COMPLIANCE CODE OF CONDUCT AND ETHICAL BEHAVIOR

Policy: ADM710.00, **v.9** **Effective: 04/03/2024**
Category: Compliance **Origination Date:** 01/01/2007

I. PURPOSE:

The purpose of this Code of Conduct and Ethical Behavior ("Code of Conduct") policy, which comprises an essential part of the Compliance Program, is to assure that employees and agents of Mary Lanning Healthcare (MLH) are aware of the compliance policies and are accountable to follow these standards of conduct.

II. POLICY:

A. Mary Lanning Healthcare (referred to herein by its name or as "MLH" or the "Organization"), is committed to a tradition of excellence through leadership in the provision of quality medical services and health education for the people of Central Nebraska. Our mission is achieved through a dedicated, caring staff, using advanced technology within a healthy and pleasant environment, in a cost-effective manner.

B. In order to accomplish that mission and to affirm its commitment to operate in an ethical and lawful manner, the MLH Board of Trustees has adopted a Compliance Program (the “Program”). This Program is a voluntary undertaking as a part of a continuing effort to ensure compliance with all statutory and regulatory requirements that relate to the operations of the Organization. This Program's goals include the detection and prevention of violations of civil and criminal statutes and regulations, in order to minimize the legal risks connected with our operations. The Compliance Program is designed and will be used to prevent accidental and intentional noncompliance with applicable laws, to detect and correct noncompliance if it occurs, and to discipline those involved in non-compliant behavior.

C. Additionally, the Compliance Program is designed to foster behavior that is consistent with our corporate culture. Central to our culture is our commitment to ethical behavior. MLH adheres to the ethical standard of conducting care in a manner above and beyond what is required by law. The duty to act in an ethical manner is expected of all MLH employees and agents. MLH’s commitment to ethical behavior is evident in the quality of care provided to patients.

III. DEFINITIONS:

None

IV. RESPONSIBILITIES:

The Compliance Program applies to all employees and agents including but not limited to the MLH Board of Trustees, administrative officers, and directors. Each employee and agent has an obligation to observe the Code of Conduct. The Compliance Policy, Compliance Plan, and this Code of Conduct will be updated periodically to reflect the most current information available pertaining to compliance requirements in the health care industry.

V. PROCEDURE:

A. SCOPE OF CODE OF CONDUCT

1. This Code of Conduct applies to the conduct of all employees and agents of MLH. Those persons considered "agents" for the purpose of this policy include trustees, officers, volunteers, students and contractors having administrative or management responsibilities.

B. GENERAL COMPLIANCE STANDARDS

1. Each MLH Employee and Agent should:
   a) Conduct themselves in a manner that reflects honesty, integrity and fair dealing.
   b) Participate in initial and continuing educational activities related to the Compliance Program.
   c) Comply with all applicable laws, regulations, policies, and procedures.
   d) Report suspected violations of the law or the Compliance Program in good faith, with no malicious intent.
2. Each employee and agent of the Organization is expected and required to comply with the following duties and to assure that his or her behavior and activity is consistent with the requirements of this Code of Conduct.

3. BE INFORMED AND REMAIN EDUCATED REGARDING LEGAL ASPECTS OF RESPONSIBILITIES

Each employee and agent of the Organization is expected to be sufficiently knowledgeable about the legal aspects of his or her responsibilities and activities to be able to avoid inadvertent violation of statutes and regulations. At minimum, this expectation requires the individual to avail himself or herself of orientation, training and educational opportunities offered by the Organization. It is further expected that each employee and agent will pursue a reasonable amount of self-education. Finally, each employee and agent is expected to notify his or her supervisor whenever he or she has a question or has identified a need for additional information or education in regard to compliance matters.

