

SYSTEMWIDE DOCUMENT



UnityPoint Health

Policy Section/ Number: 1.CE.02 SWPOL

Effective Date: 03/01/2025

Supersedes: 05/2023

Responsible Party: UPH Chief Compliance Officer

Final Approving Body:

☒ UPH Compliance Committee

☐ UPH Clinical Leadership Group

☐ UPH Operational Leadership

☐ UPH Board of Directors

☒ **Policy**

☐ **Procedure**

☐ **Protocol**

☐ **Guideline**

☐ **Form**

☐ **Other**

DOCUMENT TITLE: Code of Conduct

DOCUMENT SCOPE: Systemwide

PURPOSE:

This Code of Conduct has been adopted by the Iowa Health System, d/b/a UnityPoint Health (“UPH”) Board of Directors (“Board”) to provide standards by which UPH and UPH Affiliate Board Members, officers, Team Members, and “reporting physicians” will conduct themselves in order to protect and promote systemwide integrity and to enhance UPH’s ability to achieve its mission. The term “reporting physicians” means members of the Medical Staff with department head responsibilities and powers similar to those of officers and directors. All of these persons are “Covered Persons” for the purposes of this Code of Conduct.

BACKGROUND:

A Code of Conduct sets forth ethical and compliance principles and provides examples of expected behavior consistent with those principles. As recognized by the U.S. Federal Sentencing Guidelines and compliance guidance documents provided by government agencies, an organization’s Code of Conduct, along with wide distribution of that Code of Conduct to its workforce, is fundamental to an effective compliance program. With the passage of the Affordable Care Act, it is also a requirement.

DEFINITIONS:

Terms not otherwise defined within this document include the following terms. Standard definitions may be found in [Policy 2.AD.01, Systemwide Policy Development](#).

APPLICATION:

This policy applies to all Board Members, officers, Team Members, and “reporting physicians” (collectively “Covered Persons”). While this policy does not directly apply to joint ventures in

which UPH or one of its Affiliates has a direct or indirect interest or control that is fifty percent (50%) or less, it does apply to Covered Persons in their UPH capacity related to their involvement in such joint ventures. Unless otherwise specified, the term “UPH” as used herein shall refer to UnityPoint Health and UnityPoint Health Affiliates, collectively.

POLICY:

The Code of Conduct contains principles describing the policy of UPH and its Affiliates and standards which apply to all Covered Persons. Additional guidance for Covered Persons functioning as members of the Boards of Directors of UPH entities and for Covered Persons acting in managerial or administrative capacities is set forth as well. The principles contained in this Code of Conduct shall be distributed periodically to all Covered Persons. All Covered Persons are responsible to ensure that their behavior and activity is consistent with the Code of Conduct.

PROCEDURE:

- A. Legal Compliance. UPH and its Affiliates will strive to ensure all activity complies with applicable laws.

The following standards are intended to provide guidance to assist Covered Persons in their obligation to comply with applicable laws. These standards are neither exclusive nor complete. Covered Persons are required to comply with all applicable laws, including those laws listed on Addendum D, whether or not specifically addressed in these policies. If questions regarding the existence of, interpretation or application of any law arise, they should be directed to the UPH Law Department.

1. Antitrust. All Covered Persons are responsible for compliance with applicable antitrust and similar laws which regulate competition. (See [Policy 1.LL.02, Antitrust Compliance.](#))
2. Tax. As a nonprofit tax-exempt entity, UPH has a legal and ethical obligation to act in compliance with applicable laws, to engage in activities in furtherance of its charitable purpose, and to ensure that its resources are used in a manner which furthers the public good rather than the private or personal interests of any individual. Consequently, UPH and Covered Persons will avoid compensation arrangements in excess of fair market value, will accurately report payments to appropriate taxing authorities, and will file all tax and information returns in a manner consistent with applicable laws.
3. Fraud and Abuse. UPH expects Covered Persons to refrain from conduct which may violate the fraud and abuse laws. These laws prohibit:
 - a. direct, indirect or disguised payments or remuneration of any kind to induce the referral of patients or the ordering of a service or supply paid for by a governmental health care program;

b. the submission of false, fraudulent or misleading claims to any government entity or third-party payor, including claims for services not rendered, claims which characterize the service differently than the service actually rendered, or claims which do not otherwise comply with applicable program or contractual requirements; and

c. making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service. Covered Persons are expected to seek advice from management or the UPH Law Department when confronted with business decisions involving a risk of violation of the fraud and abuse laws.

4. Billing and Coding. As a health care provider, UPH is committed to fair billing practices that accurately reflect claims for services provided and comply with all applicable laws, regulations, UPH policies and contractual commitments. UPH has implemented a compliance program to facilitate accurate billing practices to all parties, including government entities such as Medicare and Medicaid, private insurance payers and patients. UPH prohibits its Covered Persons from knowingly presenting or causing to be presented any claims for payment or approval which are false or fraudulent.

