



# Code of Conduct

**Effective 12/12/2017**

Dear Colleague,

The mission of Spanish Peaks Regional Health Center (“SPRHC”) is to operate our SPRHC, nursing home and community health services in such a manner that they provide the highest quality healthcare services to our patients and residents. In seeking to fulfill our mission, we are committed to achieving the highest personal, professional and organizational standards in a manner that maintains exemplary ethical principles and adherence to the Federal, state and local laws, rules and regulations and other public and private program requirements to which SPRHC is subject, and to our own organizational policies and procedures.

In order to help us in our efforts to act with absolute honesty, integrity and fairness in the way we fulfill our mission, the Board of Directors has adopted an Ethics & Compliance Program for SPRHC, including a Code of Conduct to provide clear guidance regarding our values and standards. This Code explains our expectations for legal and ethical practices and details how to report an ethics or compliance concern.

The purpose of our Code of Conduct is to provide general guidance and is not intended to answer every question that may confront you, but direct you to other resources to help resolve un-addressed questions about appropriate conduct in the workplace. Please review it thoroughly. Your personal compliance with its spirit, as well as its specific provisions, is absolutely critical to fulfilling our Ethics & Compliance Program.

If you have any questions regarding this Code of Conduct, if you encounter any situation at work that you believe violates provisions of the Code, or have knowledge of any work-related ethical or legal violation, you are expected to immediately report this information to your supervisor, to the Ethics & Compliance Officer, or to the Compliance Committee.

We recognize that no Code of Conduct document can substitute for your own internal sense of fairness, honesty and integrity. Thus, if you encounter a situation or are considering a course of action that appears to be within the guidelines of the Code of Conduct, but feel the contemplated action simply “does not feel right,” please discuss the situation with any of the resources listed above.

You are a valuable member of our healthcare team and we ask you to join us in supporting the values and principles that are critical to achieving our organizational mission.

## Our Mission

To improve the lives we touch

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## Code of Conduct

Spanish Peaks Regional Health Center (SPRHC) has adopted an Ethics & Compliance Program to ensure that SPRHC operates in full compliance with ethical commitments and applicable laws, rules, and regulations. An important component of the Ethics & Compliance Program is the Code of Conduct, which sets out basic principles that the SPRHC, its employees, directors, officers, and medical staff are expected follow. Associated policies and procedures provide further guidance on the operation of the Ethics & Compliance Program.

The Code of Conduct applies to all SPRHC employees, members of the Board of Directors, medical staff and allied health professionals, volunteers, agents, consultants, contract labor, and others, when they are representing or acting on behalf of SPRHC. Contractors and agents/vendors or external advisors and consultants should also be directed to conduct themselves in a manner consistent with the Code of Conduct when they are acting on behalf of the SPRHC.

You are not expected to have expert knowledge of all legal and regulatory requirements that may apply to your role with SPRHC. However, you are expected to:

- Be familiar with this Code,
- Be sensitive to legal and ethical issues,
- Ask questions if you are uncertain about any given situation, and
- Report concerns you may have about the conduct of others.

If you have any questions regarding the SPRHC Ethics & Compliance Program, Code of Conduct and associated policies or encounter any situation which you believe violates provisions of these guidelines you should immediately contact your Immediate supervisor, the SPRHC Ethics & Compliance Officer [compliance@sprhc.org](mailto:compliance@sprhc.org), Human Resources at 719-738-4540 , and/or the SPRHC Ethics & Compliance Hotline (800-273-8452).

The following chapters provide a summary of SPRHC's position and expectations related to specific topics and describe certain ethics and compliance risk areas in healthcare. These are intended only to provide an overview. A specific policy may also exist on a given topic.

