Code of Conduct

Dedicated to Inspire Wellness, Heal our Patients, and Serve with Compassion in every Interaction

Elliot Health System
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of Code of Conduct</td>
<td>1</td>
</tr>
<tr>
<td>Commitment to Integrity</td>
<td>2</td>
</tr>
<tr>
<td>Mission</td>
<td>3</td>
</tr>
<tr>
<td>Compliance Program</td>
<td>4</td>
</tr>
<tr>
<td>Message from Chief Compliance Officer</td>
<td>5</td>
</tr>
<tr>
<td>Just Culture</td>
<td>6</td>
</tr>
<tr>
<td>Integrity / Quality Care</td>
<td>7</td>
</tr>
<tr>
<td>Patient Rights and Patient Choice / EMTALA / Charity Care and Discounts</td>
<td>8</td>
</tr>
<tr>
<td>Privacy and Security of Patient Information</td>
<td>9-11</td>
</tr>
<tr>
<td>Financial Reporting</td>
<td>12-14</td>
</tr>
<tr>
<td>Discrimination-Free and Harassment-Free Workplace</td>
<td>15</td>
</tr>
<tr>
<td>Acting with Integrity</td>
<td>16-17</td>
</tr>
<tr>
<td>Conflicts of Interest/ Social Media</td>
<td>18</td>
</tr>
<tr>
<td>Reporting a Concern</td>
<td>19</td>
</tr>
<tr>
<td>Compliance Hotline</td>
<td>20</td>
</tr>
<tr>
<td>No Retaliation/External Investigations/ External Reporting</td>
<td>21</td>
</tr>
<tr>
<td>Regulations and Requirements</td>
<td>22-24</td>
</tr>
</tbody>
</table>
Our Code of Conduct (the “Code”) provides guidance to all Elliot Health System (“EHS”) board members, medical staff, employees, volunteers, and contractors regarding our standards, values, and expectations as they apply to our daily endeavor of providing quality care to our patients. Our mission is to inspire wellness, heal our patients, and serve with compassion in every interaction. We are able to achieve this mission by abiding by best practice when it comes to providing care to our patients and promoting a positive and respectful environment. The Code defines appropriate relationships with our patients, employees, volunteers, contractors, and the communities for which we serve. The Code serves to articulate EHS’s strive for excellence through acting with integrity.

As a healthcare organization, EHS must comply with the rules and regulations as it pertains to healthcare services. The Code is a critical component of our overall Compliance Program, which ensures EHS complies with applicable laws and regulations. It is important to cultivate a culture of compliance and transparency which is accomplished by following appropriate ethical and legal standards when carrying out our daily activities. The Code addresses many situations where unethical and illegal behavior may occur, however this is not an inclusive list of all areas where noncompliance may occur. The Code supplies guidance in approaching and addressing potential difficult situations of unethical and illegal behavior as do EHS’s written policies and procedures. If a situation arises where the Code and EHS’ policies and procedures do not offer guidance or you require additional assistance, contact your immediate supervisor, Risk Management, Compliance and/or the Legal Department to ensure all decisions and actions reflect EHS’s standards and mission.

This Code of Conduct will be supplied to all EHS’ board members, medical staff, employees, volunteers, and contractors to ensure the EHS community has a clear understanding of the EHS’s commitment to serve with integrity, expectations of how to act with integrity, and the tools provided by EHS to report any concerns about unethical and illegal behavior.
Elliott Health System’s Commitment to Integrity

EHS is committed to providing high quality patient care through exceeding the expectations of our patients and the communities we serve. To achieve our mission of inspiring wellness, serving with compassion and healing our patients, we are driven to promote ethical values and professional behavior. Our board members, medical staff, employees, volunteers, and contractors are expected to commit to serving with integrity by:

- Complying with this Code
- Abiding by the laws and standards that govern work activities
- Acting ethically and responsibly
- Participating in compliance training and education
- Cooperating with all external and internal audits
- Appropriately reporting any actual or suspected compliance violations

This Code serves as an attestation of your commitment to act with integrity as well as a statement from EHS to the communities for which we serve articulating EHS’s commitment to follow ethical and professional business practices. It is never acceptable for any EHS board member, medical staff, employee, volunteer, or contractor to be asked to act in any manner which would violate the standards of excellence articulated in this Code.
MISSION STATEMENT

EHS’s mission is to
INSPIRE wellness,
HEAL our patients,
SERVE with compassion in every interaction.

