CORPORATE ETHICS AND COMPLIANCE CODE

And

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT
Dear Alliance Employee,

The foundation of CCHA is commitment to provide quality care to our patients. As part of this, we strive to ensure an ethical and compassionate approach to healthcare delivery and management. We must demonstrate consistently that we act with absolute integrity in the way we do our work.

Our CCHA Corporate Ethics and Compliance Code (Code) provides guidance to ensure that our work is done in an ethical and legal manner. It emphasizes the shared common values which guide our actions. Your adherence to its spirit, as well as its specific provisions, is absolutely critical to our future.

If you have questions regarding the Code or encounter any situation which you believe violates provisions of the Code, you should immediately consult your supervisor, another member of management at your facility, or the CCHA Corporate Ethics and Compliance Officer. You may also call the Ethics and Compliance Line at 1-888-571-4445. There will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct.

We are committed to those ideals reflected in our Mission Statement and in the CCHA Corporate Ethics and Compliance Code. We are equally committed to assuring that our actions consistently reflect our words. We expect the actions of our employees to reflect the high standards set forth in the Code.

Thus, in your workday, if you encounter a situation or are considering a course of action, which may be technically within the guidelines of the Code, but you are worried that the contemplated action simply “does not feel right,” please discuss the situation with any of the resources listed above. In closing, we trust you as a valuable member of our healthcare team. We ask you to assist us and all the employees in our Alliance in supporting the values and principles which are critical to achieving our mission.

Sincerely,
Clarence Silvia,
President and Chief Executive Officer

Debra Muscio,
CCHA Corporate Ethics and Compliance Officer (ECO)

CCHA CORPORATE ETHICS AND COMPLIANCE LINE
1-888-571-4445
If you have information about unethical behavior, criminal activity or other work related concerns, speak with a member of management or the ECO. If you are uncomfortable with this approach, call the CCHA Corporate Ethics and Compliance Line. Calls are toll free, 24 hours a day, seven days a week, and can be made anonymously.
All Central Connecticut Health Alliance employees are responsible to ensure that their behavior and activities are consistent with our CCHA Corporate Ethics and Compliance Code (Code) and the “Relationships and Responsibilities” section of the Employee Handbook. The principles and standards set forth in the Code help assure that we protect and promote organization-wide integrity and enhance CCHA’s ability to achieve its mission.

If you have information about unethical behavior, criminal activities, or other compliance related concerns, speak with a member of management or the CCHA Corporate Ethics and Compliance Officer who will investigate all reports. If you are uncomfortable with this approach, call the CCHA Corporate Ethics and Compliance Line. Calls are toll free and the line is open 24 hours a day, seven days a week. Calls can be made anonymously and no employee will suffer any penalty or retribution for good faith reporting.

Debra Muscio
CCHA Corporate Audit, Ethics & Compliance Officer
860-224-5129
PURPOSE AND INTRODUCTION

This Code has been adopted by the Central Connecticut Health Alliance ("CCHA") Board of Directors to provide standards by which directors, officers and employees of CCHA will conduct themselves in order to protect and promote organization-wide integrity and to enhance CCHA's ability to achieve its mission.

The Principles and Standards shall be distributed to all directors, officers, employees, and such medical staff members having administrative or managerial responsibilities. All are responsible to ensure that their behavior and activity are consistent with the Code.

As used in this Code, the term "CCHA" means CCHA and each of its divisions, subsidiaries, and operating or business units. The terms "officer", "director" and "employee" includes any person who fills such a role or provides services on behalf of CCHA or any of its divisions, subsidiaries, or operating or business units.

ADMINISTRATION AND APPLICATION OF THIS CODE

CCHA expects each person to whom this Code applies to abide by the Principles and Standards set forth herein and to conduct the business and affairs of CCHA in a manner consistent with these principles.

Failure to abide by this Code of the guidelines for behavior which the Code represents, or the CCHA subsidiary policies to which it refers may lead to disciplinary action. For alleged violations of the Code, CCHA will weigh relevant facts and circumstances, including, but not limited to, the extent to which the behavior was contrary to the express language or general intent of the Code, the seriousness of the behavior, the employee’s history with the organization and other factors which CCHA deems relevant. Discipline for failure to abide by the Code may, in CCHA’s and/or the individual subsidiary’s discretion, range from verbal warning to termination.

Nothing in this Code is intended to nor shall be construed as providing any additional employment rights to employees or other persons.

While CCHA will generally attempt to communicate changes concurrent with or prior to the implementation of such changes, CCHA reserves the right to modify, amend or alter the Code without notice to any person or employee.
PRINCIPLE 1 – LEGAL COMPLIANCE

CCHA WILL STRIVE TO ENSURE ALL ACTIVITY BY OR ON BEHALF OF THE ORGANIZATION IS IN COMPLIANCE WITH APPLICABLE LAWS.

