



**COMPLIANCE PROGRAM  
AND  
CODE OF CONDUCT**

Approved:  
03.02.15

Review/Revision Dates:  
01.22.19  
08.09.19  
01.21.20

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Renown Code of Conduct

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# RENOWN'S MISSION, VISION and VALUES

## Our Mission

Renown Health makes a genuine difference in the health and well-being of the people and communities we serve.

- We make a genuine difference.
- We are about the people and communities we serve.
- We care about health — and not just illness care.

## Our Vision

Renown Health, with our partners, will inspire better health in our communities.

- We inspire being and staying healthy — even as we restore health for those in need.
- We take an active role in community initiatives, with a renewed focus on the underserved.
- We will have many partners because we cannot do it alone.
- We address our community's biggest health needs. Together.

## Our Values

Our Values: Words We Live By

Caring, Integrity, Collaboration, Excellence.

- We are caring and compassionate.
- We demonstrate respect and integrity.
- We collaborate with our patients, families, employees, physicians and communities.
- We strive for excellence in all we do.

## LETTER FROM CEO

Dear Renown Colleague:

Renown Health has been taking care of northern Nevadans for generations and has been an integral part of the community for over 150 years. We pride ourselves on quality care, which means providing safe, accessible, evidence-based patient-centered care while focusing on continuous improvement for the best outcome for our patients and community. Renown builds upon the foundation of the Triple Aim – a nationally recognized approach to improving patient care – our quality processes focus on clinical excellence, patient safety, care coordination and regulatory compliance.

Renown has a comprehensive Compliance Program and Code of Conduct that not only adhere to federal guidelines, but is also a vital part of our organization's culture related to our Triple Aim approach. Because this rests on our foundation, this level of integrity has become incorporated into our approach to caring for our patients, our communities, and our colleagues. Our organization aggressively pursues its goal that all business activities are in compliance with applicable laws and regulations.

The Compliance Program sets forth Renown's programmatic approach to compliance and is supplemented annually with a Compliance and Audit Work Plan. The Code of Conduct contains resources to help resolve any questions about appropriate conduct in the work place to uphold the integrity of the organization. Please review it thoroughly. Your observance to its contents is absolutely critical to Renown.

If you have questions regarding this document or encounter any situation that you believe violates the Compliance Program or provisions of the Code of Conduct, please contact the Chief Compliance Officer (**775-982-5596**), your supervisor, Compliance Liaison, or the Compliance Hotline (**800-611-5097**). You may also file a report on the Confidential Reporting Form found on the Corporate Compliance web page on Renown's intranet. You have our personal assurance there will be no retaliation for, in good faith, asking questions or raising concerns, or for reporting possible improper conduct.

Thank you for your dedication to Renown and helping ensure that the integrity of operations is upheld to the highest standard for our colleagues, patients, and the community.

Sincerely,

Anthony D. Slonim, MD, DrPH  
President and CEO, Renown Health

# RENOWN COMPLIANCE PROGRAM

## ***I. Introduction.***

Renown Health (“Renown”) is committed to providing high quality care in compliance with all applicable state and federal laws and regulations, professional and ethical Code of Conduct, and Renown policies and procedures. To that end, Renown has implemented a Compliance Program (“the Program”) to demonstrate its commitment to preventing and detecting fraud, waste and abuse. The Program establishes guidelines for ensuring all Renown business is conducted in an honest and ethical manner.

The Program was developed based on the Federal Sentencing Guidelines, guidance from the Office of Inspector General (“OIG”) and applicable federal and state laws and regulations. All employees, physicians, medical staff, agents, Board members, and contractors (collectively “employees”) are responsible for understanding how these laws and regulations affect their jobs and for performing their jobs in a manner consistent with the law, all Renown policies and ethical standards. This Compliance Program Document is a fundamental part of the Program and details Renown’s compliance efforts. Compliance policies and procedures will expand upon the topics addressed in the Compliance Program Document.

The Program recognizes that certain services in an integrated delivery system may have additional Compliance requirements. For example, a Health Plan contracted with the Center for Medicare Services has specific requirements that are set forth in supplemental policies and procedures. Another example, an Accountable Care Organization will also have specific requirements that are set forth in Attachment A.

