Health First

Code of Ethics & Business Conduct

2017 Edition
**Our Mission**

Our team positively changing the health and well-being of you and your family through excellent and compassionate health care.

**Our Vision**

Skilled and dedicated people delivering high quality, patient-centered health care that improves lives and communities. Every person. Every time.
Dear Fellow Health First Associate,

Health First continues to be committed to upholding the highest standards of ethics, integrity and accountability while delivering quality health care to those we serve in our community. As we move forward toward “Health First 2020,” we must strive for excellence in all of our behaviors. To meet our goals of achieving the top 10% nationally in the areas of Quality/No Harm, Stewardship and Customer Experience, it has never been more important to be mindful of this commitment.

As an associate, you are responsible for understanding compliance expectations to recognize an issue when it arises. You also have the moral and ethical duty to stop something that is wrong by reporting it to your supervisor or to the Compliance department. All associates can make good faith reports with confidence and without the fear of retaliation or intimidation.

We understand that laws and regulations related to the health care industry are often complex. The Health First Code of Ethics & Business Conduct was developed to be your guide to better understand how we conduct business, to emphasize our commitment to ethical behavior and to act as a resource in making sound decisions. It is expected that you will use this document and the underlying principles described as you go about your daily tasks and work together to drive Health First forward.

Sincerely,

Pam Gatto  
Chair, Health First  
Board of Trustees

Steven Johnson  
Health First  
President/CEO

Grant Dearborn  
Health First  
Chief Compliance Officer
HEALTH FIRST CODE OF ETHICS & BUSINESS CONDUCT

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I. PURPOSE
Health First is committed to complying with federal, state, and local laws and regulations while upholding our Mission, Vision and Values and working toward the Health First 2020 vision. The Health First Code of Ethics & Business Conduct (the “Code”), a key element of our Compliance Program, is designed to help us with this commitment by serving as a guide and framework for how we do business at Health First. The Code and its underlying policies and procedures apply to all Health First-related parties including, but not limited to, all associates, employed physicians, executive leadership, members of the Board of Trustees, members of the Medical Staff, consultants, vendors and other business partners (“customer” or “customers”).

As you read this Code, it is the expectation that all associates will use the guidelines and principles to drive behavior and incorporate the principles into everyday tasks. We say that our associates are “the eyes and ears” of our Compliance Program because they are the players in the field, seeing and hearing what is going on. Associates are accountable for knowing enough about compliance to recognize an issue when it arises. They also have the ethical responsibility to stop something that is wrong by reporting it. This Code provides associates the necessary knowledge of compliance and the available resources for reporting and seeking assistance.

In addition to compliance with the Code, associates have the ethical and professional responsibility to ensure that any event be reported if there is knowledge of or involvement in the event. Included in this reporting is any unplanned event that did not result in injury, illness or damage, but had the potential to do so.

Associates are required to comply with the Code, which is intended to supplement, not replace, individual departmental procedures and/or Health First’s Associate Handbook.

II. LEADERSHIP RESPONSIBILITY
While all associates and customers are obligated to follow our Code, we expect our leaders to set the example. Leaders must ensure that ethical and compliant behavior is never sacrificed during the pursuit of business objectives. They must help promote a “culture of compliance” within Health First to achieve high standards of ethics and compliance. This kind of culture encourages anyone in the organization to ask questions or express concerns without fear of retaliation or intimidation of any sort.

III. PATIENT AND MEMBER RIGHTS
Patients and health plan members have the right to excellent, compassionate, high-quality, patient-centered health care at any of Health First’s facilities. These rights are the essence of our Mission, Vision, and Values statements. Health First’s “Priorities” express additional patient and member rights that attest to Health First’s commitment to responsible provider and corporate conduct. Furthermore, Health First does not discriminate against any person on the basis of race, color, national origin, disability, sex, religion, or age in admission, treatment or participation in its programs, services and activities.

If an associate ever questions whether a patient or member is being properly treated or has any concern related to the care of a patient or health plan member, he or she must promptly notify a supervisor and seek guidance.
IV. LEGAL AND REGULATORY COMPLIANCE

Health First provides various health care services in accordance with applicable federal, state, and local laws and regulations. This section provides information to enhance awareness of key laws and regulations pertaining to health care compliance.

1. Antitrust Laws
Antitrust laws reflect the belief that a marketplace characterized by fair and vigorous competition will produce the maximum benefits for consumers and businesses. Federal and state antitrust laws are designed to encourage this competition by prohibiting agreements that restrain trade. These antitrust laws do apply to companies in the health care field. Therefore, we must be alert to these competitive concerns, and take no action or enter into any discussion that could be interpreted as an effort to fix prices, divide up markets with our competitors, boycott competitors or suppliers or otherwise restrain fully competitive trade. These issues are complicated. Any questions regarding antitrust issues should be directed to the Corporate Legal and/or Corporate Compliance departments.

2. Emergency Medical Treatment and Active Labor Act (EMTALA) (42 USCA § 1395dd)
Emergency Medical Treatment and Active Labor Act (EMTALA) is the federal “anti-dumping law” that ensures patients have public access to emergency services regardless of ability to pay. EMTALA imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual’s ability to pay. Hospitals are also required to provide stabilizing treatment or an appropriate transfer for patients with emergency medical conditions. In addition, hospitals must maintain a physician on-call system to provide available coverage to assist with stabilizing patients. Hospitals that negligently violate EMTALA are subject to civil monetary penalties in the amount of $50,000 per violation. Repeat violations of EMTALA subject hospitals to termination of their Medicare provider agreement.

