



CORPORATE RESPONSIBILITY PLAN

St. Vincent's Birmingham

St. Vincent's Blount

St. Vincent's East

St. Vincent's St. Clair

St. Vincent's One Nineteen

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**St. Vincent's Health System
Corporate Responsibility Plan
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I. PURPOSE STATEMENT

St. Vincent's Health System and its affiliates, hereinafter STVHS, is committed to carrying out its healthcare ministry in a manner consistent with the Ascension Health Mission, Vision, and Values. We are dedicated to following a high ethical standard of individual conduct as well as acting responsibly as corporate citizens. In order to ensure that appropriate ethical and legal business standards and practices are maintained and enforced, St. Vincent's Health System has established and implemented a policy for an effective Corporate Responsibility Program ("CRP"). The CRP will focus on business and professional standards of conduct, compliance with federal, state and local laws, promotion of good corporate citizenship, prevention and early detection of misconduct, and identification/prioritization of high risk areas and communication/ education regarding corporate responsibility. Additionally, this Corporate Responsibility Plan (Plan) is being implemented as a tool for educating associates, contractors, agents and professional staff about STVHS CRP.

II. DEFINITIONS

As used in the Corporate Responsibility Plan, the following terms have the following meanings:

- A. "Agent" means an individual or organization, including but not limited to any contractor, supplier, Professional Staff member, or volunteer, who is empowered by contract or otherwise to act for or on behalf of STVHS or who has a close working relationship with STVHS such that it is reasonable for STVHS to expect the Agent to comply with the Corporate Responsibility Plan.
- B. "Associate" means an employee of St. Vincent's Health System (STVHS).
- C. "Ascension" means Ascension Health, a Missouri nonprofit corporation.
- D. "Ascension Health Corporate Responsibility Program" ("Ascension Health CRP") means the program developed and implemented by Ascension Health to ensure corporate responsibility and legal compliance at Ascension Health and, through general guidance and oversight, the System.
- E. "Audit Committee" means the Audit Committee of the St. Vincent's Health System.
- F. "Audit Services" means Catholic Healthcare Audit Network or such other organization, which is designated by Ascension Health to provide internal auditing services to Ascension Health and its local health ministries.
- G. "CHAN" means the Catholic Healthcare Audit Network, LLC, the organization that provides internal audit services at Ascension Health and its Health Ministries.
- H. "Contractor" means an individual (i) who has an independent contractor agreement with STVHS to provide goods or services to STVHS or its patients or (ii) who owns,

is employed by, or otherwise works for an organization with such a contract, and who has direct contact with any Associate in the performance of the contract.

- I. "Corporate Responsibility Officer" or "CRO" means that individual assigned responsibility for overseeing the development, implementation and operation of the STVHS CRP.
- J. "Corporate Responsibility Program" or "CRP" means the overall program developed and implemented by STVHS to ensure corporate compliance and legal compliance.
- K. "Corporate Responsibility Program Committee" or "CRP Committee" means the committees appointed by the CRO to assist in the ongoing operation of the CRP, and to perform defined duties.
- L. "Corporate Responsibility Plan" or "Plan" means the written plan governing the development, implementation, and operation of the CRP, including standards of conduct for Associates.
- M. "Legal Counsel" means the attorney or law firm designated by the CRO to provide legal advice and assistance in the development, implementation, and maintenance of the CRP.
- N. "Participants" means an individual subject to the CRP. Participants will include all associates; all directors and officers of St. Vincent's Health System; and all contractors and professional staff members whom the St. Vincent's Health System management determines should be subject to the CRP.
- O. "Professional Staff Member" means a physician or allied health practitioner who is a member of the St. Vincent's Health System professional staff but who is not an Associate or Contractor.
- P. "Standards of Conduct" means the principles of associate behavior that promote corporate responsibility. They are described in Ascension Health Policy 14, *Corporate Responsibility and Conflicts of Interest*.
- Q. "STVHS" means St. Vincent's Health System and all its divisions, subsidiaries and affiliates.
- R. "STVHS Board" means the Board of Directors of St. Vincent's Health System.

