



Integrity

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# Providence Integrity and Compliance Program Description

**Approved by the Audit and Compliance Committee of  
the Providence Health & Services Board of Directors**

December 7, 2009

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*The Providence Health & Services (Providence) Integrity and Compliance Program (Compliance Program) establishes standards to ensure that health, education and support services are conducted in full compliance with the System's ethical standards as well as the laws and regulations of federal, state and local governments.*

The Providence mission holds that we are accountable for the integrity of our actions and decisions on the job. This mission and our core values provide us with the guidance to make sound, ethical choices, to deliver quality patient care, health insurance and education services, and to meet organizational goals. This commitment to integrity is a vital part of our identity as a Catholic healthcare, health insurance and education ministry.

This document provides a high level summary of the Providence Compliance Program, a system-wide endeavor to foster commitment to ethical principles, core values and compliance with applicable laws and regulations. The Compliance Program encompasses all policies, procedures, education, investigations and other activities and resources used to provide a high degree of assurance that there is compliance with Providence's ethical standards and regulatory requirements. The terms integrity and compliance are both used in this document. Integrity refers to conduct that meets ethical and organizational standards regardless of whether a law requires such conduct. Compliance means acting in accordance with applicable laws, regulations, policies, procedures and other explicit standards. To act with integrity is to engage in conduct that aligns with Providence standards, values and expectations.

We support our workforce in fulfilling its legal, professional, and ethical obligations. This includes compliance with all applicable federal, state, and local laws and regulations, the Providence Code of Conduct, and our governance and management policies and standards. We understand that compliance is complex. It is not always easy to know the right answer or make the best choice. This Program Description and the Compliance Program are intended as guides to help support our commitment to integrity and compliance as an organization. Our Compliance Program applies to (1) all organizations of which Providence is the sole or majority member or shareholder; and (2) to Providence workforce members (employees, volunteers, trainees and other persons under the direct control of a Providence entity, whether or not they are paid by Providence).

Providence supervisors and managers have a special obligation to ensure the success and effectiveness of the Compliance Program. We expect our leaders to set the example and model Providence's core values. Supervisors and managers are expected to create a climate in which all of their team members should feel comfortable in bringing integrity and compliance issues to their attention at any time.

The Compliance Program is coordinated by the Vice President of Integrity, Compliance & Audit Services, who also serves as the Chief Compliance Officer (CCO) for Providence. The CCO is

supported by the staff of the Integrity, Compliance & Audit Services Division (ICAS) and works closely with compliance representatives throughout the organization.

The Compliance Program is monitored on a regular basis and reviewed annually. The Compliance Program and annual work plans are designed to adjust to new regulatory and legal developments, and to implement changes required as a result of audits or investigations. Significant changes to the Compliance Program require communication across Providence and may also require the development and implementation of new policies and procedures.

In consultation with Providence leadership whenever appropriate, the CCO shall propose amendments to this Integrity and Compliance Program Description subject to the approval of the Audit and Compliance Committee of the Board of Directors of Providence Health & Services (hereafter “Audit and Compliance Committee”).

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## Purpose

*Providence promotes an organizational culture that supports ethical conduct and a commitment to compliance with laws and regulations. The Compliance Program incorporates compliance program guidance from the Department of Health and Human Services’ Office of the Inspector General.*

Providence exercises due diligence to prevent and detect criminal conduct, and promotes an organizational culture that encourages ethical conduct and a commitment to compliance with the law. The Compliance Program incorporates guidance from the (i) Department of Health and Human Services Office of the Inspector General (“OIG”); (ii) Federal Sentencing Guidelines for Organizations (revised and amended, 2004); (iii) Medicare Advantage program; and (iv) Medicare Part D program. The Compliance Program is intended to provide added assurance that Providence:

1. Complies in all material respects with federal, state and local laws that are applicable to its operations;
2. Satisfies the conditions of participation in health care programs funded by the state and federal governments and the terms of its contractual arrangements;
3. Detects and deters criminal conduct or other forms of misconduct by Providence workforce members;
4. Promotes self-monitoring and provides for, in appropriate circumstances, voluntary disclosure of violations of law and regulations; and
5. Establishes, monitors and enforces high professional and ethical standards.

