

NOTICE TO VENDORS

Bon Secours Mercy Health, Inc. (“**BSMH**”) has created a Compliance Program to ensure we comply with all laws and regulations that apply to a tax-exempt, church-based health care provider. This includes laws concerning health and safety, Medicare and Medicaid, fraud and abuse, tax, anti-trust, environmental and labor laws, among others.

We cultivate a culture of compliance from the Board Rooms to front-line care-givers, and we include our credentialed providers and vendors in that commitment. We commit to an effective Compliance Program to sustain that culture. Our program includes education, communications methods to encourage reports of concerns, investigations into concerns, monitoring and auditing for compliance and accuracy, and accountability and corrective action when we detect an error.

Vendors must be aware of, and agree to abide by, the following provisions of our Compliance Program as a continuing condition to do business with us:

Eligibility to Do Business with a BSMH Entity

1. As a Medicare-participating organization, we are prohibited from hiring or doing business with any entity or person who has been:
 - A.** Excluded from participating in federal or state health programs by the Office of Inspector General of the U.S. Department of Health and Human Services;
 - B.** Barred from contracting with the U.S. Government by the General Services Administration; or
 - C.** Listed as a Terrorist Organization or supporting individual by the Office of Foreign Asset Control of the U.S. Department of the Treasury.
2. Vendors must certify their eligibility to do business with a BSMH entity by certifying that neither the organization, nor its owners or principals or any vendor employee (collectively, “**staff**”) who will provide services to the BSMH entity is prohibited from doing business with BSMH under paragraph 1. Vendors agree to abide by the BSMH Exclusion Screening Policy.
3. Eligibility is a continuing condition of any contract with BSMH and vendors must agree to notify BSMH immediately if the government takes adverse action in paragraph 1 against Vendor or any of its staff. Vendor must also notify BSMH if they learn of an investigation that could reasonably result in adverse action in paragraph 1 against Vendor or its staff. BSMH may terminate a contract where the government takes adverse action listed in paragraph 1 against Vendor or its staff.

Business Ethics, Gifts and Gratuities

4. BSMH does business in an open, fair, impartial, and transparent manner and engages in arms-length negotiations with potential vendors. BSMH requires our employed associates, credentialed providers, board members and volunteers to always act in the best interests of BSMH. This includes avoiding conflicts of interest that might jeopardize the impartiality of their judgment and decision-making, as well as avoiding situations that create a reasonable appearance of a conflict of interest or an appearance of favoritism, partiality, personal gain or insider-dealing.
5. BSMH associates may not seek, request or accept any gift, gratuity or other item, regardless of value, that is intended to influence a business decision, or that is offered to them because of their position in a pending business decision. BSMH associates may not accept gifts, gratuities, discounts or other things of value from anyone doing business with, or desiring to do business with, BSMH or any BSMH entity, except in nominal amounts, which they must disclose to their reporting superior.
6. The Compliance Program includes a Compliance Officer (“**CO**”) who can assist or respond to any vendor concern about possible violations of BSMHs policies or applicable laws or regulations. Associates are required, and vendors are encouraged, to report any concerns anytime, 24/7/365, via our online webform at <https://bsmh.cgs.symplr.com/Portal/CreateForm/450009> or by phone at 1-888-302-9224. BSMH policy prohibits retaliation for a report made in good faith.

Required Education on the False Claims Act and Whistleblower Protections for Providers of Medicaid-covered Services

Because BSMH and its entities receive more than Five Million Dollars (\$5,000,000) in annual Medicaid reimbursements, we are required to provide additional education to our employed associates, vendors related to the False Claims Act and whistleblower protections available under those laws. Our vendors are required to ensure that their employees who will provide services to BSMH receive the following educational information also:

BSMH associates work hard to ensure that we create accurate and truthful patient bills and submit accurate claims for payment from any payer, including Medicare and Medicaid, commercial insurance, or our patients. It's the right thing to do, and federal and state laws require accuracy in health care billing.

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. "Knowing" can include deliberate or reckless ignorance of facts that make the claim false.

Examples of possible False Claims include someone knowingly billing Medicare for services that were not provided, 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.

A person who knows a False Claim was filed for payment can file a lawsuit in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government's attention. Penalties for violating the federal False Claims Act can be up to three times the value of the False Claim, plus from \$14,308 to \$28,619 in fines, per claim (in 2025 which may be amended from time to time). Penalties are increased each year to account for inflation. While state law does not permit private suits like the federal False Claims Act for Medicaid fraud, state law does include either civil or criminal penalties against those who attempt to obtain Medicaid payments to which they are not entitled, or who commit Medicaid fraud.

The False Claims Act protects anyone who files a False Claim lawsuit from being fired, demoted, threatened, or harassed by their employer for filing the suit. If a court finds that the employer retaliated, the court can order the employer to re-hire the employee and to pay the employee twice the amount of back pay that is owed, plus interest and attorney's fees. State law provides equivalent protections from retaliation by an employer for employees who report Medicaid fraud to the authorities.

BSMH Compliance Program supports compliance with the False Claims Act by:

- Monitoring and auditing business activities to prevent or detect errors in coding or billing.
- Educating our associates and vendors that they are responsible to report any concern about a possible False Claim at a BSMH facility via our 3-Step Reporting Process.
- Investigating all reported concerns and correcting any billing errors discovered.
- Protecting our associates and vendors from adverse action when they do the right thing and report any genuine concern via the 3-Step Reporting Process. BSMH will investigate any allegation of retaliation against an associate for speaking up.