4. CONFIDENTIALITY COMPLIANCE

a) All patient information (protected health information) at Mary Lanning Healthcare is considered confidential information and is subject to protection under state law and Federal regulations governing privacy and security issued under the Health Insurance Portability and Accountability Act (HIPAA) and the Organization's standards and policies concerning confidential, protected health information. Information accessed is to be used and disclosed only as necessary in the performance of job-related activities and as permitted or required by law and policy. Failure to comply with these confidentiality requirements is considered to be a breach of policy and will be subject to disciplinary action up to and including termination.

b) SYSTEM SECURITY COMPLIANCE

- Each employee is expected to be knowledgeable of all security regulations

guarding access to protected patient health information through the MLH information system.

- The security of protected health information on the MLH system is taken very seriously. Rights to access patient information given to an employee through assigned passwords must be guarded. Sharing of passwords, use of another's password and use of passwords to gain information in an inappropriate way for non-healthcare purposes will be subject to disciplinary action up to and including termination. (See HIPAA Privacy and Security Policies)

5. REPORT CONDUCT SUSPECTED TO BE ILLEGAL

Each employee and agent of the Organization is expected to report conduct that is known or suspected to be illegal or in violation of Organizational policy. Persons making reports are strongly encouraged to reveal their identity for the purpose of follow-up, but all anonymous reports are accepted and investigated. The identity of reporting individuals and the content of reports shall be treated as confidential information and shall be disclosed only to persons within the Organization charged with investigative and enforcement responsibilities, to governmental agents during investigations upon a showing of proper authority or to others with a legitimate need to know. A detailed Reporting Policy may be found in Policy Medical ADM715.00. Reports submitted regarding potential violation of laws, regulations or compliance policies will be investigated by the Compliance Officer or his or her designee. Other categories of concern reported through compliance reporting lines or procedures such as employee grievances regarding compensation, benefits or working conditions will be referred to the appropriate person or department for follow-up once it has been determined that no compliance issue is part of the grievance. No person will be retaliated against for making a good faith report.

6. COMPLY WITH THE LAW AND AVOID ENGAGING IN ILLEGAL OR POTENTIALLY ILLEGAL CONDUCT

a) Each employee and agent of the Organization shall comply with applicable laws and regulations related to their job responsibilities and refrain from knowingly participating in illegal activities or failing to meet legal duties. An important step in meeting this duty is being sufficiently informed about the law affecting the individual's responsibilities in order to identify potential legal issues and to seek guidance as required.

b) False claims constitute one example of illegal conduct that MLH, through this Compliance Program and otherwise, seek to prevent. A detailed description of false claims information can be found in ADM710.00 Code of Conduct – False Claims Addendum. All MLH contractors and agents, and their employees, must abide by the terms of the False Claims Addendum to the extent the policies therein are relevant to the interaction between MLH and its contractors and agents.

7. ADHERE TO THE COMPLIANCE POLICY AND COMPLIANCE PLANS

a) Each employee, contractor, and agent is expected to read and be familiar with the content of any Compliance Plans applicable to the responsibilities of such individual or entity.

b) It is also the responsibility of each employee, contractor and agent to seek consultation and assistance whenever the requirements of a plan are unclear to the

individual.

8. CARRY OUT DUTIES IN AN ETHICAL MANNER

a) Although the primary purpose of the Compliance Program and this Code of Conduct is to avoid and prevent violation of statutes and regulations, the Board of Trustees recognizes that avoidance and prevention of illegal acts and omissions is not the only goal. The Compliance Program and related policies and plans comprise only part of the commitment of MLH to conduct its business, through the actions of its employees, contractors and agents, in an ethical manner reflecting its mission and purpose. Each employee, contractor, and agent is expected to carry out his or her duties in furtherance of the commitment of MLH to conduct itself, through the actions of its employees, contractors and agents, in an ethical manner reflecting its mission and purpose and not merely to avoid violations of law. Maintaining a high standard of ethical conduct in MLH dealings, both internal and external, often requires more of MLH and its employees and agents than minimum legal compliance; all employees and agents are encouraged to strive for the highest level of ethical conduct in their business dealings.