# Compliance Program Administration

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*The Compliance Program is managed by the CCO who reports to the Executive Vice President / CFO and the Audit and Compliance Committee.*

The CCO is responsible to:

1. Oversee and monitor Providence's compliance activities.
2. Ensure the effectiveness of the Compliance Program including overall consistency and integration of integrity and compliance activities throughout the organization.
3. Ensure the alignment of the Compliance Program with Providence mission, core values, policies, standards, guidelines and procedures; and applicable federal, state and local laws, standards, and regulations.
4. Periodically report to the Providence Chief Executive Officer (CEO) and the Audit and Compliance Committee on the Compliance Program.
5. Assist in establishing methods to improve Providence's efficiency and quality of services, and to reduce Providence's vulnerability to fraud, waste and abuse.
6. Periodically review the Compliance Program and recommend revisions as necessary to meet changes in the business and regulatory environments.
7. Serve as a knowledgeable resource for organizational and operational matters related to integrity and compliance.
8. Develop and coordinate a system-wide compliance education program that covers a variety of healthcare and other relevant compliance elements, including training on the Code of Conduct and compliance policies and standards that seeks to support Providence workforce members in complying with applicable federal, state and local laws, regulations and standards.
9. Coordinate internal auditing and monitoring of compliance activities within Providence.
10. Receive and investigate reports of possible unethical or illegal conduct or other conduct that violates the Code of Conduct, laws, regulations, policies or standards.

11. Develop policies and support a culture that encourages work force members to report suspected fraud, waste, abuse and other improprieties without fear of retaliation.
12. Coordinate the drafting and updating of the Providence Code of Conduct, compliance policies, standards, guidelines, procedures and other components of the Compliance Program.
13. Make the Integrity and Compliance Program Description available to workforce members.

The CCO will support the implementation of employee compliance committees and other workgroups as necessary to facilitate knowledge of Compliance Program requirements across Providence.

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## Compliance Program Elements

*Providence integrity and compliance policies, standards, guidelines and procedures are statements of organizational values and expectations intended to enable Providence workforce members to support the Providence mission and core values, based on honesty, respect, and trust.*

The Audit and Compliance Committee oversees and approves key Compliance Program policies and work plans developed by the CCO. Working with the General Counsel and others in executive leadership, the CCO is responsible to provide assurance that Providence has a compliance program that includes, but is not limited to, elements of an effective compliance program as recommended in United States Sentencing Commission's Federal Sentencing Guidelines, various compliance guidance publications from the United States Department of Health and Human Services, Office of Inspector General and the Deficit Reduction Act of 2005.

Elements of Providence's Compliance Program include:

1. **Code of Conduct.** The Code of Conduct is periodically updated and disseminated to the Providence workforce, as are other written policies, standards and procedures that further Providence's commitment to integrity and compliance.
2. **Corporate Compliance Officer and Compliance Committee Designations.** Leadership at Providence recognizes that integrity and compliance are driven by involvement and responsibility at the highest organizational levels. Providence's CCO is a high level official within Providence and there are compliance committees from the executive to local level.

3. **Education and Training Program Development and Implementation.** Providence provides general integrity and compliance information to its workforce as well as focused and job-specific education in those functional areas that involve greater compliance risk.
4. **Reporting Compliance Concerns.** We provide a means to receive complaints confidentially and to provide protection from retaliation for all individuals who report concerns through the Providence Integrity Line or other means.
5. **Sanction or Disciplinary Action Enforcement.** We apply appropriate sanctions or disciplinary actions for workforce members who violate compliance policies and standards, applicable laws and regulations including federal health program requirements.
6. **Monitoring.** We perform compliance reviews, audits and risk assessments to identify systemic problems and conduct ongoing compliance monitoring of identified problem areas. Providence exercises due care to ensure that discretionary authority is not delegated to people who have a propensity to engage in or have engaged in illegal acts. System level and local level policies and procedures are implemented to address any conduct inconsistent with federal, state or local law, or with ethical behavior standards.
7. **Investigation and Remediation.** We investigate and resolve identified compliance problems and assure the development and implementation of effective corrective action plans to remediate such problems.

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## Code of Conduct

*The Providence Code of Conduct is an essential component of the Compliance Program. It establishes ethical and compliance expectations for all workforce members.*

The Providence Code of Conduct is distributed to all workforce and Board members and is made available to contractors and vendors either in paper form or by Providence's Internet and intranet connections.

