



# Standards of Conduct



Cheyenne Regional  
Medical Center



## What is a Standard of Conduct?

### Our Purpose

To nurture and improve the health of individuals and the quality of life for our community.

### Our Vision

To be the best healthcare system in which to provide and receive quality care.

### Our Values

Caring, Respect, Integrity and Excellence

### Our Pillars

Best and Safest Patient Care

Best Patient Experience

Best Place to Work

Best Physician Partnerships

Best Stewardship

Growth

This Standards of Conduct booklet is a guide to help staff members make decisions that are consistent with appropriate legal and ethical standards. The items highlighted in this booklet are broadly described. If you need more specific information, please ask your manager or review our policies.

Standards of Conduct apply to “members” connected with Cheyenne Regional—employees, physicians, contractors, trustees, volunteers and vendors. Members who do not follow the Standards of Conduct will be handled according to Cheyenne Regional Medical Center’s policies and bylaws.

Dear Members of the Cheyenne Regional  
Medical Center Healthcare Team,

Our commitment to our patients and their families is to provide the best and safest patient care. Your role in this is very important, and I ask that you do your best to always provide the highest quality service. Complying with the rules and regulations from several government agencies is a difficult task that requires teamwork. I ask that you approach all tasks with honesty, cooperation, creativity and the courage to do what it takes to make things right.

Our Purpose and Vision are directly impacted by our behavior. Our community trusts us to provide the highest level of care and to carry out our responsibilities with integrity. Your efforts to comply with the Standards of Conduct will ensure that we meet our community's expectations.

This booklet is a basic guide to help you understand our expectations. Please keep it handy; that way when a question comes up, you will have answers close at hand. Thank you for making Cheyenne Regional the best healthcare system in which to provide and receive quality care.

Sincerely,



John Lucas, M.D.  
Chief Executive Officer



**John Lucas, MD**  
Chief Executive Officer

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**As part of the  
Cheyenne Regional  
healthcare team,  
we expect our  
members to:**

- Conduct themselves in ways that promote an emotionally and physically safe environment for patients and staff
- Follow our service standards
- Comply with government regulations and hospital policies
- Report concerns and/or misconduct

# Service Standards



## We agree to act by a basic set of standards.

Cheyenne Regional's vision is to be the best healthcare system in which to provide and receive quality care.

Cheyenne Regional's Service Standards are:

- **Outstanding Attitude**
  - We are role models. Our attitude sets an example for everyone.
  - We want to anticipate and exceed our customers' expectations.
- **Taking Personal Ownership**
  - "It's not my job" is not part of our vocabulary; if we can't do it, we find the ones who can.
  - We do what we say we are going to do.
- **Caring Toward Others**
  - We treat everyone as a "guest."
  - We are considerate of the needs of everyone with whom we have contact.
- **Communication**
  - We greet everyone with a smile.
  - We escort by "take and go" not "point and show."
- **Professionalism and Appearance**
  - We show our pride by how we dress, act and speak.
- **Recognition**
  - We provide positive feedback.
- **Respect**
  - We do not chastise or embarrass fellow employees in front of others.
- **Teamwork**
  - "All for one, and one for all."
- **Continuous Learning**
  - We pursue the opportunity for personal development and growth.



## Violence in the Workplace

All staff members have the right to work in an environment free from harassment and disruptive behavior. Some examples of this type of behavior include degrading or humiliating jokes, slurs, intimidation, yelling and other demeaning behaviors.

Sexual harassment is behavior that is sexual in nature: crude jokes, display of pornography, unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions.

Violence includes robbery, stalking, fighting, pushing, shoving and other unwanted physical contact.

Staff members who are victims or observe workplace violence have a duty to report these incidents immediately to their supervisor or to Human Resources, the Compliance Department and/or the WeCare line.

### **Cheyenne Regional's commitment to comply with government laws and regulations**

Cheyenne Regional provides services according to various federal, state and local laws and regulations. Cheyenne Regional team members are committed to following all applicable laws and regulations to the best of their ability. We will also ask questions when unsure about what to do.





## High-Risk Compliance Areas

**Compliance with our quality and safety policies and procedures is the responsibility of everyone.**

All staff members are required to speak up when they see potential quality/safety issues. Staff members are required to report incidents through their chains of command, the Compliance Department and/or the WeCare line.

**The government has identified the following high-risk compliance areas.**

### » **Quality of Care and Patient Safety**

Quality and safety are the bedrock of our six pillars. Without quality and safety, good patient outcomes will not be achieved. To fulfill our quality and safety goals, Cheyenne Regional focuses on core measures, a just and safe culture, utilization of best practices and technology. We continually reassess our successes and failures to improve our processes—with the ultimate goal of providing high-quality care to our patients. This is a source of pride to our staff.

