

STANDARDS OF CONDUCT

A Message from Care Initiatives Leadership

The CEO and Board of Directors of Care Initiatives (CI) consider the *Standards of Conduct* to be strong pillars of the organization. These *Standards of Conduct* exist to support CI's Mission and Core Values as well as ethical and legal expectations for providing the highest quality of services. CI leadership is committed to being in compliance with all federal and state laws and regulations that apply to our business. CI has policies intended to promote lawful and ethical conduct by anyone who carries out duties or responsibilities on behalf of CI. Leadership expects everyone who works or associates with the organization to be committed to these *Standards of Conduct* and all related policies and procedures; including employees, vendors, business associates, students and volunteers. The guidance is also for your protection, in addition to the residents, patients or tenants we serve.

CI Mission is: *Improving quality of life for lowans and their families during life's health transitions through compassionate individualized care.*

CI Core Values are a pledge to:

- ❖ *Commit to continuously improve quality in everything we do.*
- ❖ *Demonstrate compassion, integrity, respect and dignity in all interactions.*
- ❖ *Compassionately serve others and their needs as defined by them.*
- ❖ *Cultivate a culture of skill development and personal growth among all staff.*
- ❖ *Recognize the power of teamwork to make effective, efficient and transparent decisions.*
- ❖ *Commit to consistency and excellence in all processes.*



OVERVIEW

Care Initiatives (CI) Compliance Program is intended to further the *CI Mission* and align with its *Core Values* by:

- helping leadership and staff employees understand and comply with applicable laws, rules, regulations;
- preventing and detecting violations of law, regulations and organizational policy; and
- promoting ethical conduct as articulated in the *Standards of Conduct*.

The Care Initiatives (CI) *Standards of Conduct* (SOC) describes CI values, standards and expectations that apply to every part of our operations. The SOC define the appropriate relationships CI strives to have with patients, residents, employees, contractors, vendors and the communities in which we work. All board members, officers, employees and volunteers must follow these SOC for CI to grow and continue to be successful in the future.

CI recognizes that as a health care organization we must comply with all laws and regulations pertaining to health care services we provide. We must make every effort to identify any risk for non-compliance. The SOC supports these efforts by promoting ethical and legal behavior as well as transparency throughout the organization.

The SOC addresses many areas of potential unethical and illegal behavior, but it is not possible to list all situations that could raise a compliance concern. CI policies and procedures provide detailed guidance on how to handle circumstances that may not be immediately clear. There may be some times where neither the SOC nor CI policies provide the guidance needed to act ethically or legally. In these cases, you should contact a supervisor, manager or the Compliance Department for guidance.

The SOC will provide support to all board members, officers, employees, volunteers and contractors, so they understand clearly CI's guidance for:

- Commitment to Integrity;
- Acting with integrity;
- Asking questions and reporting concerns; and
- Available references.

COMMITMENT TO INTEGRITY

Compliance Program

The CI Compliance Program (CP) is a comprehensive effort to promote ethical, compliant and legal behavior while detecting and preventing fraud, waste, abuse and policy violations. It is designed to integrate these standards into all aspects of CI operations resulting in performance improvement. The CI Compliance Department assists in coordinating and implementing the program.

To promote compliance CI has established a Compliance Committee to oversee systems and processes at every level, from the board of directors and home office to each of our locations. The program is administered by the Compliance Department and headed by the Compliance Officer. The Compliance Officer reports directly to the Board of Directors and the department functions independently of the operating divisions. The Compliance Department's goal is to promote ethical behavior and compliance with legal requirements and company policies, resulting in quality care, accurate financial practices and excellence in service. The following seven elements are the basis for the Compliance Program:

- 1) Written Standards of Conduct and Policies
- 2) Oversight with a Compliance Officer and Committee
- 3) Training and Education
- 4) Monitoring and Auditing
- 5) Reporting and Investigating
- 6) Enforcement
- 7) Response and Prevention

Comprehensive Guidance

Board members, officers, employees, volunteers, contractors and other entities or individuals with whom care has entered into a contract or other arrangement to conduct business on behalf of CI must review and comply with the CI SOC to ensure that all actions are consistent with CI mission.

Any contractor, subcontractor or vendor conducting business on behalf of CI must follow laws and regulations for all billing and coding services and patient/resident care services. Each of us can help promote CI success by following the SOC.

