



THE UNIVERSITY OF KANSAS HEALTH SYSTEM

Code of Ethics and Professional Conduct

A message from our CEO

Dear Colleagues,

The University of Kansas Health System is a premier academic medical center serving the people of Kansas, the Midwest and the nation. It is our vision to lead the nation in caring, healing, teaching and discovering. We are deeply committed to maintaining high ethical standards in every aspect of our business so we may better enhance the health and wellness of the individuals, families and communities we serve.

We accomplish this vision in an environment governed by complex rules and regulations, by which we must abide. The University of Kansas Health System's Code of Ethics and Professional Conduct (the "code") was developed to serve as the framework all of us can follow to guide our behavior. It provides practical guidance to help each of us navigate the policies we need to follow to maintain an ethical, safe and compliant workplace. Please take the time to read it carefully.

Consider the code in your daily work and speak up if you have a concern about something that doesn't seem right. We all have a responsibility to speak up. Concerns can be raised by contacting your supervisor or by contacting our chief compliance and internal audit officer at 913-588-6632 or at CHogan-Newgren2@KUMC.edu. You may also report concerns anonymously in good faith without fear of retaliation by calling the Compliance and Privacy Helpline at 844-527-0597 or submitting a report online at KansasHealthSystem.EthicsPoint.com.

We all play a vital role in upholding the integrity of our organization. There are a few simple things you can do to ensure we maintain that integrity: (1) Learn the principles of this code, (2) ask questions and (3) report concerns.

The success of our organization depends upon each of us demonstrating a commitment to quality and compliance which strengthens our reputation and enables us to foster relationships with the community based on mutual trust and respect. Thank you for what you do every day to contribute to achieving our vision.

Sincerely,



Bob Page

President and Chief Executive Officer



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The University of Kansas Health System, at its discretion, reserves the right to modify any aspect of its compliance program at any time. This includes language of this code, policies and procedures and other related compliance documentation. If there is a conflict between this code and a specific policy, the specific policy currently in effect will govern. The intranet version will contain any changes made after the date of the printed publications and will be the most current version of the code.

Section I: Understanding the code

Continuing our tradition of integrity

At The University of Kansas Health System¹, we are proud of our tradition of ethical and responsible conduct. We expect everyone to adhere to the highest standards of conduct in order to protect the welfare of the health system, each other, our patients and our communities. To support these goals, this Code of Ethics and Professional Conduct (“code”)

is intended to promote an overall atmosphere of ethical and honest behavior, which is fundamental to facilitating compliance with the laws, rules and regulations that affect the health system and fostering our patients’ and the community’s confidence in our integrity.

The code defines the standards of conduct expected of all of us and will assist you in making the right choices when confronted with difficult legal and ethical situations.

Scope

Every employee and independent contractor of the health system, including board members, supervisors, physicians, volunteers, vendors, consultants, agents and other business partners that work for or provide goods and services to our organization (collectively, “health system team members”) is expected to follow this code along with all applicable laws and policies. This code is not intended to replace or supersede, but rather supplement and support, compliance with governmental laws as well as other health system policies and procedures, which are available upon request from the Compliance Department.

Note: For purposes of this document, the terms “law” or “laws” refer to all applicable local, state and federal laws, rules and regulations. A referenced “policy” or “policies” may refer to The University of Kansas Health System policies, standards, procedures and other governance documents, which may be amended from time to time.

Your responsibilities

Ultimately, the responsibility for ethical behavior rests with each individual. We ask that you read, understand and follow this Code of Conduct at all times to best represent the health system in an ethical and compliant manner. You will be asked to acknowledge your understanding of the code at different times

throughout your employment with the health system.

The University of Kansas Health System intends at all times, and for all its team members, to comply with applicable federal, state and local laws and regulations. It is a violation of health system policy to engage in conduct that violates federal, state or local laws and regulations, including but not limited to issues like stealing the property of a co-worker, patient or visitor, violation of antifraud laws, committing fraud or intentionally misleading another through falsification of benefits or other hospital documents or the use of false statements, stealing health system property or time (such as falsified time records), bribery or countless other potential activities that may constitute a violation of law.