The Providence Code of Conduct is an essential component of the Compliance Program and establishes the expectation that all workforce members and others, when acting on behalf of Providence, will comply with the Code. There is also an expectation that everyone contracting with Providence will adhere to our Code of Conduct.

Providence workforce members are required to:

- Uphold ethical principles in the work place;
- Share responsibility for keeping Providence in compliance with all applicable laws, regulations and policies governing business practices; and
- Understand the obligation to promptly report concerns about improper or inappropriate actions without fear of retaliation.

The Code of Conduct is supplemented by Providence policies, procedures, guidelines and standards directed to particular areas of its operations. Other documents on policies and procedures may also be published at various Providence organizational levels. Healthcare practitioners granted privileges at Providence facilities are governed by their respective medical staff by-laws and must follow them. These by-laws provide a process for resolving ethical and compliance issues related to the practice of medicine at Providence.

## Policies, Procedures & Guidelines

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*Providence is committed to regulatory and ethical compliance in its health care services and supporting operations. The purpose of developing and maintaining a comprehensive set of policies and procedures is to provide standards by which Providence business is conducted in accordance with all appropriate legal, ethical, and industry standards.*

Written policies and procedures govern practices at all Providence entities and are available to workforce members. The procedures include steps to comply with federal and state legal mandates, Providence Board policies, and system-wide integrity and compliance policies.

Listed below are the core Compliance Program policies in effect as of the approval date of this document. Additional policies may be added and names and numbers for individual policies may be changed from time to time as appropriate. In addition, Providence regions, facilities, and service lines may have their own integrity and compliance policies. The policies are listed under the area to which they apply.

### Governance Policies

1. Charity Care/Financial Assistance (PROV-MISS-100)
2. Community Benefit (PROV-MISS-103)
3. Confidentiality (PROV-ICP-716)
4. Conflicts of Interest (PROV-GOV-208)
5. Identity Theft Prevention Policy (PROV-ICP-712)
6. Non-Retaliation and Non-Retribution (PROV-HR-419)

7. System Integrity (PROV-ICP-700)

Management Policies

1. Early Reporting of Significant Compliance, Risk and Regulatory Issues (PROV-ICP-717)
2. Records Retention & Disposal (PROV-ICP-715)

System Integrity

1. Background Checks (PROV-ICP-701)
2. Corrective Actions and Sanctions for Integrity (PROV-ICP-705)
3. Excluded Individual Checks for Employees (PROV-ICP-702)
4. Excluded Individual Checks – Medical Staff (PROV-MED-308)
5. Excluded Individual Checks – Vendors (PROV-ICP-703)
6. Fraud and Abuse Prevention and Detection (PROV-ICP-711)
7. Medical Staff Acknowledgement Statements (PROV-MED-309)

Privacy and Security

1. Acceptable Use of Data and IT Assets (PROV-PSEC-802)
2. Access Controls (PROV-PSEC-804)
3. Corrective Actions for Privacy and Security Violations (PROV-PSEC-811)
4. Device and Media Controls (PROV-PSEC-803)
5. HIPAA–Business Associate Agreement Policy (PROV-PSEC-810)
6. Notice of Privacy Practices Policy (PROV-PSEC-808)
7. Administrative Requirements for Protected Health Information Policy (PROV-PSEC-809)
8. Rights of Individuals with Respect to Protected Health Information Policy (PROV-PSEC-807)
9. Securing Patient Data During Off-Site Patient Care (PROV-PSEC-800)
10. Uses and Disclosures of Protected Health Information Policy (PROV-PSEC-806)

Providence Health Plans

1. CMS Issued Corrective Action/PHP Response (RA07)
2. Contract Interpretation (RA-09)
3. Distributing and Implementing New and Revised Regulations (RA-03)
4. Fraud and Abuse Policy (RA-25)
5. Member Right to Access & Designated Record Set (RA-5.1.2)

System Integrity (a department within ICAS) and Department of Legal Affairs provide supplementary compliance guidance on legal and regulatory compliance through periodic regulatory memoranda and guidelines posted on the Providence intranet site.

