OUR COMPLIANCE AND ETHICS PLAN

INTRODUCTION TO OUR COMPLIANCE AND ETHICS PROGRAM

This facility has always strived to maintain a good faith effort to comply with all applicable laws, rules, and regulations. In accordance with existing guidance from the U.S. Department of Health and Human Services, Office of Inspector General, as well as the statutory requirements of the Patient Protection and Affordable Care Act, This facility has adopted a Compliance and Ethics Program.

The goal of our Compliance and Ethics Program (our Program) is to ensure that This facility adheres to all applicable Medicare and Medicaid laws, rules, and regulations related to the submission of claims. This includes, among other things, to ensure proper documentation of services, billing, coding, and claims submission, and the prevention, prompt detection, and appropriate corrective action to detect, address, and prevent fraud, waste, and abuse.

This facility's employees, volunteers, interns, appointees, associates, consultants, vendors, agents, executives, and governing board members, hereinafter referred to collectively as "affected individuals", are all subject to Our Compliance and Ethics Plan. Any reference in Our Compliance and Ethics Plan or policies to employees, appointees, associates, vendors, agents, executives, and/or governing board members is intended to cover "all affected individuals" for the purpose of compliance with the elements of our Compliance Program. [42 CFR § 483.85(c)(5)]

The purpose of our Program is to:

1. Outline and emphasize our commitment to accurate and lawful documentation and submission of all claims for services to Medicare, Medicaid, and other third-party payers.

2. Help our employees understand and meet legal and ethical standards that govern our business.

3. Promote the prevention, detection, and resolution of any acts that do not conform to applicable federal and/or state laws, rules, and regulations,

4. Minimize, through early detection and reporting, any potential loss to the government from erroneous claims as well as reduce This facility's potential exposure to damages and civil and criminal penalties that may result from noncompliance.

Compliance is a key component to our day-to-day operations. Thus, all persons associated with the provider (including employees, volunteers, interns, appointees, associates, consultants, vendors, agents, executives, and governing board members, hereinafter referred to collectively as "affected individuals") are expected to comply with all applicable laws, rules, and regulations as well as This facility's policies and procedures. Those who fail to comply with the elements of this Plan may face disciplinary action, up to and including termination.

COMPLIANCE AND ETHICS PROGRAM COMPONENTS

Compliance and Ethics Officer [42 CFR § 483.85(c)(2)]

This facility has appointed a Compliance and Ethics Officer, who is responsible for day-to-day operations of our Program.

Our Compliance and Ethics Officer is responsible for overseeing the implementation of our Program, providing a confidential means of reporting compliance concerns, making recommendations to This facility regarding changes that must be made to enhance compliance, and updating our Program, as necessary, to reflect updates in expectations enumerated in applicable laws, rules, and regulations. Pursuant to 42 CFR § 483.85(c)(2), our Compliance and Ethics Officer is someone who has substantial control over the operating organization or who has a substantial role in the making of policy within our organization.

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Our Compliance and Ethics Officer has the following specific responsibilities:

1. Coordinate resources to ensure the ongoing effectiveness of our Program.

2. Participate in the development of compliance policies and standards.

3. Report to the Compliance and Ethics Committee and senior management on implementation progress on a regular basis.

4. Monitor developments and changes in relevant state and federal law, regulations, government agency guidance, and court rulings, which may affect our Program. Revise our Program when appropriate to reflect any changes in expectations and/or requirements.

5. Ensure that all staff members and contractors have read the Code of Conduct and signed a statement acknowledging their understanding of its requirements.

6. Participate in the development, presentation, and the documentation of educational programs for all employees, agents, and affiliated providers that focus on the elements of our Program and risk areas specific to This facility.

7. Participate in the presentation of policies that encourage reporting of suspected fraud and other improprieties without fear of retaliation.

8. Work with individuals responsible for personnel decisions to ensure that This facility does not delegate substantial discretionary authority to individuals whom This facility knows, or has reason to know, have or had the propensity to engage in criminal, civil, and/or administrative violations.

9. Conduct or assist in conducting appropriate internal compliance reviews and audits.

10. Receive and maintain confidentiality of reports of potential compliance issues.

11. Conduct and oversee investigations of matters that merit investigation under our Program.

12. Bring to the Compliance and Ethics Committee and senior management's attention all compliance issues for appropriate response and disciplinary action, if necessary.

13. Maintain documentation and track all issues referred to the Compliance and Ethics Officer and/or Compliance and Ethics Committee.

14. Report regularly to the Governing Board on the operation of our Program and any significant developments.

Annual Reporting [42 CFR § 483.85(e)]: On at least an annual basis, the Compliance and Ethics Officer will issue a report to the Senior Administration, the Governing Board, and the Board of Directors, that describes the compliance efforts that have taken place during the prior year and that identifies any changes to the Compliance and Ethics Program that need to be made to improve compliance. The report shall include the following:

1. Copy of Audit Plan

2. All Audit Results

3. All Reports of Noncompliance (whether made by hotline call, telephone call, e-mail, face-to-face communication, etc.)

4. All Investigations into Alleged Noncompliance and Results of the Investigations

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5. Response and Corrective Action, Addressing Identified and Substantiated Noncompliance

As necessary, and as specific compliance issues arise that require immediate attention, the Compliance and Ethics Officer will make a report on a more frequent basis.

Compliance and Ethics Committee

This facility has appointed a Compliance and Ethics Committee (the Committee), which will have overall responsibility for oversight of compliance activities.

The Committee will meet no less than quarterly to review reports on This facility's compliance activities.

Our Compliance and Ethics Committee has the following specific responsibilities:

1. Ensure sufficient resources and authority are delegated to the Compliance and Ethics Officer to reasonably ensure compliance with our Program. [42 CFR § 483.85(c)(3)].

2. Exercise due care and due diligence not to delegate substantial discretionary authority to individuals who the operating organization knew, or should have known, through exercise of due diligence, had a propensity to engage in criminal, civil, and administrative violations under the Social Security Act. [42 CFR § 483.85(c)(4)].

3. To stay up to date on current issues and standards specific to our business.

4. Ensures that we maintain and improve our Program to reflect the latest state, national, and industry standards.

5. Make recommendations to management regarding recommended revisions to existing policies and new policies that may be necessary.

6. Review reports on This facility's compliance activities.

7. Assist Compliance and Ethics Officer and senior management in putting into place appropriate responses to compliance issues as well as appropriate disciplinary actions.

8. Oversee the development and implementation of systems for communicating compliance questions and concerns and reports of wrongdoing.

9. Advise and assist the Compliance and Ethics Officer in his/her responsibilities.

10. Report regularly to the Governing Board on the operation of our Program and any significant developments.

11. Ensure the company is meeting the highest standards of compliance.

All Compliance and Ethics Committee members shall sign a Confidentiality Statement.

Policies and Procedures [42 CFR § 483.85(c)(1)]

This facility has written policies and procedures that describe compliance expectations, identify how to communicate compliance issues with appropriate personnel, and describe how potential compliance problems should be investigated and resolved.

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Our policies and procedures establish This facility's expectations for the conduct of our staff members and others with whom we are associated in order to reduce the possibility of fraud, waste, and abuse. Our policies include the adoption of a Code of Conduct (Attachment A), which assists staff members in avoiding both the appearance and commission of improper activities. The Code of Conduct is distributed to all staff members. The Compliance and Ethics Officer is responsible for ensuring that all staff members have certified that they have received, read, and fully understand the Code of Conduct.

The Compliance and Ethics Officer is responsible for developing and maintaining all compliance-related policies and procedures. All of our written policies and procedures will be reviewed and revised periodically to reflect changes to our business practices as well as changes to applicable laws, rules, and regulations. Revised policies and procedures shall become effective upon approval by the Compliance and Ethics Officer and Compliance and Ethics Committee.

