

FAIRVIEW HEALTH SERVICES CODE OF CONDUCT

Approved by Fairview Board of Directors 12/05/2019; Audit and Compliance Committee of the Board of Directors 12/02/2020 and Fairview Board of Directors 12/03/2020; Audit and Compliance Committee of the Board of Directors 05/05/2021 and Fairview Board of Directors 05/06/2021

RAISE A CONCERN

If you have questions or concerns about a compliance issue, your leader will be in the best position to resolve an integrity or compliance concern quickly. However, if you don't feel comfortable reporting the incident to your leader, or your leader is unavailable, there are other resources:

- Compliance Officer at 612-672-6996.
- Compliance Hotline; the hotline is available 24/7 and is toll-free. If you request, your report will remain anonymous 800-530-4694 or 612-672-2300 or online at <http://fairviewhealth.ethicspoint.com>.

TABLE OF CONTENTS

▪ Leadership Message	3
▪ Overview	4
▪ Workforce Member Reporting Obligations	6
▪ Maintaining a Healthy Workplace	8
▪ Patient Rights	11
▪ Protecting Confidential Information	12
▪ Integrity in Business Conduct	13
▪ <i>Conflicts of Interest</i>	
▪ <i>Gifts, Meals, and Entertainment</i>	
▪ <i>Gifts from Patients</i>	
▪ <i>Use of Company Assets</i>	
▪ <i>Keeping Accurate Records</i>	
▪ <i>Coding and Billing for Patient Care Services</i>	
▪ <i>Integrity in Billing and Financial Matters</i>	
▪ <i>Fraud, Waste, and Abuse</i>	
▪ <i>Government Investigations</i>	
▪ <i>Political Activity</i>	
▪ <i>Tax Exempt Status</i>	
▪ <i>Competing Fairly and Legally</i>	
▪ <i>Anti-Kickback Laws</i>	
▪ <i>Physician Self-Referral Law</i>	
▪ <i>Antitrust Laws</i>	
▪ <i>Intellectual Property</i>	
▪ <i>Controlled Substances</i>	
▪ <i>Exclusion List Monitoring</i>	
▪ <i>Social Media</i>	
▪ <i>Contact with the Media</i>	

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LEADERSHIP MESSAGE

Colleagues:

Throughout our health system, our people set us apart. You, like thousands of your fellow employees and providers, joined a profession rooted in service, compassion, healing, and discovery. Healthcare attracts a special type of person, and we are honored to stand and work beside you every day.

As we work to deliver excellence in care and experience to our customers, and to sustain a healthy, engaged workplace, the following Code of Conduct helps guides us.

The Code of Conduct helps ensure our daily work to deliver breakthrough care and drive a healthier future is grounded in ethics. It establishes standards for honesty and integrity. It articulates the expectations for and responsibilities of our workforce. It shows us how we can — and must — act to live out our values.

We all have the responsibility to be familiar with the Code of Conduct. Please take time to understand what is expected of you. We must be diligent in ensuring we conduct ourselves in an ethical manner; your adherence to our Code of Conduct is foundational to our system's success.

If you have a concern, we urge you to report it immediately to your leader or through the appropriate channels. Thank you for your commitment to our workplace and to those we serve.

Sincerely,

James Hereford
Fairview President and CEO

Jakub Tolar, MD, PhD
University of Minnesota Medical School Dean

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OVERVIEW

SCOPE

The Compliance Program and this Code of Conduct for Fairview Health Services (including Ebenezer, Grand Itasca Clinic & Hospital, and Fairview Range Medical Center) and PreferredOne apply to the following workforce members:

- Fairview Health Services, PreferredOne, and affiliated Boards of Directors
- Physicians (including residents and fellows) and allied health professionals
- Employees
- Contractors
- Temporary employees
- Students and trainees
- Vendors and suppliers
- Volunteers

Fairview Health Services Corporate Compliance has oversight responsibility of Fairview Physician Associates Network within the Direct Contracting program.

ETHICS AND INTEGRITY STATEMENT

Ethical conduct drives everything we do. Our reputation depends on each of us doing the right thing. All of your actions should be consistent with the law, our policies, and our values.

