

PIMA HEALTH SYSTEM CODE OF CONDUCT

How we at Pima Health System accomplish our Mission is as important as the Mission itself. All PHS administrators, managers, supervisors, employees, providers, and others authorized to act on behalf of the System (hereinafter referred to as "PHS colleagues"), must always strive to attain the highest ethical and legal standards in the way we conduct business.

All PHS colleagues shall:

- **Conduct themselves with integrity.**

Our System is only as strong as its weakest link. The unethical actions of but one PHS colleague reflects poorly on us all. All PHS colleagues must take responsibility to conduct themselves with the highest ethical standards when representing the System, whether at the workplace, or in the community.

- **Know and comply with laws and regulations that affect their jobs and/or duties.**

Examples of applicable laws and regulations include, but are not limited to: federal and state laws regarding fraud and abuse, regulations governing participation in the Medicare and Medicaid (Arizona Health Care Cost Containment System) programs; Pima County Merit System Rules and Personnel Policies, other Pima County Policies and Procedures; and all PHS standards and procedures.

- **Perform their jobs/and or duties correctly.**

All PHS colleagues are responsible to be familiar with and adhere to the policies and procedures that apply to their jobs and positions. If an employee has questions about whether he or she is doing the right thing, that employee should seek guidance from a supervisor, manager, or administrator. If a non-employee PHS colleague has questions, he or she may seek answers from the Compliance Office.

- **Report suspected non-compliance.**

All PHS colleagues have a duty to report suspected non-compliance to their supervisor, another manager or the Compliance Office. No PHS colleague will suffer retaliation for making such a disclosure in good faith. PHS administrators, managers and supervisors have a duty to investigate reports of suspected non-compliance. If substantiated, PHS administrators, managers and supervisors must take the appropriate action to correct the non-compliance, prevent its reoccurrence and/or discipline the offender.

- **Be responsible for compliance.**

Everyone at PHS is responsible to fulfill our Mission with integrity and in compliance with all laws, regulations, policies and procedures. Individuals who violate the Code will be subject to discipline.

- **Additionally, Managers and Supervisors are responsible for their staff and must be responsive to them.**

PHS supervisors, and managers are responsible for their own actions and those of their employees. They should be proactive in detecting, correcting and preventing non-compliance. They should provide employees with the appropriate tools and information to perform their jobs competently and within the confines of the law. They must listen to their employees' questions and act on their concerns. They will lead by example and make sure their employees understand and abide by this Code. They must discipline Code violators.

PHS is Committed to Compliance.

REPORTING CORPORATE COMPLIANCE ISSUES

PHS Compliance Office-----243-
8032

PHS Fraud and Abuse Coordinator—243-
8250

or write to:

PHS Compliance Office
PO BOX 27895
Tucson, Arizona 85726

**PIMA HEALTH SYSTEM
COMPLIANCE ATTESTATION FORM**

I, _____, do hereby acknowledge and confirm that I have received the general session training on Pima Health System's Compliance Program and HIPAA Privacy Standards. I further acknowledge I have received a copy of the Pima Health System Code of Conduct, and the Pima Health System Standard and Procedure: Prevention, Detection, and Reporting of Provider or Member Fraud and Abuse Activities. I confirm that I have read these, understand their meaning, and will abide by its terms. As a Pima Health System employee, I will:

- Conduct myself with integrity;
- Know and comply with all laws and regulations that affect my job and/or duties;
- Perform my job and/or duties correctly;
- Report any suspected non-compliance immediately; and
- Take responsibility for remaining in compliance at all time.
- Comply with HIPAA and PHS policies related to confidentiality of protected health information.
- Protect and ensure the integrity of all PHS data and system information.

Additionally: If I am an administrator, manager, or supervisor, I will assume the responsibility for maintaining compliance in my areas of responsibility and responding appropriately to issues as soon as they occur.

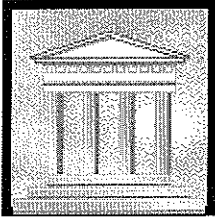
By signing this form, I acknowledge that I understand that a violation of the Code of Conduct and any related PHS Standards and Procedures can be grounds for disciplinary action up to and including termination pursuant to Pima County Merit System Rules and Personnel Policies. Possible legal action may also be taken against me as a result of such a violation.

I further acknowledge that I understand the critical nature of ensuring the integrity of information and data within the PHS core business system, QXNT. I understand that predetermined roles and responsibilities have been established for each PHS employee, as appropriate, for access to the system and that a change in those roles and responsibilities must follow established procedures. Any breach of system security can be grounds for disciplinary action up to and including termination pursuant to Pima County Merit System rules and Personnel Policies.