Training and Education [42 CFR § 483.85(c)(5)]

All affected individuals are responsible for compliance.

We acknowledge that our Program will be ineffective unless This facility ensures and MANDATES that the following are effectively trained about our Program, specific regulatory compliance issues, and their responsibilities:

1. Employees
2. Volunteers
3. Interns
4. Appointees
5. Associates
6. Consultants
7. Vendors
8. Agents
9. Executives
10. Governing Board Members

Therefore, This facility maintains an ongoing compliance training program, which includes the following:

1. Our Compliance and Ethics Plan, including Code of Conduct
2. New Hire Orientation, including Compliance Expectations
3. Regular Compliance Training

This facility's compliance training and education program is designed to communicate our Program's standards and procedures to staff members in a meaningful and effective manner, and to ensure consistent application of our Program's policies. In order to best accomplish this, our training program is geared to the level of responsibility and job function.

Training sessions will utilize classroom, lecture, recorded instruction, and/or other means of communication, as appropriate to accommodate the skills, experience, and knowledge of the trainees. Other forms of education will be employed, such as

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the use of posters, bulletin boards, paycheck stuffers, etc., to inform employees of new compliance issues or to reinforce various aspects of past training. No matter how the information is presented, that training occurred must be thoroughly documented, including the date, attendees, and agenda.

During new hire orientation, all new hires, regardless of position and seniority, will be trained on the Compliance and Ethics Program and specific requirements and expectations under the program.

It is the Compliance and Ethics Officer's responsibility to coordinate training activities and maintain a library of compliance-related information and training materials.

All compliance training is mandatory.

Reporting System [42 CFR § 483.85(c)(6)]

Our Program rests upon the ability of our personnel to openly and freely communicate issues of concern to their supervisors, the Compliance and Ethics Officer, and the Compliance and Ethics Committee. We are committed to developing and supporting any and all lines of communication to support our efforts to detect, address, and prevent compliance issues, including a method of anonymous reporting.

This facility has established reporting procedures that are readily accessible to all affected individuals as well as members of the general public.

This facility's Compliance and Ethics Officer should be contacted with questions about compliance or to report potential violations or any concerns regarding compliance. The Compliance and Ethics Officer will maintain open lines of communication and may be reached by telephone, by inter-office mail, or by face-to-face communication. Even if an individual merely has a general question about the propriety of conduct, he/she should still reach out to the Compliance and Ethics Officer. All reports of compliance issues and violations to the Compliance and Ethics Officer will be kept confidential unless the matter is turned over to law enforcement or disclosure is required during a legal proceeding. All reports of compliance issues and violations to the Compliance and Ethics Officer are taken seriously and investigated accordingly.

Should any individual feel uncomfortable making a report to the Compliance and Ethics Officer or wish to remain anonymous and make a good faith report of potential compliance issues, he/she has the option of making a report to our Compliance Hotline (800-557-1066), which allows for anonymous and confidential good faith reporting of potential compliance issues as they are identified without fear of retribution. Signs with information for contacting the Compliance Hotline are visible throughout our facility.

All reports must be made in good faith. There will be no adverse action or retaliation against any staff member who makes a good faith report of a compliance concern. Likewise, there will be no retaliation for other actions of good faith participation in the Compliance and Ethics Program including, but not limited to, reporting potential issues; cooperating or participating in the investigation of issues; participating in self-evaluations, audits, and remedial action; and/or making reports of inappropriate conduct to appropriate officials.

Auditing and Monitoring [42 CFR § 483.85(c)(6)]

This facility has established a system for routine identification of compliance risk areas and self-evaluation of risk areas including auditing and monitoring, designed to detect criminal, civil, and administrative violations.

Internal auditing standards are integral to the Compliance and Ethics Program. Data will be collected and analyzed on a regular basis to assess This facility's compliance with established standards of practice, in particular: quality, documentation, billing, and reimbursement guidelines.

This facility will employ a variety of techniques including, but not limited to, the following:

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1. Periodic interviews with management personnel regarding their perceived levels of compliance within their departments or areas of responsibility.

2. Questionnaires developed to poll personnel regarding compliance matters as well as the effectiveness of individual training techniques.

3. Periodic written reports of department managers, utilizing assessment tools developed to track specific areas of compliance.

4. Audits designed and performed by internal and/or external auditors using auditing guidelines.

5. Exit interviews of departing employees.

The Compliance and Ethics Officer will ultimately be responsible for coordinating formal audits; however, the audits may be performed by internal or external auditors or another designee. The auditors should: possess the qualifications and experience necessary to adequately identify potential compliance issues; be objective and independent of management; and have access to relevant personnel, records, and areas of operation; present a written evaluation concerning compliance activities to the Compliance and Ethics Officer; and specifically identify areas where corrective actions are needed.

Auditing and monitoring should be conducted regularly and written reports must be presented to the Compliance and Ethics Officer and Compliance and Ethics Committee at least quarterly. Any areas of potential noncompliance shall be kept confidential.

The Compliance and Ethics Officer shall analyze the results of the auditing and monitoring to determine the root cause. On the basis of these reports, the Compliance and Ethics Officer and Compliance and Ethics Committee shall determine an appropriate response.

Response [42 CFR § 483.85(c)(8)]

When potential compliance issues arise, This facility will take reasonable steps to respond appropriately to the offense and prevent future similar offenses. As such, This facility has established a system for responding to compliance issues as they arise including investigating, retaining legal consultation, updating policies and procedures, implementing corrective action plans, and, when appropriate, remitting payment and/or reporting misconduct to appropriate authorities. It is the responsibility of all associated with This facility to assist in resolving compliance issues by participating in good faith in This facility's response to potential compliance violations, including cooperating when This facility is conducting investigations and abiding by corrective action put into place.

Reports received through either a reporting mechanism or through some other mechanism (e.g., auditing), shall be documented and assessed initially by the Compliance and Ethics Officer. If the initial assessment indicates that there is a basis for believing that the conduct reported constitutes noncompliance, the matter shall be reported to the Compliance and Ethics Committee for review.

All instances of potential noncompliance shall be investigated carefully to determine whether the allegation appears to be well-founded. The Compliance and Ethics Officer shall promptly begin an investigation in accordance with the following procedure:

1. Compliance and Ethics Officer shall commence an investigation as soon as reasonably possible, but in no event more than thirty (30) days following reasonable suspicion of a compliance violation.

2. The investigation may include:

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A. Interviews of the person(s) involved in or having knowledge of the potential noncompliance.

B. Interviewees with relevant information may be required to submit a signed, dated, written statement.

C. If the Compliance and Ethics Officer does not request a written statement from Interviewee, the Compliance and Ethics Officer shall document the interview and he/she should sign and date the record.

D. The creation of a timeline of events.

E. Review of related documents, if appropriate.

F. Review of applicable federal and state laws, rules, and regulations as well as This facility's policies and procedures.

G. Collaboration with the Compliance and Ethics Committee.

H. Consultation with Compliance and Ethics Attorney, auditors, healthcare consultants, etc.

Every effort to investigate potential noncompliance shall be documented and kept with the original report.

If the allegation is substantiated, Compliance and Ethics Officer shall determine:

1. Whether the alleged activity violates state, federal, or This facility's policies and procedures.

2. What corrective action, if any, should be taken.

3. Whether the allegation warrants reporting.

This facility shall respond to compliance problems promptly and thoroughly by putting into place corrective action. Corrective action shall be imposed as a means of facilitating the overall goal of full compliance. Corrective action plans should assist affected individuals including, but not limited to, This facility employees, vendors, or business associates, to understand specific issues and reduce the likelihood of future noncompliance. Corrective action shall be sufficient to effectively address the particular instance of noncompliance and should reflect the severity of the noncompliance and the past adherence to compliance standards. All associated with This facility are responsible for actively participating in the corrective action.

