POLICY:

Christiana Care Health Services ("CCHS"), its Board of Directors, Medical-Dental Staff, Administration, employees and agents are committed to providing patient care and conducting business operations in an ethical manner consistent with CCHS’s mission, core values, strategic plan, regulatory requirements, and policies.

PURPOSE:

This Code was created to guide CCHS personnel at all levels of decision making so that sound legal and ethical principles will be applied in day to day business and operational decisions. CCHS has adopted many policies and procedures to promote compliance with ethical principles, which policies/procedures may not be described in this Code. Nothing contained in this Code, however, is intended to substitute for, or diminish any staff member’s responsibility to adhere to the particular requirements of those policies/procedures.

SCOPE:

The CCHS Compliance Program and the requirements of this Code of Organizational Ethics are applicable to all CCHS directors, officers, employees, contractors, and active medical staff members (sometimes referred to as “CCHS personnel”, “staff members” or “providers”) and to CCHS affiliates and subsidiaries.

ORGANIZATIONAL STANDARDS OF PRACTICE:

1. QUALITY OF CARE

Standard:
All CCHS facilities and providers will provide quality health care in a manner that is appropriate, reasonable and medically necessary.

Policy Overview:

a. CCHS patients will be provided with high quality clinical services without regard to race, religion, sex, national origin, age, disability, veteran status, sexual orientation or any other status constituting an illegal basis for discrimination.

b. CCHS promotes clinical excellence and patient safety by continually evaluating provider competency through its credentialing and performance review processes, and monitors the quality and efficiency of services provided through its Performance Improvement and Utilization Management programs.
c. Situations may arise where a staff member’s religious, ethical or moral beliefs may conflict with his/her duty to provide/participate in certain aspects of patient care. In these situations, staff members are permitted to request exclusion from those aspects of patient care. However, exclusion may not be permitted if the result could compromise patient care.

d. To the extent possible, providers will involve patients and family members in decisions regarding care/treatment and will follow CCHS standards regarding communication with patients or representatives. There is a process in place that permits staff, patients and families to address and resolve ethical issues related to patient care. The right of each patient to make choices about his/her own care, or to refuse treatment, is recognized.

e. The physician or knowledgeable designee will discuss with the patient the therapeutic alternatives and risks associated with the treatment contemplated and obtain the informed consent of the patient or representative. To the extent possible, this information will be provided in a language that the patient can understand.

f. Decisions relating to resource allocation and utilization management are for the purpose of determining appropriate care and will not limit services for financial reasons. Medically appropriate and covered services may not be withheld from patients based on payment methodology.

g. Under EMTALA law, any person presenting on the main campus of a CCHS hospital requesting, or appearing to need, emergency care must be screened and evaluated for an emergency medical condition regardless of ability to pay for the services rendered. The term “main campus” includes the parking lots, sidewalks and driveways directly serving either of the two main hospitals. Any patient with such a condition shall be stabilized within the capabilities of the hospital and/or transferred to another facility if the hospital lacks sufficient stabilization capabilities.

h. EMTALA is applicable to any physician/provider responsible for the screening, stabilization, and/or transfer of an individual with an emergency medical condition, including any physician assigned to provide on-call specialty coverage to the Emergency Department, and that physician must come to the ED for such purpose if requested by the ED physician. An on-call specialist must respond to all calls from the Access Center or ED physician without regard to a patient’s sex, race, ethnicity, religion, national origin, citizenship, age, preexisting medical condition, physical or mental handicap, insurance status or ability to pay for medical services.

