

SAMPLE

CONFLICTS OF INTEREST

2011 ANNUAL DISCLOSURE QUESTIONNAIRE

Dear Medical Chairpersons, Officers, Executive Directors, Licensed Practitioners and Key Employees:

We require all licensed practitioners, officers, key employees and trustees to disclose annually any potential conflict of interest and update any changes throughout the year in order to comply with existing and new federal and state laws.

Most recently, as part of the new health care legislation, the Physician Payments Sunshine Act will require industry manufacturers to publicly report annual payments greater than \$10 made to physicians and teaching hospitals. The Health System is being proactive in obtaining any necessary information to ensure our public reputation and perception is not implicated by any potential conflict of interest.

You have been identified to complete the Conflict of Interest questions. These questions have been assigned to you based upon your role in the Health System. Please answer each question to the best of your knowledge by **XXX**.

Please complete this form as soon as possible to ensure we comply with the IRS regulation's deadline.

Thank you for your cooperation with this important endeavor.

Very truly yours,

XXXXXXXX

VP, Chief Corporate Compliance Officer

Introduction

The reporting period for this annual disclosure is January 1, 2011 to the present.

Before completing this disclosure, you may find it helpful to review the Health System's Code of Ethical Conduct and the policies on "Conflicts of Interest and Recusal" and "Gifts and Interactions with Industry."

These can be found on the Corporate Compliance webpage. Each term that may require further clarification is underlined in each question and are included in Appendix A. If you answer "YES" to any question, you will need to provide further information.

When you complete your questionnaire, please fax it to the Office of Corporate Compliance at XXX-XXX-XXXX. Our office will manually enter your responses in the application and then send you a PDF copy for your files.

If potential conflicts of interest arise during the year, you will need to revise and resubmit this document as soon as your situation changes. If you have any questions, please do not hesitate to contact the Office of Corporate Compliance at XXX-XXX-XXXX.

Business Relationship with Elected Officials	
1	Do you or a member of your Family have a Family or business relationship with any elected official at the local, state or federal level? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe.
Position to Influence Business Decisions	
2	Are you, a <u>Family Member</u> or a <u>Related Business Interest</u> in a position to influence the business or other decisions of a <u>Health System</u> entity in a manner that could lead, or appear to lead, to the personal financial gain or advantage to you, a Family Member or Related Business Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following: List the name of the Person or Entity involved (e.g., your name, <u>Family Member</u> name, <u>Related Business</u>

Interest name).

List the Health System entity impacted.

List Health System committee in which you participate that may influence decisions regarding the purchase or utilization of products or services for patient care (e.g., P&T Committee). If not applicable, write "Not Applicable".

3 Do you, a Family Member or a Related Business Interest have any Financial Interest in any private (i.e., not publicly-traded) corporation or enterprise with which any Health System entity has done or does business?

Yes No If yes, please complete the following:

Owned By (e.g., employee, Family Member, Related Business Interest).

Name of non-public corporation or enterprise.

Description of Investment (e.g., stock, equity interest, property interest).

Date Acquired.

4 Do you own stock in any publicly-traded healthcare related company (e.g., medical manufacturer, pharmaceutical company, laboratory company)? Please provide this information to help ensure our compliance with a new regulatory requirement.

However, you do NOT have to report any shares in mutual funds or exchange-traded funds. Also, you do NOT have to disclose any stock information of family members.

Yes No If yes, please complete the following:

List name of the Organization.

State the estimated value of the investment (e.g. \$2,00.00)

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Hold a Position with Business Entity

5 Do you, a Family Member or a Related Business Interest hold a position as a director, officer, partner, trustee, employee, agent, a committee member, or consultant to, any individual, corporation, partnership or other business entity that does business with or provides products or services to any Health System entity?

Yes No If yes, please complete the following:

The name of Person or Entity involved (e.g., employee name, Family Member name, Related Business Interest name).

List the name of organization.

List the position held.

Duration of position (e.g., 01/01/2011 - 12/31/2011).

List amount of compensation (e.g., \$2,000.00. If no compensation, state \$00.00).

Business Transaction with Health System

6 Have you, a Family Member, or a Related Business Interest engaged in any business transaction with any Health System entity?

You do **NOT** have to report any compensation, benefits or reimbursement of expenses from the Health System or health care services or goods received as a patient.

Yes No If yes, please complete the following:

List the name of the Person or Entity involved (e.g., employee name, Family Member name, Related Business Interest name).

