



THE HSC HEALTH CARE SYSTEM
Caring, Serving, Empowering



The HSC Foundation

Code ^{of} Conduct

LETTER FROM PRESIDENT AND CEO

Dear HSC Health Care System Employees;

The HSC Health Care System is committed to excellence in its business practices. We understand that the way in which we conduct our business is open to evaluation and assessment by outside agencies, the government and the communities we serve.

One way to demonstrate this commitment to excellence is for System employees and others who act on our behalf to comply with all federal or state laws and regulations, as well as our own HSC System policies and standards. We have implemented a Compliance Program that is focused on assuring that we conduct business and provide care according to these standards. We have adopted the following Code of Conduct (“Code”) to describe expected behaviors and the role you have in the compliance process. You are expected to recognize and avoid activities and relationships that might compromise, or might appear to compromise the integrity of the HSC Health Care System. The principles listed below are intended to help guide you in that role:

- The HSC Health Care System and its employees will adhere to the highest ethical standards of conduct in all business activities and will act in a manner that enhances the HSC Health Care System’s reputation within the community.
- The HSC Health Care System and its employees will abide by the letter and spirit of all applicable laws and regulations pertaining to the conduct of business and the provision of care and services.
- The HSC Health Care System and its employees will not engage in any activity which violates the law, the System’s policies or the standards of behavior outlined in this Code.
- The HSC Health Care System will provide an environment in which individuals may question business practices and other activities without fear of reprisal or retaliation. The System and its employees will demonstrate the mutual trust and respect for one another required to support this environment of openness.
- No employee will use his or her position for personal gain. Each member of the System (employees, supervisors, managers, corporate officers, board members and medical staff members) will comply with the HSC Health Care System’s Conflict of Interest Policy, disclosing any actual or potential conflict of interest and eliminating any identified actual or potential conflict of interest.
- Employees and contractors are expected to review all applicable sections of this Code of Conduct annually.

We ask you to use good judgment as you go about your daily activities and assignments on behalf of the System and its patients and members. If you have a concern about a particular business practice, or are unsure if a standard is being compromised, please speak up. Notify your supervisor, other leaders, or the Compliance Officer. Please follow the behaviors outlined in this Code of Conduct so that you can help the HSC Health Care System continue its excellent reputation in our community.

Sincerely,

Thomas Chapman, President and CEO

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THE HSC HEALTH CARE SYSTEM VISION

The HSC Health Care System is dedicated to improving access to services for individuals who face social and health care barriers due to disability, chronic illness, or other circumstances that present unique needs. The HSC Health Care System offers a comprehensive approach to caring, serving, and empowering individuals with disabilities.



SECTION 1: Principles of Ethics and Integrity

1.1 Purpose of the HSC Health Care System Code of Conduct

The HSC Health Care System (“System”) is committed to the principles of ethics and integrity in the conduct of its business and in the provision of care and services to all. The System provides and/or coordinates healthcare services to a diverse population of clients, enrollees and patients who are members of federally-funded government programs such as Medicaid. When the System provides or coordinates services to Medicaid patients, we agree to follow the governmental rules and regulations that apply to these programs.

Our values provide the foundation for these principles, providing guidance to our employees and others who act on the System’s behalf. We have adopted an organizational Code of Ethics and have prepared this Code of Conduct (“Code”) to confirm and memorialize this commitment. This Code outlines expectations for behavior by System employees that are required by statute, laws, regulations and/or System policies and procedures.



1.2 HSC Healthcare System Values

Our Code is built on the System's values, and the ways in which we demonstrate them in our work, including:

- **A Culture of Commitment**

- We agree to demonstrate System values and mission in daily behavior and in interactions with patients/enrollees/clients/families, vendors, government regulators and the general public.
- We comply with all applicable federal and state laws and regulations and System policies and procedures.

- **Excellence**

- We regularly display a commitment to excellence, quality, safety and customer service,
- We strive to continually improve.
- We each try to foster an atmosphere of teamwork and collaboration; and demonstrate respect for all members of the team.

- **Diversity**

- Each of us demonstrates respect for different interpersonal styles, attitudes and behaviors, as well as health-related beliefs.
- We promote a work environment that is supportive, nurturing and inclusive of all.
- We seek to understand, respect and accommodate different language and communication needs of our patients/enrollees/clients/families and others.

- **Service**

- We keep our patients/enrollees/clients/families and other customers as the focus of our daily efforts, demonstrating a sense of caring for each person and each other.
- We maintain a positive attitude and display patience when dealing with customers and fellow staff members.
- We are committed to prompt response and resolution of concerns expressed by our patients/enrollees/clients/families and other customers.

- **Respect**

- We are committed to the dignified treatment of all of our customers.
- We communicate tactfully and respectfully to all.
- We work cooperatively within our own department, and with other services/ departments.
- We work cooperatively within our system and among sister organizations.

- **Honesty and Fairness**

- We are guided by our commitment to these System values and demonstrate fairness, equality and integrity toward patients, enrollees, clients, customers, co-workers and others.
- Each of us personally complies with the System's legal and ethical, reporting and compliance standards and with this Code.
- We assure that the confidential information that we learn while caring for our patients/members and other customers is kept in strict confidence in compliance with all System policies and applicable law (including HIPAA).
- We are truthful in all of our dealings with our patients/enrollees/clients/families and others.