The following standards are neither exclusive nor complete. Directors, officers and employees are required to comply with all applicable laws, whether or not specifically addressed in these policies. If questions regarding the existence, interpretation or applications of any law arise, they should be directed to CCHA's Corporate Ethics & Compliance Officer.

**Standard 1.1 – Antitrust**

All officers and employees must comply with applicable antitrust and similar laws, which regulate competition. Examples of conduct prohibited by the laws include (1) agreements to fix prices, bid rigging, collusion (including price sharing) with competitors; (2) boycotts, certain exclusive dealing and price discrimination agreements; and (3) unfair trade practices including bribery, misappropriation of trade secrets, deception, intimidation and similar unfair practices. Employees are expected to seek advice from the CCHA’s Corporate Ethics & Compliance Officer when confronted with business decisions involving a risk of violation of the antitrust laws.

**Standard 1.2 – Tax**

As a nonprofit entity, CCHA has a legal and ethical obligation to act in compliance with applicable laws, to engage in activities in furtherance of its charitable purpose, and to ensure that its resources are used in a manner, which furthers the public good, rather than the private or personal interests of any individual. Consequently, CCHA and its employees will avoid compensation arrangements in excess of fair market value, will accurately report payments to appropriate taxing authorities, and will file all tax and information returns in a manner consistent with applicable laws.

**Standard 1.3 – Fraud and Abuse**

CCHA expects its employees to refrain from conduct, which may violate the fraud and abuse laws. These laws prohibit (1) direct or indirect payments in exchange for the referral of patients; (2) the submission of false, fraudulent or misleading claims to any government entity or third party payor; including claims for services not rendered; claims which characterize the service differently than the service actually rendered; or claims which do not otherwise comply with applicable program or contractual requirements; and (3) making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service.

**Standard 1.4 – Lobbying/Political Activity**

CCHA expects each of its employees to refrain from engaging in activity, which may jeopardize the tax-exempt status of the organization, including a variety of lobbying and political activities.

1. No officer or employee may make any agreement to contribute any money, property, or services at CCHA’s expense to any political candidate, party, organization, committee or individual in violation of any applicable law. Officers and employees may personally participate in and contribute to political organizations or campaigns, but they must do so as individuals, not as representatives of CCHA, and they must use their own funds.
2. Where its experience may be helpful, CCHA may publicly offer recommendations concerning legislation or regulations being considered. In addition, it may analyze and take public positions on issues that have a relationship to the operations of CCHA when CCHA’s experience contributes to the understanding of such issues.

3. CCHA has many contacts and dealings with governmental bodies and officials. All such contacts and transactions shall be conducted in an honest and ethical manner. Any attempt to influence the decision-making process of governmental bodies or officials by an improper officer of any benefit is prohibited. Any requests or demands by any governmental representative for any improper benefit should be immediately reported to CCHA’s Corporate Ethics & Compliance Officer.

**Standard 1.5 – Environmental**

It is the policy of CCHA to manage and operate its business in a manner, which respects our environment and conserves natural resources. CCHA employees will strive to utilize resources appropriately and efficiently, to recycle where possible and otherwise dispose of all waste in accordance with applicable laws and regulations, and to work cooperatively with the appropriate authorities to remedy any environmental contamination for which CCHA may be responsible.

**Standard 1.6 – Discrimination/Harassment**

CCHA believes that the fair and equitable treatment of employees, patients and other persons is critical to fulfilling its mission and goals.

Officers and employees must refer to the policies of their CCHA subsidiary, which addresses discrimination and harassment in the workplace.

**PRINCIPAL 2 – BUSINESS ETHICS**

IN FURTHERANCE OF CCHA'S COMMITMENT TO HIGH STANDARDS OF BUSINESS ETHICS AND INTEGRITY, EMPLOYEES WILL ACCURATELY AND HONESTLY REPRESENT CCHA AND WILL NOT ENGAGE IN ANY ACTIVITY OR SCHEME INTENDED TO DEFRAUD ANYONE OF MONEY, PROPERTY OR HONEST SERVICES.

The Standards set forth below are designed to provide guidance to ensure that CCHA’s business activities reflect high standards of business ethics and integrity. Employee conduct not specifically addressed by these standards must be consistent with the general Principle regarding Business Ethics stated above.

