



Code of Conduct



MONUMENT
HEALTH



| Statement of Integrity

Monument Health is established on a foundation of integrity and is committed to ethical and legal business practices. The Corporate Compliance Program and Code of Conduct supports our health care purpose.

We are called upon to perform our jobs and carry out many responsibilities. One of these responsibilities is to set an example by promoting high standards of ethics and compliance. Each board member, physician, advanced practice provider, caregiver, researcher, student, and volunteer must be familiar with our Code of Conduct and support the Corporate Compliance Program.

We all must demonstrate a high degree of integrity in everything we do.





Paulette Davidson
President & CEO
Monument Health



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VISION

It starts with heart.

Our vision is to be one team, to listen, to be inclusive,
and to show we care.

To do the right thing. Every time.

VALUES

Trust
Respect
Compassion
Community
Excellence

PRIORITIES

Deliver high-quality care
Provide a caring experience
Be a great place to work
Impact our communities
Be here for generations to come

MISSION

Make a difference. Every day.

Purpose of Code of Conduct

Monument Health's Code of Conduct was adopted by the Board of Trustees and provides guidance to all caregivers, providers, researchers, volunteers, and students in upholding our ethical values and responsibilities. The Code of Conduct defines acceptable behaviors to foster a culture of compliance. Monument Health is committed to a culture of following rules and "doing the right thing."

In carrying out our responsibilities for Monument Health and our patients, we must understand and comply with our Code of Conduct. Corporate Responsibility Department policies and additional guidance are available on the Corporate Responsibility Hub of SharePoint (intranet).

For any questions regarding the content of this Code of Conduct, please contact the Corporate Responsibility Department at 605-755-9020 unless otherwise specified.



Importance of Ethics and Integrity

While we are committed to honest and ethical behaviors as an organization, the practice of behaving honestly, ethically, and with integrity is an individual responsibility. Every day we make choices about how to conduct ourselves, and we are accountable for those decisions. The Corporate Compliance Program formalizes our tradition of honest and ethical behaviors and conduct. The Code of Conduct is an essential component of the program and is pivotal to strengthening and sustaining the environment in which we work. An effective compliance program is important to help prevent and detect fraud, waste, and abuse. By doing so, we are protecting patients, caregivers, providers, and the organization.

Corporate Compliance Program

The Corporate Responsibility (Compliance) Department oversees the framework for caregivers, providers, volunteers, researchers, and students to understand and follow state and federal rules and regulations. Ongoing education, auditing, and monitoring of projects are completed to ensure compliance with these rules and regulations. Monument Health's Corporate Compliance Program encompasses the seven elements recommended in guidance issued by the Office of Inspector General (OIG). For more information, see the Corporate Compliance Program Policy.

Element 1: Standard of Conduct/Policies and Procedures

Element 2: Compliance Officer and Compliance Committee

Element 3: Education

Element 4: Auditing and Monitoring

Element 5: Reporting and Investigating

Element 6: Enforcement and Discipline

Element 7: Response and Prevention

Federal, state, and local agencies create rules we must follow. A few examples include:

- Centers for Medicare and Medicaid Services (CMS)
- Department of Justice (DOJ)
- Food and Drug Administration (FDA)
- Office for Civil Rights (OCR)
- South Dakota Department of Health
- Office of Inspector General (OIG)



Compliance Hotline: 1-877-800-6907 or [secure.ethicspoint.com/domain/ media/en/gui/62003/](https://secure.ethicspoint.com/domain/media/en/gui/62003/)

A Compliance Hotline has been established as part of the Corporate Compliance Program. The Compliance Hotline provides caregivers, patients, providers, students, and volunteers a confidential and anonymous reporting system. Caregivers are encouraged to ask questions if they are unsure whether a practice or incident violates policy, federal/state law or regulations. All individuals should feel free to report any concerns, as phone and web reports are not traced and are administered by a third party vendor. For more information, see the Compliance Hotline/Whistleblowers Policy.

Ethical Standards

Monument Health has ethical responsibilities to patients, providers, communities, and all others who seek assistance or do business with our health care system. We are expected to behave in a positive way that demonstrates our organization's values.

