

LAHEY CLINIC
HEALTH CARE & CORPORATE COMPLIANCE PLAN
(Revised July 2012)

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HEALTH CARE COMPLIANCE PLAN

I. MISSION STATEMENT

Lahey Clinic Foundation, Inc. and its affiliates, Lahey Clinic, Inc., Lahey Clinic Hospital, Inc., and Lahey Clinic Affiliated Services, Inc., (collectively, “Lahey”) are committed to conducting themselves in accordance with applicable business and community ethical standards and federal, state, and local laws, rules, and regulations. Lahey recognizes that both deliberate and unintentional misconduct in the health care industry can undermine the efficient functioning of our health care system to the detriment of both our patients and all tax payers. Each of us at Lahey has the responsibility to be knowledgeable about how these laws, rules, and regulations affect our jobs, and to perform our work and job-related responsibilities in a manner that is consistent with law, Lahey compliance policies, and Lahey ethical standards.

By following our own compliance policies and conducting our business with integrity and mutual respect, we not only help to ensure that we comply with the law, we also better serve our patients, our clients, our co-workers, and ourselves.

II. DEFINITIONS

These terms have the following meaning throughout this Health Care Compliance Plan (“Compliance Plan”):

1. “Colleagues” include all Lahey employees and temporary, per diem personnel, volunteers, students and others rendering paid or unpaid services to Lahey, including, but not limited to, Lahey Agents, board members, Medical Staff, residents, interns, fellows, and officers.
2. “Federal health care programs” as defined at 42 U.S.C. § 1320a 7b(f), include any plan or program that provides health benefits to any individual, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government or state health care program, including, but not limited to, Medicare, Medicaid, TRICARE/CHAMPUS, VA, Federal Bureau of Prisons, and Indian Health Services, but excluding the Federal Employees Health Benefit Program.
3. “Health care benefit program” means any public or private plan or contract for the provision of any medical benefit, item, or service to any individual.
4. “Lahey Agents” include all persons and entities that have contracted with Lahey to provide health care related services, equipment or other goods or services.
5. “Should know” as defined under 42 U.S.C. § 1320a 7a(i)(7), in relation to prohibited activity, means that a person, with respect to information, acts with reckless disregard or deliberate ignorance of the truth or falsity of the information.
6. “Upcoding” refers to utilizing a code to bill for a higher level of service or procedure and causing an increase in the payment rate, when the medical record reflects that a lower level of service or procedure was actually provided to the patient.

III. COMPLIANCE PROGRAM

Lahey seeks to develop a program that will promote full compliance with all legal duties applicable to Lahey Colleagues, foster and assure ethical conduct, and provide guidance to Lahey Colleagues for their conduct (“Compliance Program”), and this Health Care Compliance Plan (“Compliance Plan”) is a fundamental component of the Compliance Program. The Compliance Program is also required as a condition of Lahey’s participation in federal health care programs. The Compliance Program is based on the following fundamental components:

- Compliance Plan – This Compliance Plan contains general procedures and standards of conduct for all Lahey Colleagues to follow when conducting Lahey business. This Compliance Plan has been developed in accordance with applicable law and with guidance from state and federal authorities when available, including the Federal Sentencing Guidelines. Through the enforcement of the Compliance Plan, Lahey seeks to prevent accidental and intentional noncompliance with applicable laws, to detect such noncompliance if it occurs, to discipline those involved in noncompliant behavior, to remedy the effects of noncompliance, and to prevent repeat noncompliance.
- Compliance Policies – While the Compliance Plan provides the general framework of the Compliance Program, the regulatory landscape, and our compliance obligations, the individual compliance policies (“Compliance Policies”) provide more specific guidance and set forth procedural rules regarding what Lahey Colleagues should and should not do. For example, the Conflict of Interest Policy specifies when, and to whom, Lahey Colleagues must disclose “Conflicts of Interest” (as defined in the Conflict of Interest Policy). Please refer to Appendix A for a list of the Compliance Policies that are part of the Compliance Program.
- Guiding Principles – The Compliance Plan and Compliance Policies are complemented by Lahey’s Guiding Principles. The Guiding Principles provide specific, basic guidance for Lahey Colleagues as they conduct their daily activities at Lahey. The Guiding Principles stress respect, caring, teamwork, excellence, and commitment to personal best. Please refer to Appendix B for Lahey’s Guiding Principles.

IV. STRUCTURE OF THE COMPLIANCE PROGRAM

Compliance starts at the highest levels of Lahey and, through the organizational structure described below, is embedded in all aspects of Lahey’s business and activities. While each of us plays a significant role in maintaining compliance at Lahey, the committees and individuals described below, through their specific identified compliance responsibilities, lead the compliance effort and form the foundation of our Compliance Program.

A. General Structure

- Audit/Compliance Committee of the Board of Trustees – The Lahey Board of Trustees has established an Audit/Compliance Committee of the Board of

Trustees (“Audit/Compliance Committee”) to oversee Lahey’s compliance with legal and regulatory requirements. The Audit/Compliance Committee meets at least three (3) times per year with Lahey management in order to ensure that the Compliance Program is achieving its goals and meeting its mission. The Board of Trustees, acting through the Audit/Compliance Committee, has the highest level of responsibility for the oversight of the Compliance Program.

- Corporate Compliance Committee – Lahey has established a Corporate Compliance Committee through which senior management provides guidance, supervision, and coordination for compliance efforts at Lahey. Further information on the composition, duties and responsibilities of the Corporate Compliance Committee is outlined in Section IV.B.
- Research Compliance Committee – Lahey’s Research Compliance Committee has primary responsibility for ensuring that Lahey’s research activities are conducted in accordance with the highest standards of research ethics and in compliance with all applicable laws, rules, and regulations.
- Corporate Compliance Officer – Lahey’s Corporate Compliance Officer has primary responsibility for ensuring that Lahey maintains a successful Compliance Program. In particular, the Corporate Compliance Officer oversees the implementation of this Compliance Plan and the Compliance Policies, oversees the conduct of effective training, oversees monitoring and auditing, and helps to resolve compliance issues if and when they arrive. The Corporate Compliance Officer also serves as a bridge between the different groups and individuals with compliance leadership responsibilities. Further information on the duties and responsibilities of the Corporate Compliance Officer is outlined in Section IV.C.
- Compliance Staff – The Corporate Compliance Officer is supported by a team of compliance staff, including the following individuals:
 - o *HIPAA Privacy and Security Officer* – The HIPAA Privacy and Security Officer ensures that Lahey maintains compliance with laws, rules, and regulations designed to protect the privacy of our patients by overseeing the development and implementation of Lahey’s privacy principles, policies, and procedures and by overseeing the investigation of any suspected breach.
 - o *Compliance Coordinators* – Lahey has identified individuals from Lahey North and the Community Groups, Arlington, Wall Street, Lexington and Burlington to serve as Compliance Coordinators. Compliance Coordinators are notified when compliance matters need to be addressed and are responsible for coordinating the operations compliance efforts and implementing solutions.
- “Embedded” Compliance Personnel: Certain identified staff members at Lahey have as part of their job function the responsibility to ensure that business

activities on a day-to-day basis are consistent with law, the Compliance Plan, and our Compliance Policies. For example, supervisors across Lahey are trained to handle compliance issues, and they are great resources for questions or concerns.

