

Code of Conduct and Corporate Compliance Program

A Message from the President and CEO

Stormont-Vail Health has a mission and community commitment of “Working together to improve the health of our community.” An important part of that commitment is our pride in fair and honest dealings with the public, including patients, private and governmental payers and vendors, all of whom are important to our success. It is with this in mind that we have put in place a Code of Conduct and Corporate Compliance Program that describes the standards by which we will do business.

I encourage you to read this booklet and ask questions regarding the information it contains. I also ask that you work closely with the administrative staff to help us identify and bring to our attention areas where we may need improvement in order to comply with the rules, regulations and ethical standards.

Thank you for doing a great job in serving our patients.

Best regards,

s/ Randall L. Peterson
President and CEO

Code of Conduct and Corporate Compliance Program

A Message from the Compliance Officer

Welcome to Stormont-Vail Health. You are joining an environment of caring, hard-working, and ethically-minded individuals, who work every day to make us the healthcare provider of choice in northeast Kansas. In my role as Compliance Officer, I am responsible for Code of Conduct (“Code”) training for board members, officers, employees, medical staff members, and vendors. I am also responsible for investigating reports of violations and for monitoring any corrective action implemented. It is imperative for all parties who deal with StormontVail Health to know that they have a means of communicating known or suspected violations of the Code through the hospital’s compliance hotline, as noted below.

This Code applies to board members, officers, employees, medical staff members, as well as vendors and agents of StormontVail Health, Inc. and its subsidiaries. Each person is individually responsible for his or her own conduct in complying with this Code. This Code will be distributed to parties and persons to whom it applies.

Any employee, medical staff member or vendor must report a known or suspected violation of applicable laws, regulations or the Code of Conduct using one of the following methods:

1. By reporting it to your supervisor, manager, director or any member of the StormontVail Health Operating Committee;
2. By reporting it in writing to Jim Kilmartin, Compliance Officer, Stormont-Vail HealthCare, Inc., 1500 S.W. 10th Ave., Topeka, KS 66604-1301;
3. By reporting it to me in person, calling directly at (785) 354-6008 or e-mailing compliance@stormontvail.org
4. By calling the **Compliance Hotline at (877) 217-4767**, a confidential, independent service that receives anonymous reports about Stormont-Vail and related business and transmits summary reports to the Compliance Officer for follow-up.

Retaliation against any person for reporting a violation or suspected violation in good faith is strictly prohibited by StormontVail Health. StormontVail Health has adopted a “**Whistleblower Policy**” that serves to inform employees, contracted staff and agents as to the details, remedies and protections afforded to you through federal and state laws.

If you have any questions about the Code or any other compliance related matter, please do not hesitate to contact me. Thank you.

s/ Jim Kilmartin
Compliance Officer

Code of Conduct

Introduction

The long-standing policy of StormontVail Health is to observe all laws applicable to its business. This commitment does not stop here. Even when the law is permissive, StormontVail Health chooses the course of integrity. This Code of Conduct of StormontVail Health was prepared to provide the Board of Directors, officers, employees, medical staff members, as well as vendors and the general public, with a formal statement of StormontVail Health's expectations regarding commitment to the standards and rules of ethical business conduct and to compliance with applicable laws and regulations.

Throughout this Code, "vendor" refers to any person and/or representatives of any person or company wanting to conduct business with StormontVail Health (which hereafter refers to StormontVail Health, Inc. and its subsidiaries, divisions and/or departments). Hereafter, board members, officers, employees, medical staff members and vendors to whom this Code applies may be referenced as we, us, you, party or parties, and similar terms implying inclusion.

It is imperative that we comply with the standards contained in the Code, immediately report any alleged violations and be willing to assist in investigating any allegation of wrongdoing. It is the policy of StormontVail Health to prevent the occurrence of unethical or unlawful behavior, to halt such behavior as soon as reasonably possible after its discovery, to investigate and take appropriate corrective action for violations of the standards contained in the Code or applicable laws and regulations.

Although StormontVail Health has attempted to cover many compliance-related circumstances in the Code, we may encounter situations that are not specifically addressed. We should apply the overall philosophy and concepts of this Code to the situation, along with the ethical standards the public should expect of us. If a question still exists in your mind, the particular circumstances should be reviewed with your supervisor, manager, director, any member of the StormontVail Health Operating Committee, or the Compliance Officer.

