Corporate Compliance Program
Business/Professional Code of Ethics
Code of Conduct

Union Health System
Union Hospital, Inc.
Union Associated Physicians Clinic, LLC

UNION HEALTH

Healthier, together.
Corporate Compliance Program
Business & Professional Code of Ethics
Code of Conduct

Contents

PROGRAM GOAL/PURPOSE ............................................................. 2
STANDARDIZED COMPLIANCE POLICIES AND PROCEDURES .................. 2
STRUCTURE OF CORPORATE COMPLIANCE PROGRAM AND OVERSIGHT AUTHORITY ..... 3
ROLE OF OUTSIDE LEGAL COUNSEL .................................................. 3
ROLE OF BOARD CORPORATE COMPLIANCE COMMITTEE & COMPLIANCE MANAGEMENT COMMITTEE .......................................................... 3
CONTRACT MANAGEMENT .................................................................. 5
HUMAN RESOURCES .......................................................................... 5
PERSONNEL POLICIES ....................................................................... 6
TRAINING AND EDUCATION ............................................................... 6
CONTINUING EDUCATION ................................................................ 7
MONITORING AND PERIODIC AUDITING .................................................. 7
RECORDS RETENTION POLICY .......................................................... 8
REPORTING SYSTEMS ........................................................................ 8
COMPLIANCE LINE POLICY .............................................................. 8
REPORTING PROCEDURES ................................................................. 9
DISCIPLINE ......................................................................................... 9
SELF-REPORTING VIOLATIONS .......................................................... 10
THIRD PARTY IDENTIFIED VIOLATIONS ............................................. 10
COMPLIANCE WITH CERTIFICATION OF COMPLIANCE AGREEMENTS AND SETTLEMENT AGREEMENTS WITH INTEGRITY PROVISIONS .......................................................... 10
CODING & BILLING COMPLIANCE ...................................................... 10
ACCOUNTING FOR FINANCIAL TRANSACTIONS ................................... 12
REGULATORY ISSUES ....................................................................... 13
REFERRALS AND KICKBACKS ............................................................. 13
DEFICIT REDUCTION ACT OF 2005 MANDATORY FALSE CLAIMS EDUCATION REQUIREMENTS ........................................................... 14
PROCEDURES FOR DETECTING FRAUD AND ABUSE ....................... 18
REPORTING ....................................................................................... 18
CONFLICTS OF INTEREST .................................................................. 19
HIPAA AND HITECH REGULATIONS ..................................................... 20
BUSINESS & PROFESSIONAL CODE OF ETHICS ................................... 20
CODE OF CONDUCT ......................................................................... 25
PROGRAM GOAL/PURPOSE

This Corporate Compliance Program ("Program") has been adopted by the Boards of Union Health System, Inc., Union Hospital, Inc. and Union Associated Physicians Clinic, LLC ("Boards") to identify policies and procedures for preventing and detecting violations of any law or regulation, whether civil or criminal for which the organization would be liable and to promote an organizational culture that encourages compliance with the law. Throughout this document, reference to Union Health System, Inc. includes:

- Union Hospital, Inc. (UHI) and its divisions, Union Hospital Terre Haute and Union Hospital Clinton, all inpatient and outpatient departments or areas of the hospitals and any location where services are performed for UHI. Reference to IPACS, Inc., includes its divisions, Advanced Recovery Services and Premier Account Management.

- Union Associated Physicians Clinic, LLC (UAPC), together with its related entity providing certain management and personnel services, namely, Associated Physicians & Surgeons Clinic, LLC and Union Health System Medical Group.

This Program applies to administrative staff, exempt and non-exempt staff, professional staff, contracted personnel, employed physicians, physicians on staff but not employed, volunteers, students and other agents. This Program is intended to complement, not replace, other policies and various State and Federal Laws and Regulations and Medicare/Medicaid Regulations.

Throughout this document reference to Union Health System, Inc., Union Hospital, Inc. and Union Associated Physicians Clinic, LLC is referred to as "Union".

STANDARDIZED COMPLIANCE POLICIES AND PROCEDURES

Union has written policies and procedures to ensure that all employees have access to guidance and protocol that should be followed in performing their duties. This Program documents Union’s policies and procedures related to the Corporate Compliance function, as well as the procedures that the Director of Governmental Relations/Corporate Compliance & Privacy Officer ("Officer") will utilize to monitor various aspects of corporate compliance. This Program will be communicated to all new and existing employees and medical staff members via Union’s compliance program and/or through training sessions on corporate compliance.

With respect to specific departmental policies and procedures, Union will periodically conduct reviews of each department’s operations and will amend, when required, individual policy and procedure manuals to include aspects of compliance with the specific laws and regulations applicable to each risk area. Where appropriate, the Officer is responsible to update these policies and procedures with the assistance of specific departments.
STRUCTURE OF CORPORATE COMPLIANCE PROGRAM AND OVERSIGHT AUTHORITY

The Boards have formally adopted this Program by resolution. The Boards review and give final approval to any proposed changes or additions to the Program. The Boards have a committee to monitor and oversee activities and effectiveness of the Program.

Effective corporate compliance programs assign a high-level employee or employees to oversee and implement the Program. This Program provides the Officer a direct reporting line both to the Chief Executive Officer of UHI and to UHI’s Boards of Directors. Additionally, in recognition of the key responsibilities of various division managers to implement the Program, each division or entity will have representation on a Compliance Management Committee. The Compliance Management Committee is critical to consistent, successful Program implementation by monitoring and auditing the Program and communicating between the Corporate Compliance Department and the divisions and entities.

The Officer will have as a primary responsibility the oversight of compliance for all services of Union employees. The job description is located in the Human Resource Department and the Corporate Compliance Department.

ROLE OF OUTSIDE LEGAL COUNSEL

Outside Legal Counsel will assist the Officer to assure the Program addresses applicable federal and state statutes and regulations. Additionally, Outside Legal Counsel will advise Union regarding changes in law or regulations and will assist the Officer in updating maintaining the Program regularly.

Outside Legal Counsel will be notified, at the discretion of the Officer, of incidents that may reasonably result in a non-compliance allegation. The Officer is responsible to investigate a reported incident. If a more detailed investigation is required, the Officer may employ additional personnel or consultants for assistance and is responsible to manage the investigation as outlined in the formal “Internal Investigation Policy.”

The Officer will review the corporate compliance policies and procedures at least annually to assure that they are current and address applicable law federal and state statutes as well as third party regulations and requirements. Outside Legal Counsel will assist with such review if requested.

