## Hudson Hospital & Clinic



Code of Conduct

## A Message From Our Leaders -



Dear Colleagues,

Every day, we work together to improve health and well-being in partnership with those we serve. That's our mission. We are fortunate to do work that has such an important impact on the lives of others. Our patients, members and families trust us with the most important and personal elements of their lives, and every interaction we have is an opportunity to earn that trust or lose it.

We also share a common vision and values that guide our work and shape our culture of Head + Heart, Together; that is a powerful foundation. We hold ourselves to high standards by following the law, regulatory requirements and acting with integrity. That's why we have a Code of Conduct: it shows us how to do our work with integrity. It helps us stop and think: What's the right thing to do? And it helps us find answers to that question.

Our Code of Conduct is your resource for finding answers to important questions and doing the right thing. It is important for you to read our Code of Conduct, understand it, and use it in your work. Ask your leader if you have questions — or use the many great resources we have in our organization to help you find the answer. I am proud to be part of an organization committed to honoring the trust of those we serve. Thank you for knowing and using our Code of Conduct.

Andrea Walsh CEO and President, HealthPartners



The Hudson Hospital & Clinic Code of Conduct is your resource for finding answers to important questions and doing the right thing. It applies to every person who represents us: employees and team members, physicians and other caregivers, officers, board members, volunteers, temporary staff, consultants, residents, fellows and students. All these people are our colleagues, and all colleagues here are expected to follow our Code of Conduct.

Please refer to our Code of Conduct regularly in your work. It's easy to use and understand — with a resource guide, scenarios and frequently asked questions, definitions, and a table of contents with links. Our Code of Conduct is even laid out in a familiar way, according to our organizational values: Excellence, Compassion, Partnership and Integrity. This way, you can see clearly how the expectations we spell out in the Code of Conduct directly support our values.

Thank you for your commitment to living our mission, vision and values. I appreciate the great work you do every day to make a difference for those we serve.

Thomas Borowski President, Hudson Hospital & Clinic



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Resource Guide

## **Hudson Hospital & Clinic**

We share a common mission, vision and values, and the Code of Conduct helps us fulfill those. It's a resource to look to when we wonder, "What's the right thing to do?" Below is important contact information to help you answer that question. As you read, ask questions, and use the Code of Conduct in your daily work, please know that these resources are here for you and your colleagues.

You can find contacts specific to your employer in <u>"Your Guide to the Code of Conduct"</u> found on our intranet.

# Reporting a concern or asking a question

If you aren't sure about where to go, here are good places to start:

## Integrity and Compliance hotline

1-866-444-3493

(call this number if you want to report your concern anonymously)

## **Integrity and Compliance email**

integrityandcompliance@ healthpartners.com

## **Privacy email**

privacy@healthpartners.com

## **Excellence**

We strive for the best results and always look for ways to improve.

I do my best and always look for ways to improve.

The standards on the following pages help us live the value of Excellence. When we strive for Excellence, we are accountable, we follow the law and other requirements and we keep accurate records. We report our concerns and we take the concerns of others seriously.

## **Accountability and Discipline**

### **Our Commitments**

We work every day to achieve the organization's mission, vision and values. We apply the Code of Conduct and other organizational standards and policies fairly and consistently. If these important expectations aren't followed, we respond appropriately, according to the organization's discipline guidelines and, if applicable, the terms of any contracts and labor agreements.

## **Everyone's Commitments**

- Follow the law.
- Use the Code of Conduct and other resources from the organization to help you make the right decisions.
- Know that a violation of your responsibilities, as explained in the Code of Conduct — or a violation of other organizational standards and policies and applicable laws — can result in discipline. Discipline could include coachings, warnings, suspensions or termination of your employment, contract or other relationship with the organization.
- Know that if you do something illegal or unethical, we may make a referral to law enforcement or to professional boards or licensing organizations.

## **Leaders' Commitments**

- Foster a culture of integrity and compliance; model that behavior.
- Make sure that the teams you lead understand their responsibilities under the Code of Conduct and other organizational standards.
- Create a work environment where everyone feels comfortable asking questions and raising concerns without fear of retaliation.
- Evaluate your team members' performance in light of the Code of Conduct and other organizational standards.
- Don't encourage, direct or tolerate violations of the Code of Conduct, other organizational standards or principles of sound judgment. Never tolerate a violation of the law.
- If you see or hear of inappropriate behavior, including retaliation or retribution, act quickly to address it.
- Take the concerns of the people you lead seriously; listen carefully and seek expert assistance from the Integrity and Compliance team, the Law Department, Finance, Human Resources and others if you need it.
- Don't retaliate against anyone for asking a question or reporting a concern in good faith.
- Apply disciplinary policies, guidelines and other standards fairly and consistently.



## **Accuracy of Information and Reporting**

## **Our Commitments**

We make sure that the information we create, maintain and report is fair, accurate, complete and timely. We don't tolerate the creation of false or misleading records. We don't mislead others receiving or using our financial, quality or claims information, including cost reports and other government filings.

## **Your Commitments**

- Follow the organization's system of internal controls, such as written standards, risk assessments and monitoring and auditing.
   These are designed to help you meet legal, financial, quality and other data reporting obligations and objectives.
- Cooperate fully with our internal and external auditors, who have responsibility for reviewing whether our financial statements and other records are presented fairly and accurately. Respond promptly, accurately and completely to our auditors' inquiries.
- If you find an error or other inaccuracy in our financial, quality or claims information — or in any other official report or record bring it to the attention of your leader immediately.



I just discovered an error in a financial report that we submitted to a government agency two years ago.
What should I do?

Mistakes happen, but when we find them we need to address them. Even errors in older documents and reports can have an impact on payment and care decisions now. If you find (or suspect) an error or inaccuracy, bring it to the attention of your leader right away. He or she will work with the Law and Integrity and Compliance teams to handle it appropriately.

## **Documentation, Coding and Billing**

#### **Our Commitments**

We follow all state and federal laws and third-party payer requirements that govern documenting, coding and billing for services, including submitting claims for payment. This supports safe patient care, appropriate payment and sound business practices.

- Make sure that the services you provide are necessary and supported by documentation that is accurate, consistent, legible, complete, timely and accessible.
- Make only truthful statements when representing or making claims for services. Any information you create or submit to support claims for services and cost reports must be accurate, appropriate and consistent with the organization's policies, procedures and other applicable standards.
- If you're involved in providing health care services, or in documenting those services, participate in and cooperate with education and monitoring activities for documentation, coding and billing.



## **Health Plan Operations**

#### **Our Commitments**

We follow state and federal laws that govern commercial, government-sponsored and individual health plan operations. Whether our members are enrolled in a Medicare, Medicaid, Individual or Group products or plans, they can trust that we will follow all applicable rules.

## **Your Commitments**

- If your job has health plan-related responsibilities, know and follow all policies and procedures applicable to health plan operations.
- Because of the nature and complexity of health plan regulations, requirements can sometimes be confusing, but they're important. If you don't understand what's expected of you, ask your leader.