5. False Claims Acts. The federal government, state governments, and UPH policy provide protection to Covered Persons for the reporting of wrongdoing. Generally, people who report suspected wrongdoing to the government or to their employer are called “whistleblowers” because they are “blowing the whistle” on activity they think is wrong, like a referee blows the whistle in a sports contest to detect wrongdoing. False claims acts applicable on the federal level and applicable to the primary states in which UPH does business are described below. Law of other states may also apply. See UPH Policy, *1.CE.06, Dishonest, Illegal or Fraudulent Activities* for additional details.

a. **Federal False Claims Act.** The primary federal law that protects whistleblowers is called the False Claims Act. The False Claims Act is intended to reduce the waste of government monies due to the submission of false claims to the government, such as submitting a claim for services that were not provided or knowingly “upcoding” services so that the government overpays for the services. This law allows individuals to bring a claim, or lawsuit, against their employer if the individual believes false or fraudulent claims are being submitted by the employer to the government. These lawsuits are called *qui tam* claims.

b. **State False Claims Acts.**

i. Iowa False Claims Act. Iowa law provides serious penalties for using false means to get a claim paid by the government. Iowa Code § 249A.50 provides that a person who knowingly makes (or causes to be) made false statements or misrepresentations of fact, or knowingly fails to disclose facts

related to claims for Iowa Medicaid funds, commits a “fraudulent practice.” Iowa Code Ch. 714 provides that a “fraudulent practice” constitutes a criminal offense that varies from a class “C” felony to a simple misdemeanor, depending on the amount of money involved. The state also has the authority to recover the incorrectly paid amounts.

ii. Illinois False Claims Act. Illinois state law also provides serious penalties for false claims activities. 740 ILCS 175 provides that a person who knowingly submits (or causes to be submitted) a false claim to the State for payment of claims (including Medicaid claims), or knowingly makes or uses a false record or statement that is material to a false claim is subject to civil penalties ranging from \$5,500 to \$11,000 per claim, plus three (3) times the amount of damages. Also, 720 ILCS 5/Art. 46 provides that actions related to false claims constitute a criminal offense and provides penalties that vary from a misdemeanor to a felony.

iii. Wisconsin False Claims Act. Wisconsin’s state False Claims Act was repealed July 12, 2015. However, claims of Medicaid fraud in Wisconsin may still be brought under the federal False Claims Act. Similar to Iowa and Illinois, serious penalties would apply for false claims against the Wisconsin Medicaid, including knowingly presenting, or causing to be presented to the state a false claim for medical assistance, as well as knowingly making, using or causing to be made or used a false record or statement to obtain approval or payment of a false claim for medical assistance;

c. UPH Reporting Policies

In addition to the False Claims Act, UPH’s policies provide avenues for reporting suspected or actual illegal or unethical behavior and protections for reporting. These are contained in the following policies:

- i. Guide to Employee Conduct (Code of Conduct brochure);
- ii. Guidance for Business Partners;
- iii. [Policy 1.CE.05, Compliance Helpline;](#)
- iv. [Policy 1.CE.01, Corporate Compliance Program;](#)
- v. [Policy 1.CE.06, Reporting and Investigating Dishonest, Illegal, or Fraudulent Activities;](#)
- vi. [Policy 1.BR.12, Facility Coding and Documentation for Inpatient Services;](#)
- vii. [Policy 1.BR.13, Coding Documentation for Hospital Outpatient Services;](#)

viii. [Policy 1.MR.01, HIPAA-General Privacy Rules and Glossary](#)

- d. **Report Retaliation.** If Covered Persons feel retaliated in any way for the reporting of suspected wrongdoing, they should report the retaliation.

7. Lobbying/Political Activity. UPH expects Covered Persons to refrain from engaging in activity which may jeopardize the tax-exempt status of UPH and its Affiliates, including a variety of lobbying and political activities. (See [Policy 1.TX.02, Political Contributions/Activities](#), for additional information.)

8. Environmental. It is the policy of UPH to manage and operate its business in the manner which respects our environment and conserves natural resources. UPH Covered Persons will strive to utilize resources appropriately and efficiently, to recycle where appropriate and otherwise dispose of all waste in accordance with applicable laws and regulations, and to work cooperatively with the appropriate authorities to remedy any environmental contamination for which UPH may be responsible.

9. Discrimination. UPH believes that the fair and equitable treatment of Covered Persons, patients and other persons is critical to fulfilling its vision and goals. (See [Policy 2.HR.07, Equal Employment Opportunity](#), for additional information.)

It is a policy of UPH to treat patients without regard to the race, color, religion, sex (pregnancy, sexual orientation, gender identity), national origin, age, disability, veteran status, genetic information, or any other protected class as defined under federal or state law. UPH does not discriminate, exclude, or treat people differently on the basis of the individual's inability to pay; whether payment for services would be made under Medicare, Medicaid, or CHIP; or on the basis of race, color, religion, sex (including pregnancy, sexual orientation, gender identity, and sex characteristics), national origin, age, disability, veteran status, genetic information, or any other protected class as defined under federal or state law.

- B. Quality of Care and Clinical Values. UPH strives to provide high-quality medical services that are appropriate, safe and in compliance with all applicable laws, regulations and professional standards.