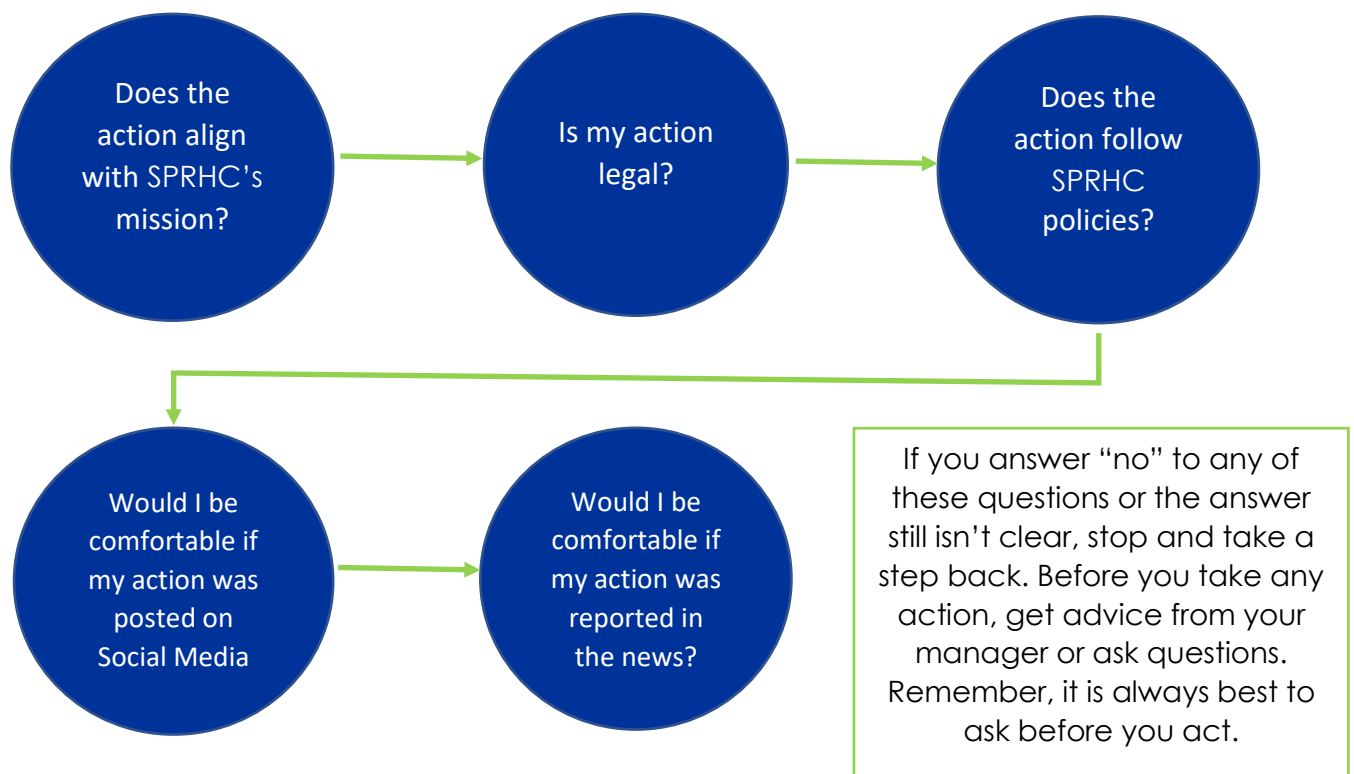
## Employee Standards

We each have an individual responsibility to perform our duties in a manner consistent with the requirements in our Code. Know the Code – read it and follow it. So how do I know if I am following the code?

Ask yourself...

- Are my decisions and actions based on the mission, vision and values of SPRHC?
- Do I make good decisions?
- Do I act responsibly, professionally and ethically?
- Do I communicate respectfully and honestly?
- Do I consistently follow SPRHC policies and procedures?
- Do I demonstrate compliance with applicable laws and regulations?

Every day we make choices, serving thousands of patients, the community and each other. But there may be times when the right choice isn't clear. If that ever happens, begin by asking yourself:



# Fostering a Positive Workplace

## Our Commitment

We make our workplace welcoming for everyone by treating each other with courtesy, dignity and respect. We strive to keep any act of unacceptable or disruptive behavior out of the workplace.