3. Exclusion Statute (42 USC 1320a-7)
The Office of Inspector General (OIG), an agency of the Health and Human Services Department, is legally required to exclude from participation in all federal health care programs individuals and entities convicted of the following types of criminal offenses:
1) Medicare or Medicaid fraud or other offenses related to the delivery of items or services under Medicare or Medicaid; 2) patient abuse or neglect; 3) felony convictions for other health care-related fraud, theft or other financial misconduct; and 4) felony convictions for unlawful manufacture, distribution, prescription or dispensing of controlled substances. The OIG also has the freedom to exclude individuals and entities on several other grounds.

As a result, Health First is required to screen all current and prospective associates, physicians and vendors against online governmental listings to ensure the excluded individuals are not employed with Health First and excluded entities are not contracted to do business with Health First. Violation of this statute may result in a civil monetary penalty and/or obligation to repay any amounts received from a federal health care program for items or services the excluded individual or entity furnished, whether directly or indirectly.

4. False Claims
Federal and state laws have been enacted to prevent the submission of false claims to reduce the likelihood of potential fraud, waste and abuse. Anyone involved with providing or obtaining reimbursement for medical services, supplies or equipment from or on behalf of Health First is responsible for submitting honest and accurate bills to Medicare, Medicaid, and other federal and state health care programs. Examples of fraud and abuse that can be considered to be
false claims include billing for services not rendered or goods not provided, falsifying records to obtain payment or a higher rate of reimbursement or unlawfully giving health care providers inducements in exchange for referrals for service. Violation of these laws may result in nonpayment of claims, Civil Monetary Penalties, exclusion from the Medicare Program and criminal and civil liability.

- The Federal False Claims Act (FCA) (31 USCA § 3729) protects the Government from being overcharged or sold unsatisfactory goods or services. The statute imposes civil liability on any person who knowingly submits, or causes to be submitted, a false or fraudulent claim to the federal government. Knowing includes acting in deliberate ignorance or reckless disregard of the truth related to the claims. Civil penalties and repayment of potential overpayments for violating the FCA are often significant. If found liable, the OIG may seek to exclude the provider from participation in federal health care programs.

- The Federal Criminal False Claims Act (18 USC §§ 287,1001) establishes criminal penalties for individuals and corporations who knowingly submit a false, fictitious or fraudulent claim to the Federal Government. The Federal Criminal False Claims Act imposes imprisonment for up to five years and/or fines up to $10,000.

- The Florida False Claims Act (Fla. Stat. §§ 68.081-68.09) established civil penalties for individuals who knowingly cause or assist in causing state government to pay claims that are false or fraudulent. Violation of this statute imposes civil liability between $5,000 and $10,000 per claim and up to three times the total damages.

- “Qui tam” is a provision of the False Claims Act that enables a private person (known as a “relator” or “whistleblower”) with knowledge of past or present fraud to bring suit on behalf of the federal or state government. The relator is protected from retaliation under Health First policy and federal and state laws, and as an incentive may share in the financial recovery under federal and state laws.

- The Deficit Reduction Act (DRA) (42 USC 1305) is designed to provide options and incentives to the Medicaid Program, State Children’s Health Insurance Program (SCHIP) and other programs as a strategy to align the Medicaid Program with today’s health care environment. Section 6032 of the DRA mandates that providers receiving $5 million or more annually in Medicaid funds must provide, as a condition of payment, education to associates, agents and contractors about the FCA, the “qui tam” or “whistleblower provision”) and the Program Fraud and Civil Remedies Act (PFCRA).

- The Fraud Enforcement and Recovery Act of 2009 (FERA) (PL 111-21 [S386]) expands the liability of federal contractors, companies and institutions receiving federal funds and adds additional protections for whistleblowers.

- The Program Fraud and Civil Remedies Act (PFCRA) (CFR § 185.104) is another tool the federal government can use to penalize false claims ($5,000 per claim and assessment of twice the amount of the claim) involving federal agencies and is designed to provide them with an administrative remedy (or countermeasure) for losses resulting from false claims.
Q: Are you allowed to look up my sick father’s medical record?
A: Generally, you are not permitted to look at your father’s record without proper authorization. If you must access the record to perform your job, then you may only access the minimum necessary.

Q: If you need to fax protected health information (PHI) outside our organization, what’s the proper procedure?
A: You must always use the Health First fax cover sheet with our confidentiality message. Whenever you must fax highly sensitive information, call first to verify the number and ask the receiver to stand by to verify the fax is received. For more information, see Health First policy IM 4.35, Fax Transmissions Containing Confidential or Protected Information.

Q: When is it permissible to carry PHI off-site and if allowed, how can I ensure it is protected?
A: Transporting PHI off-site is only permissible when essential to perform your job duties or when authorized. Only the minimum necessary information required to perform your duties should be removed from the facility premises. Paper documentation and portable electronic devices should not be left unattended. Items must be secured and out of sight to prevent inadvertent disclosure, theft or loss. Portable electronic devices must be encrypted.

A breach of PHI is defined as a disclosure of unsecured PHI to an unintended recipient.