This Code is not intended to create a contract between StormontVail Health and any person or to give any person any rights against Stormont-Vail. This Code may be modified at any time at the discretion of StormontVail Health.

Fiduciary Duties of the Board of Directors and of Officers

Stormont-Vail acts through a Board of Directors that makes policy decisions by adopting provisions in the corporate bylaws or through actions at Board of Directors' meetings, such as the adoption of this Code. The directors do not carry out the day-to-day management of StormontVail Health; that function is delegated to the President and members of the Operating Committee.

Directors and officers have a fiduciary duty to StormontVail Health. The directors and officers are required to exercise good faith and to use their powers in the interests of StormontVail Health. When an individual accepts the position of director or officer, he or she commits to give diligent attention to its concerns and to be faithful and honest in the discharge of his or her duties. In order to carry out its primary functions, the Board is charged with obligations and duties in overseeing the business conduct and ethical standards of StormontVail Health.

The officers of StormontVail Health also have the fiduciary responsibility to act on behalf of StormontVail Health and not to act individually. The management of StormontVail Health will be conducted by or under the supervision of senior officers as designated by the Board. The bylaws outline the duties, activities and obligations of the officers.

The authority and duties of the senior officers are those that are delegated from the Board of Directors, and the management function will be vested in the principal senior officers.

In performing their management function, the officers are obligated to act in a manner consistent with the standards of StormontVail Health, to execute specific plans, policies or directions of the Board, and to work with and on behalf of the Board to require that every director, officer and employee comply with this Code and the Corporate Compliance Program.

Conflicts of Interest

We must avoid situations in which our personal interests could conflict, or reasonably appear to conflict, with the interests of StormontVail Health. A conflict of interest is an opportunity for personal gain apart from the authorized compensation provided through employment by StormontVail Health. In that regard, here are some guidelines:

• Personal Financial Gain

Personnel should avoid and must disclose any outside financial interest that might influence their corporate decisions or actions. Such interests might include, among other things: A personal or family interest in an enterprise that has business relations with StormontVail Health. (This restriction does not apply to minimal holdings of stock or other securities of a corporation whose shares are publicly traded and that may incidentally do business with StormontVail Health). Members of the Board of Directors, officers and directors annually sign conflict of interest statements.

• Competing Business Interest or Outside Activities

Neither personnel, nor their immediate family members, may have investment in another business that competes directly with StormontVail Health. (This does not apply if the investment is not a significant part of your or your family's income or net worth, or the area of competition has minimal effect on StormontVail Health.) Personnel should avoid outside employment or activities that would have a negative impact on the performance of their job, conflict with their obligation to StormontVail Health or in any way negatively affect StormontVail Health's reputation in the community. If you think may have a conflict of interest due to your investments or outside activities, consult with the Compliance Officer.

• Stormont-Vail Funds and Assets

StormontVail Health assets include equipment, inventory, corporate funds or supplies and also include intangible assets such as concepts, business strategies and plans, financial data, intellectual property such as information technology, systems or processes developed in connection with StormontVail Health employment, or other confidential information about our business. Assets are to be used solely for StormontVail Health business. These assets may not be used to provide personal gain for one's self or for others. Personnel may not sell or otherwise transfer any StormontVail Health assets to other persons or entities, except in the ordinary course of StormontVail Health business.

• Non-Profit Tax Exempt Status

Employees shall not engage in any activity that involves the use of StormontVail Health resources or property for private use or benefit. Transactions entered into must be in the best interest of StormontVail Health and negotiated at arms-length for fair market value. Employees faced with situations that appear questionable should consult with their supervisors for guidance. Employees who suspect a violation of tax-exemption requirements should disclose the situation to the Compliance Officer.

• Trade Secrets and Confidential Information

It is very important for all personnel to appropriately safeguard StormontVail Health's trade secrets and confidential information, and to refuse any improper access to trade secret and confidential information of any other company, including our competitors.

Guidelines for handling and the use of StormontVail Health's trade secrets, proprietary and confidential information include the following.

