

Code of Conduct and Ethics

Letter from CEO



Valleywise Health is committed to providing exceptional care, without exception, every patient, every time. Essential to this mission is our Code of Conduct that ensures we conduct our work in an ethical manner, and that we treat others with fairness and respect.

The Code of Conduct you are reviewing discusses important legal, regulatory and policy requirements that may apply to your work for Valleywise Health. The Code has been established to help assure that, as an organization, we understand and adhere to these important requirements.

Please review the Code carefully. If you have questions about requirements discussed in the Code, be sure to ask your manager or the Compliance Department to clarify or provide you with answers. Working together we can ensure Valleywise Health's continued success and positive reputation in the community and healthcare industry.

Thank you for all you do for Valleywise Health and the communities we serve.

A handwritten signature in black ink that reads "Steve Purves". The signature is fluid and cursive.

Steve Purves
Chief Executive Officer, Valleywise Health



Our Mission, Vision, Values and Purpose of the Code of Conduct

OUR MISSION:

Our mission is to provide exceptional care, without exception, every patient, every time.

OUR VISION:

Our vision is to be nationally recognized for transforming care to improve community health.

OUR VALUES:

Accountability: We hold ourselves and each other accountable by accepting personal responsibility for all that we do and stewardship of the resources we deploy on behalf of our community.

Compassion: We demonstrate sensitivity to our patients and each other by offering emotional, spiritual, cultural and physical support.

Excellence: We are committed to delivering breakthrough quality and service that exceeds expectations, improves outcomes and provides exceptional patient care.

Safety: We ensure a safe environment for all and a highly reliable, effective care experience.



At Valleywise Health, our Mission, Vision and Values are the foundation for all that we do. As a public healthcare organization, Valleywise Health is required to follow many complex legal and regulatory requirements. These requirements align with our Mission and Values – but they impose obligations on each of us as we do our work. Adhering to these requirements is an essential step in achieving our Vision of being nationally recognized for transforming care and improving community health. This Code of Conduct (the “Code”) is intended to help you understand and work within this complex legal and regulatory framework. The Code provides – in simple terms – summaries of the legal and regulatory requirements that are most important to our success. It also directs you to more detailed

policies where you can further review and understand those requirements that are most important to your work with Valleywise Health.

The requirements outlined in this Code of Conduct apply to all Valleywise Health operations and locations, and to all Valleywise Health Workforce Members including employees, contractors, vendors, agents, providers and other caregivers, volunteers, students, residents, administrators, Governing Council members and members of the District Board.

Please review the Code carefully and thoughtfully. The requirements addressed in the Code are often based on complicated laws. We have attempted to make these requirements understandable and actionable. If you have questions, ask your manager or reach out to the Compliance Department. If we work together, we can assure that Valleywise Health adheres to these important requirements and succeeds in living up to the Valleywise Health Mission, achieving the Valleywise Health Vision, and assuring that what we accomplish together is consistent with the Valleywise Health Values that are outlined above.

Our Standards of Conduct

STANDARD #1: PATIENTS ARE OUR FIRST PRIORITY

We strive to provide safe, quality services to our patients in a care environment that is free of abuse, neglect or discrimination.

Respecting the dignity of each patient we serve and assuring that the services we provide to patients are safe and of the highest quality, are top priorities at Valleywise Health. We understand that respecting patient dignity means applying the same high standards of care for all individuals regardless of age, race, color, ethnicity, national origin, religion, sex, gender, gender identity, gender expression, sexual orientation, immigration status, diagnosis, marital status, disability of the patient or their family or surrogate, and regardless of their source of payment or ability to pay.



See Valleywise Health Policy:

**Quality: Patient Safety Event Reporting
(Policy #13502 S)**

for more information on your obligations to report patient safety events or failures to provide quality services to Valleywise Health patients.

