



**PennState Health**

# **Code of Conduct**

January 2023

# Penn State Health Mission, Vision and Values

## Our Mission is to continually improve the health and well-being of the people of Pennsylvania and beyond...

- We provide patients with excellent, compassionate, culturally responsive and equitable care.
- We educate and train health care professionals.
- We advance evidence-based medical innovation through research and discovery.

## Our Vision is to be Pennsylvania's most trusted health care organization.

How we will do it:

- By delivering excellent care and combining the most advanced and innovative techniques in medicine with compassionate and culturally responsive service, for patients, families and communities
- By ensuring the availability of affordable, appropriate and comprehensive, localized care by integrating an extensive community-based provider network with our subspecialized academic-based programs
- By cultivating a professionally fulfilling environment for our caregivers, educators, innovators, researchers and staff
- By advancing the science of medicine and disseminating knowledge to the world – as we have done for more than a half-century

## Our Values\*

### Respect

- Listen, hear and give credit.
- Embrace our diverse backgrounds, talents and perspectives.
- Be compassionate, thoughtful, considerate and kind.

### Integrity

- Be the best you can be, every time.
- Have moral courage to ask hard questions of ourselves and others.
- Be consistent and fair.

### Teamwork

- Commit to working together to ensure the best experience for coworkers, patients and trainees.
- Share knowledge for the benefit of the team.
- Earn the trust of your teammates.

### Excellence

- Align personal performance with our mission, vision, values and strategic imperatives.
- Set personal goals and exceed expectations.
- Always be solution-focused.

\* Penn State Health entity-specific values may vary.

# Letter from the Chief Executive Officer



Dear Colleagues,

Penn State Health is committed to providing excellent health care. This commitment forms the basis of our Mission, Vision and Values. In order to ensure that we can continue to provide this high standard of care, we must act with integrity and adhere to all laws, rules and regulations. We have developed a Corporate Compliance Program and appointed a chief compliance officer to help us stay true to these obligations.

Our Code of Conduct proudly and publicly proclaims our commitment to our Mission, Vision and Values, as well as to our Corporate Compliance Program. This Code of Conduct describes important responsibilities for each of us and should serve as a resource when you have questions or need further assistance. We all must hold ourselves to the highest standards of ethical behavior at all times, and we are all responsible for ensuring compliance with all applicable laws, rules and regulations.

Thank you for taking the time to read, understand and abide by this Code of Conduct.

Sincerely,

**Steve Massini**

*Chief Executive Officer*

# Letter from the Chief Compliance Officer



Greetings,

Penn State Health is committed to conducting business lawfully and in a manner reflecting the highest professional and ethical standards. This Code of Conduct exemplifies that and is a key component of our Corporate Compliance Program. We are committed to the ideals reflected in this Code of Conduct, and we expect everyone at Penn State Health to reflect the high standards we have set.

You are the eyes and ears of our compliance program, and we rely on you to ensure our program is effective. If you encounter a situation in your daily work or are faced with a difficult decision or uncertainty, I encourage you to seek guidance from your immediate supervisor, a Penn State Health leader or the Compliance Department. You may also call the Compliance Hotline at 800-560-1637 to seek guidance or report a concern. The hotline is available 24 hours a day, seven days a week, and you have the option to report your concern anonymously.

Thank you for your commitment to and ongoing support of our Corporate Compliance Program.

Sincerely,

**Kimberly Lansford**

*Executive Vice President,*

*Chief Compliance, Audit and Risk Officer*

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# About This Code

## What is a Code of Conduct?

This Code of Conduct (Code) is a key component of the Penn State Health (PSH) Corporate Compliance Program. It complements our Mission, Vision and Values, as well as various PSH policies, to promote conduct that is honest, ethical and lawful. It is important that you understand your personal obligations under this Code.

## Why is it important to have a Code of Conduct?

PSH is committed to conducting business lawfully and in a manner reflecting the highest professional and ethical standards. This commitment can be fulfilled only through the consistent behaviors and actions of all individuals authorized to act on behalf of PSH. The primary goal of this Code is to establish a common set of expectations for ethical and legal conduct with each person with whom you interact.

## To whom does the Code of Conduct apply?

The Code applies to the PSH workforce, which includes any board member, officer, leader/manager, workforce member, volunteer or trainee of PSH. The PSH workforce shall also include a person whose conduct, in the performance of work for PSH, is under the direct control of PSH, whether or not that person is paid by PSH. The Code applies equally to everyone at all levels in the organization. All PSH workforce members are expected to hold themselves and one another accountable to adhere to the Code.

## PSH workforce members are expected to:

- Model the principles of the Code in their daily work.
- Understand the laws that apply specifically to their work and comply with them at all times.
- Ask for help or clarification if any portion of this Code or a law, rule, policy or procedure that applies to their work is unclear.
- Act ethically and legally with every person with whom they interact.
- Assume ownership and accountability for their own actions and behavior.
- Report inappropriate behavior and known or suspected misconduct.



# About This Code

## Members of PSH management are expected to:

- Lead by example by emulating the Code at all times.
- Require that everyone under their direction upholds the principles and terms of the Code.
- Create and maintain a work environment that encourages collaboration, respect, cooperation, a zero tolerance for bias and discrimination, and professionalism.
- Promote a culture of open communication where concerns and issues may be raised for discussion without fear of retaliation.

