Mohawk Valley Health System

CODE OF CONDUCT

A Guide to the Compliance Program

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At Mohawk Valley Health System (MVHS), we are committed to conducting our work with honesty, integrity and the highest ethical standards. These principles are fundamental to who we are as an organization and are the responsibility of every colleague.

MVHS maintains a comprehensive, system-wide Compliance Program to help ensure we understand and follow the laws, regulations, professional standards and ethical commitments that guide our organization. A key component of this program is our Code of Conduct, which serves as an important resource for every colleague. It outlines the standards and expectations that help us uphold our commitment to ethical decision-making and responsible business practices.

Our Compliance Program includes several essential elements, including:

- A Chief Compliance Officer who reports directly to the Board of Directors
- Ongoing education and training
- Policies and procedures that support compliance and ethical practices
- Audits and monitoring activities
- Multiple ways for employees, patients and others to report actual or suspected violations of laws, regulations or our Code of Conduct anonymously and without fear of retaliation.

The Code of Conduct describes the behaviors and actions expected of everyone who works at MVHS. While it cannot address every possible legal, regulatory or ethical situation, it provides guidance for many of the issues you may encounter in your work. It also identifies resources available to answer questions and reinforces every colleague's responsibility to speak up and report concerns in good faith.

Our Code of Conduct is an essential part of fulfilling MVHS's mission to deliver premier healthcare to our region, keeping our patients as the focus of all we do. It reflects our commitment to operating with integrity while delivering exceptional care to our patients and residents and fostering a respectful, supportive workplace for one another. It also reinforces our core values of Accountability, Respect, Teamwork, Kindness and Safety.

If you have questions about the standards outlined in the Code of Conduct or need additional guidance, please contact your supervisor or the MVHS Chief Compliance Officer, Tanya Enigk. If you are aware of or suspect a violation of the Code of Conduct or any MVHS policy, you have a responsibility to report your concern to your supervisor or the Chief Compliance Officer. You may also report concerns confidentially by calling the MVHS Compliance Hotline at 1-800-954-9418.

OUR MISSION

MVHS and our flagship, Wynn Hospital, deliver premier healthcare to our region, keeping our patients as the focus of all we do.

OUR VISION

MVHS and our flagship, Wynn Hospital, will be the leading patient-centered medical and healing environment, the employer of choice and the pride of Central New York.

Accountability

We take ownership of personal and team outcomes.

- I take ownership of my performance and learn new ways to get better results.
- I give effective feedback and receive feedback in a positive manner.
- I follow through on my commitments and promises.
- I take pride in the MVHS environment and take actions for our betterment.

Respect

We treat others as we want to be treated.

- I always consider how my actions impact the experience of others.
- I value inclusion and embrace the rich diversity of our patients and my coworkers.
- I create trusting and respectful relationships with my teammates.
- I adapt my behavior when facing multiple demands so I can be at my best.

Teamwork

Together we are better.

- I proactively ask for help and offer help so we can all succeed.
- I look for opportunities to contribute to the greater good.
- I share knowledge and resources in order to benefit others.
- I give appreciation often and celebrate the success of others across all roles.

Kindness

We Advocate for the Dignity of All.

- I act with empathy and curiosity, knowing everyone has a different story.
- I listen respectfully to others and value their contribution.
- I am aware of my needs and the needs of others and look for ways to support them.
- I assume positive intent and seek to understand.

Safety

We consistently provide the highest quality of care through safe, proven practices.

- I do the right thing always, with the patient's best interest in mind.
- I demonstrate the highest professional and ethical standards.
- I proactively communicate with others, keeping patient needs top of mind.
- I carefully follow all HRO guidelines, protocols and precautions to create a safe environment for all.

To our patients:

- You can trust us to provide safe healthcare that maintains or restores your health to the best of modern medicine's ability.
- Your health and well-being are paramount, regardless of your illness, circumstances or identity.
- You have the right to respectful, exceptional healthcare that allows you and your loved ones to stay focused on healing.

To our employees:

We are committed to building a healthy and healing environment of the highest quality. You are at the heart of this effort. We will provide the best possible resources in a supportive, respectful and safe workplace where you can maximize your talents and do the meaningful work you came to do. Every voice is vital. Together, we will create an organization of which you can be proud.

To our healthcare providers:

- By working together, we will continually strengthen healthcare in the Mohawk Valley region and be the medical center of choice.
- Through collaboration we will improve patient outcomes and bolster the health and quality of life for our community through evidence-based practice.

