

DIVINO NINO HEALTHCARE

COMPLIANCE AND PRIVACY PLAN

EFFECTIVE **January, 2023;**

LAST UPDATED: **January, 2025**

CORPORATE COMPLIANCE MANUAL

COMPLIANCE PROGRAM INTRODUCTION

The Practice, including Divino Nino Pediatrics, PLLC (“The Practice”), Doctor Urgent Medical Care, PLLC (“DUMC”) and DN Medical Services, PLLC (“DNM”) and Divino Nino Inc. (“DNI”) (collectively, referred to herein as the “Practice”), is committed to providing its patients high quality healthcare while complying with all federal, state and local laws and program requirements. The Practice has instituted this Compliance Program (the “Program”), a Code of Conduct (the “Code”) and other related policies to reflect these commitments. A copy of the Code is included. The Program, Code, and related policies apply to all employees, colleagues, medical staff members, contract service providers, vendors, independent contractors, other healthcare partners and agents (hereafter "The Practice employees" or "employees").

This Compliance Program sets forth the means by which The Practice will implement the Code and related policies, how it will monitor compliance with the Code, and how it will respond to violations of the same.

The Practice has designed the Program to meet the requirements of the Office of Inspector General (OIG) of the Department of Health and Human Services, and the Federal Sentencing Guidelines for organizations as a “program that has been reasonably designed, implemented, and enforced so that it generally will be effective in preventing and detecting criminal conduct.” As such, the Compliance Program includes the following elements:

- standards of conduct contained in the Code to assist employees in complying with the laws pertaining to false claims, kickbacks and physician self-referrals;
- designation of the Compliance Officer and Compliance Committee;
- a system to monitor whether employees, independent contractors and agents have been sanctioned by the Medicare/Medicaid programs;
- education and training programs for appropriate employees regarding the principles articulated in the Code;
- a process to report violations of the Code and the adoption of procedures to protect, where appropriate, the anonymity of such reporting and to protect individuals from retaliation due to reporting;
- a system to respond to suspected Code violations, and procedures to enforce appropriate disciplinary action against employees, independent contractors and agents who have violated principles contained in the Code;
- methods to monitor compliance with the Code; and
- procedures to correct systemic non-compliance with the Code.

CORPORATE COMPLIANCE MANUAL

PROGRAM MONITORING RESPONSIBILITIES

COMPLIANCE OFFICER

The Compliance Officer, as set forth in the Appendix, has been hired to be the Compliance Officer for our organization. The Compliance Officer may designate other individuals to assist or perform any of the responsibilities set forth below. The Compliance Officer or his designee (hereinafter “the Compliance Officer”) will:

- be responsible for overseeing compliance with all applicable laws, the Code, and all related policies and procedures;
- be responsible for implementing and monitoring the Compliance Program;
- coordinate annual updating of the Code, related policies and the Compliance Program;
- conduct, coordinate or contract for compliance education and training covering (at a minimum) the following subjects: the importance and operation of the compliance program; the Code of Conduct; the reporting process; the obligations, responsibilities and rights of all employees under the Code of Conduct; the consequences of violating the standards and procedures set forth in the compliance program;
- conduct, coordinate or contract for education and training relating to proper coding, documentation and billing of healthcare claims for all employees involved in the claim development and submission process. This education and training should cover (at a minimum) the following subjects: specialty-specific coding requirements; the claim development and submission process; the consequences of signing a form for a physician without the physician's authorization; proper documentation of services rendered; proper billing standards and procedures; and the potential legal sanctions for submitting false, inaccurate or insufficiently documented claims;
- ensure that independent contractors and agents who are involved in the provision of patient care or the billing process (collectively, "designated contractors") are aware of the requirements of the Compliance Program;
- monitor HHS-OIG's list of Excluded Individuals and Entities, the General Services Administration's (GSA's) List of Parties Debarred from Federal Programs with respect to employees, medical staff, and designated contractors, the Health Resources and Services Administration's (HRSA) listing of defaulted borrowers who are excluded from the Medicare and State healthcare programs and the Office of Foreign Assets Control (OFAC) Specially Designated National List (SDN List) of targeted foreign countries, terrorists, international narcotics traffickers and those engaged in activities related to the proliferation of weapons of mass destruction. See <https://exclusions.oig.hhs.gov/>, <https://www.federalregister.gov/documents/2018/11/15/2018-25000/list-of-borrowers-who-have-defaulted-on-their-health-education-assistance-loans> and <https://home.treasury.gov/policy-issues/financial-sanctions/sanctions-list-search-tool>

DIVINO NINO PEDIATRICS, PLLC
CORPORATE COMPLIANCE MANUAL

If the Compliance Officer discovers that a practitioner or contractor has been sanctioned, the Compliance Officer shall consult with the Chief Executive Officer and/or his designee to determine whether disciplinary action should be taken against the medical staff member. In addition, prior to hiring or engaging an employee or designated contractor, the Compliance Officer, or his designee, shall review the aforementioned Lists to determine whether such person has been sanctioned. If the person has been sanctioned, the Compliance Officer shall report to the CEO whether it is appropriate to hire or engage the person.

- conduct, coordinate, or contract for periodic audits or assessments to monitor the extent to which The Practice is complying with the Code and applicable billing, coding and documentation guidelines;
- conduct or coordinate the internal investigation of all credible allegations of material violations of the Code;
- monitor subsequent corrective action and/or compliance; retain documents verifying educational activities, internal investigations and assessment results, as well as any resulting remedial or disciplinary actions;
- prepare or review any reports submitted to government agencies or enforcement authorities;
- report on at least a quarterly basis to the CEO and the Compliance Committee on:
 - (a) progress of implementation of the Compliance Program,
 - (b) results of any on-going monitoring, including any internal or external audits or assessments,
 - (c) summary of any regulatory changes pertaining to the fraud and abuse laws,
 - (d) summary of any proposed changes to the Code, and
 - (e) a summary of any disciplinary actions resulting from Code violations; and,
- Continue the momentum of the compliance program and the accomplishment of its objectives long after the initial years of implementation.

The Compliance Officer will have access to whatever personnel and resources are necessary to fulfill these responsibilities.

CORPORATE COMPLIANCE MANUAL

COMPLIANCE COMMITTEE

The CEO has established a Compliance Committee, which shall evaluate and take action upon any matter that may be brought to its attention regarding the Program, Code, and related policies. The members of the Compliance Committee are listed in the Appendix section of this manual.

The Compliance Committee will be responsible for:

- Analyzing the regulatory environment, the legal requirements our organization must obey, and specific risk areas;
- Assessing existing policies and procedures that address these areas for possible incorporation into the compliance program;
- Recommending and monitoring the development of internal systems and controls to carry out the organization's standards, policies, and procedures as part of its daily operations;
- Determining appropriate strategies and approaches to promote compliance with the program and detection of any potential violations; and
- Monitoring internal and external audits, assessments, and investigations for the purpose of identifying troublesome issues and deficient areas and implementing corrective and preventative action.

The Compliance Committee shall hold regular quarterly meetings and shall hold special meetings as may be necessary. The Compliance Committee may establish various Compliance Workgroups as may be necessary.

All Employees

Notwithstanding the above, compliance is not the responsibility of only the Compliance Officer or Compliance Committee. Every employee is responsible for complying with the Program, Code and related policies. All managers and supervisors (hereafter "supervisory personnel") are responsible for achieving compliance with the same, and for setting an example for other employees by conducting their activities in compliance with the Code and related policies. Supervisory personnel are responsible for ensuring that the individuals they supervise understand their obligation to: (i) comply with the standards contained in the Code and related policies, (ii) immediately report any potential violation of the Code and related policies to their supervisor or the Compliance Officer, (iii) assist The Practice in investigating any allegations of violations, and (iv) assist The Practice in correcting any deficiencies, problems and violations.

