



CODE OF CONDUCT

Mission Community Hospital
Panorama City, CA

September 2013

As an organization, Deanco Healthcare, LLC (“Deanco”) and its flagship hospital Mission Community Hospital (“MCH”) are committed to honest and ethical behavior, and to conducting our business with integrity. The practice of behaving honestly, ethically and with integrity is an individual responsibility. We make decisions about how to conduct ourselves every day as we go about our work. Each of us is accountable for the actions we decide to take.

The Code of Conduct for Deanco and MCH are the keystone of our corporate integrity philosophy and communicates our ethical business standards. The Code of Conduct serves as a cultural compass for our staff, management, vendors, volunteers and others who interact with us. It is an essential element of our Compliance Program. The Compliance Committee was created to oversee our Compliance Program and to demonstrate our commitment to conducting business with integrity. The Compliance Program is a partnership among all of us, designed to help us make the right business choices, both individually and as a team.

This Code of Conduct plays a vital role in enabling us to achieve our mission and vision. It provides guidance to ensure that our work is accomplished in an ethical and legal manner. It emphasizes our common culture of integrity and our responsibility to operate with the highest principles and ethical business standards as we strive to care for our patients and each other with respect, honesty, compassion, teamwork and excellence.

At MCH, Deanco believes that we are each guardians of our reputation for ethical business practices and our standing as leaders in the medical community. We are committed to delivering the highest quality patient care in compliance with our Code of Conduct.

Very truly yours,



David J. Herman
Chairman of the Board
Deanco Healthcare, LLC



MCH's Code of Conduct is central to our Compliance Program and guides us in carrying out our daily activities within appropriate ethical and legal standards. MCH's Code of Conduct standards are mandatory and must be followed without exception. Anyone found in violation of laws or compliance-related policies may be disciplined, which may include termination. MCH's Code of Conduct is an evolving document that is updated periodically to respond to changing conditions and to reflect changes in law.

MCH's Code of Conduct is not intended to cover every situation that may be encountered. We must comply with all applicable laws, regulations and our policies, regardless of whether they are specifically addressed in MCH's Code of Conduct. In some cases, a subject discussed in MCH's Code of Conduct involves such complexity that additional guidance may be needed. In these cases, you should consult with MCH's Compliance Officer, or other appropriate individuals.

MCH's Code of Conduct is to be used as a guide if you are confronted with a situation that raises questions regarding ethical business conduct. If you think a law, policy or MCH's Code of Conduct is not being followed, you must report it to our Compliance Committee or Compliance Officer, as well as your supervisor. If you feel uneasy discussing the matter with your supervisor, voice your concern to the next supervisory level, up to and including the highest level of management within the hospital. MCH encourages open and honest discussion of issues between management and employees. We are committed to providing an environment that allows reporting in good faith without fear of retaliation.

It is required that any employee immediately report perceived violations of compliance law, policy or MCH's Code of Conduct to the Compliance Committee. Failure to report a violation may result in disciplinary action, including termination. Our Compliance Officer will evaluate all reports promptly, completely and fairly.

You can report compliance concerns to the Compliance Department in any of the following ways:

- Contact the Compliance Officer directly by calling (818) 904-3685;
- Email your concerns to ComplianceOfficer@missioncommunity.com;
- Fax your concerns to (818) 904-3529; or
- **Call the Compliance Hotline (24 hours a day) at (855) 249-5704.** This includes making anonymous reports, and without fear of retaliation of any kind whatsoever.



If you report a compliance concern, be sure to include any relevant information that our Compliance Committee will need to follow up, such as the location where your concern occurred or is occurring (for example, the hospital department), the date or dates of any incident, the names and job roles of individuals involved in the concern, a description of your concern, and your name (but only if you are comfortable providing it). Should you choose not to leave your name, you may make an anonymous report by calling the Hotline number above.

The findings of any compliance investigation are confidential to protect all involved in the investigation process. As a result, details and specific findings of a compliance investigation will be shared only on a need-to-know basis. The Compliance Officer will ensure that all reports are thoroughly and fairly investigated and that appropriate action is taken.