Our goal is to exceed the expectations of our patients at the Elliot by creating an exceptional experience one encounter at a time.
EHS’s Compliance Program ("Program") is dedicated to promoting a culture of compliance and transparency through a comprehensive program of upholding and valuing ethical, just, compliant and legal behavior. Compliance, put simply, is doing the right thing. The Program is designed to establish appropriate mechanisms which prevent, detect, and correct any accidental or intentional violations of law, policy, fraud, waste, or abuse. The Program’s goal is to integrate ethical values into our board members, medical staff, employees, volunteers, and contractors daily performance to ensure we achieve our mission of providing high quality and compassionate care to our patients. EHS promotes compliance through standardized systems, procedures, training and education as well as through the establishment of the Compliance and Integrity Committee and Claims and Compliance Committee. Essentially, it is everyone’s responsibility to maintain and promote our environment of integrity and compliance. EHS’s Compliance Department and Chief Compliance and Privacy Officer administer the Program with the mission of promoting ethical behavior and compliance through adherence to the seven core elements of a compliance program:

- Written Standard of Conduct, Policies and Procedures
- Compliance Officer and Compliance Committee
- Education and Training
- Auditing and Monitoring
- Reporting and Investigation
- Enforcement and Discipline
- Response and Prevention

Through the establishment of effective auditing and monitoring programs, coordination of corrective action plans, and training/education, EHS will provide and promote ethical behavior, which will result in better quality of care, financial integrity and overall organizational excellence.
MESSAGE FROM CHIEF COMPLIANCE OFFICER

Dear Elliot Health System:

As caregivers of our community, the people we serve place a tremendous amount of trust in us. This Code of Conduct is an important part of how we serve and represent our values and mission.

The EHS Compliance Program outlines how you can help assure that EHS remains compliant with ethical standards, laws, regulations and rules that govern our business conduct. It highlights the importance of being honest and ethical in every interaction. Further, it details how to report a potential violation, concern or question.

I encourage open communication and want you to feel comfortable reaching out if any issue or concern arises. It is your responsibility to understand, learn and obey these rules of conduct. If you ever feel uncertain about the right thing to do, I encourage you to ask.

Thank you for your continued support of EHS’s values and mission.

Beth Belt, CHRC
EHS Chief Compliance and Privacy Officer
(603) 663-2932

What should I do if the practice/department I work in are in violation of the Code of Conduct?

EHS promotes an open door policy. If you have a concern, you are encouraged to voice your concern to your immediate supervisor/manager. If you are uncomfortable doing so or the situation involves your immediate supervisor/manager, you may proceed to the next level of management or use one of EHS’s reporting tools as discussed further in this Code of Conduct. (Please see “Steps to Report a Concern” and “Compliance Hotline”).

The situation will be investigated and may reveal there is a need for corrections, education/training, or clarification and that other individuals had similar concerns. When necessary, EHS will work with all individuals involved to create a corrective action plan to prevent issues from arising in the future. EHS is committed to promoting ethical, just, and compliant behavior and a work environment which encourages open communication.
Just Culture

EHS recognizes the complexity of healthcare operations, and the potential risks we face daily. Elliot Health System recognizes its duty to keep patients, staff members, and visitors safe, and to do no harm. Employees are responsible for supporting this duty through choices and actions that do not expose themselves or others to unnecessary risk. Through the application of Just Culture principles, EHS strives to be a learning system. We will evaluate situations involving an undesirable outcome in a fair and just manner, helping us to design systems that guide employees to make the right choices, recognizing that human beings may make slips, lapses and mistakes. EHS encourages employees to report situations that have either created an undesirable outcome, or that could create an undesirable outcome. EHS strives to be transparent in sharing what is learned through this analysis, taking the appropriate actions to improve the system design; support or console staff, when errors or lapses occur, or hold them accountable when their behavioral choices are found to be unjust or reckless.
Acting with integrity in Elliot Health System’s workplace

Elliot strives to achieve excellence by:

- Providing the highest quality of care
- Encouraging a respectful and professional work environment
- Engaging in continuous financial transparency
- Ensuring confidentiality of protected health information
- Promoting ethical standards

Acting with integrity in EHS’s workplace means every board member, medical staff, employee, volunteer, and contractor commits to ensuring their daily performance and interactions are consistent with EHS’s objective of achieving excellence in all of these areas.

