurate medical records. The persons we serve and their authorized representatives have the right, upon request, to access information contained in their medical record.
- We support the right of every person we serve or his or her authorized representative to make their own health care decisions within the limits of the law and our mission, values and capabilities, and we provide them and their authorized representatives with complete information concerning the risks, benefits and alternatives of diagnostic and/or therapeutic procedures.
- We render care and services without regard to sex, age, disability, race, color, creed, religion, national origin, sexual orientation or source of payment.

## **COMPLIANCE WITH LAWS AND REGULATIONS**

We conduct our business and operations in accordance with all applicable laws, regulations and professional standards in order to maintain the integrity of our organizations. Although our employees are not expected to be experts in law and regulation, each of us has a responsibility to understand the legal and regulatory requirements that directly affect our job.

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- We always endeavor to operate in compliance with relevant government laws and regulations.
- We do not ask for, accept, offer, or give, anything of value to physicians or other healthcare providers for the referral of patients or services. Kickbacks, bribes, rebates or any other kind of benefit intended to induce referrals are strictly prohibited.
- We compensate health care practitioners, medical directors/advisors and other referral sources at fair market value and only for those services which are actually rendered and supported by appropriate documentation.
- We do not pursue any business opportunity or conduct any fund-raising activity that is unethical or illegal.
- Our marketing and advertising provides an honest and accurate representation of the services we provide.
- We correct identified errors and take reasonable measures to prevent future similar occurrences.
- We record all financial information in accordance with generally accepted accounting principles, and established finance procedures and internal controls.
- We do not tolerate making intentionally false or misleading statements to a government agency, healthcare program or payer source.
- We always endeavor to comply with relevant government requirements regarding record keeping and record retention, and cooperate with all legitimate requests for information from government auditors, investigators, payer sources or other officials.

## **BILLING AND CODING**

We are committed to properly coding and billing the services we provide in accordance with all applicable rules and regulations established by local, state and federal authorities.

- We bill only for those supplies and services which are necessary, actually provided and supported by appropriate documentation.
  - Upon request, we provide an explanation of charges for care provided, regardless of the source of payment.
  - We use diagnosis, treatment and billing codes that most accurately describe the condition of the persons we serve and the services provided. Billing and reimbursement staff are encouraged to freely communicate with clinical staff regarding any questions or disagreements.
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- We prohibit upcoding, and/or improperly unbundling charges to increase payment or reimbursement.
- We do not tolerate the submission of any claim for payment or reimbursement, including cost reports, that is fraudulent or intentionally false or misleading.
- We prepare billing records accurately and in accordance with established regulatory requirements.
- We regularly review our records for, and promptly refund, overpayments.
- We do not routinely waive insurance co-payments or deductibles, or otherwise provide any benefits to the persons we serve in return for their admission or continued treatment.
- We require that all certifications to third parties are based on the actual knowledge of the individual providing the certification.

## **CONFLICTS OF INTEREST**

As individuals, we take all reasonable precautions to avoid conflicts of interest, or the appearance of conflicts of interest, in the performance of our duties for our organization. A conflict of interest exists whenever a person's outside activities or personal interests influence or appear to influence his or her ability to make objective decisions in the course of his or her duties for the organization. As an example, a conflict of interest exists if a trustee, an employee, a member of the medical staff or a related party (e.g. business or family member) receives a financial benefit from any decision or action he or she makes/takes on behalf of the organization.

- We avoid personal financial or business opportunities that conflict with the best interests of our organization or those we serve.
  - We report any actual or potential conflicts of interest concerning ourselves, family members or business interests in accordance with established policies and procedures. Family members include parents, children, brothers and sisters, grandparents, grandchildren, brothers-in-law, sisters-in-law, parents-in-law, and any other individuals that live in the same household.
  - Gifts to employees that influence or appear to influence their decisions about the delivery of care or provision of services will not be accepted or offered, regardless of their value.
  - Our employees do not offer or accept gifts, gratuities, or entertainment from any outside person or organization from which our organization buys goods or services, with which we compete, or that seeks to do business with us if such offer or acceptance would create a conflict of interest.
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- We never accept cash gifts. Questions regarding the acceptance of a non-cash gift, entertainment or other favor of nominal value should be discussed with your supervisor or the Organizational Integrity Officer.
- We do not prohibit hiring individuals related by blood or marriage, including “espoused” relationships; however, related employees may not directly supervise one another.
- We do not use confidential or proprietary information of our organizations or those with which our organizations do business for personal gain or other types of advantage.
- Our organizations do not make monetary contributions to any political party or candidate.