ROLE OF BOARD CORPORATE COMPLIANCE COMMITTEE & COMPLIANCE MANAGEMENT COMMITTEE

The Boards are familiar with the Program and exercise oversight of Program effectiveness. The Boards have established a Board Corporate Compliance Committee ("Board Committee"). The Board Committee monitors Program activity and effectiveness. In addition, the Board Committee may make recommendations and reports to the full Boards for action related to the Program. The Board Committee’s responsibilities include, but are not limited to, review of training and education activities, review of allegations of non-compliant activity, and review of new initiatives being
undertaken by regulatory authorities at Union.

All decisions and actions taken by the Board Committee will be reported to the Boards on a regular basis (at least four (4) times per year).

In addition to monitoring the Program, the Board Committee reviews disciplinary action against policy violators. To ensure consistent application of disciplinary measures, the Board Committee will, as needed and appropriate, review the specific violation, reference historical disciplinary action for a similar offense, and evaluate the violator’s work history. The Officer is responsible for documenting the facts pertaining to the violation and the corrective action taken.

The Compliance Management Committee is appointed by the Chief Executive Officer and provides support for the Officer by senior management of UHI and UAPC in all lines of business, all divisions and all services. The Compliance Management Committee reviews the status of the Program, discusses issues and non-compliant activity, and recommends changes to the Program. The following is a summary of the roles of the Compliance Management Committee:

- Monitor the organization’s compliance activities to ensure process, policy and procedures exist to detect and mitigate noncompliance with federal and state laws and regulations and to deter any criminal activity;

- Recommend for approval to the Boards changes or updates of the compliance program and the Corporate Compliance Department’s annual audit plan;

- Revise, review and approve procedures for compliance policy and procedure distribution including the dissemination of regulatory updates;

- Review compliance program training activity to be certain that regular and continued training is undertaken for the Boards, management, and employees including monitoring of continuing education for Corporate Compliance matters;

- Review the results of monitoring and auditing activity regarding the Program’s effectiveness including Compliance Line activity;

- Serve as a committee to share information throughout Union and facilitate implementation of necessary changes to policies, controls or processes;

- Members of the committee will serve as representatives for their division, department or entity; and

- Review of alleged privacy issues.
CONTRACT MANAGEMENT

Consistent with Program policy, Union requires its agents, consultants and independent contractors to comply with the Program and those persons or organizations must agree to abide by Union policies and the Program.

All contracts, written agreements, letters of understanding, grants or leases, and similar documents must be recorded in the master listing of contracts and agreements maintained by the Corporate Compliance Department. Each individual’s review of a contract should focus on the compliance requirements of the Program. Outside Legal Counsel is available to all members of management, should they believe that a legal opinion is required prior to approving any contract.

The Officer will implement regular checks to ascertain whether contractors and/or vendors are among excluded entities listed on the Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (http://exclusions.oig.hhs.gov) and the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs (http://www.sam.gov).

HUMAN RESOURCES

Union maintains interview requirements and job descriptions for all levels of staff. Union also retains a copy of the application, resume and testing results, as applicable, for each applicant hired as established under the respective document retention policy for tracking applicants through the hiring process.

The Human Resources Departments will use a standardized form for researching a candidate’s background for criminal activity, including conviction of a crime or charges pending. Criminal history checks shall be done for all applicants hired. Criminal history checks also are initiated for internal candidates seeking promotion to a position of Director or higher. The employment status of the applicant, any current employee, or any current employee proposed for advancement who has been arrested, charged or convicted of a felony or a misdemeanor (excluding traffic infractions for which the maximum penalty is a money fine) will be referred to the Officer, the head of the respective Human Resources Department or his/her representative, and to Outside Legal Counsel in consultation with the applicable CEO or his/her designee.

Union will also have in place policies and procedures to assure that criminal background checks and sanction checks are conducted for employees, volunteers, students and non-employed individuals as deemed appropriate.

As part of Union’s responsibility in conducting due diligence with regard to physician candidates, Union will research Medicare and Medicaid databases for any documented prior fraud and abuse offenses, including probationary status by any federal or state regulatory agency. All prior or pending malpractice claims will be documented and reviewed. Union will provide a standardized form and process for documenting applicants found to have violated a federal or state regulation. The Department of Health and Human Services Office of Inspector General’s List of Excluded Individuals/Entities and the General Services Administration’s List of Parties Excluded from
Federal Procurement and Non-Procurement Programs will be checked to ensure that any proposed employee, current employee or entity which Union proposes to enter into a contract with or has a contract with is not shown on these lists as an excluded party.

Union will ensure applicants for positions requiring credentials have proof of certification prior to their hiring or providing service to Union. Union will review the original certificate and maintain on file a copy of each employee’s current certification. Each division is responsible for implementing appropriate procedures to ensure that current certifications are maintained and updated.

Union maintains current job descriptions for each position. Each department shall, with coordination of the Human Resources Department, list the education, experience, and special requirements for each position within the department, as well as the title, reporting relationship, duties and functions of each position. Department heads shall review job descriptions with the Human Resource Department, per the Healthcare Facilities Accreditation Program (HFAP) and any other applicable accrediting organizations standards, to ensure each job description is current. All job descriptions will include appropriate references to compliance with laws and regulations.

Compliance will be incorporated in all Union employee performance reviews. An employee's immediate supervisor completes the evaluation; however, the Human Resources Department will report any issues noted in the compliance section to the Officer for further action, if necessary.

Union offers exit interviews in person or by electronic media to all employees upon their termination (voluntary or involuntary). Employees in the position of a manager or above will be contacted by the Human Resources Department and offered an exit interview. Among the purposes of the exit interview is inquiry about knowledge of any Program violations.

**PERSONNEL POLICIES**

Union has adopted and implemented separate personnel policy handbooks to govern the day-to-day operation of each organization and to establish guidelines for the hiring, retention, evaluation, discipline, and discharge of employees. All personnel should familiarize themselves with the policies outlined in the respective handbook as those polices are updated or amended from time to time. Any violation of personnel policies should be reported to the Human Resources Department.

**TRAINING AND EDUCATION**

Union will integrate the corporate compliance policies and procedures into the orientation program for all Union board members, employees and medical staff members. Compliance training will include laws and regulations, specific responsibilities of each department, methods to report violations, disciplinary measures for violations, and responses to third-party requests for information or interviews. This orientation will be supplemented by specific training for individual employee or medical staff responsibilities when applicable.

The Officer monitors, evaluates, and audits the corporate compliance training program. The
Officer will review educational videos and manuals to assure content accuracy, determine that attendance records are accurate, supervise timely completion of training, and certify that employees have acknowledged completion of the training program and understanding of its content. In addition, the organization will retain a copy of any training material and a brief description of the subject matter of any education program.

