

Code of Ethical & Legal Conduct

ACMH
HOSPITAL

eth•ic (eth'•ik), **ethical**
(eth'•ik•al) relating to morals
or moral principals. **-ally** *adv.*
-s *n.pl.* philosophy which treats
human character and conduct of
distinction between right and
wrong, and moral duty and
obligations to the community
(Gk. *ethos*, character)

hos•pi•tal (hó•spit'l)
ACMH Hospital and any of its
entities, which includes the
Armstrong Primary Care Centers,
Hospital-owned physician practices,
ACMH Foundation and ArmsCare.

a•gent (áy•jent)
Any employee, medical staff member,
volunteer, or independent contractor
authorized to act on behalf of the Hospital.



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724-543-8500

INTRODUCTION TO ACMH HOSPITAL'S CODE OF CONDUCT

ACMH Hospital is committed to excellence in customer service, sensitivity to customer needs and delivery in an ethical, professional and legal manner of high-quality health care services to our community. ACMH Hospital Code of Conduct has been adopted as a general guide in carrying out this mission. The Hospital values every agent. In return, each agent is asked to value ACMH Hospital by understanding and meeting the standards in the Code of Conduct.

The Corporate Compliance Program of the Hospital reflects the core values and principles that guide Hospital operations.

The purpose and objectives of the Code are to:

- Establish a code of ethical and legal conduct standards and procedures to be followed by all agents of the Hospital;
- Communicate to all agents the standards and procedures they are expected to follow;
- Clarify methods of reporting issues and concerns within the corporate structure in order to prevent, detect and correct violations of laws, regulations and corporate policies that would detract from ACMH Hospital's Code of Conduct; and
- Document ACMH Hospital's commitment to high professional standards.

ACMH Hospital's Code of Conduct must be observed by all agents of the Hospital. No one, regardless of his or her position, will be allowed to compromise adherence to this Code. Failure to comply is a serious matter that may lead to disciplinary action up to and including immediate suspension and even termination. In addition, agents who violate a specific law may be subject to legal prosecution. If there are any questions about this Code or any Hospital policies or practices, agents should ask their supervisor, manager, director, Vice President of Human Resources, Chief Medical Officer, or the Compliance Officer. If any agent is not satisfied with the response received concerning application of the Code, he or she is encouraged to continue raising the concerns to the highest levels of Hospital management without fear of retaliation or retribution for reporting the issue. The Code is designed to provide general guidance and direction regarding ethical and legal business practices and behavior. It is a living document that will be updated

periodically to respond to changing conditions. Thus, ACMH Hospital reserves the right to modify this Code at any time. The most recent version can be found in the Administrative Manual.

MEDICAL ETHICAL STANDARDS

QUALITY OF CARE

ACMH Hospital is committed to the delivery of patient care to provide treatment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability or payment source. To avoid compromising the quality of care, clinic decisions (including tests, treatments and other interventions) are based on identified patient health care needs, not on financial arrangements. It is the Hospital's goal to provide superior service to our patients with skill, concern and compassion.

PATIENT RIGHTS

Patients have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural and spiritual values. Understanding and respecting these values guides us in meeting the patients' care needs and preferences.

ACMH Hospital's goal is to improve patient outcomes and maintain high standards of medical ethics in the delivery of patient care by respecting each patient's rights in an ethical and professional manner.

In order to ensure quality and bioethically appropriate care to all patients, ACMH Hospital relies upon the Ethics Committee/Internal Review Board to review and develop patient care policies with ethical implications; to provide consultative services to those individuals, patients families or health care providers who are concerned about an ethical dilemma involving patient care and to provide educational activities on these issues.

PATIENT EDUCATION

It is the patient's right **to have** and the health care professional's responsibility to provide accurate and timely information regarding their health diagnoses, prognosis and information necessary to enable patients to make informed decisions and choices regarding consent and treatment.

Patients have the right to review information contained in their medical record in compliance with state and federal law while under care at an ACMH Hospital facility. Only patients or their designated decision makers may review this information and should be accompanied by a health care provider to ensure accurate interpretation of the information.