Quality Care

Dedication to quality is demonstrated in our goals to understand our patients’ expectations, to provide care and services in a timely and reasonable manner, to be responsive to concerns and to maintain patient rights and dignity at all times while under our care. As EHS believes that each patient is an individual entitled to dignity, consideration and respect, EHS complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, or gender identity. Further, EHS does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, or gender identity. Patient discrimination, abuse or neglect is not tolerated at EHS. We promote ethical, innovative, professional and compassionate care within an environment that nurtures our patients’ physical, social, and emotional needs.

At EHS, we define quality as the degree to which health services increase the likelihood of desired outcomes and are consistent with professional knowledge. We believe all health care should be:

- Safe, as to avoid injuries to patients from the care that is intended to help them;
- Timely, to reduce waits and potentially harmful delays for those who receive care;
- Effective, in that we match care to science to provide appropriate care;
- Efficient, by avoiding waste in order to maximize value;
- Equitable, to ensure care does not vary in quality, regardless of patient characteristics; and
- Patient-and family-centered, to honor the individual and respect choice.

We are committed to providing excellent care and service at every patient encounter.
Patient Rights and Patient Choice

EHS respects the rights of patients and their families to participate in healthcare decisions and will inform them of their rights as required by law. Patient rights include the right to make decisions regarding medical care, the right to accept or refuse treatment, and the right to formulate advance directives. In certain instances, a patient’s decision regarding care may conflict with EHS’s policies. These kinds of ethical issues should be reviewed under EHS’s policies and procedures and applicable New Hampshire and federal laws.

Charity Care and Discounts

Financial assistance is available to patients in the form of financial need discounts or charity care and is provided in a manner that addresses the patient’s individual financial circumstances, supports the EHS’s not-for-profit mission, and complies with the application procedures and eligibility criteria as set forth in our Financial Assistance, Billing and Collection Policy.

EMTALA

EHS complies with the Emergency Medical Treatment and Labor Act (EMTALA). We screen and provide stabilizing treatment to everyone who comes to an EHS hospital requesting examination or treatment for an emergency condition. We do not delay medical screening exams or stabilizing care in order to request patient financial information. We transfer emergency patients only when they request a transfer or when we lack the capability or the capacity to provide appropriate treatment, and only after adminstering the appropriate stabilizing care.
Privacy and Security of Patient Information

All EHS board members, medical staff, employees, volunteers and contractors are required to maintain the confidentiality of patient information. All patient information, including names, social security numbers, diagnoses, treatment information, and other information related to patients constitutes protected health information (PHI), regardless of whether the information is verbal, written or electronic.

**Appropriate Electronic Medical Record Access**
To assist in ensuring the confidentiality of patient information, all EHS workforce members are prohibited from accessing their own and family member’s medical records through EHS’s electronic medical record, EPIC, unless there is a legitimate business reason. Inappropriate access will be investigated by the Compliance Department and Human Resources and substantiated violations are subject to EHS’s Progressive Discipline Policy, which could include termination.

**To ensure information security, EHS has implemented safeguards including:**

- Encrypting mobile devices containing PHI
- Requiring passwords for EHS systems
- Limiting access to information to the minimum necessary based on job role
- Prohibiting unauthorized software on EHS devices
- Prohibiting texting PHI

**You should never:**

- Take copies of medical records out of the work place without permission
- Leave PHI unattended and in plain view (including in your vehicle)
- Post PHI on social media without patient or resident authorization

Any unauthorized acquisition, access, use or disclosure of PHI that compromises the security or privacy of the PHI is a breach that must be appropriately addressed.

If you become aware of a breach or potential breach of any PHI, you should immediately report your concern to the Chief Compliance and Privacy Officer and to EHS’s Compliance Hotline. EHS may be subject to fines and penalties for failing to respond promptly and properly to breaches.

**Examples of potential breaches include:**

- Misdirected faxes containing health information
- Lost or misdirected medical records
- Theft of medical records from a vehicle
- Discussing a patient’s medical condition with a person not authorized to receive the information
- Allowing unauthorized people to sit in on interdisciplinary team meetings
- Posting pictures of patients or their information on social media
- Sending emails to people who are not authorized to receive the information, such as by using the “reply all” feature.
Questions to ask to ensure you are protecting patient privacy

- Do I have a need to know this information as part of my job?
- Can I get my job done without reviewing all of the patient’s information?
- Do I understand the policies and procedures that apply to this information?
- Do I avoid sharing this information in public, including other public venues such as social networking sites?
- Do I protect this information from being viewed or seen by others?
- Have I properly disposed of the patient’s information?
- And finally, if I am unsure about accessing information, do I get guidance from my immediate supervisor/manager or the Chief Compliance and Privacy Officer?