Problem & Solution

What should I do if I feel that the practices in my facility/department are in violation of the Standards of Conduct (SOC)?

You should raise this concern with your manager or supervisor. If you are uncomfortable doing so, or the situation involves the manager or supervisor, you may proceed to the next level of management or use one of the other reporting methods described in the SOC such as calling the Compliance Hotline at 1-888-565-CARE [2273], *please see policy 5.7 in the Employment Policy Manual.*

An investigation may reveal there is a need for correction, education or clarification. It may also reveal that other individuals had similar concerns and there is a need to address the matter organization wide. In any case, CI is appreciative of an individual's willingness to contribute to our success by allowing us to address questions and concerns in order to implement corrective action when necessary.

ACTING WITH INTEGRITY

CI strives to:

- Deliver the highest quality of services;
- Maintain a respectful work environment;
- Ensure continuous financial transparency;
- Maintain confidentiality of protected health information; and
- Honor strict ethical standards.

Board members, officers, employees, volunteers and contractors are expected to follow practices that promote these standards. When we act with integrity within the workplace we ensure that our actions are consistent with CI commitment to excellence in all our services.

Criminal conduct is not tolerated in the course of carrying out assigned duties for CI. Suspected criminal conduct should be reported immediately through the appropriate chain of command and the Corporate Compliance department.

Quality of Care and Services

Dedication to quality is demonstrated in our goal to:

- Understand and uphold our resident's, patient's and tenant's rights, dignity and expectations;
- Provide care and services in a timely and reasonable manner; and
- Be responsive to resident, patient, tenant and family concerns;

Each resident, patient or tenant is entitled to dignity, consideration and respect. Resident, patient and tenant abuse or neglect is not tolerated.

CI respects the rights of residents, patients, tenants and family members to participate in health care decisions and must inform them of their rights, as required by law.

When residents, patients and tenants are in our care facilities we promote ethical, innovative, professional and compassionate care within an environment that nurtures their physical, social, emotional and spiritual needs.

Discrimination-free and Harassment-free Workplace

CI prohibits discrimination and all forms of harassment due to a person's race, color, religion, gender, sexual orientation, military duty, age, national origin, disability or veteran status or any other basis protected by federal, state and local laws. All board members, officers, employees, volunteers and contractors are responsible for preventing discrimination and harassment and should report any suspected conduct.

To keep CI commitment of integrity we should maintain the highest level of performance, behave professionally at all times and promote high standards and integrity. This includes using respectful communication and behaving properly at all times.

Problem & Solution

What should I do if I experience or witness discrimination or harassment in the workplace?

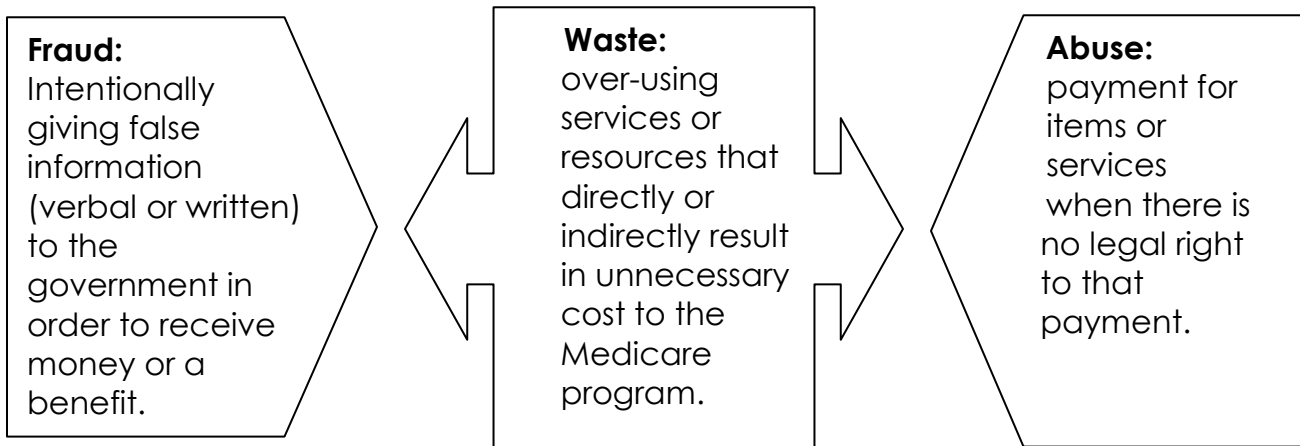
You are encouraged and expected to report such occurrences to your manager, supervisor, administrator, director, vice president, or to human resources or by calling the Compliance Hotline at 1-888-565-CARE [2273].