CREDENTIALS

Only appropriately licensed and credentialed individuals may provide care at ACMH Hospital facilities. ACMH Hospital will not hire or contract with persons or entities, which have been excluded from participation in federal health care programs.

BASIC WORKPLACE ETHICAL STANDARDS

FAIR AND EQUITABLE TREATMENT OF EMPLOYEES

ACMH Hospital will ensure that employees are afforded nondiscriminatory terms, conditions and privileges of employment in accordance with law, regardless of race, color, religion, national origin, gender, sexual orientation, age disability or any other factor protected by applicable law.

ACMH Hospital supervisors and managers are available to discuss and resolve any concerns employees may have as to any aspect of their employment and responsibilities, including issues involving fair and equitable treatment. Human Resources representatives may also be contacted to assist in resolving issues such as these.

HARASSMENT

Consistent with ACMH Hospital's respect for the rights and dignity of each employee, harassment based on race, color, religion, national origin, gender, sexual orientation, age, disability or any other classification will not be sanctioned or tolerated.

ACMH Hospital expects that all agents will demonstrate proper respect and consideration for each other, regardless of their position.

HEALTH AND SAFETY

ACMH Hospital is committed to complying with applicable federal, state and local health and safety laws and standards. The Hospital will maintain a safe workplace for our employees, physicians, volunteers, patients, and other customers. All supervisors are required to make sure there is an awareness of health and safety laws and regulations in their departments.

ENVIRONMENTAL

ACMH Hospital is committed to observing all applicable environmental policies, procedures, laws and regulations. Medical waste, environmentally sensitive materials and hazardous materials are to be properly disposed. Any spills or accidents involving hazardous material are to be promptly reported and handled.

USE OF ALCOHOL AND ILLEGAL DRUGS

ACMH Hospital has a responsibility to provide a safe and healthy environment for patients, employees, physicians, volunteers and the general public. Employees are prohibited from the use, sale, possession, manufacture or purchase of illegal drugs or alcohol while at work or while on ACMH Hospital premises. While illegal drugs are strictly prohibited, any exception to the use of alcohol must be in writing and approved by appropriate management personnel.

CODE OF CONDUCT

COMPLIANCE WITH LAWS AND REGULATIONS

ACMH Hospital will comply with all applicable federal and state laws, regulations, standards and other compliance requirements at all levels of government and within the various health professions employed by the Hospital. The Hospital will not pursue any business opportunity that requires unethical or illegal activity. Agents are ethically bound to report to their supervisor, the Human Resources Department, the Compliance Officer, and/or a Vice President any law, regulation, policy or part of this Code that the agent believes has been broken. Not reporting such information may lead to disciplinary action, including termination.

Employees who are unsure of the legality of any action or proposed action or believe that a violation of a law, regulation, policy or this code has occurred should seek advice from their supervisor before taking action. If any agent feels uncomfortable speaking to anyone at the Hospital, he or she should call the ACMH Hospital Hot Line, toll free, at 1-800-714-6736.

IMPROPER PAYMENTS

ACMH Hospital's representative will not solicit, accept, offer or pay bribes, kickbacks or other illegal incentives for the purpose of personal gain or developing business for ACMH Hospital.

GIFTS

Except in limited circumstances, the giving or receiving of gifts, other than gifts of nominal value, to or from any person or company doing business with the Hospital is prohibited. This prohibition extends to family members as well. Non-cash gifts of nominal value may be accepted. Common sense should be applied to determine if the gift has more than nominal value. Generally, a one-time gift value of less than \$100 with an annual aggregate value not to exceed \$300, will be considered nominal.

Gifts can be in the form of favors, gratuities or other things of value. Discounts for personal items from persons transacting business with the Hospital may be gifts and should not be accepted if is of more than nominal value. Offers of gifts or entertainment of more than nominal value should be reported to your supervisor or to the Compliance Officer. Offers of money in any amount must be reported to the Compliance Officer.

ENTERTAINMENT

Attending business lunches or meals on an infrequent basis, as a guest, with a vendor, sales representative or other person transacting or potentially transacting business with the Hospital is permissible as long as the value and frequency of such meals are not excessive.