Each of you has the responsibility to know what is expected of you under the Code of Conduct, policies, and applicable laws. You are also required to ask questions or raise concerns if you experience or are aware of a situation that might have negative implications for the organization. Talk to your leader or the Compliance Officer, or use the Compliance Hotline, our anonymous and confidential compliance and reporting system, to report concerns.

We are all accountable to our patients, our employer, and each other to maintain high standards of ethics and integrity. This means operating honestly and candidly, supporting colleagues who ask questions or raise concerns in good faith, and promptly reporting instances of noncompliance with the law, our policies, or the Code of Conduct.

VALUES

Our mission, vision, and values are aligned to ensure that we provide quality clinical care through excellence in research, education, and the discovery of medical breakthroughs. Our collaborative culture is respectful and benefits our patients, workforce members, and the communities we serve.

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- **DIGNITY** — We value the uniqueness of each person and work to ensure everyone's right to privacy. We respect the cultures, values, beliefs, and traditions of others and honor their talents and contributions.
- **INTEGRITY** — We say what we mean and do what we say. We communicate openly and honestly and behave ethically. We demand the best of ourselves and accept shared accountability for our actions.
- **SERVICE** — We work to make a difference in people's lives and in our communities. We strive for excellence by anticipating, meeting, and exceeding expectations. We continually improve our programs and skills through learning and innovation. We responsibly manage our resources.
- **COMPASSION** — We recognize and respond to the emotional, spiritual, and physical needs of all the people we serve. We create a caring environment, conducive to healing, growth, and well-being for all.
- **INNOVATION** — We support clinical research that leads to tomorrow's cures. We advance new business models that will change healthcare. From the bedside to the call center, we are committed to continual improvement. Innovation is part of who we are.

Everyone is responsible for upholding the mission, vision, values, and Code of Conduct.

LEADERSHIP RESPONSIBILITIES

We expect leaders to:

- Create a culture of integrity where workforce members understand their responsibilities and feel comfortable raising concerns without fear of retaliation.
- Identify business and compliance risks within your area and develop policies and practices to manage and monitor those risks.
- Educate staff regarding laws and regulations that impact their job functions.
- Commit adequate resources to ensuring compliance within your area.
- Take prompt corrective action to address identified compliance weaknesses, involving the Compliance Officer or legal counsel as necessary.
- Take prompt and appropriate disciplinary action when justified.
- Consult with the Compliance Officer and legal counsel to ensure that disclosures to regulators and law enforcement are accurate and appropriate.

WORKFORCE MEMBER RESPONSIBILITIES

We expect workforce members to:

- Read and follow this Code of Conduct and related policies and procedures.
- Understand the legal requirements and policies that apply to your job.
- Speak up and ask questions if you are unsure what to do.
- Cooperate with internal investigations related to compliance concerns.
- Complete annual required training and additional training as assigned by your role.
- Promptly report concerns about potential violations.

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WORKFORCE MEMBER REPORTING OBLIGATIONS

WHAT HAPPENS WHEN I MAKE A REPORT?

We will investigate your report and take appropriate action. You may be asked for additional information. Your report will be handled as confidentially as possible, consistent with our need to conduct an effective investigation. Although privacy considerations may not allow the sharing of what action was taken, you will hear that your concern was addressed.

WORKFORCE MEMBER REPORTING OBLIGATIONS

We all have direct, personal responsibility for following our Code of Conduct and seeking help or clarification as needed to avoid unethical or illegal business conduct. We also have a duty to internally report any activity that we, in good faith, believe is or may be a violation of our Code of Conduct, policies, or any of the laws regulating our business.

Reporting known, suspected, or planned violations is required, supported, and protected behavior.

- **REQUIRED** — You are required to report known, suspected, or planned violations. If you fail to do so in a situation where you were aware of the improper conduct, you may be disciplined.
- **SUPPORTED** — Management will support you when you act in good faith to raise concerns or report improper behavior.
- **PROTECTED** — We will not retaliate against anyone who raises a concern, reports a violation in good faith, or participates in an investigation.