# What kinds of health plan activities are regulated by law?

Nearly all health plan activities are regulated in some way. Here are a few examples of plan activities that come under state and/or federal regulation:

- Actuarial and underwriting practices
- Benefits design
- Care management
- Claims processing and payment
- Cost reporting
- Credentialing
- Data reporting
- Dental services
- Enrollment
- Financial solvency and investments
- Human resources
- Member services, including grievances and appeals
- Network management
- Quality assurance
- Pharmacy services
- Privacy and security
- Sales and marketing
- Utilization review



# Licenses, Permits, Professional Qualifications and Professional Boundaries

#### **Our Commitments**

Our caregivers and other professionals will be qualified, eligible and licensed to provide the services they perform. Our facilities will have and maintain all required operating and business licenses and permits. Our business operations will have and maintain all required certifications and accreditations for federal and state health care program participation. We only employ and contract with people and organizations that are appropriately licensed, registered, certified and credentialed and are eligible to perform their work within the scope of their professional standing. We won't knowingly employ or contract with an individual or organization that is sanctioned by or excluded from any government program in which we participate.

- Keep your professional licensure, registration and other qualifications in good standing so that you are eligible to perform your work with the organization. This is true regardless of your role — physician, nurse, technologist, language interpreter, attorney, actuary or any other profession.
- Tell your leader right away if any professional action has been started or taken against you, such as a board inquiry, suspension, revocation, expiration or lapse of license or eligibility.

- Tell your leader or the Integrity and Compliance team right away if you've been debarred or excluded from any government-sponsored healthcare or other contracting program, or if you're facing debarment, exclusion or other sanctions. There are issues that some licensed caregivers are required to personally report to their professional licensing boards you must report if this applies to you, and let your leader know about it.
- Keep appropriate professional relationships with patients, members and their families, within and outside the care setting. If you're a caregiver, you must follow all standards of professionalism established by your licensing board(s).
- If you're a caregiver and have questions about your professional reporting duties, contact Human Resources,
   Physician Services or the appropriate Medical Staff Office.



# Licenses, Permits, Professional Qualifications and Professional Boundaries



Recently, my patient told me she is planning a trip around the world.

She will be keeping in touch with her friends and family during her travels through a Facebook page. Can I "friend" her so we can stay in touch during her trip?

Although it's important to emotionally connect with the people we serve, it's not a good idea to pursue social contact with our patients and members (or their families). While your intentions may be good, you need to maintain clear boundaries between social and professional relationships. By "friending" your patients you could inadvertently send mixed messages about the nature of your relationship. So steer clear of socializing with patients (in person and through social media). If in doubt, be sure to ask your leader for additional guidance.



## **Policies, Procedures and Other Work Standards**

#### **Our Commitments**

We'll provide you with policies, procedures and other standards for how you're expected to do your work. All these standards — whether developed by the organization or your work unit — will be consistent and aligned with the Code of Conduct. They may be stricter or more detailed or specific than the Code of Conduct.

- Understand and comply with the expectations for you and the work you do. You may need to complete training about a policy or other standard and how to follow it. Other times, your leader will expect you to read and understand the requirements on your own.
- Ask for help if you don't understand a policy, procedure or other standard that applies to you.
- Take action if you see or know of behavior or processes that aren't consistent with the Code of Conduct. In some cases, this can mean a simple and respectful reminder to a colleague. In other instances, it may be important to notify your leader, Human Resources or the Integrity and Compliance team.
- At all times, act according to the Code of Conduct. Make sure that all your work and decisions are in line with the requirements in our policies, procedures and other standards.



## **Record-Keeping, Record Retention and Record Destruction**

## **Our Commitments**

We create thorough, timely and truthful care and business records and other documentation, whether in paper, electronic or other formats. We maintain records in a secure environment and for the appropriate length of time. We destroy records only when and how it is legal to do so.

- Keep accurate documentation needed for safe patient care, sound business practices and meeting requirements for accreditation standards, billing rules, government-sponsored programs, timekeeping and other standards.
- Keep records for the appropriate length of time, which may vary based on the type of record. Follow the organization's record retention policy. Records should only be destroyed if the retention period in that policy has passed for that kind of record.
- If and when we no longer need to keep a record or other document, make sure to protect confidentiality when you throw it away. Any paper documents that have protected or otherwise sensitive information must be shredded or put in a locked shredder bin. Electronic files and equipment that contains or stores information electronically must be destroyed according the organization's security procedures.



## **Training and Education**

## **Our Commitments**

We provide training and education to colleagues so that everyone knows what's expected of them in their work.

- Complete required education and training on time. This is a condition of your continued employment or other relationship with the organization.
- Take advantage of additional learning opportunities — formal and informal, within and outside the organization.
- Ask your leader for help if you don't understand something that's covered in a training or educational materials.



Compassion

We care and show empathy and respect for each person.

I care and show empathy and respect for each person.

The standards on the following pages help us live the value of Compassion. We show Compassion when we respect and protect the rights and the information of the people we serve. We understand how important these protections are to members, patients and other people we serve.

## **Controlled Substances and Other Medications**

#### **Our Commitments**

The mismanagement of medications, including controlled substances, can have devastating effects on our patients, our members, their families, our colleagues, the community and our organization. We handle medications safely and appropriately. This includes preventing, detecting and responding quickly to suspected mismanagement of drugs.

### **Your Commitments**

- Never participate in drug diversion. It is a crime.
- If you work in an area that has access to controlled substances (narcotics), you should know the signs of abuse, addiction and diversion.
- Follow all policies and procedures regarding the correct handling of drugs and biologicals, including controlled substances.
- Use the systems in place to monitor and detect drug diversion in our care settings, and those to monitor prescribing patterns and fraudulent prescriptions through the health plan.
- You must bring your concerns to the attention of your leader, Human Resources, the organization's safety and security team, or the Integrity and Compliance team — immediately — if you suspect or are concerned that someone you work with may be diverting or mishandling drugs, or working under the influence.



# What is drug diversion? And what does the organization do about it?

Drug diversion is when someone steals or tries to steal drugs intended for patient care. Whether the drug is removed from inventory, skimmed off a patient's intended dosage or taken from the "wasted" portion of unused drugs, it is diversion. A "diverter" might be someone on staff, a patient or a visitor or member of the public.

Drug diversion is theft, and we respond to suspicions of diversion as we would to suspicions about any crime. When drugs are missing from any of our facilities or pharmacies, we investigate and bring it to the attention of local and federal law enforcement, the Drug Enforcement Agency, professional licensing boards and others. If we suspect any provider or employee of stealing drugs, or of working while under the influence, we investigate right away. If needed, we contact law enforcement and pursue discipline.

## **Information Security**

### **Our Commitments**

We protect information through security measures that maintain the confidentiality, integrity and appropriate availability of data. This includes the protected information of patients, members, research participants and employees, and confidential business information.

- Comply with information security policies and procedures.
- Always communicate and send protected information in a secure way.
- Keep business and personal computing devices — such as desktops, laptops, tablets, smart phones, portable drives and any other digital device, including company cameras — secure and in your control.
- Make sure all computers and devices you use in your work are registered, approved and encrypted to organizational standards.
- Report any data security concerns immediately to the IS&T Support Center or the Help Desk.



## **Information Security**



## **Essential Data Security Rules**

## 1. Use strong passwords and never share them

Make your passwords hard for others to guess, but easy for you to remember so you don't have to write them down. And treat your passwords like your toothbrush — change them regularly and never share them.

## 2. Don't put protected information on your personal computers or devices

Use only company-approved and encrypted devices when you work with protected information. Never download or copy protected information to your personal computer or to any device that unauthorized people have access to.

#### 3. Stay out of the cloud

Never download or back up information about patients, members, research participants or employees to the cloud without IS&T approval.