5. Health Insurance Portability and Accountability Act (HIPAA) (PL 104-191)
To make it easier for health care organizations to share medical information, the HIPAA law requires that common transactions — such as submitting a claim on the patient’s behalf — be in a standard format for all health care organizations and payers. But with the easier transmission of patient information, there is a greater risk for information leaks and abuses to happen. This is especially true as more and more information is shared electronically through email and the Internet. An important part of HIPAA is a focus on patient privacy and confidentiality. Under HIPAA, it is illegal to access or use protected health information (PHI) unrelated to your job duties, or to improperly disclose information to inappropriate parties or to fail to adequately protect health information from inappropriate access, use or disclosure.

HIPAA’s “Administrative Simplification” section provides two rules governing the electronic exchange and privacy and security of PHI:
- The Privacy Rule informs patients of their privacy rights, gives patients access to their PHI and control over how it’s used, and requires security processes for medical records and other confidential information used or shared in any form.
- The Security Rule requires administrative, physical and technical safeguards to protect patient privacy and covers information that’s stored or transmitted electronically.

With the enactment of the Health Information Technology for Economic and Clinical Health Act (HITECH Act) as part of the American Recovery and Reinvestment Act of 2009 (PL 111-005) and the final modifications effective March 26, 2013, also known as the Omnibus Rule, requirements under HIPAA’s Privacy and Security provisions associated with the electronic transmission of PHI were expanded. Significant changes related to business associate responsibilities, breach notification requirements, uses and disclosures for marketing and fundraising and patient rights were included. In addition, government enforcement authority was enhanced and penalties for noncompliance were increased.

Fines up to $25,000 may be imposed for multiple violations of the same standard in a calendar year, and fines up to $250,000 and/or imprisonment up to 10 years may be imposed for knowing misuse of an individual’s PHI.

It is Health First’s policy to treat all patient information with the utmost discretion and confidentiality, and to prohibit improper access, use or disclosure in accordance with the confidentiality requirements of Florida and federal laws and regulations. The access, use and disclosure of a patient’s protected information should be addressed with strict adherence to Health First policy and compliance with the law. It is the duty and obligation of all Health First workforce to report any known or suspected violation of privacy and security of a patient’s PHI.

6. Anti-Kickback Act (42 USC § 1320a-7b)
The Anti-Kickback Act, or “anti-bribery law,” makes it a criminal violation to offer or accept “remuneration,” i.e., something of value, directly or indirectly, in exchange for the referral of any federal health care program (including Medicare) business, unless it falls within certain “safe harbors” specified under federal laws. The underlying purpose is to guard against improper influence over choice of the provider or supplier who will furnish items or services. It equally guards against the over utilization or inappropriate utilization of items or services and the resulting negative impact on program costs and quality of care. Therefore, associates must avoid any actions, such as the giving or receiving of gifts or services that may even give the appearance they are offered for potential referrals.
Violations of this law can result in monetary fines and imprisonment up to five years. Because this law and the accompanying safe harbor provisions are complex, any questions or concerns related to a specific transaction should be referred to Corporate Compliance.

The Sarbanes-Oxley Act helps prevent corporate and accounting fraud and aims to restore investor confidence in the public securities market. The Act is intended to: 1) improve the quality of a company’s accounting and disclosures; 2) increase management’s responsibility for fair reporting and ethical behavior; 3) strengthen auditor and director independence; and 4) strengthen regulatory oversight. Although nonprofit organizations are not governed under Sarbanes-Oxley, several provisions of the Act are applicable to nonprofit organizations, including health care entities. This “spill-over” effect has resulted in the voluntary adoption of several provisions of the law by organizations such as Health First that are proactive in serving the public trust.

In keeping with the spirit of Sarbanes-Oxley, Health First recognizes the opportunity to self-regulate by maintaining its Compliance Program. Resources are utilized to provide organizational business ethics training to increase associate awareness and involvement in compliance issues. Associates and customers are accountable for reporting questionable, unethical or illegal conduct throughout the course of their employment and are specifically asked whether they observed misconduct during their exit interviews. Additionally, any individual who is in a position to exercise substantial influence over the affairs of the organization is required to annually report whether conflicts of interest exist.

8. Stark Law (42 USC § 1395nn)
The Stark Law, or federal Physician Self-Referral Law, seeks to remove incentives to overuse medical care that may result if a physician’s treatment decisions are tied to financial gain. The law’s purpose is to prohibit a physician from referring a patient for “designated health services” payable by Medicare or Medicaid to any entity that the physician or a member of his or her immediate family has a financial relationship.

Another aspect of the Stark Law requires limits on the giving of business courtesies, such as gifts and entertainment, to potential referral sources (i.e., physicians and their immediate family members). Health First policy permits associates to give certain non-monetary business courtesies to potential referral sources and their immediate family members provided the total value of such business courtesies doesn’t exceed the calendar year limit. Business courtesies or other benefits that are intended or understood by either party to be offered, provided or solicited as an inducement to refer patients or business or as a reward for such referrals are prohibited.

