



Corporate Compliance
Physician Guidebook

The Catholic Health Corporate Compliance Program puts forth the principles, establishes the expectations and provides the tools and resources to implement a successful compliance program of organizational responsibility. This document presents guidelines designed to promote prevention, detection, and resolution of certain conduct instances. These instances do not conform to federal and state law; federal, state, and private payor health care requirements; and/or sound business policies.

The Catholic Health System is dedicated to conducting business honestly and ethically. The same high level of commitment is expected of those doing business with the Catholic Health System. As a partner in the provision of health care to our community, it is important that you understand our commitment to ethical business dealings and become an active participant in our compliance efforts.

The goals of the Corporate Compliance Program are:

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

Medicare and Medicaid combined constitute the largest single purchaser of healthcare in the U.S. and the outlays also continue to rise annually. Today's policymakers are searching for ways to decrease the current levels of growth without reducing access to needed health care services or creating undue burdens for providers. Payment from government funded health plans will be affected by quality markers, Value Based Purchasing (VBP) and the Hospital Readmissions Reduction Programs.

Medicare and Medicaid programs are vulnerable to fraud, waste and abuse by virtue of their sheer size, as well as their complex reimbursement rules, and decentralized operations. The focus of government investigations of healthcare organizations has resulted in monetary settlements that total into billions of dollars each year.

The following reasons have been cited as the cause of improper payments:

- inadequate documentation,
- medically unnecessary services,
- coding errors, and
- payment calculation errors, including overpayments and underpayments.

Catholic Health's focus in becoming a high-performing health system embraces the following dimensions:

1. Improving the patient experience of care (including quality and satisfaction);
2. Improving the health of populations; and
3. Reducing the per capita cost of health care.

It takes every individual doing his/her job well to make the Catholic Health System run efficiently. It is important that you know pertinent state, federal regulations and CH policies and apply them to your service.

Catholic Health's compliance efforts will not work without your full support. One mistake or even a perception of wrongdoing could mean that we risk tarnishing our reputation of integrity and could trigger a government investigation that could result in severe financial and other penalties, loss of tax exemption, and a decline in business. The cost of these penalties affects the ability of Catholic Health to bring needed healthcare services to our community. In certain circumstances, penalties for wrongdoings can be directly applied to the individual.

Please read the following compliance policies. They directly impact your relationship with the Catholic Health System. If you have any questions or wish to inquire about our training programs and opportunities please feel free to call your CHS contact, CHS Administration or the Chief Compliance Officer.



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Note: The sections noted above are directly from the CHS Corporate Compliance Plan document.



SECTION I

Standards of Conduct

Catholic Health System (CHS) pledges to meet our mission in an atmosphere that recognizes its responsibility to conduct its business affairs with integrity based on sound ethical and moral standards. CHS recognizes our responsibility to treat the people we serve with the same standards of care, regardless of payor source and in accordance with applicable rules, regulations and laws. CHS is intolerant of fraud, waste and abuse throughout the organization and strives to always deliver medically necessary services in the most efficient and prudent manner. CHS also holds those with whom we conduct business to these same standards.

We intend to meet our mission through ongoing, appropriate and timely education of our constituents. We promote self-monitoring of our activities by providing oversight of our directors, officers, managers, associates, medical staff, house staff, contractors, volunteers, students (hereafter referred to as constituents) and others to assure compliance with these standards.

We seek to provide an atmosphere that is safe, encourages open discussions on these matters with no fear of retribution, and promptly identifies and resolves issues.

This Corporate Compliance Statement is consistent with and supports the Mission Statement of the Catholic Health System ***"We are called to reveal the healing love of Jesus to those in need."***

A. Code of Conduct Statement

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

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

1. Uphold Legal and Regulatory Compliance

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

2. Promote Ethical Business Conduct

- Deal openly and honestly with fellow associates, customers, contractors, government entities and others.
- Maintain high standards of business and ethical conduct in accordance with the Catholic Health System Mission, directives of the Catholic Church and applicable federal, state and local laws and regulations.
- Document work related activities completely and accurately.
- Conduct business dealings with the best interests of the Catholic Health System in view.
- Ensure compliance requirements regarding billing are monitored and enforced.
- Exercise discretion in the billing of services, incorporating payor guidance.