CORPORATE COMPLIANCE MANUAL

DISSEMINATION AND CERTIFICATION OF INFORMATION

In order to implement the Compliance Program, The Practice will communicate the compliance requirements contained in the Code and related policies to all employees. The Compliance Officer shall establish procedures to ensure that all employees are familiar with the Code. These procedures shall include:

- Every newly hired employee and newly retained designated contractor shall receive a copy of the Code and any other policies relevant to his/her employment and/or engagement. All employees must read the Code within 14 calendar days of receiving it. All employees must sign a certification form (located in the Appendix section of this manual) stating that they have read, understand and agree to abide by the Code and other relevant policies.

All employees shall sign an Annual Certification (located in the Appendix section of this manual) stating that they:

- a) have reviewed the Code and other relevant policies;
 - b) intend to comply with all of the requirements of the Code and related policies;
 - c) acknowledge their responsibility to report promptly to the Compliance Officer all actual or suspected instances of non-compliance with the Code or related policies; and
 - d) do not know of or suspect any instance of non-compliance with the Code or the related policies that they have not already reported to the Compliance Officer.
- All employees who resign, retire, separate, terminate, or leave the employ of The Practice for any reason, shall take part in an Exit Interview. An Exit Interview Questionnaire is located in the Appendix section of this manual. As part of that Exit Interview the separating employee shall certify in writing that he or she does not know of or suspect any instance of non-compliance with the Code or the related policies that they have not already reported to the Compliance Officer.
 - The Compliance Officer shall retain these documents as corporate records.

TRAINING PROGRAMS

The Compliance Officer shall oversee and coordinate training for employees in the principles contained in the Code and Program. Training procedures shall consist of the following:

- All employees shall receive education and training in the principles articulated in the Code at least once each year and more often if the Compliance Officer determines it is necessary or advisable. The Compliance Officer and Compliance Committee shall prepare, deliver, arrange, or contract for the preparation and presentation of training sessions or seminars related to the Program, Code and related policies.
- All employees involved in the claim development and submission process (including physicians and other medical clinicians) shall receive education and training in the

CORPORATE COMPLIANCE MANUAL

principles and guidelines related to coding, documentation, and billing practices at least once each year, and more often if the Compliance Officer determines it is necessary or advisable.

- All supervisory personnel shall ensure that every employee under their supervision receives all required training.
- The Compliance Officer, in conjunction with the Practice or Facility Manager or Personnel Administrator, shall retain the attendance lists of all attendees at training sessions and copies of all training materials utilized.

MONITORING AND AUDITING

The Compliance Officer shall develop and implement monitoring and auditing procedures (or contract for the same) to determine the organization's level of compliance with the federal and state laws, regulations and programs pertaining to false claims, kickbacks and physician self-referrals and with the principles articulated in the Code.

Such monitoring and auditing procedures shall include, at a minimum, an annual compliance assessment (internal and/or external) to evaluate levels of compliance with the Code's policies pertaining to proper coding, documentation, claims development and submission, billing, reporting, the Physician Self-Referral Prohibitions (Stark I and II), marketing and any other issues the Compliance Officer determines should be reviewed. This monitoring and auditing shall also address whether all direct and indirect payments made by The Practice to or from actual or potential referral sources are proper and in accordance with state and federal fraud and abuse laws.

Whenever the monitoring and auditing reveal any non-compliance with the Program, Code and related policies, then the Compliance Officer shall take appropriate remedial action as described in the Compliance Program Auditing and Monitoring Policy.

The Practice will only enter into agreements or compensation arrangements with actual or potential referral sources that have been reviewed by the Compliance Officer and any attorney The Practice may wish to consult, retain or employ. The Compliance Officer is responsible for making sure that The Practice complies with this procedure.

In addition, the Compliance Officer shall modify, as necessary, the Compliance Program in light of any Office of Inspector General (OIG) Special Fraud Alerts or other notices alerting the healthcare community to significant changes or clarifications in the fraud and abuse laws.

CORPORATE COMPLIANCE MANUAL

RETENTION AND PRESERVATION OF DOCUMENTS

The Practice has instituted a document retention policy with which each employee and each designated contractor must comply. This policy appears separately in this manual. Document retention and destruction must take place in accordance with this established written policy. Each supervisor shall monitor compliance with this policy with regard to all of the individuals under his or her supervision.

The Compliance Officer shall establish procedures to prevent the intentional or inadvertent destruction of documents that are relevant to known government investigations. If The Practice is served with a subpoena or any other request for documentation or information from the government or any other source of claims payment (collectively, "document request"), The Practice must retain all potentially responsive documents. If The Practice has a strong basis to believe that there is an impending government investigation of any aspect of its operation, The Practice must retain all documents that it knows may pertain to that investigation.

If The Practice is served with such a document request, or The Practice has reason to believe a document request may be forthcoming; the Compliance Officer is responsible for immediately directing personnel to retain all documents that may be potentially responsive to the document request.

BRIEF DESCRIPTION OF CODE OF CONDUCT

The Code and related policies apply to all employees. Each employee is personally responsible for his or her conduct in complying with the Code and related policies. All supervisors shall distribute the Code to every employee they supervise. In addition to the policies concerning fraud and abuse and the commitment and mission of The Practice to comply with such laws, the Code focuses on employee conduct relating to the laws that most directly impact the business conduct of employees. A brief description of the policies discussed in the Code is set forth below.

Commitment to Compliance

Our commitment to compliance is set forth in Section 1 of the Code. All employees are required to govern themselves in a manner that adheres to and promotes both the letter and spirit of that commitment. Adherence to that commitment shall be an element of each employee's annual evaluation for purposes of promotion and compensation.

Compliance with the Code of Conduct

The organization's policies regarding compliance with laws, regulations and program requirements, as well as appropriate disciplinary action for failure to comply with the Code, are set forth in Section 2 of the Code.

CORPORATE COMPLIANCE MANUAL

Fraud and Abuse Laws

Policies regarding fraud and abuse are set forth in Section 3 of the Code. Such policies provide that all employees understand the practice organization's position with respect to false claims, kickbacks and physician self-referrals.

Proper Billing and Reimbursement

Policies regarding proper billing and reimbursement practices are set forth in Section 4 of the Code. These should guide the preparation of all claims, cost reports and other billing documents.

Proper Documentation

Policies regarding the proper documentation of services are set forth in Section 5 of the Code. These policies should guide employees so that The Practice only submits claims when they are based on appropriate documentation and comply with all payer billing requirements.

Relationships with Physicians and Other Providers

Policies regarding relationships with physicians and other providers or suppliers are set forth in Section 6 of the Code. These policies prohibit paying for referrals of patients or other items of healthcare business. Paying for referrals is illegal because it can distort medical decision-making, cause overutilization of services or supplies, increase costs to Federal Health Care Programs and result in unfair competition by shutting out competitors who are unwilling to pay for referrals. These policies will help ensure that all contracts and relationships do not violate federal and state laws regarding kickbacks and physician referrals.

Marketing

Section 7 of the Code contains the Marketing policy, which requires all communications to be truthful and accurate.

Conflicts of Interest

Policies regarding conflicts of interest are set forth in Section 8 of the Code. These policies will guide all employees on how to avoid any conflicts between personal interests and the interests of The Practice.

Confidentiality-Business and Patient Information

Policies regarding confidentiality of business and patient information are set forth in Section 9 of the Code. The Compliance Officer will direct supervisors to make certain that all employees under their supervision understand such policies with respect to the disclosure to unauthorized persons of confidential patient information and medical records, as well as confidential business information including trade secrets, commercially sensitive information, and financial information about The Practice.

CORPORATE COMPLIANCE MANUAL

Employee Rights

Policies providing employees the right to a working environment free from harassment, illegal drugs, alcohol and unlawful discrimination are set forth in Section 10 of the Code. In addition to those policies, The Practice has employee policies, procedures and an Employee Handbook to ensure compliance with federal laws governing employment and the workplace.