The Patient Protection and Affordable Care Act was enacted to improve health care and make it more accessible. Although the law affects many areas of health care, provisions related to the prevention of fraud, waste and abuse include:

- Enhanced government authority related to oversight and screening procedures for providers and suppliers
- Civil Monetary Penalties for falsifying information on provider enrollment applications and delaying investigations and audits by the OIG
- Imposition of penalties for Medicare Advantage Plans for violating terms of their contracts
- Enhanced sentencing guidelines for conviction of a federal health care offense relating to a government health care program
V. WORKING WITH THE GOVERNMENT

Associates must keep accurate records and make truthful representations in all business matters. Extra vigilance is necessary when working with the government due to laws that define these interactions. Awareness of these responsibilities will assure that Health First adheres to regulatory financial, legal and reporting obligations while maintaining our reputation for ethical excellence.

1. Company Records and Accounts

Company records include all documents and electronic media that record or reflect any activity or transaction by any Health First associate or customer. Correctly maintaining records is critically important in meeting our financial, legal and management obligations. Company records must always be prepared accurately and reliably. Deliberately falsifying a report or record is prohibited. Therefore, in all of our operations it’s against Health First’s policy, and potentially illegal, for any associate or customer to cause any record to be inaccurate in any way. Likewise, no payment on behalf of Health First may be approved or made with the intention or understanding that any part of the payment or receipt is to be used for an unsupported purpose. A significant portion of our work relates to government-funded programs, such as Medicare and Medicaid. These programs impose strict requirements on our record keeping and related activities that require our particular attention.

Company accounts are maintained in accordance with generally accepted accounting principles. They must also meet certain regulatory requirements, and government agencies may require that our accounting records be retained for specified lengths of time. All associates and customers are required to maintain accounting records with strict accuracy. No secret or unrecorded assets or liabilities may be created or maintained for any purpose. In addition, making false, fictitious or misleading entries in the books with respect to any transaction or the disposition of assets is prohibited.

Any records involved in litigation or investigation are considered to be active records and should be stored on site and protected accordingly. In the event of a lawsuit or government investigation, the applicable records cannot be destroyed until the lawsuit or investigation has been finalized, the Legal Department has specifically approved the destruction, or in accordance with the Health First Records Retention Schedule, an attachment to policy IM 2.09 Record Management, Retention and Destruction.

2. Medicare Advantage and Prescription Drug Plans

Health First Health Plans holds a Medicare Advantage and Medicare Prescription Drug Plan contract with The Centers for Medicare & Medicaid Services (CMS) to provide Medicare benefits. As a business partner, we are required to follow all health care laws including those that govern Medicare Part C and D found at 42 CFR §§ 422 and 423 respectively, and any other guidance provided by CMS or the U.S. Department of Health and Human Services. These rules apply to associates, members of the Board of Trustees and other parties that we contract with to provide administrative or other services also known as First Tier, Downstream and Related Entities (FDRs). FDRs are required to adopt and adhere to the Code, or develop and adhere to their own Standards of Conduct and policies and procedures that meet CMS requirements.

3. Statements to the Government

Federal and state government officials rely upon the accuracy of oral and written statements made by Health First associates. It’s a violation of the law and against Health First’s policy for any employee to knowingly make a false or misleading statement to a government official or in connection with a government program. These “statements” can range from formal certifications, cost reports, claims or invoices and attestations submitted to the government,
and even include responses provided orally to government representatives who may visit our facilities from time to time. In every instance, it’s the obligation of Health First, all its associates and customers to provide accurate and complete statements to the government.

It’s not uncommon for federal and state agencies, including the Centers for Medicare & Medicaid Services (CMS), fiscal intermediaries and others to conduct routine or random audits and other types of investigations here and at other health care organizations. From time to time, Health First records related to government programs, such as Medicare and Medicaid, may be audited by government or private auditors. If an associate receives a telephone call or written notice of such an event, he or she must immediately notify a supervisor and the Chief Compliance Officer.

Associates must remember that at all times during any type of government inspection, legitimate requests for information must be answered with complete, factual and accurate information. Associates should cooperate and be courteous to government inspectors or investigators and never conceal, destroy or alter any documents, lie or make misleading statements to the government representative. Likewise, an associate must never attempt to cause another associate to fail to provide accurate information or obstruct, mislead or delay the communication of information or records relating to a possible violation of the law.

4. Government Interviews of Associates

In addition to contractual reviews, audits and requests for financial data or other information, associates may be directly contacted for interviews by government representatives or agents conducting civil or criminal investigations related to alleged activities at Health First or another health care organization. These contacts may occur at an associate’s office or at his or her home after normal working hours.

If contacted by a government official seeking an interview pertaining to Health First-related business, associates must immediately notify their supervisor and the Chief Operating Officer of the operational area. In addition, the Chief Compliance Officer and Corporate Counsel must be called immediately (call the Compliance & HIPAA Hotline during “off hours” at 1-888-400-4512). Associates have the right to decide whether or not to be interviewed and may lawfully decline. Associates also have the right to consult with an attorney — either a Health First attorney or a private attorney of their choosing, before deciding to be interviewed and may defer any interview until that consultation can occur. Associates may control the location, time, length and scope of the interview and have the right to terminate the interview at any time after it has begun. If the associate elects to be interviewed, he or she must always tell the truth to the best of his or her knowledge and belief. An intentional false statement may constitute a felony. Any requests by government agents for documents pertaining to Health First business should be referred to the Legal and Compliance department’s staff. Any questions regarding government audits and investigations should be directed to the Chief Compliance Officer or Corporate Counsel.