The corrective action plan should identify the nature of the noncompliance and immediate correction of any harm resulting from the violation as well as the resolution of specific problems identified. The plan may include:

1. A recommendation to revise applicable policies and procedures to clarify proper protocols and/or development of new systems to safeguard against future noncompliance of a similar nature.

2. Additional mandatory training for employees, contractors, vendors, and/or business associates.

3. Increased auditing and/or monitoring.

4. Focused review of records made by employees, contractors, vendors, or business associates for a defined period of time following discovery of noncompliance.

5. A recommendation to not bill inappropriate claims.

6. A recommendation to report identified noncompliance to the appropriate government authorities after consultation with Legal Counsel.

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a. **Report shall be filed as soon as possible but no later than sixty (60) days of the discovery of the credible evidence of fraud**:

i. The Office of Inspector General (OIG) Provider Self-Disclosure Protocol is available at https://oig.hhs.gov/compliance/self-disclosure-info/protocol.asp
ii. Report to the State Medicaid Office
iii. Reporting should also be made to the State Department of Health

7. A recommendation to report to appropriate authorities within sixty (60) days of discovery and repay any overpayments uncovered during the investigation, with interest, if appropriate, after the Compliance and Ethics Officer has conducted an investigation and considered the following:

A. Identification of the exact issue

B. The amount involved

C. Any patterns or trends that the problem may demonstrate within the provider's billing system

D. The extent of the period affected

E. The circumstances that led to the overpayment

F. Whether or not the organization has a corporate integrity agreement in place which requires self-disclosure

Report shall be filed and repayment shall be made to payor, with interest if appropriate, as soon as possible, but no later than sixty (60) days of discovery.

i. The Office of Inspector General (OIG) Provider Self-Disclosure Protocol is available at https://oig.hhs.gov/compliance/self-disclosure-info/protocol.asp
ii. Report to the State Medicaid Office

8. Enforcement of disciplinary standards.

9. Other reasonable corrective measures calculated to ensure adherence to applicable federal and state laws, rules, regulations, and our Program.

For a defined period of time following the implementation of a corrective action plan, the Compliance and Ethics Officer shall follow up and audit the corrective action to determine whether it is being followed as well as its effectiveness in preventing the recurrence of similar violations.

If an allegation is not substantiated, the Compliance and Ethics Officer shall keep a clear record of the investigation's conclusion as well as what factors were considered in making that determination.

Enforcing Disciplinary Standards [42 CFR § 483.85(c)(7)]

Active participation in the Compliance and Ethics Program is mandatory. Adherence to applicable laws, rules, and regulations as well as This facility's Compliance and Ethics Program will be an element in evaluating performance. Failing to report suspected noncompliance; participating in noncompliant behavior; or encouraging, directing, facilitating or permitting, either actively or passively, noncompliant behavior may result in disciplinary action, up to and including termination. Also, if This facility learns that an individual knowingly fabricated, distorted, exaggerated, or minimized a

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report of misconduct, either to injure someone else or to protect himself or herself, the individual will be subject to disciplinary action, up to and including termination.

Sometimes an individual who makes a report may also admit to noncompliance on his or her part. Making a report, in itself, does not guarantee protection from disciplinary action related to the underlying noncompliance. However, volunteering information about one's own errors, misconduct, or noncompliance will be taken into account, as long as the admission is complete and truthful, and was not already known to, or about to be discovered by, This facility. The weight to be given to the report will depend on all the facts known to This facility at the time disciplinary decisions are made.

All disciplinary actions are applied consistently and in accordance with well-publicized guidelines. All compliance-related disciplinary policies are fairly and firmly enforced; as a general rule, similarly situated employees committing similar offenses under similar circumstances shall be subject to the same discipline. However, the form of correction or discipline provided will be case specific and may be based on a variety of factors including whether the employee promptly reported his/her own violation, severity of the offense, previous incidents involving the individual, whether the employee cooperates fully in investigating/correcting the violation, and the individual's commitment to a positive change in behavior.

The range of disciplinary action to which persons may be subject include the following:

1. Verbal Warnings

2. Written Warnings

3. (Paid or Unpaid) Suspension from Employment, or Revocation of Contract

4. Termination

Some acts or omissions of employees and others associated with This facility shall result in immediate termination. Also, individuals who commit negligent or reckless violations of laws, rules, regulations, or Company policy shall be terminated immediately.

Non-Intimidation and Non-Retaliation

This facility has a policy of non-intimidation and non-retaliation for good faith participation in the Compliance and Ethics Program including, but not limited to, reporting potential issues; cooperating or participating in the investigating of issues; participating in self-evaluations, audits, and remedial action; and/or making reports to appropriate officials of inappropriate conduct.

Reassessment [42 CFR § 483.85(e)]

This facility believes that a thorough and ongoing evaluation of the various aspects of the Compliance and Ethics Program is crucial to its success. Therefore, This facility performs a periodic reassessment of the Compliance and Ethics Program to evaluate its effectiveness and to make any necessary adjustments.

In order to evaluate the effectiveness of the Compliance and Ethics Program, This facility will employ a variety of techniques including, but not limited to, the following:

1. Periodic interviews with management personnel regarding their perceived levels of compliance within their departments or areas of responsibility.

2. Questionnaires developed to poll personnel regarding compliance matters including the effectiveness of individual training/educational techniques.

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3. Periodic written reports of department managers utilizing assessment tools developed to track specific areas of compliance.

4. Exit interviews for departing employees.

This facility shall make any necessary adjustments to the Compliance and Ethics Program found to be warranted through the reassessment process.

EXTERNAL COMMUNICATIONS

Contact with Government Agents/Investigators

All contacts with anyone claiming to represent any local, state, or federal agency requesting information or an interview concerning This facility should be immediately directed to the Compliance and Ethics Officer. It is This facility's policy to cooperate with the authorities. Keep the following in mind:

1. No one is **required** to submit to questioning by government investigators or employees.

2. If someone claiming to represent the government contacts you at work or at your home regarding This facility or your employment, follow these steps:

   A. Ask for identification and a business card.

   B. Determine precisely why he or she wishes to speak with you.

   C. Tell the investigator that you wish to make an appointment for a date and time in the future.

   D. Immediately notify the Compliance and Ethics Officer.

Contact with the Media

All contacts concerning This facility with anyone from the media shall be referred to the Compliance and Ethics Officer.

Contact with Attorneys

All contacts concerning This facility with anyone claiming to be an attorney shall be referred immediately to the Compliance and Ethics Officer.

Contact with Competitors

All contacts with anyone representing a competitor of This facility or employed by a competitor shall be reported to your immediate supervisor.

INVESTIGATIONS AND LITIGATION

Subpoenas, Summonses, and Legal Complaints

Other than routine subpoenas for medical or personnel records, subpoenas, summonses, or other legal complaints involving This facility shall be given to the Compliance and Ethics Officer immediately. It is important that the Compliance and Ethics Officer and other appropriate individuals respond to subpoenas, summonses, and other legal documents; therefore, it is our policy that staff not turn over documents or discuss the case with any individuals unless directed to do so.

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Compliance and Ethics Attorney will be contacted, if appropriate.

Search Warrants

If someone representing a government agency attempts to execute a search warrant at any This facility location:

1. This facility employees and contractors shall not interfere with the agents.

2. This facility employees and/or contractors shall demand a copy of the search warrant and the business card (or name) of the agent in charge.