- Any proprietary information to which StormontVail Health personnel may have access should be discussed

with others only on a need-to-know basis

- Any disclosure of proprietary information to any outside persons should be done only in conjunction with appropriate written trade secret or confidential information disclosure agreements
- All personnel must be alert to inadvertent disclosures that may arise in either social conversations or in normal business relations with our vendors and customers

Confidential or proprietary information includes any information that is not generally disclosed, except as expressly authorized by management or required by applicable laws or regulations, and that is useful or helpful to Stormont-Vail Health or would be useful or helpful to competitors. Examples include:

- Financial information and other data including capital investment plans
- Strategic planning or proprietary information including projections for individual projects or groups of projects, planned new projects or planned advertising programs, areas or services in which StormontVail Health is considering or intends to expand, change or improve
- Intellectual property, special processes or manufacturing methods developed by or for StormontVail Health
- Vendors information and agreements including pricing, other terms and conditions or status of negotiations
- Patient or customer demographic information or data
- Human resource data including but not limited to wage and salary data
- Contemplated but unannounced changes in management or policies of the company
- Non-public information about StormontVail Health assets and projects
- Testing, research data and results

Patient's Rights and Emergency Medical Treatment and Labor Act (EMTALA)

• **Patient Rights**

We must at all times treat patients with care, concern and respect. Care should be provided economically in a manner consistent with maintaining quality. Patients are entitled to complete disclosure of all charges.

Patients must be informed of their right of self-determination, which refers to the ability of competent adults to participate in and make their own health care decisions after receiving, from the physicians, appropriate disclosure of their diagnosis, prognosis and treatment alternatives. A patient has the right to accept medical care or to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal. We must not discriminate against patients based on whether they exercise their right to self-determination or on the substance of their specific health care decisions.

Treatment of patients shall be consistent with appropriate informed consent as determined by Kansas law. Questions concerning a patient's competence or the right of another person to act on a patient's behalf should be handled in accordance with StormontVail Health policy titled "*Authorization and Consent*"

• **Emergency Medical Treatment and Labor Act (EMTALA)**

Stormont Vail has adopted a policy titled "*Emergency Medical Treatment and Labor Act (EMTALA) Screening, Treatment, Transfer and On-Call Roster.*" Stormont Vail Health shall comply with federal law by providing, within its capabilities, to each person who comes to the Emergency Department an appropriate medical screening examination to determine whether the individual has an emergency medical condition and to provide necessary stabilizing treatment, or arrange for the proper transfer of such person to a medical facility possessing the capabilities and having the capacity necessary to provide a medical screening examination and stabilizing treatment, regardless of the individual's ability to pay, race, color, national origin, age, sex, religion, or disability.

We are each responsible for understanding and fulfilling our responsibilities for compliance with EMTALA.

Privacy and Confidentiality of Patient Information (HIPAA, PHI & HITECH)

We must observe the highest standards of ethical and legal conduct with respect to Protected Health Information or PHI. PHI, generally, is anything you know about a patient due to your relationship with Stormont Vail Health. We all have a responsibility and duty to keep information about our patients confidential. This is any information that may identify the patient or is related to their condition, treatment, or payment for services.

The federal law known as HITECH requires specific actions in response to certain types of privacy breaches. So that StormontVail Health may comply with the requirements of the law, you must report known or suspected privacy breaches directly to the Chief Privacy Officer in the Risk Management Department. If you are unsure how to contact the Chief Privacy Officer, contact the Compliance Officer.

Clinical Research Law and Ethics

Any Medical Staff member, employee or StormontVail Health Institutional Review Board who deals with clinical research must:

- Understand the principles and laws that govern medical research, investigations and clinical trials
- Maintain a working knowledge of Stormont-Vail Institutional Review Board and other research-related policies and procedures including but not limited to “***Stormont-Vail Human Research Subject Protections Program***”
- Conduct research, investigations and trials in compliance with all applicable laws, and Stormont-Vail and SVIRB policies and procedures

Ethical Business Relationships

StormontVail Health is the health care provider of choice in our region because of the quality and value of our services and the respect and confidence we instill in our patients. Conducting business with vendors, including physicians, can pose ethical or even legal problems. The following guidelines are intended to affirm that we must make ethical decisions in potentially difficult situations. Persons, companies or organizations doing business with StormontVail Health are subject to the StormontVail Health Code of Conduct. Vendor representatives must comply with StormontVail Health’s “***Vendor Policy***” to conduct business with representatives of StormontVail Health.