Any question concerning gifts or entertainment should be resolved through discussion with appropriate supervisory personnel, your Human Resources representative or the Compliance Officer. In some circumstances, consideration may have to be given to other factors such as appearances, rather than solely monetary value.

MARKETING

ACMH Hospital and advertising information is truthful and is not intended to mislead. Claims about Hospital services are based on facts.

CHARITABLE CONTRIBUTIONS

All charitable contributions received from vendors must directly benefit ACMH Hospital or the ACMH Foundation. Under no circumstances may a check be made payable to an individual within ACMH Hospital. ACMH Hospital shall not accept any donations that are in conjunction with a marketing effort or sales promotion. Under no circumstances shall donations be accepted that require the Hospital to use the donation to purchase supplies from the vendor making the contribution. All offers of charitable contributions should be referred to the appropriate ACMH Foundation representative.

INCENTIVES FOR REFERRALS

Employees and agents involved in the negotiation of contracts for ACMH Hospital will ensure that all statements, communications and representations are open, accurate, appropriate and truthful and comply with applicable laws and regulations.

Agents are prohibited from knowingly and willfully soliciting or receiving, or offering or paying anything of value (including a kick-back, bribe or rebate), directly or indirectly, in cash or in kind, in return for, or to induce:

- Referring a patient to an ACMH Hospital facility to furnish, or arrange to furnish, any item or service; or
- Purchasing, leasing, ordering, arranging or recommending the purchasing leasing or ordering of any good, facility service or item.

ACMH Hospital will not pay employees, physicians, other health care professionals or anyone else for referrals of patients. Bribes, kickbacks or any kinds of benefits intended to induce patient referrals are strictly prohibited. Regulatory and legal restrictions in the area of referral incentives are complex, and limited exemptions may apply to certain referral incentives (kickback prohibition). No transactions in this area are to be undertaken without first gaining approval of legal counsel.

COMPETITIVE PRACTICES

ACMH Hospital strives to have good relationships with other health care providers and complies with all applicable laws pertaining to antitrust and competition. Such laws generally forbid any kind of understanding or agreement, whether written or oral, between competitors to fix or control fees for services, terms and conditions of treatment or to engage in any other conduct that restrains competition.

Agents will refrain from discussing proprietary or confidential information, such as pricing policy, terms and conditions, costs inventories, marketing and product plans, market surveys and studies, production plans and capabilities with anyone outside of the Hospital.

The Hospital will compete fairly in the market. The Hospital will not agree with a competitor about what prices to charge, whom to call on for sales, and what services to offer.

The following are examples of prohibited activities:

- Attempts to unlawfully monopolize the provision of medical services;
- Predatory fees (fees set at unreasonably low levels to drive out or keep competitors out of the market);
- Telling a supplier that ACMH Hospital's decision to purchase goods or services is dependent upon the supplier's seeking medical services at the Hospital.
- Other tying arrangements (conditioning the purchase of sale of one product on an agreement to do other business with ACMH Hospital).
- Preferential fees not based on actual services and cost differences; and
- Paying an unaffiliated health care provider cash or gifts as an incentive to promote ACMH Hospital services.

MEDICAL RECORDS CODING AND BILLING OF THIRD PARTIES

Submission of any claims for payment or reimbursement of any kind that are false, inaccurate, incomplete or fictitious will not be tolerated.

There are strict federal and state laws and regulations governing third party billing of our insured patients. The Hospital and its agents can be prosecuted for filing inaccurate claims for reimbursement, which carries extremely large civil fines or criminal penalties or both. The same high standards the Hospital applies to government claims will also be applied to other third party payers, such as private insurance to whom claims for payment or reimbursement are submitted.

ACMH Hospital's Code of Conduct requires:

- Agents who perform billing and coding to take every reasonable precaution to ensure that their work is accurate, timely and in compliance with the applicable Hospital policies and federal and state laws and regulations.
- The Hospital to bill only for services actually rendered and which are fully documented in patient's medical records using only billing codes that accurately describe the services provided.
- The Hospital to ensure that all claims to Medicare, Medicaid and other federal and state programs are for services that are medically necessary (to the extent reasonably possible), and properly documented.