We work continuously to assure a high quality of care by measuring and tracking care outcomes, patient perceptions, and organizational systems and processes that contribute to the care environment – and by responding to what we learn from our ongoing evaluation. We understand that to be high quality, the care we provide to each patient must be medically necessary and appropriate for the patient.

We do not tolerate abuse or neglect of our patients. To assure our patient’s safety, and the quality of our services, we confirm licensure and credentials of each our care providers, and screen to assure that our providers, vendors and employees are free of sanction, exclusion or debarment that would prohibit them from participating in patient care services.

We provide emergency medical treatment without regard to the patient’s ability to pay

Valleywise Health provides a medical screening examination (MSE) and, if appropriate, stabilizing treatment, to any person who comes to a Valleywise Health emergency department seeking emergency medical services, regardless of their ability to pay. If a patient refuses an MSE or stabilizing treatment, Valleywise Health will document the refusal on a “Left Against Medical Advice Form” or in the patient’s medical record. We will only transfer patients to another facility in compliance with state and federal requirements.



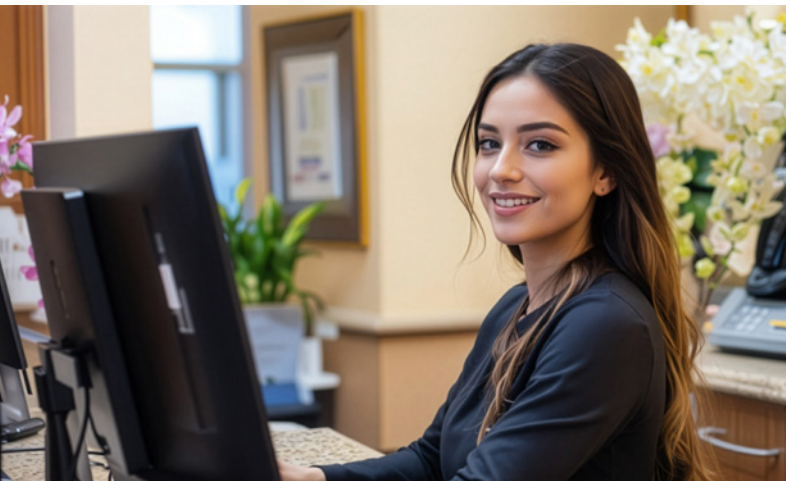
A local businessperson arrives at the Piper Pavilion Building for a meeting complaining of chest pain. Must an MSE be provided?

YES! EMTALA requires that anyone on the hospital property and within 250 yards of the hospital must receive an MSE. The businessperson should be escorted or transported to the emergency department for an MSE and appropriate stabilizing treatment.

The Emergency Medical Treatment and Labor Act (EMTALA) requires Valleywise Health to provide an MSE and stabilizing treatment to every person who “comes to an emergency department” seeking emergency services. For more information about EMTALA’s requirements and how Valleywise Health manages to meet the requirements, see Valleywise Health policy: **Compliance/EMTALA: Registration, Triage, and Medical Screening Exam (Policy #01180 S)**

We follow professional, ethical and legal standards in all human subjects research, clinical trials and investigations.

Before a patient elects to participate in a research study, we assure that they are fully informed about alternative treatment options available to them and understand the risks and benefits of the proposed treatment and/or research study. To ensure compliance with applicable ethical and legal standards, we subject our research activities to oversight by an Institutional Review Board.



Protected Health Information or **“PHI”** is any information that could be identifiable as information about a patient or their past, present or future medical care or medical conditions. PHI can be found in medical records, financial records, as well as in photographs, on signage, on rounding schedules, on meal orders and in many other places. In a healthcare organization – if you find or see information that can be identified as belonging to a patient you have likely found PHI.

We Protect the Privacy and Security of Our Patient’s Protected Health Information.