1. Credentials. UPH will employ and staff Covered Persons with proper credentials, experience and expertise in meeting the needs of our patients and the communities we serve. (See [Policy 2.HR.11, Screening of Employee Applicants](#), and also *Human Resources policies and procedures on Licensure/Certification Compliance*.)

2. Safety. UPH and Covered Persons will take reasonable precautions to ensure our safety, as well as the safety of our patients, visitors and Team Members.

3. Respect for Patients. UPH and Covered Persons will treat patients with consideration and respect, recognizing each patient's dignity. UPH will meet the

health care needs of our patients and will not discriminate on the bases listed in Section A.9 of this policy.

4. Medically Appropriate. UPH and Covered Persons will strive to ensure that admissions, transfers, and discharges are medically appropriate and in accordance with legal requirements.
5. Emergency Treatment. In the event of a medical emergency, UPH will not deny care and services on any other grounds unrelated to the individual's need for the service or the availability of the needed service. (See [*Policy I.BR.33, Discounts for Uninsured Patients*](#), and also policies on compliance with the *Emergency Medical Treatment and Labor Act (EMTALA)*.)
6. Effective Communication. UPH and Covered Persons will communicate effectively with patients and families and respond to patient's treatment needs, requests, and concerns. UPH will address any outcome of care, including unanticipated ones and/or medical mistakes, by reporting these to a supervisor who can assess the problem and take appropriate action.
7. Use, Management and Distribution of Drugs. UPH will comply with all laws and regulations governing the use, management, and distribution of drugs. All controlled substances and pharmaceuticals should be properly stored, secured, and inventoried. Covered Persons should promptly report to management missing supplies or drugs.
8. Maintain Appropriate Boundaries. UPH workforce members are expected to act in the best interests of their patients, and to maintain appropriate distance and involvement in those relationships.

C. Patient Rights. UPH and Covered Persons will comply with the Medicare Patient Rights requirements and any similar applicable state law requirements. See the UPH Patient Rights Brochure for a complete listing of all patient rights.

D. Business Ethics. In furtherance of UPH's commitment to high standards of business ethics and integrity, Covered Persons will accurately and honestly represent UPH and will not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.

The standards set forth below are designed to provide guidance to ensure that UPH business activities reflect high standards of business ethics and integrity. Covered Persons' conduct not specifically addressed by these standards must be consistent with this Section.

1. Honest Communication. UPH requires candor and honesty from individuals in the performance of their responsibilities and in communication with our attorneys and auditors. Covered Persons should make truthful and accurate statements to any patient, person or entity doing business with UPH about other patients, persons or

entities doing business or competing with UPH, or about the products or services of UPH or its competitors.

2. Misappropriation of Proprietary Information. Covered Persons are responsible to assure that no misappropriation of confidential or proprietary information belonging to another person or entity occurs nor utilization of any publication, document, computer program information or product information in violation of a third party's interest in such product. All Covered Persons are responsible to ensure they do not improperly copy for their own use documents or computer programs in violation of applicable copyright laws or licensing agreements. Covered Persons shall not utilize confidential business information obtained from competitors, including customers lists, price lists, contracts or other information in violation of a covenant not to compete, prior employment agreements, or in any other manner likely to provide an unfair competitive advantage to UPH.
3. Professional Standards and Judgment. Covered Persons are expected to conform to the standards of their professions and exercise reasonable judgment and objectivity in the performance of their duties.
4. Safe Work Environment. UPH will provide a safe work environment that complies with environmental, health and safety laws and regulations.

- E. Right to Personal Privacy and Confidential Treatment of Records. Covered Persons shall strive to maintain the confidentiality of patient information and other confidential information in accordance with applicable legal and ethical standards.

Covered Persons are in possession of and have access to a broad variety of confidential, sensitive, and proprietary information, the inappropriate release of which could be injurious to individuals, UPH's business partners and UPH itself. Every UPH Covered Person has an obligation to actively protect and safeguard confidential, sensitive, and proprietary information in a manner designed to prevent the unauthorized disclosure of confidential information.

1. Patient Information. All Covered Persons have an obligation to conduct themselves in accordance with the principle of maintaining the confidentiality of patient information. Covered Persons shall refrain from using or disclosing any personal or confidential information in violation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as updated by the HITECH Act, or other state or federal laws or regulations. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, Covered Persons should seek guidance from business unit management, applicable HIPAA Compliance Policies on the UPH Hub, the entity's Privacy Officer or the UPH Law Department. This Section is supplemented by more specific UPH HIPAA privacy and security policies, including Policy 1.MR.01, HIPAA-General Privacy Rules and Glossary.