WORKFORCE MEMBERS HAVE THE OBLIGATION TO REPORT:

- **VIOLATIONS OF LAW** — Workforce members are expected to have a basic understanding of the laws, Joint Commission requirements, and policies that apply to their work. For example, all workforce members should have a basic understanding of the requirements of the Health Insurance Portability and Accountability Act (HIPAA) which governs the privacy and security of protected health information (PHI). In addition, workforce members should understand the laws regarding accurate records, kickbacks, fraud and abuse, and referrals that are described in the Code of Conduct. Workforce members who work in hospitals or hospital-based clinics should have an understanding of the requirements of the Joint Commission applicable to their work. And, workforce members who work with billing and coding should be familiar with the applicable regulations published by the Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) and payer contract requirements that apply to their work.

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- **VIOLATIONS OF THE CODE OF CONDUCT** — Workforce members receive regular reminders of the Code of Conduct. The Code of Conduct is always available on the Intranet. Leaders should refer to the Code of Conduct as a reference when resolving issues that arise at work.
- **VIOLATIONS OF POLICY** — All workforce members should be familiar with organizational policies applicable to their job, which are available through the Intranet.

HOW TO RAISE A CONCERN

There are several ways for you to raise concerns or questions about compliance issues. Generally, your leader will be in the best position to resolve an integrity or compliance concern quickly. However, if you don't feel comfortable reporting the incident to your leader, or your leader is unavailable, there are other resources:

- The Compliance Officer.
- The Compliance Hotline; the hotline is available 24/7 and is toll-free. If you request, your report will remain anonymous.
- The Compliance Office.
- The Joint Commission (TJC) - Options for reporting below:
 - Online: www.jointcommission.org via the "Report a Safety Event" tab.
 - Mail: Provide a brief summary of your safety concern and the complete name and address for the location where care was received.
Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Use the method that is most comfortable for you.

NON-RETALIATION

We all have a responsibility to maintain an environment in which we can speak candidly about our concerns and report suspected non-compliance internally or externally to a regulatory organization (i.e., TJC). We will not retaliate for good faith reporting of possible misconduct. "Good faith" means telling the truth when reporting facts or violations. Leaders are committed to promoting a non-retaliatory workplace.

MAINTAINING A HEALTHY WORKPLACE

RESPECTFUL WORKPLACE

We are committed to a respectful workplace. Treating one another with respect will help to make us a leader in customer experience and outcomes. A fundamental aspect of a respectful work environment is one in which workforce members treat one another as they would like to be treated.

Workforce members are expected to exhibit the following behaviors at work:

- Listen to and treat others in a respectful, professional, and non-judgmental manner.
- Be accountable for your own behavior.
- Be calm and objective even when you encounter conflict.
- Be sensitive to others' concerns and interests.
- Avoid making assumptions, blaming, or gossiping.
- Be open to learning and experiencing cultural differences and traditions.

If you have concerns about another person's conduct, where appropriate, you should attempt to resolve the issue directly with that person. In addition, you should examine your own behavior and actions in a situation to see how you may be contributing to the situation. Where you would like assistance in resolving the issue, you may raise the concern with your leader, another member of leadership, or Human Resources.

Unprofessional behavior and acts of violence will not be tolerated. Resources are provided to ensure a safe work environment and to support individuals who have experienced unprofessional and/or violent behavior. Each of us is responsible for how we treat one another and for our role in fulfilling our mission, achieving our vision, and living our values.

WHAT IS A LEGALLY-PROTECTED CHARACTERISTIC?

Protected characteristics are:

- Race
- Color
- Religion
- Creed
- Sex
- National origin
- Age
- Disability
- Sexual orientation
- Gender identity
- Genetic information
- Marital status

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- Familial status
- Status with respect to public assistance, or any other classification protected by law

Federal, state, and local laws protect individuals from discrimination or harassment based on these characteristics.