III. STRUCTURE AND OVERSIGHT

A. Authority

The Corporate Responsibility Plan (Plan) is endorsed by the STVHS Board. Certain components of the CRP are directly stipulated by the Ascension Health Board of Directors.

The elements of the program are based on the model program outlined by the Office of the Inspector General, following the seven steps of the Federal Sentencing guidelines. Specific levels of authority and responsibility will be defined for all STVHS Associates and Agents as part of the Delegation of Authority policy.

B. Corporate Responsibility Officer (CRO)

The Chief Executive Officer (CEO) will designate the individual who will serve as the STVHS CRO. The CRO will have direct access to the CEO, Board of Trustees, Audit Committee, senior management and Legal Counsel. The CRO will report directly to the St. Vincent's Health System's Chief Executive Officer in this role. The CRO is granted freedom to investigate and act as needed, and will assume the following duties and responsibilities:

1. Implement and manage the CRP.
2. Coordination and refinement of existing policies and procedures to support compliance.
3. Periodic review of the program/plan to meet changes within STVHS or in the business and regulatory environment.
4. Oversight of assessment, monitoring, auditing and investigations associated with the program.
5. Routine communication and education activities for the Board, leadership, Associates and Professional Staff.
6. Chairmanship of the CRP Committees.
7. Participating in meetings with Audit Services and Ascension Health regarding the CRP and the Ascension Health system-wide CRP.
8. Overseeing the implementation of preventive measures to limit the recurrence of problems disclosed or discovered through the CRP.
9. Acting as liaison with Audit Services and Ascension Health with regard to environmental assessments, audits and the CRP.
10. Reviewing audits and reports prepared by Audit Services, the Corporate Responsibility Office, and Legal Counsel; overseeing any necessary corrective action or other follow up.
11. Establishing systems for organizing and maintaining all documentation regarding the CRP.
12. Together with the CRP Committees, annually reviewing the CRP and making revisions as necessary.

13. Independent critical decisions relevant to the CRP.

14. Preparing and make regular reports to the Board of Trustees, Audit Committee and other management concerning the status of the CRP and any significant compliance issues affecting the St. Vincent's Health System.

The CRO will have certain reporting requirements to the Ascension Health CRO which include:

- Annual report on the achievement of requirements in the CRP effectiveness assessment
- Periodic reports on the status of significant compliance issues

C. Committee and Subcommittees

The CRO will establish CRP Committees to assist with the maintenance of the CRP. The CRP Committee will be responsible for advising the CRO with respect to the following:

- Ongoing operation of the CRP
- Policies and procedures
- Training and education
- The annual CRP risk assessment
- CRP investigations and corrective actions
- Compliance with new laws and regulations
- Auditing and monitoring systems and procedures

Membership of CRP Committees shall include at least the following; CRO who shall serve as the chairperson, the COO of each facility, Director of Patient Financial Services, Director of Patient Access, Director of Health Information Management, Privacy and Security Officers/Representatives, Audit Services representative, Director of Risk Management, Vice President of Clinical Excellence (or facility designee), Vice President of Human Resources (or facility designee), Legal Counsel, Chief Financial Officer (or facility designee), Chief Education Officer (or facility designee) and Directors of other applicable departments specific to the facility as determined by the CRO and COO, i.e. the Emergency Room, Radiology, Laboratory, Pharmacy and Rehabilitation.

In addition, the committees may establish subcommittees through which particular functions are activated.

D. Policies and Procedures

Existing and new policies, procedures and ethical requirements will guide the organization's compliance efforts.

The CRP will incorporate the Ascension Health CRP Standards of Conduct for associates and other Participants.