To our community:

We pledge to be a leading and responsible community partner and key contributor to the region's health and vibrancy by:

- Offering reliably safe, top-quality, patient-centered care that meets this community's needs and exceeds its expectations;
- Drawing on our heritage to reflect the full cultural and spiritual diversity of the community we serve;
- Enhancing our status as a regional employer of choice;
- Committing to robust community engagement that aligns with the region's best interests and greatest needs;
- Maintaining our role as a leading economic driver of the local economy;
- Being wise and conscientious stewards of the resources entrusted to us by this community to carry out our mission.

Purpose of the Code of Conduct

This Code of Conduct and its related policies have been adopted to provide standards by which all members of the entire MVHS will conduct themselves. Individual conduct must be in a manner that protects and promotes organizational-wide integrity and enhances our ability to achieve our Mission. This Code is intended to serve as a guide to help our entire MVHS family make sound ethical decisions during day-to-day activities. This Code applies to all employees, medical staff members, board members, vendors, contracted employees, consultants, students and volunteers. At times, the Code makes reference to "employee." This reference should be understood to include employees, medical staff members, board members, vendors, contracted employees, consultants, students and volunteers. The Code is intended to be comprehensive and easily understood. In many cases, however, the subject requires additional guidance for those directly involved with a particular area.

Commitment to Ethical and Legal Conduct

Government regulation of the healthcare industry is increasingly complex. The federal government and New York State have made healthcare fraud and abuse a top enforcement priority. We take our responsibility to comply with laws and regulations very seriously. We ensure that we actively take steps to prevent and detect any violations of these laws and correct any violation that may be identified.

Fraud, Waste and Abuse

We have adopted policies to prevent and detect fraud, waste and abuse. This Code of Conduct and related Compliance Program outlines the intent of these policies. Our policies and various federal and state laws prohibit false claims and other fraudulent activity. Each employee, medical staff member, vendor, contracted employee, consultant, student and volunteer must adhere to the standards in this Code of Conduct and to the related policies addressed in the Compliance Program. Violations of these standards or policies can result in disciplinary measures, up to and including termination of employment. Violations may also result in civil actions and penalties.

Leadership Responsibilities

While all employees are obligated to follow our Code of Conduct and related policies, we expect our leaders to set the example and to be in every respect role models. We expect everyone in the organization with supervisory responsibility to exercise that responsibility in a manner that is thoughtful and respectful. We expect each supervisor to create an environment in which all staff are encouraged to raise concerns and propose ideas.

We also expect that our leaders will ensure staff has sufficient information to comply with laws, regulations and policies, as well as the resources to resolve ethical dilemmas. They must help to create a culture that promotes the highest standards of ethics and compliance. This culture must encourage everyone in the organization to share concerns when they arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

Our continuous Leadership Education and Professional Development Program, coordinated through the Keith A. Fenstemacher Center for Continuous Learning, provides leaders with the fundamental principles and tools to engage in responsible leadership.

Questions About the Code of Conduct

After you have read the Code of Conduct and reviewed the related policies in the Compliance Program, you may have questions about how the standards apply to situations you may face. You may want to report a potential violation of company policy or violation of a federal or state regulation. You should always feel comfortable talking about your questions and concerns. There are several ways you can have your questions answered, even if you wish to ask them anonymously. You may address these questions with your supervisor or directly with a member of our Compliance staff. You may also address your concerns through the Compliance Hotline or you can email the compliance office at compliance@mvhealthsystem.org. Accessing the hotline is easy, anonymous and confidential. This process is explained on page 17 of this Code of Conduct.

Acknowledgement Form

After you have read the Code of Conduct, reviewed the associated policies in the Compliance Program document and had the opportunity to have your questions answered, you must sign the inserted acknowledgement form. By signing the form, you are acknowledging that you have read and understand the Code and related policies, and will abide by them.

We are committed to Integrity and Compassion. We take Accountability for personal and team actions. We Respect and we advocate for the dignity of all and our commitment to quality, innovation and continuous learning. Our Mission is to Excel in healthcare to our communities. We will treat all of our patients, residents and their families with dignity and respect, in a caring and honest environment, providing treatment that is both necessary and appropriate.

We are committed to providing a safe environment for our patients, residents and their families. We accomplish this by continuous improvement and implementation of state-of-the-art medication order entry systems, electronic patient records, bar codes and electronic incident reporting systems. We continually assess for potential hazards through patient safety rounds and patient and staff surveys. We encourage patient and family involvement in all levels of operations, through advisory councils and committee representation. We strive for a culture of safety that permeates the entire organization through teamwork and communication.

This commitment to quality care and patient safety is an obligation of every employee, medical staff member, board member, vendor, contracted employee, consultant, student and volunteer.