## ***II. Laws and Regulations.***

Renown and its employees are required to comply with a wide range of federal and state laws and regulations, including the requirements for participating in state and federally funded health care programs. Renown devotes significant resources to ensure compliance with these laws, regulations and requirements. The Program is designed to address fraud and abuse laws, false statements and false claims, privacy and security, and Medicare and Medicaid requirements. The health care laws and regulations that apply to Renown’s business activities include, but are not limited to:

- Anti-Kickback Statute,
- Civil Monetary Penalties (“CMP”) Act,
- Emergency Medical Treatment and Active Labor Act (“EMTALA”),
- Federal False Claims Act (FCA)
- Fraud Enforcement and Recovery Act of 2009 (FERA),
- Health Insurance Portability and Accountability Act (“HIPAA”),
- Health Information Technology for Economic and Clinical Health (“HITECH”) Act,
- Nevada Submission of False Claims to State or Local Government Act; and,
- Physician Self-Referral (“Stark”) Law.

- Patient Protection and Affordable Care Act (ACA)

Employees violating these laws, regulations or requirements not only risk individual criminal prosecution and penalties, civil penalties, and administrative exclusion but also subject Renown to the same risks and penalties. Any employee who violates a law, regulation or requirement may be subject to disciplinary action up to and including termination of employment. Employees also have a duty to report any suspected violation of law, regulation or requirement to their supervisor, manager, the Chief Compliance Officer, Compliance Liaison, the Confidential Reporting Form found on the Corporate Compliance web page on Inside Renown, or the Compliance Hotline (800-611-5097).

### ***III. Structure – Chief Compliance Officer, System Divisions, and the Audit and Compliance Committee.***

Compliance starts at the highest level of Renown and shall be an active part of the business culture. Renown's Board of Directors and the President and CEO of Renown shall have joint authority to appoint and terminate a Chief Compliance Officer ("Chief Compliance Officer") with ultimate responsibility and accountability for creating and maintaining a comprehensive approach to ensuring consistent compliance with federal and state regulations and Renown policies. Renown's Board of Directors ("the Board") has charged the Audit and Compliance Committee to assist the Chief Compliance Officer in the development, implementation and maintenance of the Program.

#### Chief Compliance Officer

The Chief Compliance Officer shall have sufficient authority to fulfill the responsibilities of the position and shall have direct reporting access to the President and CEO and the Board. The Chief Compliance Officer shall administratively report to the President and CEO for Renown and provide an update to the Board annually, at a minimum, on the state of the Program.

The Chief Compliance Officer is responsible for the day-to-day operation and oversight of Program activities. The Chief Compliance Officer will oversee the implementation and maintenance of the Program and all Renown compliance policies, compliance education and training, auditing and monitoring activities, and resolution of compliance issues. The Chief Compliance Officer shall have access to all documents and information related to compliance activities and may seek advice from General Counsel or retain consultants or experts, when necessary. The Chief Compliance Officer may request additional staff, as deemed necessary, to assist in the performance of compliance activities.

#### Audit and Compliance Steering Committee

Audit and Compliance Steering Committee members are comprised of Leaders from: Acute Care, Transitional Care, the Network, and Home Town Health.

#### System Divisions

The Chief Compliance Officer will work with leaders in Renown's System Divisions to ensure consistent application of the Compliance Program throughout Renown. The

System Divisions include Acute Care, Transitional Care, Hometown Health and the Network. The Chief Compliance Officer will work with these System Divisions to ensure consistent application of compliance standards and Renown's vision throughout the organization. Representatives from all System Divisions will work with the Chief Compliance Officer to develop and execute a Compliance and Audit Work Plan ("Work Plan"). The Work Plan will be based on an annual risk assessment; the risk assessment will be performed using the OIG Work Plan, government enforcement trends, internally identified risk areas, and other compliance resources. Hometown Health maintains its own Compliance Committee.

#### Compliance Liaisons

The Chief Compliance Officer will appoint Compliance Liaisons to assist in the integration of compliance throughout Renown and to serve as a departmental-level resource for employees. The Compliance Liaisons will provide support in executing compliance initiatives within the facilities and will report to the Chief Compliance Officer regarding compliance related topics.