If you feel the matter has not been taken seriously you are encouraged to report it to the next level of management.

For more information regarding this topic please refer to the *Employment Policy Manual, policy 5.3.*

Fraud, Waste and Abuse

CI is committed to detecting and preventing fraud and waste and abuse (FWA). CI has developed and implemented policies and procedures to ensure compliance with the laws that govern our operations as a health care provider.



In addition to written policies and procedures, CI provides regular education to board members, officers and employees on preventing FWA through general and focused compliance training on applicable laws and regulations.

These include, but are not limited to, the Federal False Claims Act (31 U.S.C. §§ 3729-3733), and similar state laws which assist the federal and state governments in preventing FWA and recovering financial losses. These laws prohibit the knowing and/or intentional use of false or fraudulent claims, records or statements; for the purpose of obtaining payment from the government, including Medicare and Medicaid programs.

Examples may include:

- Submitting, or causing to be submitted, a false claim for services (i.e. claims for services not medically necessary or that may be medically necessary but are not covered.)
- Manipulation of billing codes (i.e. unbundling, upcoding) to obtain a higher total reimbursement.
- Providing false information on cost reports or other documentation filed or used with Medicare and Medicaid.
- Knowingly and willfully making materially false statements concerning federal health care programs. (i.e. Seeking payment for services that were never provided or provided at levels less than reported.)
- Causing someone else to submit a false or fraudulent claim to the government for reimbursement.
- Use of the mail wire communication (telephone) or other technology to carry out a scheme to defraud, obtain money or property through false pretense.

A violation of these laws could place the organization and individual(s) in serious jeopardy of civil, criminal and/or administrative penalties including monetary penalties, imprisonment and exclusion from participation in Medicare or Medicaid and loss of licensure status.

Federal law and some state laws allow private citizens to file a lawsuit on behalf of the government and share a percentage of any settlement. These laws and CI policy prohibit retaliating or discriminating against anyone because of their initiation of, or participation in a lawful false claims investigation, report, claim or proceeding. These laws also provide for certain monetary awards and equitable relief to a prevailing complainant, including compensation for lost wages and reinstatement to a former position. Suspected false claim violations must be reported to CI management, the **Compliance Hotline at 1-888-565-CARE [2273]**, or to the appropriate federal/state agency.

See additional reporting information below and/or CI FWA policies are located at www.careinitiatives.org and in the *CI Employment Policy Manual, policy 8.2*.

Investigation and Survey Cooperation

CI shall cooperate with the Department of Inspections & Appeals Survey process. CI will not tolerate anyone impeding a department investigation or survey in any way, including but not limited to, providing false or incomplete information to a surveyor.

CI recognizes the authority of various state and federal agencies to carry out investigations or to conduct oversight reviews of our operations and/or personnel. The position of CI is that we will treat government agents with courtesy and respect, and cooperate fully within our obligations under the law. It is unacceptable for CI to impede an investigation or oversight review.

For non-routine government inquiries/investigations, CI will want to make sure our rights are protected in the process. If an investigator should enter your building contact your supervisor or management immediately.

Safeguarding Of Resources

Patient/Resident Protection

Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191) - CI board, officers, employees, volunteers and contractors are all responsible for maintaining confidentiality of all resident and patient protected health information (PHI). PHI is defined as individually identifiable health information that is created, received, maintained or transmitted in any form or media, including electronic health information.

To ensure the security of PHI, CI takes reasonable measures including, but not limited to, the following:

- Encryption of devices;
- Use of password protection;
- Limitations on accessibility;
- Guidelines for maintaining paper documents and storing electronic devices, in any location or during travel; and
- Restrictions on installing or loading unauthorized software on CI devices.

Any unauthorized exposure of PHI, which reasonably compromises the security or privacy of the PHI is a potential breach that must be appropriately addressed. If you become aware of a breach or potential breach of any PHI it is necessary that the situation be immediately reported to the CI management or the Compliance Hotline at 1-888-565-CARE [2273], so that all federal and state notification requirements may be carried out by the Compliance Department. If the disclosure of the PHI results in a breach notification, CI complies with all state and federal regulations. Failure to do so may subject the company to fines and penalties in accordance with HIPAA. Employees that fail to follow these guidelines will be subject to appropriate corrective action up to and including termination per CI *Employment Policy Manual, policy 4.19*.