Patient, Resident and Parent Rights

The Patient, Resident and Parent Bill of Rights guides our behavior. Each patient and resident is provided with a written statement of patient rights and a Notice of Privacy Practices. These statements include the rights of a patient or resident to make decisions regarding medical care, the right to refuse or accept treatment, the right to informed decision-making and the patient's rights related to his or her health information maintained by our organization. Every employee, medical staff member, vendor, contracted employee, consultant, student and volunteer is an advocate for the rights of our patients, residents and their families.

We recognize that medical care can sometimes be uncertain and controversial. Sometimes the right thing to do is not clear and individuals may disagree about what is appropriate when there is no advance directive and the patient's wishes are unknown or not clear. When the right thing is not clear, our Medical Ethics Committee serves as an educational forum, resource and consulting body for those seeking guidance on such issues.

Population Health Management (PHM)

PHM connects information from across our community to offer a comprehensive view of care, regardless of where a patient receives services. This community-wide insight, made possible through patient consent, allows health care providers to better understand the full spectrum of health issues and risk factors that could impact a patient's care. PHM helps integrate data from a variety of care settings including primary care, acute and post-acute, behavioral health, community-based services and other services. Connecting critical information will assist providers in delivering the best possible care for patients through a fully-coordinated team-based approach. The New York State's Delivery System Reform Incentive Payment (DSRIP) program focuses on healthcare system transformation, where providers work to improve and coordinate patient care across all settings. If you have any questions, concerns or complaints about the DSRIP program or payments MVHS receives from participation in the program, please call the MVHS Compliance Officer or contact the Compliance Hotline.

Emergency Treatment

We follow the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing an emergency screening examination and necessary stabilization to all patients, regardless of ability to pay. In emergency situations or if the patient is in labor, we will not delay the medical screening and necessary stabilizing treatment to seek financial and demographic information. Patients are transferred to other facilities only if the patient's medical needs cannot be met and appropriate care is available at another facility.

Healthcare facilities like ours require collaboration between those who are part of our organization and those who have been credentialed and privileged to practice in our facilities. As in any collaboration, each party has important roles and responsibilities. We are committed to providing a work environment that is excellent in all respects for physicians and other practitioners who practice at our facilities. We appreciate these practitioners' respectful and supportive commitment to our organization. We encourage members of the medical staff to become familiar with this Code of Conduct. There are many areas of the Code that pertain to ethical or legal obligations of physicians in hospitals, continuing long-term care facilities and other post acute care services such as ours. This document, in conjunction with our Compliance Program, is intended to be a helpful summary of these obligations for our medical staff members.

Interactions with Physicians

Federal and state laws and regulations govern the relationship between hospitals and physicians who may refer patients to our facilities. The applicable federal laws include the Anti-Kickback Law and the Stark Law. It is important that those who interact with physicians, particularly regarding making payments to physicians for services rendered, providing space or services to physicians, recruiting physicians to the community and arranging for physicians to serve in leadership positions in our facilities, are aware of the requirements of the laws. Failure to meet all requirements of these laws and regulations can result in serious consequences for our organization.

Keeping in mind that it is essential to be familiar with all applicable laws, regulations and policies, two main principles govern our interactions with physicians:

We do not pay for referrals. We accept patient referrals and admissions based solely on the patient's medical needs and our ability to render the needed services. We do not pay or offer to pay anyone including employees, physicians or other persons or entities for referral of patients.

We do not accept payment for referrals we make. No employee or any other person acting on behalf of the organization is permitted to solicit or receive anything of value, directly or indirectly, in exchange for the referral of patients. Similarly, when making patient referrals to another health care provider, we do not take into account the volume or value of referrals that the provider has made, or may make, to us.

It is critical to avoid the appearance of impropriety when giving gifts to individuals who do business or are seeking to do business with our organization. We should never use gifts or other incentives to improperly influence relationships or business outcomes.

Receiving and Offering Business Courtesies

Employees of MVHS may not solicit personal gifts, business courtesies, or services from any patient, visitor, vendor or contractor. Unsolicited gifts of nominal value, less than $10 each and not to exceed $50 in the aggregate annually may be permissible on rare occasions. Gifts of cash and cash equivalents are strictly prohibited. Nothing should be accepted in exchange for purchasing or using products or for a commitment to continue using products. There may be times when it is permissible to accept a meal or other invitation offered by a current or potential business associate. However, the purpose must never be to induce or influence a business transaction. As a general rule, the cost must be reasonable (not to exceed $100 per person). If the occasion appears extravagant or if the invitation could be perceived as intending to influence a business decision involving MVHS, attendance at such an occasion is prohibited.