## What Should I Know?

We do not discriminate based on qualities like race, color, national origin, religion, sex (including pregnancy and childbirth), sexual orientation, gender (including gender identity and gender expression), age (40 or over), disability, genetic information, marital status, or political belief. Behavior that disrupts someone's work or creates a hostile work environment is also prohibited.

Examples of prohibited behavior include making:

- Racial slurs
- Threats or intimidating remarks
- Ethnic jokes
- Sexual advances or suggestions
- Requests for sexual favors

## What Should I Do?

**Treat co-workers with respect.** Use care in your interactions with others. Keep them positive, professional and respectful at all times.

**Prevent discrimination.** Never limit employment opportunities or engage in workplace behavior based on discrimination.

**Make reasonable accommodations.** Provide reasonable accommodations for disabilities and sincerely held religious beliefs, as required by law.

**Do not solicit.** Do not request donations, sell or take orders for anything while on SPRHC premises, unless specifically authorized by SPRHC administration to do so.

**Speak up.** If you have experienced or you know of intimidating or disruptive behavior in the workplace, promptly let your supervisor, manager or other appropriate member of leadership know and/or report the incident to Human Resources.

## Diversity

### Our Commitment

We respect every team member without regard to individual differences.

### What Should I Know?

You have a responsibility to help create a work environment that is inclusive, allowing each person to perform at their fullest potential.

### What Should I Do?

**Take responsibility.** Recognize your own potential for bias and remedy it.

**Show respect.** Take time to learn about and appreciate others who are different from you.

**Reach across boundaries to work with others.** Include everyone. Help everyone on the team to feel included, involved and valued.

**Challenge discriminatory behaviors.** Discourage disrespectful jokes or language.

## Protecting Patient Rights

### Our Commitment

SPRHC will provide appropriate and impartial access to care. At all times, the patient shall be treated with dignity and respect.

### What Should I Know?

We apply our admission, treatment, transfer, and discharge policies to all patients based upon their needs and our mission. We serve all patients without considering race, color, age, religion, national origin, sex (gender, gender identity, sex stereotyping, pregnancy, childbirth and related medical conditions), gender expression, sexual orientation or disability.

All patients and their representatives must be given appropriate confidentiality, privacy, advocacy, safety, an avenue to lodge complaints, an opportunity for resolution of complaints and pastoral or spiritual care.

## **What Should I Do?**

**Support Patient Rights.** Acknowledge and follow the Patient Rights and Responsibilities Procedure.

**Communicate clearly.** Share information with patients in a manner and language that the patient can understand. Allow for questions and clarification.

**Encourage involvement.** Create an environment of care where patients can speak openly with their providers, are informed about treatment options and are encouraged to be involved in their own care.

**Listen to patients.** Listen to and respect patient decisions regarding care, consent for treatment, managing pain or changing or withdrawing treatment.

**Answer questions.** Provide compassionate, accurate and timely responses to patients' questions.

**Act to protect.** Promptly report to your supervisor, manager or other appropriate member of leadership any alleged, perceived or real abuse, neglect, harassment, intimidation or exploitation of a patient.

## **Safeguarding Protected Health Information (PHI)**

### **Our Commitment**

We safeguard our patients' Protected Health Information (PHI) to prevent it from being misused or inappropriately disclosed. We do not use or share PHI unless it's necessary to do our jobs or we are required by law. We follow all applicable laws and regulations that protect our patients' PHI.

### **What Should I Know?**

The Health Insurance Portability and Accountability Act (HIPAA) tells us how to appropriately use PHI and share it with others. PHI refers to information used to identify patients and deliver care, like:

- Demographic information (address, phone, age, race, gender and marital status)
- Medical history
- Test and laboratory results
- Medications
- Insurance information



## **What Should I Do?**

**Respect the patient's privacy.** Do not access, use or discuss PHI, unless it's needed in the course of treatment of patients, payments, or health care operations.