3. Disclose Potential Conflict of Interest

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

4. Appropriately Use Resources

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

5. Preserve Confidentiality

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

6. Exhibit Catholic Health Behavioral Conduct

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

7. Act Responsibly & Be Accountable

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

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

B. Code of Ethics Statement

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

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



1. Quality of Care

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

2. Patient Rights and Responsibilities Policies

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

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

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

Every effort is made to help the people we serve and their families understand and exercise their rights and responsibilities. The people we serve are the primary decision makers in their own healthcare decisions and, to the extent possible, information regarding diagnosis, treatment, research options, and prognosis is to be provided in the patient's preferred language. Language Service taglines with at minimum, the top 15 languages spoken outside of English in New York State, shall be posted at all Catholic Health locations where patients are seen. See policy CHS-CCP-121A Communication Assistance.

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

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

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



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

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

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

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

4. Associate Rights Policies

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

5. Billing Policies

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

6. Marketing and Public Relations Policies

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



7. Admission, Transfer, and Discharge Policies

Admission, transfer, and discharges are conducted in an ethical manner and in accordance with applicable local, state and federal regulations. Admission, transfer, and discharge policies are based on the need of the individual person and the ability of the Catholic Health System to meet that need.

See Policy RSK-006 Patient Transfers (EMTALA/Cobra).

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

It is recognized that ethical conflicts may arise when people who are trying to do right or realize good, either disagree or are uncertain about what constitutes the appropriate, right or good. The Catholic Health System's Ethics Committee has processes to resolve such conflicts.

Also see policy HR – 050 –Managing Associate Ethical Conflicts for additional guidance.

SECTION II

Medical Staff

The success and effectiveness of the Corporate Compliance Plan in part depends upon the extent to which the medical staff understands and internalizes the Catholic Health System philosophy, objectives, and processes related to compliance. Compliance policies related to the medical staff shall address the following issues and applies to all CHS Medical Staff including Physician Assistants, Nurse Practitioners and other Non-Physician Practitioners:

1. sanctions under federally or state funded health care programs,
2. mandated Office of Inspector General educational requirements, and
3. rules and regulations related to physician arrangements and contracting.

The goal of the Catholic Health System (CHS) is to avoid any circumstances or occurrence that may cause, directly or indirectly, the participant to be in danger of violating laws related to private inurement, kickback regulations, and/or payment for any other favor.

Medical staff members are required to self-disclose any criminal conviction or any action to exclude, sanction or limit their practice. Continued employment of an entity or individual physician recently convicted of a criminal offense related to health care or listed as debarred, excluded, sanctioned, or otherwise ineligible for participation in federal health care programs will be prohibited.

Medical staff members will be responsible for adherence to the following Catholic Health System Corporate Compliance policies:

1. Standard of Conduct
2. Medical Staff
3. Contracting
4. Billing Principles
5. Conflict of Interest
6. Confidentiality and Information Security
7. Gifts, Gratuities and Discounts
8. Tax Exempt Status
9. Compliance Reporting
10. Government Investigations



This responsibility extends to reporting any violations or possible violations of these policies and procedures and/or other federal, state or local laws and regulations.

1. Disclosure of any criminal conviction or any action to exclude, sanction or limit the individual

The medical staff application form will specifically require the applicant to disclose any criminal conviction or any action to exclude, sanction or limit the individual with regard to any Medicare, Medicaid or other federally funded healthcare program.

Additionally, if a criminal conviction or any action to exclude, sanction or limit the individual occurs after initiation of association with CHS, the individual is required to report such activity to Compliance as soon as possible.

2. Reference checks

CHS will perform reference checks as part of the initial application and on a regular basis for existing medical staff members. Reference checks will include a review of the Office of Inspector General's List of Excluded Individuals/Entities and the General Service Administration's List of Parties Excluded from Federal Procurement and Non-Procurement Programs, and the NYS OMIG list for Restricted, Terminated or Excluded Individuals or Entities.

Additionally, the New York State Education Department Office of Professional Licensing Verification and other licensing and/or certification bodies will be contacted to verify credentials as appropriate to the applicant.

3. Medical Staff Member convicted of any criminal charges related to health care or debarred or excluded from participation in federally funded health care programs.

The medical staff member will be removed from direct responsibility for or involvement in any federally funded healthcare program.

4. Training and education

Corporate Compliance training and education will be provided on a regular basis with updates distributed as appropriate.

5. Copies of CHS Policies

Copies of CHS policies noted above, along with the Compliance Line policy, will be made available to all medical staff members upon association with the Catholic Health System and on a regular basis thereafter, CHS will obtain from each contracted/employed physician a signed statement attesting to receipt, familiarity with and intended adherence to such plan.

6. Physician Contracts

Contracts entered into with medical staff members and other physicians will observe principles that maintain the Catholic Health System's integrity in keeping in compliance with laws, regulations and rules of Medicare, Medicaid and other federally funded healthcare programs.