#### 4. Protect against viruses

Delete emails with attachments or links from unknown and unexpected senders. Don't download software or media files from the internet to company devices without IS&T approval. "Spam" and "phishing" emails and infected files can release a virus into our network or trick you into giving the sender your own protected information.

#### 5. Lock your monitor when you step away

Lock your computer screen by pressing CTRL+ALT+DELETE, then hit ENTER. Don't change pre-set time-outs and lock-outs. When working in a patient record, lock your screen even if you are just stepping away for a moment.

## 6. Secure emails with protected information

Never send patient, member, research participant or employee information outside the organization unless you use encrypted email or another company-approved security tool (Outlook's Secure Mail, TLS, or e-Transfer). Never send protected information to your personal email account, even if you think you are sending securely.

## 7. Don't go social

Don't use social media to communicate protected information.

#### 8. Secure mobile devices

Never leave mobile devices (even encrypted ones) unlocked or unattended.

## 9. Report missing devices immediately

Report lost or stolen mobile devices to the IS&T Support Center (Help Desk) immediately. Don't delay even when you're still hoping it turns up.

#### 10. Ask

If you aren't sure how to keep information or devices secure, talk to your leader or call IS&T Security. They will get you additional guidance or training.



## **Patient and Member Rights**

#### **Our Commitments**

The people we serve have the right to receive care and service from us that is safe, appropriate and respectful of individual and cultural differences. Patients' and members' spiritual and cultural values will play a part in the decisions they make about care and coverage.

We offer care and access to care equitably, without regard to race, marital status, gender, sexual orientation, gender identity, genetic information, national origin, language of origin, age, physical or mental disability, religion, veteran status or public programs status. We communicate with members, patients and their families in a way that is clear and understandable.

Our hospital patients are entitled to prompt and appropriate emergency care. We follow the laws related to emergency care and treating individuals in active labor at hospitals (EMTALA). We won't delay emergency care for any non-medical reason, including financial reasons, or for any reason not requested by the patient.

#### **Your Commitments**

- Don't discriminate in any way against patients or members.
- Listen to and act on patients' and members' wishes about their care.
   Respect the choices they express in advance directives. Don't discriminate against patients and members who haven't adopted advance directives for their care. If, for some reason, we can't

- provide the care a patient needs or requests, fully inform the patient about his or her condition and alternatives for care.
- Respect each patient's and member's spiritual and cultural values, and those of their family. Make sure to communicate with and care for them in a way that respects those values.
- Caregivers who work at hospital sites are expected to be familiar with and follow the facility's policies regarding emergency treatment, stabilization and transfer procedures under EMTALA.
- Don't delay emergency care for any non-medical reason, including a financial reason, or for any reason not requested by the patient. If you work in a hospital emergency setting or birth center, only make patient transfers when the patient is stable or when more appropriate care can be provided by another facility that accepts the transfer.

Patient and member rights may differ, depending on where they are getting care and what health plan they are enrolled in.

Every facility must post a patient bill of rights, and every health plan product is accompanied by a statement of member rights. To learn more about the rights of the patients and members you serve, contact your site leader (for patients) and HealthPartners Member Services (for members).



## **Patient, Member and Research Privacy**

#### **Our Commitments**

We honor the trust that patients, members and research participants place in us by protecting their information.

## **Your Commitments**

- Protect the privacy and privacy rights of patients, members and research participants at all times, even after your (or their) affiliation with our organization has ended.
- Access, use and release protected information only as allowed by the organization's policies, procedures and other standards governing privacy and confidentiality.
- Make sure you understand all privacy expectations related to your job both organizational standards and privacy laws. Some privacy laws can be complex, so make sure that you understand how those rules apply to your work and ask your leader questions if you don't understand.
- Don't look up or use patient, member or research information to make employment-related decisions.



I see a lot of funny and touching things at my work, and I would love to be able to share them with my family. If I don't use any names, can I talk to my family about my work?

You need to be very careful in this kind of situation. Even if you omit a patient's or member's name, you might inadvertently include some information about them that identifies them. The best approach is to not talk about specific patient or member interactions or situations. If something funny happens at work, or if a patient or member makes a strong impression on you, it's best to say something like "We had some good belly laughs at work today," or "I was really inspired by one of the people I was working with today." If you are questioning where to draw the line between what's private and what's not, talk to your leader — before you get close to that line. And always err on the side of privacy.

Privacy is about trust. All patients and members, including those who are also our colleagues, should be able to trust us with their most personal information. Earn their trust: never look up or use a patient's or member's information to make decisions about their employment.

## **Patient, Member and Research Privacy**

## **Essential Privacy Rules**

- 1. Don't look up or use anyone's information, except when you need it for your work.
- 2. Use and share only the minimum amount of information you need to do your work.
- 3. Don't release information to anyone outside the organization except if authorized by the patient, member or research participant, or as otherwise allowed by law.
- 4. Keep safe all information that's within your possession or control, and take every step to make sure that you don't lose information or allow unauthorized people to get access to it.
- 5. Never talk about patients, members or research subjects with anyone who doesn't have a right to it — not your family, friends or any other unauthorized person.
- Never gossip about our patients or members — even with your coworkers — and don't snoop in their records. It's disrespectful and illegal.
- 7. Guard protected information as if it were your most cherished possession or personal secret.
- 8. Report any privacy concern immediately to your leader or to the Integrity and Compliance team.



## **Referrals of Care and Service**

#### **Our Commitments**

It's important that patients and members trust that when we suggest treatment and other services, our recommendations are based on their needs — not what's in it for us. Therefore, we follow all laws and sound care and referral practices by making sure patients and members receive appropriate care and service.

### **Your Commitments**

- Follow all laws about referring patients and members to other providers, facilities, suppliers and plans. These laws, some of which are known as the Antikickback, Stark (or physician self-referral) and Patient Freedom of Choice laws, can be complicated; consult with the Law Department if you are considering an arrangement with an outside provider or supplier that might impact patient or member referral patterns or choices.
- Don't solicit, accept or offer anything of value in exchange for patient or member referrals.
- If you are a physician or dentist, don't refer patients to other providers or facilities with which you or your family have a financial relationship.
- Don't offer special benefits or incentives to patients or members unless those arrangements meet very specific criteria approved in advance by the Law Department.



# What are some examples of inappropriate arrangements that might impact referrals?

#### Here are a few:

- A hospital that offers free or discounted space or equipment to a physician, to encourage the physician to admit patients to its facility
- A pharmacy that routinely waives copays or coinsurance, to give customers an incentive to get prescriptions filled there
- A medical supplier that gives gifts to clinic employees as a "thank you" for increasing their supply orders

These sorts of arrangements might make sense in other business contexts, but they can be illegal in health care. If your work involves arrangements between our organization and other health care providers and suppliers, you need to be familiar with Antikickback, Stark and Patient Freedom of Choice laws.

**Partnership** 

We are strongest when we work together and with those we serve.

I am most effective when I work together with my colleagues and with those we serve.

The standards on the following pages help us live the value of Partnership. Creating a safe and healthy work environment, conducting research responsibly and supporting health and well-being in our community — all of this important work requires strong partnerships.

# Alcohol, Tobacco, Weapons and Controlled Substances in the Workplace

#### **Our Commitments**

We want our colleagues, patients and all others to be safe and healthy in our facilities. It's essential that all colleagues work in a safe and healthy environment and do their work free from substances that could affect their skills and judgment.