**Limit the use of PHI.** Collect and use only the PHI that you need to accomplish a task. Base your use on your role in the patient's care and the need to know.

**Follow our procedures.** Know and follow all of the administrative and technical procedures we have in place to prevent unauthorized access to, use of or disclosure of PHI.

**Get authorization.** Get proper authorization from the patient before you disclose PHI. Do not share, transmit, or otherwise use PHI for any purpose other than treatment, payment or health care operations.

## **Safeguarding Proprietary Information**

### **Our Commitment**

We maintain and protect the confidentiality of proprietary and/or private information regarding our patients, employees and operations.

### **What Should I Know?**

If in the course of doing your work for SPRHC, you receive access to confidential information related to SPRHC operations; you must use it appropriately and protect it. SPRHC prohibits the use of confidential information for personal benefit. Some examples of confidential SPRHC information include:

- Financial, legal or business records
- Personnel information
- Patient lists or clinical information
- Patient information
- Vendor pricing or contract terms
- Research data
- Proprietary computer software

### **What Should I Do?**

**Respect personal privacy.** If your work involves collecting, handling or storing personal information of our staff, patients or partners, do so carefully, following data privacy laws.

**Refer requests.** If you receive a request for information that's confidential, ensure that it is appropriate to share the information. If unsure, seek appropriate approval before disclosing it.

**Do not disclose.** Be careful not to discuss confidential information in casual conversations, on social media or in public places. Know when to share. Only share confidential or sensitive information with those who have a legitimate and lawful need to know.

**Report disclosure.** If you believe that confidential information has already been exposed, lost or stolen, immediately report it to your supervisor, manager or other appropriate member of leadership.

**Follow information security policies.** Secure confidential records, both paper and electronic. Protect electronic information by never sharing passwords or posting it publicly.

## Use of Assets

### Our Commitment

We preserve our organization's assets and ensure their appropriate use and safeguarding.

### What Should I Know?

You have a responsibility to appropriately manage, maintain and/or use SPRHC assets as we conduct our operations. These may include such things as:

#### **Tangible Assets**

- Land
- Buildings
- Equipment
- Medical supplies and drugs
- Other supplies
- Information technology and hardware

#### **Intangible Assets**

- The SPRHC name & logo
- Copyrighted information
- Confidential information
- Intellectual property
- Licensing agreements

## **What Should I Do?**

**Use property and equipment properly.** Use all property and equipment for intended purposes and follow procedures for proper use. Keep equipment maintained and speak up when it's damaged or not working properly.

**Practice good safety and security.** Follow safety and security procedures. Keep secure areas locked and supplies secure. Speak up about any theft, loss or misuse of property or equipment.

**Protect intellectual property.** Keep confidential assets secure to prevent disclosure. Do not share research or other intellectual property without proper authorization.

**Follow IT policies.** Follow our computer and network security procedures to prevent unauthorized access. That includes not installing unauthorized software onto SPRHC devices, copying software or sharing your ID or user password.

## **Confidential Reporting**

### **Our Commitment**

SPRHC is committed to taking your concerns seriously. You have the responsibility to promptly report potential violations of applicable law, regulation, policy or procedure. You are protected from retaliation if you make a report in good faith. Concerns may involve situations related to patient care, compliance or business ethics or workplace issues.

### **SPEAK UP!**

Speak up when something isn't right. It's always the right thing to do – even if you're not sure that misconduct has occurred.

### **How do I speak up?**

You may involve your supervisor, manager or any other appropriate member of leadership who can address and resolve the issue. If you need additional help to resolve the issue, move up the chain of command.

### **Contact the Human Resources Department.**

If your concern is a workplace related issue that cannot be resolved in your chain of command, call the Human Resources Department.

### **Contact the Ethics & Compliance Officer.**

You may contact the Ethics & Compliance Officer directly if your concern is a potential compliance or business ethics issue. You may also email [compliance@sprhc.org](mailto:compliance@sprhc.org).