1.3 Applicability of this Code

For purposes of this Code, the “HSC Health Care System” or “System” includes all of the operations of The HSC Foundation, HSC Home Care, LLC, The HSC Pediatric Center, Health Services for Children with Special Needs, Inc. and Special Needs Consulting Services.

The expectation is that every individual or organization that works for or on behalf of the System is required to follow all **applicable** laws, System policies and the provisions of this Code. This includes members of all boards of directors, corporate officers, management, employees, students, interns, temporary employees and volunteers.

Please read the applicable sections of the Code. The System expects you to comply with both the letter and spirit of the compliance program.

Management must also exercise proper oversight of contractors, consultants and vendors who provides services to or on behalf of the System to ensure they are aware of this Code and abide by all applicable policies.

1.4 Non-Retaliation Policy

All employees shall be allowed to freely discuss and raise questions to their supervisors or to appropriate personnel about situations they feel are in violation of this Code or any other System policy or procedure. Any employee who makes a good faith report of a potential violation or fraud, waste or abuse shall be protected from retaliation, harassment or discrimination of any kind.

Retaliation against any individual for reporting a violation or suspected violation of this Code, System policies or procedures, or fraud, waste or abuse will not be tolerated. Concerns about possible retaliation or harassment as a result of your report should be reported to the Compliance Officer.

Corporate officers and management have a special responsibility to assure that any employee who reports potential Code violations, testifies against an individual involved in illegal activities, files a legitimate report of a concern or complaint or files an incident report involving a medical error shall not be intimidated, threatened, coerced, discriminated against, or have any retaliatory action taken against them.

1.5 Responsibilities for Compliance with the Code of Conduct

All System employees and contractors are expected to:

- Treat all patients/enrollees/clients/families and other staff with respect and dignity and provide quality of care/service in a manner that is consistent with community standards of practice.
- Be familiar with the System compliance programs and the policies, procedures and standards that apply to your job.
- Comply with this Code.
- Conduct job duties in a manner that demonstrates your commitment to compliance with all applicable laws and regulations.
- Attend compliance educational sessions that relate to your job responsibilities.
- Report known or suspected compliance issues.
- Participate in the investigations of alleged compliance violations, when requested.
- Sign a confidentiality statement upon hire.
- Complete an “Acknowledgement and Certification of Code of Conduct and Compliance Program” annually.

Remember to always use your good judgment and common sense. Whenever you see a situation where there appears to be a violation of the intent of this Code, you

have the responsibility to discuss the matter with your supervisor or the Compliance Officer.

1.6 Compliance Responsibilities for Leaders

The System expects those in positions of management to set the example for professional behavior. Corporate officers and managers have a special duty to assure that the standards in this Code and applicable System compliance policies are communicated effectively to those employees, contractors, consultants and vendors for whom they have responsibility.

Management must:

- Create a culture within the System which promotes the highest standards of ethics and compliance and encourage staff to openly communicate their concerns when standards are not met.
- Ensure that their employees and contractors have sufficient information to comply with applicable laws, regulations, and policies and the resources to resolve ethical dilemmas.
- Educate their staff about the System's compliance program.
- Evaluate employee performance regularly in order to establish expectations for behavior and to reinforce job-specific standards and compliance policies.
- Report known or suspected compliance issues promptly and assist in remediation.
- Participate in the investigation of alleged compliance violations as requested.
- Participate in development of corrective action plans to address any compliance problems that are identified.
- Monitor compliance activities to prevent errors and possible violations.
- Ensure that all vendors, consultants, contractors or temporary employees for whom they have responsibility are aware of and understand the importance, and follow the applicable provisions, of this Code and all relevant compliance policies and procedures.

1.7 Questions Regarding the Code

Maintaining a commitment to integrity and professional behavior relies on the willingness of all System employees and contractors to identify and communicate issues or activities which violate this Code. In some instances, you may be uncertain as to whether conduct is or is not acceptable under the Code. **When in doubt... ask.**

The guidelines included in this Code are to help all of us better understand the actions, practices and procedures that we believe to be in the best interest of our employees, patients, enrollees, clients, those with whom we do business and the public at large. However, at times, certain topics discussed in this Code are so complex that additional guidance is necessary. To provide this guidance, the System has developed a set of policies which expand upon many of the guidelines and expectations detailed in this Code.

Any employee or contractor who has a **question regarding the Code should direct his/her question to his/her supervisor or the Compliance Officer.**

1.8 Investigation of Code of Conduct Violations

All reported suspected violations of the Code will be investigated. A confidential process will be put in place to make the initial report and follow-up communications anonymous and confidential to the extent reasonably possible throughout the resulting investigation. However, there may be a point where an employee's identity may become known or may have to be revealed in certain instances as may be required by law.

1.9 Disciplinary Action for Misconduct

All employees and contractors are subject to disciplinary action for the failure to comply with this Code, up to and including termination, such discipline to be applied pursuant to the System's Human Resources policies.

When a policy is violated, management may consider a number of factors to determine the appropriate response. These factors include, but are not limited to, assessing potential harm to patients, clients, enrollees, the nature of the misconduct or damage to the System's reputation.

If you violate the Code, your good faith efforts to report the activity will be considered in determining disciplinary measures taken against you. The **fear of retaliation is not** an acceptable reason for non-reporting. **The knowing filing of a false claim or report of a violation will also result in disciplinary**



SECTION 2: **Respect**

2.1 Patient, Enrollee and Client Ethics and Rights

The System is committed to providing the highest level of ethical and moral care to its patients and enrollees. A System Code of Ethics has been adopted and a process has been created to address any concerns that you may have about ethical, moral, legal and values issues (please reference the System's "Organizational Code of Ethics").

