

Subject/Title: Corporate Compliance Code of Conduct

Policy: It is the policy of Oneida Health Hospital (“OHH”) that all Affected Persons (as hereinafter defined) conduct themselves in an honest, ethical and lawful manner and in conformity with OHH’s Compliance Plan and this Code of Conduct.

Purpose: The purpose of this policy is to set forth the expectation of honest, ethical and legal behavior and conduct in operations and communications of OHH; to serve as the foundation for the organization’s compliance program; and to provide guidance with respect to acceptable behaviors consistent with laws and regulations and with OHH’s commitment to meeting all requirements of the mandatory compliance program law and regulation.

Scope: This policy applies to all persons affected by the organization’s risk areas, including employees, the chief executive officer and other senior administrators, managers, and contractors, agents, subcontractors, independent contractors, and governing body and corporate officers (“Affected Persons”) of OHH, including the hospital and all of its departments and health centers, the Extended Care Facility, OHH’s affiliated physician practices (Oneida Medical Services, PLLC, Oneida Medical Practice, P.C.), and any other department or entity which is part of OHH, as appropriate.

Statement:

The following is a guide to ethical behavior:

1. Oneida Health promotes **respect** for patients as well as employees, agents, providers, volunteers and visitors.
2. Oneida Health actively fosters **teamwork, communication and collaborative work environment** among members of the patient care team, customer service support team and among groups that meet for the purpose of improving health status including but not limited to trustee, provider and manager groups.
3. Oneida Health encourages **honesty and integrity** in operations as well as communication and fair evaluation of programs and persons. This behavior is reflected in our marketing, admissions, purchasing, transfer, discharge and billing procedures. It also guides the organization, employees and agents in their relationships and interactions with other health providers, educational institutions, vendors and payers.
4. Oneida Health **does not discriminate** in its business and corporate practices. The organization follows all Federal and state anti-discrimination laws that apply to the admission/discharge process and to the purchase of services and supplies.
5. Oneida Health’s **vision, mission, and values** guide the planning and business practices and patient care experience.

6. Items and services are provided to customers in a manner that respects and fosters their sense of **dignity, autonomy, and positive self-regard, civil rights and involvement in their own care.**
7. All staff, providers and volunteers will exhibit a **Commitment to Patient Centered Care and to Co-workers** to establish a culture of **patient safety and teamwork.**
8. Conduct contrary to these ethical expectations set forth will be considered a violation of the Compliance Plan and its related policies and procedures.

Procedure:

- A. Affected Persons of OHH must conduct themselves in an honest, ethical and lawful manner, and in conformity with OHH's Compliance Plan and this Code of Conduct. This Code of Conduct should be considered in conjunction with OHH's other policies and procedures. The expectations set forth below are neither exclusive nor complete. Affected Persons are required to comply with all applicable federal and state laws, rules and regulations as further articulated in OHH's Compliance Program policies, whether or not specifically addressed in OHH's policies and Code of Conduct. If questions arise regarding the existence of, interpretation or application of any law, they should be directed to the Corporate Compliance Officer, who will consult with legal counsel if necessary.
- B. OHH requires all Affected Persons to report suspected compliance issues, concerns or violations where the individual reasonably believes, in good faith, that any activity took place that appears to violate the OHH Compliance Program, this Code of Conduct or any OHH compliance policy, as well as applicable law, rules or regulations, executive orders, and any judicial or administrative decisions, rulings or orders, or that poses a substantial and specific danger to the public health or safety. Failure to comply with this or any other compliance policy may result in disciplinary actions. See *CC-16-30, Progressive Disciplinary and Sanctions Policy*, and *HR-11, Human Resources Disciplinary Policy*.
- C. Reporting any illegal or unethical conduct or suspected violations of the OHH Compliance Program, in good faith, is mandatory. Failure to report may, in itself, violate the OHH Compliance Program, which may subject to discipline pursuant to OHH's disciplinary policy. See *CC-16-30, Progressive Disciplinary and Sanctions Policy*, and *HR-11, Human Resources Disciplinary Policy*.
- D. OHH fosters a culture of non-retaliation and non-retribution. Affected Persons who report, in good faith, actual or suspected non-compliance with laws, regulations, or standards as articulated in this policy shall not suffer any form of retaliation, intimidation or adverse employment consequence. See OHH compliance policies, including *CC-16-33, Whistleblower Protection Policy*.
- E. Specific laws and ethical expectations:
 1. **Fraud and Abuse.** OHH expects Affected Persons, as applicable, to refrain from conduct that may violate the fraud and abuse laws. These laws prohibit (1) direct, indirect or disguised payments in exchange for the referral of patients; (2) 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 (3) 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. See OHH compliance policies, including *CC 16-10, Health Care Waste, Fraud and Abuse Policy*.