Questions about business and organizational ethics issues may be referred to Human Resources, the Legal Services Department, the Corporate Responsibility Department, the Compliance Hotline at 1-877-800-6907 or secure.ethicspoint.com/domain/media/en/gui/62003/.

Professional Behaviors

Monument Health strives to create and maintain an environment absent of disruptive behaviors that promotes mutual respect between all people, regardless of position, education level, and/or authority. We expect each provider, caregiver, volunteer, and student to act with integrity and speak respectfully.

Behaviors that promote our mission and values are: listening, respect, courtesy, compassion, kindness, clear communication, teamwork, personal accountability, being proactive, providing outstanding service, reporting or resolving conflicts and concerns, and making patient care and safety our priority. Refer to our Standards of Performance booklet for more information.

Behaviors that do not promote Monument Health's culture of safety are: using a condescending tone, making inappropriate comments, being disrespectful, rude or indifferent, and using harassing words or actions. Such behaviors are unacceptable and will be addressed by management.



Reporting Compliance and Ethics Concerns

Addressing potential compliance issues is everyone's responsibility. You are encouraged to report compliance concerns or issues directly to your supervisor and/or department manager. If your supervisor is not able to resolve an issue, problem, or if you feel uncomfortable reporting an issue to the supervisor, you should call the Corporate Responsibility Department at 605-755-9020. Another method of good-faith reporting is to file an anonymous report through the Compliance Hotline at 1-877-800-6907 or secure.ethicspoint.com/domain/media/en/gui/62003/.

Non-Retaliation

Monument Health understands that individuals may not report concerns if they feel they will be subject to retaliation, retribution, or harassment for reporting the concern. Therefore, a non-retaliation policy was established to reassure those who report concerns they are protected from retaliation. See the Non-Retaliation Policy for more details.

Harassment

Monument Health is committed to a workplace that is open, respectful, free from unlawful discrimination, harassment, intimidation, threats, or verbal abuse. Harassment will not be tolerated. If you feel you or someone else in our organization is being harassed, please contact your supervisor, the Human Resources Department, Compliance Hotline at 1-877-800-6907, or secure.ethicspoint.com/domain/media/en/gui/62003/.



Patient Rights and Access to Care

We encourage patients to be involved with their care, and we remain committed to patients' rights. Patients shall be given high-quality care without regard to race, color, age, sex, religion, handicap/disability, ability to pay, or any other classification protected by law. Any person who needs emergency treatment at a facility in our system will be treated in compliance with Emergency Medical Treatment and Active Labor Act (EMTALA), regardless of their ability to pay.

HIPAA Privacy and Security

Patients and their families trust us with personal and sensitive information regarding their medical conditions. If patients and families do not feel confident we will keep such information private, they may hesitate to discuss some concerns with us, which can affect our ability to provide quality care.

Monument Health is committed to protecting our patients' protected health information (PHI) by following the Health Insurance Portability and Accountability Act (HIPAA) and Monument Health's privacy and security policies.

We all play a role in protecting patient privacy. This means we access, use, and/or disclose a patient's medical information (whether it exists in oral, written or electronic format) only when we have a legitimate business reason for doing so. Business reasons permitted by HIPAA include treatment, payment, and operations.

There are serious consequences for failing to protect patient privacy, this can include potential fines, imprisonment, loss of your professional license, and patients' right to sue both the organization and you personally. Additionally, violating our privacy and security policies can lead to disciplinary actions, up to and including termination of employment.

Complying with the Privacy Rule and Monument Health privacy policies includes the following:

- Access, use, and disclose only the minimum necessary information needed to perform our job.
- Do not discuss PHI with others who do not have a job-related need to know, including co-workers, colleagues, family, and friends.



HIPAA Privacy and Security *cont.*

- Monument Health’s Electronic Health Records system may be used only for work-related responsibilities. Workforce members are not permitted to view their own medical records, family members’ medical records or friends’ medical records via the Electronic Health Records system. Rather, Workforce members must use the Patient Portal to access personal medical records. Using the Electronic Health Records system for personal purposes violates the “minimum necessary” and “need to know” HIPAA Guidelines and is a serious violation of MH policy.
- Be aware of our surroundings when speaking with or about patients and who may potentially overhear the conversation. Do not discuss patients in public areas (elevator, cafeteria, etc.), even if specifics (e.g., name) are not used.
- Verify patient information to ensure we do not mix one patient’s information with another’s. Verify fax numbers, email addresses, and mailing addresses are correct before sending.
- Do not mention or reference any patients on personal social networking sites.
- Do not use unsecure apps on personal devices to store, download, or capture patient information, including photographs.
- Report all HIPAA concerns or potential violations immediately to the Corporate Responsibility Department.