Gifts that are intended to influence or that may be considered by an objective observer to have the potential to influence an individual in the conduct of his or her duties or responsibilities are prohibited. Please refer to the MVHS Gift Policy for specific situations.

Any gifts or entertainment involving physicians or their immediate family members or other persons in a position to refer patients are subject to federal and state laws, rules and regulations. When considering accepting a gift from or offering a gift to a physician, please contact your supervisor or the Corporate Compliance Officer for advice.

Extending Business Courtesies to Non-Referral Sources

There may be times when an employee wishes to extend to a current or potential business associate (other than someone in a position to make a patient referral) an invitation to attend a social event to further or develop a business relationship. During these events, topics of business nature must be discussed. The costs associated with an event must be reasonable and appropriate. No employee should extend an invitation for which the costs will exceed $100 per person. Employees should consult with a member of the Legal and Compliance Department for questions regarding extending business courtesies.

HERE'S AN EXAMPLE...

Mohammad works at the Hospital Campus as a purchasing agent. He is responsible for buying all medical supplies for the organization.

A vendor he has worked with for some time is not as competitive on a new surgical supply that the hospital is looking to purchase. The vendor is not able to match other vendors' prices but has offered Mohammad free season tickets to his favorite football team to gain the contract.

Mohammad knows that hospital policy prohibits employees from accepting personal invitations with a value greater than $100 and that by accepting the season tickets he would not only violate the policy, but would put more of a financial burden on MVHS. He refuses the tickets and reports the matter to his supervisor.

HOW DOES THIS FIT IN?

When dealing with company resources, employees must always ensure they remain free of conflicts of interest in the performance of their responsibilities.

Mohammad made the right decision. He knew that accepting the football tickets would have been a violation of the organization's Code of Conduct standards. He purchased the supplies from another vendor that had a lower price.

We collect information about patients' and residents' medical conditions, histories, medications and family illnesses to provide quality care. We realize the sensitive nature of this information and are committed to maintaining its confidentiality. Federal and state regulations protect this information from inappropriate disclosures. We do not use, disclose or discuss patient-specific information unless it is required as part of our job responsibilities. When sharing information, we will strictly adhere to the minimum necessary standard to accomplish the task. Patients and residents have a right to expect their healthcare information be kept private. Patient and residents information shall only be released in the course of doing your job, as required by law or by the patient's written authorization.

We also collect, generate and develop data related to our businesses and business activities and operations. This includes financial information, employee information and payroll data, pricing and marketing information, company strategic business plans, supplier and subcontractor information, and proprietary software. This sensitive business data is the property of our organization and should not be disclosed or discussed outside your job responsibilities.

Employees have access to electronic medical records systems and our business data through uniquely assigned passwords. Access to electronic data is given based on job responsibilities. NEVER share your password with anyone, not even a supervisor or manager. No employee should ever ask you for your password. When leaving your workstation ALWAYS logout. NEVER leave a workstation signed on with your password for others to use. If anyone accesses data with your password, you will be held accountable for all access. If you feel your password may have been compromised, it is your responsibility to report this to the IT Help Desk and a new password will be assigned.

Privacy and security policies have been implemented to ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and New York State law; more importantly, protecting our patients' privacy is the right thing to do. Employees use confidential patient information and hospital data to perform their job responsibilities every day. This confidential information should not be shared or disclosed to others except those with a need to know. Improper use or disclosure of confidential information violates company policies and may violate federal and/or state law.

Internal audits are routinely conducted to ensure that accessing patient and business data falls within the job assignment of particular employees. Disciplinary action, up to and including termination, will be taken for employees identified as accessing or disclosing information outside of their assigned job responsibilities.

HERE'S AN EXAMPLE...

Susan is a registered nurse for the MVHS Medical Office.

She just found out that her neighbor has been sick and is in the hospital. She can't reach her by phone, so while at work she decides to find out what has happened.

Susan logs on to the MVHS EMR and makes a patient inquiry to see if her neighbor is at the Wynn Hospital. She identifies that yes, she is, and after looking further, she also finds out that her neighbor is on the sixth floor having treatment for breast cancer.

Susan then goes and visits her neighbor on the unit, surprising her. The neighbor is a very private person and hadn't told anyone about her illness. Now she fears everyone will know.

HOW DOES THIS FIT IN?

Susan meant well because she was concerned about her neighbor's well-being. However, just accessing the EMR system to determine if her neighbor was at MVHS is a violation of both federal and state laws and our organizational policy.

Susan then went one step further in violating the patient's privacy when she found out she was having treatment for breast cancer. As innocent as this may seem, the patient has a right to keep her medical information private from everyone that is not involved with her direct care

Social Networking

One of the most modern patient privacy issues facing healthcare organizations around the country is the increasing popularity of social networking sites.