2. CODING, BILLING AND MEDICAL NECESSITY

Standard:
CCHS submits claims for payment to government and commercial insurers only for services or items that are medically reasonable and necessary to diagnose or treat a patient’s medical condition. CCHS providers or other personnel responsible for documentation, coding, billing, and/or accounting for services/items shall comply with all applicable federal/state laws and regulations and with CCHS claims development and submission policies/procedures. Cost Reports shall be prepared in accordance with CMS guidelines and costs shall be supported by documentation.
Policy Overview:
a. CCHS and its providers will bill government and commercial payers only for services/items actually provided and/or delivered, and determined to the best of our knowledge, to be covered and medically necessary. Misrepresentations or presumptions in coding and/or billing are prohibited. “Unbundling” of claims, i.e. separate billing of charges that are required to be billed together pursuant to payer rules, is prohibited. CCHS will maintain appropriate edits in its billing systems to prevent duplicate billing.
b. Supporting medical record documentation must be generated for all services/items ordered or provided, and documentation shall support medical necessity for every service/item billed. All diagnosis and procedure coding shall be supported by appropriate medical record documentation. “Upcoding”, i.e. assignment of a higher paying code than is justified by documentation, for either inpatient or outpatient services, is prohibited. Medical necessity for any outpatient/inpatient test or procedure subject to a local medical review policy or national coverage determination must be verified against those standards prior to performance of the test/procedure.
c. Services provided shall be accurately and completely coded to the highest specificity, with attachment of appropriate modifiers, and submitted to the proper primary and then secondary payers. Federal/state regulations regarding proper claims development and submission practices shall be followed, and CCHS policies/procedures shall be analyzed for consistency with these regulations. Professional coding and documentation shall be consistent with the standards developed by the CCHS Departments of Compliance, Patient Finance, Health Information Management, and applicable clinical department.
d. Decisions with respect to assignment of patients to inpatient, observation or outpatient status (accommodation coding) will be made in accordance with medical necessity standards, payer rules, and the requirements of federal regulations. Claims shall not be submitted for procedures designated by Medicare as “inpatient only” if performed on an outpatient basis.
e. All patients must be consistently and uniformly charged based on category. Discounts will be appropriately recorded and items consistently described so that comparability may be established among payers. Government payers will not be charged in excess of CCHS’s usual and customary charges for hospital and/or professional services or health care items.
f. Billing and collections shall be recorded in appropriate accounts. Credit balances will be processed and returned in a timely manner. Any overpayments from payers discovered in the monitoring/audit process will promptly be investigated, calculated, disclosed and refunded to payers in a timely and appropriate manner. Corrective action will be implemented to prevent recurrence of any incorrect billing practices.
g. In some cases, a provider may determine that services/items are medically necessary or appropriate, but the patient’s health plan may not cover those services/items. In the case of commercial insurance, the patient should be directed to his/her health plan administrator for information about the process for determining covered benefits. Patients are provided with information regarding charges for which they are personally responsible.
h. Medicare/Medicaid patients may request outpatient or inpatient services/items that are not covered benefits. Such services/items may be provided so long as the patient signs an advance beneficiary notice, or notice of non-coverage, in which the patient agrees to pay for the services/items if the payer denies the claim. In these cases, the patient may request the submission of a claim anyway to protect his or her appeal rights or to determine the extent of coverage.

i. CCHS personnel responsible for coding, documentation and billing will be knowledgeable about CCHS policies and procedures as well as federal/state regulations regarding the claims development/submission process. CCHS managers are individually responsible for those parts of the process under their control. Regular audits and training will be provided for all personnel/providers for whom coding and documentation are part of their responsibilities, and also for those responsible for the submission of charge or billing data. All managers shall maintain appropriate processes in their departments to evaluate whether such personnel/providers understand and adhere to correct procedures in this regard.

j. An accurate and timely billing structure and medical records system is critical to ensure that CCHS personnel can effectively implement and comply with established claims development and submission processes. Lapses or deficiencies discovered in the information and/or billing systems infrastructure will be remedied in a timely manner.

k. In the preparation of Cost Reports, costs will be properly classified, allocated to the correct cost centers, and supported by verifiable and auditable data. Cost Reports will be submitted in a timely manner in accordance with payer requirements. Any Cost Report errors or omissions discovered shall be corrected in a timely manner and, if necessary, procedures shall be clarified and remedial education provided to prevent recurrence.

l. The cost of drugs, devices and supplies, as well as any discounts offered by vendors, shall be properly reported and accounted for. Acceptance of educational, research or other grants or gifts from vendors given in lieu of a discount is prohibited.

m. In order for charges to be processed, chart documentation shall always support the level of services provided. It is a serious violation of law to knowingly submit, or direct anyone else to submit, a claim that is not properly supported by chart documentation. Submission of a claim in reckless disregard or deliberate ignorance of the truth or falsity of the information, or of the requirements of federal/state regulations or payer rules is, under the False Claims Act, equivalent to doing so “knowingly.”

n. A provider or any other person may not alter a bill for services rendered so as to identify services covered by the patient’s insurance instead of the services actually provided.

o. In certain teaching settings, if a teaching physician is on-site and generally available for consultation, residents or trainees may be permitted to treat patients without one-to-one supervision. Generally, a teaching physician may not submit charges for services rendered to patients unless he/she was involved in providing the key or critical portions of those services. Billing rules relating to the services of attending physicians in the teaching setting are very complex and care should be taken in the preparation of such claims.
p. Records of transactions should be created in accordance with generally accepted accounting principles and CCHS policy. Any accounting staff member who receives instruction appearing to be inconsistent with these principles shall raise the issue with his/her manager and they shall attempt to correct the situation. If they are unable to agree on a resolution, the issue shall be elevated to a manager or higher until a satisfactory resolution is reached.

q. Any staff member reviewing an official report in which some financial data appears incorrect shall immediately raise the issue with his/her manager. If an official statement is published with incorrect information, there may be serious consequences for the organization as a whole and, in particular, those responsible for preparation of the information.