Signature _____, Title _____

Date Signed _____

H:/Corporate Compliance/Attestation form (A 12/27/00mk) (Rev. 12/12/01) mjn (Rev. 01/10/03,3/30/06, 04/09/07, 1/24/08)



MEMORANDUM

TO: _____

FROM: PHS CORPORATE COMPLIANCE OFFICE,
_____, Compliance Officer

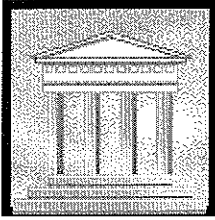
DATE: _____

RE: Non Compliance with PHS Requirements

This is to inform you that _____ last attended Corporate Compliance Class on _____. This employee did not attend the class within one year of this date and is now _____ out of compliance with this requirement. **Participation in annual corporate compliance class is part of the employee's duty as a PHS employee. This employee requires counseling regarding this non-compliance. Please document this non-compliance by forwarding me written verification of counseling provided.**

This non compliance with non-timely attendance should be noted on his/her annual performance appraisal.

Used for those who did not attend the annual class when due.



MEMORANDUM

TO: _____

FROM: PHS CORPORATE COMPLIANCE OFFICE,
_____, Compliance Officer

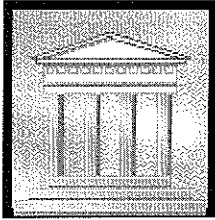
DATE: _____

RE: **Non Compliance with PHS Requirements**

This is to inform you that _____ did not attend the PHS Compliance Class as scheduled on _____. This employee is now out of compliance. The next class is scheduled on _____. Please assure attendance requirements are met. If there is a reason this employee is unable to attend due to a leave of absence, please let me know and enroll the employee in the next available class upon the employee's return.

Participation in corporate compliance class is part of the employee's performance appraisal and should reflect their timely attendance.

Used for new hires who did not attend within one month of hire.



MEMORANDUM

TO: _____

FROM: PHS CORPORATE COMPLIANCE OFFICE,
_____, Compliance Officer

DATE: _____

RE: **Non Compliance with PHS Requirements**

This is to inform you that _____ has not attended PHS New Hire Compliance Class within one month of hire as required. **Please encourage your staff to attend classes when due. Participation in corporate compliance class is part of the employee's performance appraisal and should reflect their timely attendance.**

EXHIBIT F

**PIMA HEALTH SYSTEM OFFICE OF CORPORATE COMPLIANCE
REPORTING SUSPECTED NON- COMPLIANCE
(Used by Compliance Office for issues reported to Compliance Officer.)**

Please do not write in box below

Date received _____
Date logged _____
Date completed _____
By _____

FRAUD: means the intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.	ABUSE: means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.	ABUSE OF A MEMBER: means any intentional, knowing or reckless infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, emotional or sexual abuse, or sexual assault.
--	---	---

Date of Report _____ Source of Report (Check one) Mail Phone E Mail Other _____

Report taken by: _____, Title: _____, Phone No. _____

Name of person initiating the report: _____, phone: _____ If anonymous, check here

Report is concerning (check all that apply): Member PHS Employee PHS Provider

Narrative description of the issue.

NOTICE OF CONFIDENTIALITY: The information contained in this report is confidential and may be legally privileged or protected by law. This report shall be held in confidence and in a secure manner. The information is intended for the use of individuals on a need to know basis or as required by law.

Check here if other reporting form is attached (ie: report made to PHS Fraud and Abuse Coordinator; report to APS; report to Assisted Living Program; etc.

DISPOSITION: After the preliminary investigation is completed.

- Not substantiated.
- Administrative issue.
- Substantiated, not material. *Forward to Fraud and Abuse Coordinator*
- Substantiated, unclear as to whether or not material. *Forward to Fraud and Abuse Coordinator*

NARRATIVE NOTES OF ACTION TAKEN TO CORRECT:

OTHER AGENCIES/DEPARTMENTS/OFFICIALS NOTIFIED:

Name _____	Date Notified _____	Phone _____
Name _____	Date Notified _____	Phone _____
Name _____	Date Notified _____	Phone _____
Name _____	Date Notified _____	Phone _____

To be completed by the Corporate Compliance Office:

- The person initiating the report has been informed that PHS will strive to keep his/her identity confidential but the investigative process may result in the disclosure of the reporter's identity to the extent of the investigation.
- The person initiating the report has gone through the chain of command to the extent possible.
- The report requires no further action.
- The report has been forwarded for further investigation. To: _____ Date _____