Additionally, if a criminal conviction or any action to exclude, sanction or limit the individual occurs after initiation of association with CHS, the individual is required to report such activity to Compliance as soon as possible.



SECTION III

When entering into contractual agreements, the Catholic Health System will observe principles that will maintain the Organization's integrity in keeping with laws, rules and regulations of Medicare, Medicaid and other federally funded health care programs.

A. Remuneration

Remuneration or payments relative to the Catholic Health System contracts for goods and services shall be at "Fair Market Value". Fair Market Value shall be that dollar amount at which a purchaser of the same or substantially similar goods and/or services and under comparable circumstances can acquire such on the open market. If such pricing is not clearly or readily available, reasonable approximations may be otherwise determined.

- The Catholic Health System will not directly or indirectly pay physicians, other providers, vendors, or contractors in excess of the Fair Market Value range for goods and/or services. Any excess benefit is inappropriate.
- Catholic Health System shall NOT provide payment or any other benefit, directly or indirectly, to physicians in consideration for their potential patient referrals to any Catholic Health System entity. Such activity may be a violation of fraud and abuse laws, and is prohibited.
- Catholic Health System shall NOT receive payment or any other benefit directly or indirectly from any vendor or other contractor for the initial or continued purchase of goods and/or services. Such activity may be a violation of anti-kick back regulations, and is prohibited.

B. Sanctioning

The Catholic Health System is precluded from contracting with or doing business with contractors, vendors, providers and other individuals or entities (hereafter referred to as contractors) that have been sanctioned or otherwise disallowed from participation in Medicare, Medicaid or other federally funded health care programs.

Prior to engaging a new contractor, the Catholic Health System will check to determine if the prospective contractor has been excluded, sanctioned or limited from participation in federally funded health care programs. Such report will include research of the Office of Inspector General's List of Excluded Individuals/Entities and the General Service Administration's List of Parties Excluded from Federal Procurement and Non-Procurement Programs, and the NYS OMIG list for Restricted, Terminated or

Excluded Individuals or Entities. This report will also be checked periodically during the life of the contract, lease, or agreement.

Contracts shall have a provision that requires disclosure to the Catholic Health System if an individual or entity contracting with the Catholic Health System is sanctioned or otherwise becomes disallowed from participation in the above noted programs.

Such sanctioned condition extends to individual associates of companies with which Catholic Health System is doing business.



A provision also is included in contracts, which recognizes that if a contracting individual, entity or associate thereof becomes sanctioned from participation, the agreement will terminate automatically.

In addition to the sanctioning provisions above, the engagement of any entity or individual who has been recently convicted of a criminal offense related to healthcare or who has been listed as debarred, excluded, or otherwise ineligible for participation in federal healthcare programs is prohibited.

C. Law of Agency

The Catholic Health System shall put in place guidelines to provide direction to its constituents and contractors as to whom in the Catholic Health System is authorized to commit the organization contractually. Inversely those not authorized to commit the organization contractually and who do so, shall be held accountable and be subject to discipline up to and including termination.

See the Catholic Health System purchasing policies for further guidance on this matter.

D. Joint Ventures

The Catholic Health System is committed to compliance with all rules, regulations, and laws governing Joint Ventures.

Refer to Policy: CHS-LS-003 Mergers and Acquisitions.

E. Commitment to Corporate Compliance

Contracts, leases and agreements include reference to the recognition on behalf of the contracting parties that each are committed to corporate compliance with governmental laws, rules and regulations. This includes a statement of the Catholic Health System's commitment to corporate compliance and of the other contracting party's commitment to compliance at a minimum with regard to all of its dealings and transactions with the Catholic Health System and its entities. This includes the disclosure of any circumstances, which may cause concern with regard to compliance issues.

F. Corporate Compliance Information

Included as an attachment to contracts and otherwise passed on to contractors in general are the following Catholic Health System policies:

- Standards of Conduct
- Contracting
- Conflict of Interest
- Gifts and Gratuities and Discounts
- Government Investigations
- Tax Exempt Status
- Compliance Reporting
- HIPAA Business Associate Agreement (where applicable)



The Catholic Health System expects the same adherence to compliance by all contractors as it demands from itself. It is therefore required that contractors, upon receipt of the above noted policies, attest to receipt, their having read, and their intention to adhere to the same principles of these standards and the level of compliance therein noted.

When a contract, lease or other agreement is being crafted or executed and there is any uncertainty, doubts or concerns about a matter which is believed to be a compliance issue, the Chief Compliance Officer must be contacted and consulted prior to execution.

SECTION IV

Billing Principles

It is the responsibility of the Catholic Health System to ensure that mechanisms are implemented to prevent abusive and fraudulent billing practices. These practices have an adverse financial impact on the organization, third party payors and, the people we serve.