**2.1 – Honest Communication**

CCHA requires candor and honesty from individuals in the performance of their responsibilities and in communication with our attorneys and auditors. No employee shall make false or misleading statements to any patient, person or entity doing business with CCHA about other patients, persons or services of CCHA or its competitors.
2.2 – Misappropriation of Proprietary Information

CCHA employees shall not misappropriate confidential or proprietary information belonging to another person or entity nor utilize any publication, document, computer program, information or product in violation of a third party’s interest in such product. All CCHA employees are responsible to ensure they do not improperly copy, for their own use, documents or computer programs in violation of applicable copyright laws or licensing agreements. Employees shall not utilize confidential business information obtained from competitors, including customer lists, price lists, contracts or other information in violation of a covenant not to compete, prior employment agreements, or in any other manner likely to provide an unfair competitive advantage to CCHA.

Officers and employees must refer to the policies of their CCHA subsidiary, which address computer/data security.

PRINCIPLE 3 – CONFIDENTIALITY

CCHA EMPLOYEES SHALL STRIVE TO MAINTAIN THE CONFIDENTIALITY OF PATIENT AND OTHER CONFIDENTIAL INFORMATION IN ACCORDANCE WITH APPLICABLE LEGAL AND ETHICAL STANDARDS.

CCHA and its employees are in possession of and have access to a broad variety of confidential, sensitive and proprietary information. The inappropriate release of this information could be injurious to individuals, CCHA's business partners and CCHA itself. Every CCHA employee has an obligation to protect and safeguard confidential, sensitive and proprietary information in a manner designed to prevent the unauthorized disclosure of information.

3.1 – Patient Information

All CCHA employees have an obligation to conduct themselves in accordance with the principle of maintaining the confidentiality of patient information in accordance with all applicable laws and regulations. Employees shall refrain from revealing any personal or confidential information concerning patients unless supported by legitimate business or patient care purposes. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, employees should seek guidance from their department head of CCHA's Corporate Ethics & Compliance Officer.

3.2 – Proprietary Information

Information, ideas and intellectual property assets of CCHA are important to organizational success. Information pertaining to CCHA’s competitive position or business strategies, payment and reimbursement information, and information relating to negotiations with employees or third parties should be protected and shared only with employees having a need to know such information in order to perform their job responsibilities. Employees should exercise care to ensure that intellectual property rights, including patents, trademarks, copyrights and software are carefully maintained and managed to preserve and protect their value.

Officers and employees must refer to the policies of their CCHA subsidiary, which address confidentiality of information.
PRINCIPLE 4 – CONFLICTS OF INTEREST

DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY EMPLOYEES MAY NOT USE THEIR POSITIONS TO PROFIT PERSONALLY OR TO ASSIST OTHERS IN PROFITING IN ANY WAY AT THE EXPENSE OF THE ORGANIZATION.

All covered persons are expected to regulate their activities so as to avoid actual impropriety and/or the appearance of impropriety, which might arise from the influence of those activities on business decisions of CCHA, or from disclosure, or private use of business affairs or plans of CCHA.

4.1 – Outside Financial Interests

While not all inclusive, the following will serve as a guide to the types of activities by a covered person, or household member of such person, which might cause conflicts of interest:

1. Ownership in or employment by any outside concern which does business with CCHA. This does not apply to stock or other investments held in a publicly held corporation, provided the value of the stock or other investments does not exceed 5% of the corporation’s stock. CCHA may, following a review of the relevant facts, permit ownership interests which exceed these amounts if management concludes such ownership interests will not adversely impact CCHA’s business interest or the judgment of the employee.

2. Conduct any business not on behalf of CCHA, with any vendor, supplier, contractor, or agency, or any of their officers or employees.

3. Representation of CCHA by a covered person in any transaction in which he or she or a household member has a substantial personal interest.

4. Disclosure or use of confidential, special or inside information of or about CCHA, particularly for personal profit or advantage of the covered person or a household member.

5. Competition with CCHA by a covered person, directly or indirectly, in the purchase, sale or ownership of property or property rights or interests, or business investment opportunities.

4.2 - Services for Competitors/Vendors

No covered person shall perform work or render services for any competitor of CCHA or for any organization with which CCHA does business or which seeks to do business with CCHA outside of the normal course of his/her employment with CCHA without the approval of the Chief Executive Officer of CCHA or his designate. Nor shall any such employee be a director, officer or consultant of such an organization, nor permit his/her name to be used in any fashion that would tend to indicate a business connection with such an organization, without such approval.

4.3 – Participation on Boards of Directors/Trustees

1. A covered person must obtain approval from his/her Administrative Advisor/department head prior to serving as a member of the Board of Directors/Trustees of any organization whose interest may conflict with those of CCHA.

2. A covered person who is asked, or seeks to serve on the Board of Directors/Trustees of any organization whose interest would not have an impact on CCHA (for example, civic (non-governmental), charitable, fraternal and so forth) will not be required to obtain such approval.
3. All fees/compensation (other than reimbursement for expenses arising from Board participation) that are received for Board services provided during normal work time shall be paid directly to CCHA, unless such service and compensation has been approved, in advance, by the Chief Executive Officer of the CCHA subsidiary, or in the case of the Chief Executive Officer, the Chairman of the Board of CCHA.