- All patients, enrollees and clients of the System are to be treated with respect and dignity and their rights are to be safeguarded and protected by all System employees and contractors. We make no distinction in the admission, transfer or discharge of patients/enrollees or in the care provided to them based on gender, race, color, religion, ethnic or national origin.
- Patients/enrollees/clients and families are informed of their rights and responsibilities and are encouraged to partner with System staff to assure that safe and ethical care is provided at all times. We assure that we will provide confidentiality, privacy, security and protective services, guard civil rights, and preserve the dignity and self-esteem of patients/enrollees who are in our care.
- Neglect and/or abuse will not be tolerated, and allegations of neglect or abuse will be vigorously investigated. Employees found to have violated patient rights in relation to neglect and abuse may be immediately dismissed and potentially criminally prosecuted.
- We encourage the active involvement of patients/enrollees and their caregivers in all aspects of their care. Information about diagnosis, plan of care, right to refuse care, dilemmas in care, options for advance directives and palliative care is provided to all patients/enrollees/clients and caregivers.
- We educate patients/enrollees/clients and caregivers about methods for reporting violations of ethical and safe care and we encourage them to speak up regarding their concerns or complaints.
- We provide services that are medically necessary to all patients/enrollees and clients regardless of their ability to pay in accordance with applicable Charity Care guidelines. Care is based on identified healthcare needs, not on patient or organization economics. Employees or subcontractors that conduct utilization management activities are not provided incentives for denying, limiting or discontinuing medical necessary services.
- All relationships with patients/enrollees/clients and caregivers are guided by professional standards, ethical principles and good judgment.



2.2 Workplace Environment, Diversity and Non-Harassment

It is the System's policy to comply fully with all applicable laws regulating employment, the employer-employee relationship and the workplace environment.

The System is committed to a workplace environment in which all individuals are treated with respect and dignity. We are committed to an appreciation of the rights, opinions and practices of others that may be different from our own. We attempt to create workplace environments that are nurturing, inclusive and respectful of these differences.

The System (and its employees and contractors) will not discriminate against individuals with disabilities with regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms of employment. The System will reasonably accommodate qualified individuals with disabilities so that they can perform the essential functions of their jobs.

Title II of the Americans With Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 (Section 504) provides that no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or denied access to the benefits of services, programs or activities of a public entity, or be subject to discrimination by such an entity.

The System will maintain an ongoing process to eliminate barriers to people with disabilities, and will actively and continuously review employment, community participation, and architectural design in order to foster the integration and participation of people with disabilities into the operations, services and programs of the System.

Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. We expect that all relationships among persons in the work setting of all System entities will be business-like and free of bias, prejudice and harassment.

Harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, citizenship or that of his/her relatives, friends or associates. Harassment may be in the form of a joke, threat, unwelcome physical contact or disruptive verbal behavior. Individuals who believe that they have been the victim of such conduct should discuss their concerns with their immediate supervisor or Human Resources.

2.3 Environmental Health and Safety

The System is committed to providing a safe work environment. Everyone is responsible for contributing to this environment. You must:

- Report any work place injury that occurs.
- Report any situation the poses a danger of injury to yourself or others.
- Be aware of safety standards and follow them.

Employees and contractors are expected to report for work and perform assigned duties free from the effects of alcohol and drugs. There is a zero tolerance for drug and alcohol use in the workplace

Threatening and/or violent behavior cannot be accepted in any System entity. Employees should immediately report any situation that could result in aggressive or violent behavior by one individual toward another individual or group. Contact your supervisor or Human Resources to discuss concerns you have about your personal safety or that of your co-workers in relation to inappropriate or aggressive behavior.



SECTION 3: Conducting Business

3.1 Conflicts of Interest/Financial Interests or Investments

All directors, officers, employees and contractors must disclose any conflict of interest (whether actual or potential) regarding their relationship with companies doing business with the System, and/or any outside activities that they may be engaged in that could be perceived as creating a business conflict. This disclosure must be made upon employment or initial contract with the System, renewed annually and at any time during employment once a situation is identified as a potential conflict. In order to assure that there is no conflict, **do not start a personal business or contract relationship** with any person, organization, or other health care practitioner who makes or may make referrals to the System or who receives or may receive a referral from the Systems, in either case before consulting with your supervisor.

Q&A

I work part time for a network provider who contracts with Health Services for Children with Special Needs to provide behavioral health services. Do I have to disclose this relationship on the “Disclosure of Conflict of Interest Statement”?

Yes. You have a conflict of interest if you or a member of your immediate family is an owner, part-owner or an employee of –or is receiving money from –a company that does business with HSC Health Care System or proposes to do business with HSC Health Care System. You also have a conflict of interest if you have the authority to recommend doing business with a HSC Health Care System vendor or contractor and a member of your immediate family is an owner, a part-owner or an employee of-or is receiving money from- that vendor or contractor.



3.2 Business Courtesies

Gifts offered/received among System employees from/to patients/enrollees/clients or suppliers, contractors and vendors represent an area of potential conflict. Offers of entertainment such as meals, tickets to artistic, theatrical or sporting events between these groups are also a potential conflict. Individual employees will neither solicit nor accept gifts from contractors and/or vendors that currently conduct or potentially can conduct business with the System in exchange for referral of patients or business. This is a violation of federal law.