The CRO will establish written policies and procedures to address the elements of the CRP and other general compliance issues. Policies and procedures that pertain to general compliance issues will be made available to associates.

E. Relationship with Agents

In order to assure full compliance, each of the activities associated with the CRP will apply to Agents. Responsibilities of each party will be defined through policy and/or contract. Strong and positive working relationships with Agents is fundamental to the success of STVHS. Agents that do not have a compliance program are required to implement one or use STVHS Corporate Responsibility Program, i.e. Standards of Conduct.

F. Internal Controls

The foundation of an effective CRP is a network of communication and oversight. Many existing managerial and committee functions are integral to a comprehensive CRP. Current policies and procedures may be utilized in support of the CRP. The medical and hospital committee structure will provide input to the CRP objectives and assist with communication regarding the CRP. In addition, it is recognized that the existing Professional Staff and governance bylaws provide the basis for effective compliance. Neither the CRO nor the CRP Committees are meant to usurp or remove the responsibilities of management.

IV. STANDARDS OF CONDUCT

A. Purpose

In order to clearly define the expectations for individual Associates within STVHS, the Ascension Health's Standards of Conduct have been adopted by the STVHS. The Standards of Conduct are based on our core values. They emphasize a high standard of individual and organizational ethical and legal business practices, consistent with the mission of Ascension Health.

Each Associate will be required to annually acknowledge their commitment to these Standards of Conduct.

V. TRAINING AND EDUCATION

A. Purpose

Effective training and education are integral to the CRP. They ensure that the purpose of the CRP and its standards of conduct are effectively communicated to associates, agents and professional staff. The intent of this training and education is to heighten awareness of the benefits and the operation of the CRP, to address educational needs identified through the

annual risk assessment, as well as to promote internalization of the responsibilities, processes and underlying policies.

The CRP will include training and education programs for Participants. Such education and training will be part of initial orientation programs and occur annually for each Participant.

Certain Participants may have additional education and training requirements depending on their title, position, or responsibilities.

Training and education programs will include:

- Purpose and operation of the CRP
- Identity and role of the CRO
- Identity and role of the Privacy Officer
- Standards of Conduct
- Reporting practices and systems and non-retaliation approach
- Consequences of failure to comply with rules and regulations
- Administrative policies and procedures related to the CRP
- Role of Associates in corporate responsibility
- Other subjects determined by the CRO

All Associates will sign a statement acknowledging their awareness of the CRP, their responsibility to report illegal or questionable activity, and their agreement to abide by the Standards of Conduct

STVHS will comply with federal, state and local laws and regulations. By providing a focus and education on compliance with laws and regulations that impact STVHS in risk sensitive areas, this Plan will help to demonstrate appropriate due diligence and a good faith effort to comply. Attachment A describes the role of federal and state laws in preventing and detecting fraud, waste and abuse in federal healthcare programs

In accordance to the Deficit Reduction Act (DRA) section 6032, the following educational information will be implemented initially as prescribed by the DRA and thereafter as indicated in each of following subheadings of this section. Section 6032 requires certain healthcare entities to provide associates, contractors and agents detailed information about the federal False Claims Act and applicable state laws, as well as information regarding STVHS policies and programs to prevent and detect fraud, waste and abuse in federal and state healthcare programs. This training will include the following:

- Federal False Claims Act (31 U.S.C. Sections 3729-33) and the Federal Program Fraud Civil Remedies Act (Chapter 38 of 31 U.S.C.).
- Penalties for violating the federal False Claims Act and the Federal Program Fraud Civil Remedies Act.
- Any state laws pertaining to civil or criminal penalties for false claims.
- The role of such laws in preventing and detecting fraud, waste and abuse in Federal and state health care programs.

- Protections provided under such laws to individuals that file lawsuits on behalf of the government or who provide information in good faith relative to an FCA investigation or lawsuit.
- The role of the STVHS Corporate Responsibility Program, the Standards of Conduct, and policies and procedures in preventing and detecting fraud, waste and abuse in Federal health care programs.