Property – any mishandling of resident or patient property must be promptly reported to supervisors. Employees entrusted with direct handling of resident or patient funds, i.e. resident trust funds, will be held accountable for the integrity and accuracy of those monies and records.

Problem & Solution

What do I do if I accidentally sent a fax containing PHI to an incorrect fax number?

If you are aware of it, you should immediately contact the recipient and ask them to destroy it. If you are notified by the recipient that they received a misdirected fax you should ask them to destroy it. In any case you would report this to your facility administrator, hospice team director or assisted living program coordinator; who must contact the Compliance Department by calling 1-515-224-4442, extension 1230, 1256 or 1252; or the Compliance Hotline at 1-888-565-CARE [2273].

Whoever reports the occurrence should provide details about what PHI was contained in the fax and confirm the recipient agreed to confidentially destroy it, so that an appropriate follow-up can determine any further reporting requirements. To prevent future occurrences regularly used fax numbers should be programmed into fax machine and reviewed periodically for accuracy, or as an alternative the information may be scanned and sent via secure email.

Company Protection

Clinical, Billing and Financial Information –

CI policies, which comply with applicable laws and regulations, must be followed for all company documents, establish procedures for the completion, retention, preservation and destruction of such materials in both paper and electronic form. Professional, accurate, timely and complete records must be maintained in all of CI clinical, billing/ reimbursement and financial activity. No documentation should be falsified.

- ***Clinical and Medical Records***

CI requires that all documentation created in support of the evaluation, planning and implementation of health care services be accurate, timely and prepared in a professional manner. CI has adopted health information management standards, for policies, with respect to clinical and medical record documentation.

- ***Billing/Reimbursement Records***

All federal and state regulations governing billing, coding and documentation will be followed for all services rendered by CI. Contractors who provide services on behalf of CI shall be held to the same standard. Billing and coding for services must be accurate and truthful. No personnel should ever misrepresent charges or services to or on behalf of a resident, patient, tenant or third-party payor.

Only those medical services that are consistent with accepted standards of medical care may be billed. Billing and coding must always be based on accurate documentation of the medical necessity for the service provided and for the bill submitted. This supportive medical documentation must comply with all applicable regulations.

- *Financial Records*

Compliance with accepted accounting rules and controls is expected at all times. All financial records and accounts must be accurately stated. Personnel assigned to tasks connected with financial accounts (e.g. the corporate office, officers/staff, bookkeepers, other business offices, department heads, etc.) must do their part in ensuring the accuracy of financial books, records and accounts. Secret accounts, unrecorded bank accounts, “off the books” bookkeeping, slush funds or any other devices that could be utilized to mislead, or inaccurately reflect actual operating and financial conditions, are strictly forbidden.

CI is a 501(c)3 organization under Internal Revenue Service law. As such, certain charitable donations made to CI can be accepted. Proper accounting of such donations will occur consistent with the law and CI financial policies and procedures.

Proprietary Information –

Confidential information about CI business is a valuable asset and is intended for use only within CI. All information concerning CI finances, operations, products, policies, customers, development plans, computer programs and related information should be treated as proprietary and confidential. This information should not be released to anyone outside of CI, such as competitors, suppliers, outside contractors or business associates.

Property, Equipment and Supplies –

CI resources shall be used for authorized business purposes only. CI assets, property, facilities, equipment and supplies should be protected against loss, theft, damage and misuse.

Employee Protection

Personnel files – CI employee and personnel files are also confidential. Only individuals authorized according to CI policy and state and federal law will have access to employee records.

Contractors and Vendors

Any independent contractor, subcontractor or vendor conducting business on behalf of CI must adhere to all applicable laws and regulations. When applicable, contractors providing care on CI behalf must show proof of licensure, certification or other evidence of provider competency. Contractors providing care on CI behalf must not possess a criminal conviction record that prohibits them from working within CI healthcare facilities under state or federal laws and/or CI criminal background screening.