Description of transaction.

List the Health System entity impacted.

Gifts, Gratuities, and Compensation from Health System Vendors or Malpractice

7 Did you, a Family Member or a Related Business Interest receive any gifts, meals, gratuities, hospitality, or compensation including, but not limited to, consulting fees, honoraria, royalties and other payments for services from any existing or potential Health System vendor(s) or any malpractice law or consulting firm (e.g., consulting, research design, service on advisory or review committees, research, seminars, lectures, expert witness work, or teaching engagements)?

Yes No If yes, please complete the following:

List the name of the Person or Entity Involved (e.g., employee name, Family Member name, Related Business Interest name).

List the Health System vendor.

Describe the service (e.g., consulting, speaking engagement, research, malpractice work).

List the total compensation, gift and/or meal (e.g., \$2,000.00).

Date(s) of service (e.g., 1/1/2011-12/31/2011).

Does it conform with policy 800.04 entitled "Gifts and Interactions with Industry"? For a copy of this document, please refer to the Office of Corporate Compliance Webpage under Policies.

- Yes
- No

Outside Health Care Employment/Committee Memberships/Volunteer Opportunities

8 Are you, a Family Member or a Related Business Interest a member of a governing board, an officer, an employee, an agent of, or have an ownership/financial interest, or receive compensation from any health care provider other than a Health System entity?

Please note that clinicians do not need to list entities where they have staff privileges, but must disclose compensation received from non-Health System healthcare providers or any ownership interest in a non-Health System health care provider. For example, physicians must disclose if they are treating patients

outside their employment with the Health System and receiving any compensation.

Yes No If yes, please complete the following information:

List the name of the Person or Entity involved (e.g., employee name, Family Member name, Related Business Interest name).

Name of non-Health System entity.

Description of employment, service, or ownership interest.

Total Compensation (e.g. \$2,000.00. If no compensation, state \$0.00. If Family Member, type N/A).

Date(s) of service (e.g., 1/1/2011-12/31/2011).

Other Matters

9 Are you involved with any other matter that could be perceived as a Conflict of Interest with the Health System? Yes No If yes, please describe below.

APPENDIX A

HELP DEFINITIONS FOR GENERAL FINANCIAL QUESTIONS

Associated Individuals means all individuals employed by or otherwise associated with the Health System including, but not limited to, trustees, officers, employees, agents, medical staff, volunteers and students.

Conflict of Interest may exist if an Associated Individual is in a position to influence the business or other decisions of the Health System in a manner that could lead, or appear to lead, to the personal gain or advantage of the Associated Individual, his or her Family Members, or a Related Business Interest.

Family Member means husband or wife; natural or adoptive parent, child or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or

sister-in-law; grandparent or grandchild; and any other person if that person resides in the same household as the Associated Individual.

Related Business Interest means any person, organization or business entity may be considered as a Related Business Interest to an Associated Individual if such Individual or any member of his/her Family: (1) is a director, officer, employee, member, partner or trustee of such Related Business Interest; or (2) has a financial interest in such Related Business Interest, which includes any ownership, investment, income or similar right or interest which could benefit the Associated Individual or a Family member.

Financial Interest means a person has directly or indirectly through business, investment, or a Family Member:

-An ownership or investment interest in any entity with which the Health System has a transaction or arrangement; or

-A potential ownership or investment interest in any entity with which the Health System is negotiating a transaction or arrangement.

Business relationships between two persons include the following: One person is employed by, or is transacting business with, another person or with another organization in which the other person is an owner, director, officer or key employee.

Two persons are related to the same business or investment entity as directors, officers or greater than 10% owners.

Health System includes all of the hospitals, and related not-for-profit and for-profit entities. See list below.

1. XXXXXXXX
2. XXXXXXXX

IRS and CMS RELATED (10 – 12) (Only Selected Members of Staff and Trustees)

Internal Revenue Service Form 990 and CMS 855A The Internal Revenue Service (IRS) requires the Health System to file the IRS Form 990 annually which requires us to obtain certain information from all trustees, officers and other key executives. In addition, the U.S. Centers for Medicare and Medicaid Services (CMS) requires us to disclose information about certain key executives and trustees. While we realize one of the questions below is duplicative, you must respond to all questions in order for the Health System to meet its regulatory obligation. Each term that may require further clarification is underlined in each question and are included in Appendix B. If you answer "YES" to any question, you will need to provide further information.

