

CODE OF CONDUCT

A Message to Our Staff

Dear Colleague:

The Mount Sinai Health Partners and Initiatives (MSHP) has developed this Code of Conduct to share its vision and commitment to the ethical and responsible conduct with all requirements of the program as well as federal and state laws and regulations. MSHP Code of Conduct is to earn the respect and trust of MSHP providers, their patients, families, professional colleagues and the community at large.

The Board of Managers of MSHP has adopted a Corporate Compliance Program to ensure that this vision and commitment is maintained, to promote integrity among our staff and to enhance the MSHP's ability to achieve its program mission. We dedicate ourselves to meeting the highest professional standards and adhering to the strictest ethical and legal obligations.

Through our MSHP Corporate Compliance Program, we seek to ensure that all of the MSHP providers and staff associated with all the requirements of the program as well as federal and state laws and regulations. MSHP's Corporate Compliance Program are committed to conducting themselves in an ethical environment that prides itself on high standards of integrity. This commitment is reflected in this Code of Conduct, which identifies principles for performance in the workplace and specifies expectations with regard to all applicable laws and regulations. These guiding principles are designed to assist us in our day-to-day conduct, from which our patients, our fellow colleagues, the healthcare and business communities and regulatory authorities will judge our integrity.

The design and operation of the MSHP Corporate Compliance Program represents a significant commitment by the Board of Managers and senior leaders of the MSHP. We expect that all staff make the same commitment to compliance in the performance of their duties and become familiar with the guidance provided in this Code of Conduct.

We thank you for your commitment to providing an ethical and lawful environment in which to serve our patients.

Sincerely,

Frank Cino
Chief Compliance Officer

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Corporate Compliance Program Overview

Purpose of the Code of Conduct

The Mount Sinai Health Partners and Initiatives (MSHP) has entered into written agreements with hospitals, nursing homes, clinics, physician groups, home care agencies, and behavioral health providers, as well as social services, such as supportive housing, transportation services and specialized meal program providers (hereinafter referred to as MSHP”), among others. MSHP established this Code of Conduct so that MSHP will know and understand expectations of behavior. This Code of Conduct is a framework within, which all MSHP, and staff members, regardless of position, as well as those doing business with us (vendors, contractors, consultants, etc.) and volunteers (hereinafter referred to as “staff”, as applicable) are expected to operate. Responsibility for lawful and ethical behavior is a personal responsibility, and all staff will be held accountable for his or her conduct.

The Code of Conduct is intended to be comprehensive and easily understood. It is not meant to answer every question that might give rise in your daily activities; however, it does provide guidelines, direction and resources to tap into to respond to matters and circumstances in the course of your MSHP duties. No set of guidelines, including our own, can ever substitute for the sound judgment, common sense and personal integrity required to meet the challenges of your job.

Staff Responsibilities

MSHP staff are expected to treat compliance with ethical standards as a critical element of their responsibilities.

All MSHP Sinai staff are required to:

- Read and abide by this Code of Conduct
- Be familiar with, understand and observe the basic legal and regulatory requirements that are relevant to his or her duties
- Ensure the confidentiality of patient and health care related information
- Adhere to the highest ethical standards when acting on behalf of MSHP
- Respect the cultural values and religious beliefs of patients and family members, co-workers, staff members and visitors
- Prevent and/or refrain from discrimination or harassment of any kind, including racial, ethnic or sexual harassment
- Refrain from conflicts of interest and/or using a position for personal gain
- Report possible or actual violations of law or ethical standards

Compliance Questions

Integrity, common sense, and sound judgment are your best guides in determining if your personal actions meet the expected standards for ethical and lawful behavior. However, if you find yourself in a situation where you are unsure, ask yourself these questions:

- Is my action consistent with hospital practices and legal or regulatory requirements?
- Could my action give the appearance (to others) of impropriety or wrongdoing?
- Will the action bring discredit to any staff, or to MSHP, if disclosed fully to the public?
- Can I defend my action to my supervisor, other staff and to the general public?
- Does my action meet my personal code of behavior?

Leadership Responsibility for Compliance Communication

Management and supervisory staff of MSHP are responsible for communicating the requirements of the Corporate Compliance Program and this Code of Conduct to those who report to them by emphasizing its importance; taking appropriate measures to detect and correct any violations and prevent recurrence, and imposing consistent and appropriate discipline, if warranted. They shall inform their staff of any particular issues relevant to their respective areas of responsibility and of the various options, including the MSHP Corporate Compliance Helpline, for reporting a compliance concern. Leadership personnel are expected to create and maintain an open environment where staff are encouraged and comfortable raising compliance concerns or asking questions without fear of retaliation or intimidation. Adherence to the Code of Conduct and support of the Corporate Compliance Program are components of the staff evaluation process for all staff.