We are committed to protecting the privacy and security of our patient’s private – or “Protected” Health Information (“PHI”). Federal and state laws establish many detailed requirements designed to protect our patient’s PHI. As a Valleywise Health Workforce Member, you must assure that you understand these legal requirements – and the policies and procedures that Valleywise Health has adopted to facilitate our compliance with the privacy and security laws and regulations.

Federal and state laws generally allow healthcare workers to access or use PHI (e.g., in an electronic medical record or in a document) if they are doing so for “treatment” (e.g., as a member of the patient’s treatment team), for “payment” (e.g., to submit claims or process payments for patient services), or for “healthcare operations” (e.g., fulfilling

a patient's special meal order, or accessing a record to confirm that a sentinel event has been properly evaluated and addressed.) If your job duties at Valleywise Health do not require you to access patient information for "treatment, payment or healthcare operations" reasons – it is likely that if you access information (e.g., by looking up a patient's current treatment status in EPIC) you are violating legal and Valleywise Health policy requirements.

- ▶ You are a nurse at Valleywise Health. Your five-year-old son is being treated at a Valleywise Health FQHC. You log into your son's record in EPIC to remind yourself of the time of his next appointment.
- ▶ A well-known political figure is being treated at Valleywise Health. You mention to a friend that the political figure is being treated, and for what condition.
- ▶ You accidentally fax or email a patient's PHI to the wrong person or organization outside of Valleywise Health.

NOTE: Each of these hypothetical situations if real would be inappropriate access or disclosure of patient PHI, in violation of legal and Valleywise Health policy requirements.

Protecting patient information also requires us to access the "minimum necessary" information required to do our jobs, to assure that we don't use or publish a patient's images without their authorization, and that we don't publicize or discuss the fact that a notable or famous patient is being treated in our facility. We must also take reasonable steps to prevent "inadvertent disclosures" (such as a patient overhearing diagnostic information about another patient.)

Protecting PHI also means that we must make appropriate efforts to keep patient information secure. Examples of such efforts include:

- ▶ Using complex passwords and dual authentication for systems where we store PHI
- ▶ Regularly changing passwords
- ▶ Ensuring that electronic PHI (including, for example, PHI that is emailed within or outside of Valleywise Health) is encrypted

See Valleywise Health policy #01828 S
**Compliance/HIPAA: Using, Disclosing
and Requesting the Minimum Amount
Necessary of Protected Health Information**
to better understand the HIPAA "minimum
necessary" rule and requirements adopted
by Valleywise Health to help you meet these
requirements.

- ▶ Keeping any hard copy (paper) documents that include PHI secure (e.g., not leaving documents on your desk at night and assuring that hard copy PHI is securely destroyed)
- ▶ Verifying at least two patient identifiers (e.g., birth date, address) with a patient before providing requested records to the patient to avoid inadvertently giving records to the wrong patient

STANDARD #2: WE ASSURE THAT CLAIMS FOR PAYMENT ARE FOR MEDICALLY NECESSARY SERVICES, ARE SUPPORTED BY DOCUMENTATION, AND ARE ACCURATELY CODED AND BILLED

We work to assure that the services we provide meet quality standards and are medically necessary, supported by clinical documentation, and are accurately coded, billed and reimbursed by government and non-government payors.

At Valleywise Health we understand that each claim we submit to government and private payors must be for services we provided that were (1) medically necessary, (2) supported by appropriate clinical documentation, (3) accurately and timely coded and billed, and (4) properly reimbursed by the respective payors. This Code and Valleywise Health policy prohibit submitting claims for services that do not meet these standards and/or that are inaccurate, false or fraudulent. Our policies also require us to return payments that were improperly made.



We identify, understand and adhere to specific government and payor rules that apply to services we provide, code and bill in our respective areas of responsibility

As part of the Valleywise Health effort to assure that claims for services are accurate and appropriate, each department manager, provider, coder and biller must take personal responsibility for identifying, understanding and adhering to government and payor coding and billing rules that apply to the services they manage, provide, code or bill at Valleywise Health. If you don't know where to find applicable rules, or you are unclear about how to properly interpret or apply rules, it is your responsibility to ask questions – of a supervisor, of the Revenue Integrity Department, or of the Compliance Department.