The following are examples of unacceptable billing practices:

- Knowingly and willfully making, or causing to be made, any false statement or representation of material fact in any bill, claim or report submitted to a third party payer;
- Concealing information to secure inappropriate payment;
- Presenting, or causing to be presented, a false or improper claim; and
- Submitting requests for payment in violation of the terms of an assignment or an agreement with the payer.

Agents are obligated to notify appropriate supervisor, management staff or the Compliance Officer of any requests to deviate from accepted billing practices or with any questions, they may have in this area.

RECORD-KEEPING

All Hospital records (financial, clinical and agent) will be accurate, timely, reliable and properly stored. All assets, liabilities, revenue and expenses must be recorded in the books of the Hospital. All transactions must be appropriately documented and all assets used for the purpose approved.

The Code emphasizes the need for honesty, integrity and accuracy in our conduct and in all of our transactions. The accuracy and thoroughness of the Hospital's records are an essential element of sustaining ethical, professional, and legal business practices.

CHARGING OF COSTS/TIME SHEET REPORTING

Employees have been issued a Hospital badge with a bar code encoded on the back of the badge. They are responsible for recording their time by using the badge at a timekeeper. The employee has been assigned a "home" timekeeper, which the only timekeeper that can display their name or messages for them.

It is the employee's responsibility to punch:

- In and out each day
- Out for a meal if leaving the Hospital campus
- Out for an non-compensable time (other than meal on campus)
- To record a transfer to another department/cost center or any other transaction that can be recorded at the timekeeper terminal.

If an employee fails to utilize the timekeeper, as required, discipline is possible if the occurrences are frequent, neglectful, or in abundance overtime. This will include occurrences that are due to forgetfulness, neglect, loss of badge, and forgetting to bring the badge to work.

Employees must be particularly careful to ensure those hours worked and costs incurred are applied to the expense account for which the effort was required. The supervisor signing off in the time and attendance system is a representation that it has been reviewed and steps have been taken to verify the validity of the hours or expenses reported and the correctness of the allocation of the hours or expenses. Supervisors must avoid placing pressure on subordinates that could lead them to believe that deviations from appropriate time reporting or cost charging practices will be condoned.

CONFLICTS OF INTEREST

A potential conflict of interest exists when the agent has the opportunity to benefit personally, beyond the receipt of their paycheck, from an action the employee is taking as part of their job duties. It means that the employee must notify their supervisor of the potential conflict and he or she will decide if the employee may order from that supplier.

The agent is expected to:

- Never use their position for personal gain;
- Devote their full time and ability to the Hospital's interests during their hours in the facility and for whatever additional time may be properly required;
- Those employed by the Hospital must refrain from accepting additional employment or engaging in business activities outside regular working hours if these tend to impair their ability to meet their regular job responsibilities to the Hospital; and
- Submit a written disclosure form to the Human Resources Department of any actual or potential conflicts of interest of which the agent becomes aware.

MAINTAIN THE CONFIDENTIALITY OF SENSITIVE PATIENT INFORMATION AND RECORDS

The Hospital's professions require that the Hospital gather a great deal of personal information about patients. Therefore, the Hospital must carefully avoid any unwarranted invasion of the patient's right to privacy. The inappropriate release of sensitive patient information may be injurious to the patient and to the Hospital. The inappropriate release of patient information may subject the agent to civil and criminal prosecution. Agents may be subject to termination of employment.

In order to protect sensitive patient information from inappropriate disclosure, the agent is expected to:

- Limit their access to patient information to the extent required by their duties and permitted by law;
- Use only legitimate means to collect patient information and whenever practical, obtain it directly from the patient;
- Release information concerning patients in drug and alcohol treatment programs and information regarding a patient's HIV status only in accordance with special confidentiality rules that apply to this information;

- Refrain from revealing any patient information unless supported by legitimate business or patient care purposes and is not permitted to reveal any patient information to the media. The employee is to direct such questions to the Human Resources Department.
- Refrain from removing or sending a patient medical record, or a copy of such record, from a designated storage facility or department without the authorization of a supervisor or other designated official.
- Conduct necessary discussions regarding patient information in a location where unauthorized individuals cannot hear;
- Keep patient records and computer screens in a location where unauthorized individuals cannot see.