Code of Conduct

Organizational Ethics and Quality of Care

Patient Rights

We recognize our ethical and moral obligation to the patients and community we serve. We treat all patients with respect and dignity and provide a single standard level of care that is both necessary and appropriate.

We respect the rights of patients to be involved in all aspects of their care and obtain informed consent for treatment. Thorough and complete records of patient information will be maintained.

Confidentiality/Provider Information

We are committed to maintaining the confidentiality of all proprietary information according to existing laws and standards.

Patient Confidentiality and Privacy

We are committed to complying with all applicable privacy and security laws and regulations including the applicable aspects of the federal Health Insurance Portability and Accountability Act (HIPAA). To ensure that we protect our patients' rights to privacy, the following guidelines apply:

- All patients are provided with the written Notice of Privacy Practices by their respective health provider.
- Access to Protected Health Information (PHI) is limited to those permitted by law
- Use only legitimate means to collect the information and, whenever practical, obtain it directly from the individual concerned
- Maintaining computer passwords and access codes in a responsible and confidential manner
- Report violations of confidentiality breaches
- Ensure that patient information is not discussed in any public area, including elevators and dining areas
- Ensure compliance to the special confidentiality rules that apply to patients in drug and alcohol treatment programs, as well as disclosure of information regarding a patient's HIV status

Any staff who engages in unauthorized or unlawful disclosure of information in violation of the privacy rights of our patients is subject to disciplinary action, up to and including termination. Individuals also may be subject to civil or criminal penalties.

Confidentiality of Business Data

In addition to patient information, other information created by MSHP is confidential. No one shall, without approval of MSHP, as appropriate, disclose any confidential information obtained as the result of one's responsibilities. Staff are prohibited from accessing or otherwise using staff records or information unless authorized to do for legitimate business purposes.

Additionally, staff must not make inappropriate modifications to information or destroy or disclose information except as authorized. Documents containing sensitive data, including patient and Protected Health Information should be properly secured at the end of the business day.

Staff are expected to take reasonable precautions to ensure the physical security of confidential information and facilities.

Conducting Our Business

MSHP will conduct their business in accordance with all laws and regulations and act in a manner that is in the best interest of the organizations and those whom we serve.

Accuracy, Retention and Disposal of Documents and Records

All staff are responsible for the integrity and accuracy of our business documents and records in order to comply with regulatory and legal requirements. No one may alter or falsify information on any record or document.

Trade Practices/Antitrust Issues

We are required to comply with all antitrust laws, which are designed to preserve and foster fair and honest competition within the free enterprise system.

Physician Relationships

Any MSHP business arrangements with a physician or a physician group or other provider must be structured to ensure compliance with legal requirements.

Anti-Kickback and Referrals Laws

Federal and state laws prohibit any form of kickback, bribe or rebate (cash or in-kind) to induce the purchase, recommendation to purchase, reduction or limitation of services, or referral of any kind of health care goods and services or items paid for by the Medicare and the Medicaid programs. MSHP do not offer or receive inducements or create situations in which MSHP appear to be offering or receiving an improper inducement.

Referrals

MSHP do not pay for referrals. We accept referrals and admissions based solely on patients' clinical needs and our ability to render the needed services. No staff or any other individual acting on behalf of MSHP is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients.

MSHP are committed to ensuring that only appropriate referrals occur in accordance with applicable federal Stark laws and relevant state laws.

Third Party Payer Relationships

Billing, Coding and Reimbursement

MSHP are committed to full compliance with all laws and regulations relating to billing, coding and reimbursement. This commitment applies to the government programs of Medicare and Medicaid, as well as those of other third party payers. We will ensure that all billings to governmental and third-party payers are true and accurately reflect services only for medically necessary services and other necessary data provided to our patients. Staff are prohibited from knowingly presenting or causing to be presented claims

for payment or approvals that are false, fictitious or fraudulent. MSHP shall operate oversight systems to verify that claims are submitted only for services actually provided and services are billed as provided. Appropriate training is provided to staff involved in the billing, coding and claim submission process.

Any subcontractors engaged to perform billing or coding services are expected to have the necessary skills, quality control processes, systems and appropriate procedures to ensure all billings for government and commercial insurance programs are complete and accurate.