3. IMPROPER REFERRALS, KICKBACKS AND CONFLICTS OF INTEREST

Standard:
CCHS personnel may never accept, solicit or offer, for themselves or the organization, anything of value in exchange for the referral of healthcare business or the referral of patients. Subject to certain exceptions, Federal law and regulations prohibit referral of a patient to any entity in which a physician has a financial interest.

Policy Overview:

a. Federal law prohibits anyone from offering anything of value to a Medicare, Medicaid or TRICARE beneficiary that is likely to influence their decision in the selection of a particular provider.

b. CCHS personnel may not receive, solicit or offer anything of value as an inducement for the referral of business or patients to or from any healthcare provider or vendor. This includes the offering of incentives directly to federal/state health plan beneficiaries, such as routine waiver of copayments or forgiveness of debt, without determination of financial need.

c. Federal law prohibits the exchange of anything of value that could immediately or eventually exert an influence on a provider’s clinical decisions, increase costs, or lead to over or under utilization of services. The prohibition regarding exchange of goods or money to induce referrals extends to receipt of gifts by any CCHS personnel.

d. CCHS providers that prescribe/order drugs or other items must be particularly cautious in their interactions with drug or device industry representatives, and in serving in an advisory capacity to industry, to ensure that grants or other compensation do not actually, or are not perceived as, influencing clinical or purchasing decisions.

e. Providers may not accept payments from drug/device companies for consulting or advisory roles, or to serve on a speakers bureau, that are in the aggregate in excess of fair market value for legitimate and commercially reasonable services provided.

f. CCHS providers shall not engage in purely commercial marketing or promotional efforts for drug/device company products in return for compensation in any form. Assisting a drug/device company in the promotion of a product for an off-label use is a direct violation of the False Claims Act.
g. Outside of the medical conference setting, a CCHS provider shall not attempt to influence CCHS colleagues to use or prescribe the products of a drug/device company in which that provider has a financial interest or other compensation relationship.

h. Research grants from commercial sponsors must be for legitimate and scientifically necessary research and not accepted if the purpose is to promote a product after FDA approval has already been obtained. Research or educational grants initiated by the marketing or sales departments of a commercial sponsor shall not be accepted. The methods used for the conduct of clinical trials or basic research, including the gathering of data and interpretation of results, shall be scientifically sound and unbiased and remain free from the influence of commercial sponsors that may compromise the scientific integrity of the results.

i. A CCHS provider may not accept compensation from a drug/device company for attending a seminar sponsored by that company unless the provider performs a legitimate service such as speaking or preparing learning material. Accepting gifts or payment for exotic travel, expensive hotels, or lavish meals, or for prolonged leisure or recreational activities, even as part of a legitimate scientific or medical conference, is prohibited because of the appearance of a conflict of interest.

j. A CCHS provider who serves on a drug/device company speakers bureau may be reasonably compensated for his/her services but the content of the presentation shall have legitimate scientific or medical value or be based on his/her personal clinical experience with the products discussed, rather than serve merely as a venue for marketing or promoting the products of the company. This also applies to the authorship of scientific articles. The amount of such compensation may be subject to certain annual limits set by CCHS from time to time within its sole discretion. Acceptance of honorary authorship of scientific articles is strictly prohibited.

k. The advantages and disadvantages of the use of a product for an off-label indication may be discussed in a presentation at a legitimate scientific or medical conference, so long as the conference is free from industry sponsorship and the presentation does not promote the use of the product for an off-label indication.

l. CCHS does not endorse drug/device company products, nor does it accept compensation in any form for the use of its name, logo, or image, whether in picture or narrative form, in the endorsement of such products. However, statements about the use of a particular product by CCHS providers may be included in promotional literature if approved by the Department of External Affairs. Any conference or media presentation amounting to a product endorsement, for which a CCHS provider is compensated, may not connect the provider’s name with CCHS.

m. Subject to certain statutory or regulatory exceptions, Federal law prohibits a physician from referring a patient for certain health services to a facility where that physician (or a family member) has a financial interest or a non-employment financial relationship.

n. Offers of discounts on products from manufacturers or wholesalers may be accepted in certain circumstances in accordance with CCHS policy but must be accounted for and disclosed to any government payers that reimburse CCHS for such products.

o. Any arrangement/agreement between CCHS and any of its non-employed providers or vendors, especially where that provider/vendor is in a potential or actual position to refer, or be the recipient of, referrals of patients or other healthcare business to or
from CCHS or its providers, must be carefully reviewed by Corporate Counsel and/or the Compliance Office, to ensure that the arrangement/agreement does not violate the prohibitions of the federal Antikickback Statute or Stark Law (or any state equivalent) which prohibit incentivization of referrals for services/items covered by government healthcare payers.