Gifts, Gratuities and Business Courtesies

Residents, Patients, Tenants & Family Members

CI shall not encourage or request personal gifts, monetary tips, or other benefits from persons with whom we have, or may have, a direct care relationship. Our residents, patients, tenants and family members make a substantial investment in the care and services we provide. It is critical that we keep our relationships fair and ethical. A resident, patient, tenant or family member is not expected to provide gifts to staff in order to receive good care. Conversely, CI will not accept a gift from a resident, patient, tenant or family member intended to influence the cares and service provided to the resident, patient or tenant.

Individual gift offers must be politely declined or brought to the attention of your supervisor, facility administrator or team director to determine the appropriateness of acceptance. Refer to the Employment Policy Manual, policy 4.19. Please contact the Compliance Department with any questions or concerns.

Kickbacks, Referrals and Bribes

CI shall conduct business with its suppliers and vendors on the basis of fair market price, quality, service and the needs of CI. CI board members, officers and employees involved in the purchasing of goods or services on CI behalf are prohibited from soliciting gifts, gratuities or personal benefits from the supplier or contractor/vendor. Likewise, they must decline any offer of a direct or indirect personal benefit from a supplier or contractor/vendor.

During the holidays if suppliers, contractors or vendors provide nominally valued gifts, such as perishable food items and candies for the benefit of a group, these may be accepted provided they are unsolicited.

The giving of cash or cash equivalent gifts to referral services in exchange for the referral of business is prohibited. Business courtesies (i.e. entertainment, meals, lodging, etc.) for or from contractors, vendors or referral services have the potential of putting CI at risk of violating federal anti-kickback laws. Such business courtesies must receive supervisory approval before being offered or accepted. Approval will not be given to any business courtesy construed as a referral fee, bribe, kickback, or a payoff of any sort. Approved business courtesies must not place liability on CI or lead to reputational harm or embarrassment.

If CI is going to give gifts to a hospital or other agency, it should not limit the gifts to only those that generate the most referrals or business for CI. Rather, similar gifts will be given to all of the area hospitals or like agencies, regardless of the amount of referrals or business they generate.

Questions should be discussed with the Compliance Department to assure the arrangement will not jeopardize compliance with law and regulations governing kickbacks or inducements.

Refer to the *Employment Policy Manual, policy 4.19* and Corporate Compliance policies. Applicable laws/regulations include, but are not limited to:

- Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))
- The Beneficiary Inducement Statute (42 U.S.C. § 1320a-7a(a)(5))
- Physician Self-Referral (“Stark”) Statute (42 U.S.C. § 1395nn)

Problem & Solution

What should I do if I am unsure of whether an agreement with a contractor is appropriate or legal?

You should not enter into the agreement or contract until verification of its legality and adherence to CI standards is obtained. A Compliance Department review of an agreement or contract may be requested at any time.

Marketing & Competitive Practices

CI marketing efforts should be carried out with a high degree of integrity to avoid improper favorable treatment or advantage. CI will engage in competitive practices that are legal and consistent with CI mission. It is illegal for CI and competitors to get together and fix prices, salaries, or markets in which we compete. CI will independently decide what it will charge and what it will pay in the markets it operates in.

When engaging in advertisement, statements must be truthful and supported with evidence. Any comparative advertising must be fair and accurate. Marketing efforts shall not be misleading. No marketing materials or statements may intentionally cause confusion about the services CI offers or the services that our competitors offer.

CI will not enter into agreements or arrangements that unlawfully restrict its ability to compete with other businesses or the ability of other businesses to compete freely with us.

Nominally valued non-cash marketing items which are clearly marked with CI logo may be provided to referral sources or potential customers as a function of our marketing program. For nominally valued items other than marketing items, a supervisor must provide prior approval.

Conflicts of Interest

CI board members, officers or employees shall not engage in any activities that conflict with the interests of CI. It is impossible to describe all the situations that may give rise to a conflict of interest, but some examples include:

- An employee or immediate family member having a business or financial interest in, directly or indirectly, individually or through a corporation which provides services, supplies, material or equipment, or which buys, sells or leases real property to CI. This would also pertain to any company that is in competition with CI, or to which CI makes sales, provides services, or loans.
- An employee accepts outside employment in an organization that does business with CI, or is a competitor of the organization, and it interferes with the employee's commitment to CI. For example, certain employees may work at another facility but this additional work should be discussed with supervisors and should not interfere with their work at CI.
- A CI employee or immediate family member serves as a director, officer, employee, consultant or agent of an organization which is a competitor of, or does business with, CI.
- An employee or immediate family member uses confidential or CI owned information for personal gain.
- An employee or immediate family member benefits personally from any CI business venture, which the employee learns about while working at CI.
- An employee accepts gifts from any person or firm that does or is seeking to do business with CI, when it appears that the reason for the gift may be to influence the arrangement.