Best Practices for Safeguarding Patient Information

- Do not leave patient information visible on computer screens.
- Lock your screen or log off your workstation when away, even if for a minute.
- Do not leave charts or other confidential information open and visible on desks or counters.
- Shred printed documents containing patient data when you are done with them.
- Use the minimum necessary information for payment and operations purposes.
- Avoid patient-related discussions in public areas and on social networking sites.
- Avoid informal or casual discussions of patient situations that are not directly related to care.
- Do not leave voice or phone messages containing sensitive information.
- Avoid inadvertent disclosures by taking special care in situations that are not private.
- Follow secure email and fax policies for transmitting PHI and only send to those with a need to know.
- Double-check fax numbers to ensure a fax is directed to the correct recipient. If a fax is sent in error, immediately contact the recipient and request destruction or return of the fax.
- Do not take patient data off-site, except as necessary and in accordance with EHS policies.
- Never leave patient data, whether stored on an electronic device or on paper unattended.
- Double-check patient names when mailing or providing hardcopy documents to patients.
What do I do if I accidentally send a fax or email containing PHI to the wrong number?

Any instance of misdirected PHI should be acted upon immediately. If a fax or email was sent to an unintended recipient, contact the individual to explain that the information was misdirected. Ask the individual to shred all documents received from the facility or if possible, have the original document returned to EHS. You should notify the Chief Compliance and Privacy Officer and provide him or her with the details of the error (subject matter, date, time, fax number used in error).

When reporting the breach to the Chief Compliance and Privacy Officer or the Compliance Hotline, you should be prepared to provide detailed information about what was contained in the fax or email so that an appropriate review can be completed. To prevent any future occurrences, regularly used fax numbers should be programmed into machines.

Coding and Billing for Patient Care Services

It is the policy of EHS that all claims for reimbursement are accurately prepared and correctly identify services performed by EHS. At no time are billings to be prepared or submitted, or reimbursement received, for services that have not been performed or are not medically necessary. Monies to which there is no legal entitlement may not be legally retained and must be returned. Appropriate DRG, ICD-10, CPT and HCPCS codes, and all charges must clearly reflect the services provided and documented in the medical record. All medical record documentation must support the medical necessity of the service, the billing code, and all charges.
EHS is dedicated to detecting and preventing fraud, financial waste, and abuse. To combat fraud, financial waste, and abuse EHS has enacted policies to ensure compliance with both federal and state laws and regulations. In addition to written policies, EHS believes in being proactive in detecting and preventing potential areas of fraud, financial waste, and abuse. As such, EHS has implemented external and internal auditing and monitoring tools to ensure EHS maintains its high ethical standards and financial integrity. EHS provides annual training and education to medical staff and employees regarding federal and state laws, such as the federal False Claims Act. Ensuring financial integrity further enables EHS to fulfill its mission and ability to provide excellent care to the communities we serve.

Both the federal False Claims Act (“FCA”) 31 USC Sections 3729-3733 and New Hampshire RSA 167:61-a combats fraud, financial waste and abuse and governs the State and Federal governments’ ability to recover funds. These laws provide that any individual and/or entity that knowingly and/or intentionally submits a false claim to the government, causes another entity or individual to submit a false claim to the government, or falsifies a record or statement to receive payment from the government is subject to civil, criminal, and administrative penalties. False claims submitted to federal healthcare programs such as Medicaid and Medicare are prohibited under these laws and could result in a healthcare provider’s prohibition in participating in and receiving reimbursement from these programs. Actions including, but not limited to:

- billing for services not rendered by a healthcare provider;
- a healthcare provider billing for undocumented services;
- falsifying cost reports;
- billing for medically unnecessary services;
- assigning improper codes to secure reimbursement or higher reimbursement;
- participating in kickbacks; and
- retaining and not self-disclosing overpayment for services or item from a federal healthcare program (Reverse False Claims action)

are prohibited under these laws. The state and federal false claims laws permit private citizens to file an action on behalf of the government against an individual and/or entity committing a prohibited action under these laws. Additionally, the FCA and state whistleblower laws, as well as EHS policies, prohibit retaliation against an individual who files a claim and/or reports suspected violations. Suspected violations of the false claim laws should be reported to an immediate supervisor, the Compliance Department or through the Compliance Hotline ((844) 390-9807), or the appropriate government agency.
Abuse generally means healthcare provider practices that are inconsistent with sound fiscal, business, or medical practices, which result in an unnecessary cost to federal programs such as Medicaid and Medicare, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

Fraud generally means an intentional deception or misrepresentation that is made by an individual or entity that knows the deception or misrepresentation could result in an unauthorized benefit to that individual or another individual or entity. The deception or misrepresentation may be either verbal or written.