### **Contact the SPRHC Ethics & Compliance Hotline Line.**

You may also report a concern anonymously by telephone. SPRHC has contracted with a third party hotliner provider to address compliance and privacy issues and concerns. The vendor does not trace or record calls and does not have caller identification. This option is available 365 days a year, twenty four (24) hours a day for your convenience. You may remain anonymous or you may choose to identify yourself. Regardless of your decision, your information will be documented and investigated.

Call the Ethics & Compliance Hotline (toll-free) 800-273-8452

## **Non-Retaliation**

### **Our Commitment**

SPRHC does not tolerate retaliation of any kind against anyone who shares a concern sincerely and in good faith

### **What Should I Know?**

There can be no retaliation against anyone for making a good faith report of inappropriate conduct, even if it turns out the report was wrong. Not reporting is a violation of this Code and can result in disciplinary action up to and including termination of your employment or relationship with SPRHC. You are expected to assist as appropriate with any investigation and resolution of a compliance issue.

The False Claims Act also provides protection against retaliation for whistleblowers who have been discharged, demoted, suspended, threatened, harassed or otherwise discriminated against in the terms and conditions of employment by their employer in retaliation for filing a False Claims Act action.

## **What Should I Do?**

If you feel that you have been retaliated against for reporting inappropriate conduct, please contact the Ethics & Compliance Officer or the Ethics & Compliance hotline.

**Ethics & Compliance Officer:** [compliance@sprhc.org](mailto:compliance@sprhc.org)

**Ethics & Compliance Hotline: 1-800-273-8452**

## **Maintaining Records**

### **Our Commitment**

We ensure patient, business and financial records are accurately documented, whether electronic or paper.

### **What Should I Know?**

Relying on accurate records, we are able to:

- Comply with legal and regulatory reporting obligations
- Manage our business
- Meet obligations to our patients and the community

### **What Should I Do?**

**Focus on accuracy.** Never falsify or alter any record. That includes never making false entries or changing transactions to cover up something improper. Our records include such things as:

- Medical records
- Financial statements
- Billing claims
- Invoices/purchase orders
- Expense reports
- Payroll records

- Benefit claims

**Watch for possible fraud.** Stay alert for possible false entries, misleading statements or anything missing from our records. Speak up right away about any concerns you might have.

**Retain records.** The law requires us to retain certain records for certain periods of time – especially records related to employees, health and safety, taxes and more. Understand and follow our Retention Policy and Schedule.

## Complying with Billing and Coding Requirements

### Our Commitment

We are committed to timely and accurate documentation, coding and billing that reflect the services ordered and actually performed.

### What Should I Know?

Medical records are relied on to provide care, treatment and services to patients, and to submit proper claims for reimbursement. When our documentation is accurate, it allows us to:

- Charge for services we order and perform
- Assign appropriate codes to the encounter
- Submit the correct claims
- Comply with federal and state laws and regulations
- Support our business practices and actions

**The False Claims Act prohibits us from knowingly making false claims for payment to the government.**

### What Should I Do?

**Create accurate records.** Document accurate, timely and complete patient information regarding their care and treatment.

**Follow coding procedures.** Assign ICD-10-CM/PCS and CPT codes that accurately reflect the services provided based on documentation in the medical record. Stay up to date on any changes in practices or policies.

**Generate accurate bills.** Only bill for services we actually provide, which are documented in our patients' medical records. Only waive co-payments or deductibles in accordance with applicable laws and regulations and SPRHC policy.

**Respond to inquiries.** Comply with laws and regulations that cover billing and address any inquiries quickly and honestly. Respond promptly to any patient complaints or questions regarding a bill.

**Carefully review payments.** If you identify any overpayments, promptly report and repay them. Keeping an overpayment could result in a false claim.

## Complying with Laws

### Our Commitment

We know compliance is critical to our success, so we uphold the highest standards of ethics and integrity. We understand and promote full compliance with all of the laws and regulations that apply to us, SPRHC policies and procedures and the Corporate Integrity Agreement.