Many employees are now members of online sites like Facebook, Instagram, Twitter, LinkedIn and more. These sites let you post messages, share photos and connect with people from all over the world.

However, employees must remember that information about our patients and residents and their care is private no matter the setting. Individuals who post information or photos about patients, with or without using their name, are violating HIPAA privacy laws and the organizational privacy policies.

To maintain the confidentiality and integrity of patient information, employees are prohibited from using these social networking sites while at work and from accessing them from any company-owned computer.

Even when using social networking sites away from work, employees must adhere to privacy guidelines, avoiding any mention of patient care that could identify a patient or family member.

Furthermore, it is the responsibility of employees who observe a violation by their co-workers to report it immediately to their supervisor, the Compliance Officer or by calling the Compliance Hotline.

Cellphone Camera Use

For many years, cellphone usage was prohibited in health care settings because it was believed that such usage presented radio wave or electromagnetic danger to certain patient equipment. Today, there is a renewed concern about cellphone use in healthcare settings related to protecting patients' privacy.

Healthcare facilities have a duty under HIPAA to protect confidential patient information. Healthcare facilities generally have recognized that photographs that identify or allow for the identification of patients constitute protected health information (PHI) and, accordingly, have prohibited staff from taking photographs of a patient without the patient's consent. The potential for inappropriate use of such cameras in healthcare settings is tremendous.

Cellphone cameras are never to be used to record images of patients. Such images, if needed for purposes of care or training, should be obtained only by authorized persons using specified equipment and pursuant to policy. Any authorized photographs or images are the sole property of the facility. Distribution of photographs or other images outside the facility, without written authorization for a permissible use, is prohibited.

HERE'S AN EXAMPLE...

Gina works as a nurse in the Emergency Department. She was at work one day and cared for an individual that was in a house fire that left two dead.

When she went home that night she couldn't get to sleep so she logged into Facebook and began writing notes to her "friends" that were on her account. She told them about her day at work, about her patients in the fire and their prognosis. She didn't use names, but based on the descriptions given, many of the "friends" knew they were the two involved in the house fire they had heard about on the news.

An employee who was connected to one of Gina's connections read the posts and knew it was her responsibility to protect the privacy of the patients. She called the Compliance Hotline and explained what she had read on Facebook. They took action.

HOW DOES THIS FIT IN?

When dealing with social networking websites, remember that it's like being on a very crowded elevator. You may have only two or three dozen people linked to see your pages on this site, but each one of those individuals may have several dozen more friends that can read their comments to you. These sites are used by millions of people, many of whom may have access to your postings without your knowledge. Gina was wrong to post such personal information about the patient she had cared for. By describing the care and injuries, she violated his privacy and the organizational privacy policy.

Environmental Compliance

It is our policy to comply with environmental laws and regulations as they relate to our organization's operations. We act to preserve our natural resources to the fullest extent reasonably possible. We comply with all environmental laws and operate with the necessary permits and approvals. We diligently implement the proper procedures to provide a good environment of care and prevent pollution. Employees must understand how job duties impact the environment, adhere to all requirements for proper handling of hazardous materials and immediately alert supervisors of any situation regarding the discharge of a hazardous substance, improper disposal of hazardous and/or medical waste, or any situation which may be potentially damaging to the environment.

Marketing and Advertising

Consistent with laws and regulations that may govern such activities, we use marketing and advertising activities to educate the public, provide information to the community and to increase awareness of our services and to recruit staff. We strive to present only truthful and educational information in these materials and announcements.

Research, Investigations and Clinical Trials

We follow the highest ethical standards in full compliance with federal and state laws and regulations in any research, investigations or clinical trials conducted by our physicians and staff. We do not tolerate research misconduct, which includes activities such as falsifying or changing results, copying results from other studies without performing the clinical investigation or research, failing to identify and deal appropriately with investigator or institutional conflict of interest, or proceeding without Institutional Review Board (IRB) approval. Our first priority is to protect the patient and their rights during the trials. This includes fully informing all subjects of their rights and responsibilities in participating in the trial, as well as risks, expected benefits and alternative services that might prove beneficial to them. Patients who withdraw from participation in a study will always retain full future access to services or other benefits.

Accuracy, Retention and Disposal of Documents and Records

Each of our employees is responsible for the integrity and accuracy of our organization's documents and records, not only to comply with regulatory and legal requirements but also to ensure that records are available to support our business practices and actions. No one may alter or falsify information on any record or document. Records must never be destroyed in an effort to deny any authority access relevant to an investigation. Finally, under no circumstances may employees use patient or business information for a personal benefit.