C. RELATIONSHIP WITH OUR PATIENTS

1. Patient Rights - Patients at Mary Lanning Healthcare have the following rights:

a) To participate in their care to the extent they are able including:

- Being informed about their health status, treatment options, and the risks and benefits of care in terms that make sense to them.
- Access to information contained in their clinical record. When it is not medically or legally advisable, such information may be withheld. If possible, however, the information may be made available to an appropriate person on their behalf.
- Active involvement in the planning and carrying out of their care and treatment which meets their physical, mental and emotional needs.
- Mary Lanning Healthcare will make provisions for EMTALA (Emergency Medical Treatment and Active Labor Act) to include the patients' right to receive, within the capabilities of the medical staff and facilities, an appropriate medical screening examination, necessary stabilization treatment and appropriate transfer to another facility regardless of the patient's ability to pay.
- Receiving continuity of care and information on options for care when the care needs are beyond the capabilities of Mary Lanning Healthcare.

b) To have information to assist them in participating in their care including:

- Sufficient information to understand the consequences of their decisions.
- Knowing the names and professional roles of all people, including students, providing their care.
- The ability to designate the person(s) of their choice to make decisions in their stead.
- Knowing the financial implications of their treatment choices and to have their bill and available payment methods explained.

- Being informed of Mary Lanning Healthcare relationships with outside parties that may affect their care.

c) To make informed decisions and to have their decisions respected including:

- Making their wishes known through an Advanced Directive, Living Will (Declaration) or durable power of attorney for healthcare if they should lack capacity to make healthcare decisions or to speak for themselves.
- Notification of their family and physician as soon as possible after their admission, unless they request that this not be done.
- The expectation that Mary Lanning Healthcare staff and practitioners will respect and follow their wishes in regard to their decisions in accordance with federal and state laws.
- Requesting treatment that is medically appropriate or to refuse medical treatment to the extent permitted by law.
- Consenting to take part in experiments or research or to decline without negative effects on their hospitalization.

d) To be free from all forms of abuse and harassment including:

- Receiving care in an environment that is safe, respectful and provides dignity and comfort.
- Privacy, including the right to have their protected health information kept confidential.
- Right to request amendments and restrictions to their protected health information.
- Right to an accounting of disclosures of their protected health information.
- Receiving treatment that includes prevention or adequate relief of pain.
- Visits and communication with the people they choose as well as sending and receiving personal mail.
- Being free from restraints of any form or seclusion that is not medically necessary or ensures their physical safety in emergency situations.

2. Admissions and Transfers

a) Patients seeking treatment at the Emergency Department at MLH, or any part of the hospital considered to be a dedicated emergency department, are seen based on their medical condition, not on ability to pay. Patients with emergency conditions are seen in the Emergency Department and, based on a medical screening exam, if found to have an emergency medical condition, will be provided the necessary care to stabilize the emergency medical condition unless such treatment is beyond the capacity of MLH. If a transfer is necessary in order to obtain the necessary stabilizing care, a physician will determine and certify that the benefits of transfer outweigh the risks and arrange for an appropriate means of transfer in consideration of the patient's condition. Financial information will be collected after the medical team has assessed the patient. (See Emergency Treatment and Transfer Policy)

3. Patient Confidentiality

    a) MLH recognizes every patient's right to confidentiality of his or her patient information.

    b) MLH realizes the sensitive nature of patient information and is committed to the privacy and confidentiality of that information; it is disclosed only when appropriate, only to those with a legitimate need, and only in accordance with law regarding protection of confidentiality. MLH policies direct staff with regard to confidentiality, security, release and retention of patient information. Every employee is expected to adhere to these policies.

D. BUSINESS PRACTICES

1. Billing and Collections

    a) Every effort will be made to provide correct coding and billing information to patients and payers. Patients will be billed only for medically necessary services and care provided. Any overpayments received by MLH will be promptly refunded to payors and to patients as appropriate.

    b) Upon request, patient billings are itemized and include dates of service. All services and goods provided to patients will be properly documented.