4. CONFLICTS OF INTEREST

Standard:
CCHS personnel will avoid potential or actual conflicts of interest whenever possible in undertaking clinical enterprises or personal business.

Policy Overview:
a. No CCHS staff member may use the authority of his/her office to influence a decision affecting the organization relating to a transaction in which he/she has an outside interest.
b. No CCHS staff member may offer or accept gifts, gratuities, loans or other items of value from third parties potentially or actually doing business with CCHS except as permitted by CCHS policy. Such third parties may include customers, patients, vendors, suppliers, competitors, payers, carriers and fiscal intermediaries.
c. Any use of CCHS facilities equipment or other resources for other than organizational related activities is a misuse of those resources. In particular, staff members may not use the CCHS name or image to promote non-CCHS products or services for pecuniary gain.
d. Organizational funds may not be used to contribute to a political party, committee, organization or candidate in connection with a federal, state or local campaign. Personal contributions of private funds may be made to the campaigns of political candidates but such contributions are not reimbursable by the organization.
e. Generally, CCHS avoids contracting for goods or services with family members of employees. Staff members should not engage in any activity that may create the impression that they are attempting to influence a CCHS purchasing decision in favor of a family member. Purchasing decisions made through appropriate committees in which conflicts of interest are disclosed may be made in favor of family members if the interested party does not take part in the decision making process.
f. Certain types of invitations from vendors may be accepted if they are within the bounds of the law, good taste, moderation and common sense. Participation in such activities shall adhere to the requirements of CCHS policy and avoid creating even the appearance of impropriety. If the acceptance of such an invitation has the potential to influence a purchasing decision, it is prohibited.
g. Any member of the CCHS formulary committee (P&T Committee), or any other CCHS purchasing committee, is prohibited from involvement in any decision as to the purchase or use of the products of a drug or device company, if that member has any financial interest in, or compensation relationship with that company. The individual shall recuse him/herself from the decision making process in accordance with the requirements of CCHS Conflicts of Interest Policies. Additionally, any CCHS staff member who advocates for the placement of any drug on the CCHS
formulary, or who advocates for any other purchasing committee decision favorable to the purchase of a drug or device, must disclose in detail any financial interest in, or compensation relationship with, the company that sells the drug or device.

h. Vendors and suppliers are selected solely on the basis of quality, cost-effectiveness and appropriateness of services/items offered. Purchasing decisions are complex and usually controlled through a formal process with substantial oversight. It is legal for a vendor/supplier to offer certain incentives to group purchasing entities in which CCHS participates. However, if it is suspected that any purchasing arrangement provides a single vendor/supplier with an unfair advantage, or that a vendor/supplier has improperly incentivized purchasing, ordering, or prescribing decision makers within the organization, the matter should be raised with a supervisor or the Compliance Officer.

i. Any CCHS marketing materials must accurately represent the hospital and the care, treatment or other services provided by the hospital, either directly or through contractual arrangement.

5. PERSONAL AND CONFIDENTIAL INFORMATION

Standard:
All efforts shall be made to protect the personal and confidential health information of CCHS patients and information relating to CCHS business and practices. CCHS abides by Federal HIPAA Privacy and Security Regulations and applicable state laws.

Policy Overview:

a. The CCHS Notice of Privacy Practices explains to patients how CCHS will protect and treat their confidential health information. CCHS personnel may not disclose confidential patient information other than at the patient’s request or as authorized by law. Approval for use of patient information for research purposes must be obtained from the Institutional Review Board.

b. CCHS personnel are trained about privacy and security law/regulations as applicable to their job function. Confidential patient information may be discussed with, or disclosed to, other CCHS personnel on a limited, “need to know basis” and only for reasons related to treatment, payment or organizational operations. The HIPAA “minimum necessary standard” for disclosure is always applicable.

c. At no time may confidential patient information be discussed with, or disclosed to, non-CCHS personnel other than family members or persons assuming responsibility for the patient, except as permitted under HIPAA or other applicable law. Personnel and/or trainees who have questions regarding patient confidentiality should refer to CCHS policies or consult with the Privacy Officer.