B. Corporate Compliance Committee

1. Staff. The staff of the Corporate Compliance Committee includes, but is not limited to:

- a. Chief Executive Officer, who serves as chair;
- b. Corporate Compliance Officer, who may also serve as the Director of Internal Audit;
- c. Associate General Counsel & Compliance Counsel;
- d. President of the Medical Staff;
- e. Chief Medical Officer; and
- f. Chief Administrative Officer/Chief Financial Officer.

2. Meetings. The Corporate Compliance Committee meets at least three times per year.

3. Functions. The Corporate Compliance Committee carries out the following functions:

- a. Analyze Lahey's industry environment, the legal requirements with which it must comply, and specific risk areas;
- b. Assess existing policies and procedures that address these areas for possible incorporation into the Compliance Program;
- c. Work with appropriate Lahey departments to develop standards of conduct and policies and procedures to promote compliance;
- d. Recommend and monitor, in conjunction with the relevant departments, the development of internal systems and controls to carry out Lahey's standards, policies and procedures as part of its daily operations;
- e. Determine the appropriate strategy/approach to promote compliance and detect any potential violations;
- f. Develop a system to solicit, evaluate and respond to complaints and problems;
- g. Include Compliance Coordinators at Corporate Compliance Committee meetings where appropriate; and

- h. Serve as Lahey's conflict of interest committee, reporting to the Audit/Compliance Committee, as set forth in the Conflict of Interest Policy.

C. Corporate Compliance Officer

The Corporate Compliance Officer is a member of senior management with sufficient authority to fulfill the requirements of the position and with direct access to the Board of Trustees.

1. Chair of Committee. The Chief Executive Officer, or in his absence the Corporate Compliance Officer, chairs the Corporate Compliance Committee meetings.

2. Duties of the Corporate Compliance Officer. The Corporate Compliance Officer assumes the managerial and administrative tasks involved in establishing, monitoring, and updating this Compliance Plan. The Corporate Compliance Officer carries out the following functions:

- a. Supervise the implementation of this Compliance Plan;
- b. Notify Lahey Colleagues, and oversee the training and education of all Lahey Colleagues involved in the clinical and billing/coding areas, about applicable compliance standards;
- c. Supervise and evaluate monitoring and auditing procedures;
- d. Implement and oversee a Compliance Message Line, as discussed in Section VII hereof;
- e. Investigate suspected intentional and accidental misconduct;
- f. Establish and maintain open lines of communication with programs and departments, including the billing department, and Lahey Colleagues to ensure the development and implementation of effective and efficient compliance policies and procedures;
- g. Compile existing policies and procedures, coordinate these policies and procedures, and develop new policies and procedures (which will be standardized, except to the extent that specific departmental needs require customized policies and procedures);
- h. Work with Lahey's financial management in mediating internal compliance review and monitoring activities;
- i. Periodically recommend updates and modifications to the Compliance Plan; and

- j. Prepare quarterly compliance reports and an annual report to the Audit/Compliance Committee of Lahey's Board of Trustees describing the general compliance efforts undertaken during the preceding year, identifying any changes necessary to improve the compliance program.

All questions and concerns regarding compliance with the standards set forth in this Compliance Plan must be directed to or brought to the attention of the Corporate Compliance Officer. All Lahey Colleagues must fully cooperate with and assist the Corporate Compliance Officer as required in the exercise of his or her duties. If a Lahey Colleague is uncertain whether specified conduct is prohibited, the Lahey Colleague should follow the Reporting Process or contact the Corporate Compliance Officer for guidance prior to engaging in such conduct.

V. LEGAL STANDARDS

Lahey and Lahey Colleagues must comply with a broad range of laws, regulations, and requirements, including both general laws, regulations, and requirements and laws, regulations, and requirements that apply specifically to Lahey's health care operations. The general laws, regulations, and requirements with which Lahey and Lahey Colleagues must comply include, for example, wire and mail fraud laws, laws regarding obstruction of criminal investigations, conspiracy laws, and various tax laws, environmental laws, and labor and employment laws. Key among these general laws, regulations, and requirements are those that apply to Lahey on account of its status as a charitable organization. As a charitable organization, Lahey must comply with laws, regulations, and requirements on both the federal and state level, including, but not limited to, laws, regulations, and requirements regarding conflicts of interest, reasonable compensation, the provision of uncompensated care, relationships with entities that are not tax exempt, and other laws, regulations, and requirements regarding Lahey's business practices and delivery of services.

As a licensed hospital and physician group practice, Lahey must also comply with numerous laws, regulations, and requirements that apply specifically to Lahey's health care operations, including (i) fraud and abuse laws; (ii) false statement and false claims laws; (iii) personal information privacy and security laws; (iv) Medicare and Medicaid laws and regulations; (v) requirements of the Joint Commission, the Accreditation Council for Continuing Medical Education, and the Accreditation Council for Graduate Medical Education; (vi) requirements to report information to the Massachusetts Board of Registration in Medicine and the National Practitioner Data Bank; (vii) the laws and regulations of the medical assistance and benefit programs administered by the MassHealth agency; and (viii) various other laws, regulations, and requirements.

Through its Compliance Program, Lahey devotes substantial resources to ensure that Lahey and Lahey Colleagues comply with these health care laws, regulations, and requirements. In particular, key areas of focus for the Compliance Program are the fraud and abuse laws, false statement and false claims laws, and personal information privacy and security laws. To provide a better understanding of the Compliance Program standards and procedures, these key areas of focus are described in more detail below in this Section V.

In addition to legal requirements that directly apply to Lahey, Lahey does business with other entities, including pharmaceutical and medical device manufacturers, and these other entities are subject to their own legal requirements which, while not directly applicable to Lahey, create a general legal framework within which Lahey operates.

Lahey Colleagues who violate the laws, regulations, and requirements described in this Section V not only risk individual criminal prosecution and penalties, civil actions for damages and penalties and administrative exclusion, but also subject Lahey to the same risks and penalties. Lahey Colleagues who violate these laws, regulations, and requirements may be subject to disciplinary action up to and including immediate termination of their employment or affiliation with Lahey.