• Kickbacks and Rebates

Purchase or sales of goods and services or patient referrals to or from StormontVail Health must not lead to any person or their family members receiving kickbacks, rebates, rewards or anything of significant value. Kickbacks, rewards or rebates can take many forms and are not limited to direct cash payments or credits. In general, if you or your family expects to gain personally through a transaction you arrange as a representative of StormontVail Health, it is prohibited. Such practices are unethical and in many cases illegal.

• Financial Arrangements with Physicians or Other Patient Referral Sources

Federal statutes, generally known as the anti-kickback statutes and the Stark laws, substantially impact StormontVail Health contracts with referring physicians. No payments may be made to or by physicians in exchange for referral of any federal health care program patients or business. Any contract between StormontVail Health and referring physicians should be in writing and executed by the Chief Executive Officer or his designee. No inducement in exchange for referral of patients shall be offered to any physician.

• Gifts or Gratuities

From vendors, payers, patients or other customers of StormontVail Health personnel may not accept gifts of cash or cash equivalents (e.g., VISA debit cards) under any circumstances, nor may they solicit non-cash gifts, gratuities or any other personal benefit or favor of any kind. If patients, patients’ families or vendors doing or seeking to do business with StormontVail Health offer token or nominal, unsolicited gifts, they should be of a promotional or advertising nature. We may never offer or accept gifts in exchange for patient referrals.

• Transportation and Lodging

Vendors with whom StormontVail Health does business may offer transportation to and lodging at their business or other locations during the course of solicitation or in other business dealings. Such travel and lodging should be refused except in exceptional cases that are specifically approved by the Compliance Officer.

• **Entertainment and Meals**

We may not encourage or solicit entertainment from any individual or company with whom StormontVail Health does business. From time to time, personnel may offer or accept entertainment, but only if the entertainment is reasonable, occurs infrequently and does not involve lavish expenditures. Offering or accepting entertainment that is not a reasonable adjunct to a business relationship, but is primarily intended to gain favor or influence, is not allowed.

Vendor and product representatives sometimes offer to provide meals or other food items to providers and staff in medical offices, groups, units. Consistent with guidelines for entertainment, this must be infrequent, not lavish and a reasonable adjunct to a business relationship.

In addition to all guidance provided throughout the Code of Conduct, we are responsible for adherence to StormontVail Health's *Vendor Policy* that provides more specific requirements.

• **Arrangements with Agents, Representatives and Consultants**

Agreements with agents, sales representatives or consultants must clearly and accurately describe the services to be performed, the basis for earning the commission or fee involved, and the applicable rate or fee. Any such payments must be reasonable in amount, not excessive in light of the practice in the trade, commensurate with the value of the services rendered and supported by appropriate documentation. The agent, sales representative, physician or consultant doing business with StormontVail Health must agree that the arrangement be disclosed as required by any federal or state law, regulation or program with which StormontVail Health participates.

• **Payments to Government Employees**

No payments of money, gifts, services, entertainment or anything of value may be offered or made available in any amount, directly or indirectly, to any federal government official or employee or to any state official who regulates the business of StormontVail Health.

• **Other Improper Payments**

No extra-contractual payments or offer of benefit of any kind may be made to vendors, physicians or other parties as an inducement for them to contract with StormontVail Health or for patient referrals. StormontVail Health prohibits the use of its funds or assets for any unlawful or unethical purpose. The making of any payment to a third party for any purpose other than that disclosed on the payment documentation is prohibited. StormontVail Health prohibits any form of bribery in connection with StormontVail Health business.

• **Antitrust**

We must comply with applicable antitrust laws. There must be no discussions or agreements with competitors regarding price or other terms for product sales, prices paid to suppliers or providers, dividing customer or geographic markets, price fixing for services in for any market or service, or joint action to boycott or coerce certain customers, suppliers or providers.

• **Fundraising & Solicitation**

In furtherance of its charitable purposes, StormontVail Health conducts fundraising activities through the StormontVail Health Foundation. Any activity that involves the use of Foundation resources or property for private use or benefit is prohibited. No StormontVail Health employee may utilize the Foundation or any StormontVail Health name or identity for any fundraising activities not authorized by StormontVail Health. StormontVail Health also has a "*Solicitation for Contributions*" policy that provides guidelines limiting employee solicitation.