#### Audit and Compliance Committee

The Audit and Compliance Committee is a Committee of the Board and is charged with the governance of Audit and Compliance matters. The Audit and Compliance Committee shall include members of senior management and members of the Board and will meet on a regular basis. The Audit and Compliance Committee shall provide oversight of the Audit and Compliance Department activities which include, but are not limited to, evaluating problems encountered, identify potential areas of concern, and initiate corrective action, as appropriate.

#### **IV. *Written Policies and Procedures.***

All Renown business must be conducted in accordance with federal, state and local laws and regulations, rules of professional conduct, applicable state and federally funded health care program regulations, and Renown policies. The Renown Code of Conduct and compliance policies and procedures will serve as the foundation for operations and to create the standards for employees. Employees shall be responsible for understanding and complying with the standards that govern their legal and ethical conduct in performing their daily tasks.

The [Renown Code of Conduct](#) and compliance policies will:

- Describe compliance expectations,
- Provide guidance to employees and others on dealing with potential compliance issues,
- Identify how to appropriately report compliance issues, and
- Describe how potential compliance problems will be investigated and resolved.

The Code of Conduct and compliance policies are not intended to cover every situation that may be encountered; employees are expected to comply with all applicable laws and



regulations whether they are specifically addressed by policy or not. Any questions or concerns about the employee's legal or ethical responsibilities should be directed to the employee's supervisor, manager/director, Compliance Liaison, or the Chief Compliance Officer. Laws and regulations frequently change. As such, the Code of Conduct and compliance policies will be reviewed and updated annually, or as needed. Any changes to a policy will be communicated to employees in a timely manner and a copy of the revised policy will be made available for review.

#### ***V. Education and Training.***

All employees will receive a copy of the Compliance Program and Code of Conduct. Additionally, a copy of the Compliance Program Document, Code of Conduct and all compliance-related policies and procedures will be placed in a central repository accessible to all employees on the Inside Renown website. Employees are encouraged to read the Compliance Program Document in its entirety and ask questions, if needed, to better understand the Program and their individual responsibilities.

All Renown employees are required to complete compliance education upon new hire and on a continuing basis, at least annually. Completion of annual compliance education will be documented in the employee's record and will be required as part of the employee's annual performance evaluation.

Employees whose job duties may affect Renown's regulatory compliance will receive additional, job-specific training, as indicated. This specialized training may focus on complex areas or on areas that the Chief Compliance Officer has determined pose a high risk.

In addition, the Board shall receive annual compliance education. Education provided to the Board shall focus on the Program and the duties and responsibilities of the Board.

#### ***VI. Auditing and Monitoring.***

Renown will conduct periodic audits to identify potential deficiencies in its systems and processes, including the claim development and submission processes. Renown will implement audit procedures designed primarily to determine accuracy and validity of coding and billing submitted to Medicare, Medicaid, other federal and state health care programs and other payers, and to detect any instances of potential misconduct. Renown will use identified areas for improvement in the annual update of compliance education and training.

Auditors and reviewers shall have appropriate access to information and documents necessary to complete their review. Auditors and reviewers shall also maintain the confidentiality of the information received. The Chief Compliance Officer will receive the results of all audits and will provide summary reports to the Audit and Compliance Steering Committee, and the Audit and Compliance Committee of the Board. Based on the results of the audits, if applicable, repayment will occur within the required timeframe based on CMS requirements and/or payor contracts. Renown will implement a follow-up

audit process to ensure all identified issues are thoroughly addressed in a timely manner. Any needed education based on audit results will be provided in a timely manner and documented.

## ***VII. Reporting Compliance Concerns.***

Renown encourages and actively maintains open lines of communication between its employees, the Compliance Liaisons, and the Chief Compliance Officer. Employees are the eyes and ears of the organization and are often aware of potential compliance concerns. To encourage employees to come forward with their concerns, Renown encourages an “open-door policy” and has not only established multiple lines of communication but also implemented a Non-Retaliation policy.

Employees have the responsibility to comply with applicable laws, regulations and policies and to report any suspected acts of noncompliance. Any individual found to have knowledge of an act of noncompliance but who failed to report it will be subject to disciplinary action.