Assuring that services are medically necessary, supported by clinical documentation and correctly coded, billed and paid requires an understanding of all of the rules and guidance that apply to each Valleywise Health service, supply or instance of care. Applicable rules may come in the form of:

MEDICARE MANUALS	AHCCCS PROVIDER BILLING MANUALS
MEDICARE NATIONAL AND LOCAL COVERAGE DETERMINATIONS	CODING RULES
MEDLEARN MATTERS ARTICLES	CORRECT CODING INITIATIVE EDITS
CPT AND ICD10 CODE DEFINITIONS AND DESCRIPTIONS	DOCUMENTATION AND CODING GUIDELINES (E.G., E&M, TEACHING PHYSICIAN, TELEHEALTH, 340(B))

No one person, and no single group of people at Valleywise Health can maintain an understanding of all of the rules that apply to all Valleywise Health services and supplies. But if each provider, department manager, coder and biller works to assure a thorough understanding rules that apply to the work that they do, – we can be successful! It is part of your role at Valleywise Health to maintain such an understanding for services or supplies that you manage, provide, code or bills.

We promptly investigate any suspected or reported billing irregularities and report and return identified overpayments in accordance with government and payor policies.

When we suspect that claims have failed to meet applicable rules, we evaluate whether failures occurred and take necessary steps to assure a proper understanding of rules and/or to correct processes that caused the failures. We also evaluate whether the failures have resulted in improper payments for services (overpayments), and report and return any identified overpayments in a manner consistent with applicable laws and payor rules.



FRAUD, WASTE & ABUSE. The Federal False Claims Act, and the Arizona False Claims Act, prohibit submission of false or fraudulent claims for payment to Federally funded and State funded health care programs such as Medicare or AHCCCS. Violation of these laws can result in civil or criminal fines and penalties. Examples of fraud, waste or abuse that would violate these laws include:

- ▶ Billing for service or supplies that were not provided
- ▶ Billing for services or supplies that were not medically necessary
- ▶ Billing for services that are not supported by documentation
- ▶ Upcoding
- ▶ Unbundling
- ▶ Making false or fraudulent statement in support of a claim, or to gain participation in a Federal or State healthcare program
- ▶ Using an inaccurate diagnosis or procedure code to obtain a higher payment
- ▶ Failing to take steps to understand and apply rules relevant to the payment of claims
- ▶ Falsifying or improperly altering any document or record to obtain payment
- ▶ Concealing or improperly avoiding an obligation to repay an overpayment
- ▶ Providing improper inducements to a referral source in exchange for referrals

If you know of or suspect such activity or are uncertain about whether an activity may be violating these laws, you should report your concerns to the Compliance Department or to the Ethics Line.

FRAUD is defined by Medicaid rules as an *intentional* deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. Note that under the Federal and Arizona False Claims Acts, showing reckless disregard (i.e., that someone knew about but ignored applicable rules) is enough to prove fraudulent intent.

WASTE is generally understood to include overutilization or inappropriate utilization of services and misuse of resources. Ordering excessive laboratory tests (e.g., a comprehensive metabolic panel when only one test is needed) is an example of waste.

ABUSE is defined by the Medicaid program as provider practices that are inconsistent with sound fiscal, business, or medical practice and that result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. A provider can abuse the Medicaid program even if there is not intent to deceive, whereas **Fraud** requires such intent.

STANDARD #3 – WE DON'T ALLOW PERSONAL, BUSINESS OR FINANCIAL RELATIONSHIPS TO IMPROPERLY INFLUENCE OUR WORK FOR PATIENTS OR FOR VALLEYWISE HEALTH

We manage financial relationships between Valleywise Health and any possible source or recipient of healthcare business or referrals to assure compliance with Fraud and Abuse laws.