## **Your Commitments**

- Don't use alcohol or illegal drugs while working or on call.
- Don't bring illegal drugs, weapons or other contraband to your workplace.
- Don't perform any of your job duties while under the influence of alcohol or illegal drugs or while misusing prescription drugs (this means using prescription drugs in a way that negatively impacts your performance or your judgment in your work).
   Anyone who appears to be under the influence of alcohol or illegal drugs while working on behalf of the organization, misuses a prescription drug and/or is involved in a drug diversion may be subject to disciplinary action, including termination.
- Don't smoke or use tobacco or related products in your workplace. Tobacco and related products include cigarettes, electric or "e-cigarettes", cigars, pipe tobacco and chewing tobacco.



E-cigarettes and chewing tobacco don't create secondhand smoke, so why can't I use them at work?

We prohibit the use of all tobacco and related products in our facilities and on our grounds. Tobacco use is an enormous public health problem and we don't support its use anywhere.

Your workplace includes any facility that is owned or leased by the organization, in company vehicles or in private vehicles while they are being used for work. If you work from home, talk with your leader to understand how these restrictions apply there, too.

## **Colleagues' Information**

### **Our Commitments**

We collect personal information about colleagues only for valid business reasons related to personnel administration.

We protect the information of our colleagues. We only share colleagues' information internally with those that have an appropriate business-related reason for the information. And we only disclose colleague information outside the organization with their permission or as otherwise allowed by law.

**Your Commitments** 

- Don't access colleagues' personnel files unless you specifically need it to do your job. If by virtue of your job duties, you have access to personnel files, we expect you to keep this information confidential.
- Use care and diligence in handling, storing and communicating colleagues' protected information. Only share this information with people who need it to fulfill their job responsibilities.
- Maintain personnel files, credentialing files, compensation information, disciplinary matters and similar information from our records securely and according to the law.

 Remember, personal information that is also patient or member information has special protections. You need to make sure you follow those rules, too.



## **Environmental Stewardship and Sustainability**

## **Our Commitments**

We care for the places where we live and work so we can provide a healthier and cleaner community for our employees, members, patients and future generations.

## **Your Commitments**

- Use and dispose of resources mindfully, sustainably and as safely as possible.
- Whenever possible, reduce consumption of materials and energy. Reuse materials when safe and appropriate. Responsibly recycle or dispose of materials that can't be reused.
- Follow all laws and organizational policies that address the management, use and disposal of hazardous substances and waste.



I have a great idea for how we can use fewer resources in my area. Who should I contact?

Share your idea with your leader, or send it to **hpsustainability@healthpartners.com**.



# Fundraising, Solicitations, Charitable Care and Community Benefit

#### **Our Commitments**

We form strong partnerships with our community — it's part of our mission. This often involves giving care and service to people who can't afford it; participating in community-building activities; and raising money to support treatment, education, research and other important community needs.

### **Your Commitments**

When you do fundraising, charitable care or community benefit work on behalf of the organization, make sure that:

- Charitable events and solicitations we sponsor meet reporting and record-keeping requirements.
- Our organization's name is used as an event sponsor or when soliciting contributions only if the event or solicitation:
  - is authorized by an officer of our organization, and
  - follows standards established by our Foundations.
- We provide charitable or uncompensated care to people who are eligible by following the organization's policies.

- Use your skills and passions to support charitable and other community causes that you care about. When you do personal fundraising or community work, keep your personal efforts and your work for the organization separate. This means:
  - Don't use organizational resources for personal activities.
  - Don't use your position, or anything you learn as part of your work, to solicit support from patients, members, research subjects or customers.
  - Don't use information about patients, members, research subjects or colleagues for personal activities.

Did you know that doing good is good for you? Research has shown that just two hours of volunteering a week can have physical and mental health benefits. Our organization encourages volunteering and doing good for others. For example, we have partnerships with Habitat for Humanity to build houses, and we've partnered with the National Alliance on Mental Illness to fight stigma. Want to find ways to get involved? Contact Community Relations.



## **Recruiting and Compensation**

## **Our Commitments**

We recruit and compensate employees and medical professionals according to strict legal requirements. These include laws that apply to physician and executive recruitment and compensation, such as Antikickback and Stark regulations.

- If you're involved in recruitment and compensation, understand and observe the legal requirements of these activities.
- Make sure that recruitment and compensation arrangements meet fair market value standards for our community.
- Avoid recruitment and compensation arrangements that include any incentives to induce referrals.

## **Research and Funding**

#### **Our Commitments**

We learn through research and innovation while honoring ethical and legal standards. Protecting the rights of research participants is of the utmost importance, and we don't discriminate against anyone on the basis of their choice to participate or not. Scientific truthfulness and integrity ensure that research results are useful and reliable.

- If your work involves or impacts research activities, be familiar with and follow the organization's policies on research.
- Make sure research projects are reviewed and approved through the research review process (Institutional Review Board, or IRB) before any research begins.
- Comply with all laws that govern federal- and state-funded grants and contracts, including appropriate expenditures and accurate reporting of and accounting for funds received.
   Follow the standards and requirements established by private funders of our research activities.

- Protect the rights of research participants. Fully inform the members, patients and others who participate in clinical research activities about the risks, benefits, experimental nature and procedures involved. Protect participants' privacy. Don't discriminate against anyone on the basis of participation or non-participation in research activities.
- Follow the highest standards of scientific integrity, honesty and diligence when conducting and reporting research activities.



## **Work Environment**

#### **Our Commitments**

We provide a safe, healthy and productive work environment for all colleagues. We know that excellent patient and member service experiences result when people are engaged and proud of their work. We've made specific commitments to:

## Equal opportunity, diversity and inclusion

We recognize the freedom, rights and dignity to which colleagues and applicants for employment are entitled. We don't make employment decisions based on race, creed, color, age, sex, marital status, national origin, religion, sexual orientation, gender identity, physical or mental disability, veteran status, status with regard to public assistance or genetic information.

#### • A harassment-free work environment

We don't tolerate any form of harassment, including verbal, physical, visual or sexual harassment, where the intent is to create an offensive, hostile or intimidating environment.

#### Workplace violence

We strive to create and maintain an environment free from violence, both real and implied.

## Health and safety practices

We maintain a safe and healthy environment for everyone onsite, including employees, volunteers, patients, members and visitors.

- Don't discriminate based on race, creed, color, age, sex, marital status, national origin, religion, sexual orientation, gender identity, physical or mental disability, veteran status, status with regard to public assistance or genetic information.
- Report it immediately if you feel you've been the subject of harassment (verbal, physical, visual or sexual), or have witnessed or been told of an incident.
- Report it immediately if you feel you've been the subject of violence, believe you are at risk of experiencing violent behavior, or become aware of an incident of violence.
- Make workplace safety one of your accountabilities. Follow all workplace health and safety laws and policies at your location. Report unsafe work acts or conditions right away. Participate in safety meetings and trainings.
- Do your work responsibly and professionally.



## **Work Environment**



My colleague told me that she feels harassed by one of our co-workers. I told her to report it to our leader or Human Resources. I have a hunch she won't report it out of fear. Should I report it?

Yes. Anyone who feels they have personally been the subject of harassment or who becomes aware of an incident of harassment, whether by witnessing the incident or being told of it, should report it to their leader or to Human Resources immediately.

**Integrity** 

We are open and honest, and we keep our commitments.

I am open and honest and I keep my commitments.

The standards on the following pages help us live the value of Integrity. When we act with Integrity, we protect confidential business information, deal fairly and honestly with regulators, customers and vendors and observe important boundaries between our work and professional lives.