The following guidelines should be followed related to the giving and receiving of gifts or entertainment from **non-referral** sources.

Never Acceptable:

- Cash or cash equivalents, such as checks, gift cards or gift certificates, stocks or coupons.
- Under no circumstances should you ever solicit a gift.

Permissible under certain circumstances:

- Although strongly discouraged, employees may accept a gift of nominal value (not to exceed \$50.00) in any one year from any individual vendor or organization who has a business relationship with the System.
- Perishable or consumable gifts (food) given to an employee or a System entity or department as a whole are acceptable, if they are not considered extravagant.
- Reasonable cost meals (less than \$100.00) may be offered in conjunction with a business event sponsored or hosted by the System.
- Employees may invite a current or potential **non-referral** business associate to a social event (reception, meal, sporting event or theatrical event) to further a business relationship, never to exceed \$100.00).
- Business Associates may extend training and educational opportunities that include travel and overnight accommodations to you at no cost or you are invited to an event at a vendor's expense to receive information about new products or services. Prior to accepting any such invitation, you must receive written approval from a Corporate officer (immediate supervisors who are not officers may not approve such matters).

Any gifts or entertainment involving physicians or other potential referral sources are subject to the same restrictions described above, however, gifts are not acceptable if they are intended to influence business decisions or referrals.

For clarity purposes, this Section does not pertain to actions between the System and its employees or actions among System employees. Any questions concerning the giving or receiving of gifts between System employees from patients, enrollees, clients or vendors/suppliers/contractors, should be directed to your supervisor or the Compliance Officer.

Q&A

I am a nurse working in the home providing skilled nursing services. A family member has offered me \$25 cash for my birthday. May I keep the cash?

No. You may not accept any cash or cash equivalents such as gift cards from anyone in relation to your position or job performance at HSC.

3.3 Referral of Patients/Improper Inducements

Employees must take all measures to avoid being either the offeror of or the recipient of any **improper inducement**. (This is defined as something that can motivate, persuade or provide an **incentive**).

Promotional gifts in connection with seminars, conferences or conventions may be offered to attendees but must be of nominal value not to exceed \$15.00 per event (individually) with an annual maximum of \$50.00 per attendee.

Use these guidelines to assist you to be compliant:

- Avoid any situation that might appear to be offering an improper inducement to anyone who can or does make referrals to the System (such as offering free goods or services, or those priced below market value).
- Do not take anything from vendors who are trying to influence you to use their particular product.
- Do not take anything from vendors who are trying to influence a referral of patients/enrollees to other providers whose services are paid for by Medicaid. (For example, free or at below-market value goods or services, awards, discounts, prizes or other forms of remuneration that may be seen as a “kickback” even if they were given as part of a promotional program, such as those offered by a pharmaceutical company or a medical equipment supplier.)
- Do not offer anything that could be interpreted as improper. In general, any money, property or favor offered to induce someone to make a decision that affects the System is improper.
- Do not make any kind of payment to anyone whom you suspect might use some or all of the payment to do anything that is prohibited by this Code.
- Do not give anything to a vendor, enrollee, client, patient or other person doing business with the System which you could not yourself accept if it were offered to you.
- In order to be certain of your compliance with the laws, regulations and System policies, ask yourself the following questions:
 - Would this payment, gift or transaction be considered improper if it was made public?
 - Do you personally benefit from this payment, gift or transaction?
 - Could knowledge about this payment, gift or transaction affect the reputation of the System in a negative way?

If you have any doubts as to whether a payment, gift or transaction is lawful, you should consult your Supervisor or Compliance Officer **prior to accepting it or prior to giving** a payment or gift to someone you do business with, to evaluate the situation **before you give the gift**.

Q&A

A vendor sent a cookie gift basket wishing you a Happy New Year! May I keep it?

This type of gift is generally acceptable as long as it does not contain expensive items and it is shared with others in your department, unit or company, if possible.

3.4 No Payment to Labor Organizations

In addition to enforcement of specific policies on labor and employee relations issues, it is illegal under federal and D.C. law for a System employee to pay money to or receive any money or other thing of value from any labor organization that represents System employees.

3.5 Employment of Relatives

The System allows members of an employee's immediate family to be considered for employment when their qualifications meet job requirements. Immediate family may not be hired, however, if employment would:

- Create a supervisor/subordinate relationship with that family member;
- Have the potential for creating an adverse impact on work performance; or
- Create either an actual conflict of interest or the appearance of a conflict of interest.

These issues must also be considered when assigning, transferring, or promoting an employee. For the purpose of this policy, immediate family includes: spouse, parent, child, sibling, in-law, aunt, uncle, niece, nephew, grandparent, grandchild, or members of household (i.e., people living together). It is the employee's responsibility to notify their supervisor and Human Resources of any changes in their relationships to another employee (e.g., marriage, divorce).

3.6 Safeguarding the Confidentiality and Privacy of Patients Enrollees/Employees' Information

All employees and contractors are responsible for complying with the System's confidentiality policy, the Health Information Portability and Accountability Act (HIPAA) and other applicable laws and regulations relating to non-disclosure of personal information. Although an employee may use confidential information to perform their duties, it must not be shared with others unless they have a legitimate need to know and are subject to the same standards of confidentiality.

It is our responsibility to guard against any unwarranted invasion of an individual's right to privacy by improper disclosure of personally identifiable information. This applies to information about our patients, enrollees, clients and our employees.