2. Conflict of Interest

    a) A conflict of interest may occur if outside activities or personal interests interfere with the employee's ability to make objective decisions in the course of his/her job responsibilities. Personal interests also include those interests of a family member or those whom an employee maintains living arrangements approximating a family relationship.

    b) For any unsolicited gift offered, MLH employees should refer to Administrative Policy ADM730.00, Corporate Gift, Gratuities and Business Courtesies. Conflicts on the part of Officers, Directors, key employees and others in decision-making positions are addressed under the Conflicts of Interest Administration Policy.

    c) It is each individual employee's responsibility to ensure that conflicts of interest are avoided while performing daily job responsibilities.

3. Confidential Information

    a) Confidential Information is an important aspect of MLH operations, which includes, but is not limited to medical records, hospital business records, strategic planning, marketing strategies, peer review activities, performance improvement activities, personnel and payroll records. It also includes information discussed and reported at medical committee meetings at MLH. Confidential information will be protected and will not be released except as allowed by law or with proper authorization.

4. Records Retention

    a) MLH will ensure that records required by Federal or State law or by its Compliance Program are created and maintained.

    b) MLH employees are responsible for the integrity and accuracy of MLH's documents and records, not only to comply with regulatory and legal requirements but also to ensure that records are available to defend our business practices and actions. No

one may alter or falsify information on any record or document. Records must not be tampered with, removed or destroyed prior to the specified date. (See Record Retention Policy)

5. Electronic Media

   a) Data and information created, collected, aggregated, analyzed, stored and/or reported by or on behalf of MLH are owned by MLH. The electronic media systems are to be used primarily for business purposes, however, limited reasonable personal use of the MLH communication systems are permitted.

   b) The E-mail and Internet system are NOT to be used for inappropriate, illicit, or offensive communication. E-mail messages are considered to be business records of MLH and therefore may be subject to review by management. Those who abuse our communication systems or use them excessively for non-business purposes may lose their privileges and be subject to disciplinary action.

6. Social Networking Behavior

   The term “social media” can be defined as primarily internet-based methods of networking using web-based tools to communicate widely, quickly and easily for the purpose of sharing information (public or private), searching for information, and communicating with others. Examples include, but are not limited to, Facebook,Twitter, Snapchat, and LinkedIn. This includes anything published on the internet or the Hospital intranet. Because new online tools and technology seemingly develop daily, this list is not exhaustive, and therefore MLH’s policy regarding social media is intended to be applicable to a broad range of internet activity.

   a) Employees are expected to follow all applicable MLH policies.

   b) Employees must not share confidential or protected information. Confidential information includes, but is not limited to, protected health information, electronic protected health information, financial and business information such as internal reports, policies, procedures, or other internal business-related confidential communications, and/or personnel data protected by the ADA, GINA, or other applicable laws.

   c) Employees must not disclose protected health information (PHI). PHI is individually identifiable health information that is transmitted or maintained in any form or medium, including electronic media. PHI includes such information as diagnosis, medical notes, or identifiable information that under the HIPAA privacy rule must be protected against unauthorized disclosure.

      When participating in various social networking sites and/or activities, never discuss patients or confidential patient information, and remember that the Internet is a public resource. Confidential information does not require a specific name; simply stating a condition or event that occurred during your shift is confidential and must not be posted.

      Never post pictures or videos of patients, visitors, guests, or physicians on social networking sites even if patients, visitors, guests, or physicians are only in the background of such pictures or videos.

   d) Employees must not expressly or implicitly represent that their views are the views of MLH and/or its affiliated entities, unless specifically authorized by MLH and for

MLH related purposes.

e) All MLH responsibility/ethics rules must be observed.

Employees have an opportunity to express their concerns and grievances by following the procedures outlined in policy HR124.00 Dispute Resolution.

7. Marketing and Advertising

   a) MLH uses marketing, advertising, and public relations activities to educate the public, provide information to the community, increase awareness of our services and recruit colleagues. The MLH staff is highly sensitive to patient confidentiality in all areas of marketing and only uses information that patients have given full consent in which to do so. All materials from MLH - both written and verbal - are presented in a highly professional manner and present informative, truthful information about MLH, its services and healthcare in general.