CI board members, officers or employees have a responsibility to put the interests of CI and our residents, patients and tenants, ahead of any other business interests. Any potential conflicts of interest should be disclosed to CI upon hire or as they occur. This includes any additional employment accepted while working for CI. Officers and directors should disclose any potential conflicts of interest to CI Board of Directors. CI Board of Directors should also disclose within the board itself any potential conflicts of interest. Potential conflicts of interest that are not disclosed, approved or ratified could subject a person to termination by CI.

Gifts to Public Officials

No board member, officer or employee should give gifts (cash or otherwise) to a public official or public employee, by making any payment to encourage official action that may influence referrals (public hospital staff are also defined as public employees).

Both federal and state election laws forbid corporations from expenditures or contributions of money, or anything of value, to any candidate or committee in connection with an election to office. It is illegal to use company assets by CI for this purpose.

Problem & Solution

A vendor that I do business with offered me tickets to a professional football game, I don't plan on using them but wanted to give them to my brother, is that ok?

No. Although CI encourages establishing positive relationships with our business associates, accepting a gift, even if we don't plan on using it our self is strictly prohibited. The acceptance of a gift, whether intended to do so or not, may create the appearance that CI will be unfairly influenced to do business or continue to do business with that vendor. You should thank the vendor and politely decline the offer. Please contact the Compliance Department with any questions or concerns.

Social Media

The internet provides many opportunities to participate in interactive discussions, or share information, using a variety of social media; such as email, blogs, facebook, twitter, etc. CI recognizes the information, comments or opinions placed on social media sites can impact the public views of our delivery of care and treatment to residents, patients, tenants, employees and contractors. CI is committed to ensuring the use of such communications serves the needs of our business by maintaining CI identity, integrity and reputation in a manner consistent with these SOC and policies.

In addition, an employee's use of social media can pose risks to CI confidential and company owned business information and can jeopardize CI compliance with laws and regulations. To minimize these risks, to avoid loss of productivity and loss of employee's job performance, and to ensure that CI Information Technology systems are used only for business purposes, we have established policies for online communications as set forth in *the Employment Policy Manual Policy 4.11 and 4.12.*

ASKING QUESTIONS AND REPORTING CONCERNS

Internal Reporting and Hotline

Compliance Hotline Number: (888) 565-CARE [2273]

Compliance Department Numbers: (515) 224-4442, Extensions 1230, 1256 or 1252.

Each employee's willingness to report concerns is an important part of the effectiveness of the CI Compliance Program.

We are each responsible for reporting, in good faith, potential wrong-doing and/or non-compliance with regulations or policies.

All reported concerns are to be taken seriously and the process of investigating all matters is to be handled with professionalism and confidentiality. Investigations are to be conducted discretely with the intended purpose of identifying any possible non-compliance. They should include identifying the root cause with developing and implementing action plans to correct and avoid reoccurrence. It is not acceptable to overlook actual or potential wrong-doing and all integrity concerns should be pursued until addressed appropriately.

CI believes in an open door policy as described in the *Employment Policy Manual, policy 5.7*, and encourages employees to contact their immediate supervisor, and if necessary proceed through the chain of command to resolve problems and concerns.

Problem & Solution

What if I am not comfortable reporting a compliance concern to my supervisor?

We are each responsible for reporting concerns and actual or potential wrong-doing. Some areas of violation including but not limited to abuse and fraudulent activity, require reporting and failing to do so is unacceptable.

Employees are encouraged to discuss concerns with their immediate supervisor. However, a variety of reporting options are available so that you may make the most appropriate choice based on the situation.

Concerns may be reported verbally or in writing.

Follow your reporting chain of command or the
Compliance Hotline at (888) 565-CARE [2273]

If an individual seeks anonymity in reporting a concern, CI has a Compliance Hotline that may be used. It is available 24 hours a day - seven days a week, for individuals to report any compliance related concerns. CI will respond to reports as quickly as possible. CI will make every attempt to protect the caller's anonymity within the limits of the law. All concerns reported to the Hotline are taken seriously and will be addressed to the fullest extent necessary. Therefore, it is important to use the Hotline appropriately. Individuals who intentionally misuse the Compliance Hotline may be subject to corrective action.