HARASSMENT-FREE WORKPLACE

Harassment and other types of unlawful conduct will not be tolerated. Harassment includes any behavior or conduct that is based on a legally protected characteristic and that substantially interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. Prohibited sexual harassment also includes conduct or communications of a sexual nature when submission to that conduct or communication is made a term or condition of employment or is used as a factor in employment decisions.

Workforce members are encouraged to take steps to stop or report harassment. The following steps should be taken:

1. If you feel comfortable, ask the individual to stop the offensive behavior.
2. In all cases, report the behavior to your leader, their leader, or another leader, Human Resources, or the Compliance Hotline.

Your report will be investigated as confidentially as possible, consistent with our need to conduct an effective investigation and take appropriate action. When improper behavior is found to have occurred, we will take prompt and appropriate corrective action to ensure that it stops.

DISCRIMINATION-FREE WORKPLACE

We do not discriminate against any employee or applicant on the basis of any legally protected characteristic. We make reasonable accommodations for qualified individuals with disabilities.

SAFE AND HEALTHY WORKPLACE

We seek to ensure a safe and healthy workplace for all workforce members. In order to further this goal, we have developed programs and committed resources to ensure safety on the job, including:

- A Workplace Accident and Injury Reduction Program
- Employee Right to Know Program
- Safety Committees

Consistent with our commitment to a healthy work environment, we do not permit smoking in or close to any work location.

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DRUG- AND ALCOHOL-FREE WORKPLACE

In addition, the unlawful use, sale, purchase, manufacture, distribution, or possession of alcohol or illegal or unauthorized drugs (including medication for a purpose or by a person for which it was not prescribed or intended) in the workplace or while working is prohibited. If there is reasonable suspicion that an employee is under the influence, violated our policies on drugs and alcohol in the workplace, sustained or caused a workplace injury, or caused or operated equipment involved in a work-related accident, the employee may be required to undergo a drug and/or alcohol test.

Workforce members are strongly encouraged to seek assistance for issues related to substance abuse. We provide an Employee Assistance Program (EAP) and leaves of absence for workforce members who seek assistance.

VIOLENCE-FREE WORKPLACE

We maintain a zero-tolerance standard for violence in the workplace. Violent behavior of any kind, including implied or direct threats of violence, is prohibited at owned, managed, or leased properties and at organizational sponsored events and work-related functions. In addition, weapons are not permitted at any Fairview Health Services location.

DIVERSITY AND INCLUSION

We encourage and support an inclusive workplace that promotes and values diversity. We are committed to ensuring that our workplace reflects the communities and patients we serve. Our commitment to equity and inclusion includes education, special programs, equity teams, and Human Resources support to:

- Understand diversity.
- Provide culturally competent care.
- Support individuals with language barriers or disabilities.
- Recruit a diverse workforce.
- Lead/manage a diverse organization or team.
- Respectfully commemorate significant cultural, spiritual, and personal events.

PATIENT RIGHTS

PATIENT RIGHTS

We believe that all patients have specific rights which must be respected at all times. Workforce members are responsible for upholding these rights, including, but not limited to, the right for patients to receive quality healthcare in a safe, respectful, and compassionate manner, the right to participate in their plans of care, the right to be involved in the decisions made regarding their medical treatment, the right to receive information necessary to enable them to give informed consent prior to any non-emergent procedure or treatment, the right to be free of maltreatment and to file a grievance should they feel their rights were violated, and the right to make decisions regarding advanced directives. We treat anyone making decisions for the patient when the patient cannot make decisions for themselves with the same respect and dignity as the patient.

We provide a written copy of the patients' rights when a patient is admitted to the hospital. We make sure the statement is appropriate for the patient's age and language. We also post the statement of patients' rights in public areas of our hospitals and care settings.

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)

We comply with the Emergency Medical Treatment and Active Labor Act (EMTALA). If any individual comes to the emergency department of a system hospital for examination or treatment of a medical condition, then the facility must provide the individual with an appropriate medical screening examination to determine if an emergency medical condition exists, and if one does, it must stabilize the emergency medical condition within its capabilities. We do not delay medical screening exams or stabilizing care in order to request patient financial information, citizenship, or legal status in the United States. 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 administering the appropriate stabilizing care.