Accurate Books and Records

We all must understand that StormontVail Health care's how results are attained, and not just that they are attained. StormontVail Health requires candor and honesty from everyone in the performance of their respective

responsibilities. This expectation applies to every type of StormontVail Health record – accounting, purchase order or contract, payroll, personnel, payable, invoice, expense reimbursement, and etc. All personnel are expected to adhere strictly to these standards and policies. Records should be transparent, meaning they should be clear and display information accurately. Good business practices, as well as certain federal and state laws requires StormontVail Health to maintain books and records that accurately reflect the true nature of the transactions and other information presented. Similarly, StormontVail Health prohibits making improper entries or the lack of making proper entries to conceal activity. Everyone is to be honest and forthcoming with internal reviews and inquiries, as well as with internal and authorized external examiners or auditors. Outlined below are certain high profile areas where transparency is critically important.

• **Proper Accounting**

Accounting personnel are to design and utilize systems and policies to maintain honest and accurate records. In all of our operations, it is against StormontVail Health policy, and possibly illegal, for any personnel to cause our books and records to be inaccurate.

- Accounting systems and policies shall be established and maintained in accordance with generally accepted accounting principles, and will comply with all applicable federal and state laws and regulatory requirements
- Accounting systems shall include acceptable internal control mechanisms to assure the safeguarding of StormontVail Health assets, to provide reasonable assurance that transactions are executed in accordance with management's authorization, and to require that all transactions are properly recorded
- StormontVail Health policy prohibits any personnel from causing the organizations books and records to be inaccurate. Examples of prohibited conduct include:
 - Making records appear as though payments were made to one person when they were made to another
 - Submitting expense accounts that do not accurately reflect the true nature of the expense, and the creation of any other records that do not accurately reflect the true nature of the transaction
 - No payment or receipt on behalf of, or in the name of, StormontVail Health may be approved or made with the intention or understanding that any part of the payment or receipt is to be used for a purpose other than that described in the documents supporting the transaction
 - "Slush funds" or similar off-book accounts, when there is no accounting of receipts or expenditures on StormontVail Health books, are strictly prohibited
 - No false or artificial entries in records may be made in order to improperly alter, create false, fictitious, inaccurate or misleading records, or to conceal truth
 - Any alteration to a record that is not documented, authorized and properly disclosed

• **Medical Records, Coding & Billing Practices**

All employees and professional staff involved with billing federal and/or state health care programs must be aware of fraud and abuse high-risk areas. Billing practices, which result in overpayments from such programs, could constitute illegal federal or state false claims. StormontVail Health intends that all documentation supporting claims submitted to federal health programs be for reasonable and necessary services ordered by an appropriately licensed medical professional and that claims submitted be complete and accurate. All personnel involved in procedure charging, coding and patient registration and submission of claims must be educated in applicable federal or state insurance program requirements for the appropriate level of insurance/program reimbursement. We should never intentionally charge, code or bill for higher levels of services that provided and consistent with the insurance program billing requirements. Similarly, any identified overpayments that result from mistaken, erroneous, improperly coded or otherwise overbilled claims, or payer errors must be returned to federal, state or other insurance programs within regulatory time constraints to avert potential assertions of reverse false claims.

Examples of unacceptable billing practices include the following:

- Billing for items or services that were not:
 - Accurately documented in medical records
 - Actually provided

- Appropriately ordered
- Rendered with appropriate professional supervision
- Coded for the proper level of service
- Bundled where required by applicable payer regulations or rules
- Submitting duplicate bills for an item or service
- Filing false or inaccurate cost reports
- Knowingly failing to report and promptly refund overpayments
 - Medicare and Medicaid require the report and refund of overpayments within 60 days

• **Retention of Records**

Legal and regulatory requirements mandate the retention of certain records for various periods of time, particularly in area such as patient care, reimbursement, tax, personnel, health and safety, environmental and contracts. Disposal or destruction of StormontVail Health records and files is not discretionary and must be done in accordance with StormontVail Health policies. In addition, when litigation or a government investigation or audit is pending, potentially relevant records must not be destroyed until the matter is closed. StormontVail Health prohibits the destruction of any records to avoid disclosure in a legal proceeding may constitute a criminal offense. Refer to the StormontVail Health’s “**Record Retention**” and department specific policies for specific information on retention periods and restrictions.