4. A covered person must disclose all Board of Directors/Trustees activities in the annual Conflict of Interest disclosure statement.

5. CCHA retains the right to prohibit membership on any Board of Directors/Trustees where such membership might conflict with the best interest of CCHA.

6. Questions regarding whether or not Board participation might present a conflict of interest should be discussed with a covered person’s Administrative Advisor/department head/Chief Executive Officer or Board Chair, as applicable. Questions may also be directed to CCHA’s Corporate Ethics & Compliance Officer.

### 4.4 – Honoraria

Employees are, with the permission of their supervisor, encouraged to participate as faculty and speakers at educational programs and functions. However, any honoraria in excess of One Hundred Dollars ($100) shall be turned over to CCHA unless the employee used paid time off to attend the program or that portion of the program for which the honoraria is paid; the program/function did not occur during normal work time; or if otherwise provided under an Employment Agreement, or approved by the Chief Executive Officer of the CCHA subsidiary, or in the case of the Chief Executive Officer, the CCHA Board Chair.

Directors and Officers must refer to the CCHA Conflict of Interest Policy and Disclosure Form. All others must refer to the Disclosure Form for Key Employees.

### PRINCIPLE 5 – BUSINESS RELATIONSHIPS

**BUSINESS TRANSACTIONS WITH VENDORS, CONTRACTORS AND OTHER THIRD PARTIES SHALL BE TRANSACTED FREE FROM OFFERS OR SOLICITATION OF GIFTS AND FAVORS OR OTHER IMPROPER INDUCEMENTS IN EXCHANGE FOR INFLUENCE OR ASSISTANCE IN A TRANSACTION.**

The Standards set forth below are intended to guide employees in determining the appropriateness of the listed activities or behaviors within the context of CCHA business relationships, including relationships with vendors, providers, contractors, third party payors and government entities. It is the intent of CCHA that this policy be construed broadly to avoid even the appearance of improper activity. If there is any doubt or concern about whether specific conduct or activities are ethical or otherwise appropriate, you should contact your Administrative Advisor/department head/Chief Executive Officer or Board Chair. Questions may also be directed to CCHA’s Corporate Ethics & Compliance Officer.

### 5.1 – Gifts and Gratuities

It is CCHA’s desire to preserve and protect its reputation and to avoid the appearance of impropriety.

1. Gifts from Patients. Employees are prohibited from soliciting tips, personal gratuities or gifts from patients and from accepting monetary tips or gratuities. Employees may accept gratuities and gifts of a nominal value from patients. If a patient or another individual wishes to present a monetary gift, he/she should be referred to the appropriate development office.
2. Gifts Influencing Decision-Making. Employees shall not accept gifts, favors, services, entertainment or other things of value to the extent that decision making or actions affecting CCHA might be influenced. Similarly, the offer or giving of money, services or other things of value with the expectation of influencing the judgment or decision making process of any purchaser, supplier, customer, government official or other person by CCHA is absolutely prohibited. Any such conduct must be reported immediately to CCHA’s Corporate Ethics & Compliance Officer.

3. Gifts from Existing Vendors. Employees may retain gifts from vendors, which have a nominal value (Note: CCHA does not define “nominal” in terms of a specific dollar value. Rather, CCHA expects its employees to exercise good judgment and discretion in accepting gifts.) If an employee has any concern whether a gift should be accepted, the employee should consult with his/her department head. To the extent possible, these gifts should be shared with the employee’s co-workers. Employees shall not accept excessive gifts, meals, expensive entertainment or other offers of goods or services nor may they solicit gifts from vendors, suppliers, contractors or other persons.

4. Vendor Sponsored Entertainment. At a vendor’s invitation, an individual may accept meals or refreshments at the vendor’s expense. Occasional attendance at a local theater or sporting event, or similar entertainment at vendor expense may also be accepted. In most circumstances, a regular business representative of the vendor should be in attendance with the employee.

Nothing in this policy shall prohibit a department or subsidiary from establishing stricter rules relating to the acceptance of gifts, gratuities or other things of value from vendors.

5.2 – Workshops, Seminars and Training Sessions

Attendance at local, vendor-sponsored workshops, seminars and training sessions is permitted. Attendance, at vendor expense, at out of town seminars, workshops and training sessions is permitted only with the approval of an employee’s department head, or in the case of officers, the Chief Executive Officer of the CCHA subsidiary.

5.3 – Contracting

Employees may not utilize “insider” information for any business activity conducted by or on behalf of CCHA. All business relations with contractors must be conducted at arm’s length, both in fact and in appearance and in compliance with CCHA policies and procedures. Employees must disclose personal relationships and business activities with contractor personnel, which may be construed as influencing the employee’s performance or duties. Employees have a responsibility to obtain clarification from management on questionable issues, which may arise.