If a government investigator attempts to enter an area not specified in the subpoena or search warrant, the associate should write a note for the record stating the verbal objection if an inspector enters a nonspecified area. The Porcher House, Cocoa.
area. There are many reputable health care providers who’ve been “visited” by government representatives, so it’s important for associates to be prepared and know what to do if such an event occurs.

VI. DEALING IMPARTIALLY WITH CUSTOMERS

Health First’s policy is to treat all patients, customers and members with respect and fairness, and avoid even the appearance of favored treatment. With that in mind, Health First maintains a conservative policy when it comes to the giving and receiving of business courtesies — it is best avoided.

1. Accepting Business Courtesies

There are strict legal and regulatory consequences under government programs related to accepting items of value in exchange for certain preferential treatment. Health First associates should never accept anything, even an item of minimal value, if the item is offered with the expectation the person offering the gratuity will receive preferential treatment in return. This applies to items offered by outside customers, health plan members or fellow associates. Health First specifically prohibits soliciting or accepting any form of bribe or kickback. These are criminal acts, which carry severe penalties for both Health First and all parties involved. Given the seriousness of these matters, associates should immediately report to their supervisor if they are offered money, services or gifts by a supplier or prospective supplier of goods or services. Unsolicited gifts must be immediately returned.

In general, associates may only accept business courtesies (from someone other than a vendor) that are edible or ornamental, such as a food platter or decorative plant, and shared among others within a department. We oftentimes see this type of business courtesy during the holiday season. Another example of an acceptable business courtesy applies to when a manager or director arranges for a supplier to provide a necessary business-related informational session or educational endeavor and the supplier provides a modest working meal, typically an on-site luncheon during business hours. Corporate Compliance must be notified by completing the On-Site Vendor Promotional Training or Educational Event form before, or no later than three days after the scheduled event.

Keep in mind such business courtesies as those described above must be reasonable in value and infrequent. It is not acceptable for suppliers to provide food platters routinely on a weekly or monthly basis; nor is it acceptable for suppliers to provide unnecessary informational sessions to provide lunch for a department. Likewise, associates must not solicit or accept funding to support any parties or similar nonbusiness-related functions.

Health First’s policy on business courtesies does not apply to actions between Health First and its associates or actions among associates, such as between employed physicians and other associates or supervisors and their associates. However, meals, refreshments, gifts and modest entertainment accepted by associates from employed physicians or their supervisors should also be reasonable in value and frequency.

Except for loans from banks and financial institutions generally available at market rates and terms, Health First associates or members of their families may not accept a loan, guarantee of a loan or payment from an individual or firm doing or seeking to do business with Health First. Nor is it permissible to accept any off-site accommodation or travel for vendor-promotional training unless it is first approved by the operational area Director or Vice President, as well as Corporate Compliance.

2. Offering Business Courtesies

Associates should make sure that offering business courtesies such as meals, refreshments or entertainment does not violate any federal or state health care law or regulation or the standards...
of conduct of the recipient’s company or organization. Offering business courtesies should be avoided if it might create even the appearance of being improper or cause embarrassment to Health First. If there is any doubt about what these standards are, associates should be sure to ask the Corporate Compliance Department.

Likewise, all expenditures for business meals, refreshments or entertainment must be:
1) reasonable in nature; 2) reasonable in value; and 3) made in the proper course of business. Expenditures for meals, refreshments and entertainment must also be approved and fully documented. If these proposed expenditures aren’t allowed or approved, they cannot be incurred and paid for personally by the associate.

3. Relations with Government Personnel
Local, state and federal government agencies have strict rules describing when their employees can and cannot accept meals, entertainment, transportation, gifts or other items of value from companies and people they regulate or with whom they do business. Some government personnel are permitted to accept items of nominal value such as advertising or promotional items, while other agencies prohibit their employees from accepting anything of value.

To avoid confusion, Health First associates will not give, or offer to give, to government employees any item, service, meal, entertainment, transportation or gift regardless of value — other than items of nominal value and light refreshments, such as coffee and pastries for breakfast or sodas and snacks at lunch, and then only if the light refreshments accompany business discussions with the government personnel and if permitted by the government agency’s policies. Similarly, Health First associates will not make loans, guarantee loans or make payments to or on behalf of any federal, state or local government employee who is involved with oversight or regulating the affairs of Health First or any of its entities.

Health First associates may entertain relatives or personal friends employed by government agencies. It should be made clear, however, that this entertainment is social in nature and not related to Health First’s business. No expenditure for such social entertainment is reimbursable by Health First to an associate.

4. Consultants
Agreements with business consultants or agents must be in writing and clearly and accurately describe the services to be performed, the basis for earning the fee involved and the applicable rate or fee. All payments to such agents and consultants must be reasonable in amount, not excessive in light of the practice and trade and in proportion to the value of the services rendered. Moreover, the government may view contingent fee arrangements with consultants who perform services related to the Medicare program as questionable and subject to additional scrutiny. Accordingly, before entering into any such agreement, it must be reviewed by our Corporate Legal Department.

Q: A vendor representative left a gift with me as a token of appreciation. May I accept it?
A: No, gifts should not be accepted and offers should be reported to your supervisor. They should be immediately returned to the vendor.

