

## CORPORATE COMPLIANCE CODE OF CONDUCT

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**Category:** Corporate Compliance & Legal  
**Responsible Department:** Corporate Compliance

**Date Effective:** 06.03.21  
**Date of Last Review/Update:** 02.2018  
**Approved By:** EHS, Inc. BOD  
**Approval Date:** 06.03.21

**Applicability:** Applies to EHS, Inc. and its affiliates (hereinafter referred to as “Evergreen Health”, “organization”) trustees, directors, officers, employees, agents, vendors, independent contractors, interns, and volunteers (hereinafter referred to as “personnel”)

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EHS, Inc. d/b/a Evergreen Health (“Evergreen Health”) is committed to legal, honest, ethical, and responsible conduct as it carries out its mission. In furtherance of its commitment, Evergreen Health has adopted this Corporate Compliance Code of Conduct (“Code of Conduct”) that applies to EHS, Inc. and all of its affiliates and related entities. The Code of Conduct applies to all locations, programs, and/or departments and to all Evergreen Health trustees, directors, officers, employees, volunteers, agents, contractors, and vendors (collectively, “Personnel”).

This Code of Conduct will be distributed to all employees, board members, and volunteers who provide substantial services to Evergreen Health. Additionally, it is posted on Evergreen Health’s intranet and is made available through the Corporate Compliance department. Failure to comply with any of the following standards may result in corrective action in accordance with Evergreen Health’s progressive disciplinary policies, or termination of relationship with Evergreen Health.

### **1. General Standards.**

- a. Personnel must adhere to all applicable laws and regulations, Evergreen Health’s policies and procedures, and the ethical and legal standards outlined herein. If an individual is unsure of whether an action is lawful, they should not act until the individual has checked with their supervisor (if applicable) or the Compliance Officer.
- b. Personnel must be completely honest and truthful in all dealings, including dealings with government agencies and representatives.
- c. Personnel must cooperate fully with all inquiries concerning possible compliance issues and must actively work to correct any improper practices that are identified.
- d. Personnel must use Evergreen Health’s assets solely for the benefit and purpose of the organization. Personal use of Evergreen Health’s assets is not permitted unless disclosed to, and approved by, the appropriate supervisor or manager.
- e. Personnel must not discriminate based on race, color, religion, creed, sex, gender identity, age, national origin, citizenship status, ethnicity, pregnancy, childbirth or related medical conditions, marital status, military or veteran status, disability (including use of a guide dog, hearing dog or service dog), sexual orientation, gender expression, genetic information (including predisposing genetic characteristics), source of payment, or any other protected class under federal or state law.

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### **2. Billing and Payment Standards.**

- a. Personnel involved in documenting and billing the government and other payors must ensure that they comply with all applicable laws, regulations, rules, conditions of participation, and interpretive guidance relating to billing.
- b. Claims submitted for payment must be accurate and truthful, reflect only those services and supplies which were ordered and provided, and be based on supporting documentation that is in accordance with applicable laws, regulations, and third-party payor requirements. Cost reports must be prepared accurately and truthfully, be based only on allowable costs, and be supported by adequate documentation in accordance with applicable laws, regulations, and third-party payor requirements. Deliberate or reckless misstatements to the government or other payors, misrepresentations, false bills, and false requests for payment are strictly prohibited.
- c. All claims for which Evergreen Health seeks payment from a federal or state payor or other third-party payor must be based on medical necessity and professionally recognized standards of care. Non-medical services for which the organization seeks payment must be based on the programmatic requirements for those services.
- d. Personnel shall not knowingly submit claims for items or services furnished by a provider that has been barred or otherwise excluded from participation in a federal or state health care program, such as Medicaid or Medicare.

### **3. Anti-Kickback and Referrals.**

- a. Evergreen Health is committed to complying with all laws that prohibit illegal remuneration, such as kickbacks, bribes, improper or excessive payments, free or below market rents or fees for administrative services, or interest-free loans. Personnel are prohibited from offering, providing, accepting, or asking for anything of value with the intent to influence or be influenced by patients, their families, suppliers, contractors, vendors, physicians, third-party payors, managed care organizations, or government officials. Personnel may not offer, provide, accept, or ask for anything of value for the referral of individuals for services covered by Medicare, Medicaid, or other federal health care programs. Personnel are also prohibited from accepting or requesting payment for the purchase or lease of any good, item, or service covered under any federal health care program.
- b. Federal Law (commonly known as the Stark Law) and similar state laws generally prohibit a provider from referring a Medicare or Medicaid patient to an entity for certain

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“designated health services” if the provider (or an immediate family member) has a financial relationship with the entity providing the “designated health services” unless certain limited exceptions apply. A prohibited financial relationship includes both an ownership or investment interest and a compensation arrangement. To ensure compliance with these self-referral prohibitions, all financial relationships between Evergreen Health and any referring physician (or their immediate family members) must be reviewed and approved by the Corporate Compliance Officer and/or outside legal counsel.