2. Proprietary Information. Information, ideas and intellectual property assets of UPH and its Affiliates are important to organizational success. Information pertaining to UPH's competitive position or business strategies, payment and reimbursement information, and information relating to negotiations with Covered Persons or third parties should be protected and shared only with Covered Persons having a need to know such information in order to perform their job responsibilities or other roles with UPH or its Affiliates. Covered Persons should exercise care to ensure that intellectual property rights, including patents, trademarks, copyrights and software are carefully maintained and managed to preserve and protect its value. *(See policies and procedures regarding Confidentiality of Company Operational/Proprietary Information and Patient Information.)*

3. Personnel Actions/Decisions. Salary, benefits and other personnel information relating to Covered Persons shall be treated as confidential. Personnel files, payroll information, disciplinary matters and similar information shall be maintained in a manner designed to ensure confidentiality in accordance with UPH policy and applicable laws. Covered Persons will exercise due care to prevent the release or sharing of information beyond those persons who may need such information to fulfill their job function.

F. Social Media. Covered Persons are encouraged to visit and interact with UnityPoint Health's hosted social media sites. Social media may be used by UnityPoint Health Covered Persons subject to the restrictions set forth in [Policy 2.HR.25, Social Media](#). These restrictions are intended to ensure compliance with legal and regulatory restrictions, privacy and confidentiality agreements and UnityPoint Health's FOCUS Values .

G. Conflicts of Interest. A conflict of interest may occur if a UPH Covered Person's outside activities, personal financial interests, or other personal interests influence or appear to influence their ability to make objective, unbiased decisions in the course of the Covered Person's role at UPH. A conflict of interest may also exist if the demands of any outside activities hinder or distract a Covered Person from the performance of their duties or cause the individual to use UPH resources or UPH confidential information for other than UPH purposes. *(See Policy 1.CE.03, Conflict of Interest, for additional information.)*

H. Business Relationships. Covered Persons are responsible to assure that business transactions with vendors, contractors and other third parties are transacted free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction. The Federal Anti-kickback Statute prohibits the provision of any remuneration, or payment, of any kind, in exchange for, or to induce, the referral of any patient or the ordering of any service or supply paid for by a governmental health care program. Criminal penalties may result from violation of this statute. Questions or concerns about this law should be directed to the UPH Chief Compliance Officer, Market Compliance Officers, or to the UPH Law Department.

The standards are set forth in [Policy 1.CE.14, Gifts and Business Courtesies](#), for a more detailed statement of the UPH policy on these topics.

- I. Relationships Among Covered Persons. UPH seeks to encourage and facilitate positive working relationships between Covered Persons.
1. Personal Relationships. From time to time, personal relationships, romantic or otherwise, may exist or develop between two Covered Persons with a reporting relationship or who are otherwise positioned to influence one or both of the Covered Person's professional interests. Such relationships can pose conflict-of-interests issues, either in fact, or in appearance, in the minds of colleagues, the public, or patients. UPH recognizes that these types of relationships may occur and appropriate notification or assignment steps may need to be taken to prevent such relationships from resulting in a professional issue for the UPH or its Affiliates or the Covered Persons involved. Such relationships must be reported by the persons involved to their immediate supervisor(s) and Human Resources as soon as possible to determine what, if any, notifications or assignment changes need to be made.
 2. Gifts Among Colleagues. No Covered Person should feel obligated to give a gift to another UPH Covered Person. Lavish gifts should not be given to supervisors or other Covered Persons of influence at UPH or its Affiliates in an attempt to gain favor.
 3. Fundraising Requests. No Covered Person should feel compelled to participate in fundraising by another individual or groups of individuals within UPH or its Affiliates. When UPH decides to collect donations for a charitable organization, no Covered Person should feel compelled to donate, and whether or not a Covered Person donates will not impact performance evaluations or selection for promotion within UPH.
- J. Substance Abuse and Ability to Perform Job Functions. UPH will provide a safe work environment. All Covered Persons must report to work without being subject to the influence of alcohol, illegal drugs, prescription drugs used outside the scope of a prescription or other substances including prescription drugs used within the scope of prescription that may hinder job performance or judgment. The illegal use, sale, dispensing, distribution, possession, or manufacture of illegal drugs or other controlled substances by any Covered Person is prohibited and could lead to discipline, up to and including termination. UPH reserves the right to suspend a Covered Person if UPH has reason to believe a Covered Person may not be able to perform their job safely.
- K. Protection of Assets. All Covered Persons will strive to preserve and protect UPH's assets by making prudent and effective use of UPH resources and properly and accurately reporting its financial condition.
- The standards set forth below are intended to guide Covered Persons by articulating UPH's expectations as they relate to activities or behaviors which may impact UPH's financial health or which reflect a reasonable and appropriate use of the assets of a nonprofit entity.

- 381
382 1. Internal Control. UPH has established control standards and procedures to ensure
383 that assets are protected and properly used and that financial records and reports are
384 accurate and reliable. All Covered Persons share the responsibility for maintaining
385 and complying with required internal controls.

386
387 Management will institute and maintain internal controls and procedures for
388 financial disclosure and reporting. On an annual basis, Management will present
389 an internal control report to the UPH Board of Directors containing an assessment,
390 as of the end of UPH's most recent fiscal year, of the effectiveness of UPH's
391 internal control structure and procedures for financial reporting. Portions of the
392 report applicable to Affiliates will be communicated to Affiliate Boards.

