



NOTICE TO AGENTS, VENDORS AND CONTRACTORS

Catholic Health Partners (CHP) and Humility of Mary Health Partners (HMHP) have created a Corporate Responsibility Program to ensure we comply with all laws and regulations that apply to a tax-exempt, church-based health care provider. This includes laws concerning health and safety, Medicare and Medicaid, fraud and abuse, tax, anti-trust, environmental and labor laws, among others.

We cultivate a culture of compliance from the Board Room to the front-line caregiver, and we include our credentialed providers, vendors and contractors in that commitment. We commit to an effective Corporate Responsibility Program to sustain that culture. Our program includes education, communications methods to encourage reports of concerns, investigations into concerns, monitoring and auditing for compliance and accuracy, and accountability and corrective action when we detect an error.

Vendors and contractors must be aware of, and agree to abide by, the following three provisions of our Corporate Responsibility Program as a continuing condition to do business with us:

ELIGIBILITY TO DO BUSINESS WITH A CATHOLIC HEALTH PARTNERS ENTITY

1. As a Medicare-participating organization, we are prohibited from hiring or doing business with any entity or person who has been:
 - a. Excluded from participating in federal or state health programs by the Office of Inspector General of the U.S. Department of Health and Human Services;
 - b. Barred from contracting with the U.S. Government by the General Services Administration; or
 - c. Listed as a Terrorist Organization or supporting individual by the Office of Foreign Asset Control of the U.S. Department of the Treasury.
2. Vendors must certify their eligibility to do business with HMHP, as a CHP entity, by certifying that neither the organization, nor its owners or principals or any vendor employee (collectively, *staff*) who will provide services to HMHP is prohibited from doing business with HMHP under paragraph 1.
3. Eligibility is a continuing condition of any contract with HMHP, as a CHP entity, and vendors must agree to notify HMHP immediately if the government takes adverse action in paragraph 1 against the vendor or any of its staff. Vendors must also notify HMHP if they learn of an investigation that could reasonably result in adverse action in paragraph 1 against the vendor or its staff. HMHP and/or CHP may terminate a contract where the government takes adverse action listed in paragraph 1 against the vendor or its staff.

BUSINESS ETHICS, GIFTS AND GRATUITIES

4. HMHP, as a CHP entity, does business in an open, fair, impartial and transparent manner and engages in arms-length negotiations with potential vendors, contractors or business partners. HMHP requires our employed associates, credentialed providers, board members and volunteers to act in the best interests of HMHP at all times. This includes avoiding conflicts of interest that might jeopardize the impartiality of their judgment and decision-making, as well as avoiding situations that create a reasonable appearance of a conflict of interest or an appearance of favoritism, partiality, personal gain or insider-dealing.
5. HMHP associates may not seek, request or accept any gift, gratuity or other item, regardless of value, that is intended to influence a business decision, or that is offered to them because of their position in a pending business decision. HMHP associates may not accept gifts, gratuities, discounts or other things of value from anyone doing business with, or desiring to do business with HMHP or any CHP entity, except in nominal amounts, which they must disclose to their reporting superior.
6. HMHP's Corporate Responsibility Program includes a Corporate Responsibility Officer (CRO) who can assist or respond to any vendor concern about possible violations of HMHP's or CHP's policies or applicable laws or regulations. Associates are required, and vendors are encouraged, to report any concerns to either the CRO at 330-480-3240 or to HMHP's HotLine at 330-783-6293 or CHP's ReportLine at 1-888-302-9224, which are both available 24/7/365 and where anonymous reports can be made. HMHP policy prohibits any retaliation for a report made in good faith.

REQUIRED EDUCATION ON THE FALSE CLAIMS ACT AND WHISTLEBLOWER PROTECTIONS FOR PROVIDERS OF MEDICAID COVERED SERVICES

Because HMHP, as an entity of CHP, receives in excess of \$5M in annual Medicaid reimbursements, we are required to provide additional education to our employed associates, vendors and contractors related to the False Claims Act and whistleblower protections available under those laws. Our vendors and contractors are required to ensure that their employees who will provide services to HMHP receive the following educational information also:

HMHP associates work hard to ensure that we create accurate and truthful patient bills and submit accurate claims for payment from any payer, including Medicare and Medicaid, commercial insurance, or our patients. It's the right thing to do, and federal and state laws require accuracy in health care billing.

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 someone 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.

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. While Ohio law does not permit private suits like the federal False Claims Act for Medicaid fraud, Ohio law does include both civil or criminal penalties against those who attempt to obtain Medicaid payments to which they are not entitled, or who commit Medicaid fraud (See Ohio Revised Code Sections 5111.03 and 2913.40).

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. Ohio law provides equivalent protections from retaliation by an employer for employees who report Medicaid fraud to the authorities (See Ohio Revised Code Section 4113.52(B)).

The Corporate Responsibility Program of HMHP, as an entity of CHP, supports compliance with the False Claims Act by:

- Monitoring and auditing business activities to prevent or detect errors in coding or billing.
- Educating our associates, vendors and contractors that they are responsible to report any concern about a possible False Claim at a HMHP or any CHP facility via our 3-Step Reporting Process.
- Investigating all reported concerns and correcting any billing errors discovered.
- Protecting our associates, vendors or contractors from adverse action when they do the right thing and report any genuine concern via the 3-Step Reporting Process. HMHP, as an entity of CHP, will investigate any allegation of retaliation against an associate for speaking up.