## » Medical Billing and Coding

- We strive to be accurate and complete in our patient documentation.
- We accurately report services rendered and supplies utilized in compliance with applicable laws, rules, insurance, government policies and compliance program requirements.
- We provide private insurers and government payors and insurers with accurate billing information supported by proper medical documentation.
- We respond to patient and payor questions concerning our charges in an accurate and timely manner.
- We refund identified overpayments within 60 days, and notify the payor of the reason for the refund when necessary.
- We comply with government regulations regarding the discounting of outpatient deductibles and coinsurance amounts.
- We charge and bill only for services and care provided. We use the billing codes that accurately describe the diagnoses and services provided. We report any suspected inaccuracies to a supervisor.
- We will take the appropriate corrective action if an error has been made in the preparation and submission of a bill or claim. Corrective action will vary, depending on the given situation. Corrective action may include refunding overpayments or payments made in error; resubmitting claims; offering additional staff training; creating new or revised policies and procedures; disciplining employees for intentional actions; and, when appropriate, contacting government authorities.
- We will provide ongoing audits and reviews of coding and billing practices to maintain accuracy in records, coding, billing and submission of claims.

# High-Risk Compliance Areas



## Freedom of Choice for Skilled Nursing Facilities, Home Health and Durable Medical Supplies

Patients needing post-hospital care will be given a list containing contact information for various community providers so that the patient and/or his/her family may choose the right agency to fit his or her needs. Staff members will refrain from making recommendations or selecting a community provider for the patient.

## » Medical Documentation

Complete and accurate documentation is an important part of quality care. Our billing and coding processes ensure the accuracy and integrity of financial records and claims submitted for payment. Cheyenne Regional seeks to be paid accurately for the care we provide. Cheyenne Regional will report and refund overpayments when necessary. Establishing and maintaining accurate financial records is vital to our organizational integrity.

## » Anti-Kickback and the Stark Law

Cheyenne Regional will not give anything of value to encourage patients to receive care at Cheyenne Regional facilities.

Cheyenne Regional will carefully enter into contracts with physicians and physician group practices to ensure that we do not give compensation and/or benefits based on referrals or what is considered above appropriate fair market value.





## » EMTALA

A screening is done to determine if the patient has an emergency medical condition. The patient will receive treatment. Once the patient is stabilized, the physician determines when and where the patient should be transferred for a higher level of care.

We will transfer patients when the benefits outweigh the risks of transfer. We will also transfer patients when we lack the specialty, capacity and/or staff to treat the condition. We will quickly notify other hospitals of our need for help. We will also stabilize patients to the best of our ability and transfer without delay.

**EMTALA is the acronym for The Emergency Medical Treatment and Active Labor Act.**

EMTALA refers to the law and regulates emergency rooms from turning away patients before a medical screening.



## High-Risk Compliance Areas

“Every great institution is the lengthened shadow of a single man. His character determines the character of the Organization.”

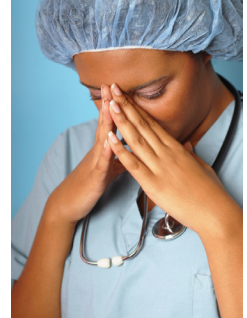
*Ralph Waldo Emerson*

### » Excluded Provider

Excluded providers are persons and/or businesses barred from having a business relationship with the government due to questionable, improper and/or abusive practices. Cheyenne Regional will not knowingly enter into a business relationship with excluded providers and will promptly dissolve relationships if such persons and/or entities become excluded. Our policies and contracts explicitly state that persons and/or businesses are to notify Cheyenne Regional if they become excluded providers. Additionally, all employment applicants, physicians applying for privileges and persons/entities we enter into contracts with will be screened against the government’s exclusion list and thereafter according to our Excluded Provider Policy.

## » False Claims Act (FCA) and Federal Deficit Reduction Act of 2005

The False Claims Act (FCA) states that any person or entity that knowingly submits a false or fraudulent claim for payment from the United States government is liable for significant penalties and fines. Additionally, if a person or entity does not promptly refund identified overpayments within 60 days, it could be liable under the FCA. Fines include a penalty of up to three times the government's damages, civil penalties ranging from \$5,500 to \$11,000 per false claim and the costs of the civil action against the entity that submitted the false claims. Generally, the FCA applies to any federally funded program, including claims submitted by healthcare providers to Medicare or Medicaid.



The False Claims Act contains a provision that protects a whistleblower from retaliation by his or her employer.

## » Red Flag Rules

The Federal Trade Commission's Identity Theft Prevention Red Flag Rules were designed to require entities that handle multiple payments or transactions to identify and report possible identity theft.

Personal Health Information (PHI) has become a target for thieves who use PHI to acquire credit cards, loans and healthcare. Patient Financial Services has developed a Red Flag policy that increases staff awareness on how to identify and report suspicious activity.