A. Fraud and Abuse Laws

1. Civil and Criminal False Claims (42 U.S.C. § 1320a 7b(a) and M.G.L. ch. 175H, § 2 (commercial insurance), and M.G.L. ch. 118E, § 40 (Medicaid)). Lahey and Lahey Colleagues shall not knowingly and willfully make or cause to be made any false statement or representation of material fact in any claim or application for benefits under any federal health care program or health care benefit program. In addition, Lahey and Lahey Colleagues shall not, with knowledge and fraudulent intent, retain federal health care program or health care benefit program funds, that have not been properly paid.

Examples of prohibited conduct include, but are not limited to: misrepresenting services that were rendered; falsely certifying that services were medically necessary; Upcoding; billing for services not actually rendered; making false statements to governmental agencies about Lahey's compliance with any state or federal rules; making false statements concerning the condition or operation of Lahey's programs for which licensure/certification is required; billing federal health care programs rates in excess of applicable federal health care program established rates; repeatedly violating the terms of a participating physician agreement; and failing to refund overpayments made by a federal health care program.

2. Anti Kickback Laws (42 U.S.C. § 1320a 7b(b), M.G.L. ch. 118E, § 41 and M.G.L. ch. 175H § 3 (commercial insurance)). Lahey and Lahey Colleagues shall not knowingly and willfully solicit, offer to pay, pay, or receive, any remuneration, either directly or indirectly, overtly or covertly, in cash or in kind, in return for:

- a. Referring an individual to a person for the furnishing, or arranging for the furnishing, of any item or service for which payment may be made, in whole or in part, under any federal health care program; or
- b. Purchasing, leasing, ordering, or arranging for, or recommending the purchasing, leasing, or ordering of any good, facility, service or item for which payment may be made in whole or in part, under any federal health care program.

Remuneration may include not only kickback payments and bribes, but also rebates, refunds, educational grants and other benefits to consumers. Certain legally permitted practices,

such as group purchasing agreements and price reductions to health plans, among others, are excluded from this prohibition.

3. Civil Monetary Penalties Act (42 U.S.C. § 1320a 7a). Lahey and Lahey Colleagues shall not knowingly present a claim to any federal health care program or health care benefit program for an item or service the person knows or should have known, was not provided, was fraudulent, or was not medically necessary. No claim for an item or service shall be submitted that is based on a code that the person knows or should know will result in greater payment than the code the person knows or should know is applicable to the item or service actually provided.

Lahey and Lahey Colleagues shall not offer to transfer, or transfer, any remuneration to a beneficiary under a federal or state health care program, that the person knows or should know is likely to influence the beneficiary to order or receive any item or service from a particular provider, practitioner, or supplier, for which payment may be made, in whole or in part, under a federal health care program. Remuneration includes the waiver of coinsurance and deductible amounts except as otherwise permitted, and transfers of items or services for free or for less than fair market value.

4. Ethics in Patient Referrals Act (42 U.S.C. § 1395nn) (“Stark”). Generally, Stark prohibits physicians who have an ownership or compensation relationship with an entity that provides “designated health services” from referring a patient in need of those services for which payment may be made under Medicare or Medicaid to such entities unless that ownership or compensation relationship is specifically permitted under the Stark safe harbors. Designated health services include clinical laboratory services, physical therapy services, occupational therapy services, radiology services, radiation therapy services and supplies, durable medical equipment and supplies, parenteral and enteral nutrients, equipment and supplies, prosthetics, orthotics, and prosthetic devices and supplies, home health services, outpatient prescription drugs, inpatient and outpatient hospital services, and outpatient speech-language pathology services. Lahey makes every effort to ensure that its referral relationships meet the Stark safe harbors.

5. Health Care Fraud (18 U.S.C. § 1347). Lahey and Lahey Colleagues shall not knowingly or willfully execute, or attempt to execute, a scheme or artifice to:

- a. defraud any health care benefit program; or
- b. obtain, by means of false or fraudulent pretense, representation, or promise, any of the money or property owned by or under the custody or control of any health care benefit program, in connection with the delivery of, or payment for, health care benefits, items, or services.

B. False Statement and False Claims Laws

1. Criminal False Statements Related to Health Care Matters (18 U.S.C. § 1035). Lahey and Lahey Colleagues shall not knowingly and willfully make or use any false, fictitious, or fraudulent statements, representations, writings or documents, regarding a material fact in connection with the delivery of, or payment for, health care benefits, items or services. Lahey

and Lahey Colleagues shall not knowingly and willfully falsify, conceal or cover up a material fact by any trick, scheme or device.

2. Civil False Claims Act (31 U.S.C. § 3729(a) and M.G.L. ch. 118E, § 40). Lahey and Lahey Colleagues shall not:

- a. Knowingly file a false or fraudulent claim for payment to a governmental agency or health care benefit program;
- b. Knowingly use a false record or statement to obtain payment on a false or fraudulent claim from a governmental agency or health care benefit program; or
- c. Conspire to defraud a governmental agency or health care benefit program by attempting to have a false or fraudulent claim paid.

Examples of false or fraudulent claims include, but are not limited to, double billing, Upcoding, unbundling, submitting or processing claims for items or services not provided, submitting or processing claims for items or services not medically necessary, and billing for non covered services.

3. Criminal False Claims Act (18 U.S.C. §§ 286, 287). Lahey and Lahey Colleagues shall not knowingly make any false, fraudulent or fictitious claim against a governmental agency or health care benefit program. Conspiring to defraud a governmental agency or health care benefit program is also prohibited.

C. Personal Information Privacy and Security Laws

1. Health Insurance Portability and Accountability Act (“HIPAA”) (42 U.S.C. § 1320d). HIPAA imposes standards for protecting the privacy and security of individuals’ health information (as defined under the HIPAA regulations and called “protected health information” or “PHI”). Lahey has an obligation to maintain the privacy and security of PHI, including adhering to rules governing the permitted uses and disclosures of PHI, such as the requirement that the information disclosed is limited to the “minimum necessary” to accomplish the intended purpose.

2. Health Information Technology for Economic and Clinical Health Act (“HITECH”). HITECH amended HIPAA by, among other ways, imposing new minimum necessary requirements for payment and health care operations purposes. HITECH prohibits the selling of PHI without patient authorization, except to charge patients for copies of their PHI and to recoup the costs of preparing and transmitting PHI for research purposes. HITECH also created new notification obligations when a breach of “unsecured PHI” occurs.

3. Red Flags Rule. The Red Flags Rule requires Lahey to adopt programs to identify, detect, and mitigate identity theft in connection with identified “covered accounts.” Lahey must establish identity theft “red flags,” and Colleagues must follow designated procedures in the event they detect a red flag.

4. Massachusetts Data Breach Law. The Massachusetts data breach law and implementing regulations (M.G.L. ch. 93H § 3 and 201 CMR 17.002) require Lahey, as an entity that owns, licenses, stores, and/or maintains data that includes “Personal Information” (as defined in the Identity Theft Prevention and Security Breach Notification Policy), to report certain breaches and unauthorized acquisition or use of such data to the individual and/or specified Massachusetts government officials.