## **HUMAN RESOURCES**

We recognize each person in accordance with our mission, and value the diversity in our workforce. Each of us shares responsibility for treating our fellow employees fairly and for maintaining a workplace that is safe and free from harassment and abuse.

- We respect the rights and dignity of our fellow employees and make every effort to maintain a workplace free of harassment or any form of physical, verbal or psychological abuse.
- We adhere to the standards of our professions and exercise reasonable care and judgment when performing our duties.
- We offer equal employment, training, transfer and advancement opportunities to all qualified individuals, regardless of race, age, color, religion, creed, gender, national origin/ancestry, disability, or sexual orientation.
- We never disclose personal or confidential employee information unless we are authorized to do so or a work related “need to know” exists.
- We are committed to maintaining a smoke-free (as allowed by law) and drug-free workplace. Possessing, using, selling, distributing, or being under the influence of alcohol or illegal drugs while on duty is not tolerated.
- We do not tolerate the possession of explosive material or the unauthorized possession of any type of weapon on our premises.
- We will not retain employees or knowingly conduct business with vendors that are excluded or otherwise ineligible from participating in a federal health care program.

## **ENVIRONMENT OF CARE**

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Maintaining a safe and effective environment of care is everyone's responsibility. The environment of care includes such areas as general and client safety, emergency preparedness, hazardous materials and waste, fire safety, equipment management, utility management, infection control and occupational health.

- We strive to maintain an environment that is safe, accessible, effective and efficient for the persons we serve as well as visitors and co-workers. We are alert to potential hazards and report any unsafe condition to a supervisor or the appropriate department for correction.
  - All employees are oriented to the environment of care. This orientation includes job-specific "safety" precautions, practices, and responsibilities for reporting and responding to incidents or potential hazards.
  - Incidents relating to personal injury, suspected abuse and neglect, security, property loss or damage, hazardous materials spills or exposures, fire protection deficiencies, equipment and utility malfunctions, or other suspected problems are reported, investigated, and corrected in a timely manner.
  - We follow standard precautions at all times and handle, store and dispose of infectious materials and hazardous waste according to all applicable laws and regulations.
  - We develop and test plans for responding to natural or human-made disasters. Drills are regularly conducted to monitor the effectiveness of procedures related to general safety, emergency preparedness, hazardous materials and waste, fire safety, equipment and utility management, and infection control.
  - We are committed to preventative maintenance of medical and other equipment. Training on the equipment's safe operation is provided to all affected employees and equipment failures are addressed in a timely manner.
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## **SAFEGUARDING RESOURCES AND ASSETS**

We share a commitment to preserve and protect our organization's assets, and the assets of others entrusted to us, including physical property and confidential information, against loss, theft or misuse.

- We use resources carefully and ethically to ensure our assets are used in support of our mission and legitimate business purposes.
- Unauthorized use or removal of the organization's property is a misuse of assets and will not be tolerated. We properly dispose of surplus or obsolete property and equipment in accordance with established policies.
- We follow established internal controls and procedures for the proper expenditure, recording and use of our organization's funds, property and equipment.
- We take reasonable steps to safeguard the property of the persons we serve as well as employees, vendors, suppliers and visitors.
- We preserve and protect confidential information, proprietary knowledge, medical records and "intellectual property," including ideas, from misuse or unauthorized disclosure.
- All communication systems, including electronic and voice mail, and computer equipment are used for legitimate business purposes.
- We use computers and computer software in accordance with copyright laws. For example, we do not make unauthorized copies of computer software or use personal software on the organization's computer equipment. Doing so may violate federal copyright laws or introduce a "virus" to our computer systems.
- We do not use our organization's equipment and facilities to support a political party, candidate or holder of any government position.

## **COMMUNICATION**

We encourage communication and practice an "open door" policy where information can be exchanged freely, and issues and concerns may be raised without fear of reprisal.

- We support the free exchange of information within the organization through regularly scheduled staff meetings.
- All employees have access to their immediate supervisor, Human Resources representative, and Administration to discuss any issue or concern. We view the

raising of issues as a positive and meaningful step to “doing the right thing” and we expect that managers will provide timely feedback.