### What Should I Know?

A variety of laws and regulations apply to our industry, including those that cover:

- The integrity of claims
- Patient referrals
- Competition and marketing practices
- Emergency medical services
- Patient privacy and security of patient information

Violating these laws could expose SPRHC and our employees to legal liability, fines and other penalties, including termination. Know SPRHC policies pertaining to the Federal False Claims Act, civil or criminal penalties for false claims and statements and whistleblower protections under such laws.

### What Should I Do?

**Uphold the Federal False Claims Act.** Watch for and report signs of false claims, such as billing for services not provided, billing for the same service multiple times or making a false statement to obtain payment for a service.

**Uphold the Anti-Kickback Statute.** Never offer to pay anyone for patient referrals. Similarly, do not accept payments or anything of value for referrals that we make. This includes not being rewarded for referrals involving drugs, supplies or health care services.

**Uphold Federal and State Government Program Requirements.** This includes Medicare/Medicaid Provider Agreements, Medicare Conditions of Participation, and other applicable statutes and licensure/ accreditation standards. The Colorado “Code of Ethics” for Public Officials and Employees [C.R.S. 24-18-101, et seq.; C.R.S. 24-18-201, et seq.] outlines rules of conduct for local government officials and employees.

**Uphold the Health Insurance Portability and Accountability Act (HIPAA).** Help protect the privacy and security of our patient’s personal health information.

**Do not conduct business with ineligible persons.** Individuals are considered ineligible when they have been sanctioned, have a suspended license or have a criminal conviction related to a Federal Health Care Program. Do not hire or conduct business with individuals or entities that have been sanctioned by the Office of Inspector General of the U.S. Department of Health and Human Services (OIG) or appear on any of the following lists:

- OIG’s List of Excluded Individuals/ Entities (LEIE)
- State List of Excluded Individuals/Entities
- General Services Administration System for Award Management (SAM)
- U.S. Treasury Office of Foreign Assets Control

**Be accountable.** If you become excluded, debarred, or ineligible to participate in a Federal health care program, or are convicted of a criminal offense related to the provision of health care products or services, contact the Compliance Department.

**Hire with care.** Make sure all employees, staff and third parties are properly licensed and trained to order services or provide care.

**Do your part.** Speak up about any possible violations of laws or policies and cooperate in internal investigations, audits or reviews.



## Working with Referral Sources

### Our Commitment

We maintain relationships with physicians and other referral sources based only on the needs of our community and in keeping with SPRHC's mission.

### What Should I Know?

In accordance with Federal and state laws, SPRHC prohibits paying for referrals or accepting payment for the referrals we make. We accept referrals based only on:

- A patient's unique medical needs
- Our capability to provide needed services
- Availability of our resources
- Need for collaborative care

### What Should I Do?

**Do not offer to pay.** Never pay or offer to pay anyone, including colleagues, physicians or any other provider to refer a patient.

**Refuse payments for referrals.** If you are offered any kind of payment for a patient referral, turn it down. It doesn't matter how many referrals the provider has given us – we can't accept.

**Engage referral sources appropriately.** Any engagement with a referral source must be in writing and reviewed and approved under applicable laws and regulations and SPRHC policies and procedures.

## Avoiding Conflicts of Interest

### Our Commitment

Our service to SPRHC must be free of undue outside influence, loyalty or desire for personal gain.

### What Should I Know?

A conflict of interest occurs when non SPRHC responsibilities or outside loyalties affect (or appear to affect) your ability to carry out SPRHC responsibilities independently and objectively. A conflict of interest might look like:

- Outside employment
- Personal investments
- Personal relationships
- Business opportunities
- Service to other organizations

## **What Should I Do?**

### **Make decisions considering only SPRHC best interests.**

- Remove yourself from any SPRHC decision that could potentially affect your outside interests or those of family members, business partners or friends.
- Do not ask or influence others to award SPRHC business to a family member, business partner or friend.
- Do not use information gained through your position at SPRHC for personal benefit.