3. The Administrator or highest-ranking This facility employee on the premises shall be informed of the situation immediately.

4. The Compliance and Ethics Officer shall be contacted, also. Any instructions given by the Compliance and Ethics Officer shall be carefully followed.

5. Compliance and Ethics Attorney shall be contacted, if appropriate.

6. This facility employees and/or contractors shall assure that:

   A. Only those items referred to in the search warrant are taken,

      i. This facility acknowledges that the items taken will be our original documents.
      ii. If the government agents attempt to take actual computers, This facility employees and/or contractors shall attempt to detach the computers for the government agents in order to minimize damage to the wiring, etc.

   B. This facility documents shall not be photocopied by the government agents on the premises,

   C. A correct and complete inventory of all items taken shall be requested from the government agents before they leave the premises.

While the agents may have the right to be on the premises to execute a warrant, that does not mean This facility employees and/or contractors must submit to interviews. Employees and contractors need not explain This facility operations, bookkeeping, records, or what any document means; however, employees and contractors will cooperate in locating items called for in the search warrant.

If a government agent makes requests or demands of you inconsistent with these instructions, seek the advice of the Compliance and Ethics Officer.

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ATTACHMENT A
CODE OF CONDUCT

This facility and its employees, volunteers, interns, appointees, associates, consultants, vendors, agents, executives, and governing board members, hereinafter referred to collectively as "affected individuals", constantly strive to ensure that all activity by, on behalf of, or with the organization is in compliance with all applicable federal, state, and local laws, regulations, ordinances, administrative directives, and any other binding governmental directives ("Laws and Regulations").

The general principles articulated in this Code of Conduct are intended to provide guidance to individuals in their obligation to comply with applicable laws and regulations. However, the general principles contained herein are neither exclusive nor complete. All affected individuals are expected to refer to This facility's Compliance and Ethics Program, manuals, policies, and procedures as well as other relevant laws and regulations for further guidance. It is important for all affected individuals to recognize that they are required to comply with all applicable laws and regulations, as well as This facility's Compliance and Ethics Program, manuals, policies, and procedures, whether or not specifically addressed in this Code of Conduct. If questions regarding the existence of, interpretation, or application of any law, regulation, rule, standard, policy, and/or procedure arise, they should be directed to This facility's Compliance and Ethics Officer.

This facility expects each individual to whom this Code of Conduct applies to abide by the principles in this Code of Conduct and to conduct the business and affairs of the organization in a manner consistent with the general policies set forth herein.

Nothing in this Code of Conduct is intended to, nor shall be construed as, providing any additional employment or contractual rights to employees and contractors or other persons.

ETHICAL BUSINESS PRACTICES

1. Achieving business results by illegal acts or unethical conduct is not acceptable. It is expected that all affected individuals shall act in compliance with the requirements of applicable law and this Code, and in a sound ethical manner when rendering services to our residents and when conducting business and operational functions.

2. Affected individuals shall perform their duties in good faith and to the best of their ability, and shall not obtain any improper personal benefit by virtue of their relationship with This facility.

3. Other than compensation from This facility, and as consistent with the conflict of interest policies, personnel shall not have a financial or other personal interest in a transaction between This facility and a vendor, supplier, provider, or customer.

4. Each supervisor and manager is responsible for ensuring that the personnel within their supervision are acting ethically and in compliance with applicable law and the Code. All personnel are responsible for acquiring sufficient knowledge to recognize potential compliance issues applicable to their duties, and for appropriately seeking advice regarding such issues.

5. Honest Communication. This facility requires honesty from individuals in the performance of their responsibilities and in communication with This facility's attorneys and auditors. No employee or contractor shall make false or misleading statements to any state or federal official, investigator, or person/entity doing business with This facility. Employees and contractors shall not destroy or alter This facility information or documents in anticipation of, or in response to, a request for documents by any applicable government agency or from any court.

6. Duty to Report. It is the ongoing and continuous obligation of all affected individuals including, but not limited to, employees of This facility, to alert the Human Resources Department of any conviction, exclusion from participating in a state or federal healthcare program, or finding that would disqualify them from providing services.

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7. Financial Reporting. All of This facility's business transactions shall be carried out in accordance with management's general or specific directives. All of the books and records shall be kept in accordance with generally accepted accounting standards or other applicable standards. All transactions, payments, receipts, accounts, and assets shall be completely and accurately recorded on This facility's books and records on a consistent basis. All information including financial reports, cost reports, accounting records, expense accounts, time sheets, and other documents recorded and submitted to other persons, must accurately and clearly represent the relevant facts or the true nature of the transaction, and must not be used to mislead those who receive the information or to conceal anything that is improper.

8. Proprietary Information. This facility's employees and contractors shall not steal information belonging to another person or entity, including from This facility, or use any publication, document, computer program, information, or product in violation of a third party's interest in such product. All employees and contractors are responsible for ensuring that they do not improperly copy documents or computer programs in violation of applicable copyright laws or licensing agreements for their own use. Employees and contractors shall not use confidential business information obtained from competitors or pre-employment agreements in violation of a covenant not to compete, or in any other manner likely to provide an unfair competitive advantage to This facility.

9. Business Relationships. Affected individuals including, but not limited to, employees and contractors, shall not engage in any business practice intended to unlawfully obtain favorable treatment or business from any government entity or any other party in a position to provide such treatment or business. Employees and contractors shall not use confidential or proprietary information about This facility for their own personal benefit or for the benefit of any other person or entity, except This facility.

    A. *Disclosure of Financial Interest.* Affected individuals including, but not limited to, employees and contractors, shall disclose to the Compliance and Ethics Officer any financial interest, ownership interest, or any other relationship they (or a member of their immediate family) have with This facility's vendors or competitors.

    B. *No Use of Insider Information*. Affected individuals including, but not limited to, employees and contractors, may not use "insider" information for any business activity conducted by or on behalf of This facility. All business relations with contractors providing any services to This facility must be conducted at arm's length both in fact and in appearance, and in compliance with This facility's policies and procedures. Employees and contractors must disclose personal relationships and business activities with such contractor personnel that may be construed by an impartial observer as influencing the employees' and contractors' performance or duties. Employees and contractors have a responsibility to obtain clarification from management on questionable issues that may arise.

10. Affected individuals shall not engage in any financial, business, or other activity that competes with This facility's business, that may interfere or appear to interfere with the performance of their duties, or that involves the use of This facility property, facilities, or resources, except to the extent consistent with the conflict of interest policies.

11. Affected individuals shall comply with applicable antitrust laws. There shall be no discussions or agreements with competitors regarding price or other terms for product sales, prices paid to suppliers or providers, dividing up customers or geographic markets, or joint action to boycott or coerce certain customers, suppliers, or providers.

12. Affected individuals including, but not limited to, employees and contractors, shall not engage in unfair competition or deceptive trade practices including misrepresentation of This facility's products or operations. Personnel shall not make false or disparaging statements about competitors or their products or attempt to coerce suppliers or providers into purchasing products or services.

13. Confidentiality. All personnel shall maintain the confidentiality of This facility's business information and of information relating to This facility's personnel, vendors, suppliers, providers, and residents. Personnel shall not use any such confidential or proprietary information except as is appropriate for business. Personnel shall not seek to improperly obtain or misuse confidential information of This facility's competitors.

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14. Personal Use of Corporate Assets. All employees and contractors are expected to refrain from converting assets of This facility to personal use. All business of This facility shall be conducted, and This facility's property utilized, in a manner designed to further This facility's interest rather than the personal interest of an individual employee or contractor. Employees and contractors are prohibited from the unauthorized use or taking of This facility's equipment, supplies, materials, or services.