10	<p>Did you have, or do you currently have, a <u>Family relationship</u> or a <u>Business Relationship</u> with any Trustee, officer or employee of the <u>Health System</u>?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the relationship.</p>
11	<p>Did you have, or do you currently have, a <u>Family relationship</u> or a <u>Business Relationship</u>, directly or indirectly, with the <u>Health System</u> or with any entity that has done business with the Health System?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the relationship.</p>
12	<p>Have you, under any current or former name or business entity, ever:</p> <p>a) Been convicted of, or pleaded guilty to, a felony or misdemeanor that would result in mandatory exclusion from the Medicare program or that is related to (i) a financial crime (such as theft, fraud, extortion, embezzlement, income tax evasion, breach of fiduciary duty, and insurance fraud); (ii) a crime that placed the Medicare program or its beneficiaries at immediate risk (such as a criminal neglect or misconduct conviction in a malpractice suit); (iii) the delivery of an item or service under Medicare or a State health care program, or the abuse or neglect of a patient; (iv) interference with or obstruction of any investigation into any criminal offense; or (v) the unlawful manufacture, distribution, prescription or dispensing of a controlled substance?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:</p> <p>Describe the adverse legal action for the conviction.</p> <p>Date of conviction.</p> <p>List the Federal or State agency or the court/administrative body that imposed the action/conviction.</p> <p>b) Had a revocation or suspension of (i) a license to provide health care by any state or federal licensing authority; (ii) accreditation to provide health care or participate in a Federal or State health care program;</p>

or (iii) any Medicare billing number or Medicare payment?

Yes No If yes, please complete the following:

Describe the adverse legal action for the conviction.

Date of conviction.

List the Federal or State agency or the court/administrative body that imposed the action/conviction.

c) Had a suspension, exclusion or debarment from participation in, or sanction imposed by, any Federal or State health care program or any Federal procurement or non-procurement program?

Yes No If yes, please complete the following:

Describe the adverse legal action for the conviction.

Date of conviction.

List the Federal or State agency or the court/administrative body that imposed the action/conviction.

Attestation

I certify that I have read and am in compliance with the Code of Ethical Conduct and the Health System policies entitled "Conflicts of Interest and Recusal," "Gifts and Interactions with Industry" to the best of my knowledge. I further certify that the information contained in this Disclosure is accurate and complete to the best of my knowledge.

Printed Name and Title: _____

Signature: _____

Date: _____

APPENDIX B

HELP DEFINITIONS FOR IRS and CMS RELATED QUESTIONS

Trustees and their businesses are identified on the attached List of Trustees. [Drop down list]

Family is defined to include spouses, parents and grandparents, brothers and sisters (whether whole or half blood), children (whether natural or adopted), grandchildren, great-grandchildren and spouses of any of these persons.

Business relationships between two persons include the following:

One person is employed by, or is transacting business with, another person or with another organization in which the other person is an owner, director, officer or key employee.

Two persons are related to the same business or investment entity as directors, officers or greater than 10% owners.

Below are a few examples of a **Business Relationship**.

Example 1. D and E are Health System employees. D's spouse is also a partner in an accounting firm with 300 partners, but is not an officer, director or key employee of the firm. D's accounting firm provides services to E in the ordinary course of trade or business, on terms generally available to the public, and receives \$2,000,000 in fees during the year. This relationship is not reportable both because (1) it is in the ordinary course of trade or business and (2) D does not hold a greater-than-35% interest in the firm.

Example 2. F and G are Health System employees. F's spouse is the owner and CEO of a professional hockey team. G purchased a luxury suite for all of the team's home games at the published rate of

\$250,000 for the year. This relationship between F and G is not reportable because the transaction was in the ordinary course of business on terms generally offered to the public.

Example 3. H and J are Health System employees. Both employees' spouses are CEO's of publicly-traded companies and each serves on the other's board. This outside relationship is a reportable business relationship because each is an officer or director of the same business entity.

Example 4. K and L are Health System employees. L's spouse is a greater-than-35% partner in a law firm that during the year charged K a special rate of \$60,000 for legal services that were worth \$240,000. The ordinary course of business exception does not apply because the services were at rates not available to the general public. However, the attorney/client privilege exception does apply, and therefore this is not a reportable transaction.

Health System includes all of the hospitals, and related not-for-profit and for-profit entities. See list below.

1. XXXXXXXX
2. XXXXXXXX