B. Associates

1. Scope: Training will commence at employment, as part of the orientation program, and retraining will be conducted in high risk areas at least annually. Associates will be required to attend or complete via an online learning system a minimum number of mandatory educational sessions each year, as determined by the CRO and the CRP Committee. Publications and other forms of written communication will be used to support the program tenets and principles. Where possible, the functional area to which particular compliance requirements apply will serve as the provider of materials and content for necessary education.
2. Assessment: The success of training and education efforts will be assessed, focusing on the level of understanding.
3. Records: Written or electronic records of training and education will be maintained, including attendance, and reported to the CRP Committee and Audit Committee.

C. Leadership and Governance

1. Scope: Leadership and Governance will be provided with training and education at a level beyond that provided for Associates. The CRP Committee, in its leadership role, will participate in ongoing education relevant to its function.
2. Assessment: The success of training and education efforts will be assessed, focusing on the level of understanding.
3. Records: Written or electronic records of training and education will be maintained, including attendance, and reported to the CRP Committee.

D. Professional Staff

Education and training will be presented to the Professional Staff and to the practice management of the Professional Staff on a regular basis. Content specific to areas of high risk and/or interest will be targeted. This education and training may be provided through current committee meetings, service meetings, practice management meetings, publications or special education sessions. The Professional Staff leadership will be involved in determining appropriate and effective means for education and training, as well as any requirements.

E. Contractors/Agents

Contractors/Agents will receive information about requirements of the CRP through the contracting process i.e. new or renewal and/or as appropriately determined by the CRO or any laws and regulatory requirements. For example, major suppliers will be informed of requirements through Legal Services. All applicable contracts (new and at renewal) should include STVHS education compliance language along with a copy of Attachment A as well as excluded provider language. Specific areas of high risk and/or interest may be targeted through correspondence or subject meetings. Joint ventures are required to comply with the annual CRP training requirement.

VI. ASSESSMENT, MONITORING AND AUDIT

A. Identification of High Risk Areas

There are specified levels of exposure within compliance activities. Generally, these follow the continuum of transposition and oversight errors to patterns of omission or commission to conscious avoidance and finally blatant violations.

1. Annual Assessment: The CRO will perform a STVHS risk assessment based on the current healthcare business and regulatory environment. This assessment will be prepared at least annually. Generally, all issues identified for inclusion in the Ascension Health CRO risk assessment (i.e. CRP focus areas) must be addressed in the STVHS risk assessment, unless it can be demonstrated that the issue is not applicable or significant. Each St. Vincent's Health System will also consider in its risk assessment any other compliance issues that may uniquely apply to that St. Vincent's Health System.
2. Objectives: Annual compliance objectives will be established based on the assessment.
3. Operational Review: The CRO will review the operation of STVHS in these risk areas to determine where exposure may exist and how each risk area will be addressed (e.g. policies and procedures; training and education; and auditing). Where possible, use of any planned Audit Services, HIM activities and CRO activities will be utilized for this review.

B. Supporting Policies

The CRO and the CRP Committees will have the authority to develop and monitor policies to support any and all elements of compliance. Through the assessment

of high priority areas, it will be determined whether existing policies, procedures or practices should be amended to better ensure compliance in the identified risk areas.

C. Process and Schedule

1. The CRO will ensure that periodic audits are conducted for those risk areas determined by the Ascension Health CRO.
2. The CRO may conduct periodic audits for St. Vincent's Health System specific CRP areas identified in the St. Vincent's Health System risk assessment.
3. The CRO will ensure that audits are conducted in conjunction with internal or external investigations of specific CRP issues.
4. A work plan will be developed, and approved by the CRP Committee, which will specify the techniques to be used, as well as the responsible party for administering the audits. Depending on the nature of the audits, it may be appropriate to engage CHAN, outside consultants and /or perform self-audits of high-risk compliance areas. In some cases, legal Counsel may engage CHAN or outside consultants under the attorney-client privilege to conduct audits of high-risk compliance areas to assist Legal Counsel in providing legal advice related to the subject matter of the audit.
5. The CRO will ensure that monitoring systems are implemented to address high-risk CRP issues. Monitoring systems may include the automated review and analysis of data for potential errors or anomalies; observation of systems and process; and reviews of small samples of claims.
6. The CRO will ensure that issues identified through the auditing and monitoring process are followed up on a timely basis and that corrective actions are properly implemented.