- 393
394 2. Financial Disclosure and Management Duty to Report and Disclose. The Chief
395 Executive Officer, and Chief Financial Officer shall report to the Board at each of
396 its regular meetings, and at the meetings of its Executive and other committees as
397 requested.

398
399 In periodic and annual reports, Management has a duty to disclose the following
400 information to the Board: the financial performance of UPH, including trends,
401 demands, commitments, events, risks or uncertainties that have a material effect on
402 UPH's financial condition; the liquidity and capital resources of UPH; and the
403 results of operations.

404 Management will cooperate with the external auditor's audit and provide the
405 external auditor with truthful and accurate information. All financial reports,
406 accounting records, research reports, expense accounts, time sheets and other
407 documents must accurately and clearly represent the relevant facts or the true nature
408 of a transaction. Improper or fraudulent accounting, documentation or financial
409 reporting is contrary to the policy of UPH and may be in violation of applicable
410 laws.

411
412 Management further has a duty to report on corporate matters, including: actual or
413 anticipated material legal action against UPH or adverse media coverage; and actual
414 or anticipated material noncompliance with any policy of the Board. When
415 circumstances warrant, management may also disclose other matters to the Board
416 which may include the view of Covered Persons and external opinions regarding
417 UPH. The information must be presented in a manner that will permit the Board to
418 make informed choices.

419
420 All management reports to the Board shall be timely, complete and accurate and
421 shall be presented in a clear and concise manner.

422
423 When a management topic is present on the agenda of the UPH Board of Directors,
424 management will distribute reports and documents to the Board in a timely manner
425 which allows Board Members to adequately review and analyze the reports or
426 documents prior to the meeting where such materials will be discussed. It is

recognized that there will be extenuating circumstances when a matter may need to appear before the Board in an immediate timeframe and in such circumstances, management may not have time to distribute reports and documents prior to discussion of such materials at a Board meeting.

3. Travel and Entertainment. Travel and entertainment expenses should be consistent with the Covered Person's job responsibility and the needs and resources of UPH and its Affiliates. It is UPH's policy that a Covered Person should not suffer a financial loss nor a financial gain as a result of business travel and entertainment. Covered Persons are expected to exercise reasonable judgment in the use of UPH's assets and to spend UPH assets as carefully as they would spend their own. Covered Persons must also comply with UPH policies relating to travel and entertainment expense.

4. Personal Use of Corporate Assets. All Covered Persons are expected to refrain from converting UPH assets to personal use. All property and business of the company shall be conducted in the manner designed to further UPH's interest rather than the personal interest of a Covered Person. Covered Persons are prohibited from the unauthorized use or taking of UPH's equipment, supplies, materials, or services. Prior to engaging in any activity on company time which will result in remuneration to the Covered Person or the use of UPH's equipment, supplies, materials, or services for personal or non-work-related purposes, Covered Persons shall obtain the approval of the appropriate business unit or other management of UPH.

5. Responsible Use of Equipment and Property. All Covered Persons are expected to use equipment in a safe manner and in conformance with operating instructions. Covered Persons shall protect the physical property of UPH and any assets entrusted to their care against loss, theft, destruction, misappropriation or misuse. UPH and Covered Persons shall dispose of surplus, obsolete, or unusable property only in accordance with established policies and procedures. Covered Persons should never permit any unauthorized or inappropriate use of computer systems, software, office equipment, telephones, or other UPH property.

- L. Responsibilities of Leaders. UPH expects that its leaders will be models for others by exhibiting behavior and ethics that comply with the standards set forth for all Covered Persons in the Code of Conduct. Leaders at UPH include Board Members, senior executives, medical staff leaders, directors, managers, and shift supervisors.

1. Professional Integrity. Leaders at UPH are expected to conduct professional activities with honesty, integrity, respect, fairness, and good faith in a manner that will reflect well upon UPH and its Affiliates.

2. Standards for Patient Care and Workplace Environment. Leaders are called upon to create a culture within UPH and its Affiliates of high ethical standards, to respect the importance of compliance with legal requirements and to establish a working

environment in which all Covered Persons are encouraged to raise concerns and contribute ideas to achieve the goals of UPH and its Affiliates in a safe and healthy work environment that is free from harassment, coercion to perform illegal or unethical acts, and discrimination. Leaders should not permit any abuse of power that compromises patients or any other persons served. (See [Policy 2.HR.19, Employees and the Workplace Environment](#), and [Policy 2.HR.08, Workplace Violence/Bullying](#).)