The primary objective of the Security Rule is to implement safeguards (protective measures) to ensure the confidentiality, integrity, and availability of the organization’s information resources/assets. Safeguards are itemized into categories of Administrative, Physical, and Technical. Safeguard examples include, but are not limited to:

- Implementing and enforcing policies and procedures.
 - Learn and be aware of policies and procedures.
 - Be a champion/advocate of policies.
- Training the workforce.
 - Complete training.
 - Assist with training and awareness.



- Identity and access management
 - Wear your badge / identification.
 - Don't share your badge.
 - Assure appropriate access (e.g., tailgating, social engineering).
- Secure resources/assets
 - Keep information secured from inappropriate access.
 - Keep mobile devices secure (in possession or an approved secure location).
 - Turn unattended documents over to obstruct view.
 - Communication of sensitive data must be secured and the process must be approved by Information Technology (e.g. texting, emails, etc.)
- Locking computer
 - Log off or lock computer when leaving or stepping away.
 - Do not allow others to use your sessions.
- Passwords
 - Use strong and long passwords.
 - Do not share your passwords.
- Encryption
 - Encrypt all sensitive information (email, mass storage, etc.) that will be transmitted or delivered outside of Monument Health.
- Antivirus/malware/phishing prevention
 - Do not attach unapproved devices to Monument Health information systems.
 - Do not open links in emails from unknown sources.
- Media (e.g. Paper, electronic, etc.) sanitization/disposal
 - Use appropriate shred bins.
 - Contact the Help Desk for appropriate electronic and digital disposal techniques.

Social Media

Social media includes forms of electronic communication for online communities to share information, ideas, messages, and a variety of content. When utilizing social media, the lines between public, private, personal, and professional can be blurred. Individuals maintaining a social media presence should do so in accordance with the Social Media Policy.

- Adhere to all federal, state, and local laws.
- Do not discuss or post sensitive information (PHI, business confidential, etc.) on social media sites such as Facebook, Twitter, MySpace, Snapchat, blogs, etc.



- You are personally responsible for the content you publish on blogs, wikis, websites, social networks or any other form of user-generated media. Be aware what you publish might become public and often cannot be edited or removed.
- Employees must disclose his or her employment when making any testimonial or endorsement on behalf of Monument Health and its affiliated programs or services.

Should you witness a patient's information being used or disclosed inappropriately, immediately report by completing the Suspected Breach of Information or Identity Theft form found on the Monument Health SharePoint home page.

Stark

The self-referral or "Stark" law prohibits providers from making referrals for designated health services to any entity or business in which the provider or their family member has a financial relationship. There are strict prohibitions on the value of gifts given to providers, employed or non-employed, on an annual basis. For more information see the Self-Referral Prohibition (Stark) Policy.

Anti-Kickback

Anti-kickback regulations do not allow payments, gifts, or other compensation in exchange for the referral of business. Contact the Legal Services Department if you have questions (605-755-9141). You will find additional information in the Anti-Kickback Prohibition Policy.

Antitrust Laws

Antitrust Laws are created to promote free and open competition. Sharing price, cost, or profit information with our competitors or from one vendor to another is an example of a violation. Agreements to fix prices or boycott another competitor are illegal. For more information see the Antitrust & Compliance Policy.

Witnessing of Documents

While hospitalized, patients may ask for assistance with documents such as power of attorney or advance directives. Please refer to Witnessing or Notarizing Patient Personal Documents or contact the Legal Services Department (605-755-9141) for assistance.



Conflicts of Interest

Our purchasing decisions will be made based on the vendor's ability to meet our needs - not on personal relationships or interests. We must avoid situations in which our personal interests could conflict, or reasonably appear to conflict, with the interests of Monument Health. For example, owning stock in a company that Monument Health does business with may be considered a potential conflict of interest. It is important to report potential conflicts of interest so it can be properly managed. More information can be found in the Conflict of Interest Policy.