      Marketing services for physician practices are subject to federal regulation and if offered, will be offered in accordance with pertinent compliance policies and procedures in light of Stark Law, the Medicare Anti-kickback Statute, and rules governing tax exempt organizations.

8. Fraud and Abuse Laws

   a) Employees of MLH will not offer, solicit, pay, or accept payment (money, goods, services, or anything of value) for referring a patient to or from: (1) MLH; (2) a physician; or (3) any other health care provider.

   b) Nor should they offer or accept payment (money, goods, services, or anything of value) for purchasing, leasing, ordering, or recommending the purchasing, leasing, or ordering of any good, facility, service or item. This means MLH employees will not accept a kickback payment or bribe.

   c) Employees of MLH will not knowingly and willfully make any false statement or misrepresent any material fact in any claim or application for benefits under any health care program or health care benefit program. False claims constitute one example of illegal conduct that MLH, through its Compliance Program and otherwise, proactively seek to prevent. A detailed description of false claims information can be found in this Code of Conduct's False Claims Addendum for Employees and False Claims Notice for Agents and Contractors.

   d) MLH will not knowingly form a contract with, purchase from, employ or enter into any business relationship with any individual or business entity that is publicly listed by a federal agency as debarred, suspended or excluded from payment from federal healthcare programs or federal contracting.

9. IRS Laws

   a) MLH is a tax-exempt organization under §501 (c)(3) of the Internal Revenue code. All transactions of MLH must serve a charitable, tax exempt purpose, and any benefits to private persons or entities must be incidental to carrying out MLH's charitable purpose. MLH will use its profits, if any, to improve facilities, equipment, patient care, health services, and medical education, training, and research.

   b) All contracts and relationships to which MLH is a party must be commercially reasonable and meet applicable IRS guidelines.

c) MLH will not participate in, or intervene in, any political campaign on behalf of, or in opposition to, any candidate for public office

d) MLH will not use a substantial part of its activities for lobbying.

10. Cost Reports

a) MLH derives final reimbursement settlements from government programs by submitting a formal cost report to the appropriate governing agencies within the required time frame. MLH complies with all federal and state laws and regulations related to the preparation of the cost report. Every effort will be made to ensure that the information submitted on the cost report is accurate.

b) These laws and regulations determine allowable reimbursable costs and services, as well as guidelines for acceptable methodologies for inclusion on the cost report in regard to providing services to program beneficiaries.

11. Financial Reporting and Records

a) MLH is committed to maintain financial records and reports with accuracy, completeness, and timeliness. These records are vital for proper decision-making at all levels within the facility. As part of the mission of the hospital, financial viability is tracked and decisions are based on the financial reports and records. MLH has a responsibility to the public to not only maintain a level of financial viability, but also to diligently record and report on all financial activity in an accurate and timely manner.

b) Organizational financial information allows MLH to monitor and comply with applicable legal and regulatory requirements. As such, all financial activity must be reflected accurately and must conform to Generally Accepted Accounting Principles (GAAP). No undisclosed or unrecorded funds or assets may be established. Internal controls have been created to provide a reasonable level of assurance that proper procedures are followed and authorization is established for financial activity to maintain accountability of the organization's assets.

12. Accreditation

a) Accreditation is a requisite of successful operations at MLH. MLH will pursue excellence in compliance with all accrediting standards as well as excellence in the corresponding reviews and surveys by accrediting and certifying bodies (i.e., American College of Surgeons, The Joint Commission, certification under the Clinical Laboratory Improvement Act (CLIA), etc.). Each accrediting/certifying body will require examination of the processes, knowledge, outcomes and performance of MLH and its staff, both organizationally and individually. MLH will respond to each accrediting body honestly and ethically, presenting a fair representation of the scope of operations and service at MLH.

E. EMPLOYMENT PRACTICES

1. MLH employees will comply with Administrative Policy ADM115.00, Behavioral Code of Conduct.
2. MLH and its employees will enter into all employment and personnel matters without regard to race, color, ethnicity, religion, national origin, marital status, age, height, weight, gender, or disability. Harassment, of any kind, will not be tolerated.