In some instances, the Code deals fully with the subject covered. In many cases, however, the subject described in the Code is expanded or supplemented by PSH policies and procedures. The Code does not supersede or replace any PSH policy.

The Code is an evolving document that will be updated periodically to respond to changing conditions and to reflect changes in applicable laws and regulations.



## SCENARIO 1

Rebecca, working the night shift, walked into the break room and heard her coworker Jim telling several other workforce members a racially biased joke. Rebecca, upon hearing the joke, told Jim that she found the joke offensive and asked him to stop. Jim mocked Rebecca and told her to “loosen up and learn to take a joke.” The others in the room laughed at Jim’s comment and agreed with him. Rebecca has overheard Jim telling racially biased jokes in the past. Understanding that everyone else in the room was fine with Jim’s joke, should Rebecca just let it go?

### Let’s review the Code:

Rebecca was uncomfortable with Jim’s joke, identified that she believed the joke was inappropriate and asked him to stop. Regardless that others in the break room were fine with Jim’s comments and actions, Rebecca can report this incident to her supervisor, who can address these behaviors with Jim. If Rebecca is not comfortable speaking with her supervisor about the matter, she should contact Human Resources or the Compliance Hotline. PSH is committed to employing a culture of diversity and inclusion. PSH will not tolerate this type of behavior against any member of our community.

# Relationships With Patients



*Workforce members must treat all patients and their family members with respect and courtesy and provide the highest quality of care while protecting each patient's rights, privacy and access to emergency care.*

- **Quality of Care.** Every PSH workforce member plays a role in upholding our commitment to the highest possible quality of care and patient safety. We treat each patient with dignity, respect and courtesy, and we respect their autonomy. We provide care that is both necessary and appropriate for the individual patient.

PSH has a comprehensive program to promote superior patient care and measure its effectiveness. We strive to continually improve the quality of care we provide and to establish standards that reflect evidence-based practices. We actively monitor and mitigate risks to patients and proactively work to prevent health care errors and health care disparities.

- **Patient Rights and Responsibilities.** Each patient shall receive a statement of patient rights and responsibilities upon admission, check-in or request. We do not discriminate in the admission, care, transfer or discharge of patients based on age, ancestry, color, culture, disability (physical or intellectual), ethnicity, gender, gender identity or expression, genetic information, language, military/veteran status, national origin, race, religious creed, sexual orientation and preference, AIDS or HIV status, union membership, socioeconomic status, source of payment for care or other protected status. This important document discusses the rights of patients, including but not limited to being involved in and making informed decisions regarding their medical care and the right to accept or refuse treatment. Additionally, the document outlines patient responsibilities in the spirit of mutual trust and respect, including the prohibition of discrimination against any PSH staff.

- **Patient Philanthropy.** The Office of University Development and Alumni Relations, working under the Division of Development and Alumni Relations (Office of Development) interacts with patients (and their families) to invite philanthropic support of Penn State College of Medicine (COM) and PSH. Additionally, pediatric patient families are invited to serve as ambassadors for fundraising efforts on behalf of Children's Miracle Network and Four Diamonds.





# Relationships With Patients

- **Cybersecurity.** PSH is critically dependent upon maintaining the confidentiality, integrity, and availability of information systems to fulfill organizational missions. In the course of your work at PSH, you may have electronic access to applications and devices. We expect that you will always follow the cybersecurity policies, standards, and procedures from the PSH Office of Cybersecurity (OCS) as they pertain to your job function. For more information contact [CybersecurityGovernance@pennstatehealth.psu.edu](mailto:CybersecurityGovernance@pennstatehealth.psu.edu).

- **Rules of Behavior and Acceptable Use.** As a PSH workforce member who has been granted access to PSH information systems, applications, and information, you are expected to use these resources for business purposes associated with your job function and in an ethical manner. Understand that PSH information systems are monitored and there is no expectation of privacy when using any PSH information system.

- **Securing Access to Confidential Information and Information Technology Devices.** As a PSH workforce member, we rely on you to practice safe cybersecurity practices every day. Taking simple steps, such as never sharing your username and passwords with other coworkers, your supervisor or even the Information Services Service Desk and locking your workstation or laptop before you walk away to reduce the risk of someone else gaining access under your name and making unauthorized changes to confidential PSH information.

- **Report Suspected Cybersecurity Incidents.** Immediately report suspicious activity, lost or stolen devices, or suspected compromises of a user account, information system, application, or data to the Service Desk at 833-577-HELP (4357) or to [Cybersecurity@pennstatehealth.psu.edu](mailto:Cybersecurity@pennstatehealth.psu.edu)

- **Privacy.** PSH is critically dependent upon maintaining the privacy of our patients, customers, contractors, and workforce members. In the course of your work at PSH, you may have physical or electronic access to confidential information. We expect that you will always maintain the privacy of the information and follow the Office of Compliance and Privacy (OCP) policies, standards, and procedures. For more information contact [Privacy@pennstatehealth.psu.edu](mailto:Privacy@pennstatehealth.psu.edu).

- **Maintaining the Privacy of Confidential Information.** While working at PSH, you may receive or have access to certain information that is protected by federal or state laws and industry standards. However, not everyone in

the organization has that same level of access or even the need to know that information. You are expected to access only the information that you need to perform your job functions. If a coworker, not directly involved in a patient's care asks you to get information or access to that patient's information, you are not expected to provide that access. Report such requests to the Privacy Office, Compliance Hotline, or Information Services Service Desk.