# High-Risk Compliance Areas



## PHI is any information linking a patient to a health issue.

PHI includes name, birthday, social security number, appointment dates, account numbers, images and even license plate number.

## » Health Insurance Portability and Accountability Act (HIPAA)

The privacy regulations enacted pursuant to the Health Insurance Portability and Accountability Act (HIPAA) tell us how to handle patient information. HIPAA standards are too complex to cover completely in our Standards of Conduct. All of our HIPAA policies are on the Intranet for your review.

### HIPAA has three main components. Two of these components involve privacy and security.

*Privacy:* All forms of communication regarding patient information can be misused, and such misuse can be classified as a HIPAA violation. Jump drives, laptops, verbal conversations and electronic and paper records are examples of privacy risks if misused. All staff members should use caution when discussing patient information and should ask themselves if the person they are communicating information to has a need to know. Staff members should be aware of their surroundings when disclosing information. If a staff member believes someone is misusing patient information, he or she should report his or her concerns to management and/or the Chief Privacy Officer. All such concerns will be investigated.

**Security:** Cheyenne Regional staff members should carefully safeguard patient information and how they access information. Below are examples of safeguards to follow:

- Passwords will not be shared and should be changed at minimum every 90 days.
- Staff will not download software.
- Computer monitors should face away from patients and visitors.
- Staff members will log off their computers when not in use.
- Discarded patient information should be shredded.
- Fax numbers will be verified before sending information, and the Cheyenne Regional cover sheet should always be used.
- Staff should confirm with the receiving party that the fax was received.

**For additional safeguards, please refer to Cheyenne Regional HIPAA policies.**

**Consequences:** Sanctions for inappropriate disclosures and inappropriate snooping can be severe. Fines have increased to \$1.5 million, and some individuals have served prison sentences for violating HIPAA. Cheyenne Regional takes HIPAA breaches seriously, and violations may result in employment actions, up to and including termination.



### **Breach Notification:**

Some HIPAA breaches will require patient notification. Each breach is evaluated according to federal regulations. Corrective actions may include:

- Notification to the patient
- Notification to the media
- Notification to the Office of Civil Rights

# Standards of Conduct

## » Medical Staff



“The best index to a person’s character is (a) how he treats people who can’t do him any good, and (b) how he treats people who can’t fight back.”  
*Abigail Van Buren*

As members of the medical staff, we support the Cheyenne Regional Medical Center Standards of Conduct and Compliance. We further agree to conduct ourselves in accordance with the highest ethics of our profession and to be further guided by any additional principles and ethics generally recognized and accepted by members of the staff. We will abide by and be governed by the Bylaws, Rules and Policies of the Medical Staff and Board and by all other established standards, policies and rules of Cheyenne Regional and to refrain from personal conduct that may be disruptive of patient care.

**Changes to “Applicant’s Release and Certification,” which is signed at the time of application and at the time of re-credentialing:**

*If I am granted membership on the Medical Staff, I agree to abide by its Bylaws and Rules and Policies and those of the Governing Board of the Hospital, including the Standards of Conduct, currently in effect and as they may be enacted. I am familiar with the principles, standards and ethics of the national, state and local associations which apply to and govern my specialty and/or profession, and I agree to be bound by the terms thereof. I understand that initial and continued Medical Staff membership is dependent upon professional competence and ethical practice.*





## Conflict of Interest

Cheyenne Regional policy states, “No employee shall have any personal interest outside the hospital which in any way conflicts with the interest of the hospital or puts the employee in a position where he/she can use the hospital connection for personal or family gain to the possible detriment of the hospital. The hospital reserves the right to determine what constitutes a conflict of interest. Situations in which there is potential employee conflict of interest will be evaluated, and opportunity will be given for correction.”

For example, employees are not permitted to use hospital materials or equipment improperly for personal purposes. All employees are expected to disclose any and all outside activities and financial interests that might be or have the appearance of being a conflict of interest or commitment. If an employee has any questions about his/her proposed activities, guidance and advice should be obtained from the employee’s manager, a Human Resources manager or the Compliance Officer.

A **Conflict of Interest** may occur if a Cheyenne Regional employee’s outside employment, relationships, activities or personal financial interests influence or are perceived to influence his/her ability to make sound objective decisions in the course of the employee’s job at Cheyenne Regional.



## Gifts and Gratuities

“Ability may get you to the top, but it takes character to keep you there.”  
*Stevie Wonder*

Cheyenne Regional Medical Center employees should not accept cash from patients, vendors, physicians and other business associates. If someone insists on giving monies and/or high-dollar gifts, the staff member shall refer the donor to the Foundation.

Additionally, we do not accept any gifts that interfere with our ability to serve the best interest of the hospital, subsidiaries or affiliates. Any nominal gifts received must be unsolicited and infrequent in nature. An employee receiving a gift must report it to his/her immediate supervisor/manager. The employee’s manager has the right to refuse the gift on behalf of the employee.