The Federal Anti-Kickback Statute makes it unlawful to offer, give, solicit or receive anything of value (e.g., money, gifts, sham consulting agreements, free use of space) in exchange for referrals of healthcare business. Violations of the Anti-Kickback Statute may be prosecuted criminally or civilly. Arizona law also makes it a crime to offer, deliver, receive or accept any compensation or consideration in exchange for referring a patient for healthcare services.

If a financial relationship exists between a physician and Valleywise Health, the Federal Physician Self-Referral Law (“Stark Law”) prohibits referrals from the physician to Valleywise Health, and makes it unlawful for Valleywise Health to bill for any services that are improperly referred. However, if the financial relationship fits in one of many available exceptions to the Stark Law, Stark’s referral and billing prohibitions do not apply.

A DMG physician requests an office in a Valleywise Health professional building adjacent to a newly opened Valleywise Health FQHC. To meet an exception to Stark and be consistent with an Anti-Kickback safe harbor, the space must be leased from Valleywise Health pursuant to a written lease that meets several requirements outlined in Stark exception and Anti-Kickback safe harbor regulations. Responsible managers at the new facility should work with Contracts and Procurement, Legal Services and Compliance Departments to assure that these requirements are met.

Workforce Members at Valleywise Health are never allowed to offer or provide anything of value to a referral source in exchange for referrals, nor to ask for or accept things of value from a person or entity that may receive referrals of healthcare business from Valleywise Health. We work actively to assure that all financial relationships between Valleywise Health and a physician or other source of referrals are set up and operated in a manner that is consistent with applicable Anti-Kickback Statute safe harbor, and Stark exceptions regulations.

For more information about the Anti-Kickback Statute and the Stark Law please see Valleywise Health policy titled **Compliance: Anti-Kickback Statute Policy (Policy #01119 S)**

We disclose any outside personal or financial interest as required by the Valleywise Health Conflict of Interest policy, and we take appropriate steps to manage such interests as required by the policy.

A conflict of interest is defined as a situation where an individual's personal financial or other interests could affect their professional judgment or decisions that they are required to make as part of their job. Because Valleywise Health is a public healthcare district, at Valleywise Health Conflicts of Interest are both addressed by the Valleywise Health Conflict of Interest and Gift Policy, and are also subject to the requirements of Arizona Conflict of Interest Law (ARS 38-501 to 38-511). The policy and law generally require all Valleywise Health Workforce Members to disclose any actual or potential conflict of interest and to abstain from purchasing decisions or other decision making that involves the Workforce Members' conflicting interest. If there is a conflict between Valleywise Health policy and Arizona law, the most restrictive requirements should be followed.

See Valleywise Health Policy

Compliance: Conflicts of Interest and Gift Policy (Policy #01291 S) and the Valleywise Health Conflict of Interest Disclosure Form (44239) for a more complete description of Valleywise Health Conflict of Interest requirements and gift giving and receiving restrictions.

Suzy is a nurse at a Valleywise Health FQHC. Suzy's husband owns a vending machine business, and she would like to help him place vending machines at Valleywise Health facilities. Is this appropriate? The **Conflict of Interest** policy requires Suzy to abstain – or remove herself – from any decision making about her husband's business. In other words, she can't approve the placement of vending machines and should not promote the business as a Valleywise Health employee. If the vending machine business begins working with Valleywise Health, Suzy would also be required to complete a Conflict of Interest Disclosure form disclosing her family's interest in the business, and to submit the form to the Compliance Department.



We don't accept or give gifts that violate legal requirements or Valleywise Health policy.