Patient's Rights

Policies regarding patients' rights are set forth in Section 11 of the Code. Supervisors shall make certain that all employees under their supervision are aware of state and federal laws and facility licensing requirements concerning patient rights.

RESPONDING TO POSSIBLE CODE OF CONDUCT VIOLATIONS

Reporting of Possible Code of Conduct Violations

The Practice encourages and allows employees to seek and receive prompt guidance before engaging in conduct that may implicate the Code or related policies. Every employee has a responsibility to report any violation, or suspected violation of the Code or related policies to his or her supervisor or the Compliance Officer. The obligations to report includes violations where supervisors condone, approve, or direct prohibited conduct, or have knowledge of the conduct and do not act promptly to correct it. All supervisors must report any potential violation of the Code to the Compliance Officer.

To achieve these objectives, the Compliance Officer shall publicize the following practices and procedures to all employees:

- Employees may consult their supervisors or the Compliance Officer about any questions regarding the Code or related policies. The supervisor should respond as promptly as possible to any inquiry and/or refer the question to the appropriate person within The Practice, including the Compliance Officer.
- Employees shall report to their supervisors or the Compliance Officer all possible or suspected violations of the Program, Code or related policies. These reports may also be made anonymously to the Compliance Officer. Supervisors who receive such reports shall report the information to the Compliance Officer. Employees will not be subjected to punishment, harassment or retaliation for reporting matters in good faith pursuant to the Program, Code and related policies. With regard to any reported matter, The Practice will provide as much confidentiality and anonymity as is possible under the circumstances, consistent with our obligation to investigate employee concerns and take necessary corrective action.
- The Compliance Officer and all supervisory and management personnel shall maintain an "open door policy," that permits all employees to present and report any actual, suspected or potential violations of the Code or related policies.

CORPORATE COMPLIANCE MANUAL

- The Compliance Officer shall establish and publicize a process or procedure (such as a Compliance drop box, blinded e-mail, telephone reporting number or extension) to receive reports of actual, suspected, or potential violations of the Code or related policies. This Reporting Process shall also be available for posing questions regarding the requirements of the Code or related policies. The Compliance Officer will maintain a log of reported matters, including the nature of any investigation and the result.

Responding to Possible Code of Conduct Violations

The Compliance Officer has the responsibility to review, and where appropriate investigate, all reports of possible violations of the Code or related policies. If a supervisor receives a report of a possible violation of the Code, the supervisor shall report the same to the Compliance Officer. All employees shall cooperate fully with any internal investigation.

Remedial Action

If, after reviewing or investigating any reported matter, The Practice determines that a violation of the law, Code, or related policies has occurred, The Practice shall take appropriate remedial action.

In determining what remedial action is appropriate, The Practice shall consider:

- The impact the problem or incident had on the quality of care provided to our patients and program beneficiaries;
- The extent to which any person knowingly, intentionally or with reckless disregard or deliberate indifference acted contrary to Medicare or Medicaid laws, regulations or program requirements;
- The nature and extent of potential civil, criminal, administrative or other legal liability to individuals or The Practice;
- The nature, extent and amount of any resulting government overpayment, sanction, fine or other civil monetary penalty; and,
- The extent to which the problem or incident reflects a systemic, departmental or unit-wide failure to comply with the Code.

After considering these factors, The Practice shall determine the appropriate remedial action, which may require The Practice to take one or more of the following steps:

- Correct the practices that led to the violation as soon as possible;
- Initiate appropriate disciplinary action against any employee involved in the violation;
- Undertake a program of education and training within the appropriate department or unit to prevent similar violations in the future;
- If The Practice received an overpayment, calculate the amount and repay the appropriate government entity or insurer; and,

CORPORATE COMPLIANCE MANUAL

- If there is a possibility that criminal conduct has occurred, suspend all billing related to the violation in the department or unit where the problem exists until the problem is corrected, and notify appropriate government authorities.

If the investigation reveals that there is systemic non-compliance with the requirements contained in the Code, the Compliance Officer shall consult with the Compliance Committee (and any attorney The Practice may wish to consult, retain or employ) to evaluate (i) what form of corrective action The Practice should take, if any; and (ii) whether The Practice should modify the Program, Code and related policies to cure such non-compliance.

Discipline for Violations

The Practice shall document all reasons for disciplinary actions taken against its employees for violations of the Code and related policies. The determination of the appropriate discipline shall be made in accordance with any Personnel Policies and Procedures in effect at the time of the violation.

These disciplinary actions may include one or more of the following: oral or written warning, counseling or re-education/training, oral or written reprimand, transfer or reassignment, probation, suspension with or without pay, privilege revocation, reduction of salary, bonus, or other element of compensation, demotion, or termination of employment or business relationship. The following factors may be considered in determining the appropriate disciplinary action to impose for a violation of the Code or related policies:

- The adverse effects, if any, the violation had on the high quality of medical care we deliver to our patients;
- The nature and ramifications of the violations to The Practice;
- The disciplinary measures imposed in the past for similar violations;
- The nature of any past violations of any kind by the individuals involved;
- Whether the violation was willful or unintentional;
- Whether the individual was directly or indirectly involved in the violation;
- Whether the violation represented an isolated occurrence or a pattern of conduct;
- If the violation consisted of the failure to supervise another individual who violated the Code or related policies, the extent to which the circumstances reflect a lack of vigilance or diligence;
- If the violation consisted of retaliation against another individual for reporting a violation or cooperating with an investigation, the nature of the retaliation;
- Whether the individual in question reported the violation; and
- The degree to which the individual cooperated with the investigation.

CORPORATE COMPLIANCE MANUAL

Government Investigation

If the need arises, it may be appropriate to inform some or all of the employees of The Practice that the government is conducting an investigation of certain matters and that government investigators may contact employees in connection with the investigation. If such an investigation is to occur, the Compliance Officer may inform employees of their rights and obligations with respect to requests for interviews from government investigators, which information shall conform to the policy "Guidance to Employees Who Are Contacted By Government Investigators," included in this manual. Employees must immediately report and refer to the Compliance Officer any contact from a government official regarding an investigation.

Conclusion

The Compliance Officer and Compliance Committee will review this Program and the Code annually to assess whether it reflects the appropriate principles and contains the necessary procedures and processes to facilitate compliance with all federal and state laws and sound ethical business practices. If any employee has suggestions for revisions, additions or other changes to the Program, Code or related policies, please contact the Compliance Officer.

Section 1- Commitment to Compliance

Mission and Values Statement

Above all else, DNP is committed to the care and improvement of human life. In recognition of this commitment, we will strive to deliver high quality, cost-effective healthcare in the communities we serve. In pursuit of our mission, we believe the following value statements are essential and timeless:

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with respect, dignity, compassion and kindness.
- We act with absolute honesty, integrity and fairness in the way we conduct our business.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity.

Our Fundamental Commitment to Stakeholders

We affirm the following commitments to DNP stakeholders:

To our patients: We are committed to providing high quality care that is sensitive, compassionate, promptly delivered and cost-effective.

To our colleagues: We are committed to a work setting that treats all colleagues with fairness, dignity and respect, and affords them an opportunity to grow, to develop professionally, and to work in a team environment in which all ideas are considered.

To our affiliated physicians: We are committed to providing a work environment that has excellent operational facilities, modern equipment and outstanding professional support.

To our third-party payers: We are committed to dealing with our third-party payers in a way that demonstrates our commitment to contractual obligations and reflects our shared concern for high quality healthcare and bringing efficiency and cost-effectiveness to healthcare. We encourage our third-party payers to adopt their own set of comparable ethical and compliance principles to explicitly recognize their obligations to patients as well as the need for fairness in dealing with providers.