Employees may notify their supervisor, manager, Compliance Liaison or the Chief Compliance Officer (**775-982-5596**) directly of any concerns. Employees can also report a concern using the Confidential Reporting Form found on the Corporate Compliance web page on Renown’s intranet. Alternatively, the employee may use the Compliance and Ethics Hotline (**800-611-5097**) to report their concerns anonymously. Every effort will be made to preserve the anonymity of the individual reporting the concern. However, employees must understand that circumstances may arise in the course of an investigation in which their identity may become known.

Renown has a Non-Retaliation policy that strictly prohibits retaliation against anyone reporting a concern in good faith. Anyone found to have committed a retaliatory act will be subject to disciplinary action, up to and including termination of employment.

## ***VIII. Responding to Detected Offenses and Implementing Corrective Action.***

All reports or reasonable indications of fraud, waste or abuse, violations of other applicable laws or regulations, or violations of Renown policy will be promptly investigated. The results of an investigation may identify the need for additional training, corrective action, and/or implementation of additional procedures to ensure future compliance.

Upon receipt of a reported compliance concern, the Chief Compliance Officer or his/her designee will investigate to determine whether any conduct inconsistent with Renown policy or in violation of law occurred. The Chief Compliance Officer may consult with Renown leadership, General Counsel or external consultants in the course of an investigation to obtain expertise or advice. The Chief Compliance Officer may also conduct interviews of employees or review documents to determine whether a violation has occurred.

If a violation is found to have occurred, the Chief Compliance Officer will consult with

Human Resources and General Counsel, as appropriate, to determine the most appropriate course of action. A summary of all compliance reports, any subsequent investigations, and their resolutions will be reported to the Audit and Compliance Committee. Any confirmed reports of a compliance violation and all subsequent follow up will be reported to the Board.

#### ***IX. Enforcement and Discipline.***

Renown may subject an employee who intentionally or unintentionally violates a law, regulation or established policy to disciplinary action. Employees may also be subject to disciplinary action for failure to report a suspected violation. Disciplinary actions may include, but are not limited to, the loss of privileges, contract penalties, suspension or termination of employment, and in some cases, civil and/or criminal prosecution. All possible disciplinary actions will be taken in accordance with Renown disciplinary guidelines.

#### ***X. Risk Assessment***

Maintaining a robust, effective compliance program requires continuous assessment of compliance risks and identification of areas for improvement. The Chief Compliance Officer, Audit and Compliance Steering Committee, and the Audit and Compliance Committee will continuously monitor and assess the state of the Program to ensure it is operating at the highest level.

Additionally, Renown will conduct an annual risk assessment to identify the areas that present the highest risk to the organization and develop an annual Work Plan. The risk assessment will include, but is not limited to, review of the annual OIG Work Plan, analysis of recent government enforcement trends, and review of concerns identified internally by the Chief Compliance Officer and the Audit and Compliance Steering Committee. The Chief Compliance Officer will oversee interviews of key personnel to ensure all pertinent information is obtained to evaluate the level of risk presented by each identified risk item.

The Work Plan will document both operational and audit areas of focus. For each area of focus, the Work Plan will include the reason for concern identified with that area of focus, a timeframe for completion of the audit or review, and the party responsible for completing the audit or review. The Work Plan will be reviewed and approved by the Audit and Compliance Committee and forwarded to the Board for final approval. The Chief Compliance Officer will be responsible for providing periodic updates to the Audit and Compliance Committee and an annual summary to the Board.

#### ***XI. Compliance Program Effectiveness***

The Program is intended to be flexible and readily adaptable to changes in regulatory requirements and in the healthcare system as a whole. This Compliance Program Document shall be reviewed and modified, as necessary. Additionally, the effectiveness of the Program will be reviewed on an as needed basis based on major revisions by the Chief Compliance Officer, the Audit and Compliance Committee and the Board.

## ***XII. Self-Reporting***

If credible evidence of misconduct is discovered and, after reasonable inquiry, it is determined that the misconduct may have resulted in a violation of criminal, civil, or administrative law, the legal office/counsel shall be contacted promptly to determine self-reporting requirements and appropriate next steps.