LEGAL COMPLIANCE

1. Gifts from Customers or Others. Affected individuals including, but not limited to, employees and contractors, are prohibited from soliciting or accepting tips, personal gratuities, gifts, or other things of value from This facility's customers or others who seek to do business with This facility. If a customer or another individual wishes to present a monetary gift, he/she should be referred to the Compliance and Ethics Officer.

2. Gifts Influencing Decision-Making. Affected individuals including, but not limited to, employees and contractors, shall not accept gifts, favors, services, entertainment, or other things of value to the extent that decision-making or actions affecting This facility might be influenced. Similarly, the offer or giving of money, services, or other things of value with the expectation of influencing the judgment or decision-making process of any purchaser, supplier, government official, or other person by This facility is absolutely prohibited.

3. Gifts from Existing Vendors or Customers. Employees and contractors may retain gifts from vendors or customers that have a nominal value generally less than $50 in aggregate over each year. To the extent possible, these gifts should be shared with the employees' and contractors' coworkers. Gifts of cash and cash equivalents (e.g., gift certificates) are never acceptable.

4. Vendor or Customer Sponsored Entertainment. Occasionally, at a vendor's or customer's invitation, an employee or contractor may accept meals or refreshments, attend a local theater or sporting event, or similar entertainment, at the vendor's or customer's expense, so long as the cost is of nominal value under the circumstances, generally less than $50 in aggregate over each year. In most circumstances, a regular business representative of the vendor or customer should be in attendance with the employee or contractor. Employees and contractors should advise the Compliance and Ethics Officer of vendors or customers who offer such invitations on a frequent basis, even if the employee or contractor does not accept such invitations.

5. Conflicts of Interest. Neither employees nor contractors may use their positions at This facility to profit personally or to assist others in profiting in any way at the expense of This facility.

6. Anti-Discrimination/Anti-Harassment. All affected individuals are responsible for ensuring that the work environment is free of discrimination or harassment due to sex, age, race, gender, color, religion, national origin, disability, or any other status protected under state or federal law.

7. Fraud and Abuse. This facility expects all affected individuals including, but not limited to, its employees and contractors, to refrain from conduct which may violate any federal and state laws relating to health care fraud and abuse. Every affected individual is expected to: a) maintain honest and accurate records of services provided; b) follow current and applicable laws, regulations, and guidelines to facilitate proper documentation of services; and c) take necessary steps to prevent the submission of claims for payment and reimbursement of any kind that are fraudulent, abusive, inaccurate, or medically unnecessary.

8. Kickbacks, Inducement, and Self-Referrals. All affected individuals including, but not limited to, This facility employees and contractors, shall comply with all laws relating to kickbacks, inducements, and self-referrals.

   All affected individuals including, but not limited to, This facility employees and contractors, shall not knowingly offer, pay, solicit, or receive bribes, kickbacks, or other improper remuneration in order to induce business reimbursable by any federal or state governmental program including, but not limited to, Medicare and/or Medicaid.

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All affected individuals including, but not limited to, This facility employees and contractors, are required to report any gifts or other gratuities, other than those of nominal value, received from any outside source that is in the position to benefit from the referral of business to This facility.

9. Lobbying/Political Activity. Affected individuals shall not directly or indirectly authorize, pay, promise, deliver, or solicit any payment, gratuity, or favor for the purpose of influencing any political official or government employee in the discharge of that person's responsibilities. Personnel shall not entertain government personnel in connection with This facility business.

EDUCATION

1. This facility will develop and implement a regular education and training program for all employees and external agents.

2. All employees are expected to participate in educational programs and abide by policy requirements.

3. Adherence to This facility's Compliance and Ethics Program will be a factor in evaluating the performance of an employee.

4. This facility will maintain records of all educational programs presented to employees and relevant external agents.

REPORTING OF VIOLATIONS

1. Illegal acts or improper conduct may subject This facility to severe civil and criminal penalties including large fines and being excluded from certain types of federally funded insurance programs. It is, therefore, very important that any illegal activity or violations of the Code be promptly brought to This facility's attention.

2. All affected individuals including, but not limited to, any director, officer, or employee, who is uncertain of, or believes, or becomes aware of any violation of this Code or any illegal activity by a director, officer, or employee or another person acting on This facility's behalf shall promptly report the violation or illegal activity in person, by phone, or in writing, to:

   A. the appropriate supervisor;

   B. the Administrator;

   C. the Compliance and Ethics Officer; or

   D. the Compliance Hotline at (800) 557-1066.

3. It is the duty of the Administrator or any supervisor who receives a report of a possible compliance issue to report such issue to the Compliance and Ethics Officer or appropriate compliance personnel immediately.

4. It is a violation for personnel not to report a violation of the Code or any illegal activity. If you have a question about whether particular acts or conduct may be illegal or violate the Code, you should contact one of the persons listed above. It is a violation of this Code for personnel to whom a potential illegal act or violation of the Code is reported, to not ensure that the illegal act or violation of the Code comes to the attention of those responsible for investigating such reports. If the illegal acts or conduct in violation of the Code involve a person to whom such illegal acts or violations might otherwise be reported, the illegal acts or violation should be reported to another person to whom reporting is appropriate.

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5. It is This facility's policy to promptly and thoroughly investigate reports of illegal activity or violations of this Code. Personnel must cooperate with these investigations. You must not take any actions to prevent, hinder, or delay discovery and full investigation of illegal acts or violations of this Code. It is a violation of this Code for personnel to prevent, hinder, or delay discovery and full investigation of illegal acts or violations of this Code.

6. Affected individuals may report illegal acts or a violation of this Code anonymously. To the extent permitted by law, This facility will take reasonable precautions to maintain the confidentiality of those individuals who report illegal activity or violations of this Code and of those individuals involved in the alleged improper activity, whether or not it turns out that improper acts occurred. Failure to abide by this confidentiality obligation is a violation of this Code.

7. No reprisals or disciplinary action will be taken or permitted against personnel for good faith reporting of, or cooperating in the investigation of, illegal acts or violations of this Code. It is a violation of this Code for personnel to punish or conduct reprisals in regard to personnel who have made a good faith report of, or cooperated in the investigation of, illegal acts or violations of this Code.

DISCIPLINARY ACTION

1. Affected individuals who violate the Code or commit illegal acts are subject to discipline up to and including dismissal. Affected individuals who report their own illegal acts or improper conduct, however, will have such self-reporting taken into account when determining the appropriate disciplinary action.

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ATTACHMENT B
DEFICIT REDUCTION ACT OF 2005
NEW JERSEY

PURPOSE

To ensure This facility is consistent with applicable legal requirements and standards of practice.

POLICY

This facility is committed to adhering to all fraud and abuse compliance regulations. The Deficit Reduction Act of 2005 ("Act") requires This facility to educate and train staff on federal and state false claims laws, whistleblower protections, and This facility's policies and procedures for detecting and preventing fraud, waste, and abuse.

PROCEDURE

This facility's Compliance and Ethics Officer shall implement this policy and procedure.

This facility shall require vendors and contractors to adopt this policy. This facility further expects that vendors and contractors shall disseminate this policy to their employees and managers.