## **Business Information and Intellectual Property**

## **Our Commitments**

Our success depends in part on the unique nature of our services, products, systems and other business information. It's essential that we protect the confidentiality of our business information and respect the intellectual property rights of the organization and others.

- Handle all confidential business information as carefully as you would handle patient and member information — and your own personal information.
- Only share business information outside the organization if that has been approved by your leader and the information is protected by a confidentiality agreement with the person receiving it.
- Don't use or disclose confidential business information for personal gain or benefit, and don't share it with friends, family members or others in the community.
- When your leader asks you, limit the information you share with people even within the organization.
- Even after your association with the organization ends, keep the organization's business information confidential.

- If you're unsure if you should share the organization's intellectual property or other organizational information, ask your leader.
- Don't use or make copies of the work of others outside the organization when you do your job without permission from the owner of the work, unless it is considered "fair use." Don't guess if you aren't sure what "fair use" is to learn more about that, contact the Law Department.
- When you write, invent, design or create something as part of your job, it belongs to the organization, unless another agreement, policy or law applies.



## **Business Information and Intellectual Property**



I feel I have an ethical obligation to share information that would benefit our patients, members and community. How do I tell the difference between a medical breakthrough that we would like to share with the community and business information that I need to keep confidential?

There are many things to consider related to medical breakthroughs — including whether the idea is "ripe" for sharing, whether we have other confidentiality obligations to keep and medical ethics. Decisions about whether, when and how to communicate medical breakthroughs need to be carefully reviewed by leaders. If you believe you have identified a medical breakthrough that should be shared outside the organization, work with your leader to determine next steps.

Any trade secrets, business information or materials that are not publicly known should be considered confidential.

Here are just a few examples:

- Business and marketing plans
- Clinical service or expansion plans
- Customer information
- Education and training systems
- Financial information
- Pricing and costs
- Privileged information, such as communications with our attorneys
- Product development planning
- Proposals
- Research and quality data
- Strategic relationships and planned affiliations
- Technical and system specifications
- Many other things that are important to the organization and our strategic or competitive position

Your responsibility to protect the organization's confidential information continues even after you leave the organization. Get your leader's permission before taking any materials or other work with you when you stop working here.



## **Conflicts of Interest and Secondary Interest**

#### **Our Commitments**

We offer care and service to our patients, members and research participants that is objective and based on the best available scientific evidence. The processes we use to make decisions about care, service, prescribing and purchasing ensure that those decisions are free from the influence (or perception) of personal gain.

### **Your Commitments**

- Make decisions about your work that are in the best interests of the organization and the people we serve.
- Avoid personal relationships and arrangements that could interfere, or appear to interfere, with your ability to do your work objectively and with independent judgment.
- Remove yourself from any purchasing, ordering or prescribing decision if you have a personal interest in the outcome of the decision.
- Disclose all outside interests that involve health care, our competitors or our suppliers to your leader and as part of any organizational certification or disclosure process that applies to you.
- Treat your family members' personal and business interests as your own, and disclose them to your leader and as part of any organizational certification or disclosure process that applies to you.

- If your outside interest is approved with a management plan, follow that plan and disclose any material changes to your leader.
- Follow organizational policies, procedures and other standards that relate to your outside interests, like the Code of Conduct standards related to gifts, entertainment, favors, meals and outside employment and consulting.



## How do I know if I have a conflict of interest?

A conflict of interest occurs when your personal activities and relationships interfere with — or appear to interfere with — your ability to perform your work objectively and in the best interests of the organization and the people we serve. The standard for determining whether a conflict of interest exists is **not** whether **you** think it is a conflict of interest, but whether another, reasonable and objective person would consider it a conflict.



## **Contracting, Procurement and Purchasing**

#### **Our Commitments**

Our patients, members and customers count on us to use safe, high quality and affordable materials and services. To meet those expectations and to demonstrate sound business practices, we purchase and use goods and services based on objective criteria, such as price, quality, timely delivery, service standards and availability. We establish and meet supplier diversity standards in our purchasing practices. We don't do business with individuals or organizations that have been excluded from or sanctioned under federal or state health care programs or other federal or state contracts, or who have other restrictions on their eligibility to work with government contractors. And we maintain contracting and signature authority at the appropriate leadership level in the organization.

- Act with integrity in negotiating and awarding contracts in all purchasing and service transactions.
- Make purchasing decisions based on criteria set by the organization.
- Make sure contractors and vendors know they are expected to comply with our organization's policies.

- Before entering into a contract, consider legal issues, patient and member privacy restrictions, data security requirements, sanctions and exclusions checks, quality and accreditation standards and sound business judgment. Use the organization's contracting and contract management standards to guide this work.
- If you are the "business owner" of an arrangement with a supplier, be accountable for ongoing oversight of the arrangement.
- Don't sign an agreement on behalf of the organization unless you have the authority to do so under our contracting or commitment policy.
- Don't accept gifts or anything else of value from current vendors or suppliers or from those being considered for future purchases.



## **Contracting, Procurement and Purchasing**



# What do I do if I think a vendor is not performing to the terms of the contract?

Tell your leader about your concerns and work with him or her to determine what to do next. This may involve reviewing the contract itself, communicating with internal stakeholders and working with experts within the organization (such as Law, Integrity and Compliance, IS&T Security and Finance). Don't jump to any conclusions immediately, but don't let time slip away. The sooner you address the problem with the vendor, the more protection for the organization and the people we serve.



## **Fair Competition**

#### **Our Commitments**

We believe that a healthy competitive marketplace is good for patients, members, customers and the organization itself. We comply with antitrust laws and other laws that encourage fair trade and competition. We gather competitive intelligence in legal ways and respect the confidentiality of trade secrets.

- When considering entering into an arrangement with another organization or person in the same line of business that we are in be it health plan, or plan administration, care delivery or clinical research consult with the Law Department to make sure the arrangement complies with applicable antitrust laws.
- If you're involved in trade group and professional association activities, consult with the Law Department to make sure you understand how antitrust restrictions apply in those settings.
- Gather information about competitors in a way that is sensitive to legal restrictions and our organization's standards for integrity; never misrepresent your identity, use improper influence or bribes or obtain competitive information in an illegal way. Talk with the Law Department to learn more.



## Fraud, Waste and Abuse

#### **Our Commitments**

We work to prevent, detect and correct fraud, waste and abuse related to health care benefits paid by the government, commercial health plans and employers, including our own health plans. We routinely assess the risk that illegal conduct might occur, whether in our own facilities, by subcontractors, or network providers. These assessments include reviews of claims, medical records, member and patient satisfaction surveys, provider billing patterns, and other auditing, monitoring and outreach activities. When fraud, waste or abuse is identified, we address the issue through appropriate corrective action, which may include a report of our findings to the government and a refund or repayment of any undue payment. We discipline anyone engaged in inappropriate behavior, up to and including termination, and we cooperate fully with regulators and law enforcement when the behavior of a colleague is suspect.