- **Types of Confidential Information you are expected to protect.** *Personally Identifiable Information (PII)* means information that can be used to distinguish or trace an individual's identity. PII includes an individual's first name or first initial and last name in combination with and linked to any one or more of the following data elements: government issued identification number (for example, driver's license or social security number), financial account numbers in combination with the security code that permits access to the account, and any other information that is linked or linkable to the individual (for example, medical, educational, financial, employment, biometrics, data and place of birth, mother's maiden name, etc.).

*Protected Health Information (PHI)* means information created, received, stored, or transmitted by PSH or a designated business associate. PHI concerns an individual's past, present or future physical or mental health or condition; the provision of health care to the individual; or the past, present, or future payment for the provision of health care when there is a reasonable basis to believe the individual's identity can be determined; and that information contains one or more of the individual PHI identifiers.

Unless an individual has elected to opt out of fundraising, PSH may use or disclose to a business associate or institutionally related foundation for the purpose of fundraising, the following PHI of the individual: name, address, email, gender, dates of service, outcome information (to screen out individuals only), general department of service, treating physician, age, and health insurance status. Refer to the PSH policies or contact [Privacy@pennstatehealth.psu.edu](mailto:Privacy@pennstatehealth.psu.edu).

- **Report Privacy Incidents.** Immediately report privacy complaints including the unauthorized access or disclosure of confidential information to [Privacy@pennstatehealth.psu.edu](mailto:Privacy@pennstatehealth.psu.edu) or anonymously through the Compliance Hotline at 800-560-1637 or [pennstatehealth.org/hotline](http://pennstatehealth.org/hotline).

# Relationships With Patients

## SCENARIO 2

Over the weekend, Tony read social media discussion threads theorizing about a local celebrity's health status. Tony, upon returning to work, decided to look at the celebrity's medical records. Though Tony has access to the medical records, Tony is not involved in the patient's care. Later, you overhear Tony on the phone discussing the patient's information with a member of his family. What should you do?

### Let's review the Code:

Tony's actions violated the PSH's cybersecurity policies and privacy policies. We expect you to report this matter to the Privacy Officer or anonymously to the Compliance Hotline. You must never access patient information unless you are directly involved in their care or operations contributing to their care. If you are involved in their care, you need to ensure that you only access the minimum amount of information necessary to perform your job functions in support of the patient.

- **Recordkeeping.** Workforce members who are responsible for documenting in patient records, accounting and financial records or other PSH business records are expected to perform their duties accurately, truthfully, completely and in a timely manner. Each entry into a patient record, financial and accounting record, research record, time sheet or other PSH business record will accurately and clearly represent the underlying care, research encounter or transaction to which the record entry relates.

Corrections to electronic or paper records must be made in accordance with guidelines and PSH policies. You may not remove an original entry from any legal document.

Workforce members who suspects or have knowledge of an inaccurate patient, financial, accounting, research, time or other business record are expected to notify their supervisor and the Compliance Department. All records, both medical and business, will be retained and destroyed, when appropriate, in accordance with applicable law and PSH record retention policies.

- **Coding and Billing.** We exercise care to ensure that all billings to the government, third-party payers and patients are accurate and conform to applicable laws and regulations. Each workforce member and vendor who is responsible for any aspect of PSH coding, billing and claim submission processes will be appropriately trained, credentialed (as required by role) and prepared to fulfill those responsibilities. We bill for services rendered, appropriately ordered and properly documented in the medical record. We assign codes that reflect the services actually provided. Workforce members are prohibited from knowingly presenting claims for payment that are inaccurate, false, fictitious or fraudulent.
- **Charity Care.** Financial assistance is available to patients, depending upon individual patient circumstances. Discounts based upon financial need and charity care programs are administered in a consistent manner and by well-defined eligibility criteria and appropriate PSH policies and guidelines.

# Relationships With Patients

- **Access to Emergency Care.** We honor the right of any patient to receive a medical screening examination and, where necessary, stabilizing treatment provided by qualified medical professionals. Patients have this right even if they cannot pay and do not have insurance. We will not delay a medical screening exam or stabilizing care to obtain financial or demographic information from the patient.
- **Handling Drugs, Controlled Substances and Supplies.** We are committed to the safe and legal handling of all drugs and controlled substances. Each workforce member having responsibility for, or access to, drugs, controlled substances or any street-valued medical supply (for example, hypodermic needles) shall: (i) be familiar with and follow federal and state laws, policies and procedures governing the handling of those drugs, controlled substances and supplies; and (ii) maintain the highest possible professional and ethical standards in the handling of such drugs and supplies. We keep drugs, controlled substances and supplies secured at all times and follow all policies and procedures for handling expired drugs, controlled substances and supplies. We follow policies and procedures designed to minimize waste while ensuring proper accounting of unused drugs and supplies.

Workforce members with knowledge or a reasonable suspicion of inappropriate administration, distribution or diversion of drugs, controlled substances or supplies are expected to immediately report it to their supervisor, Human Resources or the Compliance Department.