To our regulators: We are committed to an environment in which compliance with rules, regulations, and sound business practices is woven into the corporate culture. We accept the responsibility to aggressively self-govern and monitor adherence to the requirements of law and to our Code of Conduct.

To our joint venture partners: We are committed to fully performing our responsibilities to manage any jointly owned facilities and business interests in a manner that reflects the mission and values of each of our organizations.

To the communities we serve: We are committed to understanding the particular needs

of the communities we serve and providing these communities high quality, cost-effective healthcare. We realize as an organization that we have a responsibility to help those in need. We proudly support charitable contributions and events in the communities we serve in an effort to promote good will and further good causes.

To our suppliers: We are committed to fair competition among prospective suppliers and the sense of responsibility required of a good customer.

To our volunteers: The concept of voluntary assistance to the needs of patients and their families is an integral part of the fabric of healthcare. We are committed to ensuring that our volunteers feel a sense of meaningfulness from their volunteer work and receive recognition for their volunteer efforts.

To our partners and shareholders: We are committed to the highest standards of professional management, which we are certain can create unique efficiencies and innovative healthcare approaches, thus ensuring favorable returns on our investments over the long term.

Commitment to Compliance

DNP provides a variety of healthcare services. These services generally may be provided only in accordance with applicable federal, state, and local laws and regulations. Such laws and regulations include Medicare and Medicaid regulations, and may also involve requirements relating to certificates of need, licenses, permits, accreditation, access to treatment, consent to treatment, medical record-keeping, access to medical records, confidentiality, patients' rights, terminal care decision-making, medical staff membership and clinical privileges, and restrictions relating to the corporate practice of medicine. DNP is subject to numerous other laws in addition to these healthcare regulations.

We will comply with all applicable laws and regulations. **All employees, colleagues, medical staff members, privileged practitioners, contract service providers, vendors, other healthcare partners and agents (hereafter "employees")** must: (i) be knowledgeable about and ensure compliance with all laws and regulations; and (ii) must immediately report violations or suspected violations to the Compliance Officer, or a member of the Compliance Committee whose names are set forth in Appendix "A" to this Manual.

The Compliance Officer will provide those who contact him/her with guidelines to follow if contacted by government auditors, regulators, surveyors or inspectors. These guidelines are designed to ensure that all information and communication is truthful and accurate, and that the legal rights of the organization, its employees and patients are protected.

DNP will always be forthright in dealing with any billing inquiries. Requests for information will be answered with complete, factual and accurate information. We will cooperate with and be courteous to all government inspectors and provide them with the information to which they are entitled during an inspection.

During a government review or inspection, an employee must never conceal, destroy, or alter any documents, lie, or make misleading statements to any government representative. He/she should not attempt to cause another colleague to fail to provide accurate information or obstruct, mislead or delay the communication of information or records relating to a possible violation of law.

In order to ensure that the center fully meets all regulatory obligations, all employees must stay informed about stated areas of potential compliance concern. The Department of Health and Human Services, and particularly its Office of Inspector General (OIG), routinely notifies healthcare providers of areas in which these government representatives believe that insufficient attention is being accorded government regulations. DNP should be diligent about reviewing these elements of our system to ensure their correctness in the face of such guidance.

Guiding Principles

- **Care And Respect For Everyone**

Each interaction you have, with a patient, family member, co-worker or member of our community must begin and end in a caring and respectful manner. No task is beneath any of us -whether it is helping a visitor find the door or keeping our work area clean and professional in appearance. Each person must be treated with the same care and respect we expect for ourselves. You must ensure that your actions do not create harm for others. As a result, smoking is strictly prohibited everywhere in our organization, and illegal drug or alcohol use is grounds for immediate disciplinary action, up to and including termination.

- **Honesty In All Communications**

In every communication - written or verbal - you must express yourself honestly. This principle applies equally to the completion of your job application, patient record, patient billing and coding documents and business records. You may not make false or misleading statements to government, regulatory or accrediting agencies. You may not knowingly submit claims for service that are false, inaccurate, fraudulent or fictitious.

- **Integrity In All Business Transactions**

You must comply with both the letter and spirit of laws and regulations that govern our business. If you are ever unsure about whether something you are doing, or have been asked to do, is correct, you should contact your supervisor or the Compliance Officer.

- **Accuracy In Everything We Do**

You must take extra care to ensure your work is accurate and complete. You must only submit claims for services we have actually provided. You must correct any errors as soon as you discover them. If you are ever unsure about the appropriateness of any claim or billing information, you should ask your

supervisor or the Compliance Officer.

Preface and Purpose of Our Code of Conduct

The purpose of our Code of Conduct (hereafter "The Code") is two-fold: (i) to provide guidance to all employees; and (ii) to assist us in carrying out our daily activities within appropriate ethical and legal standards. These obligations apply to our relationships with patients, affiliated providers, third-party payers, subcontractors, independent contractors, vendors, consultants and one another.

The Code is a critical component of our overall Compliance Program. We have developed the Code to ensure that we meet our ethical standards and comply with applicable laws and regulations.

The Code is intended to be a statement that is comprehensive and easily understood. In many instances, the Code deals fully with the subject covered. In other cases, however, additional guidance may be necessary to ensure that employees fully understand the subject discussed. The policies set forth in this Code are mandatory and must be followed.

Leadership Responsibilities

While all employees are obligated to follow our Code, we expect our leaders (executives, managers, supervisors, etc.) to set the example, to be in every respect a model. They must ensure that those on their team have sufficient information to comply with law, regulation and policy, as well as the resources to resolve ethical and compliance dilemmas. They must help to create and maintain a culture within DNP that promotes the highest standards of ethics and compliance. This culture must encourage everyone in DNP to raise concerns when they arise. DNP will never sacrifice ethical and compliant behavior in the pursuit of business objectives.

Section 2-Compliance with the Code of Conduct

In General

You are strictly prohibited from engaging in any activity that violates or is inconsistent with any requirement contained within the Code. In particular, you are strictly prohibited from engaging in any activity that is considered fraudulent or abusive billing under federal and state laws. Any deviation from the requirements contained within the Code may subject you to disciplinary action, up to and including termination of employment, affiliation, contract, staff privileges or any other relationship with DNP. To make sure that you are familiar with the Code's requirements, you are required to review the contents of the Code at least once a year.

Compliance Officer

The Compliance Officer, whose name is set forth in Appendix A, has been designated as the Compliance Officer by the Board of Directors. (See the Appendix

in this manual for telephone numbers). You should contact the Compliance Officer to ask questions regarding the requirements of the Code and related policies, or to report an actual, suspected or potential violation of the Code. The Compliance Officer is responsible for coordinating compliance efforts and responding, in part, to your individual concerns and reports of suspected misconduct or non-compliance. If you have a question regarding billing or coding, you should contact your supervisor or the Compliance Officer.

Reporting

If you know of or suspect a violation of any Code requirement, you must report this information to your direct supervisor or the Compliance Officer. **You will not be punished or retaliated against for reporting a matter or violation in good faith.** You may report violations anonymously. To the extent possible, DNP will maintain the confidentiality of your identity. There may be instances, however, where your identity may need to be revealed in order for us to fulfill our obligation to investigate employee concerns and take necessary corrective action.

Failure to Report

If you do not report conduct which you know or suspect violates the Code's requirements, you may be subject to disciplinary action, up to and including termination of employment, affiliation, contract, privileges or any other relationship with DNP.

Disciplinary Action for Code Violations

If you have violated the law, the Program, Code, or related policies, you may be disciplined. The resulting discipline may include one or more of the following: oral warning, written warning, disciplinary counseling, suspension, privilege revocation (subject to any existing due process procedures articulated in any Medical Staff By-laws) or termination of employment or business relationship.