Q: A vendor has invited me to attend a conference at a resort area. The day includes recreational activities. May I attend?
A: If the conference is primarily for educational purposes and pre-approved by the operational area Director and Corporate Compliance (using the Offsite Vendor Promotional Training/ Education Request Form), found on the Intranet, you may attend. However, be aware some vendors may attempt to influence you through activities and your acceptance may be wrongly perceived.
5. Vendor and External Representatives
Health First has established policies and standards for vendors, service representatives and others who want to do business with us at our facilities, offices and other campuses. Such visitors must adhere to these strict standards to ensure the utmost protection of our members and patients as well as their right to privacy.

VII. AVOIDING PERSONAL CONFLICTS OF INTEREST
A conflict of interest arises when a set of circumstances creates a risk that professional judgments or actions regarding a primary interest is unduly influenced by a secondary interest. Associates and members of the Board of Trustees have a duty to report any and all potential or actual conflicts of interest to the Chief Compliance Officer when they arise. Every individual is expected to educate themselves regarding potential conflicts that may affect the performance of their duties on behalf of Health First. Collectively, it is our duty to avoid or eliminate potential conflicts of interest.

At Health First we recognize events or relationships that might create the potential for a conflict of interest are an inevitable aspect of conducting our business. However, the interests of Health First must be considered when entering into a transaction or arrangement that could benefit the private interest of an individual—perceived or actual.

1. Personal Gain
Associates must avoid any outside financial interest that might influence or appear to influence job-related decisions or actions. These interests may include, among other things:

- A personal or family interest in any enterprise that has business relationships with Health First.
- Investment in another business, such as a nursing home, laboratory or medical practice that competes or contracts with Health First.

2. Outside Activities
Outside activities, such as civic, charitable, or paid work, may also create a conflict of interest to Health First. All potential conflicts of interest must be disclosed.

VIII. PARTICIPATING IN POLITICAL ACTIVITIES
Associates are encouraged to participate in political activities, as long as they are carried out on the associate’s own time and at his or her own expense. The law limits the organization’s political participation. Health First funds or resources cannot be used to contribute to or support political campaigns or candidates, or for gifts or payments to any political parties or any of their affiliated organizations. This includes financial and non-financial resources such as using work time and telephones to solicit for a political cause or candidate or the loaning of Health First property for use in a political campaign.

Under certain circumstances, the organization may support facility visits by political candidates, provided the candidate does not engage in campaign activity. The organization may also support certain community issues or causes. These visits or support of such issues must comply with state or federal election laws, rules and regulations. They must also be coordinated with senior management before they’re scheduled.

Any questions related to the political process, contributions or other political activity should be directed to the Chief Compliance Officer.
IX. MAINTAINING A RESPECTFUL WORK ENVIRONMENT

1. Equal Employment Opportunity
Health First's policy is to provide equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. Equal opportunity will be provided in all aspects of the employment relationship including recruitment, hiring, work assignment, promotion, transfer, termination, wage and salary administration and selection for training. Job applicants, as well as current associates, are protected by this policy and by a number of Federal and State Anti-Discrimination laws and regulations.

2. Disabled Employees and Applicants
No associate of Health First shall discriminate, with respect to any offer, term, condition or privilege of employment, against any qualified individual with a disability. Health First will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities, unless this accommodation would impose an undue hardship on the company’s operations. A qualified individual with a disability is one who, with or without accommodations, can perform the essential functions of the employment position the individual holds or desires. Job applicants, as well as current associates, are protected by this policy and by the Americans with Disabilities Act and Rehabilitation Act.

3. Sexual and Other Harassment
All associates must be treated with respect and courtesy. Health First prohibits any form of sexual harassment or other intimidating and/or disruptive behaviors in the workplace, whether by a supervisor, manager, co-worker, health care professional or any other related party. Sexual harassment includes unwelcome sexual advances, degrading or humiliating jokes, slurs or other verbal or physical conduct of a sexual nature when: 1) submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual’s employment; 2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting an individual; or 3) the conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive working environment. Other intimidating and/or disruptive behaviors include overt actions, such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Any associate who believes he or she, or a fellow associate has been the subject of sexual or other harassment should report the problem to his or her department head and/or the Human Resources Department. All allegations will be investigated and the related information will be held in the strictest confidence to the extent possible. Those who engage in sexual or other harassment will be subject to disciplinary action up to and including termination.
4. Workplace Violence
Health First is committed to preventing workplace violence and to maintaining a safe work environment. Workplace violence includes, but is not limited to robbery and other commercial crimes, stalking, violence directed at the employer, terrorism and hate crimes committed by current or former associates. Associates who observe or experience any form of workplace violence should immediately report the incident to the Safety & Security Department at 321.434.8911.

5. Substance Abuse
To protect the health and welfare of our associates and patients, Health First prohibits the use, possession or distribution of any illegal substance, as well as the abuse of legal drugs or alcohol on any of our premises. Health First may require drug screening as a condition of continued employment if reasonable suspicion exists that an associate's work performance or safety is impaired by the use of drugs, alcohol or any controlled substance.

Associates who may suffer from substance abuse are urged to seek assistance by contacting the Employee Assistance Program at 1.800.356.0845. Records associated with substance abuse counseling or the results of drug or alcohol tests will be kept confidential, except to the extent disclosure is required by law.