CONTINUING EDUCATION

All employees will receive compliance training on an annual basis. Where applicable, the training will incorporate compliance issues pertinent to vocation and duties, including updates of regulatory information. Finance, Billing, Coding, Cost Reporting, Medical Records and other departments’ employees may be provided additional focused hours of training per year as determined appropriate by the Officer and the Compliance Management Committee.

The Officer is responsible for establishing a process for disseminating updates about changes in federal or state regulations or changes in Union’s Program.

Directors and/or Managers are responsible to maintain records related to continuing corporate compliance education.

MONITORING AND PERIODIC AUDITING

Regular monitoring and periodic auditing is incorporated in the Program to detect compliance violations and/or criminal conduct and to promptly identify, correct, or investigate actual or potential compliance issues.

The Officer may conduct periodic audits and spot checks to ensure billing, claims processing and reimbursement procedures and practices adhere to federal and state laws and regulations. Any adjustments shall be verified and overpayments immediately remitted to the appropriate party. This shall also include periodic audits and spot checks to ensure that non-billing procedures and practices (such as patient care and privacy) adhere to federal and state laws and regulations. Monitoring procedures will be determined by the Officer, in collaboration with the department directors and/or managers and implemented as part of Union’s departmental policies and procedures. Records of all meetings must be maintained to document compliance program activity. The Officer has the authority at any time to request these records and to review them for completeness and content. For monitoring controls and audits that are conducted externally, or conducted independently by the Officer, a record will be maintained of the work plan utilized, as well as a report of the findings based on the procedures and any necessary corrective action that will be taken by Union. The Officer is responsible for retaining all such records.

The Officer will conduct or arrange for various periodic audit procedures throughout the year. These audits will be conducted more frequently in areas that have potential billing compliance risks. For areas unrelated to billing or Program documentation, such as training and education, the audits will be conducted as necessary. For each audit, the Officer will determine if Union employees have the requisite skill set to complete the review. In the absence of internal competence or capacity, the Officer will engage external auditors. All reports of audits shall be reviewed by
the Officer who shall act upon the results, including recommending and implementing corrective action, where required, and submission to the Board Compliance Committee for review.

RECORDS RETENTION POLICY

The Officer will establish and monitor a records retention policy that complies with federal and state regulations. The Officer will segregate records documenting Union's compliance related obligations. In addition, the Officer will retain records substantially affecting obligations of Union, determine consistent standards for destruction of records to address any allegations of intentional document destruction, monitor and enforce preservation of documents as required in litigation, institute policies for magnetic or electronic record storage, and to enforce policies for ensuring confidentiality of both personnel and patient records. All records and reports created in conjunction with Union in adherence to the Program are confidential.

REPORTING SYSTEMS

The Officer will oversee internal policies and procedures for employee reports of violations to supervisors or others. Procedures shall be established to ensure alleged violations are reported to the appropriate Compliance Management Committee member and/or to the Officer. The steps for documenting, investigating, determining resolution, and keeping confidential an alleged violation are the same whether reporting via the Compliance Line or other means.

COMPLIANCE LINE POLICY

1-800-549-4623
Or
www.lighthouse-services.com/uhhg

Union has a reporting system known as the “Compliance Line” that has been publicized to Union’s employees and agents. The Officer will communicate to employees and agents about the Compliance Line at least annually. The Officer is responsible for monitoring the Compliance Line. The Compliance Line is available 24-hours a day for employees and agents to report violations and/or seek guidance pertaining to Union’s compliance policies and procedures or other issues which they wish to bring to management’s attention.

1. For calls to the toll-free number, each call shall be answered by a trained operator who will document the nature of the violation, division or department where the violation occurred, and the date and time the violation occurred and was reported. The operator will assign a case number to each call as a method to track the reported violation and as a reference for the caller to update the report. The operator shall not make promises regarding liability or in what manner Union will respond to a specific reported violation.

2. For online reports to the Compliance Line, the system will guide the online user through questions about the nature of the violation, division or department where the violation occurred, and the date and time the violation occurred and was reported. If the report-
maker wishes for the Corporate Compliance Department to contact him/her directly, the submitter may provide his/her name and other contact information. If the submitter chooses to remain anonymous, he/she may return to the website to retrieve any follow-up response provided by the Corporate Compliance Department in addition to providing additional information. Although the report-maker may elect to remain anonymous, his/her identity may become known during an investigation of the information submitted.

The Officer will publicize the Compliance Line via, posters, a mailer, the employee handbook and/or a training class or on-line module. The Officer shall communicate why employees and agents must report violations, what the components of the reporting system are, what will become of the information employees and agents report, and what punishment employees and agents will face for not reporting violations. The Officer shall also advise employees and agents of Union that violations may be reported without fear of retribution, retaliation, or discrimination.

Policies and procedures shall be in place to ensure reasonable privacy, given that complete confidentiality cannot be guaranteed in cases requiring investigation, discipline or self-disclosure.

REPORTING PROCEDURES

The Officer will design procedures to ensure that the investigation, follow-up, and corrective action of the reported violation maximizes Union’s duty to maintain confidentiality. All records related to reported violations will be preserved to ensure maximum protection for Union. A summary of each violation will also be presented to the Boards on a routine basis unless an emergency dictates immediate reporting.

DISCIPLINE

The Officer is responsible for the consistent enforcement of Union’s compliance policies and procedures. Specifically, Union will discipline employees for 1) failure to detect conduct by an employee that a reasonable person should know is criminal and could be expected to detect; 2) failure to report conduct by an employee that a reasonable person should know is criminal; 3) failure to report an employee’s violation of the Program; 4) negligently or intentionally providing incorrect information to Union and/or an authorized representative of Union and/or any governmental or regulatory body reviewing matters involving Union; 5) willfully providing false information to Union and/or a third party; and 6) intentionally reporting a false violation.
SELF-REPORTING VIOLATIONS

The Board Committee will establish policies to follow in the event that an issue requires self-disclosure to a governmental or regulatory body or other similar third party. The Board Committee will recommend to the full Board situations that require notification to the appropriate third party, steps to follow for contacting any such party and identifying those responsible for contacting such parties. In addition, the Board Committee shall include policies for educating and training employees after any violation is identified and reported.

THIRD PARTY IDENTIFIED VIOLATIONS

The Board Committee will establish procedures to follow to respond to any contact from a local, state, or federal law enforcement or regulatory agency with respect to investigations of alleged compliance violations. Based on the content of the communication, these policies shall include steps to be followed in cases of a third-party questioning employees, submitting a subpoena, or seizing documents. The Board Committee is responsible for reviewing the merits of an accusation and for establishing a course of action with assistance from the respective Outside Legal Counsel. In addition, the Board Committee shall ensure that the Officer initiates procedures for investigating an alleged violation of any federal or state regulation.