Performance Evaluations

The extent to which you comply with the Code and support and participate in the Program will be factors considered in evaluating your overall job performance. For designated employees, attendance at any training seminars DNP offers pertaining to compliance, and coding, documentation and billing is mandatory.

Section 3-Fraud and Abuse Laws - An Overview

In General

DNP expressly prohibits all employees, colleagues, medical staff members, privileged practitioners, contract service providers, vendors or other healthcare partners (hereafter "DNP employees" or "employees") from engaging in any activity that violates the fraud and abuse laws. For purposes of the Program, the phrase "fraud and abuse laws" consists of those federal and state laws that prohibit

false claims, illegal physician referrals and kickbacks. The following is a summary of the fraud and abuse laws, although there may be other laws governing our operations as well.

False Claims

The False Claims Act makes it is illegal for any person to intentionally make a false record or file a false claim knowing that the false statement or misrepresentation could result in some unauthorized benefit to himself/herself or to some other person or entity. In particular, it is illegal for any person to intentionally make a false statement in any claim for benefits or payments covered by any government health insurance program (including Medicare and Medicaid), or any private health insurance program (including commercial health insurance such as Blue Cross/Blue Shield). All statements made on behalf of DNP must be backed by an adequate basis for belief, or made in a context in which the lack of such basis is clearly understood.

Anti-Kickback Law

It is illegal for any person to intentionally offer, pay, ask for or receive any type of payment (including money, gifts or services) in exchange for either:

- (a) Referring a patient or arranging for the provision of an item (e.g., a test or a prescription) or service (e.g., physician services) covered by any payer (including the Medicare and Medicaid programs or any private insurance program), or
- (b) Purchasing, leasing or ordering any item or service covered by any payer.

Note that such kickbacks can include cash as well as "in kind" consideration such as subsidized rent, subsidies for office personnel, medical directorships, medical supplies or equipment, or other gifts. Although certain exemptions (called "Safe Harbors") may apply to the kickback prohibition, no significant transaction should be undertaken that might implicate the kickback prohibition without prior review and approval of the Compliance Officer and any attorney DNP may choose to consult, retain or employ.

Physician Self-Referral Prohibition

A physician may not refer a Medicare or Medicaid patient to an entity in which the physician (or the physician's family) has a financial relationship for the provision of certain items or services ("designated health services").

Financial Relationship. A "financial relationship" for purposes of the self-referral prohibition, includes:

- (a) ownership or investment interest through equity, debt or other means including an interest in an entity holding an ownership or investment interest in any entity actually furnishing the designated health services;
or

- (b) compensation arrangement involving any remuneration to the physician or the physician's family.

Designated Health Services. "Designated health services" for purposes of this prohibition include: inpatient and outpatient hospital services, diagnostic services, laboratory services, physical and occupational therapy services, radiation therapy services and supplies, durable medical equipment and supplies, parental and enteral nutrients (intravenous, subcutaneous etc. vs. the digestive tract), equipment and supplies, home health services, outpatient prescription drugs and nuclear medicine.

Although certain exemptions may apply to the self-referral prohibition, no significant transaction should be undertaken that might implicate the self-referral prohibition without prior review and approval of the Compliance Officer and any attorney DNP may choose to consult, retain or employ.

Penalties

False claims and kickbacks can be punished with criminal and civil penalties. A criminal conviction for making a false claim or providing kickbacks is punishable by imprisonment and/or monetary fines. Making a false claim may subject the individual or entity to a civil monetary penalty of up to **\$21,916 per claim**, plus a fine of up to three times the amount claimed for the item or service. Providing a kickback may also subject an individual or entity to a civil monetary penalty for each kickback, plus a fine of up to three times the remuneration paid, received or offered for the kickback. Engaging in a prohibited self-referral may result in a civil monetary penalty as well. In addition, the government may exclude the individual or entity (such as a physician, the Practice, a hospital, a laboratory, etc.) that violates the false claims laws, the anti-kickback laws and/or the self-referral prohibition from the Medicare and Medicaid programs. An individual or entity excluded from the Medicare or Medicaid programs cannot receive payment for any service or item provided to a patient who is covered by Medicare or Medicaid.

If you are faced with a situation that appears to be questionable under the fraud and abuse laws, you must report it to your supervisor or the Compliance Officer. If you suspect or know that a violation of the fraud and abuse laws has occurred, you must report it as well to your supervisor or to the Compliance Officer.

Section 4-Proper Billing and Reimbursement Procedure

In General

DNP is committed to maintaining the accuracy of every claim it processes and submits. You are responsible for understanding and applying the proper billing procedures when claiming payment from any payer for services provided by DNP. All employees should follow the organization's billing policies and contact the Compliance Officer with any suspected or known violations of law or practice policy.

Up-coding or Over-coding

All employees who bill or code for services that DNP provides must follow the current year national coding requirements and documentation guidelines under Medicare/Medicaid or under the appropriate contract. Billing services at a higher level of care than the actual care provided to obtain greater reimbursement from a payer is strictly prohibited. Routinely providing a higher level of care than is necessary in order to obtain greater reimbursement is also strictly prohibited.

Coding of Claims

All individuals involved in the coding of services (including physicians who code their own services) shall ensure that the codes used to bill Medicare/Medicaid (i.e., CPT, ICD-10 or HCPCS) accurately describe the services and/or tests that were ordered and performed. In addition, any diagnosis codes or procedure descriptions reported on the reimbursement claims should be based on the medical record and other documentation and shall be supported by a physician order where appropriate.

Co-Payment Requirements

DNP will not routinely waive deductibles or co-payments. The routine use of "financial hardship" forms, which state that the beneficiary is unable to pay the co-insurance/deductible, is considered by Medicare and Medicaid to result in improper overpayments by those programs. The financial hardship exception can only be used when the patient's financial condition warrants the waiver. If you have any questions about the application of this requirement, ask the Compliance Officer.

Bad Debts

DNP shall monitor periodically whether it is properly reporting bad debts to Medicare.

Illustrations

The following are some guidelines to ensure proper billing:

- DO NOT bill for services, supplies or equipment that were not provided.
- DO NOT alter claim forms so that they are false or inaccurate in order to increase payments.
- DO NOT misrepresent the services actually rendered to increase reimbursement (for instance, billing a service as an office visit rather than a routine physical exam or providing a higher level of care than the general standard).
- DO NOT manipulate claims to increase payments (for example, upcoding).
- DO NOT incorrectly report a diagnosis to increase payments from any payer (including Medicare/Medicaid and any private insurance company).

- DO NOT misrepresent a non-covered or non-reimbursable service or item as a covered service or item (e.g., using a covered office visit code when the actual service was a non-covered annual physical).
- DO NOT bill for a service or item that is not reasonable and necessary.
- DO NOT attempt to get paid twice for the same service (for instance, billing both Medicare/Medicaid and another insurer for the same items or services).
- DO NOT bill for a service performed by a physician, who has not yet been issued a national provider identifier number, been credentialed under the patient's insurance plan or use another physician's provider number.
- DO NOT "unbundle" services. For example, if dressing and instruments are included in a fee for a minor procedure, you may not also bill separately for the dressing and instruments.
- DO NOT bill for medical equipment and supplies without the required Certification of Medical Necessity by the physician.
- DO NOT bill Medicare using critical care codes unless the patient is critically ill and requires constant attention by the physician.
- DO NOT submit a claim for a physician service that was actually provided by someone else (such as an unlicensed, noncredentialed or excluded individual).
- DO NOT bill for services over a period of days when all treatment occurred during one visit.
- DO NOT increase or decrease charges to Medicare/Medicaid patients merely because they are Medicare/Medicaid beneficiaries.
- DO NOT waive a patient's insurance co-payment or deductible unless the patient meets the waiver criteria.
- DO NOT provide a patient with free prescriptions or other free services to encourage the patient to use our services.