Identification of risk areas associated with billing and cost reporting are a major component of the Catholic Health System's Corporate Compliance program. In light of the importance of this component, a separate Corporate Compliance Plan Coding and Billing, has been developed and adopted by each organization within the Catholic Health System.

It is the Catholic Health System's policy that only services and items duly provided and appropriately documented are billed. Accordingly, the Chief Compliance Officer will take steps to help ensure that each Catholic Health System industry segment and/or department, as appropriate, performs the following:

- Ensures that all billing is accurate, includes dates of service, is produced in a timely manner, and itemized if requested.
- Ensures the people we serve receive written notice of any balance due on an account.
- Addresses expediently and courteously questions from the people we serve as payors about charges, complaints or conflicts without real or reasonably perceived harassment.
- Offers a fair and reasonable payment plan, customized to fit the needs of the people we serve who are either unable to pay the balance due on their account or assists those determined to be unable to pay.
- Conducts general credit and collection procedures according to applicable laws, regulations, and Catholic Health System policies.
- Refunds credit balances promptly in accordance with Medicare Regulations and written Catholic Health System policies relating to same. Appropriate personnel shall be assigned to track, record and report all credit balances.



Examples of potential Non-Compliant Billing practices to be investigated/reported immediately are:

- Billing for services not rendered
- Billing for “medically unnecessary” services
- Upcoding
- Duplicate billing
- Unbundling
- DRG/HURG/RUG creep
- 72-Hour DRG payment window violations
- Billing for discharge in lieu of transfer

It is the responsibility of all constituents to be vigilant in billing compliance. In the event that a questionable billing practice is noted, it must be brought to the attention of a supervisor and the Chief Compliance Officer.

Compliance with the False Claims Act

The Federal False Claims Act and the NYS False Claims Act make it a crime for any person or organization to knowingly make a false record, file, or submit a false claim with the government for payment. “Knowing” means that the person or organization:

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

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

The 2009 Fraud Enforcement and Recovery Act (FERA) imposed penalties on any person who knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the government.

The Patient Protection and Affordable Care Act (PPACA) signed into law March 23, 2010 expanded the false claims rules. In PPACA violations of the Anti-Kickback Statute (AKS) may trigger “False” claims and states overpayments are to be returned within 60 days of discovery. A person who knows a false claim was filed for payments can file a lawsuit (Qui Tam action) on behalf of the government. PPACA impacts Qui Tam relators in that it narrows the scope of what is considered public disclosure, and expands the definition of what can be considered an original source of incriminating information.

The Corporate Compliance Code of Conduct, in addition to other standard Codes of Behavior in effect, promotes ethical behavior in the workplace everyday. In keeping with the mission and goals of the Catholic Health System, constituents and others are expected to comply with the Code of Conduct and Codes of Behavior.



The Compliance Plan presents guidelines designed to promote prevention, detection and resolution of instances of conduct that do not conform to federal and state law, and federal, state and private payor health care requirements as well as sound business policies. It also assists management in providing leadership concerning ethical business practices within the organization, and will ensure that adequate systems are in place to facilitate ethical and legal conduct.

CHS expects those who are involved with creating and filing claims for payment for CHS provided services will only use true, complete and accurate information to make the claim. CHS colleagues will ensure that every claim for payment is correct and accurate, so that the law is not violated, nor the trust we maintain with our patients and communities is broken.

CHS seeks to provide an atmosphere that is safe, encourages open discussions on these matters with no fear of retribution, and promptly identifies and resolves issues. CHS policy on Non-Retaliation (CHS-CCP-106A) protects our associates from adverse action when they do the right thing and report any genuine concern. CHS will investigate any allegation of retaliation against a colleague for speaking up, and will protect and/or restore rights to anyone who reported a concern in good faith.

The Catholic Health System's Corporate Compliance Program includes monitoring and auditing for compliance that helps prevent or detect errors in coding or billing.

Anyone with knowledge or information of any potential or actual compliance risks, issues or questions has a duty to immediately use the internal chain of command reporting process so that CHS can investigate and correct any errors.

SECTION V

Conflicts of Interest

From time to time, a person who is in a position to manage or to influence the management of the organization may have a private interest (direct or indirect) which has the appearance of a conflict of interest of the organization. Relationships such as consultant, speakers bureau, advisory panels, administrative positions with pharmaceutical and medical device manufacturers/ suppliers, third party payors and other entities doing business with Catholic Health System may constitute a potential for conflict of interest therefore disclosure is required.