d. Breach of patient confidentiality warrants corrective and/or disciplinary action up to and including, termination of employment. Breach of confidentiality can occur in many ways, some more subtle than others. These can include looking at identifying information in documents other than the medical record or informal discussions with colleagues.
e. Information system passwords may never be shared. Confidential information stored on company or personal data devices shall be protected at all times and deleted when no longer needed.

f. In general, patients may request and are entitled to receive copies or summaries of their medical records, if such requests are made in writing, with the exception of minors and some other patients in cases where access is limited for the patient’s protection or as otherwise limited by state law.

g. CCHS personnel may not disclose CCHS proprietary or trade secret information to any unauthorized or non-CCHS persons. Such proprietary information may relate to CCHS’s business affairs or those of a CCHS vendor or contractor.

h. CCHS personnel may not disclose to any third party confidential Medical Staff or peer review information. State/federal law grants special privileges to the proceedings and minutes of certain organized committees of the Medical Staff and peer review bodies.

i. Personnel records are considered confidential. Access to personnel files is limited to management, human resources staff, and internal auditors. These persons are held accountable for protecting the privacy of personnel records.

j. Viewing the medical records of other employees is a serious violation of federal law and will usually result in disciplinary action for the offender up to and including termination. The offender could also be subject to private legal action for damages by the party whose information was wrongfully accessed. Corrective action by management in response to a breach may require modification of internal procedures or computer systems. Knowledge of a breach should be reported immediately to a supervisor, the Privacy Officer or the Human Resources Department.

k. Trainees such as residents may not retain personally identifiable information on patients except as required by recognized training oversight organizations. If copies of records otherwise need to be retained by trainees, the information shall be de-identified.

l. Information concerning employee performance requested by a subsequent employer is sensitive and may be confidential. Refer any such requests to the Human Resources Department.

m. Generally, CCHS owns all information (e.g. computer programs, training materials, processes, marketing strategies) created or developed by employees while on the job or through the use of CCHS resources. Such information constitutes the “intellectual property” of CCHS. Proceeds received by CCHS for permitting third party use of such information may be shared with the employee or his/her department under certain circumstances. This is a complex legal area and a supervisor, technology transfer personnel, or Corporate Counsel should be consulted on such matters.

6. CREATION AND RETENTION OF RECORDS

Standard:
All medical and institutional records found on the premises of CCHS facilities are the property of CCHS. Those responsible for the preparation and retention of patient and/or institutional records will determine that those records are accurately prepared and maintained in a manner and location as dictated by law, regulations, or CCHS policies.
Policy Overview:

a. The complete and accurate preparation and maintenance of all paper or electronic records by CCHS physicians or other providers is of the utmost importance in providing quality care and conducting CCHS business. Accurate records are essential to the maintenance of licensure and/or accreditation of CCHS facilities and providers.

b. Knowingly creating records that contain any false, fraudulent, fictitious, deceptive or misleading information is a serious violation of law. It is a violation of the False Claims Act to knowingly make false or misleading entries in medical records. The Act includes in its definition of “knowingly” making entries with reckless disregard or deliberate ignorance of the truth or falsity of the information.

c. An entry in a medical record may never be deleted. Medical records may be amended and material added to enhance the comprehensiveness and accuracy of the record but only in accordance with medical record documentation policy and procedures. Any amendment to a medical chart must indicate that the entry is an addition or correction to the original record and reflect the actual date the amendment was made.

d. Placing the signature or initials of another person on a record is prohibited. Electronic signatures and signature stamps may be used in limited circumstances in accordance with CCHS policy. Use of such devices is limited to the individual whose signature is recorded and access to such devices is strictly controlled.

e. Unless authorized by CCHS policy, at no time may records be destroyed, altered after the fact, or removed from the premises. CCHS record retention and destruction policies set applicable time periods for retention, and procedures for destruction, based on the category of record involved. The premature destruction of records could be misinterpreted as an effort to destroy or conceal evidence which can have serious legal consequences.

f. Only orders heard personally may be recorded by an individual. A supervisor may not authorize a subordinate to sign the name or initials of any other person. Any such request must be reported to a manager or higher. Retaliation against employees who resist or report attempts to falsify records will not be tolerated.

g. An entry into a chart should never be placed next to a note written at a previous time unless the actual date of the additional note is included. Such an entry may be interpreted by a payer as an attempt to fraudulently generate a charge when one is not justified. The entry should explain that it is applicable to a prior date of service rather than the date of the additional note. Any person witnessing a violation of this rule shall report it to a supervisor.

7. CLINICAL RESEARCH

**Standard:**
The rights of research study participants and their safety and privacy are protected by CCHS policies which reflect federal and state regulations governing ethical practices in the conduct of human subject research and clinical trials.