These listed illustrations are provided as a guide only. They are by no means intended to be complete explanations or statements as to what is legal or illegal. If you have any questions regarding a particular matter, you should contact the Compliance Officer.

Section 5-Proper Documentation

In General

Timely, accurate and complete documentation is important to clinical patient care. It also verifies the accuracy of any bill submitted for payment. Claims for services or items provided by DNP should be submitted for reimbursement only when appropriate documentation supports the claims and when all payer billing requirements have been met.

A properly documented medical record should:

- be complete and legible;
- include the reason for the encounter, any relevant history, physical examination findings, prior diagnostic test results, assessment, clinical impressions or diagnosis, plan for care, the date and identity of the observer;
- include the rationale for ordering diagnostic and other ancillary services;
- support the CPT and ICD-10-CM codes used for claims submission;
- identify appropriate health risk factors;
- document the patient's progress, response to or changes in treatment, or any revision in diagnosis. Specific attention should be given to the areas discussed below.

Medical Necessity and Non-Covered Services

Medicare, Medicaid and other payers will pay for treatment, services or items only if they determine them to be "reasonable and necessary." Medical necessity is based on the accepted professional standards of the relevant healthcare profession, and often determined by reference to the Local Coverage Determinations (LCD's) of the local carrier, typically released in the Medicare intermediaries' newsletters. For example, if Medicare/Medicaid determines that a particular service, although it would otherwise be covered, is "not reasonable and necessary" under their program standards, Medicare/Medicaid will deny payment for that service. Our organization will only seek reimbursement for services that we reasonably believe to be medically necessary and which were ordered by a physician or other appropriately licensed individual. Our organization will ensure that the physician's documentation, including the patient's medical records and the physician's orders, are maintained to support the medical necessity of the service provided. Our organization will follow the appropriate contract terms or accepted practice in applying medical necessity for other payers.

Release of Information and Assignment/Reassignment of Benefits.

All patients are required to sign a release of information and assignment of benefits form before they receive services from DNP. These forms should be placed in the patient's chart or record after the patient and/or the responsible party signs them. Medicare and Medicaid each have strict rules regarding assignment and reassignment of billing rights.

If there is any question whether our organization may bill for a particular service, either on behalf of a physician or on its own behalf, you should seek advice from your supervisor or the Compliance Officer.

Illustrations

The following are some guidelines regarding proper documentation:

- DO NOT complete documentation of medical necessity for patients not known personally and professionally by the provider.
- DO NOT falsify patient records (for instance, misrepresenting dates or descriptions of services rendered or the identity of the patient who received services or the identity of the individual who provided the services).
- DO NOT falsely certify that services were medically necessary (for instance, order a series of diagnostic tests when, based on diagnosis, only two or three of the tests are necessary).
- DO NOT treat a patient for a potentially non-covered Medicare service without first having the physician complete and the patient sign an Advance Beneficiary Notice.
- DO NOT change records to appear to meet conditions of participation or conditions of coverage.
- DO NOT fail to disclose an event affecting the initial or continued right to any benefit or payment.
- DO NOT sign a physician's signature to any document, unless you are permitted to do so. If you are permitted to do so, you must always write your initials and the date next to the signature. Always check to be certain that you are permitted to sign for a physician. On some forms, no one but the physician is permitted to sign.
- DO NOT make false or misleading entries on official books or records for any reason.
- DO NOT make a false statement on a form submitted to any government agency, any Medicare/Medicaid intermediary, or any other insurance company or payer.
- DO NOT enter into a rental agreement with another provider of healthcare items or services without the review and approval of the Compliance Officer and any attorney our organization may wish to consult, retain or employ.
- These listed illustrations are provided as a guide only. They are by no means intended to be complete explanations or statements as to what is legal or illegal. If you have any questions regarding a particular matter, you should contact the Compliance Officer.

Section 6 - Relationships With Physicians and Other Providers or Suppliers

In General

No agreement between DNP and a physician or other provider/supplier shall be signed or entered into without the prior review of the Compliance Officer and any

attorney DNP may wish to consult, retain or employ.

Examples of such agreements include:

- personal service agreements (such as employment agreements, medical director agreements and billing service agreements);
- leases for office space or equipment;
- loans;
- recruitment agreements;
- management service agreements;
- practice acquisition agreements; and
- partnership or joint venture agreements.

Illustrations

The following are some guidelines to ensure that you do not violate federal or state laws regarding kickbacks and payments for physician referrals:

- DO NOT pay a physician or other providers/suppliers to refer patients to DNP.
- DO NOT receive or accept payments from a physician or other providers to refer patients to that physician or provider's practice.
- DO NOT charge a physician less rent for space in a medical office building because he or she refers a large number of patients to DNP.
- DO NOT offer a physician a Medical Directorship to encourage the physician to refer patients to DNP rather than to some other healthcare provider.
- DO NOT provide physicians or other providers/suppliers with free items to encourage referrals to DNP or an affiliate.
- DO NOT provide free or discounted administrative or support services to a physician or other providers/suppliers to ensure their referrals to DNP.
- DO NOT grant a physician's or other provider's/supplier's request for special treatment in return for referring patients to DNP.
- DO NOT pay a physician an amount that exceeds fair market value for a physician's tangible and intangible assets used to operate his or her medical practice.
- DO NOT enter into a rental agreement with another provider of healthcare items or services without the review and approval of the Compliance Officer and any attorney our organization may wish to consult, retain or employ.

These listed illustrations are provided as a guide only. They are by no means intended to be complete explanations or statements as to what is legal or illegal. If you have any questions regarding a particular matter, you should contact the

Compliance Officer, and any attorney DNP may wish to consult, retain or employ.

Section 7 Marketing Practices

In General

Marketing and advertising may be used to advance our goals, objectives and mission. Advertising may be used to educate the public, to report to the community, to increase awareness of available services, to increase support for our organization and to recruit employees. We will present only truthful, fully informative, and non-deceptive information in these materials and announcements. In the course of our advertising, publicity or other communications, we will never make any false or misleading statements about our services or ourselves, or about another organization or its services. All marketing materials will reflect services available and the level of licensure and certification.

Marketing Practices - Antitrust

Antitrust laws are designed to create a level playing field in the marketplace and to promote fair competition. These laws could be violated by discussing our business with a competitor, such as how our prices are set, disclosing the terms of supplier relationships, allocating markets among competitors, or agreeing with a competitor to refuse to deal with a supplier. Our competitors are other physician practices, health systems and facilities in markets where we operate.

At trade association meetings, be alert to potential situations where it may not be appropriate for you to participate in discussions regarding prohibited subjects with our competitors. Prohibited subjects include any aspect of pricing, our services in the market, key costs such as labor costs, and marketing plans. If a competitor raises a prohibited subject, end the conversation immediately. Document your refusal to participate in the conversation by requesting that your objection be reflected in the meeting minutes and notify the Compliance Officer and any attorneys our organization may wish to retain, consult or employ.

In general, avoid discussing sensitive topics with competitors or suppliers, unless you are proceeding with the advice and consent of the Compliance Officer or any attorneys our organization may wish to retain, consult or employ. You must also not provide any information in response to an oral or written inquiry concerning an antitrust matter without first consulting the Compliance Officer or any attorneys DNP may wish to retain, consult or employ.

Gathering Information about Competitors

It is not unusual to obtain information about other organizations, including our competitors, through legal and ethical means such as public documents, public presentations, journal and magazine articles, and other published and spoken information. However, it is not acceptable for you to obtain proprietary or

confidential information about a competitor through illegal means. It is also not acceptable to seek proprietary or confidential information when doing so would require anyone to violate a contractual agreement, such as a confidentiality agreement with a prior employer.