**Put SPRHC responsibilities first.** Never allow an outside job to interfere with your duties at SPRHC. Talk to your supervisor, manager or other appropriate member of leadership before accepting outside employment.

**Ask before serving.** Before joining the board of directors for another organization or participating on a government committee or commission, contact the Ethics & Compliance Officer for guidance.

**Avoid Conflicts of Interest.** Disclose to the your manager or to the Ethics & Compliance Officer any outside interest, activity or relationship that could appear to affect your professional judgment.

## **Working with Vendors**

### **Our Commitment**

We **do not** offer, accept or provide personal gifts or favors, such as tips, meals, transportation, entertainment or anything of value in exchange for an official act (or omission thereof) with regards to our SPRHC obligations and responsibilities.

## **What Should I Know?**

You should minimize the acceptance of vendor gifts because they could appear to affect your business judgment. Follow the **Vendor Gifts, Gratuities and Business Courtesies Policy**, so that you might know when a vendor gift might be acceptable.

## **What Should I Do?**

**Know when to decline a gift.** Refusing a gift can be hard, especially if you might offend someone. But if it's inappropriate, politely decline to accept the gift.

**Honor your recipient's policies.** If you are offering a gift or hospitality, be sure to follow both our policies and the recipient's policies to avoid putting our relationship at risk.

**Maintain ethical vendor relationships.** You may occasionally accept nominal promotional items from vendors, but be careful not to endorse any vendor's product or service.

**Understand proper entertainment.** You may accept or offer entertainment or meals as long as the giver is present, the gift isn't excessive, it's infrequent and it's related to SPRHC business.

**Never accept cash.** Accepting cash or cash equivalents, such as gift cards, from patients or vendors is never permitted.

**Ask for guidance.** If you're ever unsure whether a gift or offer of entertainment is appropriate, talk to your supervisor, manager, or other appropriate member of leadership or contact the Ethics & Compliance Officer.

## **Responding to Investigations**

### **Our Commitment**

We understand the unique laws and requirements that apply to our organization and are committed to upholding them.

### **What Should I Know?**

Government representatives may make announced and unannounced visits to any SPRHC location. Always treat visiting government representatives with courtesy and respect. Government audits and investigations related to SPRHC matters help us demonstrate that we follow policies and regulations.

In the event of an audit or investigation:

- Immediately notify your Manager and Compliance.
- Never mislead a government official, auditor or investigator.
- Cooperate fully; never prevent the collection of information.

### **What Should I Do?**

**Let someone know.** Ask the government representative to wait in a location where business is not being conducted. Immediately notify your Manager and Compliance. Have a SPRHC employee wait with the government representative while these internal notifications are being made.

**Avoid improper interaction.** Avoid offering anything of value to the government official and do not request favorable treatment.

**Don't alter records.** Do not alter or prematurely destroy any record in response to or anticipation of a request for the record by a government agency or court.

**Ask for help.** Understand that special rules apply when dealing with government officials. Contact the Ethics & Compliance Officer if you have a question.

## **Important Contacts**

Thank you for taking the time to read SPRHC Code of Conduct. Apply it to your daily work, refer to it often and let it guide the decisions you make. Remember, you represent SPRHC to our community and our patients. Keep the Code in mind and live its lessons every day.

If you have any questions or feedback about anything in the Code or our policies, reach out to your supervisor, manager or another appropriate member of leadership. If you believe there are exceptional circumstances requiring an exemption or waiver of anything in the Code, contact the Ethics & Compliance Officer

**Ethics & Compliance Officer** [kpritchard@sprhc.org](mailto:kpritchard@sprhc.org) or [compliancesm@sprhc.org](mailto:compliancesm@sprhc.org)

**Compliance Hotline 719-738-4591 or 24/7 at 888-590-2107**

**Human Resources Department 719-738-4540**

**IT Service Desk 719-738-5128**

**Quality Department 719-738-5129**

**Revenue Cycle 719-738-5161**

**Patient Access 719-738-5201**