No adverse actions will be taken against someone for making a report in good faith or for cooperating with a compliance investigation in good faith. MCH has a policy that protects against retaliation or retribution for reporting a compliance concern in good faith or cooperating with a compliance investigation with good intentions. The non-retaliation policy ensures that no one is penalized for reporting what is honestly believed to be a compliance problem or for honestly participating in a compliance investigation. However, anyone found purposely falsifying or misrepresenting a report or making false statements during an investigation will not be protected under the non-retaliation policy. False accusations or statements made in a report or during an investigation, including those made with the intent of harming or retaliating against another person, may result in disciplinary action, including termination. Although MCH's policy does not permit retaliation for reporting or cooperating in good faith, it is important to understand that no policy can protect you from applicable consequences if you have broken the law or violated our policies. Breaking the law or violating our policies may result in disciplinary action, including termination, as well as possible state and federal actions and penalties.

MCH may be required at times to report certain compliance issues to state or federal agencies. When this is the case, the Compliance Officer will conduct an evaluation of the issue in terms of state or federal reporting requirements and will notify the appropriate state or federal agencies on behalf of MCH when applicable. MCH is committed to correcting wrongdoing, whether intentional or inadvertent, wherever it may occur in the organization, and to cooperating fully with government investigations.



QUALITY CARE

At MCH, we strive to ensure that the patient care we provide is:

- **Safe** – Avoiding injuries to patients caused by the care that is intended to help them;
- **Effective** – Providing services based on scientific knowledge, best practice and cost-effectiveness;
- **Patient-centered and family-centered** – Providing care that is respectful of and responsive to individual patient and family preferences, needs and values, ensuring that patients’ values guide all clinical decisions;
- **Timely** – Reducing waiting periods and potentially harmful delays for both those who receive and provide care;
- **Efficient** – Avoiding waste, including waste of equipment, supplies, ideas and energy;
- **Equitable** – Providing care that does not vary in quality due to personal characteristics such as gender, ethnicity, geographic location, socio-economic status, sexual orientation or perceived disability.

Everything we do should advance our commitment to delivering the highest quality of care to our patients. We make every effort to provide each patient with the best possible care to reach optimal recovery from a condition or procedure. We treat all patients with dignity, respect and courtesy.

We are committed to providing clear, accurate, honest and transparent information regarding the quality of care we offer to all our patients, so that they can make informed health care decisions. As health care providers, it is important for us to note errors or deficiencies, even those that seem small or insignificant, in order to improve future care. Promptly report such matters to your supervisor, as well as submit an entry into the electronic incident reporting system.



PATIENT RIGHTS AND PATIENT CHOICES

We encourage the involvement of patients and their families in all aspects of care. Patients and families are given a statement of patient rights and responsibilities upon admission, including information about the right to make decisions regarding medical care. We involve patients and families in decisions regarding care to the extent that this is practical and possible. We inform patients about therapeutic alternatives and the risks associated with the care they are seeking.

We provide coordinated discharge planning to all patients as an integral part of the treatment plan in order to support the level of medical, psychological, occupational, rehabilitative and social services needed post-discharge. Our health care teams develop discharge plans in a collaborative manner, customizing each plan to the needs of the patient and his or her family. Patients, families and caregivers are encouraged to participate in the care and discharge processes, and their preferences and choices are given priority whenever possible. We address the wishes of patients related to advance directives and end of life decisions.

Emergency Treatment

We adhere to the requirements of the Emergency Medical Treatment and Labor Act (EMTALA) in providing a medical screening examination and stabilizing treatment to all patients who come to the hospital for emergency treatment or who are in labor, regardless of the patient's ability to pay or insurance status. Patients with emergency medical conditions are only transferred to another facility at the patient's request, or if we do not have the capacity or capability to meet the patient's medical needs and appropriate care is available at another facility. Such transfers must be in compliance with state and federal EMTALA requirements.

Charity Care and Discounts

Financial assistance is available to patients in the form of financial need discounts or charity care and is provided in a manner that addresses the patient's individual financial situation, supports the hospital's mission, and complies with application and eligibility criteria as set forth in our Financial Assistance and Charity Care Policy and our Uninsured Patient Discount Policy.



Privacy of Patient Information

Patients and their families trust us with highly personal and sensitive information regarding their medical conditions. If patients or families do not feel confident that we will keep such information private, they may hesitate to discuss some health concerns with us, which can affect our medical decision making and hinder their medical care.

We collect information about a patient's medical condition, history, medication use and family illnesses in order to provide quality care. We realize the sensitive nature of this information and are committed to protecting patient privacy. We do not access patient information, internally use patient information, or disclose patient information outside the organization except as necessary to perform our jobs. We are committed to complying with state and federal privacy laws, and to assisting patients with exercising their patient privacy rights.