5.4 – Business Inducements

CCHA employees shall not seek to gain any advantage through the improper use of payments, business courtesies or other inducements. Offering, giving, soliciting or receiving any form of bribe or other improper payment is prohibited.

Appropriate commissions, rebates, discounts and allowances are customary and acceptable business inducements provided that they are approved by CCHA management and that they do not constitute illegal or unethical payments. Any such payments must be reasonable in value, competitively justified, properly documented and made to the business entity to which the original agreement or invoice was made or issued. Such payments should not be made to individual employees or agents of business entities.

In addition, employees may provide gifts, entertainment and meals of nominal value to CCHA customers, current and prospective business partners and other persons when such activities have a legitimate business purpose are reasonable and consistent with all applicable laws.
PRINCIPLE 6 – PROTECTION OF ASSETS

ALL EMPLOYEES WILL STRIVE TO PRESERVE AND PROTECT THE ORGANIZATION’S ASSETS BY MAKING PRUDENT AND EFFECTIVE USE OF CCHA RESOURCES AND PROPERLY AND ACCURATELY REPORTING ITS FINANCIAL CONDITION.

The Standards set forth below are intended to guide employees by articulating CCHA’s expectations as they relate to activities or behaviors which may have an impact on CCHA’s financial health or which reflect a reasonable and appropriate use of the assets of a nonprofit entity.

6.1 – Internal Control

CCHA has established control standards and procedures to ensure that assets are protected and properly used and that financial records and reports are accurate and reliable. All employees of CCHA share the responsibility for maintaining and complying with required internal controls.

6.2 – Financial Reporting

All financial reports, accounting records, research reports, expense accounts, time sheets and other documents must accurately and clearly represent the relevant facts and true nature of a transaction. Improper or fraudulent accounting, documentation or financial reporting is contrary to the policy of CCHA and may be in violation of applicable laws.

6.3 – Travel and Entertainment

Travel and entertainment expenses should be consistent with the employee’s job responsibility and the organization’s needs and resources. It is CCHA’s policy that an employee should not suffer a financial loss or a financial gain as a result of business travel and entertainment. Employees are expected to exercise reasonable judgment in the use of CCHA's assets and to spend the organization’s assets as carefully as they would spend their own. Employees must also comply with their CCHA subsidiary’s policies relating to travel and entertainment expenses.
PURPOSE & INTRODUCTION

CCHA has an ethical responsibility to the patients and community it serves. The mission statements, strategic and performance improvement plans, and “Relationships and Responsibilities” and “Rules of Conduct” section of Employee Handbook of each subsidiary, as well as the CCHA Corporate Ethics and Compliance Code, provide a consistent, ethical framework for its patient care and business practices.

This CCHA Code of Organization Ethics has been adopted to supplement these documents and the guidelines and principles they outline by specifically addressing issues regarding marketing, admission, transfer and discharge, coding and billing practices, research and advocacy services.

As used in this Code, the term “CCHA” means Central Connecticut Health Alliance, Inc. and each of its subsidiaries, divisions and operating or business units.

CODE OF ETHICAL BEHAVIOR

MARKETING

CCHA may market services directly to potential patients. Accurate and truthful marketing materials will be developed which do not overstate CCHA’s capabilities or mislead potential patients. All such direct-to-consumer marketing activities by CCHA require legal review in advance if they involve providing anything of more than nominal value directly to a patient.

This policy does not set forth an exact dollar figure to define the term nominal; rather, CCHA will rely on its own reasonable judgment and the advice of General Counsel on a case-by-case basis.

ADMISSION, TRANSFER AND DISCHARGE

All admissions, transfers and discharges are based solely on medical need and appropriate treatment modality. CCHA does not admit, transfer or discharge patients based on economic considerations such as insurance coverage or lack thereof.
CODING

Coding for reimbursement purposes of patient care services provided will accurately reflect the appropriate code as interpreted by competent, trained coders.

BILLING PRACTICES

Claims requesting payment will only be made for medically necessary services as documented in the patient’s medical record. Patient billing will reflect accurate and detailed descriptions of care provided and date of service. Questions relating to billing will be answered by Patient Account representatives in an expeditious and courteous manner and documented appropriately.

RESEARCH

Any and all research conducted at CCHA’s facilities will be in accordance with applicable moral, ethical and legal standards. Any patients that may be eligible to participate in research trials will be fully informed of the alternatives available to them and the relative risks and benefits of the proposed treatment, consistent with the doctrine of informed consent. All research will be conducted in accordance with the Institutional Review Board rules and regulations.