## » Nominal Gifts from Patients

- A patient who wishes to thank caregivers for their service are encouraged to present his/her gift to the team of caregivers instead of to one or two individuals.
- Nominal gifts such as food, flowers or candy are allowed but should not exceed a value of \$25 per caregiver.

## » Nominal Gifts from Vendors and Suppliers

- Nominal gifts from vendors (such as pens, pencils, note pads) must be unsolicited, infrequent in nature and not influence the decision-making process of any purchase.
- Only meals that are provided by vendors as a part of educational offerings are acceptable.
- There may be times when a colleague wishes to extend to a current or potential business associate an invitation to attend a social event (e.g., reception, meal, sporting event or theatrical event) to further business relationships. As a general rule, the cost will not exceed \$75 per person. Offers to attend such events must be infrequent, which as a general rule means not more than three times per year. Departures from the monetary and frequency guideline are highly discouraged.



Cheyenne Regional Medical Center employees will conduct themselves in a manner that is free from unlawful or otherwise inappropriate offers of solicitations of gifts, favors and other improper inducements in exchange for influence or assistance.



## Controlled Substances

“Start by doing what is necessary; then do what’s possible; and suddenly you are doing the impossible.”

*St. Francis of Assisi*

Prescriptions and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to staff and to patients.

If a staff member becomes aware of inadequate security of drugs or controlled substances or the diversion of drugs from the organization, the staff member is required to report this immediately through his/her chain of command, to the Chief Compliance Officer or through the WeCare line.

## Personal Use of Cheyenne Regional's Assets

It is our responsibility to ensure that Cheyenne Regional's assets—including time, materials, supplies, equipment and information—are used for business purposes. Generally, staff should not use hospital assets without approval from chain of command. Occasionally staff may use items such as a copying machine and telephone where the cost is minimal. Any use of company assets for personal financial gain is not allowed.

## Political Activities and Tax-Exempt Entity

If you are unsure or have a question regarding the hospital's tax-exempt status, please ask management or the Compliance Department.

Not-for-profit hospitals must be careful not to engage in business activities that might compromise their tax-exempt status.

As a not-for-profit hospital, Cheyenne Regional is prohibited from campaigning and/or lobbying for a particular candidate or issue. This does not include voter registration drives sponsored by Cheyenne Regional or The League of Women Voters.

# Reporting Concerns



Cheyenne Regional  
Medical Center

<b>Compliance Action Hotline</b>	(888) 299-6546
<b>Compliance Action Website</b>	<a href="http://www.wecarecrmc.org">www.wecarecrmc.org</a>
<b>Chief Compliance Officer</b>	(307) 432-6622

Employees are free to ask questions and are required to report any suspected violations of our Standards of Conduct or any other irregularities to their supervisor/director, the Compliance Department or to the Compliance WeCare website. Compliance discussions with any Cheyenne Regional officer will be kept confidential except where absolutely necessary to proceed on an official investigation.

The Compliance Department is dedicated to helping you find answers to compliance questions. This includes:

- Researching government regulations
- Investigating concerns
- Clarifying policies
- Auditing and monitoring high-risk areas
- Educating staff
- Communicating with government agencies





## Retaliation

There will be no retaliatory disciplinary action taken against any employee who reports concerns in good faith to a member of the management team or the Compliance Officer. If you believe you have been retaliated against after making a report, please contact the Compliance Office immediately.

Our goal is to have a fear-free workplace.

**Be the hero and ask the question!**

“I do not know anyone who has got to the top without hard work. That is the recipe. It will not always get you to the top, but should get you pretty near.”  
*Margaret Thatcher*



## The Compliance Department

### Our Team:

Legal and  
Compliance Assistant  
**(307) 432-6621**

Chief Legal Officer  
**(307) 633-7665**

Chief Compliance Officer  
**(307) 432-6622**

Information Security Officer  
**(307) 633-7171**

Legal and Compliance fax  
**(307) 432-6626**



**Cheyenne Regional  
Medical Center**

214 East 23rd Street • Cheyenne, WY 82001  
(307) 634-2273 • crcmwy.org

**Mission:** The mission of the Corporate Compliance Office is to affirm Cheyenne Regional Medical Center's commitment to honest and ethical corporate conduct by providing an effective compliance program.

**Vision:** The Corporate Compliance Office will be a resource for compliance and business ethics expertise.

**Values:** The Corporate Compliance Office supports Cheyenne Regional Medical Center's values through our commitment to honesty, integrity, confidentiality and service excellence.





# Cheyenne Regional Medical Center

214 East 23rd Street • Cheyenne, WY 82001 • (307) 634-2273 • [crmcwy.org](http://crmcwy.org)