5. Emergency Medical Treatment and Active Labor Act. The Emergency Medical Treatment and Active Labor Act (EMTALA) (42 U.S.C. § 1395dd) essentially declares that every individual has the right to emergency medical care regardless of the individual’s ability to pay for that care. The law, sometimes referred to as the Patient Anti-Dumping Law, was intended to prevent hospitals from denying care to individuals, or from transferring a patient, possibly at serious risk, to another hospital without providing a medical screening exam and any necessary treatment to stabilize the patient before transfer.

VI. COMPLIANCE STANDARDS AND PROCEDURES

This Section VI sets forth the Compliance Program’s key standards and procedures. These key standards and procedures are derived from the general and health care specific laws, regulations, and requirements discussed in Section V, and Lahey has implemented these key standards and procedures to ensure that Lahey and Lahey Colleagues comply with the laws, regulations, and requirements discussed in Section V.

A. The Work Environment

Lahey’s Mission Statement, Guiding Principles (Appendix B), Articles of Organization, Bylaws, Rules and Regulations, and policies and procedures (collectively, “Governance Documents”) are the foundation upon which the organization functions and are the standards of the institution and its Colleagues.

Lahey Colleagues are responsible for understanding Lahey’s Governance Documents that govern their legal and ethical conduct at Lahey. Colleagues are expected to apply those principles in their daily worklife at Lahey. The commitment of each individual to building a positive work environment will determine Lahey’s ability to maintain the type of culture that supports high quality patient care, patient satisfaction, the achievement of Lahey’s overall goals, and that supports a fulfilling professional life for all Lahey Colleagues.

Lahey has specific policies and procedures that support a positive work environment and comply with legal requirements. For example, the Equal Employment Opportunity Policy and the Sexual Harassment Policy assure fair treatment in an environment free of discrimination, abuse, or harassment. Other policies, such as the Drug Free Workplace/Substance Abuse Policy, assure the proper environment for the highest level of care of all patients and a business environment free from impairment caused by drug or alcohol abuse. Violations of Lahey policies are serious situations that will be investigated by Lahey and resolved to the satisfaction of the law and to the best of Lahey’s ability with the goal of maintaining its Guiding Principles.

B. Ethical Conduct

Lahey expects that all Lahey Colleagues will carry out patient care, and will conduct Lahey business, with fairness, honesty and integrity, which means that each individual's behavior is characterized by truthfulness, the absence of deception or fraud, and respect for the laws applicable to Lahey's business and industry. Even in cases where interpretation of the law could be ambiguous, permissive or lenient, Lahey and Lahey Colleagues will always choose the course of honesty and integrity.

In Lahey's fast paced environment, it is important that results are achieved. Just as important, however, is how those results are achieved, whether in the area of patient care, records and bookkeeping, budget proposals, economic evaluation of projects or any other aspect of our business. Lahey is committed to the right way – the ethical way – of conducting our business.

C. Conflicts of Interest

In any organization, the potential for conflicts of interest exists for decision makers at all levels. Lahey's Conflict of Interest Policy provides that all Lahey Colleagues shall disclose any actual or potential "Conflicts of Interest" (as defined in the Conflict of Interest Policy) so that appropriate action can be taken to ensure that the Conflict of Interest does not affect, or appear to affect, patient safety or quality of care, treatment, research, or payment for services or unduly influence, or appear to influence, important Lahey decisions. Please see the Conflict of Interest Policy for more information on Lahey's disclosure requirements for Conflicts of Interest.

D. Personal Gifts

In order to comply with applicable laws and to avoid the appearance or occasion of Conflicts of Interest, the Policy Governing Solicitation and Acceptance of Gifts, Grants, Contributions and Donations ("Gift Policy") prohibits Lahey Colleagues from accepting "personal gifts" (e.g., entertainment and recreational items, complimentary items, food and refreshments, and other payments) from "vendors." As described further in the Gift Policy, gifts from patients may be accepted only if the gifts are of nominal value (i.e., less than a \$100 value) and are not cash or cash equivalents. For example, Lahey Colleagues may not accept gift cards from patients, regardless of value. Please see the Vendor Interactions Policy and Gift Policy for more information on accepting personal gifts.

In no case should Lahey Colleagues offer to give any gift or any consideration of value that may appear to be intended to influence the objective judgment of anyone outside of Lahey.

E. Consulting Services

Lahey Colleagues may provide professional services to outside entities or individuals and receive compensation for these professional services. These professional services may include giving talks or lectures or serving as an expert witness in a legal matter that is in no way related to Lahey. When providing these professional services, Lahey Colleagues must comply with the requirements of the Consulting Policy.

F. Confidential Information

All Lahey Colleagues must safeguard Lahey's confidential information and trade secrets. To safeguard means (i) to refuse improper access to the confidential information and trade secrets of the organization to anyone outside the organization, including Lahey competitors; (ii) to refuse to share confidential information with others inside Lahey who do not have a specific "need to know" in order to do their jobs; and (iii) to exercise care in all conversations about confidential information that may be overheard by people inside or outside Lahey.

"Confidential information" includes proprietary, medical, and personal information concerning the medical, personal, or business operations and affairs of Lahey, its patients and employees, and any other information that is not generally disclosed to the public.

1. Patient Information

Many Lahey Colleagues can and do access patient information as part of their job responsibilities. However, it is unethical and illegal for Lahey Colleagues to reveal personal information, including but not limited to, names, addresses, ages, birth dates, medical information or appointment schedule and history, about any patient, including co workers, friends or relatives who become patients. **It is unethical and illegal to access or release such information unless required by the individual's job responsibilities or with appropriate authorization.**

Lahey firmly supports the rights of its patients to confidentiality. Lahey's policies and procedures provide the framework by which the information collected about its patients during and after their encounters at Lahey is kept secure and confidential. Lahey patient records must be kept confidential in accordance with Lahey policies and all applicable laws and regulations.

2. Confidential Business Information

Lahey's leaders, administrators, trustees and board members frequently know about Lahey's business plans before that information is shared with the public. It is improper and unethical for that information to be shared with friends, relatives or any other party before the information becomes public.

3. Release of Information to the News Media

Lahey Colleagues are not authorized to communicate with the news media unless it is designated as a part of their job responsibility or unless they are requested to do so by the Communications & Marketing. Requests from the news media for patient information or any other type of information must be referred to the Public Affairs Department.

G. Billing, Claims and Records

1. Documentation

All services rendered must have substantiating medical documentation. If the appropriate documentation is not provided, the service is not considered rendered.

Medical records may not be erased or altered. Medical records may be amended to correct an error or to complete documentation, but only in accordance with established medical records procedures.

Clinical, administrative or clerical Colleagues involved in the preparation and/or submission of charge or billing data must be fully aware of all applicable coding and documentation practices, consistent with the requirements of their particular job. Lahey Colleagues who suspect that inaccurate billing or documentation is occurring should immediately follow the reporting process (“Reporting Process”) outlined in Section VII or contact the Corporate Compliance Officer.