Equal Opportunity Employment

Monument Health is committed to equal opportunity for hiring, recruitment, retention, transfer, promotion, and education. Additionally, we are expected to treat each other, patients, and customers with respect and cooperation.

Monument Health hires and promotes on the basis of an individual's qualifications, knowledge, skills, and abilities. Unless authorized by the Vice President of Human Resources Operations, Monument Health policy states that a caregiver may not supervise a relative. For more information, see the Equal Employment Opportunity/Affirmative Action Policy.

Billing, Charging and Coding for Services

All staff must be careful to properly charge, code, and bill for services provided. Billing for services not documented or provided could be considered a "false claim," resulting in financial penalties. We should never charge, code, or bill solely to be paid if the service was not provided or documented. All documentation is required to be accurate, complete, timely, and specific. An individual who has concerns or questions should notify their supervisor or the Corporate Responsibility Department.

False Claims

The federal government enacted the False Claims Act to pursue billing fraud, waste, and abuse. A false claim is submitting false information in order to receive payment. Knowingly filing a false claim is strictly prohibited and can lead to severe fines and penalties. Monument Health devotes resources to prevent and correct billing errors to Medicare, Medicaid, and other government payers. Individuals who suspect that billing errors are occurring have an obligation to report these to management or



the Corporate Responsibility Department. The Corporate Responsibility hub on SharePoint provides specific information and resources on these regulations. See the False Claims and Fraud Prevention Policy.

| Accuracy of Records

Federal law requires Monument Health to ensure records accurately reflect the true nature of the transactions represented. We must not generate or participate in the creation of any records intended to mislead or conceal anything improper. An illegible signature must have a printed name above or below the signature. Retention of certain records is required. Refer to the Record Retention Schedule found on the Corporate Responsibility intranet hub page.

| Strategic Marketing & Communications

Consult the Strategic Marketing & Communications Department at 605-755-9100 for all requests from media or to use of any Monument Health logos. All media contact must be coordinated through the Strategic Marketing & Communications Department. Marketing and advertising activities may be utilized for the following purposes: to educate the public, to provide information to the community, to increase awareness of our services, and to recruit. Marketing material and media announcements are to be presented in a truthful, fully informative manner.

| Gifts, Travel, and Entertainment

Under no circumstances may a gift or entertainment be accepted that would influence the caregiver or provider's judgment. Caregivers must also consider the appearance of conflict/impropriety. You are not to take or offer any bribe, kickback, gratuity or other payment made to influence a business decision. This includes any free travel to review a vendors completed projects or services. A nominal gift (under \$50 as a guideline) may be accepted in compliance with policy.

Equally important, caregivers, providers, and agents may not offer anything of value to a government official or other party in an effort to influence business or to gain special treatment as an individual or an organization. Refer to the Gifts, Gratuities, and Entertainment Policy for further information.



Gifts or free services offered to patients must not exceed \$15 per item and \$75 per patient annually unless approved in advance. There is an exception to the dollar limits for care/services. For more information consult with Corporate Responsibility.

Audits and Investigations

You must cooperate with government representatives conducting investigations. The Legal Department or Corporate Responsibility Department should be contacted immediately regarding any unexpected government interview or investigation. Government investigators have the right to contact you at work or home for work-related issues. In most situations, you have the right to decide when and where the interview will be conducted. For more information about your rights regarding government investigations, please review the Government Audits and Investigations policy.

Use of Assets

Monument Health assets are to be used for the benefit of Monument Health and may not be used for personal gain. Assets include, but are not limited to: equipment, inventory, funds, office supplies, medical records, concepts, financial data, research data, and strategies.

The Monument Health system trademark, and trade names can only be used with permission from the Strategic Marketing & Communications Department in accordance with the policy governing their use. We have a policy to maintain the quality and value of service and to ensure our trade name is not misused.

Fundraising

No individual will use his or her authority to influence any caregiver to engage in or contribute to any fundraising activities. Activities regarding the raising of funds for Monument Health or affiliates should be approved and coordinated by the facility's foundation or Market President. Refer to the fundraising policies.