RESEARCH AND SCIENTIFIC DISCOVERY

As part of our mission, we conduct research to advance the care of our patients and align with our value of innovation. It is essential we conduct research with scientific integrity, and adherence to applicable state and federal regulations, particularly regulations relating to the protection of rights for human and animal research participants and accurate reporting and appropriate expenditure of grant funds. All research conducted at our facilities must follow applicable policies and procedures and requires the approval of the Institutional Review Board (IRB).

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PROTECTING CONFIDENTIAL INFORMATION

PATIENT INFORMATION

The privacy and security of patient information is essential to patient-centered care. We require that all workforce members understand their obligation and maintain their commitment to patient confidentiality each and every day.

All patient medical information is protected from inappropriate access, use, or disclosure. Workforce members are expected to be familiar with the physical, administrative, and technical safeguards which are in place to ensure confidentiality.

- **PHYSICAL SAFEGUARDS** include ensuring that all medical information is kept in secure locations and shredded at the time it is no longer needed.
- **ADMINISTRATIVE SAFEGUARDS** include training and policies that have been put in place to ensure confidentiality.
- **TECHNICAL SAFEGUARDS** include requiring passwords to access the Electronic Medical Record and ensuring that computer screens have time out options so that no one can view or access another's computer.

Strong federal and state laws, such as the Health Insurance Portability and Accountability Act (HIPAA) and Minnesota Health Records Act, govern the privacy of our patients and their health information. These laws apply to all workforce members. There are serious legal consequences for violation of these laws which may include large fines and imprisonment. Protecting patient confidentiality is crucial to treating patients with respect and earning their trust. We are committed to complying with these laws and to assisting patients with exercising their privacy rights.

BUSINESS INFORMATION

Confidential information related to our businesses must also be protected from inappropriate use or disclosure. While such information may be used as necessary to perform your job, it must not be shared internally with those who do not need to know about the information to perform their jobs or with others outside the organization. Remember, although M Physicians, the University of Minnesota, Fairview Health Services, and PreferredOne are partners, we are separate entities and have our own policies to protect confidential and proprietary business information.

The obligation to maintain confidentiality remains in effect even after termination of employment.

In an era when information is digitally passed seamlessly, rapidly, and continually through multiple media, privacy is more of a concern and challenge to us than ever before. We have developed policies that apply to the use of our technical and electronic resources and devices. Anyone who uses our technical and electronic resources is responsible for complying with security and confidentiality policies.

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INTEGRITY IN BUSINESS CONDUCT

CONFLICTS OF INTEREST

A conflict of interest arises when personal, social, financial, or political activities, or business relationships, interfere with an employee or workforce member's objectivity and loyalty to the organization. Our patients and community expect us to make decisions that are not biased by personal interests. Therefore, actual or perceived conflicts of interest compromise our ability to provide patient care, transact business, or make purchasing decisions. They may also pose a risk to our operations and reputation.

Workforce members and others who work on behalf of or represent the organization must avoid situations in which their interests or relationships could conflict, or reasonably appear to conflict, with the interests of the organization. Workforce members owe a duty to conduct business activities for the organization's benefit and not for personal gain.

Conflicts of interest, including potential conflicts of interest involving you or a family member, must be reported to your leader or the Compliance Officer. It is possible that the risk posed by a conflict of interest may be avoided or mitigated if it is disclosed and managed. You will be informed regarding whether your situation constitutes a conflict and, where applicable, the appropriate steps to take to avoid the conflict.

GIFTS, MEALS, AND ENTERTAINMENT

In order to ensure objectivity in our business decisions and relationships, there are significant limitations regarding the acceptance of personal gifts and entertainment from vendors or suppliers. Solicitation of any monetary or non-monetary gifts, gratuities, or favors from suppliers, contractors, payers, or any type of vendor is strictly prohibited. Accepting cash, cash equivalents, or gift cards offered to us or members of our family by vendors as a gift or gratuity is also prohibited.

If you have any questions about whether it is appropriate to accept a gift or offer of entertainment, ask your leader or the Compliance Office.