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## Integrity & Compliance Personnel

*The CCO, System Integrity, regional compliance offices, facility compliance and privacy coordinators and departmental and service line (e.g., lab, in-home services, other) compliance coordinators are resources responsible for aspects of the Compliance Program.*

The CCO is responsible to develop, assess and administer the Compliance Program and reports to the Executive Vice President / CFO and the Audit and Compliance Committee.

The Audit & Compliance Committee oversees Providence's Compliance Program as included in its charter. The Committee is comprised of independent Board members.

There is a System Compliance Committee that monitors and guides the Compliance Program. Current committee membership includes Providence's chief executive officer, CCO, chief financial officer, chief administrative officer, general counsel and executive vice president of operations.

Providence has also established System Integrity and regional compliance offices with associated compliance committees. These support, advocate, and participate in the implementation of the Compliance Program and associated initiatives across region programs, facilities and affiliated covered entities.

Suggestions from OIG guidance publications (e.g., Compliance Program Guidance for Hospitals, Compliance Program Guidance for Laboratories, Compliance Program Guidance for Nursing Facilities, etc.) have been incorporated into our Compliance Program. This has resulted in numerous service line compliance committees comprised of facility or entity subject matter experts who work with System Integrity to implement and maintain the Compliance Program across service lines. These service line compliance committees develop their own compliance policies which are part of the overall Compliance Program. Presently we have formal service line compliance committees for Providence Health Plans, laboratories and home service operations.

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## Education & Training

*To comply with the Providence Compliance Program, workforce members receive education and training about their responsibilities under our program and about federal, state and local laws, regulations, and guidelines.*

Providence recognizes that ethics and compliance education and training is required to provide its workforce members with the knowledge and skills needed to carry out their responsibilities in compliance with regulatory and policy requirements and in an ethical manner.

Providence provides integrity and compliance training and educational programs to communicate policies, procedures and standards in a practical and understandable manner. These programs exist in a variety of content areas and occur at the system, regional and facility levels.

Initial and continuing education of workforce members is a significant element of an effective compliance program. Integrity and compliance training requirements and delivery is tailored according to a workforce member's responsibilities. Both one-time and continued training and educational programs are provided.

Initial integrity and compliance education in the form of a mandatory orientation is required of new employees. The orientation consists of an overview of the Providence Code of Conduct, a summary of the key elements of Providence's Compliance Program, including the reporting process, significant compliance policies and procedures and a discussion of Providence's commitment to integrity and compliance in its business.

Basic role-based compliance education is provided through an e-learning system and is offered to employees working in long-term care, hospice, nursing, medical records and coding, admitting and registration, radiology, internal medicine, Providence Health Plans and other key areas of Providence.

Additional training is provided to appropriate employees in fraud and abuse laws. Topics include: claim development and submission process; Providence business relationships; Health Plan Fraud, Waste and Abuse program requirements; and relevant Medicare, Medicaid and other federal and state requirements. Compliance training topics may include the following:

- Government and private payer reimbursement guidelines;
- General prohibitions on paying or receiving remuneration to induce referrals;
- Providing health care services with proper authorization;
- Proper documentation of services rendered, and proper alterations to records and files where necessary;
- Patient rights and patient education;
- Compliance with Medicare conditions of participation, Medicare Advantage, Medicare Part D requirements and other Medicare requirements as they become applicable to operations; and
- Duty to report misconduct.

Financial and other administrative management personnel receive training applicable to their role. For finance personnel, education includes submission of cost reports, disposition of credit balances, charity and bad debt policies and requirements, and tax-exempt status. Other

management training may include information relating to prohibited provider relationships such as conflicts of interest, anti-kickback, hospital/physician relationships, joint ventures and antitrust laws.

System Integrity, regional compliance offices, service line compliance committees and departments that support compliance activities deliver compliance education in a variety of ways including in-person and web-based formats and through information in newsletters, forums, presentations and staff meetings.

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## Regulatory Guidance

*Providence will respond appropriately to regulatory guidance, including fraud alerts, issued by various government agencies.*

The OIG, Centers for Medicare and Medicaid Services (CMS) and other government agencies periodically communicate regulatory or other guidance with respect to compliance matters affecting the provision of care/services or billing practices in health care. Pertinent information in the guidance will be disseminated to the regional compliance office or the local ministry, who will distribute the information to appropriate personnel. When such guidance is issued, the regional compliance office or local ministry will work with department or service line compliance coordinators to review local practices and determine whether any action is necessary to achieve compliance. The regional compliance office will collaborate with operations personnel in their respective areas when necessary.