**Policy Overview:**
a. CCHS policies provide guidance for compliance with federal/state standards regarding the integrity of research programs. These policies address conflict of interest situations, regulatory non-compliance, scientific misconduct and procurement integrity. They are disseminated to all staff, students, volunteers and contractors involved in CCHS research programs. Additionally, procedures have been established to permit individuals to elevate concerns about suspected non-compliant research practices.

b. Protection of the rights, safety and privacy of research subjects, and of the integrity of research, is assured through an Institutional Assurance filed with the Federal Office of Human Research Protections and through ongoing interaction with federal/state research oversight agencies. The activities of the Institutional Review Board include protocol review, the informed consent process, clinical trials monitoring, and review of unexpected serious adverse events occurring in a research study.

c. The CCHS Office of Research and Grants Administration oversees the process through which governmental funding is obtained for research purposes. Other CCHS departments provide the fiscal oversight needed to determine that research budgets and cost allocation practices comply with federal regulations and commercial industry sponsor agreements. CCHS billing systems incorporate processes to determine that research costs are appropriately charged to sponsors and/or to third party payers.

d. The cost of performing clinical trials conducted for a commercial sponsor must be fully funded by the sponsor and may not be supported in whole or in part by other funds including third party reimbursement, grants or charitable donations. Wherever possible, coverage of medical expenses for any patient injured in a clinical trial should be negotiated with a commercial sponsor. Clinical trial protocols initiated by the marketing or sales departments of a commercial sponsor shall not be considered for implementation.

e. Under certain circumstances, Medicare/Medicaid will cover the routine costs of care for subjects participating in a clinical trial, and sometimes the costs associated with the diagnosis and treatment of conditions arising out of the subject’s participation in the trial.

f. Items and services relating to research are procured in a fair and competitive manner in accordance with CCHS policy which prohibits conflicts of interest in this process. Educational or research grants received from commercial sponsors may not influence procurement decisions.

g. It is the responsibility of the Principal Investigator to respond to patient questions regarding research procedures and safety as part of the informed consent process. The patient should always be informed that he/she may withdraw from study participation at any time and this will not compromise his/her medical care.

h. It is illegal and unethical to exert improper pressure on, or to provide excessive financial incentives to, patients to convince them to participate in a particular research study or to undergo an experimental procedure.

i. It is considered a conflict of interest for the Principle Investigator, or any other participant, to have a financial interest in the outcome of a research study. The methods used for the conduct of clinical trials, including the information gathering process and interpretation of results, must be scientifically sound and unbiased, and free from consideration of the financial interests of the sponsor or any other
inappropriate commercial influences that may compromise the scientific integrity of the results. Any concerns in this regard should be reported to the Compliance Officer.

j. The CCHS Notice of Privacy Practices explains that an investigator may apply to the IRB to get permission to examine the charts of patients with specified diagnoses to determine if a study is feasible or if there are patients available to enroll.

8. GOVERNMENT REQUESTS FOR INFORMATION

Standard:
CCHS personnel shall cooperate with investigations and audits by appropriately authorized government enforcement agencies as outlined below (Joint Commission and State agency quality of care surveys are addressed in a separate policy).

Policy Overview:
a. CCHS policy will provide more detailed guidance on how to respond to requests from federal or state enforcement agencies or agents for information or records. Any recipient of such a request should delay any response until he/she has reviewed the policy.
b. If an investigator from a federal or state enforcement agency requests information during or after work hours, the investigator should be directed to a supervisor, the Compliance Officer, or Corporate Counsel. Before consent is given for an interview, positive identification should be obtained from the investigator and information should be requested on the nature of the investigation and the subject of the interview. If the request is made in a telephone conversation, call-back information should be obtained so that the identity of the investigator may be verified.
c. The staff member has the legal right to consult with his/her supervisor or other CCHS personnel, such as the Compliance Officer or Corporate Counsel, before answering any questions. Under law, such consultation may not be interpreted by the government as an unwillingness to cooperate with an investigation. CCHS personnel are entitled and strongly encouraged to have one of these individuals with them during any interview, which can be arranged by a supervisor.
d. If the investigator wants to conduct a search of a CCHS facility or records, a search warrant should be requested. In any case, a supervisor, the Compliance Officer or Corporate Counsel should be immediately notified.
e. A staff member may not provide an investigator with any confidential patient information, personnel records, or any other records—either in written or verbal form, without first consulting with a supervisor, the Compliance Officer or Corporate Counsel. CCHS documents or records may never be destroyed or altered in anticipation of a government request for records.
f. A staff member should never attempt to persuade other personnel to make false or misleading statements to a government investigator or to alter/destroy records.
g. FBI agents have the legal authority to visit CCHS personnel at home to ask about activities at work. CCHS may not prohibit personnel from talking to government investigators if they wish to do so. However, personnel may consult with Corporate Counsel or their personal attorney before answering any questions. Asking to speak
with legal counsel before answering questions is always one’s right and is always prudent. Notes should be made summarizing any conversation with an investigator. A supervisor, the Compliance Officer or Corporate Counsel should always be notified regarding a home visit.