Medical and business documents and records are retained in accordance with the law and our record retention schedules. Patient and business documents include paper documents such as letters and memos, computerized information such as emails or computer files on disk, tape and any other medium that contains information about our patients, the organization or its business activities. It is important to retain and destroy records only according to policy. No employee may tamper with records. No one may remove records from MVHS premises without prior authorization.

Coding and Billing for Services

We have implemented policies, procedures and systems to facilitate accurate billing to government payers, commercial insurance payers and patients. These policies, procedures and systems conform to federal and state laws and regulations. We prohibit any employee from knowingly presenting, or causing to be presented, claims for payment or approval, which are false, fictitious or fraudulent.

In support of accurate billing, medical records must contain reliable documentation of the services we provide. It is important that all individuals who contribute to the medical record provide accurate and complete information about the care of the patient or residents. Any addition, deletion, addendum or correction to a medical record must be completed according to policy. No individual may destroy any information considered part of the medical record.

Accurate coding and billing of patient services also depends on the diligence and attention of physicians who treat patients at our facilities. We expect those physicians to provide us with complete and accurate information in a timely manner, and according to the MVHS Medical Staff Rules and Regulations.

Individuals or contractors employed or engaged to perform billing or coding services are expected to have the necessary skills, knowledge and resources to ensure all billing and coding is completed in compliance with governmental and commercial insurance programs.

Financial Reporting and Records

We have established and maintain a high standard of accuracy and completeness in documenting, maintaining and reporting financial and statistical information. This information serves as a basis for managing our business and is important in meeting our obligations to patients, employees, suppliers and the community.

All financial information must accurately reflect any transaction. All funds or assets must be properly recorded in the books and records of the organization. We maintain a system of internal controls to provide reasonable assurances that all transactions are executed in accordance with management's authorization and are recorded in a proper manner so as to maintain accountability of the organization's assets.

We are required by federal and state laws and regulations to submit certain reports of our operating costs and statistics. These laws, regulations and guidelines define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to program beneficiaries. Our policies articulate our commitment to maintain an accurate, complete and timely reporting process.

HERE'S AN EXAMPLE...

Tracy is a unit secretary in Rehabilitation. She is responsible for placing charges on patient accounts.

When patients are scheduled for physical therapy, they are generally scheduled for three times a week, for six weeks. Tracy has developed an internal process for her to automatically post patient charges without verifying that the patient has actually received the therapy.

Stella, a physical therapy patient, has been attending for four weeks. She suddenly becomes ill and is unable to make her last two weeks of therapy. Stella's insurance company is still billed for the entire six weeks.

HOW DOES THIS FIT IN?

All employees responsible for placing charges on accounts need to ensure that services are rendered prior to charging.

Tracy should not have automatically assumed the therapy was given. She must verify each session with the physical therapist or review the medical record for documentation supporting the charges entered.

All communication systems, including computers, electronic mail, Intranet or Internet access, telephones and voicemail are the property of the organization and are to be used primarily for business purposes in accordance with electronic communications policies and procedures. Limited responsible personal use of communication systems is permitted. However, users should assume these communications are not private. Users of computers and telephone systems should presume no expectation of privacy in anything they create, store, send, read, access or receive on the computer or telephone system. The organization reserves the right to monitor usage, access and content of these communication systems consistent with policies and procedures.

To maintain the confidentiality and integrity of patient and confidential information, such information should be sent through the Internet only in accordance with the Information Security Policy and Standards, which require, among other things, that certain individual and/or entity data be encrypted.

Users may not use internal communication systems or access the Internet at work to post, store, transmit, download or distribute any threatening, obscene or false materials. Communication systems should not be used for anything constituting or encouraging a criminal offense, giving rise to civil liability, or otherwise violating any laws. Communication systems should not be used for unauthorized chain letters, personal broadcasting of messages or distributing copyrighted documents that are not authorized for reproduction.

HERE'S AN EXAMPLE...

Joe works in the MVHS financial office. His job requires that he use the Internet for research and informational purposes.

Joe is looking for a new set of golf clubs. He had heard that eBay has great prices and selection. While at home last night, he found a set. Today, he is worried that he may lose the bid so Joe goes online, thinking no one will know.

He spends several hours throughout the day placing higher bids on the clubs. He finally wins the bid and is satisfied. His supervisor is not. While Joe was on eBay he should have been completing a report that was needed for an afternoon meeting.

HOW DOES THIS FIT IN?

Going to eBay or any other non-work related Internet site is a violation of organizational policy. By spending work time on the Internet, Joe is consuming hospital resources both by wasting his time and using the hospital-owned system.