- Ask questions and seek guidance when uncertain what to do.
- Speak up and report concerns about actions or behavior that may be inconsistent with the Code of Conduct.
- Participate in periodic training to further understand the Code of Conduct and how it applies to your job.

All health system team members have a responsibility to be knowledgeable about and comply with laws, rules and regulations affecting their job duties. The health system will use its best efforts to provide you with the information and education you need to comply with applicable laws. You should immediately report violations or suspected violations of any law, rule or regulation to your supervisor or the chief compliance officer.

Managers’ responsibilities

Managers, including administrators, supervisors, department heads and physician leaders, have additional responsibilities to lead by example while championing practices that promote an ethical and compliant workplace. Ways in which a manager can help to facilitate this atmosphere include:

- Communicating the responsibility of those they lead to read and adhere to the standards set forth in this code

¹The University of Kansas Health System and its subsidiaries are collectively referred to in this document as “we” or the “health system.” “Subsidiaries” refer to any entity either owned entirely by the hospital authority or in which the hospital authority has a majority of the organization’s voting interests or the right to elect a majority of the organization’s governing body.

- Taking appropriate measures to detect, report or appropriately correct any suspected violations
- Instructing those they lead on how to report a compliance concern
- Fostering an open, trusting and safe work environment in which everyone feels respected and comfortable coming forward with questions or concerns
- Responding in a timely manner and appropriately when matters surrounding the code are brought to their attention
- Serving as a personal example for modeling high ethical standards in the performance of their duties
- Complying with the health system’s nonretaliation policies

Making a difference: Identifying and reporting suspected violations

We are all accountable for maintaining a culture of compliance, and there may come a time when you observe or learn of a violation of this code. Although sometimes difficult, you have a duty to report suspected violations, regardless of the identity or position of the suspected offender. Through our combined effort, we can all help to identify potential problems quickly and to ensure appropriate, timely resolution.

If you are unsure about whether you should report something you have seen, ask yourself the following questions:

- Do any actions taken violate health system policies and procedures?
- Are the actions of all parties involved, including my own, illegal or unethical? Is anyone’s health or safety being jeopardized? Would the situation appear negatively if it were made public? Is someone’s reputation at risk?
- Does the action comply with the health system’s nonretaliation policies?

If you answered “yes” to any of the questions above, you may have witnessed a potential violation. You do not need to be absolutely certain that a violation has

occurred before making such a report; if you have reasonable belief that a violation may have occurred, you should take the steps necessary to report it to the appropriate person. In cases where you are unsure what to do, ask questions and raise issues and concerns to the appropriate person.

Anonymity, confidentiality and nonretaliation

You may report potential violations to your supervisor, through the Compliance Helpline or directly to the chief compliance officer. When you report an action, you may do so anonymously, although please remember that this may limit our ability to investigate the matter. If you do identify yourself, your confidentiality will be protected whenever possible.

In situations where your name or reporting cannot remain confidential, please remember that you are protected against retaliation and retribution. As a matter of health system policy, no one who reports a suspected violation will be disciplined or subjected to retaliatory action as a result of making a report in good faith. Any retaliation against a health system team member who makes a report in good faith through the appropriate channels identified in this code is expressly prohibited and subject to discipline.

To ask a question or report a violation:

- Talk with your supervisor or management.
- Call the Compliance and Privacy Helpline: 844-527-0597
- Report online at KansasHealthSystem.EthicsPoint.com.
- Email Compliance and Audit Services at ComplianceResource@KUMC.edu.
- Call the chief compliance and internal audit officer’s direct line: 913-588-6632.
- Write to Christine Hogan-Newgren, chief compliance and internal audit officer, The University of Kansas Hospital Authority, 2300 Shawnee Mission Pkwy., Suite 200, Mailstop 5009, Westwood, KS 66205.
- Call Cathy Wiens, chief compliance officer, SW Kansas City Market, 913-355-3526.

Investigation of suspected violations and discipline for violations

All reports of violations or suspected violations of the code will be promptly investigated. This may involve the placement of the team member on administrative leave, or removal from the worksite or work project for the duration of the investigation, if the chief compliance officer believes the integrity of the investigation may be at stake because of the presence of a health system team member under investigation. Investigative activity taken in response to a reported or suspected violation will be reported to the board.