Waste generally means an overutilization, underutilization or misuse of resources, and typically is not a criminal or intentional act. Examples of waste may include making excessive office visits or accumulating more prescription medications than necessary for the treatment of specific conditions, or a provider ordering excessive tests.
Identity Theft

EHS is committed to identifying, detecting and responding to identity theft in connection with patient accounts as required under Federal and State laws and regulations. To assist in preventing identity theft, EHS’s “Identity Theft Prevention Program” Policy provides guidance to EHS workforce and affiliates on how to identify and respond to suspected identity theft. Any suspected identity theft must be reported to an immediate supervisor, the Compliance Department or through the Compliance Hotline. EHS expects all contracted vendors performing services on behalf of EHS to have the appropriate policies and procedures in place to identify, detect, and respond to identity theft.

Contractors and Vendors

All independent contractors, subcontractors, or vendors conducting business on behalf of EHS are expected to adhere to all applicable federal and state laws and regulations. Entities are expected to establish appropriate safeguards to protect patients protected health information (PHI), including PHI in electronic form. Entities are encouraged to establish their own compliance program and are expected to adhere by EHS’s Code of Conduct, policies and procedures, and patient’s rights and responsibilities. Contractors providing care on EHS’s behalf are required to demonstrate proof of licensure or the appropriate equivalent certification required for their particular field. Contractors are expected to provide documentation that employees do not have a criminal conviction record and that the employees and the entity itself are not prohibited from working within EHS facilities under federal law. Further, all contractors providing care on EHS’s behalf are required to undergo appropriate healthcare screening and provide proof of immunizations.

What should I do if I am unsure whether a contract or personal service agreement is appropriate or legal?

To ensure all contracts or personal service agreements adhere to the appropriate legal requirements, including requirements pursuant to HIPAA, individuals should seek verification of legality from either the Compliance or Legal Department at EHS.
Discrimination-Free and Harassment-Free Workplace

EHS is committed to providing a work environment that encourages productive activity, a just culture, and mutual respect. To accomplish this, EHS operates as an equal opportunity/affirmative action employer and prohibits all forms of discrimination and harassment due to a person’s race, color, religion or creed, national origin, gender, gender identity, sexual orientation, age, physical or mental disability, veteran status, genetic information, citizenship, marital status, familial status, or any other basis protected by federal, state or local law. All board members, medical staff, employees, volunteers and contractors share in the responsibility of preventing discrimination and harassment and should report any witnessed instances of this conduct. Harassment and/or discrimination by any board member, medical staff, employee, volunteer, and contractor will not be tolerated.

What should I do if I experience or witness discrimination or harassment in the workplace?

You are encouraged and expected to report such occurrences through one of the methods EHS has provided to you.

You may report incidents to:

- Your immediate supervisor or manager
- Human Resources
- Compliance Hotline (844) 390-9807 or EHS’s online reporting tool at: elliothealthsystem.ethicspoint.com
Acting with integrity outside of EHS’s workplace

Part of providing quality care to patients involves establishing relationships with the outside community and external entities. As the largest provider of comprehensive healthcare services in Southern New Hampshire, our ability to provide excellent care is reliant on our continuation of building trusting relationships within the communities we serve. This is achieved by continuing to exhibit our professionalism and integrity, as representatives of EHS, in our daily interactions outside of the EHS community.

Gifts, Gratuities and Business Courtesies

It is the policy of EHS to select vendors solely on the basis of appropriate business, medical, and clinical criteria, such as cost effectiveness and quality. EHS will not select, or be influenced to select, vendors on the basis of past, present or future gifts to, or for the benefit of, EHS and/or EHS board members, medical staff, employees, or contractors. Individuals with questions that may arise about situations that do not appear to be covered by the Vendor policy or this Code may seek advice from their immediate supervisor or the Chief Compliance and Privacy Officer.

A vendor I conduct business with offered me tickets to a professional sporting event; can I use them or give them away?