All employees must use the Internet, email, telephones and voicemail responsibly.

MVHS IT monitors all sites visited by employees while on the hospital-owned system. They are able to provide a list of visited sites at a supervisor's request.

All staff members contribute directly to the success of MVHS. We are committed to protecting, supporting and developing our staff to its fullest potential in a fair and equitable manner. We support a culture that taps the full potential of employees and builds an environment that allows all people to feel appreciated, included and valued. Professional growth, career development and individual empowerment are actively encouraged and valued.

Licenses and Certifications

Employees, individuals retained as independent contractors and privileged practitioners who require professional licenses, certifications or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with federal and state requirements applicable to their respective disciplines. We do not allow any employee, independent contractor or privileged practitioner to work without a valid, current license or credentials. Processes have been implemented to assure documentation of compliance with each position description requirement.

Conflicts of Interest

A conflict of interest may occur if an employee's outside activities, personal financial interests, or other personal interests influence or appear to influence his or her ability to make objective decisions for the organization. A conflict of interest may also exist if the demands of outside activities hinder or distract an employee from the performance of their job responsibilities or cause an employee to use company resources for other than company purposes. You are obligated to ensure that you remain free of conflicts of interest in the performance of your responsibilities.

You must disclose any situation where you or your immediate family has a direct or indirect ownership, investment, income or compensation agreement with any person or vendor with which MVHS does business.

If you have questions about a potential conflict of interest, contact the Legal and Compliance Department for clarification.

Ineligible Persons

We do not contract with, employ or bill for services rendered by an individual or entity that is excluded or ineligible to participate in federal and/or state healthcare programs. We routinely search the List of Excluded Individuals and Entities. This list identifies individuals and entities excluded from participation in the Medicare, Medicaid and all other federal and state healthcare programs. Employees, vendors and privileged practitioners are required to notify Human Resources and/or the Chief Medical Officer if they become excluded, debarred or ineligible to participate in federal or state health care programs.

Diversity and Equal Employment Opportunity

We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. We are accountable to one another for the manner in which people around us are treated. We are committed to recruit and retain diverse staff, reflective of the patients and community we serve. We regard laws, regulations and policies relating to diversity as a minimum standard. We strive to create and maintain a setting in which we celebrate cultural and other differences, and consider them strengths of the organization.

We are an equal opportunity employer and no one shall discriminate against any individual with regard to race, color, religion, sex, national origin, age, disability, sexual orientation or veteran status with respect to any offer or term of employment. We make reasonable accommodations for the known physical and mental limitations of qualified Individuals with disabilities.

Harassment and Workplace Violence

Each employee has the right to work in an environment free of harassment and disruptive behavior. We do not tolerate harassment by anyone. Degrading or humiliating jokes, slurs, intimidation or other harassing conduct is not accepted in our workplace. Sexual harassment is prohibited. Harassment also includes incidents of workplace violence. Workplace violence includes robbery. Employees who observe or experience any form of harassment or violence should report the incident to their supervisor, Human Resources, the Compliance Officer or the Compliance Hotline.

Workplace Environment

Health care is a high-stakes, pressure-packed environment that can test the limits of civility in the workplace. Rude language and hostile behavior among healthcare professionals goes beyond being unpleasant and poses a serious threat to patient safety and overall quality of care. Verbal outbursts, condescending attitudes, refusing to take part in assigned duties and physical threats all create a breakdown in the teamwork, communication and collaboration necessary to deliver quality patient care. Most health care workers do their jobs with care, compassion and professionalism. But sometimes professionalism breaks down and caregivers engage in behaviors that threaten patient safety. We are committed to taking a stand against these behaviors by clearly identifying these unacceptable behaviors and refusing to tolerate them.

Substance Abuse and Mental Acuity

To protect the interests of our employees and patients, we are committed to an alcohol-and drug-free work environment. All employees should report to work free of the influence of any illegal drug or alcohol. We may use drug testing as a means of enforcing this policy.

Controlled Substances

Some of our employees routinely have access to prescription drugs, controlled substances and other medical supplies. Many of these substances are governed and monitored by specific regulatory organizations. Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to us and to patients. If anyone becomes aware of inadequate security of drugs or controlled substances, or the diversion of drugs from the organization, the incident must be reported immediately.

The MVHS Corporate Compliance Program and this Code of Conduct have been implemented at MVHS to assist us in complying with federal and state laws and regulations that impact our business. The program demonstrates the organization's commitment to the highest standards of ethics and compliance. The elements of the program include setting standards, communicating the standards, providing a mechanism for reporting exceptions, monitoring and auditing and maintaining an organizational structure to support and maintain the program.