It is also the health system's policy to cooperate with any government investigation through the coordination of the health system's legal counsel. Because of this, health system team members are not authorized to engage external consultants, auditors, or legal counsel in connection with compliance matters, except with the advance approval of the CEO.

All of us are responsible for complying with this code – acting in accordance with this document is a condition of your employment and continued employment with the health system. Health system team members will be held accountable for behavior and actions inconsistent with the code. Failure to comply with the code, health system policies or applicable laws will result in disciplinary action, which may include actions up to and including termination of the health system team member's employment. Disciplinary action may also be taken if a health system team member fails to report a violation or cooperate in an investigation, or for retaliation against anyone who reports a possible violation of the code. In cases where you are unsure what to do, ask questions.

Section II: Patient care, billing and payments, and academic responsibility

Our commitment to quality care, stewardship and patients' rights

We are committed to care, education and research that is performed with integrity, compassion and concern for human welfare and dignity. It is expected that every individual coming into contact with the health system, whether patient, visitor, employee, physician, student or volunteer, will be able to enjoy an atmosphere that fosters respect, personal safety and courtesy.

All patients should be able to expect high-quality care based on their unique healthcare needs, with respect for and regardless of, individual differences.

As a health system team member, I acknowledge that I will:

- Comply with all applicable laws regarding patients' rights.

Respect patients' rights and assist patients and/or legally authorized representatives in understanding and exercising their rights and responsibilities, including delivering information regarding diagnosis, treatment and/or research options and prognosis in language that is understood to help ensure that the patient's right to make an informed choice is preserved.

- Recognize and respect individual patient differences, such as personal background, race, color, ethnic or cultural heritage, national origin, religious/spiritual views, communication needs, sex, age, marital status, veteran status, sexual orientation, genetic information, sexual identity and disability, including developmental disability.
- Follow standards of care based on the identified needs of the patient, without regard to the patient's financial status.
- Strive to accommodate the special needs of patients and provide reasonable accommodations to qualified employees with a disability that do not impose an undue hardship on the health system.
- Seek to avoid the provision of services that are medically unnecessary or ineffective.

- Make every reasonable effort to provide exceptional and high-quality healthcare that meets professionally recognized standards while properly stewarding our resources.

Conflicting obligations and opinions

While you must always treat patient differences with respect, there are times when you may request to be relieved from participating in a patient's care or treatment when the prescribed care or treatment presents a conflict with deeply held cultural values, ethical principles or religious beliefs. You may also occasionally encounter or find yourself in situations where differences of opinion exist among those who participate in patient care decisions.

The health system seeks to resolve all conflicts fairly and objectively, while safeguarding that patient care and treatment is not compromised in such situations. If you are unsure about how to handle such a situation, please consult policies on management of staff rights or request consultation with the Ethics Committee.

Emergency care

The health system should never deny emergency stabilizing services to patients who are in need. Those in need should be provided emergency treatment in accordance with the Emergency Medical Treatment and Labor Act (EMTALA), regardless of their citizenship, legal status or their ability to pay.

As a health system team member, I acknowledge that I am expected to help those arriving in need of emergency medical treatment.

Patient admission, transfer and discharge

The health system will conduct all admission, transfer and discharge procedures in an ethical manner and in accordance with applicable laws.

As a health system team member, I acknowledge the following general guidelines related to the admission, transfer and discharge of patients:

- If a patient requests to transfer or if the health system is not able to safely treat a patient's specific condition or meet their medical needs, we will make every effort to accommodate a transfer, provided

that it is medically appropriate, legally permissible and acceptable to the receiving facility.

- Prior to discharging a patient, appropriate health system team members will inform the patient of realistic care options when health system care is no longer medically necessary or appropriate.
- We will handle all transfers and discharges in a respectful and courteous manner.

Protecting patient information

To deliver quality care, the health system collects health information about our patients, as well as collecting certain demographic, financial and insurance information to ensure that the proper parties are billed for provided care. During this process, patient privacy and confidentiality should be protected at all times.