Strong federal and state laws govern the privacy of our patients and their health information. This includes patient information that is spoken, written or stored within electronic systems. These laws apply to records indicating the past, present and future health of a patient, as well as the records of deceased patients. These laws apply to the organization, as well as to each of you as an individual, even after you are no longer working here. Patient privacy laws include serious consequences for failing to protect patient privacy, including potential fines, imprisonment, loss of your professional license and patients' right to sue both the organization and you personally. Additionally, violating our privacy policies can lead to disciplinary actions, including termination. Our Compliance Department monitors electronic patient records to determine who is accessing a given record and whether the access is consistent with job functions.

Complying with our privacy policies includes the following:

- We access, use and disclose only the minimum amount of patient information needed to perform our jobs;
- We do not discuss patient information with others who do not have a job-related need to know, including co-workers, colleagues, family and friends;
- We do not share our user IDs or passwords to our electronic systems and we log-off when we step away from our computers. What is done under your ID/ password is your responsibility;



- We assess our surroundings when speaking with or about patients and speak quietly, always asking the patient for permission to speak to them about their care when family or friends are present;
- We do not mention or make reference to any patients whatsoever on personal social networking sites or blogs;
- We verify written patient information to ensure that we do not mix one patient's information with that of another, that fax numbers are accurate and entered correctly before sending, and that patient labels are correct;
- We dispose of written patient information in confidential disposal bins and we contact the IT department for proper disposal of electronic patient information;
- When necessary, we type "secure" or "PHI" in the beginning of the subject line of all emails that contain patient information so that the email is encrypted, and we never put patient information in the subject line;
- We only use hospital-approved personal devices, flash drives or cameras to store, download or capture patient information, including photographs;
- We report all privacy concerns or potential privacy policy violations immediately to our Compliance Department.

Coding and Billing for Patient Care Services

MCH takes great care to ensure that billings to the government, third-party payors and patients are accurate and conform to all applicable federal and state laws and regulations. Coding allows us to identify and classify health information, such as diseases and procedures, based on the care provided and documented in the patient's medical record. Using these codes in the billing process enables us to identify charges for services we have provided.

MCH's is committed to timely, complete and accurate coding and billing, including the following principles:

- We bill only for services that we actually provide, document, are medically necessary and ordered by a physician or other appropriately licensed individual;
- We assign billing codes that we believe in good faith accurately represent the services that we have provided and that are supported by documentation in the medical record according to regulatory requirements and guidelines;



- We implement good faith controls to prevent unbundling, upcoding, duplicate billing for the same service, billing for resident services without documented teaching physician presence and other government-published billing errors;
- We do not routinely charge government payors in excess of our usual charges;
- We respond to billing and coding inquiries and resolve inaccuracies in previously submitted claims that are discovered and confirmed in a timely fashion;
- We make every effort to ensure that employees and subcontractors who perform billing or coding services have the necessary skills, quality assurance processes and appropriate procedures to ensure that billings are accurate and complete; and
- We do not knowingly present, or cause to be presented, claims for payment that are false, fictitious or fraudulent.

False Claims Act and Deficit Reduction Act

The State and Federal False Claims Acts and the Federal Deficit Reduction Act protect government programs such as Medicare, Medicaid and TRICARE, among others, from fraud and abuse. It is a violation of the False Claims Act to knowingly submit, or cause another person or entity to submit, false claims for payment of government funds. Additionally, the State and Federal False Claims Acts contain provisions that allow individuals with actual knowledge of alleged false claims to sue on behalf of the government, and provide protections against retaliation for individuals taking a false claims action.

It is illegal to submit claims for payment to government programs that we know or should know are false or fraudulent. No specific intent to defraud the government is required for a claim to qualify as a false claim. The False Claims Act defines "knowing" to include not only actual knowledge, but also instances of deliberate ignorance or reckless disregard of the truth or falsity of a claim. Filing false claims may result in damages of up to three times the amount of the government program's loss, fines, imprisonment, entering into a Corporate Integrity Agreement and exclusion from participation in federal and state health care programs.



We are committed to submitting claims that are accurate and truthful. If you know of a false claim, contact our Compliance Department immediately, or call the Compliance Hotline to notify the Compliance Department anonymously. Failure to notify the Compliance Department may lead to disciplinary action, including termination.