2. Billing and Claims

Lahey bills only for services actually rendered. Services rendered must be thoroughly documented and appropriately coded; billing must comply with the requirements of state and federal laws and guidelines and conform to all payor contracts and agreements.

3. Records

Federal law requires Lahey to assure that its books and records are accurate. It is against Lahey policy for any person knowingly to cause Lahey books and records to describe the true nature of a business or clinical transaction inaccurately.

The following activities also are unethical and against Lahey policy:

- Making records appear as though payments were made to one person when they were made to another;
- Submitting expense accounts that do not accurately reflect expenses;
- Creating any other records that do not accurately reflect the true nature of the transaction;
- Making false entries in Lahey books and records, or in any public record, for any reason;
- Altering in any way permanent entries in Lahey records; or
- Knowing that others are falsifying books and records and not reporting it.

4. Payments/Receipts

Lahey Colleagues may not receive or make any payments on behalf of Lahey without fully understanding their purpose. The purpose must be the same as described in the documents supporting the transaction.

5. Records Retention

Billing data must be retained for periods provided by law and by approved Lahey policies. Lahey Colleagues may not destroy or dispose of Lahey records or files without permission. Laws and regulations provide time requirements for records retention, particularly when the records involve tax, personnel, health and safety, environmental, contract and corporate issues. It is also important to keep all records that are or may be involved in any government investigation, audits or legal action. Destroying such records before the matter is closed, or destroying records so that they may not be used in legal proceedings, is illegal.

H. Use of Lahey Funds/Assets

Lahey assets are the sole property of Lahey for the benefit of its patients and the organization. Lahey assets may not be used by Lahey Colleagues or other Lahey representatives for personal gain.

It is important to realize that assets include much more than equipment, inventory, funds and office supplies. Lahey assets also include:

- Medical records;
- Educational materials;
- Research activities, data and results;
- Business strategies and plans;
- Financial data;
- Intellectual property rights; and
- The Lahey name and other information about Lahey activities.

I. Dealing With Suppliers/Referring Providers

Lahey Colleagues who work with businesses or providers that supply Lahey with referrals, products or services, may face situations that test their integrity. Because relationships with suppliers and referring providers can pose a variety of ethical or even legal problems, the following additional guidelines may help explain the boundaries of ethical conduct.

- Kickbacks and Rebates – These perquisites can take many forms and are not limited to cash payments or credits. Any time a Lahey Colleague or a member of his or her family is offered something of value as a result of Lahey’s purchasing any product or service or as a result of Lahey’s consideration of such purchase, the Lahey Colleague should question both the ethics and legality of the offer. In general, if a Lahey Colleague stands to gain personally from a Lahey business transaction, that transaction is prohibited, and in many cases, may be illegal.
- Reciprocity – In some instances, Lahey may purchase goods and services from a supplier who also buys goods and services from Lahey. Any form of pressure for

reciprocal business from a supplier is not ethical and may be illegal. Lahey Colleagues should never ask a supplier to buy services from Lahey in return for the opportunity to do business with Lahey.

- Gifts or Gratuities – Lahey Colleagues are generally prohibited from accepting gifts from organizations that do business or may want to do business with Lahey. The Vendor Interactions Policy sets forth limited exceptions that apply to the prohibition on accepting gifts from organizations that do business or may want to do business with Lahey.
- Entertainment by Businesses – Lahey Colleagues may not accept entertainment from organizations that do business or may want to do business with Lahey. Accepting such entertainment is prohibited regardless of the expense of the entertainment or whether the entertainment helps to strengthen a business relationship.
- Payments to Agents, Representatives and Consultants – Any agreement with agents, sales representatives or outside consultants must be reasonable in amount, in comparison to the value of the service provided, as well as to trade practices.
- Payments to Government Employees – It is illegal to offer any government official or employee a payment of money, gifts, services, entertainment or anything else of value.
- Other Improper Payments – The use of Lahey funds or assets for any unlawful or unethical purpose is prohibited. It does not matter if Lahey Colleagues make the payment directly, indirectly, or by a third party agent on behalf of Lahey. Such payments are prohibited.

J. Political Contributions and Activities

While Lahey encourages all Lahey Colleagues to exercise their civic duty through voting or being active in politics, any such activity must be undertaken in the Colleague's individual capacity and not as a representative of, or otherwise acting on behalf of, Lahey. Contributions to a political candidate, candidate committee, national party committee, or any other political committee are regulated, on the federal level, by the Federal Election Campaign Act, as amended by the Bipartisan Campaign Reform Act of 2002. Federal campaign finance laws require candidate committees, party committees and political action committees ("PACs") to file periodic reports disclosing the money they raise and spend. Candidates must disclose all PACs and party committees that contribute to them, and they must identify individuals who give them more than \$200 in an election cycle. They must also identify expenditures exceeding \$200 in an election cycle to any individual or vendor. Federal campaign finance laws impose limits on contributions by individuals and groups to candidates, party committees and PACs and prohibit contributions and expenditures by certain individuals and organizations. In addition, with respect to federal elections, individuals are subject to strict dollar limits on contributions to candidates, candidate committees, party committees, and other political committees.

As an organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code, Lahey is prohibited from intervening in (including publishing or distributing statements) any political campaign for a candidate for public office. Thus, Lahey is prohibited from reimbursing individuals for expenses related to political campaigns and contributions. In addition, it is against Lahey policy, and may be illegal, for Lahey Colleagues to do any of the following:

- Include political contributions on expense reports or any other account that causes Lahey to pay the expense;
- Include the cost of fund raising tickets or dinners for political functions on an expense account even if Lahey business is discussed;
- Use Lahey property, facilities or personnel time for any type of political activity;
- Allow any candidate to use any Lahey facility for political campaigning or the solicitation of contributions, or loan any Lahey property to someone involved in a political campaign; or
- Use Lahey's e mail service to communicate personal opinions to elected representatives, government agencies, the media or other external organizations. Personal opinions might be construed as official Lahey policy, since the e mail address includes the Lahey name and is visible to those receiving the e mail.

In order to assure that Lahey Colleagues do not feel pressure to make contributions at the request of other Lahey Colleagues, no Lahey Colleague is to request political contributions from another Lahey Colleague.

Lahey Colleagues should consult the Legal Services Department before agreeing to do anything within the political process that could involve Lahey at the federal, state or local level, or in any foreign country.