Visitors and families of residents, patient or tenants are also encouraged to report any concerns to the appropriate provider or to the Hotline.

In addition to internal reporting methods, any individual who has concerns about the safety or quality of care provided may report these concerns to an appropriate federal or state agency.

The *Elder Justice Act*, as defined in Section 6703 (b)(3), requires CI to inform its workforce members of their obligation to report any reasonable suspicion of a crime committed against any resident, patient or tenant receiving care. CI supports reporting suspected crime to the appropriate local agencies and to the Secretary of the Department of Health and Human Services or their designee. Questions should be referred to the Compliance Department.

Whistleblower Protections & Non-Retaliation

In order to protect CI board members, officers and employees, CI follows all whistleblower and non-retaliation laws and policies. Retaliation, whether actual or threatened, may destroy the trust that is central to a high quality organization. These references can be found in the CI *Employment Policy Manual* and handbook(s). CI encourages everyone to make good faith reports of any violation of the Standards of Conduct and policies. In the event that a formal investigation is initiated, one may be required to participate accordingly.

Whistleblower: means any person who in good faith reports real or perceived CI related misconduct.

Good Faith Report: means reporting CI related misconduct based upon known facts and a belief that it is true. A report that is not in good faith is made without facts and providing false information.

Retaliation: means any negative or inappropriate action or threat of such action, made by a CI employee, in response to a whistleblower's good faith allegation of misconduct. It does not include the CI decision to investigate a good faith allegation of misconduct.

Problem & Solution

What should I do if I feel retaliated against?

CI will not tolerate retaliation in any form. If you experience retaliation you should report it immediately to a supervisor or the Compliance Hotline so that it may be investigated and addressed.

REMEMBER

Any suspected violation of health care fraud, waste or abuse *MUST* be reported to the Compliance Department immediately at:

(515) 224-4442, Extension 1230, 1256 or 1252;

or the Compliance Hotline at (888) 565-CARE [2273]

RESOURCES AVAILABLE

Training & Educational Opportunities

CI recognizes that education and training are critical to the provisions of quality care and services, accurate billing practices, and to ethical and legal business operations. Therefore, CI has established training programs to provide detailed guidance on compliance issues, and to make certain that each CI representative receives the information needed to perform appropriately.

CI provides new hire general compliance training, specific or role based training and ongoing/periodic education and training.

Additional references to specific laws and regulations are as follows:

Title XVIII of the Social Security Act
Medicare regulations governing Parts C and D found at 42 C.F.R. §§ 422 and 423 respectively
Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119)
Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191)
Elder Justice Act Section 6703(b)(3)
False Claims Acts (31 U.S.C. §§ 3729-3733)
Federal Criminal False Claims Statutes (18 U.S.C. §§ 287,1001)
Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))
The Beneficiary Inducement Statute (42 U.S.C. § 1320a-7a(a)(5))
Civil monetary penalties of the Social Security Act (42 U.S.C. § 1395w-27 (g))
Physician Self-Referral (“Stark”) Statute (42 U.S.C. § 1395nn)
Fraud and Abuse, Privacy and Security Provisions of the Health Insurance Portability and Accountability Act, as modified by HITECH Act
Prohibitions against employing or contracting with persons or entities that have been excluded from doing business with the Federal Government (42 U.S.C. §1395w-27(g)(1)(G))
Fraud Enforcement and Recovery Act of 2009
Federal Civil False Claims Act: (31 U.S.C § 3729)
Medicare and Medicaid Anti-Fraud and Abuse Amendments (42 U.S.C. §1320a-7b)
Federal Health Care Program False Statements (18 U.S.C. §1035)
Federal Mail & Wire Fraud (18 U.S.C. §§1341, 1343)
Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-12)
Health Information Technology for Economic and Clinical Health Act (2HITECH) (Pub L 111-5, §§13001-13424, 123 Stat 115)) enacted February 17, 2009 as Part of the American Recovery and Reinvestment Act of 2009 (ARRA) (Pub L 111-5, 123 Stat 115)
Sarbanes-Oxley Act: PL 107-204, 116 Stat.745