EXCLUSION CHECKS

In accordance with the federal Health and Human Services Office of Inspector General ("OIG") recommendations, This facility should verify that any current or prospective employees (regular and/or temporary), contractors, or subcontractors who directly or indirectly will be furnishing, ordering, directing, managing, or prescribing items or services in whole or in part are not excluded from participating in a federal healthcare program by searching the following databases on a monthly basis:

1. Federal Exclusions Database (mandatory)
   https://exclusions.oig.hhs.gov/ or http://oig.hhs.gov/fraud/exclusions.asp

2. The General Services Administration's System for Award Management (mandatory)
   http://www.sam.gov

3. State of New Jersey Debarment List (mandatory)
   http://www.nj.gov/comptroller/divisions/medicaid/disqualified/

4. N.J. Treasurer's Exclusions Database (mandatory)
   http://www.state.nj.us/treasury/revenue/debarment/debarsearch.shtml

5. N.J. Division of Consumer Affairs Licensure Databases (mandatory)
   http://www.njconsumeraffairs.gov/Pages/verification.aspx

6. N.J. Department of Health Licensure Database (mandatory)
   http://www.state.nj.us/health/guide/find-select-provider/

7. Certified Nurse Aide and Personal Care Assistant Registry (mandatory, if applicable)
   http://njna.psiexams.com/search.jsp

8. Federal Exclusions and Licensure Database (optional and fee-based)

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https://www.npdb.hrsa.gov/hcorg/pds.jsp. Please note that only certain provider types may access this database. See www.npdb.hrsa.gov/hcorg/register.jsp for more information.

If any provider or person discovers fraud and/or abuse occurring in any state or federally-funded health benefit program, they should report it to:

a. NJ Insurance Fraud Prosecutor Hotline, 877-55-FRAUD or https://njinsurancefraud2.org/#report

b. The Office of State Comptroller, Medicaid Fraud Division hotline at 1-888-937-283 or via the web site at https://www.nj.gov/comptroller/divisions/medicaid/complaint.html

Because the Affordable Care Act has proclaimed an individual excluded in one state as excluded in all states, This facility shall also verify that no current or prospective employees (regular and/or temporary), contractors, or subcontractors who directly or indirectly will be furnishing, ordering, directing, managing, or prescribing items or services in whole or in part are excluded from participating in a federal healthcare program by searching currently maintained state databases.

AUDIT OF PATIENT CHARTS

This facility shall audit residents' charts and other documents relative to quality care and compliance to standards of practice regulated by state and federal agencies. The number of charts to be reviewed will vary depending upon the resident census. Semi-annual audits shall be prepared and a summary of findings shall be presented to the Compliance and Ethics Officer and the Compliance and Ethics Committee.

AUDIT OF MEDICAL AND BILLING RECORDS

This facility shall review medical and billing records for a designated semi-annual period, at a minimum under the overall direction of the Compliance and Ethics Officer. Review may be both prospective and retrospective.

The medical records shall be provided at random. The audit shall include at least the number of records equal to five (5) percent of the facility's current census; additional records may be reviewed more frequently at the discretion of the Compliance and Ethics Officer and the Compliance and Ethics Committee.

This facility shall examine the records for compliance with the applicable standards of practice, specifically compliance with billing-related statutes, regulations, and guidelines as well as clinical quality of care.

This facility shall review a representative sample of billing records for the audit period and compare the charges found in those records with the documentation entered into the medical record. This review shall assess the following:

1. Whether the recognized documentation guidelines have been met.

2. Whether key elements of the service were provided by staff members.

3. Whether the billing codes are supported by the documentation.

4. Other aspects of billing as outlined by the Office of the Inspector General standards.

CORRECTIVE ACTION PLANS

The Compliance and Ethics Officer and the Compliance and Ethics Committee shall develop a work plan based on the audit findings to address any negative practices. Corrections may include, but are not limited to, the following actions:

1. Review of documentation process and/or forms; changes shall be made, if necessary.

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2. In-service to professional staff.

3. Disciplinary actions to individual(s) who may be repeat offenders of improper documentation.

STAFF EDUCATION

Written policies, employee handbooks, and employee training shall cover:

1. The Federal False Claims Act [31 U.S.C. §§ 3729–33]

2. The Federal Program Fraud Civil Remedies Act [31 U.S.C. §§ 3801–12]

3. Any applicable state false claims laws, which in New Jersey include:

   A. New Jersey Medical Assistance and Health Services Act – Criminal Penalties [N.J.S.A. 30:4D-17(a)–(d)]

   B. New Jersey Medical Assistance and Health Services Act – Civil Remedies [N.J.S.A. 30:4D-7.h; N.J.S.A. 30:4D-17(e)–(i); N.J.S.A. 30:4D-17.1.a]

   C. New Jersey Health Care Claims Fraud Act [N.J.S.A. 2C:21-4.2; 4.3; N.J.S.A. 2C:51-5]

   D. New Jersey False Claims Act [P.L. 2007, Chapter 265]

   E. New Jersey Insurance Fraud Prevention Act [N.J.S.A. § 17:33A-1 et seq.]

4. The right of employees for whistleblower protections under the New Jersey Conscientious Employee Protection Act [N.J.S. 34:19-1 et seq.], and some of the Federal and State statutes mentioned above.

5. The employer's policies and procedures for detecting and preventing fraud, waste and abuse in Medicaid, NJ FamilyCare, Medicare and other federally funded health care programs, as outlined above.

All employees shall be trained upon initial hire and on an annual basis thereafter.

DISCUSSION OF APPLICABLE LAW

1. Deficit Reduction Act of 2005 [42 U.S.C. § 1396a(a)(68]

   A. Federal law that requires This facility, because it receives Medicaid funding, to take the following actions to address fraud, waste and abuse in health care programs that receive federal funds:

      i. Establish written policies for all employees and contractors or agents.

         a. Provide detailed information about the Federal and State False Claims Act, administrative remedies for false claims or statements, and whistleblower protection.
         b. Include provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.
         c. Provide employees with a specific discussion of employees' rights to be protected as whistleblowers.

      ii. Under Section 6032, This facility must establish and make available to their employees, contractors, and agents policies that explain:

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a. Federal and state laws dealing with false claims for payment from federally funded programs.
b. This facility's policies and procedures to detect and prevent fraud, waste, and abuse in these programs.

iii. Contractors and agents must also adopt This facility's policies and make them available to their employees.

2. Federal False Claims Act [31 U.S.C. §§ 3729–33]

A. Federal law that creates liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment from any federally funded contract or program.

i. "Knowingly" means that a person, with respect to information:

a. Has actual knowledge of falsity of information in the claim;
b. Acts in deliberate ignorance of the truth or falsity of the information in a claim; or
c. Acts in reckless disregard of the truth or falsity of the information in a claim.

B. Health care providers and suppliers who violate the False Claims Act can be subject to civil monetary penalties ranging from $11,181 to $22,363 for each false claim submitted in accordance with Federal Register Vol. 82, No. 22, Friday, February 3, 2017, pgs. 9131-9136 located at https://www.gpo.gov/fdsys/pkg/FR-2017-02-03/pdf/FR-2017-02-03.pdf.

i. Section 701 of the "Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015" (the Act) [28 U.S.C. 2461], amending the "Federal Civil Penalties Inflation Adjustment Act of 1990", requires federal agencies to make subsequent annual adjustments for inflation. Starting in January 2017, federal agencies are required to publish in the Federal Register annual inflation adjustments for civil penalties and must do so no later than January 15 of each year.

ii. PLUS up to three times the amount of damages sustained by the U.S. Government.

iii. PLUS, if convicted, possible exclusion from participation in federal health care programs.

C. Qui Tam "Whistleblower" Provisions

i. Allow any person, also known as the "relator", with actual knowledge of allegedly false claims to file a lawsuit on behalf of the U.S. government.
ii. Relators may receive a percentage of the moneys recovered by the U.S. government.
iii. This facility is prohibited from retaliating against Relators for complaining or filing lawsuits. If there is retaliation, Relators are entitled to employment reinstatement, back pay and any other compensation arising from retaliatory conduct against a whistleblower for filing an action, investigating a false claim or providing testimony for or assistance in a False Claims Act action.