As a health system team member, I acknowledge that I will:

- Respect, protect and promote patient privacy and confidentiality at all times.
- Only add information to medical records when I am permitted by my role with the patient to do so and ensure that it is truthful and complete.
- Use or disclose patient information only as authorized by law or in accordance with a patient's written authorization.
- Seek to minimize the amount of confidential information I collect.
- Access patient information only as necessary to perform my particular job duties.
- Report any suspected violation or improper use of patient health information.
- Immediately report PHI that has been lost, stolen or accessed inappropriately.

Appropriate billing

Accurate and timely billing is of the utmost importance. Facilities that receive payment for items or services provided under the Medicare and Medicaid programs are subject to several laws, rules and regulations designed to prevent fraud, waste and abuse. The federal government and several states have enacted other measures to pursue billing fraud,

waste and abuse, including False Claims Act laws. We all must strive to ensure that patients and third parties are billed only for services actually provided and fully and accurately documented in the patient's medical record.

As a health system team member, I acknowledge that:

- Improperly submitted claims may result in fines or penalties by regulatory agencies, as they could be perceived as false or fraudulent.
- Falsifying, misrepresenting or otherwise improperly entering my time when it may be used to create cost reports for the health system may constitute a violation of fraud, waste and abuse laws.
- Documentation in the medical record must be made and certified in a timely manner to support claims submissions.

As a health system team member, I acknowledge that if I am responsible for the billing of services rendered in the health system, I will perform this in an accurate and timely manner by:

- Never billing for services that I know or suspect were not rendered or appropriate.
- Never falsifying information on a claim to increase likelihood of payment.
- Pledging to comply with laws related to the proper billing of Medicare, Medicaid and other payors.
- Reporting suspected issues or billing problems to the appropriate supervisor or compliance officer.

If I am a health system team member responsible for patient care, I acknowledge that I will also:

- Remain versed in the applicable coverage rules of my service.
- Take responsibility for the accuracy of any submitted claim for which I have rendered a service.

Anti-kickback statute and self-referrals

The health system is committed to receiving and serving patients with fairness and honesty. To these ends, the health system relies on referrals obtained ethically and legally to maintain a high-quality reputation among members of the community.

As a health system team member, I acknowledge that I will not:

- Willfully offer, pay, seek or receive anything of value in an attempt to arrange patient business.
- Offer or accept payment, other than fair market value, for health services as a way of getting more business.
- Accept prizes, gifts, cash payments, coupons or bonuses offered for marketing certain products.
- Accept financial incentives or inducements linked to the number of referrals made by the physician or to the physician's level of billing.

Research and education

The health system is committed to maintaining the highest ethical standards relating to research and education. We strive to avoid scientific misconduct and to comply with all applicable laws and health system policies in any research, investigations and clinical trials involving human subjects or animals.

Scientific misconduct includes, but is not limited to, intentional distortion of the research process by fabrication, falsification, or plagiarism of data, text, hypotheses,

or methods from another researcher's manuscript form or publication; or distortion of the research process in other ways.

For more information regarding education and research standards, please see our policies. Any suspected violation of education and research standards should be promptly reported to the appropriate person.

Section III: Employees and the workplace

Diversity and equal opportunity employment

The health system is committed to equal employment opportunity in the workplace, providing opportunity without regard to race, color, religion, sex, genetic information, age, disability, sexual orientation, sexual identity, military or veteran status or protected members of the armed forces national origin or other characteristics protected by law.

As a health system team member, I acknowledge that I will:

- Abide by all laws dealing with employment matters.
- Behave in a manner that encourages a spirit of cooperation, open communication, and mutual respect and trust.

Personal conduct and civility

The health system is committed to providing a safe work environment that is free from illegal employment discrimination, harassment and behaviors that undermine a culture of safety. The health system does not tolerate personal conduct that puts the personal safety or rights of others at risk.

As a health system team member, I acknowledge that I will refrain from:

- Demeaning, menacing or otherwise inappropriate language or behavior, whether directed at a patient, visitor, health system team member, regulator or surveyor. Degrading or humiliating jokes, slurs or conduct about an individual's race, color, religion, sex, national origin, ancestry, sexual orientation, sexual identity, disability, age, military or veteran's status or other characteristics protected by law.
- Any act or threat of physical violence or harassing behavior, including sexual harassment, stalking and other conduct that creates an intimidating, hostile or offensive work environment.
- Possession of firearms, explosive devices, other weapons or other dangerous materials or devices while conducting health system business.
- Manufacture, distribution, dispensing, possession, sale, or use or offer to sell, buy or attempt to buy or transport illegal drugs.