GIFTS FROM PATIENTS

Patients who desire to make a financial gift should be referred to the Foundation. There are ethical limitations regarding the acceptance of personal gifts from patients or their family members. However, gifts may be accepted in certain limited circumstances. Where a patient offers perishable gifts of nominal value, they may be accepted if they are shared with others in the department. In addition, a personal gift (such as a necktie) may be accepted if it would be awkward or embarrassing to the patient if it were returned to them and is of nominal value.

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USE OF COMPANY ASSETS

Organizational assets should be used for business purposes of the organization and only by authorized workforce members. Company assets include much more than equipment, inventory, facilities, systems, corporate funds, or office supplies. Assets are also concepts, business strategies and plans, financial data, and other information about our business.

KEEPING ACCURATE RECORDS

Our organization depends on its workforce members to create and maintain accurate and timely records. Workforce members must maintain accurate and timely records that are important for patient care or billing. Workforce members must not create or participate in the creation of any records that are intended to mislead or to conceal anything that is improper. Examples of inaccurate reporting include:

- Changing a medical record.
- Making records appear as though payments were made to one person when, in fact, they were made to another individual.
- Payment for purposes other than that described in the documents supporting the transaction.
- Submitting expense accounts that do not accurately reflect the true nature of an expense.
- Misrepresenting time worked on employee time records.
- Creating any other records that do not accurately reflect the true nature of a transaction or service provided.

“Slush funds” or similar off-book accounts for which there is no accounting for receipts or expenditures on corporate books are strictly prohibited.

Records must be retained for the period of time set by the Record Retention Schedule and destroyed according to the schedule, unless a “record hold” has been placed by the Compliance Officer or legal counsel. Typically, these holds are initiated due to pending litigation or a government investigation.

CODING AND BILLING FOR PATIENT CARE SERVICES

We are committed to timely, complete, and accurate coding and billing in compliance with applicable federal and state laws and regulations and private payor requirements. Coding is the identification and classification of health information, such as diagnoses and procedures, based on the care provided and documented in the patient’s medical record. These codes are used in the billing process to identify charges for services we have provided.

We bill only for services that have been provided, documented, and ordered by a physician or other appropriately licensed individual and are considered medically necessary. Billing codes accurately represent the services that we provide and are supported in the medical record according to regulatory requirements.

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We are committed to implementing controls to prevent unbundling, upcoding, duplicate billing for the same service, billing for resident services without documented teaching physician presence and other government-published billing errors. In addition, we make every effort to ensure that workforce members who perform billing or coding services have the necessary skills, quality assurance processes, and appropriate procedures to ensure that billings are accurate and complete.

The Federal False Claims Act and state fraud and abuse prevention laws prohibit, among other things, billing for services not rendered, 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 an overpayment for services or items. Other laws governing Medicaid program integrity also look for ways to reduce fraud and abuse. A violation of these laws may result in civil, criminal, and/or administrative penalties, including monetary penalties, imprisonment, exclusion from participation in Medicare and Medicaid, and a loss of licensure status. It is critical to our success that the organization bill federal and private healthcare plans accurately, honestly, with integrity, and in compliance with the requirements. We are committed to preventing, detecting, and correcting fraud, waste, and abuse. Our policies and various federal and state laws prohibit fraudulent claims activity.

INTEGRITY IN BILLING AND FINANCIAL MATTERS

It is illegal to submit claims for payment to any payor that we know or should know are false or fraudulent. No specific intent to defraud the government or payor is required for a claim to qualify as a false claim. The False Claims Act defines “knowing” to include not only actual knowledge, but also instances of deliberate ignorance or reckless disregard of the truth or falsity of a claim. For example, filing false claims to a government program may result in damages of up to three times the amount of the government program’s loss, fines, imprisonment, and exclusion from participation in federal and state healthcare programs.

We are committed to submitting claims that are accurate and truthful. If you know of a false claim, you are required to contact your leader, the Compliance Hotline, or the Compliance Officer.

Failure to report a false claim will result in disciplinary action, up to and including termination.