- We listen attentively to one another and strive to understand the duties, responsibilities and challenges our co-workers face.
- All supervisors and managers make every effort to respond to issues and questions raised by their staff in a timely manner.
- We inform all employees of their duties and responsibilities, and provide timely feedback about their performance.
- We do not discuss information about the persons we serve or other confidential information with other employees who do not have a “need to know” or in any location where we may be overheard by unauthorized individuals.

## **ORGANIZATIONAL INTEGRITY OFFICER**

CHS has appointed a Organizational Integrity Officer (“OIO”) who is responsible for overseeing the day-to-day operations of the Organizational Integrity Program. Each associated organization may have its own Organizational Integrity Coordinator who reports to the OIO on issues involving laws, regulations and the Standards of Conduct. The Program includes:

- Establishing and maintaining the Standards of Conduct;
- Developing training programs to instruct employees in ethical decision-making;
- Administering the operation of the Integrity Helpline;
- Reviewing issues and concerns raised by callers to the Integrity Helpline;
- Establishing auditing and monitoring mechanisms to ensure compliance with relevant laws, regulations and Standards of Conduct; and
- Correcting identified problems and preventing future similar occurrences of violations of laws, regulations and the Standards of Conduct.

<p>Organizational Integrity Officer Covenant Health Systems 420 Bedford Street Lexington, MA 02420-1502 (781) 862-1634</p>
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## REPORTING ISSUES AND CONCERNS

### What resources are available to address your questions, issues, and concerns?

If you have a question, issue or concern, you are encouraged to discuss the matter **first** with your supervisor or a member of Administration. If your issue or concern is not addressed at this level, you may seek advice and assistance from the Human Resources Department or your Organizational Integrity Coordinator. In those situations where you do not feel comfortable reporting to Administration, your Human Resources Department or representative, or your Organizational Integrity Coordinator, you should call the CHS Organizational Integrity Officer or our toll-free Integrity Helpline at 1-877-631-0013. The Integrity Helpline is operated by an independent firm and all calls, are answered by trained personnel. Calls are not [audio] recorded and your report will be kept confidential to the extent permitted by law.

### What will happen when I call the Helpline?

Information from your call will be communicated to the Organizational Integrity Officer for review and response. Your request for information or action will be handled professionally. All reports of improper and illegal conduct will be investigated promptly. No disciplinary action will be taken against an alleged violator solely on the basis of a Integrity Helpline report.

### Can I make an anonymous report?

Yes, you may make an anonymous report. Due to the wide geographic dispersion of the CHS, you may be asked to provide certain information such as the site of your facility in order to begin the process of addressing your issue. However, if you tell others, such as co-workers or friends about your call, your anonymity and confidentiality cannot be guaranteed.

You can also arrange to make a follow-up call to learn what action was taken as a result of your report. If you make an anonymous report, you will be given a “code” number which will permit you to get an update on the action taken.

### Do these new reporting procedures replace the existing grievance procedures at my facility?

No, our organizations have established grievance procedures to resolve complaints and problems in the workplace. The new reporting channels discussed in this booklet, such as the Integrity Helpline, are not intended to replace these existing grievance procedures, but rather to provide additional mechanisms to report and resolve issues and concerns.

## **OUR RESPONSIBILITY**

We must adhere to the Standards of Conduct, and all relevant laws and regulations that affect the performance of our jobs. If we become aware of, or have a reasonable suspicion of a violation of the law, regulation or the Standards of Conduct, we must report our knowledge immediately.

We understand that if we fail to report a violation, we may be subject to disciplinary action and/or legal liability.

Supervisors, managers, directors and other members of Administration are responsible for maintaining an “open door” policy and for responding to issues and questions raised by their staff. Responses should occur in a timely manner, or employees should be referred to an appropriate source for resolution of their issue.

## **STATEMENT OF NON-RETALIATION**

No disciplinary action or other form of retaliation or revenge will be taken against any employee who, in “good faith,” reports a concern, issue, problem, or violation of law, regulation or the Standards of Conduct to their supervisor, a member of Administration, the Human Resources department, the Organizational Integrity Coordinator/Officer or the Integrity Helpline.

“Good faith” means that you are telling the truth as you know it and with good intentions.

Any employee who believes that he or she has suffered retaliation from making a good faith report should contact the Organizational Integrity Officer or call the Integrity Helpline.

We are committed to protecting employees from the intentional misuse of the company’s reporting mechanisms. Deliberately making a false accusation is a serious violation and may lead to disciplinary action, up to and including, termination of employment.