#### **4. Governance and Conflicts Standards.**

- a. The EHS, Inc. Board shall exercise reasonable oversight over the implementation of the Compliance Program and shall receive timely and appropriate information regarding compliance with applicable laws from the Corporate Compliance Officer.
- b. Personnel must be free from any undue influence that conflicts with, or appears to conflict with, their legal duties and responsibilities. The Compliance Officer will ensure that appropriate policies are developed and implemented for all departments and all levels of the organization. If an Individual has a question about whether a gift, payment, or any other thing of value may be accepted, they must contact the Corporate Compliance Officer for guidance before accepting it.
- c. Personnel must not have any financial or other personal interest in a transaction between the Evergreen Health and a vendor, supplier, provider, or customer. Personnel must not engage in financial, business, or any other activity which competes with the organization’s business, or which, actually or in appearance, interferes with the performance of their job duties.
- d. Personnel may not give anything of value, including bribes, kickbacks, or payoffs, to any government representative, fiscal intermediary, carrier, contractor, vendor, or any other person in a position to benefit the organization in any way.
- e. Personnel must not engage in unfair competition or deceptive trade practices.
- f. Evergreen Health is a charitable organization that has been granted exemption from federal and state tax. In order for the organization to maintain its tax-exempt status, Personnel acting in the name of, or on behalf of, the organization are prohibited from carrying on propaganda or otherwise attempting to influence legislation (except as permitted by the Internal Revenue Code), and from participating or intervening in any political campaign on behalf of or in opposition to any candidate for public office. This does not prevent individuals from engaging in political activity when acting in their individual capacity.

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### **5. Exclusion Lists.**

The Corporate Compliance Officer shall ensure that Personnel (individuals and businesses) are screened to ensure that they are not excluded or barred from providing healthcare-related services for which Evergreen Health would receive federal and/or state funding. Such screening shall occur prior to hiring or retaining the individual or business (or as soon as practicable thereafter) and annually thereafter.

### **6. Confidentiality.**

- a. Personnel must hold information concerning the individuals they serve in the strictest of confidence. Such information shall not be disclosed to anyone unless authorized by the individual or their representative, or unless permitted or required by law.
- b. Personnel must maintain the confidentiality of the Evergreen Health’s confidential business information, including financial information, incidents, lawsuits and legal proceedings, pending or contemplated business transactions, trade secrets, and information relating to the organization’s vendors, suppliers, providers, and customers.
- c. Personnel who use Evergreen Health’s information systems, including computers, laptops, servers, printers, software, and cell phones, assume the responsibility for using these resources in an appropriate manner and in accordance with the organization’s policies and procedures.

### **7. Government Audits and Investigations.**

- a. If contacted by a government official regarding an audit or investigation, Personnel should notify the Corporate Compliance Officer immediately. In no event may any Personnel release any documents before speaking to the Compliance Officer and receiving approval to release such documents.
- b. Personnel may not alter, destroy, mutilate, conceal, cover-up, falsify, or make false entries in any record with the intent to impede, obstruct, or influence an audit or investigation of any governmental agency or third-party payor. Personnel certifying to the correctness of records submitted to government agencies must believe that the information is true, accurate, and complete to the best of their knowledge.

### **8. Professional Licensure, Certification and Credentialing.**

Personnel must possess the required education, licensure or certification, and experience necessary to perform their position’s responsibilities. All Personnel must cooperate fully to

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provide the documentation required to establish that they meet the requirements for their position. If an individual becomes aware that they or anyone else does not have the required credentials for their position, they should immediately bring that to the attention of their supervisor and/or the Corporate Compliance Officer.

### **9. Record Retention, Completion and Maintenance.**

- a. Departments within Evergreen Health have implemented systems of controls and policies to assure proper maintenance, retention and destruction of records. Personnel must follow the document retention policies of their department.
- b. Personnel may not destroy or discard any documents if there is or may be a pending investigation or litigation. Personnel should contact their supervisor or the Corporate Compliance Officer if they are unsure if there is a pending investigation or litigation.