To limit to possibility that a gift would cause the appearance of or result in improper influence over our decision making, or would violate legal requirements outlined above – the Valleywise Health Compliance: Conflict of Interest and Gift Policy places limitation on gifts that can be given or received by Valleywise Health Workforce Members. A “gift” is defined by the policy as including “any payment, distribution, expenditure, advance, deposit or donation of money, any intangible personal property or any kind of tangible personal or real property including travel and dinners.” The Policy limits any gifts accepted or given by a Valleywise Health Workforce Member as follows:

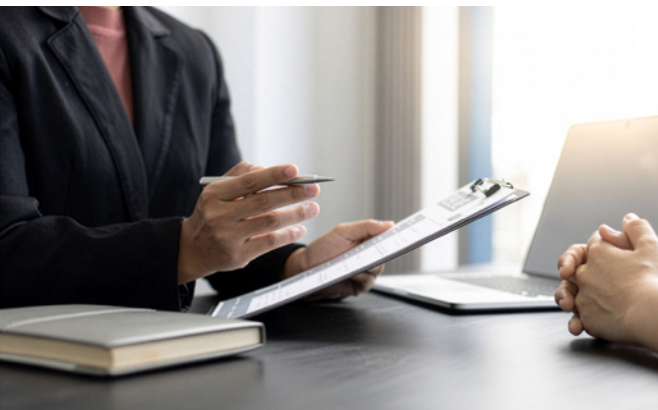
- ▶ gifts must be of Nominal Value (under \$25)
- ▶ no gifts of cash or a cash equivalent (e.g., a gift card) may be accepted
- ▶ the total of all gifts accepted in any 12-month period from a single individual, contractor or vendor or entity may not exceed \$250
- ▶ gifts from patients should be in-kind only and shared with the entire department
- ▶ gifts given to patients are limited to \$15/occurrence and \$75/year in value (no cash or cash equivalents are allowed)



Standard #4 - We Maintain the Public's Trust by Adhering to Legal Requirements and the Highest Ethical Standards as we Conduct Business for Valleywise Health.

We Keep Accurate, Timely and Complete Records as we Treat Patients and Conduct Business for Valleywise Health.

Keeping accurate, complete and timely records is essential to maintaining the trust of our patients, payors, business partners and of the public. This requirement of the Code applies to every record that is required as you do your work at Valleywise Health, including patient, employment, financial and all other business records.



Rules for recordkeeping at Valleywise Health include:

- ▶ Keep accurate records of time you work
- ▶ Don't falsify facts or otherwise make false records
- ▶ Don't document in a record as someone else
- ▶ Understand clinical documentation requirements and assure your documentation is accurate and complete
- ▶ Document accurate and complete justification for business expenses
- ▶ Don't copy-paste or copy-forward unless you confirm the accuracy of the record you create
- ▶ Don't sign someone else's name on any document

We maintain and only destroy Records in accordance with Valleywise Health's District Records Management Policy (Policy # 01025 S) and with the District Records Retention Schedules in effect for the Maricopa Integrated Health Care District as approved by the Arizona State Library, Archives and Public Records (ASLAPR).

Additional Information about records management requirements at Valleywise Health, including the ASLAPR Record Retention Schedules and the Certificate of Record Destruction that is required when records are destroyed, can be found on the Vine, under the Department's Tab on the Records Management Department site.

Because Valleywise Health is a Public Health Care District of the State of Arizona, our record retention requirements are controlled by Arizona Law (A.R.S. § 41-1330 et seq., A.R.S. § 38-421) and administered by the ASLAPR. Pursuant to Arizona Law, ASLAPR sets record retention and destruction requirements for Valleywise Health. Arizona statutes make it a felony to destroy records in a manner that is inconsistent with Arizona law or ASLAPR retention and destruction requirements.

We safeguard Valleywise Health funds and assets, and use them only in furtherance of Valleywise Health's mission

The work of Valleywise Health is funded in part by Maricopa County taxpayers, and by generous donations from community members. Valleywise Health Workforce members have a heightened responsibility to assure that these funds and Valleywise Health assets are used to achieve the mission of Valleywise Health. We do not use Valleywise Health Funds or assets for personal gain or benefit. If you have questions about appropriate use of funds or assets, you should discuss the questions with your manager. If you suspect loss, misuse, waste or abuse of Valleywise Health funds or assets you are required to report it to the Compliance Department or to the Compliance Hotline.