What to Do if You Believe There May Be a Problem

If you believe that the organization, a fellow employee, board member, medical staff member, student, vendor, contractor or volunteer is violating an internal policy or procedure, or a federal or state law or regulation, it is your responsibility to report your concern. Employees reporting information in good faith will not be subject to any kind of reprisal or retribution.

Steps You Should Take to Report a Violation or Concern (these steps do not have to be taken in any specific order):

1. **Discuss your concern with your immediate supervisor.** Your immediate supervisor is most aware of your departmental policies and procedures and is best able to evaluate your concern. If you feel uncomfortable discussing your concern with your supervisor, or if your initial reporting to your supervisor was unsuccessful, please report your concern through any of the resources below.
2. **Contact your department administrator.** If you feel uncomfortable discussing your concern with your immediate supervisor, you can report your concern to either your department administrator or to the Compliance Officer.
3. **Contact your compliance officer.** Your Compliance Officer is available to talk to anyone about their concerns regarding an alleged violation of policy or procedure, or a federal or state law or regulation.
4. **Call the Compliance Hotline at 1-800-954-9418.** The Compliance Hotline is a confidential, anonymous reporting tool that anyone can use to report an alleged violation, concern or work-related activity that may not live up to our values, business practice policies, the law and regulations. You do not have to give your name. Calls to the Hotline can be made 24 hours a day, 7 days a week. The calls are not answered internally. An independent, professional organization has been contracted to answer our calls. All reports that are received on the Hotline will subsequently be transferred to the Compliance Officer for investigation and follow-up.

All callers to the Hotline will receive a confidential caller ID number and a date to make a follow-up call. This process will allow callers who wish to remain anonymous the ability to receive an update on how the reported concern is progressing. It will also allow the Compliance Officer investigating the concern or allegation to request additional information from the caller, if needed.

We make every effort to maintain, within limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith. Any individual who deliberately makes a false accusation with the purpose of harming or retaliating against another individual is subject to discipline.

Personal Obligation to Report

We are committed to ethical and legal conduct that is compliant with all relevant laws and regulations and correcting wrongdoing, wherever it may occur in the organization. Each employee has an individual responsibility to report any activity by any employee, physician, volunteer, student, contractor or vendor that appears to violate any law, regulation, accreditation standard, standard of medical practice, the Federal Healthcare Conditions of Participation or this Code of Conduct and its related policies maintained in the Compliance Program. If a matter poses serious compliance risk to the organization or involves a serious issue of patient safety, the reporting individual should be satisfied that the issue has been given appropriate attention at the level to which it was reported. If not, the individual should report the matter to a higher level of management, the Compliance Officer or the Hotline until satisfied that the full importance of the matter has been recognized and addressed.

Internal Investigations and Corrective Actions

We are committed to investigating all reported concerns promptly and confidentially to the fullest extent possible. The Compliance Officer coordinates findings from investigations and immediately recommends corrective action or changes that need to be made. We expect all employees to cooperate with investigation efforts and corrective action plans. When an internal investigation substantiates a reported violation, it is the policy of the organization to initiate corrective action, including, as appropriate, making prompt restitution of any overpayment amounts received from any payer, notifying the appropriate governmental agency, instituting disciplinary action as necessary, and implementing systemic changes to prevent a similar violation from recurring in the future.

Discipline

All intentional violations of the standards outlined in this Code of Conduct and the related Compliance Program will be subject to disciplinary action. The level of discipline imposed will depend on the nature, severity and frequency of the violation and may result in any or all of the following actions: verbal warning, written warning, suspension, termination and/or restitution.

Measuring Program Effectiveness

We are committed to assessing the effectiveness of our Compliance Program through various efforts. Much of the effort is provided by the Legal and Compliance Department staff. Effectiveness is determined through routinely conducting internal audits of issues that have regulatory or compliance implications. Many assessments result in reports of findings by the reviewers. Corrective action plans are developed in conjunction with management in the area reviewed. Through these reviews, we are continually assessing the effectiveness of the program and finding ways to improve processes.

Acknowledgement Process

All employees are required to sign an acknowledgement confirming that they have reviewed the Code of Conduct, understand it represents mandatory policies and agree to abide by it. New employees are required to sign this acknowledgement as a condition of employment. Each employee is also required to participate in annual mandatory compliance training. Adherence to and support of this Code of Conduct and the related policies in the Compliance Plan document are a requirement for continued employment.

1710 Burrstone Road, New Hartford, NY 13413

mvhealthsystem.org

Compliance Hotline · 1-800-954-9418