FINANCIAL REPORTING

We maintain a high standard of accuracy and completeness in the documentation and reporting of all financial records. These records serve as the basis for managing our business and are important in meeting our obligations to patients, staff, suppliers and others. These records are also necessary for compliance with tax and financial reporting requirements.

Our financial information fairly represents actual business transactions and conforms to generally accepted accounting principles or other applicable rules and regulations. We maintain a system of internal controls to ensure accuracy and completeness in documenting, maintaining and reporting financial information. We cooperate fully with internal and external auditors and any regulatory agencies that examine our books and records.

We treat credit balances and bad debt in compliance with applicable state and federal laws. In some instances, a credit balance will exist in a patient's account after payment by both the patient and a federal or state healthcare program. We endeavor to accurately track, report and refund credit balances.

State and federal laws require us to submit reports of our operating costs and statistics, known as cost reports. These laws define what costs are allowable and outline the appropriate methodologies to claim reimbursement for the cost of services provided to government program beneficiaries. We are committed to the preparation, submission and settlement of accurate, timely and complete cost reports.

ANTITRUST LAWS

MCH competes fairly and complies with Antitrust Laws. We do not engage in activities or negotiate agreements that restrain or obstruct competition or illegally share proprietary information with competitors. The illegal obtainment or use of proprietary information from competitors is also strictly prohibited.

Antitrust violations may subject our organization to severe civil and criminal monetary fines, civil liability for treble damages, and injunctions that could impair our ability to compete effectively. Anti-Trust violations¹⁰ may also subject us individually to imprisonment, personal liability, and substantial monetary fines.



We are required not only to comply with the law but also to avoid activities which, though not illegal, may pose unnecessary risks of litigation, government investigation, or injury to our reputation. The following limitations on information exchanges with competitors are designed to aid compliance with Anti-Trust laws and protect our competitive, financial, ethical and reputational interests.

Except under legal advice from MCH's General Counsel, we do not communicate with a competitor, either directly or indirectly, about the following:

- Prices charged for goods or services, including physician services;
- Costs of goods, supplies, equipment, or services, including physician services;
- Employee salaries, wages, or benefits, compensation policies, staffing policies or terms of collective bargaining agreements, employment contracts or severance agreements;
- Terms of managed care contracts;
- Terms of equipment, supply or service contracts;
- Allocation of customers, services or territories among competitors;
- Exclusion of any existing or potential competitor or supplier from the market; and
- Joint bidding or joint venture arrangements.

CONFLICT OF INTEREST

A conflict of interest involves any circumstance where the personal activities or interests of employees are advanced at the expense of MCH. These circumstances may be financial or involve some other type of personal interest that conflicts with your professional responsibilities. Since our patients and community expect us to make decisions that are not biased by personal interests, actual or perceived conflicts of interest may compromise our ability, and the ability of MCH, to provide patient care, transact business or make purchasing decisions. They may also pose a risk to the operations and reputation of the hospital.



Conflicts of interest can often be avoided or mitigated when MCH is aware of potential conflicts. MCH's adheres to its Conflict of Interest Policy and Disclosure Form no less than annually, collecting all information about any actual or perceived conflict of interest.

MCH also requires the reporting of actual or perceived conflicts of interest on a case-by-case basis. Failure to disclose a conflict of interest may result in disciplinary action, including termination. The following information provides general guidance on several common potential and actual conflicts of interest:

Consulting and Speaking Conflicts of Interest: We must follow MCH's conflict of interest guidelines for consultants and speakers before accepting or engaging in compensated or uncompensated consulting and/or speaking activities for outside companies, organizations and vendors.

Purchasing Conflicts of Interest: We must follow MCH's conflict of interest guidelines for purchasing and disclose any actual or perceived conflicts of interest involving the purchase of goods, equipment and services. We must avoid situations where we have actual or perceived conflicts of interest between our purchasing decisions and our personal interests.

Industry Interactions: We must follow MCH's conflict of interest guidelines regarding vendor management when engaging in business activities with pharmaceutical, biotech, medical device, equipment or supply companies and organizations. These manufacturers and suppliers are known as "Industry" vendors. It is a conflict of interest to accept travel or entertainment from any "Industry" vendor. Additionally, there are significant limitations regarding our acceptance of complimentary onsite and offsite education from "Industry" vendors. Meals or other types of food directly funded by "Industry" vendors may not be provided at MCH. Contact the Compliance Officer for additional guidance.