## SCENARIO 3

Danesh and Amanda have worked together in the same department for more than five years. Danesh has always recognized Amanda to be punctual and focused. Lately, Danesh has noticed a change in Amanda's behavior and appearance. Amanda is consistently late arriving to work and returning from breaks. Additionally, Amanda seems disoriented and tired, and her appearance is disheveled. Danesh approaches Amanda to ask if everything is all right. Amanda, distracted and startled by Danesh, quickly brushes several bottles of pills into her desk drawer, becomes agitated and loudly declares, "Everything is fine. Leave me alone!" Amanda, realizing Danesh witnessed the bottles, then states, "Oh, I have a headache and needed to take a couple aspirin." What should Danesh do?

### Let's review the Code:

Danesh has a responsibility to report the matter. PSH has a commitment to maintaining a drug-free workplace in compliance with the Federal Drug-Free Workplace Act. Danesh is expected to immediately report the incident to their supervisor, Human Resources or the Compliance Hotline. PSH is committed to providing a workplace that encourages the reporting of all safety- and health-related issues for evaluation.

# Relationships With Third Parties

*Workforce members must not conduct business with any individual or entity who is debarred or excluded from any federally or state-funded health care program. All PSH workforce members must avoid conflicts of interest and must not request or accept gifts or business courtesies that may influence or be perceived to influence any decision. Workforce members should cooperate with marketing, media and government relation inquiries by referring to the appropriate PSH department.*

- **Excluded Individuals and Entities.** We will not knowingly employ, conduct business with or contract with an individual or entity who is debarred or excluded from participation in any federally or state-funded health care program. PSH conducts initial and ongoing excluded party status checks on individuals, providers and entities associated with us. Because the federal and state governments will not pay for services provided by an individual or entity who has been excluded from participation, any relationship with an individual or entity found to be an excluded person will be terminated. Workforce members who are or become excluded shall immediately report this to their supervisor, the Compliance Department and Human Resources. Workforce members on the medical staff must also report this in accordance with the Medical Staff Bylaws.
- **Conflicts of Interest.** A conflict of interest (COI) arises when personal interests or activities influence, or appear to influence, our ability to act in the best interest of PSH. A COI may also exist if the demands of any outside activity hinder or distract you from the performance of your PSH duties. Any situation that may be or perceived to be a COI must be disclosed to your supervisor in advance and addressed prior to proceeding. If you are unsure of what to disclose or how to disclose, contact your supervisor or the Compliance Department.

- **Gifts and Business Courtesies.** Unless otherwise provided by PSH or entity policies, you may not give, request, or accept gifts or any business courtesy from any external source on behalf of PSH. You may not give, request, or receive cash or any cash equivalent (such as a gift card or a check) from any patient, individual, or external source. Acceptance of any gift or business courtesy may also have tax-related implications. Always review PSH and entity policies on gifts, awards and industry relations, or consult with your supervisor, the Office of Development or the Compliance Department before accepting any gift or business courtesy. Patients interested in supporting a clinician, unit or department with a philanthropic gift must contact the Office of Development to facilitate the gift and ensure proper tax receipting is issued. Additionally, businesses interested in contributing equipment, technology or any other in-kind gift must also be directed to the Office of Development.
- **Referral Sources.** In accordance with federal and state laws, PSH accepts patient referrals and admissions based solely on the patient's clinical needs and our ability to render the needed services. We do not pay or offer any person or entity inducements for referral of patients to PSH.

We do not accept payment for referrals that we make to others. No workforce member acting on behalf of PSH is permitted to offer, give, solicit or receive anything of value in exchange for the referral of patients.

PSH workforce members who interact with physicians, especially those who have authority to approve financial arrangements with physicians or process payments to physicians, must be aware of the complex legal requirements that govern our relationships with physicians. Any violation of these standards can subject PSH and the involved individuals to civil and criminal penalties and possible exclusion from participation in federally and state-funded health care programs.

# Relationships With Third Parties

## SCENARIO 4

Returning from a recent industry conference, a coworker shows you their new smartwatch. The coworker relates the story about a complex contract negotiation with a vendor and their involvement throughout the process. The vendor, knowing your coworker would be at the same conference, gave your coworker the smartwatch as a “thank-you” gift for all their help in securing the contract with PSH. You question your coworker about keeping the vendor’s gift. The coworker responds that they really deserve the smartwatch, especially after everything they did to help out the vendor. What should you do?

### Let’s review the Code:

No PSH workforce member should request or accept gifts or any business courtesy from any business source that could influence any decision made on behalf of PSH or create the impression of such influence. You should raise the issue to your supervisor, Compliance Department or Hotline for investigation.

- **Antitrust.** Antitrust laws promote fair competition. PSH competes fairly and complies with applicable antitrust laws. We do not engage in activities or negotiate agreements that restrain or obstruct competition, nor do we illegally or inappropriately share proprietary information with competitors. Some examples of practices that potentially violate antitrust laws include agreeing with competitors to fix prices, sharing price-sensitive information with competitors, participating in boycotts, participating in arrangements that are designed to exclude certain competitors, bid-rigging and agreeing with competitors to fix wages.
- **Procurement.** PSH manages its vendor, supplier and subcontractor relationships in a fair and equitable manner, while adhering to applicable laws governing those activities. Our selection of vendors, suppliers and subcontractors is made on a competitive basis, when appropriate, and, in each case, on the basis of objective criteria, including our commitment to support supplier diversity. Selections are not based on personal relationships. We employ the highest ethical standards in our procurement practices with respect to source selection, negotiation, decisions about contract awards and the administration of all processes throughout the procurement life cycle. We will not knowingly do business with any vendor, supplier or subcontractor who has been debarred or excluded from participation in any federal or state health care program.