Subsidiaries, Divisions and Departments

This Code of Conduct applies to all subsidiaries of StormontVail Health, Inc. and divisions, departments or units using business names of StormontVail Health such as Cotton-O’Neil Clinic, Pediatric Care, and Medical Arts Clinic (Emporia), Stormont Vail Retail Pharmacy, and so forth, upon agreement by the Boards of those subsidiaries. This includes but is not limited to StormontVail Health Foundation, StormontVail Health, Inc., ExcellENT Surgery Center, LLC and Century Health Solutions, Inc, and Topeka Air Ambulance, Inc.

Political Activity and Contributions

Federal laws restrict the use of corporate and tax exempt organization funds in connection with certain political activities. Accordingly, it is against StormontVail Health policy, and may also be illegal, for personnel to:

- Seek reimbursement from StormontVail Health for any political contribution or fundraising event that you make on your expense account or in any other way that causes StormontVail Health to reimburse you for that expense
- Use any StormontVail Health property or facilities, or time of any of StormontVail Health personnel, for any political activity

Safety, Health and Environment

In the United States, regulatory agencies exist under federal, state or local jurisdiction to ensure compliance with laws and regulations affecting safety, health and environmental protection. It is StormontVail Health’s policy to comply with both the letter and the spirit of the laws and regulations imposed by these agencies and to attempt to develop a cooperative attitude with inspection and enforcement personnel from the agencies. In keeping with this spirit, personnel are encouraged to report conditions that they perceive to be unsafe, unhealthy or hazardous to the environment.

Employee Relations

StormontVail Health has an “*Equal Employment Opportunity*” policy and adheres to the philosophy and practice of providing equal opportunities for all employees, and prospective employees, without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability or genetic information. This applies to all aspects of employment practices including hiring, firing, promotions, lateral movements, job training, and any other terms or conditions of employment.

Every employee has the right to a work environment free of harassment or discrimination because of race, sex, religion, national origin, age or disability. These commitments can only be met if all employees treat each other with courtesy and fairness and have respect for the dignity of the other person. Please call the Human Resources Department about suspected violations of Human Resources policies.

Drugs and Alcohol

StormontVail Health prohibits the use or possession of any illegal drugs or of alcohol on StormontVail Health property. However, the Chief Executive Officer may authorize the serving of alcohol in conjunction with a meeting or event held on StormontVail Health premises.

Excluded Providers

StormontVail Health periodically compares the U.S. Health and Human Services Office of Inspector General’s List of Excluded Individuals and Entitles, or the U.S. General Services Administration’s Excluded Parties List System. StormontVail Health is obligated to ensure that it does not have impermissible relationships with any individual or entity included in those lists. Similarly, persons and companies subject to this plan must notify the Compliance Officer if they are included in the U.S. Health and Human Services Office of Inspector General’s List of Excluded Individuals and Entitles, or the U.S. General Services Administration’s Excluded Parties List System.

The Board of Directors has approved this Code of Conduct.

s/ James Schmank
Chair, Board of Directors

Adopted April 22, 1997
Revised May 1, 2010
Revised August 16, 2012
Revised May 18, 2016

Corporate Compliance Program

StormontVail Health, Inc. always has been, and continues to be, committed to conducting its business with integrity and in accordance with all federal, state and local laws to which its operations are subject. It is the long-standing policy of StormontVail Health to prevent the occurrence of unethical or unlawful behavior, to halt such behavior as soon as reasonably possible after its discovery, to discipline personnel who violate StormontVail Health policies, including individuals responsible for the failure to report a violation, and to implement any changes in policy and procedure necessary to prevent recurrences of a violation. StormontVail Health has instituted a Corporate Code of Conduct (Code), which is incorporated as a part of this program and other related policies to reflect these commitments.