Business Courtesies and Entertainment from Non-Industry Vendors: We must follow MCH's conflict of interest guidelines when engaging in business activities with "non-Industry" vendors. It is a potential conflict of interest to accept travel, entertainment or complimentary education from a "non-Industry" vendor or organization that does, or is seeking to do, business with MCH when you can influence the decision to purchase such items or services. Contact the Compliance Department for additional guidance.



GIFTS

We maintain high ethical standards regarding the offering and acceptance of gifts. Offering or accepting personal gifts may influence our decisions or the decisions of others and may constitute a conflict of interest. The appropriateness of offering or accepting gifts depends on the specific circumstances of the gift and who is offering and receiving it. Consult with the Compliance Department for specific advice if you are offered a gift or are considering giving a gift. The following information provides general guidance on this topic:

Gifts from Patients/Family Members to Us Personally: There are significant ethical limitations regarding the acceptance of personal gifts from patients or their family members. We do not accept personal gifts of cash, cash equivalents, gift cards or merchandise from patients or their family members. Additionally, we never solicit personal gifts from patients or their family members. We may accept perishable items of modest value, such as food or flowers, provided they are shared with our entire department or unit.

Gifts from Our Organization to Patients/Family Members: MCH may not induce Medicare, Medi-Cal or other federal or state health care beneficiaries to use our services by offering gifts that would likely influence these beneficiaries to obtain services from our organization. Inexpensive gifts of nominal value that are not cash or cash-equivalents are permitted. Federal guidelines define “inexpensive” as having a retail value of no more than \$10 per item or \$50 in aggregate per patient annually.

Gifts from Our Organization to Us Personally: MCH may offer reasonable gifts purchased with organizational budget funds to us personally. Gifts given by MCH that exceed a total value of \$75 per year become personal taxable income for the recipient of the gift and must be reported to MCH’s Human Resources department by the individual or department giving the gift. Contact the Human Resources department for additional guidance.

Gifts from Our Organization to Physicians and Other Referral Sources: MCH never offers gifts to physicians or other referral sources in exchange for patient referrals or any other business. Limited gifts to physicians and other referral sources that are not cash or cash equivalents must be given in compliance with federal and state laws, as well as organizational policies. All applicable provisions of MCH’s Stark Law Compliance policies and Anti-Kickback Compliance policies must be met before offering gifts to physicians or other referral sources. Contact the Compliance Department for additional guidance.



Gifts from Physicians and Other Referral Sources to Our Organization: MCH never accepts gifts from physicians or other referral sources in exchange for patient referrals or any other business. All gifts and other donations from physicians and other referral sources should be referred to MCH’s Compliance Officer.

Gifts from “Industry” and Other Vendors to Us Personally: There are significant ethical limitations regarding the acceptance of personal gifts from “Industry” and other vendors. “Industry” vendors are pharmaceutical, biotech, medical device, equipment or supply companies or organizations. We do not accept personal gifts of any kind from “Industry” vendors. For “non-Industry” vendors, we do not accept cash, cash equivalents or gift cards offered to us personally. We may accept items of modest value from “non-Industry” vendors, such as food or flowers, provided the gift is shared with our entire department or unit. All applicable provisions of MCH’s industry interaction policies, including its conflict of interest policies, must be met before accepting gifts from “Industry” or other vendors. Contact the Compliance Officer for additional guidance.

EXCLUDED PARTIES

MCH does not hire employees, accept volunteers, contract with or bill for services rendered by individuals or organizations excluded from participating in federal or state healthcare programs. This includes exclusion from those programs administered by the U.S. Department of Health and Human Services, U.S. General Services Administration and the California Department of Health Care Services.

We conduct initial excluded party checks on potential employees, medical staff, vendors and volunteers, as well as periodic excluded party checks after the commencement of the relationship to ensure continued eligibility to participate in federal and state healthcare programs. You have a duty to immediately report any change in your eligibility status to the Compliance Department.

Visiting Observers

MCH permits approved individuals to observe patient care and administrative functions outside of our formal training programs. Our visiting guidelines outline the requirements that allow such activities to occur within our organization:

- Visiting Observers are not allowed to participate in any patient care activities;
- Visiting Observers must be accompanied and supervised by a hospital employee and/or a physician with current Medical Staff privileges at all times;



- Visiting Observers must be at least eighteen years old or in a hospital approved structured program;
- Visiting Observers must complete the appropriate observer documentation, obtain a visitor badge from Security, check-in with Operating Room management and/or Administration prior to the observation, when applicable, and follow all hospital policies;
- Patient authorization is required when the observation is not for official training purposes of MCH; and
- Visiting Observer forms must be submitted to the Compliance Officer for approval.