COMPLIANCE WITH CERTIFICATION OF COMPLIANCE AGREEMENTS AND SETTLEMENT AGREEMENTS WITH INTEGRITY PROVISIONS

Union will comply with all settlement agreements entered into with any government representative and will implement policies and procedures to satisfy all reporting requirements under such settlement agreements. Annually, the Officer will review all previous settlement agreements and complete required reporting to the appropriate body.

The following sections of this Program discuss Union’s policies and procedures related to specific billing, financial, and other regulatory matters that are operational in nature. Each of these policies and procedures will be implemented by the individual departments throughout Union Hospital, Inc. and Union Associated Physicians Clinic, LLC and will be monitored, under the Program, by the Officer.

CODING & BILLING COMPLIANCE

Union's coding and billing practices must comply with all federal and state laws, regulations, guidelines, policies and third-party payers. Union develops and maintains policies and procedures that ensure both accurate coding and billing and submission of claims only for services that are actually provided and medically necessary and that any cost reports filed accurately reflect costs incurred for furnishing health care services. Furthermore, Union has policies and procedures to implement current and amended payment methodologies for particular services. Because coding and billing are areas governed by complex laws and regulations, this policy sets forth specific
coding and billing procedures with which all coding and billing, reimbursement and claims processing personnel must comply.

- Designated coding and billing personnel will be required to attend a scheduled training session devoted to applicable issues including, by way of example, claims processing and submission, billing, coding and reimbursement matters;

- All reimbursement and coding and billing manuals and materials must be kept current and reflect current rules, regulations and practices;

- All policies and procedures are regularly reviewed in order to verify that all policies reflect any changes in coverage determination or payment alerts;

- Coding and billing, claims processing and reimbursement procedures and practices will be audited internally in conjunction with the Corporate Compliance Audit Plan under the direction of the Officer. These internal audits shall consist of review of internal coding and billing, claims processing and reimbursement matters and confirm that policies are being administered appropriately. The Officer, as appropriate, will engage independent third parties to perform an external evaluation of coding or billing practices;

- Any coding and billing, reimbursement and claims processing personnel who identifies potential coding or billing or reimbursement discrepancies with respect to claims already submitted to government or private payers, is required to report those discrepancies immediately to his/her supervisor or to the Officer;

- Coding and billing, reimbursement and claims processing personnel shall report immediately to their supervisor any instruction received from payers, either verbally or in writing, which is inconsistent with current procedures. The supervisor shall bring such reports promptly to the attention of the Compliance Management Committee and the Officer;

- All third-party agencies and contractors retained by Union to perform any coding and billing, claims processing, collection, and other tasks will be required to acknowledge their acceptance of and agree to conduct business in accordance with Union’s corporate compliance policies and procedures;

- Coding and billing, reimbursement and claims processing personnel may encounter additional uncertainties not outlined here. In such circumstances, coding or billing personnel should bring the issue to the attention of their supervisor, the Compliance Management Committee, the Officer or call the Compliance Line.
ACCOUNTING FOR FINANCIAL TRANSACTIONS

Union has established and maintains a high standard of accuracy and completeness in its financial records. These records serve as the basis for managing the business, for measuring and fulfilling Union's obligations to patients, employees, suppliers and others, and for compliance with tax and financial reporting requirements.

Union's policy is to comply with the recording requirements of applicable law and established financial standards and generally accepted accounting principles. In particular, Union's practices shall meet the following requirements:

- All employees, whether they are filling out a time card, preparing a purchase requisition or are responsible for completion of budgets and financial statements, must follow the accounting, reporting and control procedures that Union has put into place;

- All items of income and all assets and liabilities are entered on the financial records of Union are accurately and adequately described as appropriate for legitimate business purposes and as required by law, and in accordance with general accepted accounting principles;

- All employees will hold all information confidential. Release of financial information will only be made after consideration of the interests of Union and with the express consent and authorization of the applicable entity's Chief Executive Officer and/or Chief Financial Officer.

- Reports submitted to third parties, including governmental authorities, will be accurate and complete. In addition, Union Hospital, Inc. and Union Associated Physicians Clinic, LLC will make available to authorized agencies, the information necessary for such agencies to make appropriate determinations with respect to matters under their jurisdiction;

- Under no circumstances will records be falsified, back-dated, intentionally destroyed or otherwise tampered with for any reason. However, nothing is intended to prevent the purging of unnecessary documents consistent with Union's policy or the preservation of accurate records which support the reasons for certain actions that might subsequently be questioned;

- All employees will provide full access and cooperation to the Officer, or his/her designee, to all records, supporting documents and files requested.

The standards and procedures outlined above do not cover every conceivable situation. However, they provide a framework for defining appropriate standards of conduct. If there are specific questions, employees should contact their immediate supervisor, a Compliance Management Committee member, the Officer or the Compliance Line.
REGULATORY ISSUES

Union provides health care services pursuant to appropriate federal, state and local certificates of need, licenses, permits and accreditation and is subject to numerous laws, rules and regulations, including access to treatment, consent to treatment, medical record retention, access and confidentiality, patient’s rights, terminal care decision-making, medical staff membership and clinical privileges and Medicare and Medicaid regulations.

Like other businesses, Union is subject to federal and state labor laws, discrimination laws, consumer protection laws, tax regulations and general and professional liability laws. All employees should be familiar with the legal and regulatory requirements applicable to such employee’s area of responsibility. Employees are not expected to become experts in every legal and regulatory requirement and whenever they have an issue raising possible legal or regulatory concerns, employees should consult with their supervisor or the Officer who have direct access to Outside Legal Counsel.

REFERRALS AND KICKBACKS

There are a number of laws governing Medicare and Medicaid and other federal health programs. These laws prohibit the payment of remuneration in return for the referral of Medicare or Medicaid patients or to induce the purchase of goods or services to be paid for by Medicare or Medicaid.

The Federal Health Care Program Anti-Kickback Statute imposes criminal penalties on individuals and entities that knowingly and willfully solicit or receive remuneration in return for referring an individual to a person for the furnishing or arranging for any item or services or in return for purchasing, leasing, ordering or arranging for, or recommending purchasing, leasing, or ordering any good, facility, service, or item for which payment may be made in whole or in part under a Federal Health Care Program. The types of remuneration prohibited by the Statute include, but are not limited to, kickbacks, bribes and rebates.