The Code and related policies and procedures are not statements of ideals intended to impress others; they are statements of policy with which all personnel must comply. This Corporate Compliance Program (Compliance Program or Program) sets forth the means by which the Code and related policies are to be implemented and monitored. The Board of Directors of StormontVail Health, Inc. has authorized the establishment of this Compliance Program and approved the program and the Code. The purpose of this Compliance Program is threefold. First, it provides a mechanism to enforce StormontVail Health's Code of Conduct. Second, the program complies with the United States Sentencing Guidelines for corporations. These Guidelines are incorporated by reference. However, the commitment of StormontVail Health by a combined Code of Conduct and Compliance Program is to encourage ethical conduct in a corporate culture that exceeds this minimum due diligence standard. Third and perhaps in that regard the most important, the Compliance Program coupled with the Code of Conduct sets an ethical tone for conducting business and creates a corporate culture that enhances the reputation of the institution.

The hallmark of an effective compliance program is "due diligence." This is a program designed to promote due diligence in everything from the hiring of employees to the auditing of records. It is a mechanism to ensure that StormontVail Health diligently strives to prevent and detect misconduct and criminal activity.

StormontVail Health intends to utilize a variety of tools to implement the Compliance Program such as training and education, employee performance evaluations, an employee reporting system and internal audits. StormontVail Health intends to monitor this program to verify compliance with its published standards.

StormontVail Health encourages all personnel to internally report all potential non-compliance with the Code or Compliance Program. No individual's position or influence is considered to be more important than the goal of institutional integrity. Those who honestly report wrongdoing will be protected from retaliation.

StormontVail Health intends that this Program qualify as a peer review process, that the Compliance Officer be a Peer Review Officer and that the Compliance Committee be a Peer Review Committee, all within the meaning of K.S.A. 65-4915.

A. Corporate Compliance Officer

The designation of a Compliance Officer in no way diminishes or vitiates the responsibility of all personnel to comply with all StormontVail Health policies and procedures, nor does it diminish every supervisor's responsibility to require that those personnel for which he or she has responsibility comply with the Code, the Compliance Program and related policies.

The Compliance Officer will have responsibility for overseeing compliance with all applicable laws, the Code of Conduct, and all related StormontVail Health policies and procedures. The Compliance Officer will be responsible for coordinating the annual review and updating of the Compliance Program, the Code and related policies. The Compliance Officer also will be responsible for reporting to the Board of Directors, the Audit Committee of the Board and the Chief Executive Officer as to the implementation and enforcement of the Compliance Program and providing periodic updates of the Compliance Program.

In addition to these responsibilities, the Compliance Officer is responsible for the overall effectiveness of the program. In executing this responsibility, the Compliance Officer must perform a wide variety of tasks to implement the Compliance Program. Such duties are incorporated by reference.

B. Compliance Committee

StormontVail Health's Board of Directors has established a Compliance Committee responsible for evaluating and taking action upon matters that may be brought to its attention, including obligations to report criminal conduct or violations of StormontVail Health policy. The Committee shall hold regular meetings and shall hold special meetings as may be necessary. The membership of the Committee shall consist, at a minimum, of the Compliance Officer, StormontVail Health's Chief Executive Officer, the Executive Vice President, Sr. Vice President & Chief Medical Officer, Vice President & Chief Financial Officer, Vice President & Clinic Operations Officer, Administrative Director for Revenue Cycle, Administrative Director of Risk Management, Director of Clinic Coding Services, Director of Health Information Management and legal counsel.

C. Dissemination of Information

A critical aspect of a compliance program is the effective communication of the Program, the Code and related policies to every responsible person. The Compliance Officer is responsible for establishing procedures to make every employee familiar with the Program and the Code and to abide by them. These procedures include the following:

- Every newly hired employee will receive a copy of the Program and the Code and other policies relevant to his or her employment. Within 14 days of receiving the Program and the Code and related policies, the new employee must sign an acknowledgment stating that the employee has read and understands the Code and the Program and other relevant policies and agrees to abide by them. Annually, they will be required to complete the Corporate Compliance section on the Health Learning Center.
- Members of the medical staff and vendors will periodically receive a copy and attest that agree to comply.
- The Compliance Officer is responsible for retention of these certifications.