K. Research Activities

Participation of Lahey's faculty, post-doctoral fellows, graduate and undergraduate students and support staff in biomedical research programs is a vital part of academic life at Lahey. An active research agenda stimulates the professional growth of Lahey Colleagues and ensures that Lahey's patients are provided medical care which appropriately incorporates the latest advances in medical technology. The Office of Research Administration ("ORA") provides support to investigators in obtaining sponsored research funding and manages sponsored research activity once an award has been secured. The ORA has primary responsibility for assuring Lahey compliance with the regulations of funding agencies; the requirements of the National Institutes of Health Office For Human Research Protections ("OHRP"), the U.S. Department of Agriculture, and the U.S. Department of Health and Human Services; regulations on animal experimentation; and existing federal, state and local laws. Lahey is deeply concerned with safeguarding the rights and welfare of all human beings who participate as subjects in research projects involving human subjects or human material. The ORA is committed to providing investigators with the information and training necessary to

ensure their awareness of the ethical and legal obligations that are assumed when research projects involving human subjects are undertaken. Lahey has established an Institutional Review Board (“IRB”), in collaboration with OHRP which has primary responsibility for protecting the welfare and rights of Lahey’s research subjects. The IRB reviews, and has the authority to approve, require modification of, or disapprove all research activities, including proposed changes in previously approved human subject research.

L. E mail, Voicemail and the Internet

E mail, voicemail and the Internet are available for use by Lahey Colleagues primarily for Lahey business and in accordance with Lahey policies, including Lahey’s E Mail Communication Policy. All e mail and voicemail messages or other communications sent internally and externally using Lahey computers or communications systems are the property of Lahey. Therefore, Lahey Colleagues should not expect that any message transmitted using these systems is private. E mail, voicemail and Internet messages can be accessed and reviewed by authorized Lahey management.

Lahey’s e mail and voicemail systems are to be used to transmit routine business information to assist colleagues in performing their day to day functions. Although Lahey recognizes the value of the exchange of information available through timesaving technologies, it is the responsibility of each Lahey Colleague to use these tools in a manner consistent with ethical business practices. Lahey Colleagues using e mail should be aware that e mail messages are considered documents and as such could be subject to discovery in any litigation involving Lahey.

M. Safety, Health and the Environment

Lahey is committed to providing a safe and healthy workplace for Lahey Colleagues, patients, and visitors. Lahey is also concerned about protecting the environment and minimizing the impact of its operations on the land, air and water.

Lahey Colleagues have a responsibility to follow safe operating procedures, to safeguard their health as well as that of their co workers, and to maintain and use pollution control systems.

Federal, state and local government agencies have laws and regulations affecting safety, health and environmental protection. Lahey’s policy is to comply with the laws and regulations of these agencies. All Lahey Colleagues are expected to notify immediately the Corporate Compliance Officer, Legal Services Department or Risk Management Department of any pending or threatened governmental audits or inspections, and to cooperate with such activities. Lahey Colleagues are also expected to report to their supervisor or manager any conditions they see as unsafe or hazardous.

Health care settings produce a variety of environmental wastes that are subject to regulatory and accreditation standards. Lahey is committed to practicing safe and responsible techniques for handling and disposing of these wastes in compliance with all applicable laws and regulations.

VII. REPORTING PROCESS

Despite best efforts of each of us to comply with the Compliance Plan, Compliance Policies, and applicable laws, inevitably there will be questions about the propriety of a particular behavior or practice. Each of us has a duty to notify Lahey of any actual, apparent, or potential compliance violations.

It is important to note that, as further described below, any good-faith report of a suspected compliance violation may be made without fear of retaliation. Reports may be made anonymously, and anyone making such a report is assured that he or she will be treated with appropriate confidentiality. Reports will be shared only on a need-to-know basis.

A. Reporting Process

Lahey Colleagues are expected, and required, to report any suspected violations of this Compliance Plan or the Compliance Policies. The following steps may help individuals determine the best course of action to take in making this report.

1. Discuss the situation with a supervisor or manager. If not comfortable discussing concerns with a supervisor or manager, go to the next step.
2. Discuss the situation with a higher level manager. If not comfortable with this step, go to the next step.
3. Discuss the situation with a senior administrative or physician leader. If not comfortable with this step, go to the next step.
4. Discuss the situation with the Corporate Compliance Officer, or with a member of the Corporate Compliance Committee, Human Resources, or Legal Services Department.
5. Individuals not comfortable using any of these reporting mechanisms may, at any time, call the Lahey Clinic Compliance Message Line at 781-744-2222, or send an e mail message to compliance@lahey.org.

B. Compliance Message Line/E mail

The Compliance Message Line and e mail serve as reporting options for Lahey Colleagues with information about suspected misconduct or questions about compliance standards and legal duties. The Director of Internal Audit/Corporate Compliance Officer will answer the Message Line. The Corporate Compliance Officer will investigate or direct an appropriate person or persons within Lahey to investigate reports of suspected misconduct received through the Message Line and e mail. The Corporate Compliance Officer will refer legal issues to the Associate General Counsel & Compliance Counsel.

Any Lahey Colleague who makes an intentionally false statement or otherwise intentionally misuses the Compliance Message Line or e mail may be subject to discipline, up to and including termination of employment or contractual status.

C. Investigation of Suspected Non Compliance

The Corporate Compliance Officer, in consultation with the Associate General Counsel & Compliance Counsel, will conduct an investigation of any conduct that may be inconsistent with this Compliance Plan, the Compliance Policies, or departmental compliance policies. After review and investigation, the Corporate Compliance Officer in conjunction with the Associate General Counsel & Compliance Counsel shall recommend appropriate action. Lahey Colleagues will cooperate fully with any compliance investigations undertaken by the Corporate Compliance Officer or his/her designees.

D. Processing of Disclosures and Reports

The Corporate Compliance Officer has established a mechanism for receiving disclosures and reports from Lahey Colleagues who have information regarding suspected misconduct, and is responsible for investigating reports of suspected misconduct and referring such reports raising potential legal issues to the Associate General Counsel & Compliance Counsel. Records of suspected misconduct and any subsequent investigation will be confidentially retained by the Corporate Compliance Officer for at least five years to the maximum extent possible.

E. No Retaliation

No Lahey Colleague who in good faith reports suspected misconduct or cooperates in the investigation of such reports will be retaliated against by Lahey or any Lahey Colleague. The Corporate Compliance Officer may review personnel records and information periodically to ensure that those who report suspected misconduct are not subject to retaliation or other improper conduct. In addition, the Corporate Compliance Officer has the authority to keep confidential the names of Lahey Colleagues who report information.

Federal and state laws contain protections for “whistleblowers” who alert the appropriate governmental authority of a violation of the false claims laws (as described in Section V.B). Under these laws, any person with actual knowledge of an allegedly false claim, including employees, agents, and contractors, may, under certain conditions, become a whistleblower under these statutes and is free to notify the appropriate state or federal governmental authorities if he/she does not believe that Lahey is responding appropriately when notified about potential violations. Lahey is prohibited from taking adverse or retaliatory action against a whistleblower who in good faith notifies the appropriate governmental authority of an alleged violation. Whistleblowers may also be entitled to relief, including employment reinstatement, back pay, and other compensation arising from retaliatory conduct against him or her.