D. Results Reporting

All results of assessment, monitoring and audit activity associated with the CRP Plan will be reported directly to the CRO on a real time basis. The CRP Committee and the CEO will receive summary reports. The CRO will report unusual results or those requiring follow up to the respective Board (s) through the Audit Committee. Substantive documentation of activities will be maintained for five years.

VII. COMMUNICATION AND REPORTING

A. Purpose

In order to encourage communication, dialogue and the reporting of incidents of potential fraud, policies regarding confidentiality and non-retribution will be developed or strengthened.

Ascension Health and STVHS policies strictly prohibit retaliation, in any form, against an individual reporting an issue or concern in good faith. The St. Vincent's Health System reporting system includes a confidential process by which any Associate should feel comfortable in seeking guidance and disclosing information about potential violations without feeling any threat of retribution.

B. Processes

Specific internal procedures to document and manage the process for responding to all CRP issues identified by various reporting sources will be developed to ensure that all Associates, Agents, and the public might fully participate in the CRP.

The Associate CRP reporting system will include the following:

- Direct access to the associate's supervisor, management staff and Human Resource staff
- Direct access to the CRO
- An anonymous reporting system

The St. Vincent's Health System will make available to its associates the Ascension Health CRP Values Line. The Ascension Health CRP Values Line provides a means by which any Associate can report a potential corporate responsibility issue in an anonymous and confidential manner. The Values Line is provided by an outside vendor and has confidential phone and email reporting available 24 hours a day and 7 days a week.

C. Policies and Procedures

Policies and procedures related to the communication and reporting elements of the CRP will be reinforced with all parties on a routine basis.

VIII. INVESTIGATION

A. Purpose

In order to respond appropriately to and correct potential compliance problems, an investigation of any report or questionable practice will be conducted immediately. In conducting an investigation, judgment will be exercised and consideration given to scope and materiality consistent with the nature of the concern.

B. Procedures

1. Oversight: The CRO will oversee the prompt and thorough investigation of any report made through the CRP. The CRO may delegate certain investigative tasks. The involvement of Ascension Health legal counsel may be necessary to protect the identity of the local entity by making inquiries on behalf of STVHS on a client anonymous basis and handling any voluntary disclosure issues. The CRO will make

this determination on a case-by-case basis with the assistance of Legal Counsel. The CRO may choose to involve other individuals or committees as necessary.

2. Process: Each investigation will include the gathering and preservation of relevant documents and identification and interviewing of those Associates, former Associates, and others who may be able to provide pertinent information.
3. Documentation: Each investigation must be carefully documented in a systematic manner. Such documentation shall include a report describing the disclosure, the investigation process, the conclusions reached, and the recommended corrective action, where such action is necessary.
4. Legal Counsel: Depending on the nature of the potential violation, St. Vincent's Health System may seek legal guidance regarding the steps necessary to investigate and remedy, if necessary, the potential violation. In such cases, the CRO will coordinate with Legal counsel regarding the appropriate approach and steps to take in conducting the investigation. The attorney-client privilege is used when Legal Counsel is conducting an investigation for the purpose of providing legal advice regarding the subject matter of the investigation. It may be appropriate to have Legal Counsel engage any outside experts involved in the investigation so that reports issued to Legal Counsel can be protected by the attorney-client privilege. Refer to Ascension Health System Procedure *OL-8 Attorney-Client Privilege/Work Product Doctrine* for additional information.
5. Response: The CRO or his/her designee will respond to the reporting party, as appropriate and to the extent reasonably possible, regarding the status of the investigation and any corrective action taken or planned.