If mistakes or errors occur they are reported to a manager promptly and corrected in a timely and appropriate manner. If improper payment occurs, we will notify the payer promptly and process refunds in a timely manner. Strict compliance with all relevant Medicare and Medicaid laws and regulations is required by all staff.

Legal and Regulatory Compliance

Deficit Reduction Act of 2005

MSHP is committed to complying with the requirements of section 6032 of the Federal Deficit Reduction Act of 2005 (DRA) and to preventing and detecting any fraud, waste or abuse. It is the policy of MSHP that all staff, consultants and vendors and contractors who provide services, shall comply with all applicable federal and New York State laws pertaining to false claims and statements, whistleblower protections under these laws and MSHP's policies and procedures for detecting fraud, abuse and waste.

Government Inquiries and Investigations

It is the policy of MSHP to cooperate with and properly respond to all governmental inquiries and investigations. Any staff approached by any federal or state law enforcement or regulatory agency (i.e. Medicare, Medicaid) official seeking information about any aspect of MSHP shall immediately notify their supervisor who in turn must notify the Department of Audit and Compliance Services. It is MSHP's policy to ensure that government agencies are provided promptly with all necessary and appropriate information.

Workplace Conduct and Practices

General

MSHP recognizes that staff are our greatest assets. MSHP is committed to providing a work-place setting that treats all staff with fairness, dignity and respect.

Equal Employment Opportunity and Diversity

MSHP is committed to providing an equal opportunity work environment. We will comply with all laws, regulations and policies related to non-discrimination and fair employment practices in all of our personnel actions. We make reasonable accommodations to the known physical and mental limitations of

otherwise qualified staff with disabilities. Retaliation against individuals for raising claims of discrimination or harassment is prohibited.

Employment/Screening

MSHP verifies the credentials and qualifications of all individuals applying for employment and hires only qualified individuals with appropriate expertise, licensure and experience.

We will not hire or contract with any individual or entity who is excluded, suspended, debarred or otherwise ineligible to participate in the federal and state health care programs (Medicare, Medicaid) or has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the federal and state health care programs after a period of exclusion, suspension, debarment or ineligibility.

Harassment/Workplace Violence

All MSHP staff have the right to work in an environment free of harassment. MSHP will not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work at the MSHP. Degrading or humiliating jokes, slurs, intimidation or other harassing conduct is not acceptable. Any form of sexual harassment is strictly prohibited. This prohibition includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions, as well as other verbal or physical conduct that creates a hostile work environment.

MSHP does not tolerate workplace violence, which includes threatening, aggressive or abusive behavior.

Immigration

Federal law prohibits MSHP from hiring individuals who are not legally authorized to work in this country.

Staff Loyalty and Conflicts of Interest

Conflict of Interest

In the course of conducting MSHP business, we are expected to put MSHP's interests ahead of any outside business, commercial or personal interest. Staff should avoid situations in which conflict of interest, or the appearance of a conflict, could arise. A conflict of interest may also exist if the demands of your outside activities influence or appear to influence your ability to make objective decisions in the course of your job responsibilities.

Because it is impossible to describe every potential conflict of interest scenario, MSHP relies on your commitment to exercise sound judgment to seek advice when appropriate and to adhere to the highest ethical standards in the conduct of your professional and personal interactions. Anyone who believes he or she has a conflict of interest or the appearance of a conflict of interest shall immediately report it to his or her supervisor, department manager or the Corporate Compliance Office.

Outside or Dual Employment

MSHP staffs' primary obligation is to the MSHP. Any activities, such as a second job or personal business must not conflict with obligations to MSHP. Staff with secondary employment that may be perceived as a conflict of interest with their MSHP position must make such a disclosure to their supervisor.

Gifts and Entertainment/Business Courtesies

Gifts and entertainment represent an area of potential conflict in situations where a competitive, regulatory, supervisory or adversarial relationship could exist. Giving or accepting gifts and entertainment can sometimes be construed as an attempt to unduly influence a relationship.

It is MSHP's policy that all gifts from vendors are strictly prohibited. Solicitation of personal gifts or entertainment is never permissible.

You may, however, receive from a grateful patient or patient's family certain perishable or consumable gifts given to a group (i.e. flowers, candy), which are considered items of nominal value. Under no circumstances may you solicit gifts from patients or their families.

Promotion of Products

It is a violation of MSHP policy for staff to endorse commercial products using MSHP's name without the prior approval of MSHP. Payment for endorsement is not permitted.

