

WHAT IS COMPLIANCE?

October 25, 2006

The American Heritage Dictionary defines compliance as “[a]n act of complying with a wish, request, or demand” As IMH moves forward with a new Code of Conduct and Compliance Plan, it is important for everyone to understand what compliance means and what we expect of all IMH Team Members. IMH Team Members include everyone associated with IMH from the Board of Trustees to every employee, physician, subcontractor, supplier, and vendor.

IMH is committed to providing the highest-quality health care services in a lawful and ethical manner. This fundamental commitment finds expression in our Core Values. IMH’s commitment helps maintain the trust and respect of patients and the communities we serve, to include our hospital family. To reinforce and strengthen this commitment, IMH is developing a revised Code of Conduct and a Compliance Program to help ensure we conduct all activities in full compliance with all applicable laws and regulations.

IMH is being proactive in response to risks that are inherent in such a complex system as the healthcare industry. A compliance program should assist in preventing violations of the law from occurring and must correct any substantiated violations. A thorough evaluation of any additional measures needed to prevent duplicate violations must also be a part of any effective compliance program. IMH takes its responsibility to comply with the law very seriously, but to be successful; the Compliance Program requires the collective participation of every individual within the IMH community.

Our Code of Conduct will provide guidance to all of us and will assist us in carrying out our daily activities within appropriate ethical and legal standards. These standards apply to our relationships with patients, payers, subcontractors, independent contractors, vendors, consultants, government agencies, and one another. The Code of Conduct provides standards by which we will conduct ourselves to protect and promote integrity.

I will present a draft of this Code to the Staff Advisory Council for their input in the coming weeks. As your representatives, the Board of Trustees realizes this Council’s substantive input to the final establishment of general policies and procedures is important. This code will affect all IMH Trustees, executive management, employees, appropriate business associates performing patient care services, volunteers, vendors, and anyone else affiliated with IMH as a condition of employment or service.

As a condition of employment, every Team Member of IMH must understand and comply fully with both the rules and approved procedures established by this Code. All IMH team members will receive an IMH Code of Conduct, and must agree by written statement, to be bound by and comply with all aspects of the IMH Code of Conduct and Compliance Plan. While all individuals are obligated to follow the Code, IMH expects our leaders to set the example. Each supervisor and department director must create an environment where all members of their department feel free to raise concerns and propose ideas without fear of retribution, discrimination or harassment. IMH expects leadership to provide all staff with appropriate information to comply with all pertinent federal and state laws, rules and regulations, and policies and procedures.

If you have any questions or concerns, please contact me at Ext. 6684, 760-6723, or call the anonymous Compliance Hotline at 1-800-273-8452.

IMH CODE OF CONDUCT

Nov. 22, 2006

My short time here at IMH as the Chief Compliance Officer has been challenging, rewarding, and interesting. As I received feedback on the draft Code of Conduct, some interesting comments as well as great suggestions came forward. To those of you who took the opportunity to make the Code your own, I thank you. Of the cover sheets I received back from the Staff Advisory Council, a list of at least 219 employees had the opportunity to review the Code and 126 employees indicated they reviewed the document by initialing the sheet. That is a 57% return, which I think is a great start to making this Code a product of the staff.

I incorporated many changes into a final draft that is with the Board of Trustees for their review and adoption in their next public meeting. I would encourage anyone interested in the process to attend the public meeting. I would also encourage you to address the Board to let them know how this review process worked or did not work and whether you support the adoption of the Code of Conduct or not.

The Code of Conduct, Compliance Plan, and Compliance Program Manual are all living documents, which means they will be ever changing to keep up with the constant changes in federal and state laws and regulations. As IMH makes changes to these documents, I will be updating all IMH Team Members through various ways. I am committed to making our Compliance Program the best in the nation and need your help to ensure that it is. In the coming months you will see new policies that will clearly demonstrate IMH's commitment to establish and maintain an organizational and accountability structure to assure compliance with governmental laws, rules and regulations.

I received many interesting comments and wanted to let everyone know that I will address each and everyone through a continuing dialogue with the Staff Advisory Council, the Heartbeat and other forms of communication. I listed all comments received in a document the Board of Trustees will receive with the final draft of the Code of Conduct. This comments document is just over five and one half pages long and reflects the time you spent reviewing the Code. I made numerous changes in response to the input you provided and I am required to provide a formal written response to some comments. Not counting grammatical corrections, your comments prompted removing three areas, changing eight items completely, revising twenty-one areas, and thirty-five items will need formal written responses.

As I close this article out, I wanted to note the frustration I saw in some comments I received. I know change is hard, but to move forward as an organization we must have a set of rules that apply to ALL IMH Team Members. More importantly, IMH must apply the Code uniformly and provide uniform and fair consequences for violations of the Code. As an employee of the Board of Trustees, I pledge to ALL IMH Team Members that I will do my part to ensure uniformity and fairness are hallmarks of IMH's Compliance Program. I will continue to ask for and provide feedback to ALL IMH Team Members and I hope that you will do the same for me.