D. Examples of Health Care Fraud [31 U.S.C. §§ 3801-12]

i. Billing for services not rendered or goods not provided
ii. Falsifying certificates of medical necessity
iii. Billing for services not medically necessary
iv. Billing separately for services that should be a single service
v. Falsifying treatment plans or medical records to maximize payments

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vi. Failing to report overpayments or credit balances
vii. Duplicate billing

3. Federal Program Fraud Civil Remedies Act [31 U.S.C. §§ 3801-12]

A. Federal law that provides federal administrative remedies for false claims and statements to federally funded health care programs.

B. Current civil penalties are $11,181 (in accordance with Federal Register Vol. 82, No. 22, Friday, February 3, 2017, pgs. 9131-9136 located at https://www.gpo.gov/fdsys/pkg/FR-2017-02-03/pdf/FR-2017-02-03.pdf) for each false claim or statement, and an assessment in lieu of damages sustained by the federal government of up to double damages for each false claim for which the Government makes a payment.

i. Section 701 of the "Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015" (the Act) [28 U.S.C. 2461], amending the "Federal Civil Penalties Inflation Adjustment Act of 1990", requires federal agencies to make subsequent annual adjustments for inflation. Starting in January 2017, federal agencies are required to publish in the Federal Register annual inflation adjustments for civil penalties and must do so no later than January 15 of each year.

4. New Jersey False Claims Act [adding N.J.S.A. 2A:32C-1–2A:32C-17 and amending N.J.S.A. 30:4D-17(e)]

A. State law creates liability for any person who knowingly presents or causes to be presented a false or fraudulent claim to the State of New Jersey for payment from any state funded contract or program.

B. Prohibits retaliation by This facility against any employee for the disclosure of information regarding this law; thus, This facility shall not discharge, demote, suspend, threaten, harass, deny promotion to, or in any other manner discriminate against an employee in the terms and conditions of employment because of the employee's good faith report to the State or law enforcement agency.

i. If there is retaliation, the employer must make the employee "whole" by reinstating him/her, paying him/her two times the amount of back pay, interest on the back pay, compensation for any special damage sustained as a result of the discrimination and, where appropriate, punitive damages.
ii. No employer shall make, adopt, or enforce any rule, regulation, or policy preventing an employee from disclosing information to a State or law enforcement agency or from acting to further a false claims action, including investigating, initiating, testifying, or assisting in an action filed or to be filed under this act.
iii. In addition, the defendant shall be required to pay litigation costs and reasonable attorney's fees associated with an action brought under this section.

C. Health care providers and suppliers who violate the New Jersey False Claims Act can be subject to civil monetary penalties ranging from $11,181 to $22,363 for each false claim submitted and not less than and not more than the civil penalty allowed under the federal False Claims Act (31 U.S.C. s.3729 et seq.) as it may be adjusted for inflation pursuant to the Federal Civil Penalties Inflation Adjustment Act of 1990, in accordance with Federal Register Vol. 82, No. 22, Friday, February 3, 2017, pgs. 9131-9136 located at https://www.gpo.gov/fdsys/pkg/FR-2017-02-03/pdf/FR-2017-02-03.pdf.

5. New Jersey Medical Assistance and Health Services Act [N.J.S.A. 30:4D-7h; N.J.S.A. 30:4D-17(e)–(i); N.J.S.A. 30:4D-17.1.a]

A. State law that provides criminal and civil penalties for individuals and entities engaging in fraud or other criminal violations relating to Title XIX-funded programs.

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B. Criminal penalties include:

i. fraudulent receipt of payments or benefits: fine of up to $10,000, imprisonment for up to 3 years, or both;
ii. false claims, statements or omissions, or conversion of benefits or payments: fine of up to $10,000, imprisonment for up to 3 years, or both;
iii. kickbacks, rebates and bribes: fine of up to $10,000, imprisonment for up to 3 years, or both; and
iv. false statements or representations about conditions or operations of an institution or facility to qualify for payments: fine of up to $3,000, or imprisonment for up to 1 year, or both.

C. Civil sanctions include:

i. unintentional violations: recovery of overpayments and interest;
ii. intentional violation, and violation of New Jersey False Claims Act: recovery of overpayments, interest, up to triple damages, and between $5,500 and $11,000 for each false claim.

D. Violations can result in the exclusion of an individual or entity from participation in all health care programs funded in whole or in part by the N.J. Division of Medical Assistance and Health Services.

6. New Jersey Health Care Claims Fraud Act [N.J.S.A. 2C:21-4.2 and 4.3; N.J.S.A. 2C:51-5]

A. State law that provides for criminal penalties, together with potential loss of healthcare provider licensure, for health care claims fraud, including the submission of false claims to programs funded in whole or in part by state funds.

i. "Health care claims fraud" means making, or causing to be made, a false, fictitious, fraudulent, or misleading statement of material fact in, or omitting a material fact from, or causing a material fact to be omitted from, any record, bill, claim or other document, in writing, electronically or in any other form, that a person attempts to submit, submits, causes to be submitted, or attempts to cause to be submitted for payment or reimbursement for health care services.

7. New Jersey Insurance Fraud Prevention Act [N.J.S.A. § 17:33A-1 et seq.]

A. As set forth by the Office of the NJ Attorney General at https://www.nj.gov/oag/insurancefraud/laws.html, the purpose of this act is to confront aggressively the problem of insurance fraud in New Jersey by facilitating the detection of insurance fraud, eliminating the occurrence of such fraud through the development of fraud prevention programs, requiring the restitution of fraudulently obtained insurance benefits, and reducing the amount of premium dollars used to pay fraudulent claims.

B. The New Jersey Insurance Fraud Prevention Act makes it unlawful to (1) present or cause to be presented (including the assisting, conspiring or urging of another to present) any written or oral statement as part of, or in support of or opposition to, a claim for payment or other benefit pursuant to an insurance policy knowing the statement contains false or misleading information concerning any fact or thing material to the claim; or (2) conceal or knowingly fail to disclose the occurrence of an event which affects any person's initial or continued right or entitlement to any insurance benefit of payment or the amount of any benefit or payment to which the person is entitled.

C. A violation of the New Jersey Insurance Fraud Prevention Act can subject a person or entity to civil damages equal to three times the amount of damages; penalties of $5,000 for the first offense, $10,000 for the second offense and $15,000 for each subsequent offense; and a surcharge paid to the state of $1,000 or five percent (5%) of an out-of-court settlement. In addition, the New Jersey Insurance Fraud Prevention Act authorizes the Attorney General to pursue additional criminal penalties.

8. New Jersey Conscientious Employee Protection Act [N.J.S.A. 34:19-1 et seq.]

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A. State law that prohibits This facility from taking any retaliatory action against an employee because the employee:

   i. Discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer, or another employer, with whom there is a business relationship, that the employee reasonably believes:

      a. is in violation of a law, or a rule or regulation promulgated pursuant to law and/or
      b. is fraudulent or criminal

   ii. Provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any violation of law, or a rule or regulation promulgated pursuant to law by the employer, or another employer; or
   iii. Objects to, or refuses to participate in any activity, policy or practice which the employee reasonably believes:

      a. is in violation of a law, or a rule or regulation promulgated pursuant to law and/or;
      b. is fraudulent or criminal; and/or
      c. is incompatible with a clear mandate of public policy concerning the public health, safety or welfare or protection of the environment.