Common examples of Visiting Observer interactions include:

- Visiting professors and/or medical personnel who are not involved in hospital research or volunteer activities;
- Individuals who are interested in a medical or residency/fellowship program at the hospital; and
- Individuals observing clinical or administrative operations who are not enrolled in an official training program.

Contact with the Media

All employees must contact MCH's Compliance Officer, MCH's General Counsel, or MCH's Chief Executive before responding to any media inquiries or initiating contact with the media. Additionally, communications with media involving patient information must comply with federal and state privacy laws in order to fulfill our legal and ethical duty to protect patient privacy.



Contracting

MCH negotiates and enters into fair and equitable contractual arrangements with reputable vendors and individuals that meet the needs of our organizations. All arrangements must comply with applicable federal and state laws. Prior to executing arrangements for items and services, we verify that all contracted parties are eligible to participate in federal and state-funded healthcare programs. All contracts with patient referral sources must be in writing, as well as reviewed and approved by MCH's General Counsel. MCH's contracting policies provide additional guidance on the contracting process.

Accuracy of Records/Document Retention and Destruction

It is our duty to create and maintain accurate and complete records, as well as to only destroy organizational records, in compliance with federal and state laws and applicable policies. MCH provides guidance on the proper creation, amendment, maintenance, retention and destruction of organizational records and documents. Contact the Compliance Officer for additional guidance.

Confidential Business Information

Confidential information pertaining to our organization's strategy and operations is a valuable asset. Although you may use confidential business information as necessary to perform your job, it must not be shared with others outside the organization or internally with those who do not need to know about such information to perform their jobs. Confidential and proprietary business information covers anything related to our business or operations that is not publicly known, such as personnel files, wage and salary information, financial information, billing and pricing information, cost data, strategic plans, marketing strategies, projected earnings, techniques, employee lists, information related to investigations, disciplinary actions, supplier and contractor information, information related to acquisitions or joint ventures, policies and procedures, clinical and patient information, computer and system login IDs and passwords, emails, and proprietary computer software.

Even if you are no longer an employee, you are still bound to maintain the confidentiality of information viewed, received or used during the course of your relationship with the organization. Copies or electronic files of any confidential or proprietary information in your possession when you leave the organization must be returned at the end of your employment or relationship with the organization.



In addition to proprietary and confidential information, it is our duty to abide by all laws, regulations and our policies related to intellectual property. Intellectual property includes patents, trademarks, copyrights and trade secrets. MCH's intellectual property must be protected from unauthorized use.

If you are provided with an email account to facilitate business communications within and outside the organization, all your emails are the property of MCH. Management has the right to review your emails and to terminate your email account at any time. You are responsible for the appropriate use of your email account.

Following are some tips on complying with our confidential business information policies:

- Make sure you have the right to copy and distribute copyright material before you do so;
- Consult the relevant policies or contact the Compliance Department before you use the Hospital's logo on any printed materials;
- Consult with the Compliance Department before you share any of our policies and procedures outside the organization; and
- Make sure you have authorization to download any software onto your workstation before doing so.

Use common sense to help prevent accidental disclosure of confidential information. Remember that you can be overheard in public places such as elevators, hallways, cafeterias and restaurants. Do not discuss confidential or proprietary information with family or friends, as they may not understand its significance or its confidential nature. You could be held responsible for the inadvertent disclosure of such information by a family member, friend or acquaintance.

If you are in doubt about whether information you are being asked to share is confidential or proprietary, or if you know it is confidential and proprietary but are not sure about whether the request is legitimate, contact your supervisor or the Compliance Department before you act.



Requests for Information Pursuant to an Investigation or Legal Proceeding

We promptly and appropriately respond to requests for information pursuant to a government investigation or legal proceeding. These requests may come in the form of a subpoena, summons, warrant, letter or verbal request. Only certain people are authorized to accept them on behalf of the organization.

Accepting or acting on these requests may expose the organization, and sometimes the employee as an individual, to significant fines or other types of criminal, civil or administrative penalties. If you are asked to accept a legal document or to share information of any kind for any reason, immediately consult with your supervisor, the Compliance Department, the Risk Management Department, or the General Counsel.