3. Training and Education. UPH encourages its leaders to develop and maintain good healthcare management skills by taking advantage of training resources, including those available through Human Resources and Compliance, to ensure that they are familiar with applicable laws, regulations, and business best practices for doing business in a health care setting.
4. Accountability. Leaders at UPH are expected to hold Covered Persons who report to them accountable for any behavior that does not meet the principles and standards set forth in this Code of Conduct.
5. Duty to Avoid Improper Personal Gain. Leaders will avoid the improper exploitation of professional relationships for personal gain.
6. Disclosure of Financial and Other Conflicts of Interest. Leaders at UPH are expected to review and be familiar with UPH policies on disclosure of conflicts of interest (see [Policies 1.CE.03, Conflict of Interest](#), and [Policy 1.CE.03\(a\), Conflict of Interest \(Accountable Care Organizations\)](#)) and gifts and business courtesies (see [Policy 1.CE.14, Gifts and Business Courtesies](#)) and to properly disclose financial and other conflicts of interest.
7. Avoidance of Activities Damaging Credibility and Dignity of UPH. Leaders at UPH should avoid participating in any activity that damages or demeans the credibility and reputation of UPH in the communities it serves.
8. Support for Nonprofit/Not-For-Profit Mission and Improving Healthcare of the Communities We Serve. When fulfilling roles in nonprofit or not-for-profit entities, leaders at UPH are expected to demonstrate support and fiduciary duty for UPH's and its Affiliates' mission as a tax-exempt organization to provide community benefit through programs or activities that provide treatment and/or promote health and healing as a response to identified community needs.
9. Good Financial Stewardship/Drive Sustainable Results. Leaders at UPH will support and promote financial viability through a culture of financial discipline and adoption of best practices in both critical patient care and business processes.
10. Risk Tolerance. Leaders at UPH are expected to make decisions in accordance with the UPH Statement of Risk Tolerance (see *Addendum C*).

11. In addition to the attributes and responsibilities listed above, leaders at UPH are expected to demonstrate the following competencies:

a. Lead Self;

- i. Personal Growth Mindset
- ii. Navigating Uncertainty
- iii. Emotional Intelligence

b. Lead Others;

- i. Confident Humility
- ii. Team Development
- iii. Coach & Mentor

c. Lead UPH;

- i. Systemness
- ii. Operational Excellence
- iii. Change Leadership

M. Exclusion Screening. Covered Persons and other individuals referenced in Policy 1.CE.08, Federal Health Care Program Exclusion Screening, shall be screened to ensure that the individual or entity has not been, nor is, excluded from participation in a government healthcare program (e.g., Medicare, Medicaid, etc.). Such required exclusion screening shall be conducted prior to formal engagement (or formal engagement shall be subject to such required screening) and shall be conducted monthly thereafter. UPH may conduct such exclusion screening directly or may engage or require a third party to conduct the exclusion screening.

N. Administration and Application of this Code of Conduct. UPH expects each Covered Person to whom this Code of Conduct applies to abide by the principles and standards set forth in this Code and to conduct the business and affairs of UPH in a manner consistent with the general statement of principles set forth in this Code.

Failure to abide by this Code of Conduct or the guidelines for behavior which the Code of Conduct represents may lead to disciplinary action. For alleged violations of the Code of Conduct, UPH will weigh relevant facts and circumstances, including, but not limited to, the extent to which the behavior was contrary to the express language or general intent of the Code of Conduct, the egregiousness of the behavior, the Covered Person's history with UPH and other factors which UPH deems relevant. Discipline for failure to abide by the Code of Conduct may, in UPH's discretion, range from a verbal warning to termination. In the event that a Covered Person is covered by the terms of a collective bargaining agreement, discipline shall be in accordance with the provisions of the collective bargaining agreement.

Nothing in this Code of Conduct is intended to nor shall be construed as providing any additional employment rights to Covered Persons or other persons.

While UPH will generally attempt to communicate changes concurrent with or prior to the implementation of such changes, UPH reserves the right to modify, amend or alter the Code of Conduct without notice to any Covered Person. Covered Persons shall acknowledge their commitment to abide by the Code of Conduct on an annual basis.

O. Reporting a Possible Violation. Covered Persons are responsible for reporting questionable behavior. If a Covered Person believes there has been a violation of a law or have any concern or question regarding compliance, a Covered Person should speak with:

1. Direct supervisor or manager;
2. Direct supervisor's or manager's supervisor;
3. [Market Compliance Officer](#) or Compliance Committee;
4. UPH Chief Compliance Officer (515-440-5100);
5. UPH Audit Services (515-241-4397); or
6. UPH and Affiliate entity's Compliance Helpline (1-800-548-8778 or www.mycompliancereport.com / Access ID: UPHT). This independently operated service is available 24 hours a day, 7 days a week, and you may remain anonymous, if you wish.

Covered Persons will not be retaliated against by UPH or the Covered Person's Supervisor for, in good faith, reporting actual or suspected violations of the law or UPH Compliance Policies. Such retaliation may result in disciplinary action, up to and including termination. Further, some federal laws impose severe criminal penalties against entities and individuals who engage in illegal retaliation.