- Participate in regular training to help prevent, identify, report and correct practices that may lead to fraud, waste or abuse.
- Comply with all state and federal laws and regulations aimed at preventing, detecting and responding to actions of colleagues, patients, members, vendors, customers or others who attempt to dishonestly benefit from government, commercial health plan or employer payments to our organization.
- Take part in and cooperate with organizational activities to assess the likelihood or existence of improper activity, such as risk assessments, auditing, monitoring and investigations.
- Have the Law Department review agreements when required under our contract and commitment policy and our joint venture policy.
- Know that if you take part in fraudulent, wasteful or abusive activity, you will be subject to discipline, which could include termination; in some situations you may also incur personal liability and criminal penalties. If you're aware of or suspect conduct that could be fraudulent, wasteful or abusive, report your concerns immediately. You can go to your leader, the Integrity and Compliance hotline or the HealthPartners health plan Special Investigations Unit.



## Gifts, Entertainment, Favors and Meals

#### **Our Commitments**

We won't be influenced by gifts, entertainment opportunities, meals or other offers from the people and organizations that we do business with. Likewise, we won't try to influence others' care or business decisions with gifts or other offers. We respond appropriately in situations where we're offered gifts or other tokens of appreciation from vendors, members, patients, their families, customers, competitors and others. And we use great care when offering items of value to people we want to do business with.

- Don't solicit or accept gifts, entertainment opportunities, meals or favors from a medical device or pharmaceutical company or from any other supplier of goods or services used for patient or member care or service. The organization may maintain "business courtesy" policies for limited business interactions of minimal value; talk to your leader before you accept a business courtesy meal or item.
- In addition, don't accept any item or service from any other type of vendor if it is primarily intended for your personal use or enjoyment. Any item or service

- that you accept must be intended and actually used primarily for professional, educational or business activities.
- Don't take part in leisure activities sponsored or paid for by someone we do business with, such as golf, sporting events, theater, "spa days," etc., unless it is a legitimate charitable event, or unless:
  - it's an occasional legitimate charitable event approved by your leader and consistent with our mission; or
  - o you pay your own way and your participation would not compromise your independent judgment, interfere with your professional duties, or embarrass or damage the organization's reputation.
- Don't accept cash or cash equivalents (such as gift cards) from vendors or others, including patients.
- Anything that you can't accept from a vendor is also not allowed for your immediate family (spouse, partner, parent, or child) to accept, unless it's part of their own work.

## Gifts, Entertainment, Favors and Meals

- Don't solicit or accept gifts, entertainment opportunities or favors from patients or members. Small tokens of appreciation such as cards, flowers or candy may be accepted. If a patient, member or their family wants to recognize you with other types of gifts or entertainment, you should contact the organization's Foundation and help facilitate contact between the patient, member or their family and the Foundation.
- Just as you can't accept gifts, don't seek to gain any improper business advantage through offering gifts, entertainment or other inducements to vendors, patients or members, or government officials. When you represent our organization, make sure that you also respect others' gift, meal and entertainment policies.



# It's holiday time and I just received a gift basket from a vendor we work with. Can I keep it?

We'd prefer that our vendors show their appreciation and commitment to patients and members in ways other than sending us gifts. But once the gift basket shows up, you need to do something with it. Here are appropriate options:

- Return the gift basket to the vendor with a note encouraging them to find other ways to support our mission and our community.
- Donate the gift basket to a local food shelf.
- If the contents are perishable, put the gift basket in a common area at work, but follow it up with a note to the vendor asking that in the future they find other ways to support our mission and our community.

*Although gift-giving may be part* of normal business and social practices in many settings, in health care it can present significant problems. Our patients and members need to trust that the care and service we give them is based on sound, independent information, not gifts, favors or other items that we benefit from personally. It is well established that some medical device and pharmaceutical companies, and other suppliers of health care items, historically used promotional practices — such as gift giving, free trips and meals, and other activities — to inappropriately influence the clinical practices of health care providers and organizations. It is important to avoid these kinds of interactions — no matter how *small or unimportant they may seem — in* order to preserve patient and member trust and your own independent judgment.



## **Government Officials and Government Inquiries**

#### **Our Commitments**

We build and maintain effective relationships with public officials and government agencies. We deal fairly, openly and according to the law with public officials and government agencies in every state and country where we do business. We respond to government reviews and inquiries in a timely and appropriate manner. We also stay actively engaged in public policy advocacy on topics that impact the work we do and the people and communities we serve.

**Your Commitments** 

- If you receive a government inquiry or subpoena looking for a response from the organization, let your leader know and follow your department's established process for responding. If your department does not have such a process, or if you don't know what steps you should take, get in touch with the Law Department immediately, and they will give you guidance.
- Never offer a gift, favor or anything else of value to a government official or representative. Anti-corruption rules that apply to our dealings with local, state, federal and even foreign officials are extremely strict, and we need to avoid any interaction that could be perceived as a bribe or other form of inappropriate influence. If you regularly work with government officials, make sure you understand the rules about interacting with them.

 Only represent our organization's views in front of legislative, regulatory or policy bodies if you have advance approval from your leader and from our Government Relations team. Present your views as your own if you are not specifically authorized to speak for our organization in those settings.



Some local officials are coming to tour our new care unit. Can we give them small items such as bumper stickers or t-shirts with our logo?

Most officials are prohibited from accepting any gift, even something as small as a cup of coffee. So the safest choice would be not to offer any gift at all. But if you feel this is important, check with the Law Department or the Government Relations team and they will give you direction.

## **Integrity and Compliance Program**

#### **Our Commitments**

Our organization has an Integrity and Compliance Program to help prevent, detect and correct violations of the legal, professional and ethical standards we're committed to upholding. The Integrity and Compliance Program is a resource for everyone in the organization. It consists of several elements:

- Proper Oversight and Delegation makes sure that people in all areas and roles in the organization are informed about, and engaged in the Integrity and Compliance Program. We identify accountable individuals for overseeing, implementing and managing the program, and we make sure that organizational responsibilities are only delegated to qualified people.
- Written Standards of Conduct
   (such as this Code of Conduct and organizational policies and procedures)
   establish clear standards for how each of us is expected to act.
- Education, Training and Awareness help explain what is expected of each of us under this Code of Conduct, other organizational standards, the Integrity and Compliance Program, and in our daily work.

- Reporting and Communication
  Channels allow for open
  communication, so that everyone
  can ask questions and voice their
  good faith concerns in a safe, nonretaliatory environment. We maintain
  multiple channels for reporting,
  including an Integrity and Compliance
  Hotline that offers the option of
  anonymous reporting.
- **Objective Investigation** means that the organization reviews and takes seriously reported concerns.
- Corrective Actions, Including
  Discipline, are taken to fix concerns
  that have been identified through
  reporting channels, self-assessment
  or other means. Corrective actions
  are designed to address the identified
  concern and to prevent similar concerns
  in the future.
- **Self-Assessment,** such as auditing and monitoring, helps verify that we're keeping the commitments we've made to comply with the law and other standards. Self-assessment includes regularly assessing the effectiveness of the Integrity and Compliance Program.



## **Integrity and Compliance Program**

#### **Your Commitments**

- Read and understand the Code of Conduct and the other standards that relate to your work.
- Complete all compliance-related trainings, disclosures and certifications on time. These let the organization know that you are committed to the Integrity and Compliance Program and they're a condition of your continued good standing with the organization.
- Ask your leader questions if you don't understand what's expected of you.
- Report your concern if you see or hear about a business practice or other relationship that you think may be illegal or improper. It's your responsibility to ask questions about any concerns you may have regarding any legal, compliance or ethical issues.
- Speak up right away when you have a question, before a situation becomes a violation of the law or places the organization or the people we serve at risk. Don't wait!