Anti-Kickback Laws

The federal Anti-Kickback Law prohibits individuals and organizations such as MCH from knowingly or willfully offering or paying, directly or indirectly, any form of remuneration in return for, or to induce, the referral of any patient or business that is covered by Medicare, Medi-Cal, or any other federal or state health care financing program. Remuneration includes kickbacks, bribes or rebates.

Similarly, the California Anti-Kickback law prohibits individuals and organizations from offering or paying, directly or indirectly, any form of remuneration as compensation or inducement for referring patients, clients or customers to our facilities, regardless of the payor.

If one purpose or reason for a financial transaction or arrangement with an individual or organization is to induce that individual or organization to refer patients or business to MCH, or to recommend the services of either organization, then such transaction or arrangement constitutes a violation of the anti-kickback laws.

All agreements involving patient referral sources, including those relating to physicians, hospitals, ambulance services, managed care organizations and other health care organizations and service providers, must be reviewed and approved by the MCH's General Counsel prior to execution. The Contracts Administration Policy provides additional guidance.



Physician Self-Referral Law

We conduct all of our business practices with physicians in conformity with the federal Physician Self-Referral or “Stark Law.” The Stark Law prohibits referrals for certain Medicare items and services furnished by an organization with which the referring physician, or his or her immediate family member, has a financial relationship, unless a specific legal exception applies.

It is a violation of our Physician Self-Referral (Stark Law) Compliance Policy and other organizational policies for us to enter into arrangements with or accept referrals from physicians that would violate the Stark Law. We are required to immediately report all known or suspected violations of any of these policies to the Compliance Department.

In addition to services provided by faculty physicians and fellows under the Hospital’s contract for services with MCH, MCH may directly engage faculty physicians, fellows, and community physicians to provide certain services, such as on-call coverage, moonlighting, training, consulting or administrative services, and pay these physicians directly for such services. In such arrangements, there is a direct compensation relationship between the hospital and the physician, and we must consult with MCH’s General Counsel to execute a personal services agreement with the physician. We must strictly follow the conflict of interest guidelines any time we enter into any business arrangement with physicians or their immediate family members, including service agreements, lease agreements and equipment agreements.

We must also strictly follow MCH’s conflict of interest guidelines when offering non-monetary compensation or incidental benefits to physicians or their immediate family members. These policies discuss the guidelines that apply to all business courtesies, such as meals, tickets, gifts, seminars and events offered to medical staff and outside physicians or their immediate family members. Contact the Compliance Officer for additional guidance.

Diversity and Equal Employment Opportunities

We promote diversity in our workforce at all levels of the organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. We make ourselves accountable to one another for the manner in which we treat one another and for the manner in which people around us are treated. We strive to create and maintain a setting in which we celebrate cultural and other differences, and consider them strengths of the organization.



MCH is an equal opportunity workforce and no one shall discriminate against any individual with regard to race, color, religion, sex, national origin, age, disability, sexual orientation, veteran status or any other classification protected by law, with respect to any offer, term or condition of employment. We make reasonable accommodations to the known physical and mental limitations of qualified individuals with disabilities. In all of our personnel actions we comply with applicable laws and regulations related to nondiscrimination.

Workplace Harassment

As an organization, MCH is committed to maintaining an environment that is free of unlawful harassment and intimidation. Harassment includes any behavior or conduct that is based on a protected characteristic and that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment.

Some examples of harassment are:

- Using disparaging or abusive words or phrases;
- Persisting in the use of any name or term which you know may be offensive to an individual; or
- Sabotaging an employee's work.

As defined here, harassment includes sexual harassment. The determination of what constitutes sexual harassment may vary with the particular circumstances. In general, unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such behavior is made a term or condition of employment;
- Submission to or rejection of such behavior is used as a basis for making employment decisions; or
- Such conduct unreasonably interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment.

Some examples of sexual harassment may include:

- Making sexual comments about a person's body;



- Repeatedly asking for a date after that person has said no;
- Discussing someone's sex life, including your own;
- Staring at someone;
- Making facial expressions, such as winking, throwing kisses, licking lips;
or
- Looking a person up and down.

The organization will take appropriate action to prevent unlawful harassment, including sexual harassment. People who engage in such behavior will be subject to corrective action, including termination. If you believe you are being harassed, or witness behavior you feel is harassment, you should contact one of the following:

- Your immediate supervisor or, in cases involving the behavior of your immediate supervisor, the next- level supervisor or manager;
- Employee and Labor Relations in the Human Resources department; or
- The Compliance Hotline, including reporting concerns anonymously.