MAINTAIN THE CONFIDENTIALITY OF BUSINESS INFORMATION AND RECORDS

All business records of the Hospital are proprietary and confidential. Federal and state law requires that the Hospital maintain certain business records for a minimum period time. The agents will limit their access and use of business and corporate records to that required to perform their duties as an agent of the Hospital. The agent will not remove business or corporate records, or copies of such records, from any department of the Hospital without the authorization of the supervisor.

POLITICAL CONTRIBUTIONS

Agents may not contribute or donate funds, products, services or other resources of any Hospital tax-exempt entities to any political party or candidate. Agents may make voluntary personal political contributions as long as the individual does not obtain such contributions from the Hospital or represent the contributions are from the Hospital.

RELATIONSHIP WITH THE GOVERNMENT

All requests for information from any regulatory agency should be complied with in an accurate and timely manner and in conformance with applicable laws and regulations governing such requests for reports or information.

All notifications of a violation or citation alleging violation relating to a matter addressed in this Code from governmental regulatory agency or its representative will be referred to legal counsel or the Compliance Officer for his or her immediate attention.

Agents should not obstruct any government request for information, audit or investigation performed of the Hospital's records and practices. The agent must contact a supervisor immediately upon receipt of any non-routine request (subpoena, affidavit, warrant, etc.) from any government agency or its representative.

ACMH Hospital's agents must fully cooperate with all internal and external audits conducted, as well as Compliance Officer investigations.

CONTRACTS OR ARRANGEMENTS WITH PHYSICIANS

All arrangements with clinicians, physicians and other referral sources must be in writing and must identify the specific services that they are paid to provide, contain realistic time commitments, and include a compensation rate for the services, which is at fair market value. The compensation rate cannot be based on the volume or value of any business referred to ACMH Hospital. All decisions regarding patient care should be made based upon the well being of the patient, not upon the value of a business arrangement.

All payments or the benefits provided to physicians must be supported with documentation adequate to justify the legal business purpose for which the payment is being made. Documentation in our files must also confirm that the services contracted for were, in fact provided.

The Anti-Kickback Statute prohibits payments or other consideration given to physicians for referrals for services. When dealing with a physician, the employee must not solicit, take offer to give anything to or from the physician in exchange for the referral of patients or patient-related services. In addition, the Internal Revenue Service prohibits any private individual, including physicians, from privately benefiting from the result of their relationship with a tax-exempt health care organization. A private benefit could be any amount in excess of the fair market value related to the arrangement.

All contracts with physicians must be approved by legal counsel, before finalizing the contract with the physician, to ensure that any contractual arrangements do not violate the anti-Kickback Statute, Stark Laws or IRS regulations.

PHYSICIAN REFERRAL PROHIBITIONS

ACMH Hospital will not knowingly submit a bill or charge for certain services where the referring physician (or an immediate family member) has a financial relationship with the Hospital, unless certain conditions are met or exceptions exist. Because of the complexity of these laws, approval from legal counsel must be obtained prior to establishing a financial relationship with any physician.

SAFEGUARDING AND PROPER USE OF SYSTEM ASSETS

Agents are personally responsible and accountable for the use of Hospital funds and property. ACMH Hospital also requires agents to protect patient and other customer property and information to the extent possible.

ACMH Hospital agents are expected to:

- Each agent is responsible for taking measures to protect computer systems and networks from unauthorized use, access or modification of software;
- Be personally responsible and accountable for the proper expenditure of ACMH Hospital's funds and for the proper use of hospital property;
- Use supplies, equipment and property bought and owned by the Hospital for business purposes only. Unauthorized use of Hospital property is considered theft;
- Use computer software and hardware that the Hospital owns or operates only to conduct Hospital business and follow the requirements of software copyright licenses and Hospital Policies on software usage.
- Dispose of surplus, obsolete or junked property in accordance with ACMH Hospital's policies and procedures. Unauthorized disposal of property is a misuse of assets.