These general guidelines should be followed by all:

- Access to certain types of information is limited to only those System employees who require it on a "need to know basis," in order to provide care or conduct business. This information is not to be discussed with other System employees or others who do not require it for these purposes.
- Special confidentiality rules apply to patients in drug and alcohol, and mental health treatment programs, and patients with HIV. When release of any information regarding patients with these illnesses is contemplated, these special confidentiality rules must be followed carefully.

The System takes no position on employee's decision to start or maintain a blog or participate in other social networking activities. However, it is the right and duty of the System to protect itself from unauthorized disclosure of information. Employees may not publicly discuss clients, patients, enrollees, families, managers, employees or any work-related matters, whether confidential or not, outside company-authorized communications. Employees, contracted staff, volunteers, and interns will comply with System social networking policy.

Q&A

I am a respiratory therapist working on the unit. A Durable Medical Equipment company has offered to pay for my airfare and hotel costs for an upcoming vendor sponsored conference. I will not be a speaker at the conference. May I accept this offer?

Since you are not a speaker at this conference, HSC should pay for your travel and hotel costs if approved by your supervisor.

I am therapist working in community outreach department and in my position; I am authorized to photograph members who attend these events. Can I use my personal camera to photograph members and their families?

No. Even though you are authorized to photograph members, you may only use a HSC owned camera, video camera, cell phone, iPhone or any other device which stores a photographic image. Full facial photographic images are consider Personal Health Information (PHI) under HIPAA rules and regulations.

Q&A

I have copied or saved PHI files onto removable media such as laptop c drive, flash drive, USB, etc. Is this OK?

Maybe. HSC System requires that all PHI files are saved to the network. If your department permits downloading files to your laptop C drive or any other portable device, the device must be encrypted.

My department allows incidental personal use of HSC computers, internet and phone. Can I use my HSC laptop computer and phone for my personal business?

No. Employees may not use any HSC property for personal financial gain.



3.7 Security of Electronic Information

We safeguard System information technology and proprietary electronic information and protect it from improper use and access.

The System will maintain and monitor security, data back up, and storage systems to ensure that all confidential information, including patient/client/enrollee protected health information, is secure and protected in accordance with state and federal requirements and with System policies and procedures.

Each employee will practice good workstation security measures such as locking up files and maintaining computer passwords and access codes in a confidential and responsible manner.

Each employee will take appropriate and reasonable measures to protect against the loss or theft of electronic media such as laptops, or PDAs and against unauthorized access to electronic media that may contain protected health information.

Each employee will transmit electronic confidential information securely in accordance with System policies.

3.8 Relationships with Subcontractors and Vendors

The System will manage its contractors and vendor relations in a fair and reasonable manner, consistent with all applicable laws and good business practices.

The System expects its contractors and vendors to comply with this Code and to be familiar with relevant policies, specifically those on Business Courtesies and Referral Arrangements. Vendors and Subcontractors are encouraged to have a compliance program, or other evidence of a commitment to ethical business practices.

Principles of fairness and business ethics will be applied in the selection of vendors/contractors and in the award of contracts by the System. Our selection of contractors, suppliers and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery and adherence to schedules, services and maintenance of adequate sources of supply.

Only those with proper authority may represent the System and its entities when negotiating or determining a contract award.

3.9 Relationships with Physicians and Independent Licensed practitioners

Any business arrangement with a physician must be structured to ensure compliance with legal requirements. Such arrangements must be in writing and approved by the System Contracting Department.

3.10 Business Records

3.10.1 Record Completion

Each employee is responsible for the integrity, accuracy and completeness of our System's documents and records.

Medical record documentation serves as a basis for treatment decisions for patients, as a historical reference for courses of treatment rendered, and as a summary of goods and services provided for billing purposes.

Other business records, such as administrative, human resource, and financial records provide information for many other business purposes. You are expected to properly and accurately complete records that detail care and services provided, and to complete them in a timely manner consistent with professional guidelines and System policies.

No one may alter or falsify information on any record or document.

3.10.2 Record Retention, Storage and Disposition Guidelines

The System is required by law to maintain certain types of medical and business records, usually for a specified period of time. Failure to retain these documents could subject the System to penalties and fines. Guidelines outlined in System policies should be followed by all System employees and contractors.

- The record retention and destruction schedule must be followed for the department in which you work.
- If you believe that documents should be saved beyond the applicable retention period, consult your Supervisor or the Compliance Officer.

3.11 Protecting the Confidentiality of System Information

Because potential harm can result from inappropriate disclosure of confidential information, no employee or contractor shall, before, during or after the term of their employment or engagement, disclose to others any such information obtained during the course of their employment or engagement without the written consent of the System.

The definition of "confidential information" includes the System's methods, processes, techniques, computer software, equipment, service marks, copyrights, research data, clinical and pharmacological data, marketing and sales information, personnel data, patient lists, financial data, plans and all other proprietary information which have not been published or disclosed to the general public.

All employees and contractors are accountable for the integrity and protection of business information entrusted to them. These guidelines should be followed:

- No modification of business information will be made by individual staff members.
- All business documents will be handled carefully during work hours, and must be properly secured at the end of the business day to prevent access or disclosure to unauthorized individuals.
- Confidential and personally identifiable data located on the System's computers must be especially safeguarded so that access or disclosure to unauthorized individuals is prevented. If you observe individuals whom

you do not recognize using computers or other resources in your area, or anyone inappropriately attempting to read computer screens, immediately report this activity to your supervisor and/or the Security Department if applicable.