It happens to everyone: you're just not sure what to do in a situation at work. Maybe you're confused about the right thing to do, or maybe you feel strongly that what you're supposed to do is actually the wrong thing. Or maybe you just want to feel extra certain.

*In these cases, ask yourself:* 

- Is this behavior consistent with the Code of Conduct?
- Is it ethical?
- Is it legal?
- If I do this, will I be proud of myself and the organization?
- Would I want to read about this in the newspaper?

If the answer to any of these questions is "No," then don't do it, and tell your leader about your concerns.

And if you still don't know, ask for help.
There are many people in the organization
that can help you work through
difficult decisions.

- Your leader or your leader's leader — or any other leader you feel comfortable talking to
- Human Resources
- The Integrity and Compliance team

#### **Non-Retaliation**

#### **Our Commitments**

We rely on all colleagues to bring concerns forward when they believe that a violation of the Code of Conduct, the Integrity and Compliance Program, or any organizational standard or law has occurred. It's important for colleagues to feel safe in raising these concerns. We protect people from retaliation when, in good faith, they report a concern through internal reporting channels or to government agencies. The organization will take disciplinary action against anyone that penalizes, ostracizes or harasses someone who has reported concerns honestly.

#### **Your Commitments**

- Report concerns and any behavior that you think violates the Code of Conduct, the Integrity and Compliance Program, any organizational standard or law. Do this in good faith as soon as you have a concern. You won't suffer any penalty, retribution, discrimination or adverse employment action for honestly reporting any known or suspected concern.
- If you are a leader, don't retaliate against anyone who raises a concern in good faith.
- Be aware that anyone who has been involved in inappropriate activity (including retaliation) will be subject to discipline.
- If you believe you've experienced retaliation for reporting a concern in good faith, contact Human Resources or the Integrity and Compliance team.



I think that a process my work unit uses violates the law, but I'm not sure. If I report it and I'm wrong, what happens?

The organization will protect you when you raise a concern honestly, even if it turns out you were wrong. On the other hand, it's a violation of the Code of Conduct to knowingly make a false accusation. That's where the "good faith" part comes in: when you honestly believe that the information you are reporting is accurate, and your actions are well-intended, you'll be protected, even if it turns out you were wrong.

## **Outside Employment and Consulting Arrangements**

#### **Our Commitments**

We make sure that outside employment and consulting arrangements by our colleagues don't compromise their judgment in work or their duties to the organization.

- If you do or are considering any paid work or consulting (including for another organization that is part of HealthPartners), discuss it with your leader.
- Disclose all details of the proposed arrangement before you agree to it, so that your leader can review and determine the appropriateness of the arrangement.
- If the outside arrangement is approved, follow any management plan your leader puts in place to ensure that the arrangement does not violate the Code of Conduct or organizational policies.
- Never use or disclose any organizational information (including patient, member, employee or other confidential business information) or intellectual property as part of any outside employment or consulting work.

### **Personal and Public Communications**

#### **Our Commitments**

We communicate openly, honestly and in good faith with each other, those we serve and the community. We encourage colleagues to speak directly with their leaders when they have concerns about their work, their employment or any other issue related to the organization. In the age of social and interactive media — and emerging new ways to communicate — we remain committed to the basic expectation of communicating with integrity.

- If you communicate about the organization or your work in a public setting or forum in person, in writing, online, through social media, at a conference or in any other format avoid using statements, images or recordings that could be viewed as unlawful, profane, discriminatory, threatening or hateful to another person or to an organization, including our organization, the people we serve, vendors, competitors or your colleagues.
- Always be clear in your public communications about whether you're speaking as an individual or on behalf of the organization — and only speak on behalf of the organization if you are authorized to do so as part of your job.

- Whether you're discussing your work in a public setting, such as at a conference, or in a personal setting, such as at home, always follow organizational policies on privacy, business confidentiality, social media, e-mail and internet usage and conflicts of interest.
- If you receive a call or contact from the media seeking a comment or information about the organization, contact the Communications team immediately.



#### **Personal and Public Communications**



A friend who blogs about health care asked if I would do a guest blog that gives an "insider's view" of health care reform. I love to write, and I definitely have strong opinions about health care, especially the great work I see some of my colleagues doing. Can I do the guest blog?

You may, but you have to follow these rules:

- When you identify yourself, you may say that you work in health care, and what your role is in health care, but you may not say (or even hint at) what organization you work for.
- You must state that you are only speaking for yourself, not for the organization or your colleagues.
- Don't identify your colleagues unless they specifically give you permission to do that.
- You may not use any patient, member, family, customer or supplier information even if you don't think they would be identifiable. For example, you might want to tell an anecdote about a 60-year-old female patient that had a great outcome with a hip replacement in April 2013, but you need to make your description of her very generic: "Not long ago I worked with a patient who had a great outcome with an orthopaedic procedure."



### **Political Activities and Contributions**

#### **Our Commitments**

As a tax-exempt organization, there are strict limits on our public policy work and political activities. We don't make direct or indirect contributions to candidates running for federal, state or local office or to political parties, organizations or committees, except as allowed by law.

#### **Your Commitments**

- Take part in the political process as a private individual. Advocate for causes you believe in, but only on your own time and using your own resources, and not on behalf of the organization.
- Make sure that your behavior, dress and conversations at work aren't perceived to be politically biased or motivated.
   This is an important part of how we respect the diverse spectrum of people we work with and serve.
- Check with the Law Department if you have any questions about political contributions or the organization's lobbying and advocacy activities.



I'm so excited about the upcoming election season. I've been going door-to-door on weekends to get out the vote for my favorite candidate. But my leader just told me I need to remove the campaign button I've been wearing on my scrubs at work. Why can't I wear a little button for the person and cause I support?

While we encourage you to actively support the causes you believe in, when you're at work you represent this organization, and you can't create an impression that this organization supports any particular candidate. You also need to be careful to avoid doing, saying, or wearing anything that might make a patient, member or coworker feel that we might treat them differently if they had different beliefs. We hope you work passionately for the people and causes that are important to you, but you need to make sure it's on your own time and outside of work.



## **Reporting Concerns**

#### **Our Commitments**

As a health care organization, we follow government regulations, including reporting requirements. We give colleagues and other stakeholders — such as patients, members and providers — many ways to report any concerns about organizational or individual integrity or compliance. We offer the option to report concerns anonymously. We review all reported concerns and conduct thorough and objective investigations. When we identify processes, behaviors or systems that don't comply with the law or our standards, we take prompt and effective corrective action.

## What kinds of government regulations do healthcare organizations have to follow?

There are many but a few of the examples include: protecting patient and member privacy and data security; standards for coding, documentation, and billing; hazard waste management and disposal; and appropriate use of medications and other organizational resources.

#### **Your Commitments**

 Help us meet our legal obligations.
 If you think a business practice or relationship violates the law, the Code of Conduct or another organizational standard, tell the organization right away, so that we can work with you and others to resolve the concern.

- There are many ways to report a concern and many reporting channels available to you.
- To report a concern, use one of the many reporting channels the organization makes available to you:
  - Report it directly to your leader, or to your leader's leader.
  - Call or email any member of the Integrity and Compliance team directly.
  - Send an email to integrityandcompliance@ healthpartners.com or to privacy@healthpartners.com.
  - Call our Integrity and Compliance Hotline at 1-866-444-3493.
- You can report a concern anonymously by calling the Integrity and Compliance Hotline. Reports that you make anonymously must include enough information for Integrity and Compliance staff to review the concerns you raise.
- Employees may also have options to report to law enforcement, government regulators, and organizations that represent workplace interests.
- When you report a concern, tell the truth and cooperate with the review and investigation process.