The Federal Self-Referral Laws and Regulations and/or the Stark Laws and Regulations prohibit a physician from making a referral for the furnishing of designated health services for which payment may be made under the Medicare and Medicaid programs to an entity with whom the physician or physicians family member has a financial relationship, unless the relationship or service qualifies under Stark Law statutory exception. The Stark Law prohibits any entity from billing the Medicare or Medicaid programs for items and services ordered by a physician who has a financial relationship with that entity.

Union has instituted certain policies and procedures to ensure that:

- No employee, physician, officer, agent or representative shall solicit, receive, and offer to pay, or pay remuneration of any kind (including rebates, kickbacks, or bribes) in exchange for referring or recommending the referral of any individual to another person, hospital or medical facility of UHI or UAPC for services or in return for the purchase of goods or services to be paid for by Medicare or Medicaid;

- No employee, physician, officer, agent or representative shall offer or grant any benefit...
to a referring physician or other referral source on the condition that such physician or referral source refer or agree to refer any patients to a person or medical facility;

- No physician shall make referrals for designated health services or entities in which the physician or physician’s family member has a financial interest either through ownership or a compensation arrangement;

- No physician, nor any member of UHI or UAPC, may bill for services rendered as a result of an illegal referral.

- If an employee believes that an illegal arrangement has been or may be entered into involving UHI or UAPC and a referral source or a vendor of good or services, he/she shall discuss the situation with his/her immediate supervisor, Compliance Management Committee member or the Officer.

Every agreement involving compensation or cross-referrals with a physician or other referral source for UHI or UAPC must comply with the respective entity’s contracting policies.

**DEFICIT REDUCTION ACT OF 2005 MANDATORY FALSE CLAIMS EDUCATION REQUIREMENTS**

Union will disclose information about the False Claims Act, administrative remedies for false claims, Indiana law addressing false claims, and Union’s procedures for detecting and preventing fraud and abuse in accordance with the Deficit Reduction Act of 2005.

**Federal False Claims Act**

Union’s participation in federally funded health care programs involves filing claims for reimbursement with the federal government or its designees. The Federal False Claims Act, (Act) established by Sections 3729 through 3733 (Title 31 of the United States Code), applies to those claims. The Act provides that:

Any person who –

1. knowingly presents, or causes to be presented, to an officer or employee of the United States Government or a member of the Armed Forces of the United States a false or fraudulent claim for payment or approval;

2. knowingly makes, uses or causes to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the Government;

3. conspires to defraud the Government by getting a false or fraudulent claim allowed or paid;

4. has possession, custody, or control of property or money used, or to be used, by the Government and, intending to defraud the Government or willfully to conceal the property, delivers, or causes to be delivered, less property than the amount for which the person receives a certificate or receipt;
is authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;

knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government, or a member of the Armed Forces, who lawfully may not sell or pledge the property; or

knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government, is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person.

Federal Qui Tam “Whistleblowers” Actions and Employees Protection

The Act charges the Attorney General of the United States of America with investigating its violations and authorizes the Attorney General to bring civil actions against violators. The Act also allows private persons referred to as “Qui Tam Relators” or “Whistleblowers” to bring actions for its violations and, if the actions are successful, awards them a share of any recovery. Employers may not discharge, suspend, threaten, harass, or otherwise discriminate against employees who do lawful acts in pursuit of a private civil action for violations of the Act. Employees who are subject to unlawful discrimination are entitled to “all relief necessary to make the employee whole,” including “reinstatement with the same seniority status such employee would have had but for the discrimination, [two] times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination.”

Federal Statutory and Administrative Remedies

In addition to the False Claims Act provisions enforced in the courts by the Attorney General of the United States or private persons, federal authorities (executive departments, military departments, the United States Postal Service, and certain other establishments) may pursue civil penalties for the filing of false claims and the making of false statements by internal hearing. Section 3802 of Title 31 of the United States Code indicates that:

(1) Any person who makes, presents, or submits, or causes to be made, presented, or submitted, a claim that the person knows or has reason to know –

A. is false, fictitious, or fraudulent;

B. includes or is supported by any written statement which asserts a material fact which is false, fictitious, or fraudulent;

C. includes or is supported by any written statement that –
(i) omits a material fact;

(ii) is false, fictitious, or fraudulent as a result of such omission; and

(iii) is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact; or

D. is for payment for the provision of property or services which the person has not provided as claimed, shall be subject to, in addition to any other remedy that may be prescribed by law, a civil penalty of not more than $5,000 for each such claim. Except as provided in paragraph (3) of this subsection, such person shall also be subject to an assessment, in lieu of damages sustained by the United States because of such claim of not more than twice the amount of such claim, or the portion of such claim, which is determined under this chapter to be in violation of the preceding sentence.

(2) Any person who makes, presents, or submits, or causes to be made, presented, or submitted, a written statement that –

A. the person knows or has reason to know –

(i) asserts a material fact which is false, fictitious, or fraudulent; or

(ii) omits a material fact; and

(iii) is false, fictitious, or fraudulent as a result of such omission;

B. in the case of a statement described in clause (ii) of subparagraph (A), is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact; and

C. contains or is accompanied by an express certification or affirmation of the truthfulness and accuracy of the contents of the statement, shall be subject to, in addition to any other remedy that may be prescribed by law, a civil penalty of not more than $5,000 for each such statement. The Attorney General of the United States is responsible for collecting, by judicial process, assessed civil penalties. Collection may also be effected by the administrative offset.

**Indiana State Law False Claims Provisions**

In addition to the prohibitions and penalties imposed by federal law, Indiana law forbids the submission of false claims and statements to the State (see I.C. §5-11-5 .5-1, et seq). Indiana’s false claims law provides that a person who knowingly or intentionally:

(1) presents a false claim to the state for payment or approval;

(2) makes or uses a false record or statement to obtain payment or approval of a false claim from the state;

(3) with intent to defraud the state, delivers less money or property to the state than the amount recorded on the certificate or receipt the person receives from the state;
(4) with intent to defraud the state, authorizes issuance of a receipt without knowing that the information on the receipt is true;

(5) receives public property as a pledge of an obligation on a debt from an employee who is not lawfully authorized to sell or pledge the property;

(6) makes or uses a false record or statement to avoid an obligation to pay or transmit property to the state;

(7) conspires with another person to perform an act described in subdivisions (1) through (6); or

(8) causes or induces another person to perform an act described in subdivisions (1) through (6); is expected as provided in subsection (c), liable to the state for a civil penalty of at least five thousand dollars ($5,000) and for up to three (3) times the amount of damages sustained by the state. In addition, a person who violates this section is liable to the state for the costs of a civil action brought to recover a penalty or damages.