B. An employee who feels that he/she has been retaliated against may make a report by contacting any of the following:

   i. Administrator
   ii. Compliance and Ethics Officer
      a. Reports may be made either openly or anonymously.

   iii. NJ Medicaid Fraud and Abuse Hotline: 609-826-4701 or 1-888-937-2385
   iv. NJ Insurance Fraud Prosecutor Hotline, 877-55-FRAUD
   v. Centers for Medicaid and Medicare Services: 1-800-447-8477

9. New Jersey Uniform Enforcement Act [N.J.S.A. 45:1-21]

A. State law that provides that a licensure board within the N.J. Division of Consumer Affairs "may refuse to admit a person to an examination or may refuse to issue or may suspend or revoke any certificate, registration or license issued by the board" who has engaged in "dishonesty, fraud, deception, misrepresentation, false promise or false pretense, or has "advertised fraudulently in any manner."

10. New Jersey Consumer Fraud Act [N.J.S.A. 56:8-2, 56:8-3.1, 56:8-13, 56:8-14 and 56:8-15]

A. State law that makes it unlawful to use "any unconscionable commercial practice, deception, fraud, false pretense, false promise, misrepresentation, or the knowing concealment, suppression, or omission of any material fact", with the intent that others rely upon it, in connection with the sale, rental or distribution of any items or services by a person, or with the subsequent performance of that person.

B. Penalties include a fine of not more than $10,000 for the first offense and not more than $20,000 for the second and each subsequent offense. Restitution to the victim can also be ordered.

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ATTACHMENT C
POLICY AGAINST HARASSMENT

POLICY

This facility intends to provide a work environment that is pleasant, healthful, comfortable, and free from intimidation, hostility, or other offenses that might interfere with work performance. Harassment of any sort - verbal, physical, and/or visual - will not be tolerated.

WHAT IS HARASSMENT?

This facility is committed to equal opportunity and non-discrimination in all aspects of employment, including hiring, promotions, and the work environment. This facility endeavors to foster a congenial work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in an environment that promotes equal opportunity and prohibits discriminatory practices, including sexual and other forms of harassment.

This facility expressly prohibits any form of employee harassment or discrimination based on sex, race, color, religion, national origin, age, disability, sexual orientation, marital status or veteran status, or any other factor illegal under federal, state, or city law (any of which is referred to as an "Unlawful Category"). Improper interference with the ability of employees to perform their expected job duties is not tolerated.

Harassment or discrimination is unacceptable on This facility's property, or in other work-related settings.

DEFINITIONS AND EXAMPLES OF HARASSMENT

For purposes of this policy, harassment is defined as unwelcome or unwanted conduct, whether verbal or physical, based upon race, sex, religion, or any other Unlawful Category. Harassment occurs when the unwelcome or unwanted conduct is made a condition of employment, utilized for decisions affecting employment (including, but not limited to, promotions, hiring, and firing), used to create an intimidating or hostile work environment or found to unreasonably interfere with an individual's ability to work.

Examples of the type of conduct that constitutes harassment include, but are not limited to: physical conduct, verbal conduct, display of harassing pictures or materials, name calling and jokes which are based on Unlawful Categories such as race, sex, national origin, sexual orientation, disability, etc.

COVERAGE

This policy covers all This facility employees and independent contractors without exception. This facility will not tolerate, condone, or allow harassment, whether engaged in by fellow employees, supervisors, managers, independent contractors or other non-employees who conduct business with the company. This facility encourages the reporting of all incidents of harassment, regardless of who the offender may be.

COMPLAINT PROCEDURES

While This facility encourages individuals who are being harassed, or subject to discrimination, to promptly notify the offender that his or her behavior is unwelcome, This facility also recognizes that power and status disparities between an alleged harasser and a target may make such confrontation extremely difficult. Whether or not such informal, direct communication between individuals is effective, This facility requires that the complaint be reported in the following manner:

If an individual has been subjected to harassment based on an Unlawful Category, or believes he or she has been treated in an unlawful, discriminatory manner, whether by a coworker, superior, or other non-employee who conducts business with

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This facility, the individual should promptly report the incident, either verbally or in writing, to his or her immediate supervisor. In the event the employee believes it would be inappropriate to discuss the matter with his or her immediate supervisor, the employee should report it to This facility's Compliance and Ethics Officer.

All reports of harassment or discrimination will be reduced to writing by the person receiving the complaint and signed by the complainant. If a person other than the Compliance and Ethics Officer receives the complaint from a This facility employee or agent, he or she will promptly confer with the Compliance and Ethics Officer who will coordinate and direct an investigation into the allegations.

Where necessary, This facility may employ a Compliance and Ethics Attorney, a lawyer or consultant to investigate the complaint and provide guidance in handling the matter.

The complaint will be investigated expeditiously. While This facility endeavors to keep the complaint confidential throughout the investigatory process, please be aware that This facility will only do so to the extent practical and appropriate under the circumstances.

RESOLVING THE COMPLAINT

Upon completing the investigation of a complaint and conferring with counsel and This facility's management, if necessary, the Compliance and Ethics Officer will communicate his or her findings and intended action to the complainant and alleged offender.

If This facility determines that an individual is guilty of harassing or discriminating against another individual, appropriate disciplinary action, up to and including termination, will be taken against the offending person. Appropriate sanctions will be determined by the management of the company in consultation with the person conducting the investigation, Compliance and Ethics Attorney, and/or any outside counsel or consultant so engaged. In addressing confirmed incidents of harassment, This facility's response, at a minimum, will include reprimanding the offender and preparing a written record of the offense. Additional action may include, but is not limited to: referral to counseling, withholding of a promotion, reassignment, temporary suspension without pay, financial penalties, or termination.

RETALIATION PROHIBITED

This facility will not in any way retaliate against an individual who makes a report of harassment or unlawful discrimination or provides information concerning such actions, nor will it permit any employee to do so. Retaliation is a serious violation of this policy and should be reported immediately. Any person found to have retaliated against another individual for reporting harassment or discrimination will be subject to the same disciplinary action provided for offenders.

FALSE ACCUSATIONS

If, after investigating any complaint of harassment or unlawful discrimination, This facility determines that the complainant or purported witness falsely accused another knowingly or in a malicious manner, the complainant or witness, as the case may be, will be subject to appropriate disciplinary action.

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ACKNOWLEDGEMENT OF OUR COMPLIANCE AND ETHICS PLAN

I hereby acknowledge by my signature that I have received a copy of This facility's document entitled "Our Compliance and Ethics Plan." Further, I understand that:

- Our Compliance and Ethics Program has committed our organization to support each employee in our efforts to provide quality of care while adhering to all applicable laws and regulations.
- If I have any concerns that may involve a violation of a law or regulation, I am expected to report such concern. Even if I am unsure it is a violation of any law or regulation, I am encouraged to report the concern without delay.
- I should report concerns to either my manager, the Administrator, or the Compliance and Ethics Officer, by openly or anonymously calling the Compliance Hotline at (800) 557-1066.
- If my concern is reported in good faith, I will not be subjected to retaliation for making the report.
- This facility's Compliance and Ethics Program Manual is available for my review should I have any questions or require any clarification.
- If I am a vendor and/or contractor, I agree to abide by the standards contained in Facility's Compliance Plan as well as its Compliance and Ethics Program Manual and also agree to participate in Facility's mandatory compliance training which can be accessed at www.mednetcompliance.com under E-Learning Courses (Password – elements1). Vendor shall disseminate Facility's policies to vendor's managers and employees.

I hereby agree to abide by all Compliance and Ethics Program requirements and understand that adherence to this document and other policies and procedures in This facility's Compliance and Ethics Program Manual is a condition of employment or continued business dealings with This facility.

I hereby acknowledge receipt of the following:

1. Code of Conduct
2. Deficit Reduction Act
3. Policy Against Harassment

_____ _____

Print Name Signature

_____ _____

This facility (If Contractor) Date

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