## **Tax Exempt and Nonprofit Status**

#### **Our Commitments**

Our use of resources is consistent with our Mission and our nonprofit purpose — not to serve the personal interests of any individual. Our special nonprofit status means that we use a high standard in conducting our business and using our resources.

- Make sure the work you do puts our assets and resources to proper use; don't waste time or money.
- Don't use our space and resources for your or others' personal activities.
- Pay only reasonable, fair market amounts for goods or services provided by others, including providers, employees and vendors.
- Observe special restrictions on what people and organizations we rent space to in our facilities.
- Honor our commitment to providing charity care and financial assistance by making sure that we give this benefit only to patients who meet our organizational guidelines.



## **Truthfulness and Cooperation**

#### **Our Commitments**

We tell the truth; that's how we build trust with each other and with the people we serve. Everything we do is supported by honest words, honest documentation and honest action. We maintain open, constructive and professional relationships with all external partners, including regulators.

#### **Your Commitments**

- Be truthful in your daily actions. This includes avoiding plagiarism and being honest in everything you do as a part of your job, including your work product, care documentation, time reporting and expense reports.
- Be truthful when preparing or submitting a regulatory, accreditation or legal filing or certification or responding to an external inquiry on behalf of the organization.
- Cooperate with regulators, accreditation bodies, law enforcement and external auditors.
- Be truthful and cooperative when there is an inquiry or investigation led by someone in the organization, such as the Integrity and Compliance, Internal Audit or Law Departments.
- Contact the Law Department immediately if, as a representative of the organization, you receive a summons, subpoena, inquiry or other communications from a court, law enforcement official, government agency or outside lawyer.



I just got a notice that says I need to be interviewed by a government investigator about a vendor we've worked with. This seems scary. What should I do?

Before saying yes to an interview, answering any questions, producing any documents, or even responding to requests about litigation or an investigation, you should contact the Law Department. This is true when the organization is involved directly, and when we are involved indirectly, such as investigations of vendors, customers or competitors.

**Glossary of Terms** 

#### **Abuse**

Abuse is taking advantage of health care programs for personal benefit.

#### **Antikickback law**

The federal Antikickback law says that health care organizations can't pay, receive or offer money or anything else of value in exchange for patient referrals.

#### **Antitrust laws**

The intent of Antitrust laws is to promote business competition, which is good for consumers. These laws prohibit anticompetitive behavior and unfair business practices, like monopolies, bid-rigging and price-fixing, especially by businesses or groups of businesses that dominate the market.

#### **Cash equivalents**

Cash equivalents include gift cards, gift certificates, tokens, credits or other things that are used like cash, and can be used in place of cash.

#### **Conflict of interest**

A conflict of interest is a situation when your personal activities and relationships interfere with — or appear to interfere with — your ability to perform your work objectively and in the best interests of the organization and the people we serve. As a standard, we can't rely just on ourselves to determine whether a conflict of interest exists; it's determined when another reasonable and objective person would consider it a conflict.

#### **Drug diversion**

Drug diversion is when someone steals or tries to steal drugs intended for patient care. Whether the drug is removed from inventory, skimmed off a patient's intended dosage or taken from the "wasted" portion of unused drugs, it is diversion. A "diverter" might be someone on staff, a patient or a visitor or member of the public.

#### **Family**

Family includes a spouse; birth or adoptive parent, child or sibling; step-parent, -child, or -sibling; parent-, child- or sibling-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

#### **Financial relationship**

This includes an ownership or investment interest in a provider or other organization (or its owner) or a compensation arrangement between a clinician and another organization.

#### **Fraud**

Fraud is acting dishonestly and with an intent to receive a benefit for goods or services that you know you aren't entitled to.

#### **Gifts**

A gift is any item (including pens and pads), payments, meals, drinks, books, tickets, all forms of entertainment or any other materials of any value given voluntarily by a party without payment in return of equal value.

#### **Good faith**

When you do something in good faith, this means the actions were taken honestly and with good intentions.

#### **Hotline**

See the resource guide in this Code of Conduct for your Hotline phone number for reporting concerns. The Hotline can be used to report concerns anonymously.

#### **Information security**

Information security means maintaining the confidentiality, integrity and availability of electronic information.

#### **Intellectual property**

Intellectual property is materials or ideas created for the organization that get special protection by copyright, trademark, trade secret or patent laws. Intellectual property can take many forms, such as documents, processes, protocols, systems, computer codes, designs, inventions and web pages.

#### **Medical ethics**

Medical ethics involves evaluating the merits, risks, and social concerns of health care activities. Medical ethics includes questions of death and dying, health care decision-making for impaired or minor patients, reproductive medicine, evaluation of conventional and alternative treatments, and the distribution and utilization of health care resources.

#### Nonprofit purpose

Nonprofit organizations are different from for-profit companies, because they exist to fulfill a mission or higher purpose. For-profit companies serve private interests, and the interests of their shareholders.

#### **Patient Freedom of Choice**

The federal Freedom of Choice Law guarantees Medicare and Medicaid patients the right to obtain health services from a qualified provider.

#### **Privacy**

There are many federal and state laws that require us to safeguard the confidentiality of patients, members and research participants. Some of these laws also give individuals additional privacy rights, such as the right to access their records, the right to request an amendment to their records, and the right to receive a list of disclosures we've made of their information.

#### **Professional boundaries**

If you're a caregiver or other licensed professional, you're subject to certain restrictions on interpersonal relations with your patients and former patients. Even if you don't think you're crossing a line, your patient might. You'll jeopardize your professional status if you cross these boundaries, so you need to make sure that you are familiar with these restrictions. Talk to your leader if you're unsure.

#### **Protected information**

Protected information of our patients and members is information that identifies an individual and relates to their past, present or future physical or mental health or condition, health care services and payment for those services. It includes health information (such as diagnosis and treatment plans) as well as demographic information (such as your name, address, phone number, patient ID, payment information, social security or other identification number and date of birth). Our research participants' protected information includes the same types of information, plus information about the research that they participate in.

#### Record

A record can be in paper or electronic format, and memorializes official decisions or actions of the organization. Records contain relevant information relating to the delivery of health care, health care financing and administration, health research, operation of foundations and general business activities. Not all documents or electronic information are considered records, so it's important to consult the organization's record retention policy to make sure that you know how to treat the information you work with.

#### Reporting

When you have a concern, it's important to report it to your leader or to the Hotline, if appropriate. See the resource guide in this Code of Conduct for more information.

#### Research

Research is any investigation, development, testing and evaluation that contribute to the general body of knowledge. This may include clinical studies or health services research, and may be sponsored by our organization or another organization.

#### **Research participants**

Members, patients or other individuals who are, or whose information is, involved in research.

#### **Research review process**

This process involves the review and approval of research protocols by the organization's Institutional Review Board in order to protect research participants.

#### Retaliation

No one in our organization is permitted to retaliate — or take negative action — against a person for something they did or reported in good faith, with right and good intentions. Retaliation can include things like demotion, failure to promote, hostility, adverse changes in job conditions or requirements, or other undesirable actions by an employer, leader or coworker.

#### **Stark law**

The Stark law is a federal law that prohibits referrals from physicians to certain designated health services in which that physician or his or her family members have a financial interest.

#### Waste

Waste is acting in a way that results in the use of more resources than needed.