I hope the holidays bring you happiness, good health, and a renewed outlook on life!

CHIEF COMPLIANCE OFFICER

December 22, 2006

Okay . . . so you are asking yourself, what is it the Chief Compliance Officer (CCO) does, and what are the CCO's responsibilities? This month I wanted to inform you what the responsibilities of the IMH Chief Compliance Officer are.

The CCO serves as the focal point for all compliance activities here at IMH and day-to-day duties surround the operation of the Compliance Program. This position works directly for the Board of Trustees as a staff member and has direct access to the Chair of the Board of Trustees.

The CCO reports regularly to the Board and the Board Compliance Committee including, at a minimum, meeting with them on a monthly basis as well as presenting them an annual report. The CCO is an ex officio member of the Board Compliance Committee. The position has direct access to the President/CEO, chairs the Executive Compliance Committee that meets on a monthly or as needed basis, and ensures a retaliation-free internal compliance process serving all members of the IMH community for the betterment of patient care and service to our community.

This position is the authority on standards of conduct and legal risks associated with the day-to-day operations of IMH. As such, the CCO is responsible for developing policies and procedures for the implementation and operation of the Compliance Program. The CCO supervises the monitoring, auditing, and reporting activities within the scope of the Compliance Program. Investigations of possible compliance issues and the establishment of a retribution-free system for reporting noncompliance or concerns about the Compliance Program is the responsibility of the CCO.

Coordinated efforts among all IMH Team Members for the implementation and maintenance of the Compliance Program are an important aspect of the CCO's duties. Additionally, the creation, implementation and maintenance of a strong awareness, education and training program informing all IMH Team Members about compliance matters and the importance of adherence to the Code of Conduct must be a part of the CCO's continual maintenance of the Compliance Program.

The CCO assists executive management and the Board of Trustees in the development of corrective action plans that may result from investigations, discovery of risks not previously known, or the establishment of new laws, rules and regulations. From time-to-time, it may be necessary for the CCO to confer with IMH General Counsel to retain the services of outside counsel, accountants, consultants, and other professionals for investigations or other compliance matters. However, the CCO has specific authority from the IMH Board of Trustees to conduct investigations into alleged violations at all levels of the IMH community.

That is a basic overview of the CCO's duties and responsibilities. Next month I will introduce other members of the Compliance Team and the role they play on the Board Compliance Committee and the Executive Compliance Committee. However, it is all of you, the IMH Team Members, who will make this program effective. Please have a safe New Year and may it bring us all love, good health, laughter, and success!

BOARD COMPLIANCE COMMITTEE

February 27, 2007

This month I want to introduce you to the Board Compliance Committee (BCC) and inform you what their responsibilities are.

The Chair of the BCC is Trustee Dan Baccari and there are two other members on this committee. Trustees Shelby Bershinsky and Anne Alexander are the two members designated by the Board of Trustees Chair, Terry Roark, to fill the remaining seats of the BCC.

As you already have read, the Compliance Program involves internal controls affecting all levels of the Hospital's organization and staff. The Compliance Program consists of a Code of Conduct, Compliance Plan, Compliance Program Manual, policies and procedures and of course all IMH Team Members. The IMH Board of Trustees plays an integral part in the Compliance Program, by creating a foundation of compliance policies and procedures for reporting and responding to compliance concerns.

The Compliance Program demonstrates the clearest possible terms of the absolute commitment of IMH to the highest standards of compliance. That commitment reaches ALL levels at IMH. Included in this structure are the Board of Trustees and the Board Compliance Committee. Accountability for IMH's Compliance Program rests with the Board of Trustees.

The Board Compliance Committee maintains an open line of communication with IMH senior management and oversees the implementation and operation of the Compliance Program. As part of those responsibilities, the Committee also oversees IMH internal controls, disclosure controls and procedures for compliance reporting. The Committee reviews, approves, and recommends, for full Board approval, the IMH Compliance Program, and policies and procedures related to the Compliance Program, as well as the Annual Plan. Executive management and the Chief Compliance Officer advise this Committee of significant compliance deficiencies, material weaknesses in the Compliance Program and significant changes in laws effecting compliance as well as any alleged illegal acts. It is this Committee's responsibility to evaluate the Chief Compliance Officer's job performance as well as the overall effectiveness of the Compliance Program.