While EHS promotes building positive relationships with vendors, accepting gifts of greater than nominal value or any cash or cash equivalent gift is prohibited, even if we do not plan to use the gift ourselves. The acceptance of gifts greater than nominal value or any cash or cash equivalent gift may create the appearance EHS conducts business operations and contracts with vendors without adhering to appropriate business, medical, and clinical criteria. As such, if you are offered a gift greater than nominal value or a cash or cash equivalent gift, you should politely decline such gift and report the incident to the Compliance Department. If you have any questions regarding a vendor and a potential gift, please contact the Compliance Department.
Kickbacks, Referrals and Bribes

Federal and state laws and regulations govern the relationship between EHS and healthcare providers who may refer patients to EHS. The applicable Federal laws include the Anti-Kickback Statute and the physician self-referral act or Stark Law.

To ensure compliance with these laws, EHS prohibits accepting or offering anything of value in exchange for the direct or indirect referral of patients or residents or business or in return for buying services or supplies.

Some examples of kickbacks and bribes may include, but are not limited to:

- Making payments to or receiving payments from referral sources that exceed fair market value
- Providing to or accepting from referral sources any free or discounted goods or services
- Establishing payment arrangements with vendors, suppliers or referral sources where reimbursement is based on the amount of volume of business rather than the value of the services provided
- Making payments or providing courtesies in exchange for referrals

Any arrangement between EHS and a referring healthcare provider must be structured to ensure compliance with legal requirements and EHS policies and procedures. Most arrangements must be in writing and approved by EHS’s Legal/Compliance Departments.
Conflicts of Interest

A conflict of interest exists if you have an outside activity or personal interest that interferes, or appears to interfere, with your responsibilities at work or may affect your judgment when working on behalf of EHS. EHS’s board members, medical staff, employees and contractors have a responsibility to put the interests of EHS and our patients ahead of any other business interests.

Some situations that may give rise to a conflict of interest include, but are not limited to:

- An EHS employee accepts outside employment from or contracts with an organization that does business with EHS or is a competitor of EHS. While certain employees, such as nurses, are not prohibited from working shifts at another facility, this additional work must be disclosed to supervisors and should not interfere with the employee’s work commitment to EHS or interfere with the employee’s job performance at EHS.

- An EHS employee or an immediate family member has a material financial interest in a firm that does business with EHS or is a competitor of the organization where the financial interest may affect the employee’s decisions or actions.

Potential conflicts of interest must be disclosed to supervisors upon hire or as they occur. All reported conflicts must be reviewed by Compliance/Legal Department. A conflict of interest includes any additional employment you have accepted while working for EHS. Directors, Senior Leadership, and EHS and affiliates Board of Directors must disclose any potential conflicts of interest to EHS’s Board of Directors. Potential conflicts of interest that are not approved or managed by Compliance/Legal Department, may subject the individual to appropriate action, up to and including termination of employment, taking into account appropriate and relevant facts. When in doubt, it is best to disclose.

Social Media

While the internet and social media have created an environment that promotes interactive discussions and increased avenues to share information, there lies potential pitfalls, which could affect EHS’s goal of providing quality care and treatment with integrity. Language posted in Social Media can affect patients, vendors, and the community’s perception of EHS’s delivery of care, treatment, and reputation. EHS is committed to ensuring the use of such Social Media communications upholds our ethical values and dedication of promoting a positive and respectful work environment and providing excellent care to our patients and surrounding communities. In addition board members, medical staff, employees, volunteers, and contractors’ usage of Social Media sites poses a risk to the organization’s duty to maintain confidential information. To avoid legal risks, the loss of productivity, and distraction from job performance, EHS has established Policies and Procedures addressing the appropriate usage of EHS electronic devises and technology. These Policies and Procedures are located on EHS’s intranet site, IKE. As protecting patients confidential and privileged medical information is essential to EHS fulfilling its mission, all board members, medical staff, employees, volunteers, and contractors are expected to have working knowledge of and adhere to these Policies and Procedures.
What should I do if I have a question or concern?

EHS promotes an environment of open communication. We all have a responsibility of reporting any concerns or potential violations of law, this Code, or our written Policies and Procedures and it is not acceptable to overlook any potential violations. Through open communication and reporting we are able to continue to provide quality care to our patients and strive to provide excellence with every patient encounter.

Steps to Report a Question or Concern

Reporting your concerns is an important part of the effectiveness of EHS’s Compliance Program. You are required to report any activities that could be harmful to a patient, family member or staff, that are illegal or unethical, or that violate this Code, or any EHS policies. You must also report suspected violations of any federal or state healthcare program requirements. It is not acceptable to overlook actual or potential wrongdoing. Concerns should be pursued until addressed appropriately. This means if you make a report to someone that is not addressed, you must keep reporting upward until you are confident the concern is being addressed.