Potential conflicts of interest in contractual and other business relationships are inherent in the conduct of business. The Board of Directors and other constituents of the Catholic Health System review possible business relationships carefully with respect to potential harm to the people and communities served. A conflict of interest may exist in an instance where the actions or activities of an individual working on behalf of the Catholic Health System result in a potential personal gain or advantage, a potential adverse effect on the organization's interests. Conflicts of interest may also arise in other instances.

Disclosure: Each officer, board member, physician and associate has a duty to disclose on a case by case basis, material interests or affiliations that could potentially conflict with his or her duties as an officer, physician or associate. Additionally, interest in or affiliations with post-organization service providers are disclosed and referrals to those facilities are monitored for excessive referrals and reported to the appropriate CHS entity as necessary.



Conflicts of Interest/Confidentiality & Information Security

Although it is impossible to list every circumstance giving rise to a possible conflict on interest, the following serves as a guide to the types of activities that might cause conflicts and that should be reported to the Compliance Office:

1. **Gifts, Gratuities and Entertainment:** To accept a gift or excessive entertainment directly or indirectly from any person or company which does not comply with the organization's policy on Gifts, Gratuities and Entertainment, that does or is seeking to do business with the Organization, the acceptance of which could be reasonably interpreted as having been given to influence the Organization to act favorably toward the person or entity. This does not include acceptance of items of a nominal value or minor value that are clearly tokens of respect or friendship and not related to any particular transaction or activity of the Organization.
2. **Inside Information:** To disclose or use information relating to the Catholic Health System's business for the personal profit or advantage of the individual or his/her immediate family or of his/her business associates or affiliates. To obtain, disclose or use privileged, confidential or proprietary organizational information without authorization.

Each constituent has a responsibility to maintain confidentiality of information. This includes information directly related to the Catholic Health System, any information related to services rendered, and any information related to persons receiving such services.

3. **Outside Interests:** To hold, directly or indirectly, a position or material financial interest in any outside concern from which the individual has reason to believe the Catholic Health System secures goods or services.

The Catholic Health System Directors, Senior Management and other staff members in positions identified as sensitive in nature or having potential for conflict of interest will be required to sign a "Conflict of Interest Disclosure Statement and Confidentiality Agreement" on a regular basis as well as when specific circumstances arise. These Agreements will be kept confidential and on file in the Corporate Compliance Office.

SECTION VI

Confidentiality & Information Security

All persons authorized to have access to confidential (organizational, patient, associate) information are responsible for its security.

It is the policy of the Catholic Health System that general affairs of the Catholic Health System are NOT discussed with anyone except as may be required in the normal course of conducting the Catholic Health System's business. Constituents have an ethical responsibility to refrain from disclosure of internal information about the Catholic Health System. The use of discretion to safeguard internal Catholic Health System affairs is required.

It is a direct violation of this policy to disclose any unauthorized information concerning a patient, his/her family or friends to anyone.

It is prohibited to attempt to obtain confidential information for which access has not been granted.



Confidentiality/Gifts, Gratuities & Discounts

The Catholic Health System has developed and implemented policies and procedures to ensure that all requirements regarding privacy, security and transmittal of information as stated in the Health Insurance Portability and Accountability Act (HIPAA) are addressed. For further detail see CHS HIPAA Policies and Procedures.

Concerns of policy violation should follow reporting incidents. Associates and others violating this policy are subject to discipline that may include termination and/or legal action.

Business Associate

In general terms, a Business Associate is a person or entity that performs a service for the System, which involves the use of protected health information. If a person, entity or vendor performs a service for the System, which involves the use of protected health information they are considered a Business Associate. In order for CHS to share protected health information with a Business Associate and in order to allow a Business Associate to receive protected health information on our behalf, the System must enter into a written agreement with the Business Associate, in which the Business Associate agrees to appropriately safeguard the information. In order to comply with HIPAA regulations, vendors identified as Business Associates will follow the obligations set forth in the Business Associate Agreement. It is the duty of every CHS associate or CHS Business Associate to report suspected or actual compromised protected health information (unauthorized acquisition, access, use or disclosure) immediately to the Chief Compliance Officer for investigation.

SECTION VII

Gifts, Gratuities & Discounts

In order to maintain a professional work environment and to prevent a potential conflict of interest no associate may accept, directly or indirectly, more than a nominal gift as defined by the Organization from patients, families, sponsors, visitors, vendors or contractors.

Appearance of improper activity shall be avoided with regard to the acceptance of such nominal gifts. It is required that CHS constituents will disclose all CHS business related offered and/or received gifts, gratuities or discounts to their supervisor or the Chief Compliance Officer. Such circumstances include instances of acceptance of gifts, meals, social and entertainment events and honoraria.