IMH and its Board of Trustees intend the Compliance Program mission to become a part of the fabric of its routine operations. The IMH Compliance Program will communicate to all Team Members its intent to comply with all applicable laws and will educate and train Team Members concerning expectations of them. The Team Members of IMH will carry out the functions of the Compliance Program in a non-discriminatory and retaliation-free manner. IMH will continually monitor the effectiveness of the Program and address any systemic problems in a timely manner. Finally, IMH takes a proactive approach to compliance and has enforcement, discipline, and evaluation components in place to ensure all Team Members take their compliance responsibilities seriously.

Next month check in for the introduction of the Executive Compliance Committee!

EXECUTIVE COMPLIANCE COMMITTEE

April 24, 2007

This month I want to introduce you to the Executive Compliance Committee (ECC) and inform you what their responsibilities are.

The Executive Compliance Committee (ECC) consists of Hospital leaders from various functional areas. Members of this Committee are Tyler Erickson, CEO/President, Nick Braccino, Chief Financial Officer, Holly Zajic, Human Resources Director, Stella Clark, Chief Nursing Officer/Vice President of Hospital Services, Ij Guthmann, Vice President of Quality Management, Shawna Lafitte, Health Information Management Director, and Floyd Borders, Patient Financial Services Director. I serve as the Chair of this Committee.

The ECC is responsible for the day-to-day operational facets of the compliance program including disciplinary actions resulting from compliance issues, unless they involve physicians or other non-IMH employees. The ECC makes recommendations and suggestions on policies, procedures and practices pertaining to the compliance program for the Board Compliance Committee's consideration. This Committee assists the Chief Compliance Officer (CCO) with the implementation and operation of the compliance program. The ECC also advises the Board Compliance Committee of significant compliance deficiencies, material weaknesses in the compliance program and significant changes in laws effecting compliance as well as any alleged illegal acts.

The ECC maintains an open line of communication with IMH staff. If you have any questions or complaints concerning compliance, this is the group to bring those issues to. Additionally, this Committee assists the CCO with the implementation and operation of the compliance program. As part of those responsibilities, the Committee maintains IMH internal controls, disclosure controls and procedures for compliance reporting. It is also this Committee's responsibility to ensure Departments draft, implement and maintain any required action plans to ensure compliance with systemic issues. Make sure you use this Committee to its fullest!

Finally, I want to update you on some initiatives occurring with your Compliance Program. The Board of Trustees adopted your Code of Conduct last month and training surrounding that document will take place in the upcoming month. It now includes the newly adopted Mission, Vision, and Values as well as Standards of Behavior.

I want to take this opportunity to congratulate IMH on its HIPAA training and especially **Libby Smith** for her monumental efforts to get everyone trained! Way to go Team!

The Month of April will see the Board voting on a Disruptive Behavior Policy and being presented with the first ever Compliance Plan. I am also drafting a Compliance Program Manual that when adopted, will be given to all Departments to guide managers and supervisors in their roles. Compliance will become a piece of personnel evaluations and this manual will help guide, inform, and educate in that process.

Next month, I will write more on the education pieces the Compliance Program will be rolling out.

STANDARDS OF BEHAVIOR

June 26, 2007

Let me introduce you to our Standards of Behavior that also complement our Disruptive Behavior Policy found on the intranet under HW065 . . .

I will demonstrate concerns for all human dignity by:

- Treating all others as I would like to be treated;
- Honoring others differences as individuals and as departments;
- Exercising teamwork;
- Making others feel important regardless of how busy I am;
- Refraining from swearing or using rude gestures; and
- Promptly following up on concerns and questions.

I will show empathy for patients, families, colleagues and the community by:

- Making eye contact while offering assistance and showing compassion;
- Using clear, familiar, and easy to understand language;
- Being courteous in my verbal, non-verbal and written communications;
- Introducing myself by name, position and purpose;
- Answering and transferring telephone calls in a prompt and professional manner; and
- Escorting patients and visitors to their destination.

I will demonstrate honesty, trust and confidentiality in dealing with others by:

- Protecting their privacy and confidentiality;
- Listening to their questions, concerns and thoughts without interrupting;
- Not making excuses or blaming other persons or departments; and
- Projecting a positive attitude.

I will be qualified to meet or exceed customer needs by:

- Following hospital and departmental policies and procedures;
- Completing mandatory continuing education;
- Maintaining my licenses and/or certifications;
- Being active in my department and/or hospital wide activities or committees;
- Being creative and cost efficient in the use of resources; and
- Committing to lifelong learning.

Please talk with your supervisors, managers, department heads, staff representatives, and executives about this standard, which is part of your code of conduct. Ask them how it complements the new Disruptive Behavior Policy adopted by the IMH Board of Trustees. As IMH moves into new leadership, holding each other accountable to these standards is so important for us as an organization and to our community as a whole. Next month, I will introduce you to new HIPAA and Compliance Policies that IMH will post on the intranet.