FRAUD, WASTE, AND ABUSE

We are committed to identifying, preventing, correcting, and reporting fraud, waste, and abuse. Fraud is intentional misrepresentation whereas waste and abuse are the failure to follow generally accepted practices. Someone intentionally claiming a higher level of service than what was provided would be considered to have committed fraud. Waste and abuse are when providers fail to follow recognized medical practices, resulting in

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unnecessary costs, improper payment, or services that aren't medically necessary. Both are extremely serious violations of law and the Code of Conduct.

The efforts undertaken to prevent fraud, waste, and abuse are collaborative in nature and involve training, education, and monitoring, including automated system checks, audits, and more. All activities are in furtherance of and consistent with applicable laws and regulations.

It is the responsibility of management and staff to immediately report suspected fraud, waste, or abuse. Suspected fraud and/or abuse should be reported through the Compliance Hotline.

GOVERNMENT INVESTIGATIONS

You may be asked to cooperate with government investigations or to respond to government requests about how we conduct business. We and our workforce members will cooperate in government investigations conducted in a manner and for a purpose that complies with all applicable legal standards. If a government investigator contacts you at the office or at home about organizational activities, here are a few important points to remember:

- You have no obligation to answer any questions;
- You have the right to decide whether or not to speak to the investigator. If you are willing to be interviewed, you may insist that certain conditions acceptable to you are met such as the time and location; and
- Under all circumstances, you must tell the truth to government investigators.

If you are approached by a government investigator, you should immediately notify the Compliance Officer or legal counsel so that appropriate arrangements can be made to fully comply with organizational obligations.

POLITICAL ACTIVITY

We encourage all workforce members to be active in their community, including the political process. However, as a tax-exempt organization, we are prohibited from conducting political campaign activities. This prohibition applies to the activities of individual workforce members during working time, and any use of organizational resources to distribute statements supporting or opposing any candidate. Workforce members should never include, directly or indirectly, any political contribution on expense accounts or in any other way cause the organization to reimburse them for that expense. Use of any organizational property, facilities, or employee working time for any political campaign activity is prohibited. Examples include:

- Using organizational secretarial time to send invitations for political campaign fund-raising events.
- Using your office telephone to make politically motivated requests such as calling voters to ask for their support for a specific candidate.

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- Allowing any candidate to use our facilities or meeting rooms for campaign purposes.
- Loaning organizational property to anyone for use in connection with a campaign.

TAX EXEMPT STATUS

Our organization, like many health systems, is organized as a Minnesota nonprofit corporation under Internal Revenue Service (IRS) rules. Not-for-profit entities qualify for tax exemption because the IRS recognizes the promotion of health for the benefit of the community, where medical assistance is provided to the poor or where medical research is promoted, as a charitable purpose. We benefit the community through the provision of care to those who present at our emergency departments, investing surplus revenue back into the organization, medical training, and research, and the provision of care to patients. We are committed to fulfilling our charitable purpose. We have established financial assistance policies and processes to provide charity care to patients who qualify.

COMPETING FAIRLY AND LEGALLY

We have earned the trust and confidence of our patients based on our quality of care and commitment to excellence. Our business practices are based on fair and ethical principles. We operate at the highest level of integrity. We base our medical decisions on the best possible care for our patients, not our own personal financial interest. We refer patients for additional care to internal and external sources based on need, not on our expectations of profit or financial gain.

Any form of pressure for reciprocity with suppliers is not appropriate. Workforce members must never ask suppliers to purchase our services in order to become our supplier.

We never accept any offer of cash or gifts in exchange for referrals or business favors, and, further, we avoid even any appearance of improper influence in our business relationships. Individual workforce members may not accept gifts that would or may be perceived to improperly influence the provision of care or services. (See the Gifts and Entertainment section.)

All business and service agreements should be processed through the established processes set forth by Contract Management.