Tori Stafford

Tori Stafford (Feb 17, 2025 17:25 CST)

Tori Stafford
UPH Chief Compliance Officer

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664 Addendum A, "Legal Entity Operating Hospital"
665 Addendum B, "Summary of Changes"
666 Addendum C, "UPH Statement of Risk Tolerance"
667 Addendum D, "Listing of Laws"

Addendum A: Legal Entity Operating Hospital

The below are entities for which the Document has been adopted, except if noted as an exception on the first page under “Scope” and except if the hospital does not provide the service which is the topic of the Document. The entities listed below are accurate as of October 1, 2024. A current listing of legal named entities can be found at:

[https://uphealth.sharepoint.com/sites/intranet/Department%20Documents/Addendum%20A%20\(2023-04\).pdf](https://uphealth.sharepoint.com/sites/intranet/Department%20Documents/Addendum%20A%20(2023-04).pdf)

Region

Legal Entity Operating Hospital

CEDAR RAPIDS	ST. LUKE’S METHODIST HOSPITAL
CEDAR RAPIDS	ST. LUKE’S/JONES REGIONAL MEDICAL CENTER
DES MOINES	CENTRAL IOWA HOSPITAL CORPORATION D/B/A UNITYPOINT HEALTH – DES MOINES
DES MOINES	GRINNELL REGIONAL MEDICAL CENTER
DUBUQUE	THE FINLEY HOSPITAL
FORT DODGE	TRINITY REGIONAL MEDICAL CENTER
QC – MUSCATINE	UNITY HEALTHCARE
QUAD CITIES	TRINITY MEDICAL CENTER
SIOUX CITY	NORTHWEST IOWA HOSPITAL CORPORATION
WATERLOO	ALLEN MEMORIAL HOSPITAL CORPORATION
WATERLOO	UNITYPOINT HEALTH – MARSHALLTOWN
MADISON	MERITER HOSPITAL, INC.

Addendum B: Summary of Changes

A. Document Change Details The information below corresponds to the initial adoption of the document or, if the document has been amended, the most recent amendment. The Compliance Department shall retain Summary of Changes Addenda which document a document's initial adoption and any subsequent document amendments.

Standard Approving Bodies:	Action/Date:
Chief Medical Officer Group	N/A
Chief Nurse Executive Group	N/A
Clinical Policy Review Committee	N/A
Clinical Leadership Committee	N/A
Compliance Policy Advisory Committee	12/18/2024
UPH Compliance Committee	02/05/2025
UPH Senior Team	02/11/2025
Specific Stakeholder Groups:	Action/Date:
UPH Law Department	12/18/2024

B. Summary of Updates:

Reviewed/ Revised Date:	Summary of Changes:
04/98	N/A
09/03	N/A
08/04	N/A
03/07	N/A
12/12	N/A
07/14	N/A
02/15	N/A
09/19	N/A
05/20	Scope update only.
11/22	Policy revised to incorporate changes needed per managed care attestation requirements, including adding a listing of laws and language regarding exclusion screening. Policy also revised to coordinate with Policy 1.CE.14, Gifts and Business Courtesies and with UPC policy governing industry relationships.
01/23	Policy was updated to new template, no other revisions were made.
05/23	Section A.9 and C.5 were revised to update federal bases of discrimination and to add language necessary for National Health Service Corps certification (i.e., "UPH does not discriminate, exclude, or treat people differently on the basis of the individual's inability to pay; whether payment for services would be made under Medicare, Medicaid, or CHIP;....").
03/25	Policy was significantly revised to reflect recommendations set forth in OIG's General Compliance Program Guidance issued in November 2023, as well as

	recommendations of outside legal counsel. The policy was streamlined by removing information available in other sources, thereby reducing the possibility of inconsistency between documents. Use of defined terms (e.g., “Covered Person”) was reviewed.
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695 NOTE: Contact the UPH Compliance Department for prior versions.

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Addendum C: UnityPoint Health Statement of Risk Tolerance

Risk tolerance means the amount of risk that an organization is prepared to accept in pursuit of its objectives. A low level of risk tolerance means that the organization wishes to take very little risk. A higher level of risk tolerance means that the organization is prepared to accept more risk in order to achieve its objectives.

UnityPoint Health operates within a variable risk range, depending on the area and type of risk. UnityPoint Health's lowest risk tolerance relates to patient and employee safety and the quality of clinical care. Compliance risk evaluation requires a balancing of risk and cost. A higher risk tolerance may apply to financial and clinical data reporting objectives, and the greatest risk-taking tolerance may apply to the organization's strategic and operational objectives. This means that reducing to reasonably practicable levels the risks relating to the provision of healthcare services, our work environment, and material compliance risks, will normally take priority over other business objectives.

This statement of risk tolerance should be applied consistently at all levels of UnityPoint Health.

Addendum D: Listing of Laws

UnityPoint Health (“UPH”) shall include in its annual compliance training information on relevant laws and regulatory requirements, including the following listed laws and regulations. Presentation of information on any particular law or regulation shall be tailored to the roles and responsibilities of the individual being trained. Please note that this list is not exhaustive, and information other applicable laws may be included as deemed necessary by the UPH Chief Compliance Officer.