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# RENOWN CODE OF CONDUCT

## ***I. Introduction.***

The purpose of the Code of Conduct is to serve as an ongoing reminder to all employees of our commitment to excellence and provide guidance on conducting business and patient care activities with integrity and in compliance with all applicable laws. The Code of Conduct sets forth Renown's expectations for the conduct of all employees. It is each employee's responsibility to be familiar with and abide by the standards set forth in the Code of Conduct and all other Renown policies and procedures. The Code of Conduct cannot address every possible circumstance or situation you may encounter in performing your duties; you are expected to use good judgment and consult your supervisor or the Chief Compliance Officer when appropriate.

## ***II. Duty to Report.***

As a Renown employee, you play an important role in ensuring that all Renown activities are performed in compliance with all applicable laws, regulations, standards, policies and procedures. Renown encourages you to ask questions or seek clarification, when needed, to better understand your compliance responsibilities. If you discover a problem or suspect an inappropriate practice is occurring, it is your duty to report your concerns to your supervisor, the Chief Compliance Officer (**775-982-5596**), the Compliance Liaison, or the Compliance Hotline (**800-611-5097**). Employees also can report a concern using the Confidential Reporting Form. This Form can be found on the Corporate Compliance web page on Renown's intranet. When reporting your concerns, you may choose to remain anonymous. Your anonymity and the confidentiality of any information you provide will be protected to the extent reasonably possible.

Renown is committed to doing the right thing and will not tolerate any form of retaliation or acts of retribution against a employee who, in good faith, reports suspected wrongdoing or a potential compliance violation. The Renown Non-Retaliation Policy prohibits retaliation or retribution and provides for disciplinary sanctions against any individual who violates the policy.

## ***III. Compliance Code of Conduct.***

### **Standard 1: Compliance with Laws and Regulations**

Healthcare is a highly regulated business that requires compliance with many federal and state laws and regulations. It is important to stay informed and be diligent about the work you perform. Renown provides many opportunities for learning and retention of important compliance information. It is your duty to be aware of the potential risks, to work within

the confines of the law and Renown's policy, and to report any suspected wrongdoing or potential violations.

- **Fraud, Waste and Abuse.** There are several state and federal laws that govern the conduct of health care providers. These laws provide guidelines for the provision of care, appropriate claim submission, and relationships between health care providers. Some of the laws that address activities that could constitute fraud include the False Claims Act, the Anti-Kickback Statute, and the Stark Law.
  - **Anti-Kickback Statute.** The Anti-Kickback Statute prohibits asking for or receiving anything of value to induce referrals of Federal health care program business (i.e., Medicare and Medicaid). Neither Renown nor its employees may offer, give or receive anything of value or provide “rewards” in exchange for referrals from other businesses or providers. Bribes or kickbacks of any kind are strictly prohibited.
  - **False Claims Act (FCA) and Fraud Enforcement and Recovery Act of 2009 (FERA).** FCA and FERA prohibit anyone from submitting claims they know, or should know, are false or misleading to the government or other third party payors. It is important to completely and accurately document all services rendered. Claims should only be submitted when there is sufficient documentation in the medical record to support billing the service. An employee should never submit a claim for a service that he/she knows was not provided, was provided at a lower level than coded, or was not medically necessary. If you believe a claim is inaccurate, it is your responsibility to fix the claim or report it to your supervisor prior to the claim being submitted to the payor.
  - **Physician Self-Referral (Stark) Law.** The Stark law limits referrals when a financial relationship exists between the provider (or his/her immediate family member) and the entity. The Stark law applies to doctors of medicine and osteopathy, dentists and oral surgeons, optometrists, chiropractors, and their immediate family members. Renown providers may not refer a patient for designated health services payable by Medicare or Medicaid to an entity with which the provider has ownership, an investment interest or a compensation arrangement unless an exception is met.
- **Government Investigations.** A government investigation does not necessarily indicate that wrongdoing has occurred. Renown is committed to compliance with all laws and regulations, including appropriate cooperation with any government investigations. If you are approached by a government official or receive a subpoena or other legal inquiry, you should immediately notify the Chief Compliance Officer. The Chief Compliance Officer will coordinate Renown's response to the inquiry and involve General Counsel, when appropriate. For additional information about your rights and responsibilities in a government investigation, please refer to the Renown Government Investigations policy.