Government Communications

Letters from agencies with these logos mandate a very short response time. Please forward such correspondence to the Corporate Responsibility Department immediately.



In the event a government agency or representative presents on-site to conduct an audit or investigation, contact the Corporate Responsibility Department at 605-755-9020 or the Legal Services Department at 605-755-9141.

Intellectual Property Rights

Subject to any Monument Health policies or contractual commitments relating to intellectual property, anything created or invented by employed providers, caregivers, or other individuals during the scope of their work for Monument Health will be considered the property of Monument Health. This includes any patent, trademark, copyright, or other intellectual property right in the creation or invention.

Those subject to this Code of Conduct are responsible for properly protecting the confidentiality and integrity of Monument Health's intellectual property. For example, you should not disclose confidential business information with any outside persons or organizations without appropriate approval from Monument Health's leadership. As another example, Monument Health publications and presentations should be labeled as the property of Monument Health. Responsibility for the protection of Monument Health assets falls upon all of us. For more information, see the HIPAA Privacy-Handling Confidential



Information, Reporting Violations and use of Confidentiality Agreement Policy, Protection of Property & Information Assets Policy.

Things to remember:

- Adhere to the highest standards of ethical business practices.
- Do not disclose confidential information about Monument Health to any outside unauthorized person or organization or use the information for your personal benefit.
- Share confidential information with caregivers when there is a legitimate need for them to know in order to perform their job.
- Prepare and maintain confidential information in a secure manner.
- Act only within the scope of the authority granted with your job.

Environmental Health and Safety

Monument Health is committed to providing a safe, healthy workplace for its providers, caregivers, patients, and visitors on its premises. We are encouraged to report any conditions perceived to be unsafe, unhealthy, or hazardous to the environment.

Using alcohol or illegal drugs is not allowed at any worksite. Individuals may have access to prescription drugs, controlled substances, and other medical supplies as part of their work, however, we have a legal and ethical responsibility to maintain control over these items by reporting any possible problems to your immediate supervisor or calling the Compliance Hotline at 1-877-800-6907.

Vendor Relationships

Selection of vendors will be made on the basis of objective criteria, quality, technical excellence, price, delivery, adherence to schedules, services, and maintenance of adequate sources of supply. The following standards will be followed in vendor relationships:

- High ethical standards will be followed in source selection, negotiation, determination of contract awards, and administration of all purchasing activities.
- Employees will act in accordance with applicable laws relating to purchasing practices.
- Gifts of cash or cash equivalents will not be accepted from vendors.



- Employees can accept meals and entertainment from vendors if reasonable (not extravagant) and during the course of business. For example, a meal during an educational event or a hosted cocktail hour following a conference.
- If a vendor pays for an event or meal, the vendor must be present.

If you have any questions, please contact the Materials Management Department at 605-755-5533, or the Corporate Responsibility Department at 605-755-9020, or review the Gift, Gratuities & Entertainment Policy.

Political Activity and Lobbying

Political activities must be on personal time with personal resources without references to Monument Health or your position at Monument Health. If you have questions about political activity or lobbying contact the Monument Health Government Affairs Office or see the Lobbying and Political Campaigns Policy.

Note: Anyone in a leadership position who is involved in political activity must be aware these activities carry the inherent risk of creating the appearance of a Monument Health endorsement. You are expected to comply with the Code of Conduct and the Compliance program. To report a suspected violation of the Code of Conduct, of an applicable law or regulation, or simply to ask questions:

- Talk with your supervisor.
- Contact the Corporate Responsibility Department at 605-755-9020.
- Call the Compliance Hotline at 1-877-800-6907.

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Code of Conduct Attestation

I attest that:

- I have received the Monument Health Code of Conduct and understand that it is my responsibility to read and comply with the legal and ethical practices contained in the Code of Conduct.
- I will report potential compliance issues to management, medical staff leadership, the Corporate Responsibility Department at 605-755-9020, or the Compliance Hotline at 1-877-800-6907 or secure.ethicspoint.com/domain/media/en/gui/62003/.
- I will uphold the values of the organization demonstrated by my conduct.

PRINTED NAME

SIGNATURE

DATE

TITLE OR POSITION

FACILITY

DEPARTMENT