The CRO or his/her designee is responsible for ensuring that Values Line calls are appropriately investigated and that a response is provided to the caller on a timely basis.

The CRO will provide periodic reports to the Ascension Health CRO on significant compliance issues as defined by the Ascension Health

IV. RESPONSES AND CORRECTIVE ACTION

A. Purpose

In order for the CRP to effectively serve its purpose, reasonable steps must be taken to appropriately respond appropriately to any offense or problem detected or reported and to prevent future similar offenses or problems.

B. Procedures

The CRO, with appropriate assistance from the CRP Committees, Legal Counsel and

others, will take appropriate corrective actions to address the specific CRP issue and that helps similar issues from occurring in the future. This process will include:

1. Resolving of specific problems identified and taking reasonable steps to modify practices and procedures.
2. Refunding of inappropriately paid claims or taking other action as directed by regulatory agencies or payors.
3. Reporting corrective actions to the government contractor on a voluntary disclosure basis when deemed appropriate by the CRO after consultation with the Legal Counsel.
4. Developing and/or amending existing policies and educating and training associates, as applicable.
5. Determining appropriate disciplinary actions as required by human resources' Positive Redirection policies.
6. Thoroughly documenting all corrective actions so that appropriate follow-up can be instituted and demonstrated to governmental agencies, if necessary.
7. Providing feedback to any party reporting violations in good faith, whenever possible.
8. Following up on corrective actions, and re-auditing if applicable, in a timely fashion to ensure they have been implemented.
9. Communicate any suggested changes in the Ascension Health guidelines to the Ascension Health CRO.
10. Report results of investigations to appropriate parties such as CEO, Ascension Health CRO (when applicable), STVHS Audit Committee, STVHS CRP Committees and to reporting party.

X. Review of Corporate Responsibility Program

On a periodic basis, the CRO and CRP Committee will review the CRP Program and this Plan to ensure that they are updated to address organizational changes and other changing requirements of the St. Vincent's Health System.

The CRO will ensure that the CRP Program incorporates any revisions from the Ascension Health CRO that may be based on changes in the business and regulatory environment

Attachment A
False Claims Act Information
St. Vincent's Health System (STVHS)
St. Vincent's Hospital, St. Vincent's East, St. Vincent's Blount, St. Vincent's St. Clair and 119 Health & Wellness
Associates, Medical Staff and Vendors
Revised January 2009

As recipients of federal health care program funds, including Medicare and Medicaid, Ascension Health's hospitals are required by law to provide all associates, agents and contractors information regarding the federal False Claims Act, the federal Program Fraud Civil Remedies Act, and any applicable state laws intended to prevent and detect fraud, waste and abuse in federal health care program

STVHS will not tolerate making or submitting false or misleading claims or statements to any government agency, health care program or payer.

It is the policy of STVHS that its associates, medical staff and vendors adhere to the statutory requirements of federal and state False Claims Act.

What is the False Claims Act?

The False Claims Act is a federal law that 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. "Knowingly" includes having actual knowledge that a claim is false, or acting in "deliberate ignorance" or "reckless disregard" as to whether a claim is false. Examples of possible false claims include billing Medicare and/or Medicaid for services that were not provided, billing for a higher-level service than the service actually furnished (upcoding), or billing for services that were not ordered by a physician.

The False Claims Act contains provisions that allow individuals with original information (i.e., information not already the subject of legal proceedings or activities that have already been publicly disclosed) concerning fraud involving government programs to file a lawsuit on behalf of the government and, if the lawsuit is successful, to receive a portion of recoveries received by the government.