CMS contractors, including fiscal intermediaries and carriers, periodically release bulletins to health care providers. Providence billing offices will monitor these bulletins and implement changes as needed.

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## Reporting Compliance Concerns

*Providence fosters and supports a safe, non-threatening environment where individuals may ask questions about integrity and compliance matters and report their concerns.*

As part of the Providence Commitment to mission and core values, and our culture of excellence, anyone who has a concern about the integrity, compliance or ethics of our organization has an opportunity to report those concerns confidentially and without fear of retaliation. Concerns may be submitted:

- Anonymously (a personal identification number to retrieve information about their report is provided when using the Providence Integrity Line);
- Confidentially (Such requests are honored to the extent allowed by law); or
- Privately (the reporter reveals his/her identity and allows it to be used as needed).

Providence encourages employees to first speak with their manager or supervisor about concerns. If they are uncomfortable or unsure about how to do this, integrity and compliance program staffs at the local, regional and system level are available to help. Employees can also contact staff in other support functions, such as risk management, legal or human resources - whichever is most appropriate.

Providence also provides access to a 24/7 Integrity Line. Anyone may report a concern through this toll-free line which is managed by a third party. Reports may be made anonymously. All concerns are forwarded to integrity and compliance program professionals for investigation and resolution.

Providence employees are protected from retaliation and harassment as a result of having reported a compliance or integrity concern. Concerns about possible retaliation or harassment stemming from a compliance report may be reported to any integrity and compliance office or to human resources.

Centralization of the reporting process enables ICAS to monitor for patterns of non-compliance, compliance risk or other problems. When such patterns appear, further investigation occurs and processes, procedures, policies or controls are implemented as appropriate.

## Sanctions and Disciplinary Actions

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*Providence employees are expected to conduct themselves with integrity. Each of us is responsible for our actions and we are expected to know and understand our responsibilities in following Providence policies, procedures, standards and guidelines.*

Providence employees are required to conduct themselves with integrity, in compliance with all applicable laws, rules, policies, procedures and standards and are responsible for their actions. Workforce members are accountable to take action as described in the Providence Code of Conduct if they knew or should have known of a violation of law, regulation or policy. Providence enforces integrity and compliance policies and standards through appropriate disciplinary mechanisms.

Any Providence employee who violates federal, state, or local laws, regulations or Providence policy, procedure, standard or guideline is subject to disciplinary action in accordance with established policies. This action is determined according to the nature of the compliance or integrity violation, case-specific considerations, and the individual's work performance. Corrective action plans are designed to ensure that specific violations are appropriately addressed and resolved. Supervisors develop and implement a corrective action plan and monitor it as needed to resolve concerns.

In the course of determining appropriate discipline, supervisors may consult with additional Providence resource experts, such as human resources, ICAS, Department of Legal Affairs, risk management, or other areas. Supervisors or other designated individuals provide status reports to the individual responsible for investigating the concern.

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## Record Retention & Documentation

*Providence has established a policy to support the proper retention and disposal of its records consistent with legal and business requirements.*

The Providence records retention policy provides minimum retention periods for records based on legal, business, and risk management considerations. Where statutory and regulatory record retention requirements conflict, records will be retained for the longest period specified in the applicable statute or regulation.

Providence regions may establish local policies, consistent with and built upon the System policy, to define how records are maintained, stored and destroyed.

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## Auditing and Monitoring

*Providence provides audit and monitoring services through ICAS. In addition, self-monitoring occurs on a regular basis in our facilities, entities and across service lines.*

ICAS' audit program supports Providence's operations by performing independent, objective and systematic evaluations of Providence's financial and operational units. This program is responsible for providing independent analyses, recommendations and information concerning risks and operational issues that affect the organization, including the prevention and detection of unethical, non-compliant or illegal operations or behavior.

ICAS' integrity and compliance function provides monitoring of key Compliance Program requirements reporting to Providence leadership.

In addition, service line compliance committees and other functional areas have developed self-monitoring toolkits and processes to assess on-going compliance with applicable laws, rules, regulations and Providence policies, procedures, standards and guidelines. When instances of non-compliance are discovered, they are documented and a corrective action plan is implemented to address the situation.