How to Report a Concern:

Concerns, complaints and potential violations of regulations and law, this Code or other EHS policies may be reported to the Compliance Department in various ways:

- By mail, sent to: Compliance Department
  Elliot Health System
  4 Elliot Way, Suite 303
  Manchester, NH 03103

- By emailing: compliance@elliot-hs.org
- By reporting online: elliothealthsystem.ethicspoint.com
- By calling: the Compliance Hotline at (844) 390-9807
- By reporting the concern directly to the Chief Compliance and Privacy Officer at 603-663-2932.

Your Obligation to Cooperate. All board members, medical staff, employees, volunteers and contractors are required to cooperate with internal investigations. EHS prohibits destroying or altering any documents (whether written or electronic) associated with an investigation. EHS prohibits lying to or misleading an investigator or obstructing an investigation by hindering collection of evidence.
Compliance Hotline

A part of fulfilling our mission to our patients involves creating open channels of communication and a positive work environment. EHS encourages its employees to notify their immediate supervisor of potential illegal or unethical practices and/or behavior, violations of this Code or any EHS policies. If an employee is uncomfortable, or it is inappropriate to notify an immediate supervisor, to ensure open communication continues, EHS has an anonymous Compliance Hotline (844-390-9807) and online reporting system (elliothealthsystem.ethicspoint.com).

To ensure anonymity, EHS’s Compliance Hotline and online reporting website is managed by EthicsPoint, an independent third party vendor. The Compliance Hotline is available 24 hours a day, 365 days a year. Regardless of how you report a concern, you may request to remain anonymous if you wish. If you choose to report a concern using the online reporting website, you may do so from any computer which has internet access. To the extent possible, EHS will maintain the confidentiality and anonymity of your reported concern.

All concerns reported to the Compliance Hotline are taken seriously and will be addressed to the fullest extent necessary.

What can I expect to happen after filing a report with the Compliance Hotline or online reporting tool?

When you file a report you will receive a unique user name and will be asked to set-up a password. You can return to the EthicsPoint system either by internet or telephone to access your original report to either provide more details or answer questions posed by a representative from EHS. EthicsPoint will make your report available only to specific individuals within the organization who are charged with evaluating the report. An investigation will be conducted and based on the findings of the investigation you may see changes, corrections or education taking place within the facility as a result of the report.
NO Retaliation

Reporting concerns regarding compliance or business ethics is important to the success of EHS’s Compliance Program and ability to provide quality patient care. Retaliation, retribution, intimidation or harassment of anyone who makes a good faith report regarding unethical or illegal behavior, or a possible violation of this Code or our written policies and procedures will not be tolerated. Any supervisor, manager or employee who conducts or condones retribution, retaliation or harassment in any way will be subject to disciplinary action up to and including termination of employment. If you experience retaliation, you should report it immediately to a supervisor, the Compliance Department or you may file an anonymous report using the Compliance Hotline or online reporting tool so the incident may be investigated and appropriately addressed.

External Investigations

EHS’s policy is to comply with all reasonable and lawful requests for information and documents made by government officials. While EHS will comply with these requests, the law does not require disclosure of certain information, which may include, but is not limited to:

- Certain patient information that may be protected by medical record privacy laws;
- Certain quality assurance information compiled by EHS facilities in accordance with federal and state requirements; and
- Certain information collected as part of EHS’s peer review process to review and evaluate the credentials of healthcare providers furnishing services in EHS facilities.

You must notify the Compliance Department immediately if a government agency or other third party is asking you for information regarding a suspected violation of law or if you learn that an agency is conducting an investigation of EHS.

External Reporting

EHS is committed to providing quality care and upholding ethical standards. In additional to EHS’s implementation of internal tools for reporting suspected illegal behavior or violations of applicable laws, regulations and internal policies, any individual who has concerns regarding the safety and quality of care may report these concerns to the appropriate federal or state agencies.

Furthermore, state law requires healthcare providers to report certain violations of law such as child abuse/neglect and the abuse/neglect of incapacitated adults. As mandatory reporters, healthcare providers have a duty to report suspected incidences of abuse and neglect to the appropriate state agencies. To assist with the mandatory reporting laws, EHS has enacted policies to guide individuals as to the appropriate reporting agencies, which may be found on EHS’s intranet, IKE.
Resources available to assist with integrity

As an organization which is federally reimbursed for healthcare services, EHS is subject to numerous federal and state rules and regulations establishing requirements to assist with combating fraud, waste, and abuse. EHS is committed to following the appropriate health, safety, environmental and employment laws and has enacted policies to uphold and comply with these laws. EHS has a comprehensive collection of resources that address applicable federal and state laws. If an individual has any questions regarding a particular rule or regulation these can be directed to either the Compliance or Legal Departments.