- No disclosure of business information will be made by individuals except as authorized.
- No destruction of information will be made by individuals except as authorized.

3.12 Protecting Confidentiality of Information Owned by Others

Individuals and organizations often have intellectual property (defined as the goods and services developed exclusively by them) that they want to protect. These other parties are sometimes willing to share their private information when they do business with the System. If you are on the receiving end of another party's confidential information, you must be mindful of not misusing that information. Examples of misuse are things such reproducing copyrighted material, use/distribution of computer software programs belonging to an outside company or vendor, and sharing information that belongs to another company or party.

If you have received information that you believe may violate restrictions placed on its use, you should consult with your Supervisor prior to copying or distributing it to others.

3.13 Research

The System strives to provide an environment conducive to the promotion of research and the advancement of scientific knowledge through research. Because research endeavors may involve human subjects and/or information about human subjects, the System ensures a process for protection of research participants by implementing ethical guidelines, principles, data protection, controlled access and multi-level review. All research projects are required to be approved by the HSC System Research Committee and an external IRB prior to implementation of the research study or release of data.

3.14 Use of Internet and Other Electronic Communication Systems

The System information and communication assets (all computers, pagers, cellular phones, telephones, facsimile machines, electronic mail, internet and voicemail) are the property of the System and are to be used primarily for business related purposes. Highly limited, reasonable personal use of the System's communication systems is permitted. You should assume that when you communicate using System equipment that your communication is not private.

System employees will act in an ethical and responsible manner when using System equipment. Employees **may not** use the Internet at work to post, store, transmit, download, or distribute any threatening materials; false materials; or obscene materials; send chain letters, personal broadcast messages or copyrighted documents.

Those employees who abuse policies for use of System equipment may lose the privilege to use them and/or be subject to disciplinary action.

3.15 Marketing

When marketing or advertising the System's services to increase awareness of services and programs, educate patients/enrollees/clients, or recruit employees, care should be taken to assure that only truthful and accurate information is presented. All Marketing information shall be true and fair and adhere to the highest levels of integrity.

Marketing practices that deceive or mislead the public are strictly prohibited. All written Marketing Materials shall be developed with the goal of assisting patients/enrollees/clients in making an informed choice, and shall be clear, concise, accurate, and written in a culturally competent format.

Additional laws and regulations restricts marketing practices and gives individuals important controls over whether and how their Protected Health Information (PHI) is used and disclosed for marketing purposes. This can apply to recruitment of patients between System entities.

3.16 Hiring of Former Government Employees

There are very specific rules about the potential for conflict of interest when former government employees leave government service and seek employment with an organization who conducts business with the government. You should obtain clearance from the Department of Human Resources if you are considering hiring, or initiating a contract with any current or former government employee. Both the System and any employee or consultant/contractor who was a former government employee must comply with all applicable rules while working on the System's behalf.

SECTION 4: Communications on Behalf of the System and Community Activities

4.1 Communication and Media Relations

Employees and contractors will avoid unauthorized communications with the public or press regarding the System's business. If you receive an inquiry from a newspaper, television, radio, blog or social media reporter, do not offer any answers but instead refer the inquiry directly to the Director of Communications or HSC foundation's media spokesperson.

The Director of Communications or HSC Foundation's media spokesperson must coordinate and/or approve the following:

- All print and audio/visual communications directed to individuals and organizations external to the System.
- Arrangements for any photography, interviewing, filming, or videotaping of patients/clients/enrollees, staff members or portions of the physical plant.
- Release of System or patient/client/enrollee information to representatives of the media (newspapers, TV, radio, etc.)

In no instances shall a System employee or contractor photograph patients/members/clients and/or their family members, including through the use of a camera, video camera, cell phone, Iphone or any other device that stores a photographic image. Patients/members/clients can be photographed by or for the System only after written authorization forms have been signed by the caregiver/legal guardian.

4.2 Participation in Activities of Professional Organizations and Community Boards

The System encourages employees to participate in activities of professional organizations and community boards that coincide with the System's mission and vision. An employee must receive prior approval from his/her department manager for these types of activities.

Employees of the System are its representatives, both while on duty and when in the community. You are considered public relations officers of the System as you meet with patients/enrollees/clients, families, agencies, etc. Actions and speech can easily affect the System's reputation. It is expected that all employees will help maintain the System's good reputation.



SECTION 5: Relationship with Competitors

5.1 Compliance with Federal and D.C. Anti-Kickback and Self-Referral Statutes

Federal and District of Columbia laws specifically prohibit any payment, bribe or rebate in exchange for a referral of patients, services or business to other healthcare providers or suppliers. This applies both to those who offer such a payment and those who receive such payments, and are referred to as “kickbacks.” The term **“kickback”** is defined as “the giving of remuneration.” This is interpreted under the law as giving **anything of value, not just cash or monetary payments**. Under the federal law, giving a kickback is considered a felony and is punishable by fines and imprisonment.

Federal and D.C. **“self-referral”** laws prohibit the referral of patients by health care providers for specific health services if they have an ownership interest in or business relationship with that health service. Substantial penalties can result from such inappropriate referrals.

No officer, employee or any other person acting on behalf of or in the name of the System shall make or authorize the paying of any bribe, or any payment for an illegal act.

5.2 Trade Practices and Anti-Trust

Violation of anti-trust laws can impose severe sanctions on both individuals and the System itself.