Advertisements Suggesting Government Endorsement

Our marketing material will not use the names, abbreviations, symbols, or emblems of the Social Security Administration, Centers for Medicare and Medicaid Services, Department of Health and Human Services, Medicare, Medicaid, or any combination or variation of such words abbreviations, symbols or emblems, in a manner that would suggest that our organization or services are endorsed by those entities.

Illustrations: Prohibited Marketing Practices

The following are some guidelines to ensure that you do not violate federal and state laws regarding marketing.

DO NOT make any false or misleading statements about our organization in our marketing material.

DO NOT place an ad in the newspaper that reads, "Our physicians are approved by both the Medicare and Medicaid programs."

Section 8 Conflicts of Interest

In General

All employees must at all times seek to promote, enhance, and protect the interests of DNP, and avoid taking any action that may be adverse to those interests. No employee shall engage in any activity that may conflict with the interests of DNP or its affiliated entities.

A conflict of interest arises when personal considerations influence an employee's judgment and discretion and jeopardize the interests of DNP. Each situation is different, and many factors need to be considered to determine if there is a conflict of interest. All employees must be alert to any situation that may involve even the appearance of a conflict of interest, and must disclose that situation promptly to the Compliance Officer.

Illustrations: Relationships with Suppliers and Competitors

If you deal with contractors, suppliers and competitors, you **MUST NOT** take advantage of your position with our organization to obtain personal benefits.

- DO NOT take personal advantage of a business opportunity that may be, or appears to be, of interest to DNP without the approval of the Compliance Officer.

- DO NOT conduct business on behalf of DNP with any company in which you have an interest without first disclosing that interest to the Compliance Officer.
- DO NOT conduct business on behalf of DNP with any relative without first disclosing that interest to the Compliance Officer.

Illustrations: Gifts and Entertainment

- DO NOT accept gifts or favors from any person or company that does business, or seeks to do business, with DNP, without approval from the Compliance Officer. Gifts that commemorate a holiday or personal milestone and that do not exceed \$100 per year per donor are allowed.

Illustrations: Outside Employment and Other Activities.

- DO NOT engage in outside activities during working hours.
- DO NOT accept employment as a consultant or independent contractor with any competitor or third-party payer, unless the Compliance Officer authorizes you to do so.
- DO NOT use company equipment, supplies or information in connection with any permitted outside activity.
- DO NOT use confidential information (i.e., financial data, payer information, computer programs and patient information) for your own personal use.
- DO NOT seek outside employment UNLESS such employment does not adversely affect your job performance or create a conflict of interest with DNP.
- DO NOT become an officer or director of, or accept a position of responsibility with, any other company without prior notice and approval of the Compliance Officer.

The Compliance Officer will be available to all employees on a timely basis to discuss their potential conflicts of interest. These discussions will be kept confidential to the extent reasonably possible under the circumstances, unless the individual fails to eliminate the conflict within a reasonable period of time. If the conflict of interest is serious or is not eliminated within a reasonable period of time, the Compliance Officer will notify other appropriate supervisory personnel and the Board of Directors. Depending on the circumstances, it may also be appropriate to notify the other entity involved in the conflict and law enforcement or regulatory authorities.

Section 9 - Confidentiality

Business Information

All employees may be exposed to confidential information pertaining to DNP. Confidential information includes commercially sensitive information and financial information about DNP. Examples of confidential business information include expansion or curtailment of operations, an increase or decline in business, a merger or acquisition proposal or agreement, litigation, unusual management developments, or purchases or sales of substantial assets.

All employees are prohibited from using confidential business information in a manner that is not related to business activities either during or after their employment with DNP. Confidential information must not be given to competitors, suppliers, contractors or to other employees who do not have a need to know. All employees are prohibited from disclosing such confidential information to unauthorized persons. If you have a question whether a person is "unauthorized," you should contact your supervisor or the Compliance Officer.

Patient Information

All employees having access to privileged information regarding patients and their care (such as the patient's health condition, finances or insurance) are responsible for safeguarding that information. No employee shall disclose any information pertaining to patients other than to organization personnel who need the information or upon the consent of the patient. Patient information shall not be disclosed to third parties except as expressly permitted by the organization's procedures or if DNP becomes legally obligated to do so. If you have any questions about disclosure of such information, consult with your supervisor or the Compliance Officer before releasing such information. Do not discuss patient information where it may be overheard by others (for example, in hallways or elevators). Do not alter or destroy any medical record without the consent of the Compliance Officer.

Section 10- Employee Rights

DNP maintains a working environment free from harassment, illegal drugs, alcohol and unlawful discrimination. It is our policy to deal with employees fairly and honestly and to respect and recognize each employee as an individual. DNP believes that direct communication between employees and their supervisors is the best method for dealing with matters that affect employees.

DNP is an equal opportunity employer. We will recruit, hire and promote employees on the basis of their skills, experience and performance without regard to age, race, ethnicity, religion, gender, sexual orientation or disability. Any employee who believes he or she has been unlawfully discriminated against should promptly report the matter to their supervisor, the Practice Manager or the Compliance Officer.

DNP strictly prohibits unlawful harassment, including sexual harassment. Sexual

harassment includes threats or insinuations by a member of management that a subordinate's submission to or rejection of sexual advances will in any way influence a decision regarding that subordinate's employment, evaluation, wages, condition of employment or career development. Sexual harassment also includes sexual advances, requests for sexual favors, or any sexually offensive verbal, visual or physical conduct, and will not be tolerated. Any employee who believes he or she has been unlawfully harassed should promptly report the matter to their supervisor, the Practice Manager or the Compliance Officer.

DNP is committed to providing an efficient, productive, safe and healthy work environment. All employees must perform their job duties safely, competently, and efficiently in a manner that protects the organization's interests and those of their co-workers. All employees are expected to conduct themselves in a manner that reflects integrity, brings credit to our organization, and meets our obligation to provide high quality care to patients. Smoking is strictly prohibited everywhere in our organization. Any involvement with illegal drugs or consumption of alcohol in the workplace by our employees is prohibited and will result in disciplinary action, up to and including termination.

DNP is committed to promoting the prevention of health and safety hazards. All employees who are involved in or witness an accident or occurrence that has caused or may lead to injury to a patient, co-worker or visitor, or that results in damage to the company's property, must complete the facility's incident report form.

Section 11 - Patient Rights

All patients will be treated based upon clinical indications for care and without regard to race, color, creed, sex, disability or national origin. All patients will receive the same quality and level of care based on their diagnosis, treatment needs, care planning and all other aspects of patient care.

Patients have the right to make their own health care decisions after disclosure of all relevant information. Patients must be informed of their right of self-determination. This right refers to the ability of competent adults to participate in and make their own health care decisions after receiving from their physician complete disclosure of their diagnosis, prognosis and treatment alternatives. A patient has the right to accept medical care or to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of such refusal. All employees must honor a patient's instructions regarding his or her health care decisions and must not discriminate against patients based on whether they exercise their right to self-determination or on the substance of their specific health care decisions.

If a patient has been declared incompetent by a court, is found by his or her physician to be medically incapable of understanding proposed treatment, is unable to communicate his or her views regarding treatment, or is a minor, then it is the right of the patient's guardian, health care proxy or other legally authorized responsible person

to exercise, to the extent permitted by law, the patient's rights on his or her behalf. Questions concerning a patient's competence or the right of another person to act on a patient's behalf should be referred to the Compliance Officer.

All employees must protect a patient's personal privacy and preserve the confidentiality of a patient's medical treatment program, including the patient's medical records. All employees must observe the highest standards of ethical and legal conduct with respect to such information.

Patients and third-party payers will be billed within a reasonable period of time only for services rendered. Upon request, the patient or responsible party shall be provided with an itemized bill and an explanation of charges. Refunds, where appropriate, shall be issued promptly.

A patient will be transferred to another health care facility only for a valid medical reason or by a clearly expressed and documented patient/family choice. The inability to care for the patient because of the absence of certain services at our operational facility shall be considered a valid medical reason.