2. **Business Ethics.** In furtherance of OHH's commitment to the highest standards of business ethics and integrity, Affected Persons will accurately and honestly represent OHH and will not engage in any activity or scheme intended to defraud anyone of money, property or honest services. Affected Persons shall not (i) knowingly make false or misleading statements of any kind to any patient, person or entity doing business with OHH about other patients, persons or entities doing business or competing with OHH, or about the products or services of OHH or its competitors; (ii) misappropriate confidential or proprietary information belonging to OHH, another person or entity nor utilize any publication, document, computer program, information or product in violation of a third party's interest in such products; nor (iii) utilize confidential business information obtained from competitors, including customer lists, price lists, contracts, or other information, in any manner likely to provide an unfair competitive advantage to OHH.

3. **Disruptive Behavior.** OHH expects Affected Persons to use common sense and good judgment and holds all Affected Persons to the highest standards of conduct, etiquette, and professionalism in all of their work-related dealings with patients, vendors and co-workers. Affected Persons (including without limitation, physicians and other healthcare providers) who exhibits unprofessional conduct of any kind, including, but not limited to disruptive, discourteous, disrespectful, intimidating, or abusive behavior, threats or physical assaults, or sexual harassment to other OHH personnel or the personnel of another entity having a professional relationship with OHH, will be investigated by the appropriate OHH officer and/or other designated individual in accordance with OHH's policies and procedures. Disciplinary procedures and the imposition of sanctions for disruptive behavior and other inappropriate conduct will be in accordance with the relevant OHH policies, procedures, bylaws and rules and regulations. Further, there will be no retaliation against any person who reports in good faith suspected or actual disruptive behavior demonstrated by any person or employee or hospital affiliate. See OHH policy HR 68, *Code of Conduct and Disruptive Behavior*, for more details.

4. **Confidentiality.** Affected Persons will strive to maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards. Affected Persons are in possession of and have access to a broad variety of confidential, sensitive and proprietary information, including protected health information ("PHI"), the inappropriate release of which could be injurious to individuals, OHH's business partners and OHH itself. Every individual has an obligation to actively protect and safeguard confidential, sensitive and proprietary information in a manner designed to prevent the unauthorized disclosure of information. The requirement that Affected Persons maintain the confidentiality of PHI and other confidential information continues even after such person is no longer affiliated with OHH.

a. **Patient Information.** Affected Persons will maintain the confidentiality of PHI in accordance with OHH policy and applicable federal and state laws and regulations, and will refrain from revealing any personal or confidential information concerning patients unless authorized by law or necessary for patient care purposes. If questions arise regarding an obligation to maintain the confidentiality of information or the appropriateness of releasing information, employees and others should seek guidance from their supervisor. Supervisors in turn may seek guidance from an appropriate hospital administrator or the Corporate Compliance Officer.

b. **Proprietary Information.** Information, ideas and intellectual property assets of OHH are important to organizational success. Information such as that pertaining to OHH's strategic plan, payment and reimbursement information, and information relating to negotiations with employees or third parties should be protected and shared only with others having a need to know such information in order to perform their job responsibilities.

5. **Conflicts of Interest.** Conflicts of interest may occur if an individual's outside activities or personal financial interests influence, or appear to influence, that individual's ability to make objective decisions in the course of carrying out his/her responsibilities and obligations at OHH. Certain persons of OHH, including directors, officers, committee members and key persons identified by OHH ("covered
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persons”), owe a duty of undivided and unqualified loyalty to OHH. Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of OHH. All persons holding these positions are expected to regulate their activities so as to avoid actual impropriety and/or the appearance of impropriety which might arise from the influence of those activities on business decisions of OHH, or from disclosure or private use of business affairs or plans of OHH. See OHH policy CC 16-44, *Conflict of Interest Policy*, for more details concerning conflicts.

B. Administration and Application.

Affected Persons must understand that they will be subject to discipline for violations of the Code of Conduct, up to and including termination of employment or affiliation with OHH. The specific disciplinary action depends on the nature and extent of the violation. See OHH policy CC 16-30, *Progressive Disciplinary and Sanction Policy for Compliance Program*.

If at any time you have any questions or concerns regarding the Code of Conduct and your responsibilities thereunder, you may contact the Corporate Compliance Officer at extension 2117 or by calling 315-361-2117.

Other Related Policies: [Policy HR-68 Code of Conduct and Disruptive Behavior](#)
 [CC Policy 16-30 Progressive Disciplinary and Sanction Policy for Compliance Program](#)

Previous Policy #: N/A

References: OIG/OMIG Mandatory Compliance Program Component - Effectiveness

Standards:

Forms: N/A

Approved By: Corporate Compliance Committee, March 2017 Meeting, 8/18, 12/18, 3/21, 6/24