State Qui Tam “Whistleblowers” Actions & Employee Protection

Indiana law gives the Indiana Attorney General and Inspector General concurrent jurisdiction to investigate the false claims statement and outlines the condition under which each may bring a civil action under the false claims provisions. Indiana law also authorizes a private person (“Qui Tam Relator” or “Whistleblower”) to bring a civil action to enforce the false claims provisions (with certain limitation with respect to State employees; incarcerated offenders; actions against the State, its officers, judges, justices, and employees, members of the Indiana General Assembly, and employees of political subdivisions; acts already subject to civil suit, criminal prosecution, or administrative proceeding; and actions based on information contained in a transcript of a criminal, civil, or administrative hearing, any public report, hearing, audit, or investigation, or a news media report) and, if the action is successful, to share in any recovery. Finally, Indiana law provides that, if an employer discharges, demotes, suspends, threatens, harasses, or otherwise discriminates against an employee because the employee objected to an act or omission prohibited by the false claims law, or “initiated, testified, assisted, or participated in an investigation, an action, or a hearing under” the false claims law, the employee is entitled to all relief necessary to make the employee whole. Such relief may include “(1) reinstatement with the same seniority status the employee would have had but for the [discrimination]; (2) two (2) times the amount of back pay owed the employee; (3) interest on the back pay owed the employee; and (4) compensation for any special damages sustained as a result of the discrimination.”
PROCEDURES FOR DETECTING FRAUD AND ABUSE

Union has implemented the Corporate Compliance Program to detect and prevent fraud and abuse and to provide reasonable assurance of compliance with all applicable laws, rules and regulations.

This Program includes:

1. the establishment of written policies and procedures;
2. the involvement of senior leadership in compliance activities;
3. the implementation of training programs to inform Union personnel of their responsibility to comply with laws, rules and regulations, including those prohibiting fraud and abuse;
4. the maintenance of a confidential telephone hotline ("Compliance Line") which personnel can use to report fraud and abuse;
5. the establishment of a system of progressive discipline action;
6. the execution of an ongoing plan of auditing and monitoring to detect activity not in compliance with laws, rules and regulations, including those addressing fraud and abuse; and
7. the completion of background investigations to avoid hiring persons who have engaged in illegal or unethical behavior;

Detailed documentation of the Program, including a list of Union’s policies addressing specific compliance issues, is available from the Corporate Compliance Department or the Corporate Compliance page of the Union Health System internal web page or the Administrative Manual.

Union will discipline employees/contractors for (1) failure to detect conduct by an employee/contractor that a reasonable person should know is criminal and could be expected to detect; (2) failure to report conduct by an employee that a reasonable person should know is criminal; (3) failure to report an employee’s/contractor’s violation of the Compliance Program; (4) negligently providing incorrect information to Union and/or a Third Party; (5) willfully providing false information to Union and/or a Third Party; (6) intentionally reporting a false violation.

REPORTING

If you think someone has committed fraud or abuse or has acted contrary to Union's policies and procedures, violated patient confidentiality or information security, you are required to promptly report it immediately to your supervisor or to the Director of Governmental Relations/Corporate Compliance & Privacy Officer:

Lori Moon
Professional Office Building, 4th Floor
(812) 238-7533
Compliance Line: 1-800-549-4623 or www.lighthouse-services.com/uhhg
Employees making reports, in person, in writing, or on the Compliance Line will be protected from any retaliation.

It is your right to report issues directly to the applicable governmental departments, including:

United States Attorney for the Southern District of Indiana  
10 West Market Street, Suite 2100  
Indianapolis, IN 46204

Office of the Indiana Attorney  
Indiana Government Center South  
302 W. Washington St., 5th Floor  
Indianapolis, IN 46204

Office of the Indiana Inspector General  
315 West Ohio Street, Room 104  
Indianapolis, IN 46202

**CONFLICTS OF INTEREST**

Employees may not participate in any activities which conflict or appear to conflict with their responsibilities to Union. Employees may not receive any profit or gain as a result of their position with Union apart from the normal compensation/benefit programs.

Conflicts of interest are considered to exist in situations where employees’ actions or activities involve:

- Receiving improper personal gain or advantage by reason of an employee’s position with Union;
- An adverse effect upon the interest of Union;
- Granting to another person, entity or organization information or benefit that would disadvantage Union; and
- Any appearance from which a person or entity might conclude that any such conduct has occurred.

Any related issues to a conflict of interest shall be disclosed to the appropriate supervisor, Compliance Management Committee, the Officer or the Compliance Line.
HIPAA AND HITECH REGULATIONS

Union protects the confidentiality and integrity of confidential protected health information as required by Federal and State laws and regulations, including the Health Insurance Portability and Accountability Act Privacy Standards and Security Standards (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH). The Officer shall also be the Privacy Officer and as such will be responsible for maintaining and monitoring the Privacy Program. The Security Officer shall be appointed by the Chief Executive Officers. The Security Officer, or her/his designee, will monitor the Security Program. The Officer and the Security Officer will monitor the applicable portions of the HITECH Act. Employees who fail to comply with the policies and procedures developed by Union will be subject to disciplinary action up to and including termination.

Information concerning patients, hospital business or personal affairs must be held in strict confidence. Information is not to be discussed with others in the hospital who are not directly involved with patient care or with individuals outside the hospital. Misuse of this information will lead to disciplinary action up to and including termination. All employees are required to sign a Confidentiality Agreement upon being hired and annually thereafter. All employees shall protect the confidentiality and integrity of patient and hospital information.

BUSINESS & PROFESSIONAL CODE OF ETHICS

The Boards of Directors, staff, and physicians of Union are committed to fundamental ethical standards as defined in the current American Hospital Association Bill of Rights and to the accommodation of patients served by Union. These fundamental standards are based on the principles of autonomy (the right of individuals to choose for themselves), beneficence (the practice of doing good), non-malefascence (the practice of avoiding harm), and justice (the practice of distributing scarce resources in a fair manner) that are in turn grounded in the concept of mutual respect for persons. From these standards, the following policies have evolved which shall be faithfully and consistently observed by Union in all of its dealings with its patients, staff, physicians, and the community served by Union.

It is the policy of our organization that business will be conducted in accordance with uncompromising ethical standards. Adherence to such standards should never be traded or compromised for financial, professional, or other business objectives. High ethical standards, which include dignity, respect, and courtesy, are necessary to maintain our tradition of excellence and the pride and confidence of all persons who work or provide services to our organization and to provide quality care to its patients.