Business and Community Conduct

Relationships with Suppliers, Vendors and Subcontractors

MSHP manages its relationships with suppliers, vendors and subcontractors in a fair and reasonable manner, consistent with all applicable laws, good business practices and in accordance with MSHP policies and procedures. Selection of suppliers, vendors and subcontractors will be made on the basis of objective criteria including quality, service, price, delivery, technical excellence, adherence to schedules, and supply of goods and services.

Responsible Use of Social Media

Protected Health Information, staff information and confidential business-related information and data cannot be posted to any social media site (i.e. Facebook, Twitter, etc.) unless authorized by MSHP.

The Corporate Compliance Program

Corporate Compliance Program Structure and Your Responsibility

The Corporate Compliance Program is intended to demonstrate in the clearest possible terms the absolute commitment of MSHP to the highest standards of integrity, ethics and compliance. The Chief Compliance Officer has responsibility for the implementation of the Corporate Compliance Program. The Chief Compliance Officer provides periodic reports to the MSHP Leadership Committee and the Audit and Compliance Committee of the Board of Managers.

Obligation to Report

All staff have a responsibility and are required to report any activity by any staff, contractor or vendor that appears to violate applicable laws, rules, regulations, or this Code of Conduct, through the appropriate chain of command. Failure to make an appropriate report may result in disciplinary action. Reporting enables the potential problem to be investigated promptly and addressed in a timely and appropriate manner.

What to Report

Report concerns about any legal, ethical, quality, behavioral or practical issue, or any activity that you think may be a problem. Pay particular attention to issues related to federal and state health care programs (i.e. Medicare, Medicaid). Reasonable belief that a violation is possible is sufficient to initiate a report. To help you determine whether an issue should be reported, consider the following questions:

- Does the matter comply with pertinent MSHP policies and procedures?
- Is the action legal? Is it ethical?
- How would the action appear if it were disclosed to the public?

Resources for Reporting Violations

Reports of suspected or actual violations can be made in person, by e-mail, by telephone or in writing to the MSHP Corporate Compliance Office.

The MSHP Corporate Compliance Helpline is an additional means of enabling staff to report problems and concerns or obtain clarification about compliance issues anonymously or confidentially. Helpline conversations are not recorded or traced. The toll-free Helpline # is **1-866-XXX-6747 (MSHP)**. The Corporate Compliance Office will investigate all Helpline calls.

Reporting Concerns – Non-Retaliation/Non-Intimidation

Retaliation and/or intimidation against any staff who seeks advice, raises a concern or reports an ethical or compliance issue in good faith will not be tolerated. Staff who deliberately makes a false accusation with the purpose of harming or retaliating against another staff member will be subject to disciplinary action.

Internal Investigations

MSHP is committed to investigating all reported concerns promptly and confidentially to the extent possible. The Corporate Compliance Office will coordinate any findings and take prompt and appropriate corrective action(s). We expect all staff to cooperate with investigation efforts.

Corrective Action

Where an internal investigation substantiates a reported violation, appropriate corrective measures will be taken, including, but not limited to, notifying the appropriate governmental agency, instituting appropriate disciplinary action and implementing systemic changes to prevent a similar violation from recurring in the future. Corrective action plans will be shared with all appropriate parties.

Consequences of Non-Compliance

Failure to comply with applicable laws and regulations, including federal and state health care program requirements, or with the requirements of this Code of Conduct or MSHP's policies and procedures, or to report violations or suspected violations, could pose significant risks to MSHP, our staff, as well as to the community we serve. Examples of consequences to MSHP and/or staff for non-compliance include: exclusion from participation in federal and state health care programs, such as Medicare and Medicaid; criminal and/or civil fines and penalties.

Disciplinary Action

Disciplinary action, up to and including termination, will be determined and depend upon the nature, severity and frequency of the violation. The discipline may be imposed for:

- Violating this Code of Conduct
- Failing to report a violation of the Code of Conduct or cooperate in an investigation
- Retaliating against an individual for reporting a violation or possible violation of the Code of Conduct
- Deliberately making a false report of a violation of the Code of Conduct

Principles of fairness will apply, including, when appropriate, a review of a disciplinary decision.

Internal Monitoring and Auditing

MSHP is committed to an ongoing assessment process. Monitoring and audit activities are conducted under the auspices of the Corporate Compliance Office. The audits will be designed to address MSHP's compliance with laws, regulations and policies governing, among other things, coding, reimbursement, documentation, medical necessity and other areas that may be deemed as high-risk areas.

For More Information

For more information on the MSHP Corporate Compliance Program, call the Corporate Compliance Office at **(646) 605-7110**.