Regulations and Requirements

Health, Safety, and Environment Laws

EHS is committed to ensuring the health and safety of our employees and patients by:

- Standardizing the handling and disposal of infectious material such as syringes.
- Establishing procedures regarding the use of medical equipment and following reporting requirements.
- Following proper guidance applicable to the usage of protective equipment to prevent the spread of infectious diseases.
- Regulating the storage, security, handling and disposal of hazardous materials.

Workplace Conduct, Equal Employment Opportunity and Discrimination

EHS is: an equal opportunity/affirmative action employer.

- We provide equal opportunities for all our employees and applicants for employment without regard to the individual's race, color, religion or creed, national origin, gender, gender identity, sexual orientation, age, physical or mental disability, veteran status, genetic information, citizenship, marital status, familial status, or any other basis protected by federal, state or local law.
- We prohibit harassment and discrimination.
Securities Trading

Federal securities laws generally prohibit individuals from purchasing or selling securities if the individual possesses material, non-public information about a company. In addition to securities laws prohibiting the purchasing or selling of securities, an individual is prohibited from communicating material, non-public information about a company.

As a general rule, any EHS board members, medical staff, employees and their immediate families, household members and associates, should not buy or sell or offer to buy or sell securities of any vendor EHS has or is contemplating to have a material relationship with if such individual is privy to material information the rest of the investing general public does not know. Material information is defined as information a reasonable investor would consider important when making a decision to sell, buy or hold securities. Examples of material information include, but are not limited to, information regarding financial issues, future earnings, significant acquisitions or dispositions, material litigation, or changes in management.

Material information in possession of EHS board members, medical staff, or employees may not be related to the individual's relatives, friends or contractors unless the communication of such information is necessary for that individual to perform their job function. Questions regarding the purchasing or selling of vendor securities may be directed to the Legal Department.

Antitrust Laws and Anti-Kickback Statute

Anti-kickback and antitrust laws are established to promote free and open competition in the marketplace. EHS board members, medical staff, and employees are prohibited from participating in any discussions, understandings, agreements, and plans, whether informal or formal, with any competitor or potential competitor which could restrict competition. Examples of actions which could violate antitrust laws include, but are not limited to, discussing prices with competitors, or refusing to deal with certain customers to other competitors.

To ensure compliance with the anti-kickback statute, EHS is dedicated to ensuring all referrals for healthcare services are based on medical necessity and not based on financial or other forms of incentives to referring individuals and/or groups.

Government Requests for Information

EHS’s policy is to comply with all reasonable and lawful requests for information and documents from federal, state and local government agencies. While it is EHS’s policy to comply with valid requests, federal law does not require the disclosure of certain information such as:

- Patient information protected by HIPAA and state privacy laws.
- Documentation and information related to quality assurance.
- Certain information collected as part of EHS’s peer review process of healthcare providers.

All questions regarding the release of information and/or documentation should be directed to the Compliance and Legal Departments for additional guidance.
Policies and Procedures

EHS's policies and procedures, in addition to this Code, provide guidance to EHS board members, medical staff, employees, volunteers, and contractors regarding job performance responsibilities as well as the appropriate ethical and legal behavior expected among employees. Policies and procedures applicable to specific departments and practices may be kept in hardcopy at those locations. All policies and procedures may be located at EHS's intranet site, IKE. If any questions arise regarding a specific policy and procedure or whether a policy or procedure exists, best practice is to speak with your immediate supervisor.

Training and Education

EHS recognizes continuing training and education are necessary elements to ensure our providers are able to administer quality care to patients, our organization continues to implement accurate billing practices, and we maintain ethical and legal business operations. EHS has established new hire/orientation training programs to ensure new employees, medical staff and providers receive appropriate training regarding compliance and privacy as well as the fundamentals of EHS (i.e. mission, ethical standards, etc.). EHS requires all members to undergo annual training as well as department/practice specific training, which covers the department/practice's policies and procedures, environment of care plan, disaster plan, hazardous communication program, and performance expectations and other important aspects of the department/practice.
INSPIRE wellness,
HEAL our patients,
SERVE with compassion in every interaction.