Associates may not accept payments directly or indirectly from a vendor/contractor for expenses incurred for travel, conferences and other activities. Such relationships and circumstances may be in fact or be perceived as creating a financial or personal benefit to the associate, family member or personal friend which may improperly influence the decision making process.

Associates may not accept, directly or indirectly, discounts or special terms on purchases unless the discount or special term is available to the general public.

Under no circumstance shall gifts be accepted or offered for the purpose of influencing patient referrals or any other business referral. This policy and the procedures set forth below identify prohibited circumstances; set forth guidelines for evaluating permissible circumstances and set forth a process for disclosure of circumstances or relationships that may give rise to a conflict of interest. This policy is supplemental to existing conflicts of interest policies of CHS.



Gifts, Gratuities & Discounts

Questions that are raised with respect to vendors and individuals wishing to support the Catholic Health System or an individual department with a significant gift must be referred to the Chief Compliance Officer. Similarly, any department that would like to solicit gifts of considerable value to support department activities or the activities of the Catholic Health System must seek approval from the Chief Compliance Officer prior to soliciting or accepting a gift.

Notwithstanding the foregoing, the acceptance of common business hospitality such as occasional meals, entertainment or nominal gifts with a value of fifty dollar (\$50.00) or less or \$300.00 per annum from the same or related source shall not be considered a violation of this policy. The Chief Compliance Officer must be consulted regarding anything in excess of a fifty dollar (\$50.00) value.

Gifts that are approved by the Chief Compliance Officer are used for the general welfare of the Organization or individual department, as deemed appropriate.

Solicitation or acceptance of any compensation, tip or cash gift, directly or indirectly without prior approval, is a direct violation of this policy.

A more stringent gift policy held by any CHS organization or department takes precedence over this policy.

Specific Issues: The following are conditions established for the acceptance of gifts, meals, social and entertainment events, educational opportunities, charity events, and honoraria. The conditions also establish when disclosure is required.

A. Gifts

Gifts offered to associates from current or potential business may be accepted under the following conditions:

- The value does not exceed \$300 annually. Such gifts may include items of small value, such as coffee cups, tee-shirts or pens from third parties given for promotional purposes. If the cost of the gift does not exceed the guidelines, but could give an appearance of an attempt to influence a business decision or a conflict of interest, the associate should disclose it to his/her supervisor.
- Perishable or consumable gift that is given to the department is generally acceptable. In these cases, appropriateness should guide acceptance.

B. Social or Entertainment Events

Invitations to associates from current or potential business to attend a social or entertainment event in order to further develop their business relationships may be accepted under the following specific conditions:

- Business discussions or the development of business relationships will occur.
- The event will not exceed a value of \$50 per associate.
- If it is later determined that the event did exceed the \$50 per associate limit, then the associate will disclose this fact in a reasonable amount of time to his/her immediate supervisor and identify it in an annual written disclosure.
- The benefit the associate receives will not be calculated into current or future decisions with the business.



C. Vendor Sponsored Events

Invitations to associates from current or potential business to attend training and educational opportunities that include travel and overnight accommodations at no cost to the associate or to the Corporation may be accepted under the following conditions:

- The amount of time at the event that is spent on recreation and/or entertainment should be proportionately less compared to the time devoted to substantive educational or training matters.
- The event venue is more educational than recreational.
- In no case, may the business pay for the travel expenses of an associate's spouse or guest.
- Prior to accepting any such invitation, supervisor should approve it in writing.

D. Meals

Meals offered to associates from current or potential business and occurring in connection with business discussions or the development of business relationships may be accepted under the following conditions:

- If it is modest, infrequent and as far as possible, on a reciprocal basis.
- The meal will not exceed \$50 per associate. If it is later determined that the meal cost exceeded the \$50 threshold, the associate should disclose this to his/her immediate supervisor and identify it in an annual written disclosure.

E. Charitable Fund Raising Events

Associates and all those who represent the Corporation may accept invitations by vendors to charitable fund raising events under the following conditions:

- The vendor offers the invitation through the Department of Philanthropy (Fund Development) and attendance is reviewed by the CEO, or his/her designee.
- Attendance at a fund raising event sponsored by a vendor of the Corporation should not be limited to one representative of the Corporation on an ongoing basis, but should be shared to fully represent the organization.
- The monetary value of the invitation, which includes a donation value of the event, should not exceed \$300.
- Gifts solicited on behalf of the Corporation should be coordinated with the Foundation.

F. Honoraria

Unless otherwise agreed by the Corporation, honoraria received as part of carrying out business or community service in the name of the Corporation must be endorsed over and/or paid directly to the organization.