We expect every person who works for or provides services to our organization, including but not limited to any staff, physician, board member, consultant, or contracted service, to adhere to high ethical standards, to avoid conflict of interest and to promote ethical behavior. Every person’s action should be judged by considering whether that action is right, fair, legal, and free of the influence of any conflict of interest and whether that action could withstand the scrutiny of outsiders. Union strives to proactively identify any potential conflicts of interest in members of the administrative and leadership team of Union. If any potential conflict is identified, action will be taken to eliminate the conflict in a manner satisfactory to both the employee and Union.
We recognize that individual differences such as personal background, race, color, ethnic or cultural heritage, national origin, religious/spiritual views, communication needs, sex, age, marital status, veteran status, sexual orientation, handicap, and developmental ability are variables that influence individual perceptions. It is the intent that such variables will be respected in all employment, educational and patient care activities. All patients we serve must be able to expect a high quality of care based on unique healthcare needs, with respect for and regardless of individual differences. Employees, physicians and students should find and are expected to promote a participative work environment which fosters open and honest professional development regardless of such differences.

It is the responsibility of each employee to respect patient rights and to assist patients, their families, and their significant others in understanding and exercising their rights and responsibilities. Patient Rights and Responsibilities are available online at https://www.myunionhealth.org/patients-and-visitors/for-patients/rights-responsibilities

The patient should be the primary decision-maker regarding his/her own healthcare. The patient or surrogate has the right to share in and approve decisions related to his/her care including the right to request the withdrawal of life-sustaining treatment. The patient has the right to accept, forgo or withdraw from treatment offered. Information regarding diagnosis, treatment and/or research options and prognosis delivered in language which is understood by the patient/surrogate is basic to informed choice. Union is also aware that some patients may not want this information regarding these matters. We will protect the rights of patients whose capacity to act as their own advocate is diminished by virtue of incapacity.

We recognize that conflicts will arise among those who participate in patient care decisions and will seek to resolve all conflicts fairly and objectively and will access the Ethics Committee for assistance in resolving conflicts according to established policy upon request.

We are committed to the provision of an excellent learning environment for students. A collaborative experience with the care team will provide students with a strong foundation and understanding of patient centered care. Students will be treated with respect by all staff members. As is expected of all employees and staff, students will uphold Union’s Statement of Organizational Ethics.

It is our policy to implement any advertising and marketing efforts with fairness, honesty, accuracy, completeness, and sensitivity to the special trust that exists between patients and providers.

1. We utilize Public Relations and Marketing for the following purposes:
   A. Public education about available and new services;
   B. Public education about healthcare;
   C. Public accountability;
   D. Maintaining or increasing market share;
   E. Public support;
F. Employee recruitment; and

G. Medical Staff support.

2. Public Relations and Marketing efforts conducted by our organization are planned with attention to fairness, honesty, accuracy, completeness, and sensitivity to the healthcare needs of the public. As with other Union services, advertising is designed and implemented in the spirit of placing the needs of the patient first. The following types of advertising statements or claims are avoided:

A. False or misleading statements or those that might lead the uninformed to draw false conclusions;

B. Statements that promote the use of excessive, unnecessary or non-medically indicated healthcare services;

C. Statements that encourage a healthcare consumer to take significant risks without disclosing the nature of the risks;

D. Statements or claims that raise unrealistic expectations or imply a guarantee of successful outcome; and,

E. Statements that imply a low initial cost where there is a reasonable probability of incurring additional costs later.

3. We make every attempt in our Public Relations and Marketing programs to be cost-effective, to achieve measurable results, and to coordinate with other messages and programs produced by Union.

We recognize the vital need to maintain patient information in a confidential/controlled manner. Patient information shall not be shared in an unauthorized manner. Employees, physicians, and students are expected to control informal transmission of confidential information of any kind. Sensitive information concerning personnel, management, and medical/dental staff issues shall be maintained in strictest confidence and shall be utilized only by those individuals authorized to review and act upon such information.

We are dedicated to providing high quality, medically necessary emergency/urgent care to the community, regardless of the patient’s ability to pay. The Finance Department provides comprehensive financial management to enable Union to deliver high quality healthcare services to the community in a cost-effective manner. The Finance Department conducts financial matters with fairness, honesty, accuracy, completeness, and sensitivity to the needs of the community.

1. We submit claims to third party payers as a courtesy to patients when benefits are assigned to Union Hospital, Inc. or Union Associated Physicians Clinic, LLC and all required insurance information is presented upon registration.

2. Union Hospital, Inc. and Union Associated Physicians Clinic, LLC recognizes its responsibility to issue accurate patient account statements in a timely manner. Union Hospital, Inc. and Union Associated Physicians Clinic, LLC sends patient account statement summaries to the patient or guarantor as mandated by law. Statements are
released to the patient or guarantor upon request.

3. Each entity has established a Patient Accounts Services Department to assist patients with counseling as needed in order to make arrangements for fulfilling their financial obligation to Union Hospital, Inc. or Union Associated Physicians Clinic, LLC.

4. Any conflicts which arise in regard to the patient’s bill can be addressed with the Director of Patient Accounts.

We will follow generally accepted standards of care tailored to the identified needs of the patient. Union will seek to avoid the provision of services which are unnecessary or ineffective. Every effort will be made to provide high quality care in an economic manner to patients in coordination with other providers. The integrity of clinical decision-making by a patient and the attending physician in matters involving use of Union services or resources for care and treatment shall be respected and never compromised by financial incentives to Union. Our policies/protocols are designed to ensure that clinical decisions including, but not limited to, tests, treatments and other interventions are based on identified patient healthcare needs, not on financial incentives.

Hospital admission, transfer and discharge are conducted in an ethical manner and in accordance with applicable local, state and federal laws and regulations. Patients whose specific condition or disease cannot be safely treated are diverted or transferred to a more appropriate facility that will accept the patient. Patients who are in need of emergency services shall not be refused based on any factor unrelated to patient care.

1. Patients may request transfer to another hospital facility.

   A. Such requests will be facilitated when medically appropriate and legally permissible;

   B. The patient will receive a complete explanation of alternatives to and risks associated with such a transfer;

   C. The receiving facility must first accept the patient;

   D. All such activities will be carried out in a respectful and courteous manner; and,

   E. The request for transfer shall be handled without fear by the patient of recrimination or penalty.

2. We believe discharge planning is an integral part of the comprehensive healthcare plan.

   A. Planning for discharge from the hospital is an interdisciplinary process involving the patient and family; and,

   B. The patient will be informed by care givers of realistic care options when hospital care is no longer appropriate.
We comply with all applicable federal, state, and local laws and regulations with regard to employee practices. Union recognizes that an employee may request to be relieved from participating in a patient’s care or treatment in a situation where the prescribed care or treatment presents a conflict with the employee’s deeply held cultural values, sense of ethics or religious beliefs. The Employee Objection to Aspect of Patient Care policy addresses the mechanism for handling these requests.