ADVOCACY/PROTECTIVE SERVICES

CCHA employees will utilize and access appropriate advocacy and protective service agencies and the probate court to ensure a patient’s best interests are being served.

*If a CCHA employee has concerns about unethical conduct, the employee should contact his or her supervisor, a senior manager, CCHA General Counsel, the CCHA Corporate Ethics and Compliance Officer, or call the CCHA Corporate Ethic and Compliance Line (1-888-571-4445). Calls to the Ethics/Compliance Line will be treated confidentially and may, at the caller’s request, be anonymous.*
CCHA CORPORATE ETHICS AND COMPLIANCE PROGRAM

The Ethics and Compliance Program is intended to demonstrate in the clearest possible terms the commitment of the organization to the highest standards of ethics and compliance.

The elements of the program include setting standards (the Code and Policies and Procedures), communicating the standards, providing a mechanism for reporting potential exceptions, monitoring and auditing, and maintaining an organizational structure that supports the furtherance of the program.

These elements are supported at all levels of the organization. Providing direction, guidance and oversight are the CCHA Audit and Compliance Committee of the Board of Directors, the CCHA Corporate Ethics and Compliance Steering Committee consisting of senior management, and the CCHA Corporate Ethics and Compliance Officer.

The CCHA Corporate Ethics and Compliance Officer provides support including operating the Ethics and Compliance Line, conducting program assessment and providing advice to Compliance Representatives throughout CCHA who are responsible for the day-to-day direction and implementation of the Ethics and Compliance Program in their entities and/or departments. Compliance representatives are individuals who have expertise in their areas for ensuring compliance.

The purpose of an Ethics & Compliance Program is to reduce the risk of misconduct. A government agency might investigate our organization/entities as a result of: random detection, suspicious billing patterns, patient complaints and/or whistle-blower complaints. When a provider is convicted of fraud, penalties can include: criminal fines, civil damages, jail time, and/or exclusion from Medicare or other government programs. In addition, a conviction can lead to serious public relations harm.

To help prevent misconduct, healthcare facilities have Corporate Ethics and Compliance Programs. A good compliance program reduces the risk of waste, abuse, error or fraud. It does this by providing guidelines for how to do our work in an ethical and legal way.

We are committed to assessing the effectiveness of our Ethics and Compliance Program through various efforts. Compliance Representatives conduct self-monitoring and report quarterly to the Ethics & Compliance Office. The Ethics, Compliance and Internal Audit Department routinely conduct reviews of the self monitoring efforts and policies and procedures. The Ethics and Compliance Office also handles the Ethics and Compliance Line and other investigations or internal audits that have regulatory or compliance implications.
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The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandated that the Department of Health and Human Services issue privacy standards. The regulations seek to protect the security and privacy of medical records and personally identifiable health information used or shared in any form, whether on paper, electronically or orally, by the Hospital / CCHA Entity and/or their business associates. HIPAA allows us to share patient information for treatment, payment or Hospital / CCHA Entity operations (TPO). Operations or business activities of the Hospital / CCHA Entity may include quality improvement, training and auditing.

Protected health information (PHI) includes the patient’s name, address, employer, relative’s names, date of birth, telephone/fax number, e-mail address, Social Security number, medical record number, account number, voiceprint, fingerprint, photo and/or codes as well as any other characteristics, such as occupation, which may identify the individual.

We have always had strict standards related to maintaining patient confidentiality. However, since the HIPAA regulations have become effective, if the Hospital / CCHA Entity violates the privacy and security of patient information, significant fines or penalties and even jail terms may result both at the hospital/CCHA Entity level and for the individual who violated the regulations. Access to medical records and patient information is routinely audited and any suspected breach of confidentiality will be investigated. If an employee inappropriately accesses patient information, disciplinary action will result up to and including termination of employment.

Our patients receive a Notice of Privacy Practices Brochure (NOPP) to ensure patients are made aware of their privacy rights. The brochure is available in English, Spanish and Polish. It describes how medical information may be used and disclosed by the Hospital / CCHA Entity. Patients sign an acknowledgement that they have received the NOPP. It is important to know patients have the right to access their medical record. They will be provided with instructions on how to access their medical record, request to amend information in their record, and request an accounting of where their PHI has been disclosed. Patients also have a right to restrict their directory information, and when requested, the presence of the patient in the facility may not be divulged to visitors and/or callers. The NOPP also provides information on how the patient may file a formal complaint if they suspect their privacy has been violated. The Hospital / CCHA Entity limits access to medical record and patient information to the minimum necessary to perform an individual’s job (e.g. “need to know”). When there isn’t a legitimate business need to know patient information, access is strictly prohibited. In addition, patient information may not be disclosed except as needed for treatment, payment, or operations OR unless written authorization is obtained by either the patient or someone acting on the patient’s behalf. Any requests to disclose patient information other than for treatment, payment, or hospital operations should be referred to the Health Information Management department.