PSH Supply Chain is charged with ensuring a transparent and fair bidding process to deliver the best value to PSH. Refer to Supply Chain policies for requirements regarding when to engage Supply Chain and the financial limits that require competitive bidding.



# Relationships With Third Parties

- **Media.** Media inquiries related to PSH operations should be directed to the PSH Office of Marketing and Communications. Inquiries outside normal business hours should be referred to the on-call media relations specialist.
- **Government Agents, Investigators and Law Enforcement.** PSH cooperates fully with authorized government investigations and law enforcement activities, while preserving the legal rights of the organization, our workforce members, and our patients. Workforce members who receive an inquiry, subpoena, or other legal document or who greet a government agent, investigator or law enforcement representative, must follow internal processes and immediately notify their supervisor and/or leadership and the Legal Department. If an inquiry or request is targeting fraud, waste and abuse, the Compliance Department should also be notified. During any government audit, investigation or inspection, you must never conceal, destroy, or alter any document, intentionally withhold information, lie or make misleading statements.
- **Marketing/Advertising.** PSH relies on certain marketing and advertising activities to inform the community about our services, educate community stakeholders about public health issues and initiatives, and foster trust between our organization and those we serve, as well as recruit workforce members. We will present only truthful, informative and nondeceptive content within our marketing and advertising.

You may not consent to the use of the name, symbol, logo or any trademark of PSH or its subsidiaries in any advertisement, press release or marketing material without the approval of the PSH Office of Marketing and Communications. We will not use the name or likeness of any person or third party in any marketing or advertising without first obtaining their consent. When a marketing or promotional activity involves providing anything of value to patients or physicians, those activities must be approved in advance by the Compliance Department. Any advertising relating to clinical trials will be consistent with Institutional Review Board policy and applicable regulations.

- **Political Activities, Contributions and Lobbying.** We do not use PSH funds, time, equipment or other assets to contribute to any partisan political activity, campaign for or against any political candidate or issue, or engage in lobbying activities. Each workforce member has a right to participate in and contribute to any political organization or campaign of choice as a private citizen and on their own time. Any communication you direct to a legislator should be clearly identified or labeled as personal communication, not as correspondence coming from PSH.

PSH may, where circumstances dictate, analyze and take public positions on issues bearing on PSH operations. All activities relating to PSH analysis of and expression of opinion about legislation and regulation under consideration are handled by the PSH Office of Government Relations.



# Relationships With PSH and PSH Workforce Members

*Workforce members are expected to communicate with honesty and ensure a healthy and safe environment for all patients, visitors, learners and coworkers. Workforce members must comply with laws, regulations and policies related to nondiscrimination and prohibition of harassment and workplace violence. All are expected to respect PSH policies as alcohol-, tobacco- and drug-free locations. No weapons or dangerous items are permitted on any PSH premises. PSH tangible property, intellectual property and trade secrets must be treated with protection and as confidential. No workforce members shall derive personal financial benefit from confidential PSH information.*

- **Open and Honest Communication.** PSH relies on accurate information and records. All communication, written or oral, should be conducted with honesty. PSH workforce members should be supportive of other workforce members. We are committed to creating a workplace where everyone feels free to discuss concerns about any issue, including those involving bias in the workplace, in a respectful and appropriate manner. We deal honestly and fairly with all who come in contact with us through our activity with PSH; inclusive of patients, families, visitors, learners, community members, vendors, competitors, payers, and outside contractors.
- **Workplace Health and Safety.** Ensuring the health and safety of the PSH workforce, patients, visitors, learners and research subjects is paramount. Accordingly, a variety of PSH policies exist to protect you from potential workplace hazards. We expect you to understand how these policies apply to your specific job responsibilities and to ask questions when you have a concern. You must notify your supervisor of any workplace injury or situation presenting a risk of injury, so that timely corrective action can be taken to resolve the issue.

## SCENARIO 5

During a review of procedures and based on recent industry updates, you believe there may be an issue with incorrect billing of a specific service. You, your colleagues and supervisors have discussed the potential change in the past, but you are not aware of any procedural or coding changes to date. You consider not raising the issue, understanding that your supervisor has been involved in previous discussions and industry updates on this issue. What should you do?

### Let's review the Code:

You should raise this concern with your supervisor to confirm the status and/or necessity for any procedural or coding changes. If you are not comfortable doing this, or you still have concerns after reviewing or following up with your supervisor, you should raise the issue to your next-level supervisor, another member of management, the Compliance Department or the Compliance Hotline. Workforce members are prohibited from knowingly presenting claims for payment that are inaccurate, false, fictitious or fraudulent.