HIPAA AND COMPLIANCE POLICIES

July 30, 2007

As I said last month, I want to let everyone know about the new section on the intranet under Policies and Procedures. My reliable sources (Joy and Deb in Accounting) have told me that the section color is turquoise. The compliance policies start with CP and the HIPAA policies start with HP. Two different groups worked on these policies.

The Board Compliance Committee reviewed and forwarded the five compliance policies to the full Board. The Board adopted the policies at a regular Board meeting and they became effective in July. More compliance policies are forthcoming and I will let you know when the Board approves those. The policy I would like all IMH Team Members to familiarize themselves with is CP003, which outlines how a Team Member needs to respond, if or when, they face a government investigation, search, and search warrant. The purpose statement of the policy lets us know that IMH wants a way for all of us to respond to any government investigation in a way that protects IMH's interests while cooperating appropriately to requests of the investigative agency. It is important that we cooperate with the investigative agency and it is equally important that we ensure we assert all protections we have under the law. When in doubt, IMH Team Members should contact the Chief Compliance Officer, IMH legal counsel, the administrator on-call or the CEO to make sure we have appropriate people making the appropriate decisions. Please review this policy on the intranet and if you have any questions, please do not hesitate to contact me.

The HIPAA Team worked diligently to establish eighteen policies that help protect our patient's privacy and ensure IMH is compliant with the laws established in 2003. We all know that transitions are difficult and as we move forward with these policies, our Chief Privacy Officer will provide FAQs (Frequently Asked Questions) in the Heartbeat to give everyone the same information on questions posed by staff. My advice would be, "when in doubt, don't." However, the next thing you should do is talk to your supervisor, the Chief Privacy Officer (ext. 5609) or the Chief Compliance Officer (ext. 6684 or 760-6723) to review the situation and determine the correct course of action. The U.S. Department of Health and Human Services, Office of Inspector General is now embarking upon a systematic approach in auditing hospitals for compliance to HIPAA and although you may not think they would be interested in a hospital in Wyoming, you never know. We just need to do the "right thing," which is not always the "same old thing."

Please talk with your supervisors, managers, department heads, staff representatives, and executives about these policies. Ask them how we need to protect our patient's privacy, ensure we are only using the minimum necessary information to complete our jobs, and how we hold each accountable to follow the law. As IMH moves into new leadership, holding each other accountable is important for us as an organization and to our community as a whole. Next month, I will discuss the new Code of Conduct. What I will let you know is how IMH is going to educate and train everyone on this new document, to include specialized training for those areas in need, and how we all will keep up-to-date on the ever changing laws, rules and regulations, and policies and procedures.

CODE OF CONDUCT

August 28, 2007

As I said last month, I want to discuss the new Code of Conduct and the training associated with it. As IMH embarked upon a new orientation, Compliance took additional time to train all new IMH Team Members on compliance issues and the Code of Conduct. Scenario training is now part of orientation and will be a part of the hospital-wide Code of Conduct training as well. Scenario training is an easy way to allow everyone to participate in analyzing situations covered by the Code.

We are waiting to schedule our first training with the Board of Trustees and Administration. Once that training takes place, I will provide training to the Leadership Council and those individuals will then have the responsibility to train their staff members. In order to maintain consistency in the training, all presenters will have access to the power point given at orientation.

Administration has asked that I provide some Frequently Asked Questions (FAQ) for compliance issues much the same as what Libby Smith is doing with HIPAA. I am asking that you please forward any questions you might have so that we can get that up and running. For this month, I will give you all a scenario and I will place all those who spot every issue in a drawing for a reserved parking spot. Place your entries in my mailbox in Administration.

SCENARIO:

Art works in Materials Management and transferred there from Information Technology last month. He is cruising the internet trying to find a product Outpatient Surgery requested. While online, Art notices his computer is now generating a ton of e-mails to all IMH internal e-mail addresses, which he knows he is not sending. He notices that John Hacker was on his computer prior to signing on and he knows that Mr. Hacker has boasted about his computer skills in the past. Art and John have a strained working relationship, especially over the last two months.

While Art was still working in Information Technology, he had some problems with Mr. Hacker after he asked him where he got his new set of golf clubs that had a local computer vendor's emblem embossed on the golf bag. John told Art that it was just a gift to help him make a decision quicker and it was no big deal. John then went on to tell Art that he gives free meals to local computer company so they give him a better discount on IMH's purchases. Art never told anyone about this conversation or John's gift.

Spot the issues found in the Code of Conduct, which Jaime Stine so kindly put on IMH's internet site at <http://www.ivinsonhospital.org/pdfs/Code%20of%20Conduct.pdf>. Thanks Jaime!

CONSEQUENCES

September 25, 2007

The hospital industry is the most highly regulated industry in the United States today. Both Congress and state legislatures pass laws that effect our operations on a regular basis. Almost every major executive branch agency, in both federal and state governments, has their hand in the regulatory issues that interpret the laws that effect hospitals. Then we have both federal and state courts that interpret both the laws and regulations we deal with on a daily basis.