9. ADHERENCE TO ANTITRUST LAWS

Standard:
CCHS will comply with applicable federal and state antitrust laws.

Policy Overview:

a. CCHS personnel shall not participate in the following activities which may violate antitrust laws:
   i. agreement or negotiation with a competitor to artificially set prices or salaries;
   ii. division of markets, restriction of output, or blocking new competitors from the market;
   iii. sharing pricing information with competitors that is not normally available to the public, which could be considered by a court as an effort to fix fees or limit competition.
   iv. Arbitrary denial of medical staff privileges to physicians or other practitioners for reasons unrelated to clinical competence or the legitimate business interests of the organization.
   v. participation in a boycott of government programs, insurance companies, or of particular drugs or products.

b. Any discussion with competitors regarding conditions in the marketplace including pricing policy, profit margins, or credit and billing practices should be avoided. Competitors are at risk when they discuss these issues at trade shows or professional conferences, including conversations at informal gatherings (e.g., lunch or dinner after the meeting has concluded). CCHS personnel shall not engage in unauthorized business discussions with competitors. Questions regarding antitrust liability should be directed to Corporate Counsel.

10. PATIENT'S FREEDOM OF CHOICE

Standard:
In the referral of patients for post-discharge care to home health agencies, medical equipment or home drug suppliers, or long-term care and rehabilitation facilities, the rights of patients to choose their own providers should be respected.

Policy Overview:

a. It is improper to consistently direct patients to a particular agency, supplier or facility for post-discharge care to the exclusion of others, especially where CCHS has a financial interest in the provider. However, CCHS may develop a list of
recommended providers based on legitimate beliefs about quality of care. If the patient/family is still unable to choose after receiving the list, CCHS may recommend a provider in which it has a financial interest.

b. It is improper to permit a discharge planning coordinator representing any outside provider to maintain office space, or regularly occupy any other designated area, directly on the property of any CCHS facility used for the care of patients. Likewise, it is improper to favor any particular provider in the grant of regular access to CCHS patients for the purpose of soliciting referrals for post-discharge services.

c. Insurance coverage may limit a patient’s choice of provider if it is expected that the insurer will cover the cost of care. A patient may choose providers not covered by insurance if he/she is willing to pay for non-covered care.

d. A physician may consistently direct his/her patients to a particular provider based on legitimate beliefs about quality of care. Nonetheless, it is not improper to raise a question about the propriety of any financial arrangement between the physician and a favored provider.

11. FAIR TREATMENT OF PERSONNEL

Standard:
In accordance with CCHS Human Resources policy, CCHS prohibits discrimination in any employment related decision on the basis or race, color, national origin, religion, sex, physical or mental disability, medical condition (cancer-related or genetic characteristics) ancestry, marital status, age, sexual orientation, citizenship, or status as a veteran. CCHS is committed to providing equal employment opportunity and a work environment in which each employee is treated with fairness, dignity, and respect.

Policy Overview:

a. Reasonable accommodation will be made by the organization to the known physical and mental limitations of otherwise qualified individuals with disabilities. If any individual requires special accommodation or assistance as the result of handicap, he/she should contact the Human Resources Department.

b. Harassment or discrimination of any employee based on diverse characteristics or cultural background is strictly prohibited as is any form of workplace violence or sexual harassment. All personnel should be familiar with Human Resources policies in this regard. Anyone who observes or experiences any form of discrimination, harassment, or violence in the workplace should immediately report the incident to his/her supervisor or the Human Resources Department.

c. Promotions and assignments are based solely on one’s ability and accomplishments as compared to fellow workers. If a supervisor cannot explain his/her decisions in this regard to the satisfaction of an employee, the employee should consult with a manager or Human Resources. Retaliation for raising such issues will not be tolerated. Nonetheless, the employee has an obligation to accept reasonable supervisory decisions and work to improve his/her performance to advance his/her career.