# Relationships With PSH and PSH Workforce Members

- **Diversity and Inclusion.** The PSH Office for Diversity, Equity and Inclusion promotes the organization's commitment to diversity and inclusion for workforce members, patients, patients' families, and visitors. This commitment includes an expectation of providing patients with culturally responsive and equitable care and treating each person with respect.
- **Discrimination, Harassment and Workplace Violence.** PSH has zero tolerance for any form of unlawful discrimination, harassment or workplace violence (for example, threats of physical violence, including coercion, intimidation, stalking, sexual harassment or online harassment). We are committed to providing a safe, respectful and secure environment for our patients, visitors and workforce members by preventing unlawful discrimination, harassment and workplace violence, or by stopping it whenever and wherever it may occur, regardless of the perpetrator's organizational or community position or role. Workforce members are held to the same standards in their interactions with each other and the public. Violations by any PSH workforce member may lead to disciplinary and/or legal action, as applicable.
- **Alcohol-, Tobacco- and Drug-Free Locations.** PSH workforce members are strictly prohibited from the unlawful manufacture, distribution, possession, use or being under the influence of illegal drugs, controlled substances, or alcohol during work hours and/or while on PSH premises.

PSH is a drug-free workplace in compliance with the federal Drug-Free Workplace Act. All workforce members shall be free from the influence of drugs and alcohol. Both licensed professionals and nonlicensed PSH workforce members must be aware of their responsibilities in reporting possible abusers and/or users of drugs and alcohol in the workplace. Anyone in violation in any manner whatsoever shall be subject to disciplinary action, up to and including termination and/or revocation of clinical privileges.

To establish and maintain the safest possible environment in which to deliver quality care and to promote healthy behaviors among our community, all PSH locations including, buildings, grounds and facilities, shall be alcohol- (except at PSH-sanctioned events), tobacco- and drug-free. Refer to the PSH policies.

## SCENARIO 6

In a recent discussion with coworkers, concerns were raised about working night shift and parking lot safety. You decide that, to help ensure your own safety, you are going to start carrying a handgun and leave it in your car. Is this permitted?

### Let's review the Code:

This action is not permitted by anyone except law enforcement officers and other persons specifically authorized by PSH. Both licensed professionals and nonlicensed PSH workforce members must be aware of their responsibilities in reporting any violations to this policy. Any safety concerns regarding the properties or buildings should be raised to your supervisor or the Security Office for evaluation.

PSH recognizes that there are numerous serious health conditions for which someone may become certified to use medical marijuana. Many of the serious health conditions may qualify as a disability under applicable law. Accordingly, PSH will engage in an interactive process with a workforce member who is known to be using or discloses the use of medical marijuana, where appropriate.

- **Weapons, Explosives and Other Dangerous Items.** The possession, storage, carrying or use of any weapons, ammunition, explosive or dangerous chemical or gas by any person is prohibited on all PSH property, except by authorized law enforcement officers and other persons specifically authorized by PSH. Both licensed professionals and nonlicensed PSH workforce members must be aware of their responsibilities in reporting any violations to this policy.



# Relationships With PSH and PSH Workforce Members

- **Personal Relationships and Nepotism.** PSH seeks to provide equitable employment opportunities for all individuals, including those related to one another by blood, adoption, civil union or marriage. Placements for employment shall not be made where one workforce member is in a position to supervise or influence the related workforce member's rate of pay or approve financial transactions for the workforce member, grant tenure or promotion of the workforce member, or where the handling of confidential information could create inappropriate or unprofessional work situations. PSH recognizes that there are, in some instances, circumstances where employment of members of the same family in a single work area is desirable, such as specialized educational background and experience. Such situations must be disclosed and preapproved by PSH Human Resources.
- **Use of PSH Tangible Property.** As PSH workforce members, we each have a duty to protect PSH physical and virtual (cloud-based solutions) assets and to ensure their efficient use. Theft, carelessness and waste have a direct impact on the organization's success. You are responsible for taking measures to prevent damage to, and theft or misuse of, all PSH property to which you have access. You may not use or take equipment, supplies, materials or services for non-work-related purposes.
- **Social Media.** Workforce members may not speak on behalf of PSH on any social media platform unless authorized to do so by the Office of Marketing and Communications. Any communication referencing the organization should make it clear that you are speaking for yourself and not on behalf of PSH. Workforce members should also remember that all laws, policies, rules, and agreements that restrict the disclosure of private, confidential, proprietary and/or secure information apply equally to disclosures made by a user contributing content to a social media platform. Such restrictions include, but are not limited to, Health Insurance Portability and Accountability Act (HIPAA), confidentiality agreements, trademarks, patents and copyrights. Refer to the PSH policies.
- **Intellectual Property and Trade Secrets.** Intellectual property includes all trademarks and service marks, trade secrets, patent and patent subject matter and inventor rights in the U.S. and foreign countries, as well as related applications. You must treat all PSH/Penn State intellectual property as confidential and proprietary information. Recognizing the critical business value of our intellectual property, you must not use this property to the competitive disadvantage of PSH/Penn State, nor should you disclose any such intellectual property or information to any other party without proper authority or authorization. Additionally, you must not use this property for independent personal advantage. All workforce members must comply with Penn State intellectual property policies.
- **Outside Employment.** If you own or operate a business, or receive compensation for services you provide to another organization or entity while you are a member of the PSH workforce, you are required to disclose the nature of the outside employment to your supervisor. You must ensure all such activities are conducted on your own time and must not conflict with or impair your ability to perform your assigned duties for PSH, unless otherwise agreed to by PSH.
- **Financial Stewardship of PSH Assets.** As PSH workforce members, we each have a duty to be good fiscal stewards for the organization. As such, you are responsible for taking measures that adhere to all policies, guidelines and budgets with respect to financial transactions, while ensuring that the financial assets of PSH are utilized in the most appropriate way possible, with responsible fiscal stewardship.
- **Tax-Exempt Status.** PSH and most of the entities controlled by or affiliated with PSH are nonprofit, tax-exempt entities. This tax-exempt status obligates us to use our resources to further the charitable purposes of our Mission, Vision and Values and to prohibit the advancement of the private interests of any individual. Tax laws prohibit PSH from engaging in certain transactions and activities, which include paying more than fair market value for goods or services; entering into lease arrangements at below-market rents; accepting any research grant where a researcher uses funds for personal use or benefit; providing courtesy discounts or other unpaid benefits, except where PSH policy expressly permits it; and engaging in political activity.