- Possession or consumption of alcohol while on the health system premises, except in designated areas when consumption has been authorized in advance, and then only in moderation.

License and certification renewals

Those holding professional licenses, certifications or other credentials are personally responsible for maintaining the current status of those credentials.

The health system requires verification of current credential status on a regular basis and expects health system team members to maintain active status at all times.

As a health system team member, I acknowledge that it is my responsibility to:

- Obtain and hold valid and current credentials and licensure as required for the performance of my job duties and as required per my job description.
- Understand that I will not be permitted to work until proper credentials can be provided.
- Understand that I will not be permitted to start work until proper credentials can be verified and will not retain my employment or assignment if timely renewals of credentials are not provided, or credentialing is removed by the appropriate credentialing body.

Excluded Individuals and Entities

To maintain high-quality care, integrity and to establish standards to comply with law and regulation, screening of individuals and entities ensures all job candidates, employees, contractors, physicians, vendors and suppliers engaged with the health system are compliant and in good standing with participation in federally funded healthcare programs.

Sanctions screening is conducted monthly to identify whether an individual or entity is listed at a minimum on the Office of Inspector General (OIG) List of Excluded Individuals/Entities and System for Award Management (SAM.gov) exclusion listing.

As a health system team member, I acknowledge that:

- I understand it is the health system's policy to not do business with vendors or suppliers listed as excluded.

- I understand it is the health system's policy to not employ persons who are ineligible to participate in government-funded healthcare programs.

As a health system team member, I acknowledge that it is my responsibility to:

- Report to Compliance and Audit Services immediately if at any point I become aware of or am involved in a situation that may result in an exclusion.

Workplace and environmental safety

The health system takes steps to provide a safe and healthy environment for patients, health system team members and visitors while remaining stewards of the environment. You have a responsibility to properly address workplace hazards and occupational health and safety laws, policies and procedures as they relate to your specific job duties as well as remaining in compliance with environmental laws and regulations pertaining to hazardous materials, regulated medical waste, air pollution and water pollution.

As a health system team member, I acknowledge that I will:

- Generally maintain a healthy and safe environment for others.
- Comply with laws governing the handling, storage and use of hazardous materials, pollutants and medical waste.
- Accurately maintain records required by applicable environmental laws, rules and regulations.

It is important for you to immediately advise your supervisor or the Environmental Health and Safety Office of any situation presenting a danger of injury or suspected violation of environmental compliance policies and procedures so that timely corrective action may be taken. Please seek advice from your supervisor or the Environmental Health and Safety Office if you have any questions or concerns.

Proper control of medications

The health system is responsible for preventing unauthorized access to and misuse of pharmaceutical products, and everyone has a duty to safeguard prescription drugs and controlled substances. The unauthorized use of any prescription drug or controlled



substance by any health system team member, including drug samples, is strictly prohibited. You may not use medications dispensed by the health system's pharmacy for personal use unless prescribed in accordance with health system policies.

As a health system team member, I acknowledge that I will:

- Immediately advise my supervisor, the director of pharmacy, or the chief compliance officer if I become aware of any unauthorized dispensing, diversion or use of the health system's pharmaceuticals.

Use of resources

Both health system and patient financial information must be protected as private and confidential information. We all must work to help preserve and protect the health system's confidential patient, research and proprietary information and business assets including but not limited to time, materials, supplies, equipment, business operations, trade secrets, research data, and business/patient records. We are also committed to preparing and maintaining our financial records and reports in an accurate and complete manner in accordance with applicable accounting standards and controls.

Protecting assets against improper use or excessive costs maximizes our ability to utilize resources for patient care. Accordingly, health system assets are to

be maintained for business and patient care purposes, unless otherwise approved and insignificant.

They should never be used or divulged for personal gain.

As a health system team member, I acknowledge that I will:

- Never use health system resources for personal financial gain.
- Remain cost-conscious and efficiency-focused when using or purchasing health system resources.
- Only use health system resources for business and if absolutely necessary, obtain all relevant approvals for the use of personal assets for business purposes.