X. USING HEALTH FIRST’S RESOURCES PROPERLY
Every associate is responsible for safeguarding and preserving Health First’s resources and assets including time, materials, supplies, property, buildings, equipment, information, electronic communication, mail systems and other assets. Associates must use and maintain these assets with the utmost care and respect, guarding against waste and abuse, and be cost-conscious and alert to opportunities for improving performance while reducing costs. Company resources are to be used for company purposes only and not for personal benefit or non-company purposes. As a general rule, the personal use of any Health First asset without the prior approval of a supervisor is prohibited. The occasional use of items, such as copying facilities, computers or telephones, where the cost to Health First is insignificant, is permissible. Any community or charitable use of organization resources must be approved in advance by a supervisor. Any use of organization resources for personal financial gain unrelated to Health First business is strictly prohibited.

1. Proprietary Information
Certain business information about our organization, strategies and operations is proprietary and must remain confidential. Proprietary business information includes, but is not limited to, patient and member lists and personal information, cost and pricing information, financial data, research data, strategic plans, transactional information, payroll information and other business data maintained in confidence by Health First or any of its customers, vendors or suppliers.

2. Computer Software
Health First is frequently a licensee of computer programs and software owned by others, and the license agreements for such third-party software may place various restrictions on its disclosure, use and copying. As a licensee, Health First may be required to maintain the licensed programs as trade secrets. Associates having access to these programs are then obligated to maintain the licensed programs as trade secrets both during and after employment. All associates are responsible for complying with requirements of software copyright licenses related to software programs used in fulfilling job requirements. Associates who copy or inappropriately use computer resources, including software and related documentation, may be in violation of license or use restrictions.

Associates may not install software purchased personally on Health First equipment for use by themselves, co-workers or others. Associates may contact the Information Security Administrator for advice on the use, protection and licensing of computer software programs.

Q: Can I bring in software from home and load it on my work computer?
A: No. All software must support your work environment and only the Health Information Technology department can distribute software on your computer.
XI. USING TECHNOLOGY

1. Social Media
Health First has clear guidelines on the use of social media such as Facebook, MySpace, Twitter, YouTube, Internet forums, chat rooms, blogs, wikis and other similar media. Associates and customers who use social media must act responsibly and abide by Health First Policies. Associates must protect patient and health plan member privacy and confidentiality and not discuss anything related to Health First confidential or proprietary information including legal matters, litigation or any parties with whom Health First may be in litigation. Associates must be consciously aware of what they communicate when using social media as inappropriate activity may lead to disciplinary action up to and including termination.

2. Mobile Devices
Mobile devices are very useful because of their portability and accessibility to critical data; however, the use of these devices within Health First poses concern due to inherent privacy and security risks. When unencrypted, used on a non-secure network, lost, or stolen, mobile devices with patient PHI become a high risk for HIPAA violations. It is important to realize patient photos are PHI and must not be taken, posted or shared without prior consent and/or written authorization. Likewise, an approved encryption method must be utilized whenever PHI, Health First business records or other information considered confidential and proprietary to Health First is disclosed using personal or Health First-owned mobile devices.

XII. UNDERSTANDING THE COMPLIANCE PROGRAM

In 1997, the Health First Board of Trustees approved the implementation of the Compliance Program. It was developed to comply with all health care laws and regulations that apply to or affect the business of Health First, including the guidelines of the OIG and their “Seven Elements of an Effective Compliance Program.”

The Compliance Program is managed by the Corporate Compliance Department, which is led by the Chief Compliance Officer who reports directly to Health First’s President/CEO and Board of Trustees. It has developed over the years into an integral component of Health First’s daily operations. Executive Leadership remains actively engaged in oversight responsibilities.

The Executive Ethics & Compliance Committee, whose members are the executive leadership of Health First, serves as a policy-making body for the Compliance Program. This Committee, chaired by the President/CEO, is primarily responsible for: 1) Oversight of the Compliance Program, 2) Enforcement of the Code, and 3) Establishment and maintenance of the guiding principles for ethical business conduct.

A solid compliance program lays the foundation for continuous improvement and risk reduction. It helps the organization meet federal and state regulations inherently important to maintaining quality service and care to our patients and members. The primary role of Corporate Compliance is to establish standards and implement procedures to ensure our compliance program is effective and efficient in identifying, preventing, detecting and correcting areas of non-compliance.

We also have a duty to the Board of Trustees and must provide reasonable assurances that risks are mitigated, all levels of management throughout Health First appropriately respond to concerns and the organization is complying with all regulatory requirements.
XIII. EDUCATION AND TRAINING

Compliance education and training is provided for Health First associates, volunteers, contractors, students, Board Members, First Tier, Downstream, and Related Entities (FDR) and customers with a focus on the major health care laws and regulations that define the boundaries of our business conduct. The training is developed to promote awareness of the Code of Ethics & Business Conduct and to recognize and report potential areas of non-compliance and fraud, waste and abuse. It’s up to each associate and customer to ensure that his or her training is current and complete.

XIV. REPORTING AND SEEKING ASSISTANCE

It is the duty of all associates, members of the Board of Trustees, vendors, FDRs and other business partners to report any non-compliance, potential areas of fraud, waste and abuse or violations of the Code and to assist in the resolution, when appropriate. Health First patients, enrollees and customers are also encouraged to report. Reporting can be made anonymously, but regardless of the reporting mechanism, it is the strict policy of Health First that no retaliation or intimidation can be made against any party for good faith reporting.