Employees are not expected to understand every act that is considered illegal under antitrust laws. However, System employees **are specifically prohibited** from discussions with competitors concerning the following topics:

- the price of System services
- amounts paid to providers
- cost of labor or other resources
- discounts
- customers' geographic areas
- circumstances in which the System will do business or refuse to do business with suppliers, patients, physicians, insurers, and payers.

SECTION 6:

Doing Business with the Government

Q&A

My supervisor has asked me to change the date of a progress note so that we can submit a bill. Am I allowed to do that?

No. Once the document has been completed, it may not be altered. If the date in the progress note was incorrect, an addendum may be made to the note, but the note should not be changed and the addendum must be dated with the date on which it is written. Making a false statement in a medical record or any document that is used to support billing of medical services may be considered criminal fraud.

6.1 Payment and Accounting Practices

The System has adopted accounting practices and controls in keeping with the requirements of applicable laws and regulations. Employees working in financial and accounting roles are expected to be familiar with these accounting practices and procedures and to strictly follow them, and to enforce appropriate internal accounting controls over all areas of their responsibility.

If you become aware of any examples of use of improper funds or other system resources, or any accounting practices that are not in compliance with the System's internal accounting controls, applicable laws or this Code, you should immediately contact your Supervisor or the Compliance Officer.

6.2 Anti-Fraud Laws

The System is committed to developing and maintaining an effective fraud, waste and abuse program. All employees and contractors associated with the System are prohibited from participating in fraudulent activity at work.

CMS defines **Fraud** as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him self or some other person.

The System will ensure that all coding, billings and cost reports reflect truth and accuracy and conform to Federal and District laws and regulations. We prohibit any employee or agent from knowingly presenting or causing to be presented, any data which is false, fictitious or fraudulent.

Federal and State False Claims Act (FCA) prohibits any individual or organization from submitting a false claim for payment, or making or using a false record or statement to get a false claim paid by federal or state health care programs. FCA imposes liability upon a person who knowingly presents a false or fraudulent "claim" to anyone for any request or demand for money, any portion of which will come from the federal government. False claims can result in substantial civil and/or criminal penalties, including monetary penalties, fines, imprisonment and exclusion from both federal and District healthcare programs.

Some examples of Health Care fraud include billing for services not furnished, billing for more hours than authorized, billing for medically unnecessary testing, falsifying credentials, double billing, identity theft and paying kickbacks for referrals.

6.3 Medicaid Requirements

The System participates in Medicaid, a government funded program, for the District of Columbia, Virginia and Maryland. Each State Medicaid program is governed by laws and regulations which impose strict requirements on providers and managed care organizations. These guidelines are oftentimes different from other third party payers.

Violation of Medicaid laws and regulations can result in criminal sanctions being imposed both on the persons involved and on the organization on whose behalf those persons act. If the System was found to be involved in a violation of Medicaid regulation, it could be prohibited entirely from participating in the Medicaid program.

6.4 Federal and State Whistleblower Laws

The System complies with the Civil Federal False Claims Act and Whistleblower protection laws. The FCA allows a private person often referred to as a whistleblower to bring civil action in the name of the government against individuals or organizations who allegedly committed a crime. No employee will be terminated, harassed, or otherwise suffer from discrimination because of his or her role in a Civil False Claims Act suit.

6.5 Compliance with Government Investigations

System employees and contractors shall cooperate fully with any appropriately authorized government investigation or audit. However, it is important when responding to government inquiries to assure that accurate and complete information is provided or the System could be placed at risk. Unauthorized disclosure of information may jeopardize the rights of our enrollees, clients, patients or employees to privacy and expose the organization to liability. **If you receive a subpoena, inquiry or request for information by any governmental agency, immediately notify your Supervisor or the Compliance Officer.**

Government investigators may arrive announced or unannounced at System's entity locations or the homes of present or former employees and seek interviews and documentation. If a government investigator arrives with a search warrant, request a copy of the search warrant and immediately contact your Supervisor or the Compliance Officer. Employees are responsible for cooperating fully with investigators. It is absolutely critical that employees not interfere with the agents in any way during their search or prevent them from accessing anything listed in the search warrant. If not, this could constitute obstruction of justice.

6.6 No Gifts, Meals or Gratuities for Government Personnel

Only modest meals of less than \$10.00 may be provided to governmental employees.

The System may not provide any gift, entertainment, travel or lodging expenses for government employees.

Unlike in other circumstances, the laws regarding this issue could be violated if anything of value is given to a government employee even if there is no intent to influence an official action or decision. Therefore, no employee should entertain a public official without authorization.

Q&A

I think this is just a technicality, but I am late in renewing my nursing license. I am sending in the renewal now but do I also need to inform my supervisor?

Under the law, you are practicing without a license. You must inform your supervisor and you will not be able to resume your duties until the license has been reinstated.

6.7 Regulatory/Accreditation/Certification Compliance

The System holds specific licenses to provide care and services to our patients, clients and enrollees and follows all required federal, district and local laws and regulations in providing that care. The System also adopts the guidelines and standards of nationally recognized agencies and organizations from which it voluntarily seeks accreditation or certification. The System as a whole has policies, and its various entities have their own specific policies and procedures related to these laws, regulations and accreditation or certification standards and each employee, physician and contractor is expected to comply with them in full.

When System employees interact with a governmental, regulatory or accrediting body, it is expected that these **interactions will be conducted in an open, direct and honest manner.** There must never be an attempt to obstruct, mislead or delay communication of information requested. These requests for information must be answered with complete, factual and actual data and employees will exhibit courteous and respectful behavior with regulators, inspectors and accreditors.