# Corporate Compliance and Ethical Business Practices

*PSH workforce members are, at all times, expected to conduct themselves in accordance with this Code, PSH policy, business ethical standards and federal, state and local laws, rules and regulations. Workforce members having such responsibility must perform, properly document and comply with government program rules and requirements for submission of claims. Each workforce member must complete all assigned compliance training in a timely manner.*



- **Corporate Compliance Plan.** PSH is committed to conducting its operations according to applicable business ethical standards and to federal, state and local laws, rules and regulations. PSH recognizes that both deliberate and unintentional misconduct in providing health care undermines the efficient functioning of PSH to the detriment of both patients and taxpayers. By following compliance policies and conducting business with integrity, PSH not only helps to ensure compliance with the law, but also better serves patients, clients, co-workers and one another.

The PSH mission is protected when compliance program requirements are fully integrated into daily activities. Our Corporate Compliance Plan establishes a framework to manage compliance-related risks in PSH business activities and entities.

- **Fraud and Abuse.** Health care fraud and abuse takes many different forms. Filing false claims, intentionally or carelessly using incorrect billing codes, providing unnecessary services or paying for patient referrals could be considered fraudulent or abusive. PSH requires that each workforce member ensures services performed are medically necessary and properly documented, and that billing and coding is accurate. Fraud can also include, but is not limited to, seeking inappropriate reimbursements or payroll payments and inappropriate procurement activities.

We arrange financial and business relationships with the advice of legal counsel whenever necessary. We report costs under generally accepted accounting principles and according to PSH policy. We report expenses and obtain approval through the prescribed processes in a timely manner. In making estimates for financial reporting purposes, we make the best possible estimate regardless of the impact on results or other measures. Persons in positions to influence PSH activities and operations should not personally benefit from such activities.

If you have any questions or concerns about possible fraud and/or abuse, you must consult your supervisor, department head, the Compliance Department, or call the Compliance Hotline.

# Corporate Compliance and Ethical Business Practices

- **False Claims.** PSH is committed to maintaining the accuracy of every claim it processes and submits. It is unlawful to willfully make, or cause to be made, any false statement or representation of material fact in an application (claim) for benefit or payment.

Health care providers and suppliers (persons and organizations) who violate the federal False Claims Act (FCA) can be subject to civil monetary penalties for each false claim submitted. In addition to this civil penalty, providers and suppliers can be required to pay three times the amount of damages sustained by the U.S. government. If a provider or supplier is convicted of an FCA violation, the Office of Inspector General may seek to exclude the provider or supplier from participation in federal health care programs.

- **Responsible Conduct of Research.** Federal regulations prohibit misconduct in scientific research, which includes intentional fabrication, falsification or plagiarism in proposing, conducting or reporting research results. These regulations are designed to prevent dishonesty and fraud in research. All PSH research, including basic, translational, clinical, or population health research, is overseen by the COM and Penn State, and, thus, must be performed in compliance with Penn State policies. All workforce members who participate in research are expected to be knowledgeable and actively learning about updated laws and regulations, as well as Penn State and PSH policies and procedures, governing the responsible and ethical conduct of research. Individuals participating in research are further expected to document, accurately and truthfully, and never alter or falsify, research data or results.
- **Compliance Hotline/Duty to Report Misconduct.** Your participation is essential and will help ensure PSH maintains the highest standards of legal and ethical excellence. Report illegal or unethical conduct, including instances of bias based on aspects of diversity, immediately. A toll-free Compliance Hotline and electronic forms are available for this purpose (**1-800-560-1637** or **[pennstatehealth.org/hotline](https://pennstatehealth.org/hotline)**). The hotline is operated by a third party, is available 24 hours a day and may be contacted anonymously. It is our goal to provide a comfortable, nonthreatening approach to handling problems and issues.

## SCENARIO 7

You mention annual compliance training to your coworker and note that you need to complete it soon. Your coworker explains that they had no issues completing their training. They tell you, "I figured it wasn't that big of a deal, so I logged into the system and had my child complete the training." They go on to state, "I get to complete the requirement, and my child gets to learn about compliance." Is this action acceptable?

### Let's review the Code:

You have a direct requirement to report this issue to your supervisor, the Compliance Department or the Compliance Hotline. Workforce members are expected to conduct themselves in an ethical, legal and responsible manner at all times. In addition, timely completion of all assigned compliance training is a condition of ongoing employment to ensure knowledge of PSH and departmental requirements.