Questions and Answers

The Code of Conduct is not intended to provide answers to every question that you may have about our organization's policies, laws or regulations. The following questions and answers are intended to increase your understanding of how the specific guidelines must be applied.

The Compliance Program

What is "compliance"?

In its simplest terms, compliance means following the rules that govern our business. It sounds easy. However, when applied to the health care industry, where professionals from many different disciplines must work closely and collaboratively, compliance is no small feat. Clinicians must become experts in the financial aspects of health care, finance personnel must understand the practice and delivery of medicine, the administrators must understand both the medical and financial, and everyone involved must be familiar with the complex and ever-changing legal requirements. At a minimum, everyone in the claim development and submission process must understand the Medicare and Medicaid laws and what practices are prohibited. Everyone in DNP, from the Board of Directors to staff employees, must be committed to regulatory compliance.

What is a compliance program?

A compliance program is a formal process for preventing, detecting, and responding to problems and violations of law by our organization and affiliates.

If I have a question about workplace conduct or saw something that I thought was wrong, whom should I contact?

We have provided several resources for you to turn to with such concerns. We encourage you to talk to your supervisor first. However, if for any reason you do not feel comfortable talking to your supervisor, or if your supervisor did not answer the question or address the problem to your satisfaction, you should contact our Compliance Officer or Deputy Compliance Officer.

If I report something suspicious, will I get in trouble if my suspicion turns out to be wrong?

According to our policy, as long as you honestly have a concern, you will not be reprimanded or disciplined. Indeed, you have a responsibility to report suspected problems, and you may be disciplined if you witness something but do not report it.

What should I do if my supervisor asks me to do something that I think violates the Code of Conduct, our company policies or is illegal?

Don't do it! No matter who asks you to do something, if you know it is wrong, you must refuse. You must also immediately report the request to our Compliance Officer.

Ethical And Compliant Behavior

How do I know if I am on ethical or compliance "thin ice?"

If you are worried about whether your actions will be discovered, if you feel a sense of uneasiness about what you are doing, or if you are rationalizing your activities on any basis (such as perhaps the belief that "everyone does it"), you are probably on ethical or compliance "thin ice." Stop, step back, consider what you are doing, get advice and redirect your actions to where you know you are doing the right thing.

Accuracy, Retention and Disposal of Documents

In preparation for an accreditation visit, my supervisor has asked me to review medical records and to fill in any missing signatures. May I do this?

No. It is absolutely wrong to sign another health care provider's name in the medical record. It is part of our basic integrity obligation to provide only complete and fully accurate information to accrediting groups.

Business Courtesies

A patient with a chronic health condition is frequently treated by our organization. He routinely tips the primary nurse around \$25. May the nurse accept it?

No. Cash gifts must never be accepted from anyone with whom we have a business relationship.

May I accept a basket of fruit or flowers that a patient sent?

Yes. Gifts to the entire organization, or an entire department, may be accepted if they are consumable or perishable.

***DIVINO NINO PEDIATRICS, PLLC
CORPORATE COMPLIANCE MANUAL***

Compliance Committee Identification

CHIEF COMPLIANCE OFFICER

Alexander M. Fear, Esq., CHC

DEPUTY COMPLIANCE OFFICER

Denise Nunez, MD

COMPLIANCE COMMITTEE MEMBERS:

Denise Nunez, Medical Director

John Nunez, Director of Human Resources

Silvia Nunez, Director of Billing

Ann Soto, Office Manager

Compliance Hotline: (332) 249-3004

Compliance e-mail address: Compliance@DNCorporate.Com

**DIVINO NINO PEDIATRICS, PLLC
CORPORATE COMPLIANCE MANUAL**

Initial Employment Code of Conduct Certification

1. I hereby acknowledge that I have this day received The Practice Code of Conduct and have attended or will attend an explanatory meeting or training session, in person or online, relating to the same. I agree to read the Code fully within the next 14 calendar days, and if I do not understand any aspect of it, I will raise any questions or concerns that I have with my supervisor or the Compliance Officer.
2. I understand that The Practice Code of Conduct applies to all medical centers operated by, and included within, Divino Nino Pediatrics, Doctor's Urgent Medical Care and Divino Nino Medicine, PLLC and all medical entities operating within those medical centers. I further understand that I am obligated to adhere fully to the Code and the principles and policies that it embodies.
3. If and when I have a concern about a possible violation of the Code of Conduct, or any other policies of our organization, I will promptly report the concern to my Supervisor, or the Compliance Officer, or a member of the Compliance Committee in accordance with the Code.
4. At this time, if I am currently aware of, or suspect, any conduct or activity at our organization that could be considered questionable, unethical, or illegal, I will report it to my Supervisor, or the Compliance Officer or a member of the Compliance Committee. From this time forward, if I become aware of or suspect any such conduct or activity, I will promptly report it to my Supervisor, the Compliance Officer or a member of the Compliance Committee.
5. I am aware that my participation in conduct that violates the Code of Conduct, the Compliance Program, the applicable laws and regulations, and rules of reimbursement under government or private-payer programs - or my submission of a false report or my failure to report suspected or known violations - will subject me to disciplinary action, including possible termination of my employment, affiliation and/or contract.

Additional Certification for Managers and Supervisors

I hereby certify that I will personally discuss with each employee I supervise the content and application of the Code of Conduct. I will inform each of these employees that compliance with the Code of Conduct is mandatory and a condition of employment. I certify further that I will inform each employee I supervise that The Practice will take appropriate disciplinary action, including termination, for violation of the principles, policies and practices set forth in the Code of Conduct, Compliance Program, the laws and regulations applicable to participants in government-funded health care programs, or the rules of reimbursement for private payers and government payers.

Employee _____

Name (Print)

Signature

Date

DIVINO NINO PEDIATRICS, PLLC
CORPORATE COMPLIANCE MANUAL

Annual Employment Code of Conduct Certification

1. I hereby acknowledge that I have received The Practice Code of Conduct and have attended an explanatory meeting or training session, either in person or online, relating to the same. I certify that I have read the Code and understand it fully.
2. I understand that The Practice Code of Conduct applies to all medical centers operated by, and within, Divino Nino Pediatrics, Doctor's Urgent Medical Care and Divino Nino Medicine, PLLC and all medical entities operating within those medical centers. I further understand that I am obligated to adhere fully to the Code and the principles and policies that it embodies.
3. If and when I have a question or concern about a possible violation of the Code of Conduct, or other policy of our organization, I will promptly report the question or concern to my Supervisor, the Compliance Officer or a member of the Compliance Committee in accordance with the Code.
4. At this time, if I am currently aware of, or suspect, any conduct or activity at our organization that could be considered questionable, unethical or illegal, I will report it to my Supervisor, the Compliance Officer or a member of the Compliance Committee. From this time forward, if I become aware of or suspect any such conduct or activity, I will promptly report it to my Supervisor, the Compliance Officer or a member of the Compliance Committee.
5. I am aware that my participation in conduct that violates the Code of Conduct, the compliance program, the applicable laws and regulations, and rules of reimbursement under government or private-payer programs - or my submission of a false report or my failure to report suspected or known violations - will subject me to disciplinary action, including possible dismissal or termination of my employment, affiliation and/or contract.

Additional Certification for Managers and Supervisors

I hereby certify that I have personally discussed with each employee I supervise the content and application of the Code of Conduct. I have informed each of these employees that compliance with the Code of Conduct is mandatory and a condition of employment. I certify further that I have informed each employee I supervise that The Practice will take appropriate disciplinary action, including termination, for violation of the principles, policies and practices set forth in the Code of Conduct, compliance program, the laws and regulations applicable to participants in government-funded health care programs, or the rules of reimbursement for private payers and government payers.

Employee _____
Name (Print)

Signature

Date