Valleywise Health will use the Maricopa County Special Health Care District Procurement Code (District Procurement Code) and the Contract Management Contract Administration Guide to regulate procurement activities for all Valleywise Health issued solicitations.

The District Procurement Code and additional information about contracting and procurement requirements can be found on the Vine under the Departments tab on the Contracts and Procurement intranet site.

We Provide Appropriate Responses to Government Inquiries and Investigations.

On occasion, government regulatory or law enforcement personnel make unannounced visits to health care facilities like those operated by Valleywise Health. Regulatory and law enforcement agencies may also send requests for information, subpoenas and other documents notifying a health care organization of an inquiry and asking for the organizations help or response. Valleywise Health's Compliance: Visits and Calls by Law Enforcement and Regulatory Agencies (other than Survey Teams) policy outlines steps that any Valleywise Health Workforce Member should take to respond to such visits or inquiries, including:

- ▶ Contact the Administrator on Call first if an unannounced visit occurs
- ▶ Request identification from the visiting official
- ▶ Offer to relocate the official to a non-patient treatment area
- ▶ Never interfere with a law enforcement official's order (e.g., to provide immediate access to a patient, to records, etc.)



Compliance Responsibilities for Workforce Members

To assure that Valleywise Health lives up to the standards outlined in this Code of Conduct, each Valleywise Health Workforce Member is required as a condition of their employment, contract, medical staff or other formal relationship with Valleywise Health, to:

- ▶ Review this Code of Conduct and key compliance policies upon employment or other affiliation with Valleywise Health and annually thereafter, attest to such review, and agree to abide by the Code and organizational policies in their work for Valleywise Health;
- ▶ Complete compliance training that is assigned to them in a timely manner;
- ▶ Comply with Code, policy and legal and regulatory requirements; and
- ▶ Report any concerns about known or suspected non-compliance with this Code, Valleywise Health policies, legal or regulatory requirements to a manager or supervisor, to the Valleywise Health Compliance Department or the Ethics Point compliance hotline.



Special Responsibilities for Managers and Leaders

In addition to the obligations outlined above for all Valleywise Health workforce members, managers and leaders have additional obligations to:

- ▶ Understand compliance requirements and promote compliance in their areas of responsibility;
- ▶ Monitor for and prevent foreseeable instances of non-compliance in their areas of responsibility; and
- ▶ Include the Compliance Department in investigation or resolution of any suspected failures to comply with obligations outlined in this Code of Conduct, Valleywise Health policies or in law or regulation.

Reporting Compliance Concerns and Our Policy Against Retaliation

Reporting concerns about actual or potential violations of the Code of Conduct, Valleywise Health policies or legal/regulatory requirements is a responsibility and obligation of every Valleywise Health Workforce Member. By raising concerns so that they can be evaluated and addressed you will play an important role in helping to assure that we adhere to the standards outlined in this Code. You can meet your obligation to report such concerns by discussing them with a manager or leader, by contacting the Compliance Department directly, by calling the compliance hotline, or by filing an online report. Hotline and online resources are noted below.



Valleywise Health prohibits retaliation against anyone who in good faith makes a report of a compliance concern. If you believe you have experienced retaliation after making a good faith compliance report – please contact the Compliance Department or Human Resources.

**You may contact the
Compliance Department at:**

Compliance@ValleywiseHealth.org

Privacy@ValleywiseHealth.org

602-344-8537

Fax: 602-655-9297

**Make a Compliance Report to
the Hotline or Online at:**

866-333-6447

At “Report a Compliance Concern” on The Vine
(under Departments and Compliance.)



You're More To us.

 **Valleywise Health**



Wise Health



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Comprehensive Health Center