<u>LAW OR REGULATION</u>	<u>DESCRIPTION</u>
Title XVIII of the Social Security Act	Passed in 1965, the Social Security Act included Title XVIII, which became known as Medicare. Title XVIII includes Part A, which provides hospital insurance for the aged and disabled, and Part B, which provides medical insurance. To address the Part A and Part B benefits, Medicare offers a choice between an open-network single payer healthcare plan (known as Original Medicare) and plans administered by private companies approved by Medicare (Medicare Advantage, or Medicare Part C), in which the federal government pays for private companies to administer health coverage. Medicare Part D covers outpatient prescription drugs exclusively through plans offered by Medicare-approved private insurance companies.
Regulations governing Medicare Parts C and D, and Medicaid, where applicable, found at 42 C.F.R. §§ 422 and 423, respectively.	CMS has outlined compliance program guidelines in its Prescription Drug Benefit Manual, Chapter 9, and Medicare Managed Care Manual, Chapter 21. The dual-purpose CMS document is an interpretation of the compliance program requirements and related provisions in 42 C.F.R. Parts 422 and 423 for Medicare Advantage Organizations (MAO) and Medicare Prescription Drug Plans (PDP).
Patient Protection and Affordable Care Act (Pub. L. No. 111-148, 124 Stat. 119)	This extensive act is most known for the increased rights and protections it established for consumers, but it has many provisions, known as titles. The law addresses health insurance coverage, health care costs, and preventative care.
Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191)	Per the U.S. Department of Labor, HIPAA was initially passed in 1996 to “improve portability and continuity of health insurance coverage.” As a result, there are more consumer protections regarding options for coverage. Later “rules,” or provisions, were passed in 2001 and 2003 to protect the privacy, confidentiality and security of individually identifiable health information. This includes the establishment of security

	standards for electronic protected health information. UPH is required to have sufficient safeguards regarding this type of information, including who may access it, how much of it may be accessed by any individual and how it is retained and transmitted.
False Claims Acts (31 U.S.C. §§ 3729-3733)	This act gives the federal government leverage against persons/entities involved in fraudulent activities with the government. This allows financial liability in the form of a civil penalty and damages to be imposed for submitting, or causing someone to submit, a false or fraudulent claim for government payment. An individual with knowledge of fraud against the government may file a lawsuit (plaintiff) on behalf of the government against the person or business that committed the fraud (defendant). The filer of the lawsuit is also known as a “whistle blower.” – Retaliation against individuals for investigating, filing or participating in a whistle blower action is prohibited. – If the action is successful, the plaintiff is rewarded with a percentage of the recovery.
Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b))	This federal statute prohibits any individual or entity from knowingly and deliberately offering, giving or receiving money or something of value in exchange for referrals of healthcare goods or services that will be paid for in whole or in part by a federal healthcare program, such as Medicare or Medicaid.
The Beneficiary Anti-Inducement Statute (42 U.S.C. § 1320a-7a(a)(5))	This federal statute declares that any person who gives or offers to give anything of value to a Medicare or Medicaid beneficiary that the person knows or should know is likely to influence a beneficiary’s choice of a particular healthcare provider, practitioner or supplier to buy or rent a Medicare or Medicaid covered item from the provider, practitioner or supplier may be liable for civil money penalties of up to \$10,000 for each wrongful act.
OIG General Policy Statement Regarding Gifts	The OIG stated in guidance that there is a “nominal value” exception that allows a person to give: • A gift to a beneficiary as long as the gift has a retail value of \$15 or less • Multiple gifts each with retail value of \$15 or less over a 12-month period, as long as the total retail value of the gifts does not exceed \$75.
Prohibitions against employing or contracting with persons or entities that have been excluded from doing business with the	Employees, contracted third parties and other individuals or entities identified in UPH Policy 1.CE.08, Federal Health Care Program Exclusion Screening, shall be screened to ensure that the individual or entity has not been, nor is, excluded from participation in a government healthcare program (e.g., Medicare, Medicaid, etc.) Such exclusion screening is required, must be conducted prior to hire/contract and monthly thereafter.

federal government (42 U.S.C. §1395w-27(g)(1)(G).	UPH may conduct such exclusion screening directly or may require a third party to conduct the exclusion screening on individuals designated by the third party to support UPH.
Civil monetary penalties of the Social Security Act (42 U.S.C. § 1395w-27 (g))	The government may seek civil monetary penalties for a wide variety of abusive conduct including: • Failing to grant the government timely access to records. • Knowing of, and failing to, report and return an overpayment. • Making false claims or paying to influence referral of patients. Penalties vary and are adjusted to reflect inflation.
Physician Self-referral (“Stark”) Statute (42 U.S.C. § 1395nn)	This statute: •Prohibits a physician from making referrals for certain designated health services payable by Medicare to an entity with which he or she (or an immediate family member) has a financial relationship (ownership, investment, or compensation), unless an exception applies •Prohibits the entity from presenting, or causing to be presented, claims to Medicare (or billing another individual, entity or third-party payer) for those referred services. Specific exceptions have been established, and the federal government has the authority to create regulatory exceptions for financial relationships that do not pose a risk of program or patient abuse.
Fraud and Abuse, Privacy and Security Provisions of the Health Insurance Portability and Accountability Act, as modified by HITECH Act	This act could be considered an extension of HIPAA, as it enables the U.S. Department of Health and Human Services to promote and expand the adoption of health information technology. It addresses: • Use of electronic health records, including incentives for adopting them and requirements around their disclosure • How to secure protected health information appropriately • When and to whom notifications should made in regard to data breaches of unsecured protected health information (PHI)

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