Any improper financial gain to an agent through misconduct involving the property of ACMH Hospital, or it's patients or customers, including the outright theft of property, embezzlement of money, or the use of money belonging to ACMH Hospital or its patients or customers for anything other than an authorized purpose, is a serious violation and may lead to legal prosecution.

COMMUNITY BENEFIT AND CHARITY CARE

The Hospital provides respectful treatment and care to all patients coming to our facilities in an emergency regardless of ability to pay or source of payment. ACMH Hospital recognizes its responsibility as a provider of health care services to all citizens of our community, and will provide charity care to qualified indigents.

COMMUNICATING CONDUCT ISSUES

You are ethically bound to report to your manager, the Human Resources Department, the Compliance Officer, and/or a Vice President any law, regulation, policy or part of this Code that you believe has been broken. Not reporting such information may lead to disciplinary action, including termination.

The Hospital has a non-retaliation and non-retribution policy to protect those coming forth in good faith to relate such issues. ACMH Hospital does not tolerate retaliation or retribution against any agent who, in good faith reports a concern.

WHOSE RESPONSIBILITY?

ACMH Hospital's Code of Conduct is designed to promote honesty and fairness to everyone with whom you interact. It is your responsibility to ensure all your associations with patients and the community are honest, and that you are familiar with and adhere to this Code of Conduct and all hospital standards and procedures.

ACMH Hospital's reputation depends upon you doing your part to report any questionable actions or violations you suspect. You are expected to report anything that may be illegal or unethical, so it can be remedied. Violators will be disciplined.

Supervisors will be accountable for making sure their employees understand this Code. As a supervisor, you must listen to your employees concerns, take action to resolve their concerns, and deal with problems. It requires you to set an ethical example for your employees to follow.

QUESTION TO ASK

- Q.** What if I'm confronted with a compliance problem and I don't know how to handle it?
- A.** Ask yourself the following questions:
1. Does a specific act or policy appear to be in compliance with the relevant laws, regulations and the Hospital Code of Conduct standards and procedures?
 2. How would the issue appear to your family, friends and the general public?
 3. How would you feel explaining this matter to someone else to justify the action taken?
 4. Do you feel it would be advisable to seek further clarification from someone in ACMH Hospital with expertise in the area of compliance?

HOW TO COMMUNICATE ISSUES

- Talk to a supervisor about your concerns. A supervisor is in a good position to listen to you and understand the concerns you have. Give the supervisor an opportunity to resolve the issue. The supervisor is responsible for taking advantage of resources throughout the Hospital to assist in upholding the ACMH Hospital Code of Conduct.
- Discuss the issue(s) with the next management level. If you have raised an issue and you do not think it is getting proper attention or if the supervisor cannot find the appropriate answer(s), you may relate your concerns to the next management level.
- If the supervisor or next-level manager is unable to resolve the issue(s) satisfactorily, you can contact the following people until your issue is resolved to your satisfaction: Human Resources, the Compliance Officer, and/or a Vice President.

OTHER ACMH HOSPITAL RESOURCES

The Hospital has appointed a Compliance Officer, and other resources are available to answer questions and guide you on various matters. When you have questions relating to legal matters, billing, potential conflicts of interest, marketing and sales, and third party reimbursement, the following contacts in the Hospital are available:

Compliance Office 724-543-8441

or

Human Resources 724-543-8411

USING THE ACMH HOSPITAL COMPLIANCE HOTLINE - 800-714-6736

If you do not feel comfortable discussing your concern(s) with a supervisor or manager, you may call the Compliance Hot Line, toll-free, and we will protect your anonymity to the extent possible.

This voice mailbox is available for you to call 24 hours a day and the messages are retrieved on a daily basis, Monday through Friday.

This line is not intended to replace your normal reporting process, but is another resource available to you when you have used other routes or do not feel comfortable discussing the issues with a supervisor or manager.

Calls are handled confidentially and the caller is protected from any form of retaliation or retribution for reporting a violation. If anyone attempts to retaliate against an agent who reports a concern, and the report was made in good faith, that person will be subject to disciplinary action, up to and including termination of employment.

NOTES



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