Protection of financial integrity

We are committed to maintaining our financial records in an accurate and complete manner, in accordance with our accounting standards and controls.

As a health system team member, I acknowledge that I will:

- Make all expenditures with proper approval and authorization.
- Access assets only with permitted and proper approval.
- Record transactions in a truthful and timely manner.
- Help prepare financial reports and account for resources in accordance with policy to support filings to governmental or regulatory agencies, if required by my job role.
- Never reveal financial matters to any outside party without express permission from the CFO or CEO.
- Adequately safeguard assets and immediately report any discrepancies.

Accuracy, retention and disposal of business records

Every health system team member is responsible for the integrity and accuracy of the health system's business records.

As a health system team member, I acknowledge that I will:

- Never alter or falsify information on any record or document.
- Retain and destroy records appropriately according to the health system's records retention policy.
- Consult the chief compliance officer if I believe that documents should be saved beyond the applicable retention period.

Electronic and social media

All communication systems, electronic mail, intranet, computers, instant messaging, telephones, internet and voice mail systems utilized or provided by the health system are the property of the health system and are

to be primarily used for business purposes.

Reasonable personal use of the health system's communications systems is permitted; however, such communications are not private. The health system reserves the right to periodically access, monitor and disclose, without notice, the contents of any email or voice mail message.

Our patients and customers are our top priority. If you abuse the health system's communication systems or use them excessively for nonbusiness purposes, you may lose your usage privileges and may be subject to disciplinary action.



As a health system team member, I acknowledge that I will not:

- Post, store, transmit, download or distribute any materials that could be viewed as malicious, obscene, threatening, intimidating or that could create a hostile environment on the basis of a protected characteristic.
- Send chain letters or broadcast messages, documents and bulk email messages that are not authorized for reproduction.

- Disclose confidential or proprietary information not shared with or generally available to the public, such as trade secrets, financial reports, strategic plans, business operations, marketing strategies, clinical information and quality data, pricing and cost data, and supplier information and data.
- Disclose patient or other confidential information through the internet or social media, unless health system management authorizes such disclosure or as may otherwise be permitted by applicable policies.
- Say or suggest that views and opinions I express represent the official views of the health system.

Please note: Using social media to post patient health information of any kind is expressly prohibited. For further information on appropriate social media usage, please review the Social Media Use Policy or contact the Compliance Department.

Section IV: Our relationship with the community, competitors and other third parties

Vendor relationships and business courtesies

At the health system, many of us associate with “vendors,” who are individuals or organizations with whom the health system has a business relationship. Occasionally, these interactions may involve an exchange of business courtesies such as gifts, compensation and travel relating to training or other industry events. If you interact with vendors on a regular basis, you should be familiar with all applicable health system policies, including policies of your specific department, relating to vendor relations.

As a health system team member, I acknowledge that I will:

- Read, understand and adhere to all applicable policies on vendor interactions, business courtesies and other requirements regarding compensation, gifts, gratuities and other remunerations from entities seeking to do business with the health system.

Those considering extending gifts, hospitality, invitations or other business courtesies to government employees, officers, legislators or federal healthcare program referral sources should consult the compliance officer and/or health system policies.

Questions about vendors?

Please contact the Compliance Department for further guidance if you have any questions regarding these matters. Additionally, the FAQs of this code outline specific information with regard to business courtesies and vendor interactions.

Antitrust and information about competitors

Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. Discussing health system business with a competitor could violate antitrust laws. Health system team members should never seek or obtain proprietary or confidential information about a competitor through illegal or unethical means, or when doing so would require anyone to violate a contractual agreement, such as a confidentiality agreement.

As a health system team member, I acknowledge that I will not engage in the following conduct.

- Discussions or agreements with competitors to establish, fix or control prices.
- Discussions or agreements with competitors to allocate or apportion service lines, markets, territories or patients.
- Agreements with competitors to boycott certain payers or suppliers.
- Disclosure of the health system’s bid proposal or solicitation of a competitor’s confidential bid proposal.
- Practices that are deceptive, intimidating or otherwise unfair.

Copyright and intellectual property laws

We greatly value proprietary information and are responsible for complying with all applicable laws that protect intellectual property, including but not limited to patents, trademarks, service marks, trade secrets and copyrights. If you violate intellectual property laws or regulations, it may result in civil damages or criminal charges for you or for the health system.