SECTION VIII

Catholic Health System (CHS) not-for-profit entities have adopted policies and procedures to maintain tax exempt status.

A. Private Inurement

For each not-for-profit entity, the Catholic Health System maintains its legal and ethical obligation to act in compliance with applicable laws as well as to engage in appropriate activities in furtherance of its charitable purpose, and to ensure that its resources are used in a manner which furthers the public good as reflected in the Catholic Health System Mission, rather than the private or personal interests of any individual.

Consequently, the Catholic Health System, its constituents and others avoid compensation arrangements which are inappropriate or in excess of fair market value, accurately report payments to appropriate taxing authorities and file all tax and information returns in a manner consistent with applicable laws.

B. Political Activities

The Catholic Health System, its officers and associates will comply with all federal and state laws regarding lobbying, political contributions, gifts to government officials and other political activities. Catholic Health System will not offer or make payments or give anything of value to a government official or a representative of a government agency, directly or indirectly, with which the Catholic Health System has or is seeking to obtain a contractual or other business or financial relationship, or that regulates any activities or obligations of the Catholic Health System. The Catholic Health System, its officers and associates also will not offer, make, accept or receive payments or anything of value, directly or indirectly, in order to obtain a competitive advantage with regard to contracts that involve the provision of health care services to beneficiaries of any federal, state or local government health care program, including Medicare and Medicaid. The Catholic Health System will communicate its views to regulators and other government officials only in accordance with state and federal requirements.

The Catholic Health System will “not participate in or intervene in (including the publishing and/or distributing of statements), any political campaign on behalf of or in opposition to any candidate for public office.” This means that the Catholic Health System will not endorse any candidate for any public office. While the Catholic Health System constituents may be personally involved in campaigns and endorse candidates, such activities must not in any way use the Catholic Health System’s financial resources, facilities or personnel, and must clearly and unambiguously indicate the actions taken, statements or other endorsements given are those of the individual constituents and not of the Catholic Health System.

“No substantial part of the activities” of the Catholic Health System will constitute “attempting to influence legislation.” “Attempting to influence legislation” includes:

- a. contracting or urging the public to contact members of a legislative body for the purpose of proposing, supporting or opposing legislation, or
- b. advocating the adoption or rejection of legislation.

The Catholic Health System may instruct the public on matters useful to individuals and beneficial to the community. In doing so, the Catholic Health System will present a sufficiently fair and non-partisan exposition of the pertinent facts as to permit an individual or the public to form an independent opinion or conclusion.



SECTION IX

Compliance Reporting

The Catholic Health System's constituents and others have an ethical duty and responsibility to report any violations or possible violations of the Organization's Code of Ethics, Code of Conduct, policies and procedures or Federal and State laws and regulations.

To address this responsibility, the Organization uses:

A. Direct Reporting

Report the matter to the Chief Compliance Officer. Reported concerns are received at the Corporate Compliance Office by way of telephone, facsimile, e-mail, United States Postal Service, and in person.

B. Compliance Line (Hotline)

1. The Compliance Line telephone number is 1 (888) 200-5380 and is available 24 hours a day, 7 days a week.
2. The telephone number and available hours are included in the Compliance Program Guidebook and posters, organization website and handout materials.
3. The telephone number and available hours are prominently displayed throughout the Organization and included in the Corporate Compliance Associate Guidebook distributed to all new associates.
4. The Chief Compliance Officer responds to Compliance Line calls. When the Chief Compliance Officer is not available, an individual is designated by the Chief Compliance Officer and approved by the Compliance Committee to handle hotline calls.
5. Calls may be placed anonymously.
6. Callers are not subject to retaliation from management or other associates for statements regarding factual, actual or perceived instances of non-compliance with federal, state and local laws including fraud, waste and abuse. See Policy CHS-CCP-106A Non-Retaliation Policy and Procedure.
7. Information provided to the Compliance Line is treated confidentially and as privileged to the extent permitted by applicable law.
8. Callers are informed that if the incident requires government authority involvement, the caller may have to reveal his/ her identity.
9. Intentional false accusations are prohibited. Offenders may be subject to termination.
10. Associate calls leading to the discovery of non-compliant activities do not protect the associate against any wrong-doing committed by the associate. However, the disciplinary action taken is not increased against the associate.
11. The HHS-OIG Hotline telephone number, 1(800) HHS-TIPS (1-800-447-8477) is also posted in prominent areas.
12. The Chief Compliance Officer summarizes reports on Compliance Line activities and provides periodic updates on Compliance Line activity to the Corporate Compliance Committee.