Penalties for Violating the False Claims Act

Financial penalties to the organization for submitting a false claim can total as much as three times the amount of the claim plus fines of \$5,500 to \$11,000 per claim. In addition to fines and penalties, an individual or organization that violates the False Claims Act is subject to exclusion from participation in federally funded healthcare programs.

Protections under the False Claims Act

The federal False Claims Act protects employees from being fired, demoted, threatened or harassed by his or her employer for filing an FCA lawsuit or providing information in good faith relative to a False Claims Act investigation or lawsuit.

Program Fraud Civil Remedies Act

The Program Fraud Civil Remedies Act ("PFCRA") provides federal agencies, including the agencies responsible for federally funded health care programs, with administrative remedies against individuals and organizations that knowingly submit a false claim for payment, or knowingly make or use a false record or statement to get a false claim paid. The PFCRA is limited to situations where a false claim, or a group of related false claims, does not exceed \$150,000. The PFCRA provides civil penalties up to \$6,000 per false claim, plus an assessment equal to twice the amount of the false claim.

State of Alabama Law

Rule No. 560-X-4-.04 of the State of Alabama Program Integrity Division under Code of Alabama 1975 Section 22-1-11 makes it a felony offense to falsify a claim or application for payment of Medicaid benefits or offer, pay, solicit or receive kickbacks, bribes, or rebates for services. Conviction for any of these felonious actions could result in a fine of \$10,000 or imprisonment for one to five years for each violation.

Our Commitment to Corporate Responsibility

Ascension Health is committed to fully complying with all laws and regulations that apply to our health care ministry. We have established the Corporate Responsibility Program (CRP) as evidence of our commitment to operating with the highest degree of integrity. The CRP includes the Standards of Conduct, policies and procedures, training and education, auditing and monitoring, and mechanisms for individuals to raise issues and concerns without fear of retaliation.

STVHS Policy and Procedures for Detecting and Preventing Fraud, Waste and Abuse

As stated in STVHS Corporate Responsibility Plan Section VI A. Identification of High Priority Areas. STVHS is aware of specified levels of exposure within compliance activities. The CRO will perform a STVHS risk assessment based on the current healthcare business and regulatory environment. In addition, STVHS annually performs an assessment of its Corporate Responsibility Program which includes ensuring appropriate audits i.e. baseline coding audits, PEPPER (Program for Evaluating Payment Patterns Electronic Report) reviews, as well as internal audits i.e. charge capture/reconciliations are routinely conducted as part of the system's audit and corporate responsibility plans which take in account the Office of the Inspector General's Work Plan as well as areas of concerns identified by the Corporate Responsibility Officer.

Whether you are an associate, contract worker, medical staff member, vendor or other business partner with Ascension Health and/or STVHS, you are reminded to:

- Act with honesty and integrity in all your business activities
- Follow all laws and regulations that apply to your work activities, including requirements of the Medicare, Medicaid and other federal health care programs. These requirements generally include maintaining complete and accurate medical records, and submitting only complete and accurate claims for services provided
- Report any violation or suspected violation without **fear of retaliation**
- Contact one of the following resources available within STVHS if you have knowledge or concern regarding a potential false claim:

Your Corporate Responsibility Officer at 205 939 7742 or Yolanda.Rich@stvhs.com

STV Associates, Medical Staff and Vendors – Values Line – 1-800-707-2198

www.AscensionHealthValuesLine.org

**The Values Line is staffed 24 hours a day, 7 days a week by an outside organization.
You may choose to remain anonymous when filing a report.**

Ascension Health and STVHS policies strictly prohibit retaliation, in any form, against an individual reporting an issue or concern in good faith. Please contact Yolanda Rich, Corporate Responsibility Officer (205 939 7742 or Yolanda.Rich@STVHS.com) or Kelly Geiger at 205 838 3786 Kelly.Geiger@STVHS.com if you have any questions.

Thank you for your commitment to operating with integrity and the highest standards of ethical behavior.