With all the over site of our industry, when these laws or regulations are broken there are consequences. Consequences for risks associated with compliance range from significant monetary penalties to exclusion from federal and state health care programs to prison. I do not know about you, but I do not look good in orange.

Under the Federal False Claims Act, the Federal Government can receive treble damages in addition to fines of \$5,500.00 to \$11,000.00 for EACH claim. Under the Federal Anti-Kickback Statute, a conviction results in a felony punishable with a fine of \$25,000.00, imprisonment up to five years, or both for EACH violation. If you violate the Stark Law, the penalty is up to \$15,000.00 for EACH violation. Then you have the Civil Monetary Penalties Law under which the federal government can fine you up to \$10,000.00 for EACH item or service you falsely claim, \$10,000.00 EACH day for which the false condition continues, and then add on treble the total amount claimed.

HIPAA also comes with its own set of fines. The Department of Health and Human Services can fine a person \$100.00 for EACH HIPAA violation per calendar year, but may not exceed \$25,000.00 in a calendar year. However, the Department of Health and Human Services or the Department of Justice can also prosecute you criminally and hold you liable for fines ranging from \$50,000.00 up to \$250,000.00 and/or one year in prison to ten years in prison respectively.

Under IMH policies, we have our own consequences for violations of policies. The Compliance Program has the responsibility of ensuring a fair and thorough investigation takes place in a timely manner of any allegations of misconduct, fraud, or other activities implicated by federal, state or local law or rules and regulations. However, not every allegation is a compliance matter and I may route the complaint to the appropriate authority. For example, if an allegation concerned sexual harassment, I would route that to Human Resources unless it was an allegation against the HR Director. Another example might include a patient safety issue that I would route to our Risk Manager.

It is important to remember the Compliance Program is about doing the right thing. Following the law, rules and regulations, as well as policies and procedures really is about doing what is right. Accountability for our actions results in consequences if we are not doing the right thing. We should reward those who do the right thing, not punish them. To that end, the Compliance Program will thoroughly investigate any allegations from IMH Team Members of retaliation, retribution or harassment based on reporting of or requesting guidance on compliance issues. IMH and the Board of Trustees are committed to a Compliance Program free of retaliation, retribution or harassment and you should immediately report any activity like that to the Chief Compliance Officer or the Compliance Hotline at 1-800-273-8452.

I want to thank all the individuals who have come forward to discuss their compliance concerns with me over the last year and all those who have contributed to the success of the Compliance Program during my one year here at IMH. We have made great strides and I believe we are having tremendous success in creating a culture of compliance that is sensitive to the needs of our community and all IMH Team Members. Let's continue to do the right thing and dedicate ourselves to making a positive impact on the health and quality of life in our community.

FREQUENTLY ASKED QUESTIONS

November 27, 2007

This month I wanted to provide a forum for questions so that everyone can benefit from the knowledge others receive from my replies.

- Q1. My son calls me at work when he gets home from school to let me know he made it home and is okay. Is this use of IMH phones okay?
- A1. Yes. IMH allows some personal use of IMH assets as long as it is not excessive and does not result in additional costs to IMH. You should consult with your supervisor and HW012 “Information Systems Acceptable Use and Content Policy” as to the use of IMH information systems.
- Q2. How do I know if I have a compliance or ethical issue?
- A2. Ask yourself the following questions:
- Does this comply with IMH’s policies and procedures?
 - Is this action legal?
 - How would this look to my family, friends or community if the newspaper published this action on the front page or broadcasted it on the news?
 - Is the action fair and honest?
- If the answer to any of the above questions is no, you might want to discuss the issue with your supervisor, manager, department head or with the compliance officer.
- Q3. I have a concern that I want to handle through the Compliance Hotline, but I am afraid that my supervisor will find out. What should I do?
- A3. If you are making a good faith report, you should feel comfortable in calling the Hotline. All reports to IMH’s third party Hotline requesting anonymity remain so and the information is confidential to the extent allowable under the law. Additionally, IMH policy and federal law protect you from retaliation. (Compliance Hotline 1-800-273-8452)
- Q4. What do I do if I have reported something to my supervisor, but nothing has changed and no one has come to talk to me about my concerns?
- A4. Follow-up on your conversation and always remember that you can directly contact the compliance officer at 742-2142 ext. 6684 or 760-6723 to discuss compliance questions or concerns.
- Q5. As a manager, I have worked with several vendors. One vendor in particular has been very rude and when confronted, even seemed under the influence of something. What should I do the next time this type of situation arises?
- A.5 As with any disruptive individual on IMH premises, if you feel immediately threatened, dial 5555 for a code yellow or call the safety officer at 6640. Patient and staff safety is our number one priority but remember you should also immediately inform your supervisor of the incident.