3. MLH will not employ a person whom it knows has been convicted of a criminal offense related to a federal healthcare program, or listed by a federal agency as debarred, excluded, or otherwise ineligible for federal healthcare program participation. MLH will make a reasonable inquiry into the status of any potential employee. If an employee is charged with a criminal offense related to health care, or proposed for debarment, suspension, or exclusion, MLH will immediately remove the employee from a position of authority, or from responsibilities related to federal healthcare programs, until the resolution of the criminal charges, debarment, suspension or exclusion. If an employee is convicted or excluded from participation in federal health care programs or debarred from federal contracting, MLH will terminate the person's employment.
4. For employment or promotion opportunities, MLH works actively to attract a broad, diverse pool of applicants that is representative of the community and the region. From among this diverse applicant pool, we will employ or promote the best candidate, according to the specific requirements and responsibilities of each position.
5. Every MLH employee has the right to work in a professional atmosphere that prohibits discriminatory practices, including harassment. We are committed to a work environment where all employees are treated with respect and dignity.
6. Employees who experience or observe any form of harassment should immediately report it to their supervisor, Department Director, the Human Resources Department, or the Vice President/Human Resources.
7. License and Certification Renewals

   Practitioners in positions that require professional licenses, certifications, or other credentials, (e.g., Medicare and Medicaid provider certification), are responsible for maintaining the current status of their credentials and shall comply at all times with Federal and Nebraska requirements applicable to their respective disciplines. To assure compliance, MLH requires evidence of the practitioner having a current license or credential status. MLH will not allow employees and/or licensed or certified practitioners on the Medical Staff to work or perform services at MLH without valid, current licensures or credentials as specified by the Medical Staff Bylaws, and Rules & Regulations or MLH policy. Employees will be sent home without pay upon expiration of said licensure/certification. Employees may not use PTO for time not worked due to expired licensure/certification, until proof of current licensure/certification is obtained. All instances of expired licensure or credentials will be reported as soon as possible to the Compliance Officer.
8. Environment, Safety and Health

   MLH employees must comply with all applicable environmental, safety, and health laws and policies to provide a safe environment for employees, patients, and others. MLH policies have been developed to protect each individual from potential workplace hazards. If there is a workplace injury or any situation presenting a danger of injury, those on the scene shall resolve any immediate danger, seek immediate treatment for anyone who is injured, and contact his/her supervisor immediately to report the situation for further investigation and management.
9. Departmental/Organizational Standards

   The standards in this Code of Conduct do not identify all applicable laws, policies, and procedures. MLH employees will comply with all organization-wide policies including,

but not limited to, those referred to in this Code of Conduct. Depending on one's responsibilities with MLH, employees may be provided with additional written policies and guidelines or department-specific policies.

F. MLH COMPLIANCE PROGRAM STRUCTURE

1. The MLH Compliance Program demonstrates the Organization's commitment to the highest standards of ethics and compliance. The Code of Conduct will serve as a guide in the ethical and legal decision-making process.
2. The commitment to the Compliance Program is evident throughout MLH from the Board of Trustees, the President/CEO, the Compliance Officer, and to the Compliance Committee. Each of these individuals or groups is dedicated to providing the support necessary to ensure the standards set forth in this Code of Conduct are met.
3. Members of the Compliance Committee
   a) The Compliance Committee consists of the following voting members:
      - the Compliance and Privacy Officer who chairs the Committee;
      - Chief Financial Officer
      - Chief Nursing Officer
      - Chief Operating Officer
      - Vice President of Clinical Operations
      - Chief Medical Officer
      - Vice President of Human Resources
      - Information Security Officer
      - Director of Patient Financial Services
      - Director of Laboratory
      - Director of Health Information, Coding and Reimbursement
4. Compliance Officer

   Appointed by the President/CEO
5. Employee Training

   All employees, directors and officers, and all members of the Board of Trustees will receive education and training concerning MLH's Compliance Program. Each person will receive general information about the Compliance Policy, including the Code of Conduct. In addition, each person will receive specific training in compliance areas related to the employee's job requirements.
6. Copies and Reporting Process
   a) A complete copy of the ADM700.00 Compliance Plan is available in the online policy and procedure program. Or you may request a copy by calling the Compliance Officer at 402-460-5505.
   b) Generally, questions about the Compliance Program, applicable laws, or conduct should be directed to your immediate supervisor. If you feel uncomfortable discussing a particular situation with your supervisor, contact the Compliance

Officer at 402-460-5505 or call the reporting hotline at 402-460-5522.