ANTI-KICKBACK LAWS

The federal Anti-Kickback Statute prohibits individuals and organizations from knowingly or willfully offering or paying, directly or indirectly, any form of remuneration in return for, or to induce, the referral of any patient or business that is covered by Medicare, or any other federal or state healthcare financing program. State law also prohibits such payments for any healthcare program, whether government or private insurance. Remuneration includes kickbacks, bribes, or rebates.

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If one purpose or reason for a financial transaction or arrangement with an individual or organization is to induce that individual or organization to refer patients or business to us, or to recommend the services of either organization, then such transaction or arrangement constitutes a violation of the anti-kickback laws. If you have questions about a business arrangement with regard to anti-kickback laws, contact your leader or the Compliance Officer, or call the Compliance Hotline.

PHYSICIAN SELF-REFERRAL LAW

We conduct all of our business practices with physicians in conformity with the federal Physician Self-Referral or “Stark” Law. The Stark Law prohibits referrals for certain Medicare items and services furnished by an organization with which the referring physician, or their immediate family member, has a financial relationship, unless a specific legal exception applies.

ANTITRUST LAWS

We compete fairly and comply with Antitrust laws. Antitrust violations may subject the organization to severe civil and criminal monetary fines, civil liability for treble damages, and injunctions. Antitrust violations may also subject workforce members to imprisonment, personal liability, and substantial monetary fines.

We do not engage in activities or negotiate agreements that restrain or obstruct competition or illegally share proprietary information with competitors. The use of proprietary information from competitors is also strictly prohibited.

To avoid unnecessary risk, we do not communicate with competitors, either directly or indirectly, about the following:

- Prices charged for goods or services, including physician or other healthcare services.
- Costs of goods, supplies, equipment, or services, including physician or other healthcare services.
- Employee salaries, wages, benefits, compensation policies, or staffing policies.
- Terms of managed care contracts.
- Terms of equipment, supply or service contracts.

INTELLECTUAL PROPERTY

We will comply with laws regarding intellectual property, including patents, trademarks, and copyrights. Workforce members may not reproduce any copyrighted material without the express permission of the copyright holder. This material may include, but is not limited to, printed articles from publications, magazines, books, videotapes/DVDs, training materials, manuals, software programs, and databases.

CONTROLLED SUBSTANCES

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We are committed to the proper oversight of handling, administering, and prescribing controlled substances. We will promptly take action when potential loss or diversion of controlled substances is identified or reported.

EXCLUSION LIST MONITORING

We are committed to complying with the requirements of the Office of Inspector General's (OIG) exclusion of individuals and entities from federally funded healthcare programs. Exclusion can occur for a variety of reasons, including fraud and crimes relating to healthcare. When a party is excluded from a federal or state healthcare program, the government will no longer pay for any item or service provided, ordered, or prescribed to the excluded individual or entity. We have processes in place to prevent hiring or contracting with workforce members or third parties subject to these exclusions.

SOCIAL MEDIA

Social media can be a powerful way for you to share your life and opinions, stay up to date, and pursue your interests. For our organization, it's a way to build relationships in the communities we serve, enhance our reputation, do business, and recruit top talent.

Your professional and personal lives are likely to intersect on social media. This policy applies to both business use of social media *and* personal use of social media when discussing or representing our organization, associated brands, business partners, or matters that directly affect our organization.

Fairview workforce members are encouraged to support our vision, activities, and values online. However, workforce members are not immune to the consequences of irresponsible action on social media. As a healthcare provider serving diverse communities, we are obligated to create a safe, accessible, and trusting environment for our patients. Workforce members will be held accountable for any online activity that undermines that mission – including discriminatory or threatening behavior or language, activity that creates a hostile workplace, infringement of patient privacy laws, or other violations of the Fairview Code of Conduct.

CONTACT WITH THE MEDIA

If something occurs within one of our facilities that may generate media interest and inquiry, workforce members are encouraged to call the media relations line at 612-672-4165 to provide advance notice. After-hours contact information will be provided on the media relations voicemail. Examples may include: admission of a high-profile patient, admission of a patient who could represent a serious outbreak of a reportable disease, out-of-the-ordinary incidents that may involve patient safety (e.g., violence, fire, chemical spill, mudslide, etc.).

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