FREQUENTLY ASKED QUESTIONS

December 21, 2007

I have more questions brought forward by employees, physicians and patients and I want to continue to answer them in this forum. I hope this benefits everyone to receive this information and gain knowledge from others questions and my answers.

Q1. Am I required to donate money or other items to people, groups or organizations?

A1. **NO.** Under the IMH Code of Conduct, it states no IMH Team Member shall make another Team Member give a gift or contribute to any fundraising. Additionally, the Code says that if any Team Member receives pressure or suggestion of adverse action because they do not contribute, they should report that to the HR Director or the Compliance Officer to initiate an investigation.

Q2. Individuals who were not employees of IMH asked me about my stay. I thought HIPAA and another stricter law protected the information these individuals shared with me. What privacy laws does IMH follow and what can I do if I feel someone at IMH violated my privacy rights?

A2. IMH follows the HIPAA laws and maintains many policies related to patient privacy and confidentiality of their Protected Health Information (PHI) as it relates to HIPAA.

IMH is also responsible for protecting patient privacy and confidentiality of their PHI under 42 C.F.R. Part 2. This particular Federal regulation is stricter than HIPAA and pertains to any patient on IMH's Behavioral Health Services (BHS) unit. IMH cannot even acknowledge someone is on this unit, even to law enforcement unless the patient committed a crime on the unit or against one of our staff. Any communication of patient identifying information is a violation of this regulation **unless** the patient signs a consent form. Other exceptions under this regulation include communication within BHS, communications with qualified service organizations that BHS has written agreements with, communications to law enforcement about crimes committed by a patient on BHS or against BHS personnel, or reporting suspected child abuse and neglect.

Any patient who feels IMH or a Team Member violated their privacy rights may report this information to the Chief Privacy/Compliance Officer at 742-2142 ext. 6684, call IMH's Compliance Hotline at 1-800-273-8452, or file a complaint with the Secretary of the Department of Health and Human Services or the United States Attorney for the State of Wyoming.

Q3. I am concerned that if I ask for guidance or report an issue, my supervisor will find out and I will get in trouble because of it.

A3. If you are asking for guidance or making a good faith report, you should feel comfortable in calling the Hotline or going to the Chief Compliance Officer directly. All reports requesting anonymity remain so and the information is confidential to the extent allowable under the law. Additionally, IMH policy and federal law protect you from retaliation. I will fully investigate any allegations of retaliation in relation to requests for guidance or reporting of allegations.

FREQUENTLY ASKED QUESTIONS

January 28, 2008

I have more questions brought forward by employees and I will continue to answer them in this forum. I hope this benefits everyone who reads this information and that you gain knowledge from others questions and my answers.

- Q1. If a friend is in the hospital, can I visit them while I am on duty?
A1. If you are on duty, my question is when do you have time to visit a friend? I see this question as one for your supervisor, but assuming you are talking about your lunch or break time, I do not see a problem in visiting with your friend as long as you clear it with your supervisor and the staff conducting the care for that individual.
- Q2. I work at IMH and have visited friends who we admitted into our hospital. In the past, I never thought twice about telling others who knew the patient that they were here in the hospital. Do I have to get a written consent from the patient to let their other friends know they are here even if they have asked me to do so?
A2. No, you do not need a written consent from the patient, especially if they have asked you to tell others. To me, this falls under the common sense category. However, it would be better to let the patient know IMH has a password policy in which our patients can create a password to share with family and friends, which allows those individuals to have more than just the general information provided in the facility directory. (See HP006 on the IMH Intranet)
- Q3. What prevents IMH from having relationships with physicians or their practices?
A3. Two federal laws specifically prohibit IMH from entering into certain relationships with physicians and their practices. The first, known as the “Stark Law,” prohibits financial relationships between physicians and any entity they refer Medicare patients to for designated health services. From IMH’s compliance perspective, the Stark Law is a threshold statute. What I mean by that is if we do not meet the statutory and regulatory exceptions in the statute, we face significant legal and financial risks if we continue a financial relationship with referring physicians that do not fit those exceptions.

The Federal Anti-Kickback Statute (AKS) is the second law IMH has to remain vigilant about. This law places constraints on business arrangements related directly or indirectly to items or services reimbursable by any Federal health care program, including, but not limited to, Medicare and Medicaid. This statute prohibits IMH from entering into or conducting some practices that are common in other business sectors, such as offering gifts to reward past or potential new referrals. Additionally, the AKS has criminal prohibitions against payments, in any form, direct or indirect, made purposefully to induce or reward the referral or generation of Federal health care program business.