6.8 Excluded Parties

There are restrictions on healthcare providers and other entities employing or entering into contracts with individuals or entities that are excluded from participating in federal or state health care programs. The bases for exclusion include convictions for program-related fraud and patient abuse, licensing board actions and default on Health Education Assistance Loans.

A formal hiring and/or credentialing process will be completed for any employee or contractor including licensed independent practitioners. This process will include criminal background checks and a review of the applicant's status in relation to government sanctions, OIG exclusions and/or Excluded parties list of system (EPLS).

A formal verification process will be completed for any vendor prior to contracting and annually to ensure vendor is not an excluded party.

No care or services will be provided to patients/enrollees by any employee, contractor, vendor or network provider until the hiring, credentialing or verification process is successfully completed.

- No one will be permitted to provide care or service with an expired credential.
- No one will be permitted to provide care or service if debarred, suspended or excluded from participating in a health care benefit program or from participating in non-procurement activities.

Any employee, medical staff member, contractor, vendor or network provider will be terminated immediately if excluded from participating in Medicare or Medicaid.

6.9 Political Contributions and Commenting on Political Issues

The System as an entity is prohibited by federal and District of Columbia laws from participating in the support of, or opposition to political candidates or officeholders or contributing to political campaigns. These laws must be strictly followed.

Individuals may participate in the political process. However, it must be made clear that you are representing your own beliefs. Therefore, **you may not use system titles, letterhead and/or other system resources in your personal political pursuits.**

As an organization, the System occasionally will speak out on issues of importance. Senior management is responsible for developing the System's position on relevant legislative and regulatory issues. If you are contacted by legislators or regulators regarding the System's position on public issues, you may not respond, and must refer all questions to your Supervisor.



SECTION 7: Compliance Program

7.1 Role of the Compliance Officer

The Compliance Officer, in coordination with the System's President/CEO and Board of Directors, is responsible for coordinating the System's Corporate Compliance Program and for monitoring adherence to this Code. The Compliance Officer will work with others in the System to implement this Code of Conduct, train staff and enforce this Code.

The Compliance Officer's role is to assist the System to comply with its commitment to ethical and professional standards of behaviors and conduct, and adhere to all applicable laws, regulations, standards and policies and procedures. Additionally, the Compliance Officer will assist in promoting a non-punitive culture by endorsing an "open door" policy for reporting concerns.

7.2 Reporting Compliance Issues and Concerns

The System expects its employees and contractors to report any known or suspected improper conduct immediately. This applies to violations of any applicable laws, regulations, System policies and actions that are addressed in this Code. Staffs are expected to come forward and report such violations, regardless of who the suspected offender is, or what position they hold. **If you notice something that is not right... speak up.**

Guidelines for reporting violations are as follows:

- Report any known or suspected violations of statute, law, regulations, System policy or this Code to your Supervisor as soon as you are aware of it.
- If you feel you cannot discuss your concern with your immediate Supervisor, follow the chain of command and seek the next level manager to whom you feel you can report the violation.
- If you are uncomfortable for any reason whatsoever with going through the chain of command for your area or department, contact the Compliance Officer directly to report your concern.
- If you choose to report anonymously, you may call the Compliance Hotline at 202-454-1223. No attempts will be made to learn the identity of persons who make anonymous reports.
- You may also report Code violations via website internet reporting. This may be done by using one of the following links:
 - <http://www.hscpediatriccenter.org>
 - <http://www.hscsn-net.org>
 - <http://www.HSC-Homecare.org>

Because failure to report criminal conduct can also be seen as endorsing the crime, the importance of reporting cannot be emphasized strongly enough. Failure to report knowledge of any actual or potential violations may result in disciplinary action against the person who fails to speak up.

It is more important to report what you think is a potential violation and perhaps be mistaken, than to not report at all due to a question or confusion about the Code. There will be no actions taken against anyone for good faith reporting of actual or possible violations of the Code.

Where possible, the identity of the staff member making the report will be kept confidential.

7.3 Acknowledgment and Certification of Compliance

The System requires that all directors, officers, employees and contractors sign a certification confirming that they have received and read the System Code, understand it and will comply.

In addition, each year all directors, officers, employees and contractors will be asked to submit an updated Code of Conduct and Compliance Program Acknowledgement and Certification Form after receiving education that reviews the content of the System Code.

CODE OF CONDUCT AND COMPLIANCE PROGRAM

ACKNOWLEDGMENT AND CERTIFICATION STATEMENT

- I certify that I have read the educational material, received the training on the Code of Conduct and Compliance Program, and I understand the information presented.
- I acknowledge that compliance with the Compliance Program and the Code of Conduct is a condition for employment, election, or appointment to office. Failure or refusal to comply with either will be grounds for disciplinary action including, but not limited to, termination.
- I understand that when I have a concern about a possible violation of the Compliance Program, Code of Conduct and/or HSC Health Care System policies and procedures, I must promptly report the concern to my supervisor or the Compliance Officer, in accordance with the Compliance Program and policies and procedures.
- I agree to comply with the Code of Conduct, Compliance Program and HSC Health Care System policies and procedures.

Print Name: _____

Signature: _____ Date: _____

Company: _____

Job position: _____

Department: _____



THE HSC HEALTH CARE SYSTEM

Caring, Serving, Empowering



The HSC Foundation

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Code of Conduct

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