Examples of Appropriate Access to Patient Information

Example #1: Hospital / CCHA Entity policy does not grant a Patient Services Associate (PSA) in Environmental Services access to a patient’s medical record. The PSA does not need patient information to do his/her job, in the manner that a nurse needs to know the patient’s information to provide care.

Example #2: An employee is granted access to medical records in accordance with his/her role in the organization. The employee knows a friend, family member, or co-worker is being treated. The employee is prohibited from accessing medical records regarding this patient unless specifically needed to support treatment, payment or hospital operations. Inappropriate access to patient’s health information is a clear violation of HIPAA regulations and disciplinary action will be taken.

HIPAA regulations affect information every employee deals with on a daily basis. Maintaining the security of private medical information is everyone’s responsibility. No matter what your position is, you are responsible for keeping patient information confidential and you can help identify areas for improvement.
Every employee needs to familiarize him/herself with the HIPAA policies that relate to his/her job.

Guidance to ensure you comply with the HIPAA regulations include, but are not limited to:

- Position computer screens away from public areas to prevent patients, visitors or other employees from seeing the information.
- Log off of the computer when not using it.
- Place all trash that contains PHI and blue plastic addressograph cards in the secured shred-it containers.
- Keep doors to medical records cabinets and file rooms that contain PHI locked whenever possible.
- Designate private areas to speak with patients and families. Close doors when discussing treatments and performing procedures. Close curtains and speak softly in semi-private rooms.
- When leaving voice mail messages for patients limit information to your name, the hospital/facility name, and your contact number and request a return call.
- Avoid using information that could reveal health issues when paging or calling patients from waiting areas.
- Provide reminders to other employees or medical staff if you hear them discussing PHI in public areas (e.g., hallways, elevators or the cafeteria).
- Make sure patient lists, procedure schedules and other related information are not visible and are confidentially stored or discarded after their intended use.
- Never place confidential patient information in the subject line of an email sent within the hospital network or externally.
- Do not put confidential patient information in the content of an e-mail that is sent outside of the hospital network unless doing so is a requirement of your job and you have encrypted the email per established policy.
- Fax patient information only as needed to perform the responsibilities of your job and to those authorized to receive the information. When practical, use programmed fax numbers for recurring facsimiles to minimize the risk of sending patient information to an incorrect fax number. Contact the sender when confidential information is received in error and either return or confidentially destroy the transmitted documents.
- Ensure that fax machines which are designated to receive patient information in your work area are attended by authorized staff or located in a secure location.
- Never leave your computer logged in when you are away from your workstation.
- Verify the identification of anyone requesting access to your computer or secured work area.
- Never share or post your user login ID and passwords.
- Access information only as needed to perform your job. Any other requests for medical information should be referred to the Health Information Management department.

CHA CORPORATE ETHICS & COMPLIANCE,
HIPAA PRIVACY & SECURITY AND SAFETY HOTLINE
Internal Line 1-860-224-5806                        External Line 1-888-571-4445 (Anonymous)

Audit, Ethics and Compliance Officer  860-224-5129
Data Security Officer, Executive Director and CIO  860-224-5900 x2333
Privacy Officer, Director of Health Information Management  860-224-5900 x2637
Statement of Purpose:

This policy statement has two main goals. The first is to inform employees, contractors and agents of The Hospital of Central Connecticut (the “Hospital”) about state and federal laws that relate to false claims for payment (the “false claims laws”) and the Hospital’s efforts to fight fraud, waste, and abuse in the healthcare system. The second goal is to describe the remedies and fines that may apply if violations of the false claims laws happen.

False Claims and Similar Laws:

The federal False Claims Act (31 USC 3729-33) makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. “Knowing” can include deliberate or reckless ignorance of facts that make the claim false.

Examples of possible false claims include knowingly billing Medicare for services that were not provided, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality where the government would not pay.

In Connecticut, it is a crime to bill Medicaid or the general assistance program fraudulently. Anyone who seeks or accepts payment for services to a state Medicaid or general assistance beneficiary when those services were not delivered or not needed is subject to possible imprisonment and fines. Depending on the amount of the payment involved, these crimes carry penalties of up to 20 years in prison and fines of up to $15,000.

Detailed Information about the Federal False Claims Act and the Federal Program Fraud Civil Remedies Act:

A person who knows a false claim was filed for payment can file a lawsuit in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government’s attention. Penalties for violating the federal False Claims Act can be up to three times the value of the false claim, plus from $5,500 to $11,000 in fines, per claim. If any funds are recovered, the federal court can award a portion of those funds to the person who initiated the lawsuit. This amount, if awarded, generally is between 15% and 30% of the total funds to be repaid. If the federal government does not pursue the claim, the individual may still proceed with the case on his or her own, without the government’s assistance, and at his or her own expense.