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## Conflict of Interest Disclosure

*Providence has a conflict of interest policy and procedure designed to meet IRS requirements necessary to gain the presumption of reasonableness for Providence's transactions with persons in a position to exercise substantial influence over the affairs of Providence and who have a direct or indirect financial interest in Providence.*

The Providence conflict of interest policy applies broadly to: Providence board members (governing, service area and community ministry); Providence executives; health care administrators; department heads; school administrators; management-level employees with hiring and/or contracting authority; employed physicians; purchasing agents/buyers; principal researchers; and medical directors.

These individuals are required to complete an annual conflict of interest disclosure. Disclosures that indicate potential or actual conflicts of interest are reviewed and overseen by System Integrity and our region compliance offices working closely with management and the Department of Legal Affairs. Conflict of interest management plans are developed in the regions to address identified conflicts. Significant conflicts of interest, should they arise, are discussed and resolved with the assistance of the Department of Legal Affairs.

## Fraud, Waste, Abuse and False Claims

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*Providence monitors and audits compliance with coding, documentation and billing requirements, to detect errors, inaccuracies and improper payments or claims. Providence will take appropriate actions to correct any billing or claims inaccuracies,*

*and to adjust, repay or collect overpayments by government payers and others as identified through the auditing process.*

The federal False Claims Act (31 USC 3729-33) makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment.

“Knowingly” means that the person or organization:

- Knows the record or claim is false; or
- Seeks payment while ignoring whether or not the record or claim is false; or
- Seeks payment recklessly without caring whether or not the record or claim is false.

Under certain circumstances, an inaccurate Medicare, Medicaid, VA, Federal Employee Health Plan or workers’ compensation claim could become a false claim. Examples of possible false claims include: someone knowingly billing Medicare for services that were not provided; billing as a covered benefit those services which are not covered; or Billing for services that are not medically necessary, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality where the government would not pay. False claims may also include signing certifications that support compliance with state and federal law when such compliance is not supported by actual business practices.

Providence complies with state and federal False Claims Act requirements. We provide information on our expectations and policy to our workforce members and contractors. Providence expects that workforce members and contractors who are involved with creating and filing claims for payment for Providence services will only use true, complete and accurate information. Providence further expects that those who certify compliance with state and federal law will take reasonable steps to ensure that business practices are compliant.

Workforce members and contractors are expected to report any concerns about billing issues, or any other issue they feel is illegal or otherwise inappropriate.

Providence Health Plans (PHP) maintains a comprehensive Fraud, Waste and Abuse (FWA) Policy that addresses critical elements of an effective FWA program. Additionally, PHP maintains a special investigation unit to address specific requirements of Medicare.

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## Governmental Inquiries and Investigations

*Providence commits to cooperating with government inquires and investigations with standard protocols to involve the Department of Legal Affairs and the CCO as appropriate.*

Federal agencies have a variety of investigative tools available to them, including search warrants and subpoenas. Action may also be brought against Providence to exclude it from participating in federally funded healthcare programs if Providence does not grant immediate access to agencies conducting surveys or reviews. Providence policy is to cooperate with and properly respond to all legitimate inquiries and investigations.

Employees who receive a search warrant, subpoena, or other demand or request for investigation, or if approached by a federal agency, should identify the investigator, and immediately notify their supervisor, the regional or system office compliance officer, or the general counsel or other member of the Department of Legal Affairs. Employees should request the government representative to wait until the compliance officer or his or her designee arrives before conducting any interviews or reviewing documents. Providence may provide legal counsel to employees.

Providence's response to any warrant, subpoena, investigation or inquiry must be complete and accurate. No workforce member shall alter or destroy any document or record whether in paper or computer format that is on a legal hold.

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## Conclusion

An effective compliance program fosters a culture of integrity and compliance that begins at the highest levels and extends throughout the organization. This summary description of our Integrity and Compliance Program is a statement of the Providence commitment to excellence in all that we do and to maintaining an effective compliance program. We realize that the legal and regulatory environment in which healthcare operates changes quickly. For this reason, we periodically review, revise, and update our Compliance Program to provide reasonable assurance that it continues to meet the expectations of all our healthcare partners, including federal and state government, regulatory agencies, providers, and the communities we serve.