Potential risks under both laws can arise if IMH has relationships with physicians or their business entities under the following five categories: (a) [Joint ventures](#); (b) [compensation arrangements with physicians](#); (c) [relationships with other health care entities](#); (d) [recruitment arrangements](#); (e) [discounts](#); (f) [medical staff credentialing](#); and (g) [malpractice insurance subsidies](#).

FREQUENTLY ASKED QUESTIONS

February 27, 2008

This month, the FAQ consists of specific questions and comments from an employee about the Code of Conduct. I could not remember the exact wording of the questions so I have recreated them as close as my memory will allow. To the person I talked to, thank you for your insights and I hope the questions I have here closely resemble the actual questions you had. Maybe these questions will help spark conversations, comments, and suggestions from all of you concerning the Code of Conduct.

Q. I know the Code of Conduct is a living document. However, I am concerned that changes could occur to the Code that I will be responsible for by signing the Certificate of Acknowledgement. How do I know that IMH will communicate changes to the Code of Conduct or policies related to the Code of Conduct to me in a timely manner? Who is responsible for communicating changes? How will IMH communicate any changes related to the Code of Conduct? Can anyone suggest changes to the Code of Conduct and to who should those suggestions go?

A1. IMH's Compliance Plan, approved by the Board of Trustees on May 30, 2007 answers some of these questions, as does Compliance Policy 004 – "Amendment of Code of Conduct, Compliance Plan and Program Manual." You are correct when you say the Code of Conduct is a living document and the Board of Trustees' intention is to maintain a proactive compliance program that allows effective incorporation of changes to IMH's standards of compliance. Consistent with this ideal, it may be necessary from time to time to amend the overall structure of the compliance program as well as amend various procedural and technical components of the program. In order for IMH's compliance program to remain viable and maintain its effectiveness, procedures are necessary to allow changes, modifications, revisions or amendments.

IMH's Compliance Policy 004 outlines the procedures necessary to make changes to our Code of Conduct. Under this policy, the Board of Trustees have the exclusive authority for approving any changes to the Code of Conduct that substantively affects the integrity of the Code or would constitute a material change to the Code. (A material change is one that results in a change pertaining to the authority of the Board Compliance Committee, the Executive Compliance Committee, the Chief Compliance Officer or any essential elements of the Code of Conduct and the policies related to those documents.) So while anyone at IMH may make suggestions for changes, only the Board has the authority to make material changes.

When making material changes, the Board must use the following protocol:

1. The Board Compliance Committee shall recommend to the full Board any material changes. If the Committee adopts a resolution for change, the chief compliance officer shall forward the resolution to the Board for action at the next scheduled public Board meeting. It takes a majority vote to pass any such changes.
2. The Board Compliance Committee has the authority to make technical changes to the Code of Conduct and the policies related to those documents. (A technical change is one that is procedural in nature and has the effect of improving the overall operational aspect of the Board Compliance Committee, the Executive Compliance Committee, the

chief compliance officer or any operational aspect of the Code of Conduct or the policies related to those documents.)

3. The Board Compliance Committee shall use the following protocol when making technical changes. The Board Compliance Committee must vote on the resolution for a technical change. Majority vote shall carry on the resolution. Any successful resolution will take effect upon the effective date of the resolution or a date designated by the Committee. The Board Compliance Committee or chief compliance officer shall communicate all technical changes to the Board and IMH Administration for informational purposes only.

To answer the questions posed, IMH's commitment to its compliance program and the policies put in place for those purposes require any substantive changes to the Code of Conduct or policies related to the Code be placed as action items on a public meeting of the Board of Trustees. Policy also dictates that either the Board Compliance Committee or Chief Compliance Officer immediately communicate those changes. The different sources for communicating any changes to the Code of Conduct include the Staff Advisory Council, e-mail, written notices, the Heartbeat, written amendments to be kept with your Code of Conduct, and in the near future IMH's inter and intra net sites. Although the Board is the only entity with authority to make changes to the Code or related policies, I do know the Board is very interested in the Code being IMH's. What this means is they are very supportive of IMH Team Members taking an active role in suggesting changes and providing constructive assessments of our Code of Conduct. This is exactly what IMH did with the original draft of the Code of Conduct, with at least 124 written comments resulting in 36 changes for specific suggestions.

I am still happy to hear suggestions and comments on how we can improve our Code of Conduct and will be taking some revisions to the Board Compliance Committee for their March meeting. Please provide your input to me before **March 15** to ensure that it gets to the Committee in final draft format. Thank you all for all you do each and every day!

CHANGES IN COMPLIANCE

March, 2008

I want to let everyone know the IMH Board of Trustees will be discussing the revised Code of Conduct, Compliance Plan, and Board Compliance Committee Charter in their upcoming regular meeting on April 30, 2008. I would encourage anyone interested in reviewing the draft to contact me for a copy.