In addition to the False Claims Act, the Program Fraud Civil Remedies Act (“PFCRA”) helps the government to prevent and detect fraud by penalizing people who commit fraud on the federal government. Specifically, PFCRA has penalties of $5,000 per false claim made by a person or company to the federal government that the person or company knows or has reason to know is false in some way, including charges for property or services that are not provided as claimed.
Reporting Fraud, Waste, or Abuse:

Through its compliance plan, the Hospital seeks to prevent and detect fraud, waste, and abuse. Some of the efforts we make include auditing and monitoring our billing, coding and contracting activities, training our staff about ethics and compliance, investigating reported concerns and correcting errors we find, and protecting our staff from adverse actions if they do the right thing and report genuine concerns through our established reporting mechanisms.

The existence of false claims and similar laws help the Hospital’s efforts to prevent and detect fraud, waste and abuse. All of our employees, contractors, agents, and volunteers who have any suspicion that false claims for payment are being made at the Hospital must immediately report that suspicion to:
- a supervisor, or any member of the Hospital’s corporate compliance committee or its staff, or
- a human resources staff member, or the hospital’s chief executive, or through the Hospital’s AlertLine at 1-888-371-4445.

If you would like more information on the Hospital’s ethics & compliance program or policies, or on how to report any concerns, please contact our Corporate Ethics & Compliance Officer.

Protecting People Who Do the Right Thing:

The False Claims Act protects anyone who files a false claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit. If a court finds that the employer retaliated, the court can order the employer to re-hire the employee, and to pay the employee twice the amount of back pay that is owed, plus interest and attorney’s fees.

Connecticut law also protects employees who report suspected violations of state or federal law, including reports of criminal fraud. An employer may not discharge, discipline or otherwise penalize an employee for reporting a violation of the law, or suspected violation, as long as the employee does not know the information being reported is false.
References:
Section 6032 of the Deficit Reduction Act of 2005
31 U.S.C. §§ 3729-3733
31 U.S.C. §§ 3801-3812
Connecticut General Statutes § 31-51m
Connecticut General Statutes § 53a-290 et seq.
Connecticut General Statutes § 17b-127

Criminal:
Conn. Gen. Stat. Sec. 53a-290 et seq. (Vendor Fraud)
Conn. Gen. Stat. Sec. 53-440 et seq. (Health Insurance Fraud)
Conn. Gen. Stat. Sec. 53a-118 et seq. (Larceny)
Conn. Gen. Stat. Sec. 53a-155 (Tampering With Or Fabricating Physical Evidence)
Conn. Gen. Stat. Sec. 53a-157b (False Statement Intending to Mislead Public Servant)

Fraud:
Conn. Gen. Stat. Sec. 17b-25a (Toll free vendor fraud telephone hotline)
Conn. Gen. Stat. Sec. 17b-99 (Vendor Fraud)
Conn. Gen. Stat. Sec. 17b-102 (Financial Incentive for Reporting Fraud)
Regs. Conn. State Agencies Sec. 17-83k-1 et seq. (Administrative Sanctions)
Regs. Conn. State Agencies Sec. 17b-102-01 et seq. (Financial Incentive for Reporting Vendor Fraud and Requirements for Payment for Reporting Vendor Fraud)

Whistleblower Protections:
Conn. Gen. Stat. Sec. 4-61dd (Whistleblowing)
Conn. Gen. Stat. Sec. 31-51m (Protection of Employee Who Discloses Employer’s Illegal Activities or Unethical Practices)
Conn. Gen. Stat. Sec. 31-51q (Liability of Employer for Discipline or Discharge of Employee on Account of Employee’s Exercise of Certain Constitutional Rights)
Regs. Conn. State Agencies Sec. 4-61dd-1 et seq. (Rules of Practice for Contested Case Proceedings under the Whistleblower Protection Act)
Calling the Compliance Hotline

- If you feel uncomfortable about your activities or those of others around you and feel hesitant about making a report in person, call the 24-hour CCHA CORPORATE ETHICS, COMPLIANCE, HIPAA PRIVACY AND SECURITY AND SAFETY LINE

  INTERNAL LINE 1–860-224-5806 (Internal Voice mail)

  EXTERNAL LINE 1-888-571-4445 (ANONYMOUS - This number is not set up for caller ID and cannot trace calls.) This number has an answering machine which is retrieved daily and all calls are investigated.

  - You are not required to identify yourself, but you can if you choose.
  - Information you provide will remain confidential to the extent possible.

Your Compliance Officer is:
Debra A. Muscio, CFE, CHC, CCE
860-224-5129

THANK YOU