12. REPORTING POTENTIAL ERRORS OR SUSPECTED VIOLATIONS
Standard:
All personnel are required to report any actual or suspected compliance violations directly to a supervisor, the Compliance Officer or through the Anonymous Compliance Hotline. Compliance policy establishes procedures for investigating known or suspected compliance violations. Corrective action, remediation, and/or disciplinary measures for improper conduct will be imposed uniformly for all levels of staff without regard to position or influence. The organization does not tolerate retaliation against any individual for reporting, in good faith, an actual or suspected violation even if the allegation is never substantiated. However, the Compliance Officer will investigate situations in which there is reason to suspect that the motive for making a compliance report is other than honorable and in good faith. Refer to the CCHS Compliance Enforcement Policy for more detail.

13. CORRECTIVE ACTION AND DISCIPLINARY PROCEDURES

Standard:
Appropriate corrective action will be taken with any CCHS personnel who fail to comply with CCHS policies or federal/state regulations relating to the subjects above. Corrective action may take many forms and is designed to change behavior or practices, provide remedial education or training, abate an offending practice, make financial restitution to payers, or put systems into place to prevent recurrence of non-compliant practices or conduct. Corrective action may or may not include disciplinary action depending on the severity of the violation and whether the misconduct was intentional. Refer to the Compliance Enforcement Policy for more detail.

RESPONSIBILITY

Responsibility for enforcement of this Code is assumed by the Compliance Officer and other members of the Compliance Steering Committee as may be applicable. Notwithstanding it is the responsibility of each individual staff member to comply with the provisions of:

1. all applicable law and regulations related to his/her job responsibilities;
2. the standards and requirements of this code;
3. the requirements of other CCHS compliance policies.

Attachment 1

ETHICAL PRACTICE QUESTIONS & ANSWERS:
While every possible ethical situation cannot be addressed in this policy, the following questions are intended to clarify application of this policy in every day practice.

I am not sure if we are billing correctly for some of the supplies we use in my department.
You are encouraged to talk to your supervisor first. However, if for any reason you do not feel comfortable talking to your supervisor or if your supervisor did not answer the
question or address the problem to your satisfaction, you do have other options. You should speak with someone else in management, contact the Compliance Officer, or call the 24-hour compliance hotline (1-800-863-8567).

**Will I get in trouble if my suspicion turns out to be wrong?**
As long as you have an honest concern, you will not get in trouble. Employees may be subject to discipline if they witness something but do not report it. The only time someone will be disciplined for reporting misconduct is if they knowingly and intentionally report something that they know to be false or misleading in order to harm someone else.

**What if I tell my supervisor, but they say not to worry about it and to do it anyway because we have always done it that way?**
If you know something is wrong, you must not do it. You should report the situation to the Compliance Officer.

**While conducting chart reviews, my supervisor told me to fill in missing information for my co-workers. Can I do this?**
No. It is wrong to document information other than your own.

**A patient who receives services frequently wants to give you a tip for taking such good care of her. Is this acceptable?**
No. Cash gifts or other gratuities are not to be accepted from patients. Refer to Christiana Care Employee Handbook, section on “Gifts and Gratuities”.

**A health care worker sometimes requests medical records, whether he is involved in the patient’s care or not. Is he allowed to do this?**
No. Christiana Care is responsible for protecting patient information from anyone not involved in the patient’s care. Employees should report such inappropriate requests to their supervisor.

**I have strong religious beliefs and feel I have a duty to teach others. May I pass out my religious flyers at work?**
No. Employees may not solicit for any reason or distribute literature or other materials during work time or in working areas or patient care areas. People not employed by Christiana Care may not, at any time, solicit or distribute literature for any purpose on Christiana Care property.

**My brother works for a company that is currently proposing to provide services to Christiana Care. Is that a conflict of interest?**
Possibly. If your brother is seeking to provide services to Christiana Care, you must not use your position at Christiana Care or information that you obtain at work to influence the negotiation process in any way. You should make your supervisor aware of the situation so that even the appearance of favoritism is avoided.
What do I do if I am asked to participate in an aspect of patient care that feels ethically wrong?

Christiana Care recognizes that there may be situations where conflict may arise related to an employee's religious or ethical beliefs and cultural or moral values that impact on their willingness to participate in certain aspects of patient care. When such conflicts arise, employees may request to be excluded from certain aspects of patient care. There is no guarantee that the request can be granted as patient care will not be compromised. Christiana Care must ensure that patient care is continued and not compromised by such a request. Whenever possible, employees should notify their supervisor or department head in advance and in writing about their concerns and request to be excused from participating in a particular aspect of treatment or care.

Can employees really get dismissed for violating this Code of Organizational Ethics?

Yes. Christiana Care takes this Code seriously and will enforce it. The standards apply to everyone. Any employee – no matter what his or her level in the organization – who has violated the standards outlined will receive corrective action in an appropriate and consistent manner ranging from coaching to termination of employment.