C. Non-Retaliation for Reporting Concerns

Catholic Health System (CHS) protects its associates from adverse action when they do the right thing and report a genuine concern. Therefore, no one at any level of the organization is permitted to engage in retaliation or any form of harassment against an associate, physician, trustee, volunteer, contractor, or agent reporting such a concern.

CHS strives to promote an environment where all individuals can feel comfortable and confident following the right course of action in their daily work. Members of CHS management are expected to actively encourage and reward open Communication within their areas of responsibility.

In order to conduct business honestly and ethically, the Catholic Health System's constituents have a duty to report actual or potential violations of the organization's Code of Ethics, Code of Conduct, policies and procedures, or Federal and State regulations and are not permitted to overlook such situations. Physicians should contact the CHS Compliance Office or call the Compliance Line at 1 (888) 200-5380 to report actual or potential violations. Individuals are encouraged to report the matter as indicated above to give the Catholic Health System a reasonable opportunity to conduct an appropriate investigation and take any needed corrective action.

In addition, both Federal and State False Claims Acts make it a crime for any person to knowingly make a false record or filing of a false claim with the government for payment. "Knowing" can include deliberate or reckless ignorance of facts that make the claim false. A person who knows a false claim was filed for payment can file a lawsuit (including Qui Tam action) on behalf of the government. Federal and state law also prohibit any retaliation or retribution against persons who report a genuine concern of suspected law violations to law enforcement officials or who file a Qui Tam (whistle blower) lawsuit on behalf of the government.

CHS will investigate any allegation of retaliation against a colleague for speaking up, and will protect and/or restore rights to anyone who raised a genuine concern. All substantive instances of retaliation or harassment against anyone reporting through the reporting process will be brought to the attention of the Compliance Office.



SECTION X

Governmental Investigations

The Catholic Health System (CHS) complies with the law and cooperates with any reasonable demand made in a government investigation. It is imperative, however, that CHS protects the rights of the Catholic Health System and its personnel. If any constituent receives an inquiry, a subpoena, or other legal document regarding the Catholic Health System's business, whether at home or in the workplace, from any governmental agency, the constituent should notify the Chief Compliance Officer directly and immediately. If the constituent is contacted at home by a governmental agency concerning Organization business, the constituent should ask the agent to come back later and immediately contact the Chief Compliance Officer to discuss the matter. The Chief Compliance Officer shall contact the Catholic Health System's counsel for compliance matters. The Organization normally arranges for the Catholic Health System's Counsel to accompany any constituent being interviewed by a governmental representative.

Sometimes it is difficult to tell when a routine government inquiry, audit, or review may escalate into a more formal and serious governmental investigation. The Catholic Health System relies on the common sense and alertness of its physicians to inform the Chief Compliance Officer regarding the initiation of any governmental investigation involving the Catholic Health System.

Accordingly, if this process is followed, the Organization may then, on a case by case basis, determine its specific action plan.

If a constituent has concerns about any governmental investigation involving the Catholic Health System, contact the Catholic Health System Chief Compliance Officer.

The CHS Corporate Compliance Plan document has taken into consideration guidance put forth by the Office of Inspector General (OIG) of the Department of Health and Human Services.

Three final notes:

- It is critical at all times to tell the truth. To do otherwise may subject you to criminal charges.
- If after providing information to the governments' investigator, you become aware that the data provided was inaccurate or incomplete, notify the CHS Compliance Office or legal counsel immediately.
- No records, data or other information should ever be modified, eliminated or destroyed in contemplation of or after the commencement of an investigation. This includes any information which may be eligible for destruction under the CHS Records Retention Policy. Once commenced, a governmental investigation preempts the records policy. Any questions in this regard should be directed to the CHS Compliance Office or legal counsel.





Thank you for your attention to the Corporate Compliance Program of the Catholic Health System.

If you have questions about the CHS Standards of Conduct or Compliance policies contact:

Kimberly E. Whistler, Esq. Chief Compliance Officer
Administrative & Regional Training Center - 6th Floor
144 Genesee Street, Buffalo, NY 14203
Phone: (716) 821-4471 | Fax: (716) 821-4460
E-mail: ComplianceOffice@chsbuffalo.org

--OR--

Call the Compliance Line toll free 24 hours a day, 7 days a week at:

1-888-200-5380

--OR--

Visit online at:

<https://www.mycompliancereport.com>

Access ID: CTH

All reporting is confidential and the person may remain anonymous, if desired.

More information on Catholic Health programs and services is available by calling (716) 447-6205 or visiting chsbuffalo.org.

Our Mission

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

Our Vision

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

Our Values

Reverence, Compassion, Integrity, Innovation, Community, Excellence.