As a health system team member, I acknowledge that I will not:

- Duplicate software programs on more than one computer when it was sold for only one computer or otherwise use illegal copies of software.
- Copy (by machine or hand) an entire issue of a journal, magazine or newsletter.
- Disclose intellectual property owned by other businesses or access it for personal purposes.

Conflicts of interest and outside activities

Health system team members must avoid situations in which their personal interests could conflict, or reasonably appear to conflict, with the interests of the health system. For example, any situation that could result in a personal financial benefit to you apart from your normal compensation is a potential conflict.

Also, health system team members must avoid outside employment or activities that would interfere with their job responsibilities, negatively impact their job performance, conflict with their obligations to the health system or negatively impact the health system's reputation in the community.

As a health system team member, I acknowledge that I will:

- Monitor my relationships and those of my family members and associations to identify potential conflicts.
- Promptly disclose to my manager and/or chief compliance officer if I have a second job with any organization that does business with the health system.
- Ensure that my outside activities do not interfere with my job responsibilities or other obligations to the health system.

- Promptly disclose to my manager and/or chief compliance officer if I have reason to believe that a potential conflict of interest may exist and seek guidance on how to comply with health system policies.
- Comply with any additional disclosure obligations I may have under applicable contracts or policies.

Some health system team members have additional requirements and responsibilities related to the reporting of conflicts, such as submitting annual disclosure statements.

These requirements, along with more detailed responsibilities for all employees, are fully described in the health system's applicable conflicts of interest policies and procedures.

Political activities

The health system does not participate in political campaigns or make political

contributions. Health system team members contributing to political campaigns, either through time or donation, will never be reimbursed by the health system.

As a health system team member, I acknowledge that:

- Although I am permitted to give my own money to political candidates or participate in political campaign activities on my own time, I will always clarify that my views and actions are my own and do not represent the views of the health system or other health system team members

Marketing and public relations

Our reputation depends on each health system team member's continued commitment to honesty and integrity. As such, we all must fully and accurately represent the health system, its services and its capabilities to the public. Health system marketing materials should accurately represent available services, reflect the current level of licensure and accreditation, and provide communications that are designed to inform and persuade, but not to deceive. All comparisons to competitive offerings should be fair.

As a health system team member, I acknowledge that I will:

- Respect and protect patient confidentiality and privacy in any health system marketing or public relations activities in accordance with applicable laws and health system policies and procedures.
- Refer any media request for information to the health system's public relations representative on call.

Responding to government regulators and accrediting bodies

It is always our intention and goal to interact with all government regulators or investigators and other accrediting bodies in a direct, open and honest manner. Requests for information from government representatives should be answered with complete, factual and accurate information. However, health system team members should be aware that the CEO, the chief compliance officer and legal counsel must coordinate all cooperation with investigations.

As a health system team member, I acknowledge that I will:

- Report all requests from any government or accrediting representative to my supervisor.
- Cooperate with and be courteous to all government inspectors and provide them with the information to which they are legally entitled during an inspection.
- Never mislead or dishonestly deal with regulators, investigators, accreditors or their survey teams, either directly or indirectly.
- Never conceal, destroy or alter documents, lie or make misleading statements to these representatives.
- Never offer gifts or bribes to regulators, inspectors or accrediting bodies.

Section V: Additional information about the compliance department

The chief compliance officer is responsible for implementation of the health system's compliance program, including this code. The chief compliance officer will work with members of management, as necessary, to implement this code, which shall include training of health system team members and enforcement of the code. Any health system team member who has a question regarding the applicability or interpretation of this code should direct the question to the chief compliance officer in person, in writing or by telephone.

The chief compliance officer and the Compliance Helpline are available to receive reports of suspected or experienced violations of this code. Reporting enables the health system to investigate potential problems quickly and to take prompt action to deal with them. All reports of violations or suspected violations of the code will be promptly investigated.

Additionally, as needed, the chief compliance officer will provide information, resources and training to health system team members about this code and other expected ethics, compliance and professional conduct requirements.