7. How to Report Violations

   a) The Compliance Officer will make all efforts to maintain the confidentiality of a report to the extent possible consistent with law and the Plan.

   b) If you suspect a violation of any applicable law or if you have a general concern, it is your responsibility to make a report. You may report to your immediate supervisor, to the Compliance Officer by calling 402-460-5505, or by leaving a message on the HOTLINE at 402-460-5522.

   c) If there is a situation whereby reporting to the Compliance Officer and his/her supervisor would be inappropriate, the report should be made to the Human Resources Department.

   d) If you do not want to give your name, you will be given a code number. The Compliance Officer will take the information and may ask questions about the situation.

   e) If you prefer to report the matter in person, you may call 402-460-5505 to arrange a meeting with the Compliance Officer.

   f) You will not suffer any penalty or retribution for good faith reporting of any suspected misconduct or violation. If one makes an intentionally false statement or otherwise misuses the reporting system, he/she will be subject to discipline.

8. Report Progress

   Reports received through the Compliance Officer will be addressed promptly and confidentially to the extent possible. Corrective action or changes that need to be made will be organized and carried out by the Compliance Officer in coordination with the Compliance Committee.

9. Monitoring and Auditing

   The Compliance Officer, with the assistance of the Compliance Committee, legal counsel, and appropriate personnel will implement a monitoring and auditing system designed to determine compliance with its policies.

10. Corrective Action

    MLH will take reasonable steps to respond to instances of non-compliance and to prevent similar offenses - including any necessary modifications to its program to prevent and detect violations of the law.

11. Disciplinary Procedures

    a) Failure to comply with the Compliance Program, or the laws and regulations applicable to MLH, will result in discipline up to and including termination from employment or association with MLH. Those involved in verified misconduct will be subject to disciplinary procedures, which may include:

       - discipline for failing to report known or suspected non-compliant conduct;
       - discipline for being involved in the non-compliant conduct; and,
       - discipline for failing to be aware of compliance issues pertinent to job responsibilities.

- Members of the Medical Staff, vendors, students, and others who are not MLH employees may be subject to suspension or termination of their relationship with MLH.

b) MLH discipline is in addition to any civil or criminal sanctions or penalties associated with violations of state or federal law.

c) Acknowledgments of each employee's review of this Code of Conduct will be kept in each employee's file and accessible by the Human Resources Department.

VI. REFERENCES

A. HR124.00 Dispute Resolution

B. ADM700.00 Compliance Plan

C. ADM115.00 Behavioral Code of Conduct

VII. COLLABORATED WITH:

Mary Lanning Healthcare has engaged the law firm of Baird Holm, LLP, Omaha Nebraska, to serve as Legal Counsel in connection with the design and implementation of the Compliance Program.

VIII. DISTRIBUTION:

All employees

IX. RESCISSIONS

A. Reviewed: 5/1/2013

B. Revised: 01/2008, 07/2008, 04/2010, 04/6/2011, 03/14/2014, 1/2015,03/2018, 03/2021

1. 01/2018 - changed Compliance Officer contact number
2. 03/2021 - grammatical changes and update to Committee membership
3. 02/2024 - update

X. REVIEW AND REISSUE DATE:

A. Three (3) years from Effective Date

B. 03/2024, 04/2027

XI. FOLLOW-UP RESPONSIBILITY:

A. Compliance Officer with Compliance Committee

B. Vice President of Human Resources

XII. ATTACHMENTS:

A. False Claims Addendum for Employees

B. Employee/Agent Certification "Compliance Code of Conduct"