# Corporate Compliance and Ethical Business Practices

- **Nonretaliation.** In addition to federal and state law, **PSH has adopted a strict nonretaliation policy prohibiting any retaliation or retribution against a workforce member who, in good faith, reports suspected or known misconduct, reports suspected violations of laws to law enforcement officials or files a whistleblower lawsuit on behalf of the government.** PSH shall take reasonable and appropriate efforts to protect a reporting workforce member's identity and will honor all requests for confidentiality to the limit allowed by law. If you feel you have been retaliated against for making a report in good faith, please contact the Compliance Department, Human Resources or Compliance Hotline immediately.
- **Sanctions for Misconduct.** It is the responsibility of every PSH workforce member to abide by applicable laws, regulations, this Code and PSH policies and procedures, and to support PSH compliance efforts. Accordingly, you must report known or suspected violations of applicable local, state or federal law or PSH policies and procedures, including this Code. Examples might include a suspicion of fraudulent billing, theft of protected health information, misrepresentation, violation of PSH policy, etc.
- **Obligation to Complete Assigned Training.** The reputation of PSH for superior care is a result of your performance. To ensure you have the tools, knowledge and skill to comply with the expectation that you conduct yourself ethically, legally and responsibly, comprehensive training and education are available. Certain compliance-oriented training will be assigned at the time you become a PSH workforce member and then on an annual basis. Timely completion of all assigned compliance training is a condition of ongoing employment. In addition, many workforce members will receive periodic specialized training on subjects such as billing, coding, privacy, bias and discrimination, and workplace and environmental safety.



## Ethical and Religious Directives

(For Catholic Entities Only)

The *Ethical and Religious Directives for Catholic Health Care Services*, also known as ERDs, provide the official directives of the United States Conference of Catholic Bishops (USCCB) for health care at all Catholic health care ministries. All workforce members of PSH Catholic health care ministries must abide by both the PSH Code of Conduct and the ERDs. The full ERDs can be accessed at [usccb.org](https://www.usccb.org).

# Frequently Asked Questions

- ***Why do we need a Corporate Compliance Program?***

The Corporate Compliance Program demonstrates PSH's commitment to ethical behavior and compliance with federal, state and local laws, rules and regulations. Corporate compliance programs help prevent, detect and deter fraud, waste and abuse, which can result in criminal prosecution, civil liability and fines.

- ***Why am I required to complete compliance training?***

Health care organizations are required by law to ensure workforce members take compliance training upon hire and annually thereafter. Compliance education is an important tool to help you be aware of and understand your responsibilities and accountability. The current health care environment is complex, and laws are constantly changing. Compliance training can help you understand and comply with legal and ethical standards that will protect both you and PSH.

- ***What should I do if I believe that others are violating the Code?***

In many instances, we can simply remind one another of the Code. However, if you believe the possible violation is such that a reminder to your colleague is not appropriate or if you have reminded a colleague previously, but the same violation continues to occur, then you should inform your supervisor. As always, if you are not comfortable going to your supervisor, or if these approaches do not result in an improved situation, you should reach out to another member of management or the Compliance Department, or call the Compliance Hotline. Remember that the nonretaliation policy protects you from any retaliation as a result of your good faith pursuit of such issues.

- ***I'm afraid I will lose my job if I tell someone about a situation in my department. How can I be sure this will not happen?***

PSH is committed to protecting the job security and promotion opportunities of persons who, in good faith, report violations of the Code. This commitment to nonretaliation is at the very heart of our culture and the Corporate Compliance Program. If you believe you have been harmed as a result of reporting violations of the Code, contact Human Resources or the Compliance Department, or call the Compliance Hotline.

- ***What happens when I call the Compliance Hotline?***

Your call to the Compliance Hotline is answered by a trained communications specialist, employed by a third party, who will ask if you would like to file a new report or follow up on an existing one. The communications specialist will explain the reporting process and will also remind you that you can report your concern anonymously. At the close of the call, you will be asked to create a six-digit PIN, and you will receive a 12-digit report key, *both of which will be needed if or when you call back to follow up on the status of your concern.*

- ***Do I have to give my name or contact information when I call the Compliance Hotline?***

You do not have to provide your name or contact information. The Compliance Hotline is a confidential resource provided to you for disclosing information about potential ethical and legal violations.

- ***Are calls to the Compliance Hotline ever recorded or traced?***

Call tracking, tracing and recording devices are never used.

- ***Do I have to call during business hours?***

The Compliance Hotline is available to take your call at any time of the day or night, seven days a week.

You can also report your concerns online anytime at [pennstatehealth.org/hotline](https://pennstatehealth.org/hotline).

- ***Are interpreters available?***

Interpreter services are available for request.

## For More Information or To Report a Suspected Violation

You are expected to comply with this Code and the Corporate Compliance Program. To report a suspected violation of this Code, or of an applicable law or regulation, or to simply ask questions, use the resources below:

- Talk to your supervisor or another PSH leader.
- Contact the PSH Compliance Department at 717-531-1114 or [compliance@pennstatehealth.psu.edu](mailto:compliance@pennstatehealth.psu.edu).
- Submit a concern to the Compliance Hotline by calling 800-560-1637 or online at [pennstatehealth.org/hotline](http://pennstatehealth.org/hotline).

**Interpreter services are available.**

**Calls and online reports are confidential.**

**Concerns can be reported anonymously.**

*Disclaimer: The Penn State Code of Responsible Conduct (AD88) also applies to those who are university workforce members.*





**PennState Health**