- **Tax Status.** Renown has received tax-exempt status from the Internal Revenue Service for many of its lines of business. When Renown is a tax-exempt entity, Renown is required to follow specific rules and regulations relating to provision of services for charitable purposes, payment for goods and services, and other financial considerations. Transactions entered into must be in the best interest of Renown and negotiated at arms-length for fair market value. Employees must not use Renown resources or property for any private use or private gain.
- **Antitrust.** All Renown employees must comply with applicable federal and state antitrust laws regulating competition. Conduct prohibited by such laws include, but are not limited to, price-fixing, boycotts, price discrimination agreements, bribery, deception, or intimidation. An employee faced with a situation that appears questionable should consult with his/her supervisor or the Renown Chief Compliance Officer. Any suspected violations of law should be reported to the Chief Compliance Officer immediately.
- **Exclusion List.** Renown will not employ or do business with any person or business who appears on any federal or state government exclusion list. Any existing relationship will be terminated upon discovery of the business or individual being excluded.

## Standard 2: Quality of Care

Renown is committed to providing high quality, medically necessary care to all patients. Renown will provide a safe health care environment for all employees, patients, families and visitors.

All patients are to be treated equally with dignity and respect regardless of their ability to pay. When possible, patients should be involved in medical decisions and the plan of care. Team members should strive to always act in the best interest of the patient, provide compassionate care and to provide the appropriate level of care. The Renown's health care provider shall perform medically necessary services in the safest, most effective manner. Proper documentation of all services rendered is critically important to maintaining high quality of care that is in line with accreditation standards.

Renown will provide emergency treatment in accordance with the Emergency Medical Treatment and Active Labor Act ("EMTALA") regardless of the individual's ability to pay. An emergency medical screening examination and any necessary stabilizing treatment will be provided to all patients seeking emergency treatment.

## Standard 3: Workplace Conduct and Employment Practices

Each employee has the right to work in an environment free of disruptive behavior, harassment or discrimination.

- **Safe Workplace.** Renown is committed to providing a work environment that is safe and free from physical harm and has a zero tolerance policy for violence in the workplace. Renown employees are responsible for creating and maintaining a safe environment for all employees, patients, and visitors. All reports of possible workplace violence will be taken seriously and will be investigated and resolved promptly.
- **Harassment.** No form of harassment will be permitted. Harassment includes any verbal, nonverbal or physical conduct intended to intimidate or threaten another individual. Verbal harassment includes an offensive or unwelcome comment about the individual's gender, sexual orientation, race, religion, nationality, age or disability. Nonverbal harassment includes distribution or display of graphic or potentially offensive materials. Any allegation of harassment will be promptly investigated in accordance with Renown Human Resource policies.
- **Discrimination.** Renown believes in the fair treatment of all employees. It is a policy of Renown to treat employees, without regard to the race, color, religion, gender, ethnic origin, age or disability of such person, sexual orientation or any other classification prohibited by law. It is a policy of Renown to recruit, hire, train, promote, assign, transfer, layoff, recall, and terminate employees based on their own ability, achievement, experience and conduct, without regard to race, color, religion, gender, ethnic origin, age or disability, sexual orientation or any other classification prohibited by law. Any allegation of discrimination will be promptly investigated in accordance with Renown Human Resource policies.

#### Standard 4: Privacy and Confidentiality

The protection of patient privacy and the confidentiality of information created and/or obtained in the course of Renown business are of the utmost importance. It is your duty to use this information responsibly and to report any potential breaches to your supervisor, the Chief Compliance Officer (**775-982-5596**), Compliance Liaisons, the Confidential Reporting Form found on the Corporate Compliance web page on Renown's intranet, or the Compliance Hotline (**800-611-5097**).

- **Protected Health Information.** Due to the nature of our business, we have access to personal information about our patients' health. It is our responsibility to safeguard this information in accordance with the Health Insurance Portability and Accountability Act ("HIPAA") of 1996. You may only access, use or disclose a patient's protected health information ("PHI") as needed to perform your job duties. Please refer to Renown's HIPAA policies and procedures to fully understand patient rights and your responsibilities with respect to PHI and HIPAA.
- **Personal Information.** Personal employee information, including salary, benefits and personnel file information, is treated as confidential and should only be accessed and/or used when appropriate for Renown business purposes.