The changes are not significant in the everyday operations of the Compliance Program, but the Executive Compliance Committee is now the Hospital Compliance Committee. This Committee will now consist of our resident experts in specific risk areas. Members of this Committee now consist of the CEO, CFO, HR Director, Pharmacy Director, Laboratory Manager, PFS Director, and the HIM Director. The responsibilities of this Committee will remain very similar to that of the Executive Compliance Committee.

The Board Compliance Committee's charge is a little different under the proposed changes. This Committee will now provide closer oversight of internal audit functions as well as risk assessments completed as part of the Compliance Program. This Committee's makeup will remain the same.

When the Board approves these documents, the Marketing Department will create a new section on IMH's Internet site specifically for Compliance and HIPAA. This website as well as our intranet site will serve as a reference for all IMH Team Members. All Compliance Program documents and policies as well as HIPAA policies will be posted on these sites. I hope these sites will also be able to provide a forum for questions and answers.

Additionally, IMH hopes to post quick reference items to help you in your jobs. IMH will continue to use the Frequently Asked Questions (FAQ) forum to answer your compliance issues as well. For the latter, I am asking you to forward any questions you might have and please remember, IMH's Compliance Program is only as good as its Team Members and their courage to ask questions.

WHO DO YOU CALL?

April, 2008

I receive questions about whom do you call for what? The Code of Conduct has a section that specifically addresses both these issues and the following addresses the compliance arena.

For compliance issues you have several different avenues of reporting allegations or requesting guidance. IMH has a toll free **HOTLINE** that a third party answers on a 24/7/365 basis. This number is **1-800-273-8452** and is very easy to use. Global Compliance is the company that maintains this number and they can take your information anonymously. No IMH Team Members provide any part of the hotline service. You may use this number to ask for compliance guidance or report compliance allegations as well as receive information back on your request or report. Additionally, you may ask anyone in your **chain of command** for guidance or report allegations to them. Remember, the **Chief Compliance Officer** is always available as well. You can stop by my office in person, call at extension 6684 or call my cell phone at 760-6723. IMH also has a **Hotline Box** located near the mailroom with reporting forms above the box. Those forms are available to use in **regular mail** too. Just mark it "Confidential" attention IMH Chief Compliance Officer at 255 North 30th Street, Laramie, WY 82072.

I do receive questions that range from Human Resource issues to Marketing issues. Many times these are general questions that do not involve compliance issues. I am always happy to talk to anyone with these types of questions, but will always redirect you to your supervisor or to the appropriate department. You will note that one of the last pages in the Code of Conduct, IMH has provided a list of positions with their respective extensions for your convenience. If you have any questions on who you should call for what, I am happy to point you in the right direction.

Until next month, keep a smile on your face and think warm weather!

CONFLICT OF INTEREST

July 2008

The Board of Trustees will consider a new Conflict of Interest Policy (CP006) for IMH and may have voted on its adoption at their June meeting. I wanted to take the opportunity this month to review and summarize the new policy as all IMH employees, officers and trustees will be responsible for complying with its provisions. Additionally, I want to let you know IMH now has a Compliance Section on the IMH internet site. The site provides links to issues, policies and helpful resources concerning compliance and privacy issues. Please go to <http://www.ivinsonhospital.org/compliance.htm> and explore what is available to anyone who visits our internet site. We now return you back to regular programming.

As a Hospital District, IMH must be transparent in all aspects of its business to the public as required by Wyoming Statutes. Although the law provides some exceptions to this transparency, these laws are in place to protect the public's interest when public entities like IMH consider decisions or actions. IMH's policy is to assure the public that IMH team members, in a position to make decisions, will conduct IMH business in an impartial and unbiased manner. Additionally, the policy clarifies the duties and obligations of IMH team members to disclose, resolve and avoid conflicts of interest.

What you may not know is that we all have a duty of loyalty to IMH, which is an undivided allegiance to IMH, requiring that we not use the power of our position or information we may possess concerning IMH or its property for our own personal profit. Personal profit is explained in more detail in the policy as either a financial or non-financial interest within the definition section of CP006.

Every employee is required to fill out disclosure statements listing all interests, actions or relationships that could result in either an actual or perceived conflict of interest. The written disclosure obligation for IMH team members is annual, but the duty to disclose is an ongoing obligation. In other words, if you are involved in the consideration of a proposed transaction or arrangement that you or a family member would benefit from, you have an ongoing obligation to let the entity involved in the decision know that fact. You must disclose all the facts of why you believe you have a conflict so the entity can decide whether a conflict does exist.

The new policy replaces an old HR policy and details all procedures required by IMH to disclose, determine and address a conflict of interest. The policy also addresses violations and reporting any suspected violations or requesting guidance on conflict of interest issues. As always, I am available for any questions you might have about this or any other compliance or privacy issue.