D. Training Programs

The Compliance Officer is responsible for overseeing and implementing ongoing training of employees to comply with the Program, the Code and related policies. Training procedures consist of the following:

- All employees will receive, review and acknowledge their understanding of the Code and relevant related policies upon commencing employment with Stormont-Vail.
- Each department director will be responsible for requiring that employees under his/her supervision receive training in the Program and the Code and relevant, related policies on an annual basis. The Compliance Officer may assist in the preparation and presentation of these training seminars.
- The Compliance Officer is responsible for requiring mechanisms for maintaining documentation of attendance of employees at training sessions.

E. Auditing and Monitoring

The Compliance Officer and members of the Corporate Compliance Committee:

- Perform compliance risk assessments with particular focus on services and activities with governmentally funded services and activities
- Develop and execute work plans to "audit" identified risk area
- Develop action plans to respond to identified weaknesses
- Monitor for implementation of proposed action plans
- Report such activities on an ongoing basis to the Corporate Compliance Committee

Annually, the Compliance Officer will prepare and deliver a report of significant compliance activities to the StormontVail Health Board of Directors.

F. Reporting of Violations

StormontVail Health is committed to the policy that every employee has an obligation to report any violation of the Code, Program or related policies. StormontVail Health also is committed to establishing an environment that

encourages and allows employees to seek and receive prompt guidance before engaging in conduct that may violate the Code or related policies. Employees will not be subject to any reprisal for a good faith report of a suspected violation of the Code, Program or related policy.

To achieve these objectives, the Compliance Officer is responsible for implementation of the following practices and procedures and publicizing them in writing to all employees:

1. An employee should consult his or her immediate supervisor about any questions regarding the Code, Program or related policies. An employee also may consult a manager, director or corporate officer or consult with the Compliance Officer. Any StormontVail Health employee to whom any such question is directed should respond to the inquiry or refer the question to appropriate personnel within StormontVail Health.
2. An employee must report to his or her supervisor any violation of the Code or related policy. An employee also may report a violation to a manager, director or corporate officer or consult with the Compliance Officer. Reports of violations of the Code received from employees shall be forwarded to the Compliance Officer. Employees will not be subject to any reprisal for a good faith report of a suspected violation of the Code, Program or related policies.
3. The Compliance Officer is responsible for periodic review of all reports received of suspected violations of the Code or related policies. To the extent feasible in conducting an investigation, the Compliance Officer shall maintain the confidentiality of the identity of employees who submit reports of violations or suspected violations.
4. The Compliance Officer will establish and publicize a reporting system that permits anonymous reports of violations of the Code or related policies to the Compliance Officer or his designee. The reporting system also shall be available to answer questions regarding the Code or related policies.

G. Discipline for Violations

StormontVail Health will document all reasons for disciplinary actions taken against its personnel for violations of the Program, Code and related policies. The determination of the appropriate corrective action shall be made in accordance with StormontVail Health policy. The following factors may be taken into account:

- The nature of the violation and the ramifications of the violation to StormontVail Health;
- The disciplinary action imposed for similar violations;
- The history of past violations;
- Whether the violation was willful or unintentional;
- Whether the individual was directly or indirectly involved in the violation;
- Whether the violation represented an isolated occurrence or a pattern of conduct;
- If the violation consisted of the failure to supervise another individual who violated the Code or related policies, the extent to which the circumstances reflect lack of diligence;
- If the violation consisted of retaliation against another individual for reporting a violation or cooperating with an investigation, the nature of such retaliation;
- Whether the individual in question reported the violation;
- The degree to which the individual cooperated with the investigation.

Preservation of Documents

StormontVail Health has instituted a comprehensive ***“Record Retention Policy”*** that with which we must comply. Document retention and destruction must take place in accordance with established, written policy. Each director shall monitor compliance with this policy within his or her department.

The Compliance Officer will be responsible for establishing procedures to prevent the intentional or inadvertent destruction of documents that could lead to prosecution for obstruction of justice. StormontVail Health must retain all potentially responsive documents if it has been served with a government subpoena or, if it has reason to believe that there is an impending government investigation, it must retain all documents that may pertain to that investigation.

If StormontVail Health is served with a subpoena or has reason to believe a subpoena may be served, the Compliance Officer is responsible for assuring processes are in place directing employees to retain all documents that may be potentially responsive to the subpoena.

The Corporate Compliance Program has been approved by the Board of Directors.

s/James Schmank
Chair, Board of Directors

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