Any Lahey Colleague who feels that he or she is being retaliated against, demoted, suspended, threatened, or harassed by Lahey for reporting a suspected violation should contact the Corporate Compliance Officer immediately, and any Lahey Colleague who commits or condones any form of retaliation will be sanctioned. However, any Lahey Colleague who intentionally and maliciously misuses the reporting system to make false allegations against any person will be subject to disciplinary actions. This reporting system and these protections are another key component of the Compliance Program.

If a Lahey Colleague reports a concern regarding his or her own inappropriate or inadequate actions, reporting those concerns does not exempt him or her from the consequences of those actions. The Corporate Compliance Officer does not have the authority to extend unilaterally any protection or immunity from disciplinary action, prosecution or any other sanction to those Lahey Colleagues who have engaged in misconduct. However, prompt and forthright disclosure of an error by a Lahey Colleague, even if the error constitutes inappropriate or inadequate performance, will be considered a positive, constructive action by the Lahey Colleague.

VIII. PREVENTING INDIVIDUALS INVOLVED IN ILLEGAL ACTIVITIES FROM EXERCISING DISCRETIONARY AUTHORITY

No individual who has engaged in illegal or unethical behavior and/or who has been convicted of health care related crimes will be allowed to occupy positions within Lahey which involve the exercise of discretionary authority.

Any applicant for an employment position with Lahey, and any Lahey Agent, will be required to disclose whether the individual or Lahey Agent has changed his or her name and, in accordance with applicable law, whether he or she has ever been convicted of a crime, including health care related crimes.

In addition, Lahey will reasonably inquire into the status of each prospective Lahey Colleague, including, but not limited to the following:

- conducting background checks of newly hired physicians, nurses, fellows, residents and other Lahey Colleagues who provide services in patients' homes, security personnel, and those who deal with controlled substances; additional background checks will be conducted as the Corporate Compliance Officer deems appropriate; and
- conducting a review of the General Services Administration's List of Parties Excluded from Federal Programs (available at "www.epls.gov") and the HHS/OIG Cumulative Sanction Report (available at "exclusions.oig.hhs.gov").

Lahey will remove any person who is not willing to comply with this Compliance Plan. Lahey will implement procedures to terminate, or terminate its relationship with, Lahey Colleagues who are convicted or excluded from participation in federal or state programs, including immediate removal from direct responsibility or involvement in any federally and state funded health care programs. Lahey will implement procedures to remove from direct responsibility or involvement in any federally or state funded health care programs any Lahey Colleagues with pending criminal charges relating to health care, or proposed exclusion from participation in federally and state funded health care programs.

IX. TRAINING AND EDUCATION PROGRAMS

A. Lahey Colleagues

All Lahey Colleagues at the Manager level and above (“Lahey Managers”) will receive a copy of this Compliance Plan. Lahey Managers shall make the Compliance Plan readily available to all Lahey Colleagues in each Department. The Compliance Plan is posted on Lahey’s Compliance Program web site for those Lahey Colleagues who have not received a hard copy of the Compliance Plan. All Lahey Colleagues are encouraged to review the Compliance Plan in its entirety. All Lahey Colleagues will receive a Compliance Brochure, which describes this Compliance Plan, and other information necessary to ensure compliance with these standards. New Lahey Colleagues will receive a copy of the Compliance Brochure during new Colleague Orientation. Each Lahey Colleague will be required to annually review these compliance standards and complete the online Corporate Compliance Committee training video as part of Mandatory Education program requirements. Revisions to the Compliance Program will be posted on the Compliance Program web site. All Lahey Colleagues are encouraged to ask questions about or comment on the Compliance Program. Lahey Colleagues who have questions or would like to offer comments regarding this Compliance Plan or their obligations should follow the Reporting Process in Section VII or contact any member of the Corporate Compliance Committee.

All current Lahey Colleagues will attend compliance training, which is incorporated into Mandatory Education. All new Lahey Colleagues providing health care services, goods or billing will be required to complete a Compliance Program training at Human Resources orientation.

As necessary, separate training sessions will be conducted at each location where Lahey Colleagues provide services in order to minimize disruption and to permit additional focus on issues that may be specific to each site. The full cooperation of all Lahey Colleagues is expected. Some Lahey Colleagues may receive specialized training as a result of the areas in which they are employed or provide services. This specialized training may focus on complex areas or on areas which the Corporate Compliance Officer has determined pose a high risk of misconduct. The Corporate Compliance Officer may require additional training sessions for some or all Lahey Colleagues as the need arises. All persons in supervisory positions will ensure that each Lahey Colleague reporting to them has attended the training sessions applicable to that person’s duties at Lahey.

Promotion of adherence to the Compliance Program will be an element of each Lahey Colleague’s performance review. Compliance with the Compliance Program and laws and regulations applicable to entities participating in health care programs is a condition of employment or association with Lahey and Lahey will take appropriate disciplinary action as set out in this Compliance Plan.

B. Billing and Coding Issues.

The Director of Professional Coding and the Director of Hospital Information Management will provide specific billing/coding training to Lahey Colleagues as applicable. Other persons involved in training will include those appointed by the appropriate senior administrative and physician leaders.

C. Updating

The Corporate Compliance Officer will ensure that the Compliance Program is updated at regular intervals.

X. MONITORING AND AUDITING SYSTEMS

A. Audits

Lahey's Director of Internal Audit/Compliance will work in cooperation with the Corporate Compliance Officer to fulfill the Compliance Plan's requirements. Audit procedures will be implemented that are designed primarily to determine accuracy and validity of coding and billing submitted to Medicare, Medicaid, other federal and state health care programs and other payers, and to detect any instances of potential misconduct by Lahey Colleagues as quickly as possible. Random samplings of records drawn from a particular department may be conducted on an annual basis by auditors as necessary in coordination with the Corporate Compliance Officer. In addition, special attention will be given to reviewing the reasons given for claim denials, to reviewing significant increases in the use of certain procedure codes, and to analyzing other facts that may suggest inappropriate conduct.

The audit procedure will include at a minimum the following practices:

- sampling protocols;
- reviewing backup records on a random basis to assess reliability of billings to programs;
- contracting with independent organizations, as needed, to review billing processes, policies and practices of Lahey to insure that all third party payers are billed accurately; and
- periodically reviewing the entire claims development and submission process beginning with a patient's registration and ending with the submission of the claim to the government payer or third party payer.

The monitoring process will involve contact with (a) the administrator or billing supervisor who supervises billers and coders; and (b) as appropriate, billers, coders and data entry operators. The Corporate Compliance Officer will conduct an ongoing review of publications, including OIG Special Fraud Alerts, to identify failures to comply with any applicable requirements, examine all applicable statutes and regulations including, without limitation, those pertaining to fraud and abuse, COBRA, medical record coding, Medicare/Medicaid billing, and antitrust.