- **Proprietary Information.** Confidential information about Renown business or operations, such as financial information, business strategy, or other proprietary information, should not be shared unless there is a valid business purpose. Employees may not utilize inside information for any business activity conducted by or on behalf of Renown. Information, ideas and intellectual property assets are important to organizational success. Employees should exercise care to ensure that intellectual property rights, such as patents, trademarks, copyrights and software, are carefully maintained and managed to preserve and protect their value. If you have questions about whether information you have received is proprietary and confidential, please contact the Chief Compliance Officer. If you receive a request from the media, please decline comment and refer them to the Renown media contact.
- **Security.** All employees are responsible for the appropriate use of the security measures at their disposal, including confidential login credentials, passwords, access badges, and/or keys. The Renown's security policies and procedures detail the guidelines for using and safeguarding system identification and passwords as well as physical access to secure areas. All communication systems, including, but not limited to, personal computers, printers/copiers, electronic mail, Intranet, Internet access, telephone and voice mail, are the property of Renown; users should assume these communications are not private.
- **Social Media.** Social media presents a special challenge for health care providers. You are expected to use social media, such as Facebook, Twitter, LinkedIn, etc., responsibly and in compliance with the Renown policies and procedures related to privacy, confidentiality and security. Never post patient information or photographs to a web site or social media page.

#### Standard 5: Business and Personal Conduct

Renown is committed to conducting business in a professional and ethical manner. Employees are expected to act in the best interest of Renown; interactions with patients, visitors, colleagues, and business partners should reflect Renown's values and standards. Inappropriate or disruptive conduct will not be tolerated and will be subject to Renown's disciplinary guidelines.

- **Conflicts of Interest.** Employees are expected to act in the best interest of Renown and its patients at all times. Employees may not use their position or knowledge as a Renown employee for personal gain. A conflict of interest may exist if an employee has a relationship or a personal interest that affects, or may affect, his/her job performance or ability to make a decision related to Renown or its patients. It is the employee's responsibility to disclose any potential conflict of interest to Renown. The Renown Conflict of Interest policy provides guidance as to what may constitute a conflict of interest and who is responsible for disclosing potential conflicts.

- **Gifts and Gratuities.** Renown prohibits employees from receiving gifts or gratuities from patients and families. Gifts and gratuities may include cash, gift cards, services, entertainment, or anything of value. Employees are also prohibited from accepting gifts, services, entertainment, or other things of value to the extent that decision making or actions affecting Renown might be influenced. If a patient wishes to present a monetary gift, he/she should be referred to the Renown Foundation. Please refer to the Renown Gifts, Gratuities and Business Courtesies policy for additional guidance on monetary tips or gratuities.
- **Outside Activities.** Employees must not engage in outside activities during working hours. Use of hospital equipment, including computers, supplies or information in connection with any outside activity is prohibited. Self-employment or employment by others is permissible only if it does not adversely affect the employee's job performance for Renown Health or create a conflict with Renown Health. An employee of Renown Health must not become an officer or director of, or accept a position of responsibility with, any other company in competition with Renown without the approval of his or her supervisor.
- **Educational Programs.** Employees are, with the permission of their supervisor, encouraged to participate as faculty and speakers at educational programs and functions. If the employee uses personal time to prepare and provide the presentation, the employee may keep the honoraria as long as it does not create a conflict of interest. If the preparation and presentation occurs during work hours, the honoraria are to be turned over to Renown Health.
- **Family Members.** No employee may be hired or promoted where the results will be that an employee will directly supervise a member of his or her own family.

**Professional boundaries.** Employees are expected to maintain professional boundaries with patients. Employees are not permitted to enter into romantic relationships with patients they are treating. Employees will also avoid engaging in behaviors such as keeping secrets for patients, behavior that may be viewed as flirting with patients, or sharing intimate/personal information with patients that is unrelated to the care being provided.

#### Standard 6: Financial Reporting

It is important to utilize Renown's assets and resources in the most efficient and effective manner. Documentation and reporting of Renown's financial information, including the use of tax-exempt earnings, should be complete and accurate. Renown is responsible for timely and accurate submission of any required reports to regulatory agencies. Failure to maintain appropriate records may result in financial, legal and/or reputational harm to Renown.