The chief compliance officer can be contacted by calling the Compliance Helpline at 844-527-0597 or by submitting a report online at KansasHealthSystem.EthicsPoint.com, calling her direct line at 913-588-6632 or by writing to:

Christine Hogan-Newgren
Chief compliance and internal audit officer

The University of Kansas Hospital Authority
2300 Shawnee Mission Pkwy., Ste. 200,
Mailstop 5009, Westwood, KS 66205

Section VI: Frequently asked questions

Q: Why is compliance with this code, and our compliance program, necessary?

A: The health system is proud of our tradition of ethical and responsible conduct. We expect our health system team members to adhere to the highest standards of conduct whenever acting on its behalf. The code and our Compliance Department play an important role in the health system’s compliance program by defining standards of conduct and establishing what must be adhered to in order to promote an overall atmosphere of ethical and honest behavior in the performance of our job duties.

This atmosphere is fundamental to facilitating compliance with the laws, rules and regulations that affect the health system and to fostering our patients’ and the community’s confidence in the health system’s integrity.

Q: Can I use health system assets for personal purposes?

A: You may not use health system assets or resources for personal or financial gain and are generally not permitted to access assets or resources for personal use. However, you may access email and the internet using health system resources under certain, limited conditions. Please be advised that any access in this manner is still subject to health system policies and procedures and can be monitored at any time. Abuse of these resources is not permitted and may result in disciplinary action.

Q: What should I do if I receive a question from a government, regulatory or accrediting representative?

A: You should always notify your superior when you are contacted by officials from government, regulatory or accrediting entities. Please keep in mind that coordination with executive leadership (such as the CEO, chief compliance officer or legal counsel) is required when working with officials. All answers given to any such representative should be factual, accurate, timely and not misleading in any way.

Q: If I suspect that a colleague has broken one of the standards outlined in this code, what should I do? What if they retaliate against me?

A: You have a responsibility to report any violation of this code to the proper authority, which may include your superior, the Compliance Helpline, or chief compliance officer. The health system embraces a policy of nonretaliation; if you report a violation in good faith, others are not permitted to retaliate against you.

Q: What if I am unsure if an action that I’ve seen constitutes a violation?

A: You may always seek the advice of the chief compliance officer with these questions, either directly or through the Compliance Helpline.

These resources are at your disposal to help you contribute to our ethical and compliant culture.

Q: What is a business courtesy? Do they include gifts from vendors or other external parties? What should I do if one is extended to me?

A: Although not an exhaustive list, business courtesies are typically gifts, free or discounted meals, special discounts, free or special discount travel, entertainment opportunities or tickets, hospitality, services, favors or other benefits.

Health system team members may accept business courtesies from a vendor that are:

- Of a moderate value, generally \$100 or less, so long as the aggregate value of all Business courtesies that you accept does not exceed \$300 in any fiscal year
- Obviously motivated by a strong or longtime personal or family relationship with the vendor wholly unrelated to your position with the health system
- Rebates, discounts or promotional items that are available to anyone in the health system or the public
- Items accepted on behalf of the health system, provided, however, that if the value of any such business courtesy is \$20 or more, the existence of such business courtesy should be promptly disclosed to the chief compliance officer

- Perishable or consumable gifts that are given to a department or group for consumption at the health system's offices, provided that such gifts are not accepted from the same vendor more than once per quarter, have a value that is reasonable and appropriate under the circumstances and are made available to the entire work group or department

You should never request, ask for or solicit business courtesies, and you should never accept any business courtesy in connection with decision making or the conduct of your duties. Accepting cash and cash equivalents as a business courtesy is prohibited. Similarly, accepting non-fair market value benefits as a business courtesy in return for conducting business with a vendor is also prohibited.

Q: Can I attend vendor-sponsored events, even if it is as a guest of that vendor?

A: Yes, you may attend professional, charitable, civic or social events as a guest of the vendor and accept reasonable meals and other hospitality at such events. However, please keep in mind that you should only attend these events if:

- The event must be widely attended and the extension of the invitation to the event from the vendor is not a pretext for exclusive or nearly exclusive access.
- You are attending the event in an official capacity as an employee of the health system and your presence at the event serves a bona fide business purpose of the health system or increases the community's awareness of the health system and our purpose.

Attendance at such events should not be a frequent occurrence and must be reasonable and appropriate under the applicable circumstances.