Any suspected incidents of noncompliance will be reported to the Corporate Compliance Officer and the head of the department where such suspected noncompliance is occurring for review and corrective action. Lahey will repay any overpayments that it discovers.

B. Contracts

All contracts and other arrangements with physicians, laboratories, providers, referral sources and other persons will be entered into using forms approved by the Legal Services Department.

XI. DISCIPLINARY PROCEDURES

Strict compliance with Compliance Program requirements is a condition of continued employment. Failure to comply with the Compliance Program, or the laws and regulations applicable to participants in federally and state funded health care programs, may result in discipline up to and including termination from employment or association with Lahey. Failure of a Lahey Agent to comply with the Compliance Program, or the laws and regulations may result in termination of the agency relationship. The Corporate Compliance Officer or his/her designee will investigate all bona fide claims of suspected misconduct. When Lahey concludes that an employee has engaged in any misconduct covered by the Compliance Program, the employee will be subject to appropriate disciplinary procedures. Enforcement and discipline will be in the sole discretion of Lahey and may include:

- discipline of individuals who fail to report known non compliant conduct; and
- discipline of those persons involved in the non compliant conduct.

Appropriate disciplinary measures will be taken on a case by case basis. In addition to taking any appropriate disciplinary or other action against the party engaged in the misconduct, Lahey may take other corrective action, including, but not limited to:

- re-training Lahey Colleagues;
- modification of the charges, coding and billing system where necessary;
- adjustment to policies and procedures;
- reporting the problem to authorities; and
- restitution.

XII. GOVERNMENT INVESTIGATIONS AND OTHER LEGAL MATTERS

Lahey is committed to full compliance with all state and federal laws and will cooperate with all reasonable requests made by government investigators. Lahey also seeks, however, to address any problems before the need for government investigation or other legal action arises, and to protect the legal rights of Lahey and its Colleagues. Lahey has designated certain Lahey employees who have authority to receive subpoenas or other legal documents or inquiries regarding Lahey business. All other Lahey Colleagues who are asked to receive such subpoenas or other legal documents must refer the individual who makes such requests to Risk Management.

Lahey Colleagues are encouraged to bring to the attention of their supervisors or the Corporate Compliance Officer any concerns about Lahey's compliance with federal and state laws, knowing that they will not face any retaliation for their reporting of those concerns.

Contact:	Corporate Compliance Officer
Cross Reference:	Conflict of Interest Policy Consulting Policy Identity Theft Prevention and Security Breach Notification Policy Policy Governing Solicitation and Acceptance of Gifts, Grants, Contributions and Donations Vendor Interactions Policy
Origination Date:	1999
Reviewed/Revised:	1999, 2002, 2010, 2012
Approved by	Corporate Compliance Committee Audit/Compliance Committee of the Board of Trustees

APPENDIX A
COMPLIANCE POLICIES

The following policies are part of the Lahey Compliance Program:

- Conflict of Interest Policy
- Consulting Policy
- Identity Theft Prevention and Security Breach Notification Policy
- Policy Governing Solicitation and Acceptance of Gifts, Grants, Contributions and Donations
- Vendor Interactions Policy

APPENDIX B
GUIDING PRINCIPLES

See attached document.



GUIDING PRINCIPLES AT WORK

	Respect	Caring	Teamwork	Excellence	Commitment to Personal Best
Patients & Their Families	Greet patients. Make eye contact. Be friendly.	Put patients at ease. Be confident. Be helpful. Remember that in their eyes, you ARE Lahey Clinic.	Coordinate care across departments.	Take responsibility for keeping patients safe.	Show honesty and integrity in all interactions with patients and families.
	Safeguard the confidentiality of patient information.	Anticipate patients' needs. Offer assistance. Ask questions. Listen attentively.	Create processes with the patient experience in mind.	Take initiative and follow through in responding to patients' needs.	Listen attentively to others and show understanding.
	Respect each patient's time. Acknowledge when appointments are running late.	Apologize for delays.	Ensure patient handoffs are complete and address patients' needs.	Offer assistance. Anticipate ways to be helpful.	Be open to feedback and to learning from others.
	Appreciate patients' perspectives. Keep in mind why they are here.	Extend a few words of concern, if appropriate.	Work together to exceed expectations.	If you're not able to help, find someone who can.	Be willing to accept constructive suggestions.
	Value cultural differences.	Strive for a positive patient experience.	Work with your colleagues to coordinate patient care.	Engage the patient and family in the care plan.	Commit to deliver Lahey's promise of care: "Treating You Right."
Colleagues	Greet colleagues in a friendly, pleasant manner.	Listen to colleagues and show empathy and understanding.	Offer assistance when a colleague needs help.	Look for opportunities to assist colleagues; anticipate their needs.	Show honesty and integrity in all interactions with colleagues.
	Appreciate that your colleagues may have different perspectives.	Respond in a timely manner to others' needs.	Communicate with your colleagues; bounce ideas off of each other.	Take responsibility for your actions.	Be open to advice and to learning from others. Be willing to both offer and accept constructive feedback.
	Recognize a job well done.	Apologize for delays.	Work together to solve problems.	If you're not able to help, find someone who can.	Commit to ongoing professional development.
	Be on time for scheduled meetings and return phone calls in a timely manner.	Remember to say 'thank you.'	Be motivated by everyone's success, not just your own.	See every situation as a chance to learn something new.	Look for opportunities to coach and mentor others.
	Treat everyone equally.	Treat everyone as you like to be treated. Practice random acts of kindness.	Follow through on your commitments. The team is counting on you.	Focus on results. Follow up. Commit to get the job done promptly and correctly the first time.	Commit to deliver Lahey's promise of care: "Treating You Right."
Community	Respect diversity in the communities we serve.	Be courteous.	Work to promote health and wellness initiatives in the communities that we serve.	Always present yourself in a manner that reflects well on Lahey Clinic as well as yourself.	Speak positively about Lahey Clinic.
	Always be a good citizen.	Participate in community outreach initiatives whenever possible.	Partner with the community to reach common objectives.	Volunteer time and talent whenever possible.	Promote environmental initiatives. Think green.
Referring Physicians and Organizations	Listen attentively and work with referring physicians to schedule patients as quickly as possible.	Work with referring physicians to demonstrate that the relationship is valued.	Treat referring physicians as part of the Lahey team.	Take steps necessary to keep lines of communication open. Ensure immediate response.	After a consult visit, respond in a timely manner to the referring physician with a call or note.

Medicine isn't the only thing we practice.

RESPECT

Recognizing everyone's contribution and value

CARING

Treating others with compassion and empathy

TEAMWORK

Sharing, cooperating and working together for success

EXCELLENCE

Striving to exceed expectations for quality

COMMITMENT TO PERSONAL BEST

Valuing integrity, high performance and pride in one's work