1. Union ensures that patient care and treatment are not compromised if such a request is granted.

2. The Ethics Committee will be available for exploration and discussion upon referral.

We recognize our responsibility to accommodate special needs of patients and staff with disabilities.

1. Union will make every effort to comply with all state and federal regulations which apply to these populations.

2. Accommodations will be made in a manner which is respectful of the dignity of all.

It should be recognized that the chief function of Union at all times is to serve the best interests of this community. Each person that works for our organization should hold paramount the safety, health and welfare of the patients and public in the performance of his/her professional duties. The expectation is that each person should act in a manner to uphold and enhance personal and professional honor, integrity and dignity of the healthcare profession.

We expect that every person who works for our organization conducts himself/herself with positive leadership exemplified by our values of patient focus, integrity, stewardship, transparency, and collaboration. Union’s missions and vision will be served with respect, concern, courtesy and responsiveness. Each person should strive for personal and professional excellence and encourage the professional development of others. People representing our organization must accept the personal duty of responsibility to keep up to date on emerging issues and to conduct themselves with fairness, honesty, accuracy, completeness, and sensitivity to the needs of the community.
CODE OF CONDUCT

Union has adopted a set of values that create an attitude of trust within our organization. This attitude of trust also extends to our dealings with patients, families, businesses, and our entire community. We want to maintain the high standards of legal and ethical behavior that is central to that trust. It is up to each of us to do the right thing every time we deal with anyone in our roles as a Union representative. Our values statement and Union’s policy called the Code of Conduct can serve as a map through the sometimes confusing roles and requirements of business ethics. This policy covers the standards and principles that direct our business actions. Everyone connected with Union needs to know the basic ideas of these principles, and everyone needs to follow them. Lack of knowledge or understanding is not an acceptable reason for breaking the rules.

Union’s Vision

Providing exceptional healthcare and service while leading Wabash Valley communities to their best health and wellness.

Union’s Values

The guiding values that support the missions of Union Health System, Union Hospital, Inc. and Union Associated Physicians are:

- **Patient Focused**- Place the patient first-every time.
- **Integrity**- Always exhibit honest, ethical behavior.
- **Stewardship**- Be responsible with lives and resources.
- **Transparency**- Openly share the ‘why’ in what we do.
- **Collaboration**- Work together for optimal results.
Union’s Code of Conduct

We are committed to upholding patients’ rights and dignity.

We are committed to protecting the privacy and security of Protected Health Information (PHI) whenever it is in our possession including safeguarding electronic passwords and accessing or sharing PHI on a need-to-know and minimum-necessary basis.

We are committed to following laws, rules, standards, and agreements.

We are committed to maintaining high standards of integrity and quality by conducting business with the utmost honesty, accuracy, fairness, and respect for others.

We are committed to avoiding appearances of conflicts of interest between personal interests and our official duties as Union employees.

We are committed to making only lawful referrals and refusing gifts and kickbacks.

We are committed to preventing and detecting fraud or wrongful acts.

We are committed to a high standard of accurate and complete financial records.

We are committed to representing our company honestly.

We are committed to the good use of our company resources.

We are committed to knowing and following Union’s policies and procedures.

What do I do When a Questionable Situation Arises?

Common sense and sound judgment are tools we use every day and can serve us well when a questionable situation arises. If you are unsure of the right response in a given situation, ask yourself a few simple questions:

- Is it in the best interest of the patient?
- Is this in the best interest of Union Health System and the partners we serve?
- Is this action legal?
- Am I being fair and honest?
- How will I feel about myself afterwards?
- What would I tell a friend to do?

If you are still in doubt, talk with or put a message in writing to either/or:

- Your supervisor
- A Compliance Management Committee member
- The Corporate Compliance Officer
- The Compliance Line:
  1-800-549-4623 or  www.lighthouse-services.com/uhhg
How Do I Report a Concern?

If you think someone has committed fraud or taken a wrong action, violated patient confidentiality or information security, you are required to report it immediately to a supervisor, Compliance Management Committee member or the Officer.

Compliance Line

1-800-549-4623

or

www.lighthouse-services.com/uhhg

If you don’t want anyone to know that you are reporting a concern you can report your concern to the Compliance Line in either of two ways:

1. You can call the toll-free Compliance Line. The person answering the Compliance Line is NOT a Union employee. Call tracing or tracking devices are not used and your phone call will not be tape recorded. The representative will gather your information, give you a code number and tell you when to call back to find out what is being done to look into the situation.

2. The online Compliance Line address (www.lighthouse-services.com/uhhg) will guide you through a series of questions about your concerns. If you wish for the Corporate Compliance Department to contact you directly, you may provide your name and other contact information. If you choose to remain anonymous, you may return to the website to retrieve any follow-up response provided by the Corporate Compliance Department in addition to providing additional information.

Employees making reports in person, in writing, or on the phone/online to the Compliance Line will be protected from any retaliation. All reports will go directly to the Corporate Compliance Department which will investigate all reports.

Be assured, there is not a penalty for using the Compliance Line or reporting to the Corporate Compliance Department. People in positions of authority cannot stop you; and if they try, they will be disciplined appropriately.

It’s Our Responsibility

Each of us knows that it is always best to do the right thing. But it is more than just a matter of conscience. Failure to follow the commitments in Union’s Code of Conduct can result in disciplinary action, including termination, prosecution or both. Let the Union Code of Conduct support you in your daily pursuit of Union’s values. Together, our ethical business decisions help create an internal community of integrity and fairness.
Corporate Compliance Program

Business/Professional Code of Ethics

AMENDMENT HISTORY

Adopted: July 20, 1998
Revised: August 23, 1999
Revised Effective: March 1, 2001
Revised Effective: March 1, 2002
Revised Effective: January 1, 2004
Revised Effective: January 1, 2005
Revised Effective: January 1, 2006
Revised Effective: February 12, 2007
Revised Effective: February 22, 2008
Revised Effective: January 1, 2009
Revised Effective: April 1, 2010
Revised Effective: August 24, 2011
Revised Effective: November 20, 2012
Revised Effective: March 19, 2015
Reviewed: April 21, 2016
Reviewed: April 20, 2017
Reviewed: May 18, 2018
Revised Effective: February 14, 2019