#### Standard 7: Government Relations and Political Activities

Renown must comply with all laws and regulations governing participation in government relations and political activities. Renown funds or resources are not to contribute directly to political campaigns. It is important to separate personal and corporate political activities in order to comply with laws and regulations relating to lobbying or attempting to influence government officials. Any use of Renown resources is inappropriate for personally engaging in political activity.

#### Standard 8: Research, Investigations and/or Clinical Trials

Renown will follow the highest ethical standards in full compliance with laws and regulations in any research, investigations, and/or clinical trials conducted by employees. This includes all research performed in conjunction with the University of Nevada School of Medicine. Any employee performing research, investigations, or clinical trials must follow all applicable research guidelines and privacy policies and maintain the highest standards of ethics and accuracy.

#### Standard 9: Community Relationships

Community relationships are valued, as exemplified through community involvement and feedback through various Renown Health Boards, the Renown Health Membership, and formal and informal research activities. Marketing practices and contract negotiations are accurate and reflective of the organization's vision and mission. It is Renown's goal that this organization be recognized as a true and trusted community asset.



**COMPLIANCE PROGRAM AND CODE OF CONDUCT**  
**ACKNOWLEDGEMENT STATEMENT**

Renown Health ("Renown") is committed to providing high quality of care in compliance with all applicable state and federal laws and regulations, professional and ethical Code of Conduct, and Renown policies and procedures. It is Renown's expectation that all employees, physicians, medical staff, Board members, and contractors share this commitment and will adhere to all federal and state legal requirements and the standards set forth in the Compliance Program and Code of Conduct. As such, I attest that:

- a. *I have received the Renown Health Compliance Program and Code of Conduct.*
- b. *I understand it is my responsibility to read, understand and abide by the Compliance Program and Code of Conduct and to perform my job duties in compliance with all applicable laws, regulations, and professional and ethical standards.*
- c. *I attest that I have brought forth any and all concerns that I have regarding noncompliance with the Compliance Program, Code of Conduct and applicable laws and regulations to the Chief Compliance Officer (1-775-982-5596) or the Anonymous Hotline (1-800-611-5097).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

## **Attachment A**

### **RENOWN ACCOUNTABLE CARE, LLC**

#### **COMPLAINCE PLAN UPDATE**

December \_\_, 2018

Renown Accountable Care, LLC (the “ACO”) previously adopted the Renown Health Compliance Program and Code of Conduct as its compliance plan (the “Compliance Plan”). The ACO hereby desires to clarify and update its Compliance Plan by incorporating the following provisions into the Compliance Plan as Attachment A to the ACO Compliance Plan:

#### **Attachment A**

1. Chief Compliance Officer. As set forth in the Amended and Restated Operating Agreement of the ACO, the Chief Compliance Officer is appointed by the ACO Governing Board upon a majority vote of the Governing Board, is not legal counsel to the ACO and reports directly to the ACO Governing Board. The Chief Compliance Officer is responsible for implementing the ACO’s Compliance Plan, promulgating and administering ACO policies and procedures and promoting compliant.
2. Identifying and Addressing Compliance Problems. The Compliance Plan sets forth the mechanisms for identifying and addressing compliance problems related to the ACO’s operations and performance.
3. Anonymous Reporting. The Compliance Plan sets forth the method for employees or contractors of the ACO, ACO Participants, ACO providers/suppliers and other individuals or entities performing functions or services related to ACO activities to anonymously report suspected problems related to the ACO to the Chief Compliance Officer.
4. Compliance Training. The Compliance Plan sets forth the compliance training for the ACO, the ACO Participants and the ACO providers/suppliers.
5. Reporting to Law Enforcement. The ACO is required to report probable violations of law to an appropriate law enforcement agency.
6. Compliance Plan Updates. The Compliance Plan complies with the law and sets forth that it is updated periodically to reflect changes in law and regulations.
7. Law and Regulations. In addition to those set forth in the Compliance Plan, the ACO shall comply with the Medicare Shared Savings Program regulations.

\* \* \* \* \*

Signature on file  
\_\_\_\_\_  
Melinda Montoya, RH, Chief Compliance Officer

Signature on file  
\_\_\_\_\_  
Tom Zumtobel, ACO Director