Workplace Violence and Workplace Safety

MCH has zero tolerance for threats or acts of violence in the workplace. Workplace violence includes physical assaults or actions or statements that give us reasonable cause to believe that our personal safety or the safety of others may be at risk. Employees or medical staff who engage in physically abusive and/or violent behavior (even those made in jest) shall be subject to disciplinary action, including removal from Hospital facilities, termination of employment and/or referral to appropriate law enforcement agencies. If you perceive a certain behavior as physically threatening or intimidating, you should immediately report your concerns to:

- Your immediate supervisor or, in cases involving the behavior of your immediate supervisor, the next- level supervisor or manager;
- The Human Resources department; or
- The Compliance Hotline, including reporting concerns anonymously.



In the event of an emergency situation, you should pull a “Panic Alarm” if one is available and accessible. In cases of imminent danger of bodily harm, call 9-1-1 and then call a second person to assist, as needed. Reported events will be investigated and, if warranted, appropriate support will be provided to the victim(s). The hospital will track these reports and evaluate trends to develop and implement precautionary measures.

As part of our overall commitment to maintain a healthy and safe environment for our patients, employees and others, we strive to keep our facilities physically secure. We are issued photo ID badges that must be worn above the waist at all times. It is your responsibility to keep your badge in your possession and not let any other person borrow it. If it is lost or stolen, notify Human Resources immediately. In addition, be aware of your surroundings and report any suspicious person or activity to your supervisor or Administration.

Workplace Health and Safety

The use of illegal drugs and abuse of controlled substances in the workplace is prohibited. As a condition of employment, any involvement in the unlawful use, sale, manufacture, distribution or possession of controlled substances, illicit drugs and/or unauthorized use of alcohol in the workplace or working under the influence of such substances is prohibited. We encourage employees with alcohol or drug dependencies to seek treatment and/or rehabilitation. For further details, please contact your supervisor or consult Human Resources department.

We have an extensive safety program designed to reduce the risk of injury for patients, staff and visitors and to assure compliance with applicable federal, state and local codes and regulations, as applied to the buildings we inhabit and services we provide. This program includes ensuring that our department heads and managers have appropriate information and training to develop safe working conditions and safe work practices within their areas of expertise, use personal knowledge or safety principles to educate staff, design appropriate work environments, purchase appropriate equipment and supplies and monitor the implementation of the processes and policies, and regularly evaluate the environment for work practices and hazards to respond to identified risks, hazards and regulatory compliance issues. Our individual role in this endeavor is to learn and follow job and task specific procedures for safe operations. If you have questions about specific policies that apply to your job or task, please speak with your supervisor.



Hiring of Current and Former Government Employees

Complex legal and ethical limitations exist in the recruitment and employment of current or former federal government employees. If MCH hires former Fiscal Intermediary, Carrier, or Medicare Administrative Contractor personnel, we are required in certain instances to notify the U.S. Department of Health and Human Services within 30 days of the first day of employment. Each situation should be evaluated on an individual basis to ensure that we comply with this and other U.S. Government Conflict of Interest laws. Human Resources should be consulted before any discussions of employment with these individuals may occur.

Our Code of Conduct helps us to make ethical business decisions. However, it is not designed to address every issue. You may face a situation where the right course of action is unclear. Should you find yourself in an uncertain situation, ask yourself the following questions:

- Is this action inconsistent with our mission and values?
- Is this action illegal?
- Is this action unethical?
- Could this action harm patients?
- Could this action harm our co-workers, colleagues, or physicians?
- Could this action harm government programs?
- Could this action harm our financial health?
- Would our organization be compromised or embarrassed if this action became public knowledge?
- Would we be uncomfortable reading about this action in the newspaper?
- Is this action unfair or inappropriate?
- Could this action adversely impact our organization if everyone did it?
- Is this action inconsistent with our policies or our Code of Conduct?



If you are still unsure what decision to make or what action to take, talk to your supervisor or consult with the your hospital's compliance officer.

It is critical that our Compliance Program is effectively communicated throughout all levels of the organization. Compliance is the responsibility of each of us. The Compliance Officer and Compliance Committee welcome constructive input regarding its Compliance Integrity Program and MCH's Code of Conduct. If you have comments, suggestions or questions, please submit them to the Compliance Officer.

Compliance Officer
Craig B. Garner
ComplianceOfficer@mchonline.org
24 hour Hotline, including anonymous calls: (855) 249-5704

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