Whenever any questions or concerns related to compliance and business conduct arise, the following resources are available:

1. Management
All associates are encouraged to seek guidance from supervisors whenever there is a question concerning obligations under the Code or otherwise. If, under the circumstances, this is not appropriate, or if an associate is not satisfied after seeking advice from a supervisor, Health First provides its associates with multiple resources for assistance and information.

2. Chief Compliance Officer
Grant Dearborn is the Chief Compliance Officer and is responsible for maintaining an effective Compliance Program. He can be reached in the Corporate Compliance Department at 321.434.7496 or Corporate.Compliance@Health-First.org.

3. Information Privacy
The following individual is available to associates when information privacy concerns arise:
- Chief Information Privacy Officer Grant Dearborn, 321.434.7496

4. Safety Zone Portal (SZP)
The Health First Internet, Health-First.org and the Health First Intranet for associates, WE are Health First, have quick links to the Safety Zone Portal (SZP) where associates with a Health First username and password can log in and submit compliance concerns or information about potential privacy and security breaches using the “Compliance Event” form, “HFHP Event Tracker” form or the “Information Privacy (HIPAA) and Security Investigation Report” form. Events submitted in this manner generate automatic e-mail notifications to compliance personnel and are reviewed during normal business hours. The SZP is not intended to be used for compliance and HIPAA events requiring immediate attention.

5. The Compliance & HIPAA HOTLINE
If associates have a question or concern and feel uncomfortable discussing it with their supervisor or manager, Health First has established a HOTLINE with a live operator available 24/7 and will forward concerns to the Compliance Program for handling. The Compliance & HIPAA HOTLINE number is 1.888.400.4512. All calls are handled in confidence and may be placed anonymously.
XV. ADHERING TO THE CODE

Compliance with this Code and its underlying policies and procedures is required. Strict adherence to these standards will protect Health First and its customers from criticism, litigation and embarrassment that might result from alleged or real conflicts of interest or unethical practices.

In the analysis of a potential compliance or business conduct situation, remember we each act as a guardian of Health First's reputation, ensuring the public's trust, as well as the trust of colleagues and peers. While there are no universal rules, when in doubt, each of us can ask ourselves:

- Will my actions be ethical in every respect and fully comply with the law and with Health First policies?
- Will my actions have the appearance of impropriety?
- Will my actions be questioned by patients, co-workers, supervisors, family or the general public?
- Am I using my position with Health First as leverage to gain unfair financial advantage within my community?
- Am I trying to fool anyone, including myself, as to the propriety of my actions?

If an answer to one of the questions above causes you any discomfort, then do not take the contemplated action without first discussing it with your supervisor or consulting Compliance resources.

Q: I'm concerned an associate I work with could be committing an improper or illegal act.
A: Report your concern to your immediate supervisor as soon as you are aware of it. If your concern is not resolved to your satisfaction, you may contact the Chief Compliance Officer or report it through the confidential Compliance and HIPAA Hotline.

Q: If I report something suspicious, will I get in trouble if my suspicion turns out to be wrong?
A: No. As a Health First associate, you have a responsibility to report suspected problems. As long as you honestly have a concern and act in good faith, our policy prohibits you from being reprimanded or disciplined.
XVI. AUDITING AND MONITORING
Auditing and Monitoring are performed to detect and prevent unethical or illegal business practices. Audits are conducted based on a risk assessment and in accordance with audit work plans approved annually by the Executive Ethics and Compliance Committee and overseen by the Chief Compliance Officer. Corrective action plans will be put in place to address areas of non-compliance. Additional unscheduled audits may be performed as needed, especially in response to areas of potential risk.

XVII. UNDERSTANDING DISCIPLINARY ACTION
Health First approaches all infractions of organization rules with fairness and impartiality. However, failure to comply with this Code will result in disciplinary action that may include suspension, termination, reimbursement to Health First for any losses or damages resulting from violation of the Code, and, where appropriate, referral to a governmental authority. Anyone charged with the violation of this Code will be given an opportunity to explain his or her actions before disciplinary action is taken. This Code will be enforced at all levels, fairly and without prejudice.

Disciplinary action will be taken when:
- An associate or customer authorizes or participates in actions that violate this Code and its underlying policies and procedures.
- An associate or customer deliberately provides misleading information about violations of this Code.
- An associate or customer fails to report suspected or known violations of this Code.
- A manager’s or supervisor’s actions reflect inadequate supervision or lack of diligence regarding a violation of this Code; or serves as a witness in any related Code enforcement proceeding.
- Any manager or supervisor retaliates, directly or indirectly, or encourages others to retaliate against or intimidate an associate who reports a violation of this Code.

It’s not the threat of discipline that should govern our actions. A dedicated commitment to ethical behavior is the right thing to do, is good business and the surest way for Health First to remain a leader in the health care industry.

The Code of Ethics & Business Conduct should not be construed or interpreted as creating an employment relationship, a joint venture or other business relationship.

Reference HR 4.01
Progressive Corrective Action Guide Policy
Compliance, HIPAA, Fraud, Waste and Abuse Hotline

1.888.400.4512

The Hotline is open to Associates 24/7 to report suspected compliance concerns. Reports can be made anonymously and there is a no retaliation policy when concerns are made in good faith.